

SYNTHETIC PRODUCTION INDEX

J. Doe v. Example Freight (SYNTHETIC) | Plaintiff's production of billing and records (SYNTHETIC)

Every page in this set is invented for a work sample. Provider, payer and contractor names, NPIs, tax IDs, account numbers and amounts are fictional. Form layouts are styled after the public UB-04 and CMS-1500 conventions and are not real forms.

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SYNTHETIC UB-04 STYLE CLAIM (SYNTHETIC LAYOUT)

Institutional claim. Layout invented for a work sample; field numbers follow the public UB-04 convention. Not a real form or claim.

1 SYN Example Regional Medical Center 100 Sample Way, Example City, FL 00000 (SYNTHETIC)		3a Pat. control no. SYN-H-260314-01		4 Type of bill 0131	
5 Fed. tax no. SYN-TIN-01		6 Statement period 03/14/2026 to 03/14/2026		8 Patient name DOE, J. (SYNTHETIC)	
10 Birth date XX/XX/1958 (redacted)		12 Admission date 03/14/2026		14 Type 1 (emergency) 15 Source 1	

42 Rev. cd.	43 Description	44 HCPCS / rate	45 Serv. date	46 Units	47 Total charges	48 Non-covered
0450	ED EVALUATION	99285	031426	1	\$3,850.00	
0350	CT HEAD	70450	031426	1	\$4,120.00	
0350	CT CERVICAL SPINE	72125	031426	1	\$4,480.00	
0320	CHEST X-RAY 2 VIEWS	71046	031426	1	\$610.00	
0320	X-RAY LEFT WRIST 3 VIEWS	73110	031426	1	\$540.00	
0450	CLOSED REDUCTION, DISTAL RADIUS	25605	031426	1	\$2,960.00	
0270	FIBERGLASS SUGAR-TONG SPLINT APPLIED	Q4022	031426	1	\$210.00	
0250	MORPHINE 4 MG IV	J2270	031426	1	\$185.00	
0636	KETOROLAC 15 MG IV	J1885	031426	1	\$96.00	
0001	TOTAL				\$17,051.00	

50 Payer: MEDICARE PART B (SYNTHETIC claim)		54 Prior payments \$0.00		56 NPI SYN-NPI-A0001	
60 Insured unique ID SYN-MBI-0000-DOE		66 Dx version qualifier 0 (ICD-10)		76 Attending: SYN Example, A., MD	
67 Principal dx S52.532A		67A-C Other dx S06.0X0A, S13.4XXA, S20.212A		72 ECI V44.5XXA	
80 Remarks: MVC 03/14/2026. Liability carrier on file: SYN Example Freight Insurer (SYNTHETIC).					

SYNTHETIC ITEMIZED STATEMENT OF CHARGES

SYN Example Regional Medical Center | Account SYN-H-260314-01 | DOE, J. (SYNTHETIC)

Date	CDM no.	Rev.	HCPCS	Description as printed	Qty	Charge
03/14/2026	SYN-CDM-4100	0450	99285	ED EVALUATION	1	\$3,850.00
03/14/2026	SYN-CDM-4107	0350	70450	CT HEAD	1	\$4,120.00
03/14/2026	SYN-CDM-4114	0350	72125	CT CERVICAL SPINE	1	\$4,480.00
03/14/2026	SYN-CDM-4121	0320	71046	CHEST X-RAY 2 VIEWS	1	\$610.00
03/14/2026	SYN-CDM-4128	0320	73110	X-RAY LEFT WRIST 3 VIEWS	1	\$540.00
03/14/2026	SYN-CDM-4135	0450	25605	CLOSED REDUCTION, DISTAL RADIUS	1	\$2,960.00
03/14/2026	SYN-CDM-4142	0270	Q4022	FIBERGLASS SUGAR-TONG SPLINT APPLIED	1	\$210.00
03/14/2026	SYN-CDM-4149	0250	J2270	MORPHINE 4 MG IV	1	\$185.00
03/14/2026	SYN-CDM-4156	0636	J1885	KETOROLAC 15 MG IV	1	\$96.00
				Total charges		\$17,051.00

Statement prepared from the patient accounting system. Charges shown are gross charges before contractual adjustment.

 SYNTHETIC.

