Superbill ENC-0006

Juniper Fitness and Clinic Administration, fictional superbill for parser testing

Encounter	ENC-0006
Claim reference	CLM-0006
Clinic	Juniper Fitness and Clinic Administration, Suite 3, Juniper Clinic Building, 13 Example Way, Sample City, ZZ3 3ZZ
Clinic identifier	1000000012
Billing tax identifier	00-0000005
Provider	Desk A (PRO-1), identifier 1000000020
Service	General appointment
Room	Consultation room
Patient	Sample visitor 7 (PAT-006)
Date and time of service	2026-09-08 11:00
Payer	Sample Health Plan (PYR-01)
Diagnosis code	Z0001 Routine assessment, no complaint recorded

Fictional claim administration generated for file-parsing tests. No claim was submitted, no benefit is payable, and every identifier uses a reserved prefix.

No fixture in this set holds a clinical record. Procedure and diagnosis codes are synthetic five-character placeholders in the right shape, not CPT, HCPCS or ICD values, and the patients are the fictional visitor names the appointment model already carries.

Services

Line	Code	Description	Units	Charge USD
1	X1001	Initial assessment, 30 minutes	1	120.00
2	X1002	Follow-up assessment, 20 minutes	1	85.00
		Total charge	2	205.00

What happens next

The clinic submits this encounter as claim CLM-0006 on an 837 professional claim. The payer allows 164.00 USD of the 205.00 USD charged, writes off 41.00 as a contractual adjustment that is never billed to the patient, pays 131.20 and leaves 32.80 as patient coinsurance.

Patient responsibility

The patient owes 32.80 USD, which is 20 percent of the allowed amount and not 20 percent of the charge. The difference between those two figures is the single most common error in reading a remittance.