

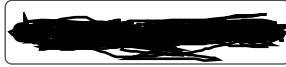
# EOB Invoice

## Invoice Actions

**Patient:**

Established Patier

**Provider:**



**Invoice:**

9689.1354

**Svc Date:**

2020-05-03

**Insurance:**

**Statements Sent :**

0

**Last Bill Date :**

Not Billed

**Check/EOB No.:**

**Check/EOB Date:**

**Deposit Date:**

**Now posting for:**

- Ins1
  Ins2
  Ins3
  Patient

**Done with:**

- None

**Secondary billing:**

- Needs secondary billing

## Invoice Details

| Code  | Charge | Balance | By/Source | Date       | Pay  | Adjust | Reason                | Del                      |
|-------|--------|---------|-----------|------------|------|--------|-----------------------|--------------------------|
| 99213 | 100.00 |         |           |            |      |        |                       |                          |
|       |        |         | Ins1/     | 0000-00-00 |      | 1.00   | Insurance adjustment  | <input type="checkbox"/> |
|       |        |         | Ins1/     | 0000-00-00 | 1.00 |        |                       | <input type="checkbox"/> |
|       |        |         | Ins1/     | 0000-00-00 | 1.00 |        |                       | <input type="checkbox"/> |
|       |        | 97.00   |           |            |      |        |                       |                          |
|       |        |         |           |            | 0.00 | 0.00   | WO Insurance a<br>( ) |                          |