Consolidated Itemized Medical Bill

All providers · demand-package exhibit

Itemized Medical Bill (DEMO)

Patient	Julian Marsh
Date of loss	2026-05-12
Claim number	CLM-DEMO-2026-1187

Date	Provider	CPT/HCPCS	Description	Charge
2026-05-12	DeSoto Memorial ER	A0429	Ground ambulance, ALS transport	$1,850.00
2026-05-12	DeSoto Memorial ER	99285	Emergency dept visit, level 5	$3,950.00
2026-05-12	DeSoto Memorial ER	70450	CT head/brain w/o contrast	$1,280.00
2026-05-12	DeSoto Memorial ER	71046	Chest X-ray, 2 views	$260.00
2026-05-19	Peace River Orthopedics	99204	Ortho consult, new patient	$625.00
2026-05-21	Arcadia Imaging Center	73721	MRI left knee w/o contrast	$1,540.00
2026-05-21	Arcadia Imaging Center	72141	MRI cervical spine w/o contrast	$1,610.00
2026-05-27	Heartland Physical Therapy	97110	Therapeutic exercise, 18 visits	$3,240.00
2026-06-16	Peace River Orthopedics	99213	Ortho follow-up, established	$210.00
			TOTAL BILLED	**$14,565.00**

Itemized statement of medical expenses per Fla. Stat. §627.736(10). Total amount claimed: **$14,565.00**.