Medical Treatment Cost Breakdown

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Provider Name: [Insert Provider Name]

Address: [Insert Provider Address]

Contact Information: [Insert Provider Contact Info]

Treatment Details

Service Description	Cost	Insurance Covered	Patient Responsibility
Consultation Fee	$150	$100	$50
Lab Tests	$200	$150	$50
X-Ray	$300	$200	$100
Treatment Procedure	$1000	$800	$200

Total Cost Summary

Total Treatment Cost: $1650

Insurance Coverage: $1250

Total Amount Due from Patient: $400

If you have any questions regarding this breakdown, please do not hesitate to contact us at [Insert Contact Info].

Thank you for trusting us with your healthcare needs.