

PATIENT ACKNOWLEDGMENT OF ESTIMATED FINANCIAL RESPONSIBILITY

PATIENT INFORMATION

Name: Diptarka Saha
DOB: 03/01/1989
Gender: Male

Responsible Party: Diptarka Saha
Address: 1318 E ALGONQUIN RD APT 3T
SCHAUMBURG, IL, 60173

INSURANCE COVERAGE INFORMATION

Primary: Unitedhealthcare
LabCorp Payer Code: UHCML
Subscriber #: 950683619

Your Health Plan Benefit Status: *Eligible on 11/09/2017*

PHYSICIAN INFORMATION

Account: 12037610
Practice Name: IIHAN AKHTAR BHIKHAPURWALA MD
Physician Name: JIHAN AKHTAR BHIKHAPURWALA

SERVICE INFORMATION

Date of Service: 11/09/2017
Tests Ordered: 005009, 303758, 977208, 006072, 006379,
006924, 010116, 182873, 998272, 998085

Deductible Remaining	Coinsurance	Copay	Out-of-Pocket Remaining
Yes	20%	-	Yes

SUMMARY OF ESTIMATED CHARGES

A
\$141.76

+

B
Not Available

=

TOTAL
\$141.76

DEDUCTIBLE,
COINSURANCE, AND COPAY

NONCOVERED SERVICES

Credit Card Authorization Requested Today

YOUR ESTIMATED RESPONSIBILITY

COVERED SERVICES

Billing Code	Description	Health Plan Allowed Rate	Estimated Amount Paid by Health Plan	YOUR OUT-OF-POCKET EXPENSES		
				Deductible	Coinsurance	Copay
85025	CBC W/DIFF	\$5.43	-	\$5.43	-	-
86592	SYPHILIS TEST;QUAL	\$2.97	-	\$2.97	-	-
81374	HLA I TYPING 1 ANTIGEN LR	\$62.09	-	\$62.09	-	-
86480	TUBERCULOSIS TEST	\$43.27	-	\$43.27	-	-
36415	VENIPUNCTURE	\$1.00	-	\$1.00	-	-
82164	ANGIOTENSIN 1	\$10.19	-	\$10.19	-	-
82565	CREATININE	\$0.81	-	\$0.81	-	-
82947	GLUCOSE	\$0.81	-	\$0.81	-	-
84520	UREA NITROGEN	\$0.81	-	\$0.81	-	-
80051	ELECTROLYTE PANEL	\$4.90	-	\$4.90	-	-
Additional	Additional billing codes	\$9.48	-	\$9.48	-	-
Totals:		\$141.76	-	\$141.76	-	-

A
\$141.76

DEDUCTIBLE,
COINSURANCE, AND COPAY