SYNTHETIC MEDICARE REMITTANCE ADVICE (SYNTHETIC FORMAT)

Payee SYN Example Regional Medical Center (SYN-NPI-A0001) | Check/EFT SYN-EFT-0412 | Paid 04/09/2026

Patient: DOE, J. (SYNTHETIC) | MBI SYN-MBI-0000-DOE | ICN SYN-ICN-26-0314-H01 | Claim status 1 (processed as primary)

Serv. date	HCPCS	Billed	Allowed	Deduct.	Coins. (PR-2)	Contractual (CO-45)	Provider paid
03/14/2026	99285	\$3,850.00	\$512.40	\$0.00	\$102.48	\$3,337.60	\$409.92
03/14/2026	70450	\$4,120.00	\$188.20	\$0.00	\$37.64	\$3,931.80	\$150.56
03/14/2026	72125	\$4,480.00	\$236.80	\$0.00	\$47.36	\$4,243.20	\$189.44
03/14/2026	71046	\$610.00	\$64.90	\$0.00	\$12.98	\$545.10	\$51.92
03/14/2026	73110	\$540.00	\$64.90	\$0.00	\$12.98	\$475.10	\$51.92
03/14/2026	25605	\$2,960.00	\$742.30	\$0.00	\$148.46	\$2,217.70	\$593.84
03/14/2026	Q4022	\$210.00	\$0.00	\$0.00	\$0.00	\$210.00	\$0.00
03/14/2026	J2270	\$185.00	\$0.00	\$0.00	\$0.00	\$185.00	\$0.00
03/14/2026	J1885	\$96.00	\$0.00	\$0.00	\$0.00	\$96.00	\$0.00
Claim total		\$17,051.00	\$1,809.50	\$0.00	\$361.90	\$15,241.50	\$1,447.60

Group and reason codes are shown in the public X12 convention (CO = contractual obligation; PR = patient responsibility). Line items with \$0.00 allowed were packaged into other services on this synthetic remittance.

SYNTHETIC PATIENT ACCOUNT LEDGER

SYN Example Regional Medical Center | DOE, J. (SYNTHETIC) | Account SYN-H-260314-01

Financial class: Medicare Part B primary. Patient responsibility billed to patient 04/10/2026.

Date	Code	Charge	Payer paid	Adjustment	Patient paid	Line balance	Posting note
03/14/2026	99285	\$3,850.00	\$409.92	\$3,337.60	\$102.48	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	70450	\$4,120.00	\$150.56	\$3,931.80	\$37.64	\$-0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	72125	\$4,480.00	\$189.44	\$4,243.20	\$47.36	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	71046	\$610.00	\$51.92	\$545.10	\$12.98	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	73110	\$540.00	\$51.92	\$475.10	\$12.98	\$-0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	25605	\$2,960.00	\$593.84	\$2,217.70	\$148.46	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	Q4022	\$210.00	\$0.00	\$210.00	\$0.00	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	J2270	\$185.00	\$0.00	\$185.00	\$0.00	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
03/14/2026	J1885	\$96.00	\$0.00	\$96.00	\$0.00	\$0.00	Medicare pd 04/09/26; pt pd 04/20/2026
Totals		\$17,051.00	\$1,447.60	\$15,241.50	\$361.90	\$0.00	

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Medicare [X]				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. O. A. S52.532A				26 Patient acct. SYN-O-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
03/18/2026	03/18/2026	11	99204	A	\$425.00	1	SYN-NPI-B0002
03/18/2026	03/18/2026	11	73110	A	\$142.00	1	SYN-NPI-B0002
03/18/2026	03/18/2026	11	29075	A	\$310.00	1	SYN-NPI-B0002
03/18/2026	03/18/2026	11	Q4010	A	\$95.00	1	SYN-NPI-B0002

25 Fed. tax ID SYN-TIN-02		28 Total charge \$972.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Sample Orthopedic Associates		33 Billing provider SYN Sample Orthopedic Associates NPI SYN-NPI-B0002	
19 Additional claim info: Accident-related. Liability carrier on file.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Medicare [X]				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. O. A. S52.532D				26 Patient acct. SYN-O-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
04/01/2026	04/01/2026	11	99213	A	\$185.00	1	SYN-NPI-B0002
04/01/2026	04/01/2026	11	73110	A	\$142.00	1	SYN-NPI-B0002

25 Fed. tax ID SYN-TIN-02		28 Total charge \$327.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Sample Orthopedic Associates		33 Billing provider SYN Sample Orthopedic Associates NPI SYN-NPI-B0002	
19 Additional claim info: Accident-related. Liability carrier on file.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Medicare [X]				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. O. A. S52.532D				26 Patient acct. SYN-O-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
04/15/2026	04/15/2026	11	29075	A	\$310.00	1	SYN-NPI-B0002
04/15/2026	04/15/2026	11	Q4010	A	\$95.00	1	SYN-NPI-B0002

25 Fed. tax ID SYN-TIN-02		28 Total charge \$405.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Sample Orthopedic Associates		33 Billing provider SYN Sample Orthopedic Associates NPI SYN-NPI-B0002	
19 Additional claim info: Accident-related. Liability carrier on file.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Medicare [X]				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. O. A. S52.532D				26 Patient acct. SYN-O-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
04/29/2026	04/29/2026	11	99213	A	\$185.00	1	SYN-NPI-B0002
04/29/2026	04/29/2026	11	73110	A	\$142.00	1	SYN-NPI-B0002

25 Fed. tax ID SYN-TIN-02		28 Total charge \$327.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Sample Orthopedic Associates		33 Billing provider SYN Sample Orthopedic Associates NPI SYN-NPI-B0002	
19 Additional claim info: Accident-related. Liability carrier on file.					

SYNTHETIC MEDICARE PART B EXPLANATION OF BENEFITS (SYNTHETIC FORMAT)

Provider SYN Sample Orthopedic Associates (SYN-NPI-B0002) | Patient DOE, J. (SYNTHETIC) | MBI SYN-MBI-0000-DOE

Claim for services on 03/18/2026 | ICN SYN-ICN-26-0318-O01 | Processed as primary

Serv. date	HCPCS	Billed	Allowed	Deduct.	Coins. (PR-2)	Contractual (CO-45)	Provider paid
03/18/2026	99204	\$425.00	\$168.40	\$0.00	\$33.68	\$256.60	\$134.72
03/18/2026	73110	\$142.00	\$38.20	\$0.00	\$7.64	\$103.80	\$30.56
03/18/2026	29075	\$310.00	\$112.60	\$0.00	\$22.52	\$197.40	\$90.08
03/18/2026	Q4010	\$95.00	\$21.40	\$0.00	\$4.28	\$73.60	\$17.12
Claim total		\$972.00	\$340.60	\$0.00	\$68.12	\$631.40	\$272.48

Claim for services on 04/01/2026 | ICN SYN-ICN-26-0401-O01 | Processed as primary

Serv. date	HCPCS	Billed	Allowed	Deduct.	Coins. (PR-2)	Contractual (CO-45)	Provider paid
04/01/2026	99213	\$185.00	\$92.10	\$0.00	\$18.42	\$92.90	\$73.68
04/01/2026	73110	\$142.00	\$38.20	\$0.00	\$7.64	\$103.80	\$30.56
Claim total		\$327.00	\$130.30	\$0.00	\$26.06	\$196.70	\$104.24

Annual Part B deductible shown as already met for these synthetic claims. Figures invented.

SYNTHETIC MEDICARE PART B EXPLANATION OF BENEFITS (SYNTHETIC FORMAT)

Provider SYN Sample Orthopedic Associates (SYN-NPI-B0002) | Patient DOE, J. (SYNTHETIC) | MBI SYN-MBI-0000-DOE

Claim for services on 04/15/2026 | ICN SYN-ICN-26-0415-O01 | Processed as primary

Serv. date	HCPCS	Billed	Allowed	Deduct.	Coins. (PR-2)	Contractual (CO-45)	Provider paid
04/15/2026	29075	\$310.00	\$112.60	\$0.00	\$22.52	\$197.40	\$90.08
04/15/2026	Q4010	\$95.00	\$21.40	\$0.00	\$4.28	\$73.60	\$17.12
Claim total		\$405.00	\$134.00	\$0.00	\$26.80	\$271.00	\$107.20

Claim for services on 04/29/2026 | ICN SYN-ICN-26-0429-O01 | Processed as primary

Serv. date	HCPCS	Billed	Allowed	Deduct.	Coins. (PR-2)	Contractual (CO-45)	Provider paid
04/29/2026	99213	\$185.00	\$92.10	\$0.00	\$18.42	\$92.90	\$73.68
04/29/2026	73110	\$142.00	\$38.20	\$0.00	\$7.64	\$103.80	\$30.56
Claim total		\$327.00	\$130.30	\$0.00	\$26.06	\$196.70	\$104.24

Annual Part B deductible shown as already met for these synthetic claims. Figures invented.

SYNTHETIC PATIENT ACCOUNT LEDGER

SYN Sample Orthopedic Associates | DOE, J. (SYNTHETIC) | Account SYN-O-DOE-01

Financial class: Medicare Part B primary. Statements to patient monthly.

Date	Code	Charge	Payer paid	Adjustment	Patient paid	Line balance	Posting note
03/18/2026	99204	\$425.00	\$134.72	\$256.60	\$33.68	\$-0.00	Medicare pd; pt pd 05/15/2026
03/18/2026	73110	\$142.00	\$30.56	\$103.80	\$7.64	\$0.00	Medicare pd; pt pd 05/15/2026
03/18/2026	29075	\$310.00	\$90.08	\$197.40	\$22.52	\$0.00	Medicare pd; pt pd 05/15/2026
03/18/2026	Q4010	\$95.00	\$17.12	\$73.60	\$4.28	\$0.00	Medicare pd; pt pd 05/15/2026
04/01/2026	99213	\$185.00	\$73.68	\$92.90	\$18.42	\$-0.00	Medicare pd; pt pd 05/15/2026
04/01/2026	73110	\$142.00	\$30.56	\$103.80	\$7.64	\$0.00	Medicare pd; pt pd 05/15/2026
04/15/2026	29075	\$310.00	\$90.08	\$197.40	\$22.52	\$0.00	Medicare pd; pt pd 05/15/2026
04/15/2026	Q4010	\$95.00	\$17.12	\$73.60	\$4.28	\$0.00	Medicare pd; pt pd 05/15/2026
04/29/2026	99213	\$185.00	\$73.68	\$92.90	\$0.00	\$18.42	Medicare pd; coins. open
04/29/2026	73110	\$142.00	\$30.56	\$103.80	\$0.00	\$7.64	Medicare pd; coins. open
Totals		\$2,031.00	\$588.16	\$1,295.80	\$120.98	\$26.06	

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. 0. A. S13.4XXA B. S33.5XXA				26 Patient acct. SYN-S-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
03/24/2026	03/24/2026	11	99204	AB	\$450.00	1	SYN-NPI-C0003
03/24/2026	03/24/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
03/24/2026	03/24/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
03/24/2026	03/24/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
03/24/2026	03/24/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003
03/26/2026	03/26/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
03/26/2026	03/26/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
03/26/2026	03/26/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
03/26/2026	03/26/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03		28 Total charge \$1,280.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Example Spine & Rehab, LLC		33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003	
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. 0. A. S13.4XXA B. S33.5XXA				26 Patient acct. SYN-S-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
03/31/2026	03/31/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
03/31/2026	03/31/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
03/31/2026	03/31/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
03/31/2026	03/31/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003
04/02/2026	04/02/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
04/02/2026	04/02/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
04/02/2026	04/02/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/02/2026	04/02/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03		28 Total charge \$830.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Example Spine & Rehab, LLC		33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003	
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan		1a Insured ID SYN-MBI-0000-DOE	
2 Patient DOE, J. (SYNTHETIC)		3 Birth date XX/XX/1958 (redacted) 5 Address redacted	
10b Condition related to auto accident? YES State FL		14 Date of current illness/injury 03/14/2026 (qual. 431)	
21 ICD ind. O. A. S13.4XXA B. S33.5XXA		26 Patient acct. SYN-S-DOE-01	

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
04/06/2026	04/06/2026	11	72141	AB	\$2,400.00	1	SYN-NPI-C0003
04/06/2026	04/06/2026	11	72148	AB	\$2,400.00	1	SYN-NPI-C0003
04/08/2026	04/08/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
04/08/2026	04/08/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
04/08/2026	04/08/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/08/2026	04/08/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03	28 Total charge \$5,215.00	29 Amount paid \$0.00
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)	32 Service facility: SYN Example Spine & Rehab, LLC	33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.		

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. 0. A. S13.4XXA B. S33.5XXA				26 Patient acct. SYN-S-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
04/10/2026	04/10/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
04/10/2026	04/10/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
04/10/2026	04/10/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/10/2026	04/10/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003
04/15/2026	04/15/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
04/15/2026	04/15/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
04/15/2026	04/15/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/15/2026	04/15/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/15/2026	04/15/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03		28 Total charge \$925.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Example Spine & Rehab, LLC		33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003	
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. O. A. S13.4XXA B. S33.5XXA				26 Patient acct. SYN-S-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
04/22/2026	04/22/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
04/22/2026	04/22/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
04/22/2026	04/22/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/22/2026	04/22/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003
04/29/2026	04/29/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
04/29/2026	04/29/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
04/29/2026	04/29/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
04/29/2026	04/29/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03		28 Total charge \$830.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Example Spine & Rehab, LLC		33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003	
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. 0. A. S13.4XXA B. S33.5XXA				26 Patient acct. SYN-S-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
05/06/2026	05/06/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
05/06/2026	05/06/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
05/06/2026	05/06/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
05/06/2026	05/06/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003
05/13/2026	05/13/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
05/13/2026	05/13/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
05/13/2026	05/13/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
05/13/2026	05/13/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03		28 Total charge \$830.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Example Spine & Rehab, LLC		33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003	
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.					

SYNTHETIC HEALTH INSURANCE CLAIM (CMS-1500 STYLE, SYNTHETIC LAYOUT)

Professional claim. Layout invented for a work sample; box numbers follow the public CMS-1500 convention. Not a real form or claim.

1 Other [X] Letter of protection, not submitted to any plan				1a Insured ID SYN-MBI-0000-DOE			
2 Patient DOE, J. (SYNTHETIC)				3 Birth date XX/XX/1958 (redacted) 5 Address redacted			
10b Condition related to auto accident? YES State FL				14 Date of current illness/injury 03/14/2026 (qual. 431)			
21 ICD ind. O. A. S13.4XXA B. S33.5XXA				26 Patient acct. SYN-S-DOE-01			

24A DOS from	To	B POS	D CPT/HCPCS	E Dx ptr	F Charges	G Units	J Rendering NPI
05/20/2026	05/20/2026	11	98941	AB	\$95.00	1	SYN-NPI-C0003
05/20/2026	05/20/2026	11	97110	AB	\$180.00	2	SYN-NPI-C0003
05/20/2026	05/20/2026	11	97140	AB	\$95.00	1	SYN-NPI-C0003
05/20/2026	05/20/2026	11	G0283	AB	\$45.00	1	SYN-NPI-C0003

25 Fed. tax ID SYN-TIN-03		28 Total charge \$415.00		29 Amount paid \$0.00	
31 Signed: SYN Example, B., DC/MD (SYNTHETIC)		32 Service facility: SYN Example Spine & Rehab, LLC		33 Billing provider SYN Example Spine & Rehab, LLC NPI SYN-NPI-C0003	
19 Additional claim info: LOP dated 03/20/2026. Not billed to insurance.					

SYNTHETIC PATIENT ACCOUNT LEDGER

SYN Example Spine & Rehab, LLC | DOE, J. (SYNTHETIC) | Account SYN-S-DOE-01, page 1 of 2

Financial class: Letter of protection (SYN Example Law Group, P.A.). Insurance on file: Medicare (patient reported); not billed.

Date	Code	Charge	Payer paid	Adjustment	Patient paid	Line balance	Posting note
03/24/2026	99204	\$450.00	\$0.00	\$0.00	\$0.00	\$450.00	LOP. Held for settlement.
03/24/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
03/24/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
03/24/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
03/24/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
03/26/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
03/26/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
03/26/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
03/26/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
03/31/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
03/31/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
03/31/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
03/31/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
04/02/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/02/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
04/02/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/02/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
04/06/2026	72141	\$2,400.00	\$0.00	\$0.00	\$0.00	\$2,400.00	LOP. Held for settlement.
04/06/2026	72148	\$2,400.00	\$0.00	\$0.00	\$0.00	\$2,400.00	LOP. Held for settlement.
04/08/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/08/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
04/08/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/08/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
04/10/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/10/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
04/10/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/10/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
04/15/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/15/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
04/15/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/15/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/15/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
Totals		\$8,250.00	\$0.00	\$0.00	\$0.00	\$8,250.00	

SYNTHETIC PATIENT ACCOUNT LEDGER

SYN Example Spine & Rehab, LLC | DOE, J. (SYNTHETIC) | Account SYN-S-DOE-01, page 2 of 2

Financial class: Letter of protection (SYN Example Law Group, P.A.). Insurance on file: Medicare (patient reported); not billed. Account balance forward from page 1.

Date	Code	Charge	Payer paid	Adjustment	Patient paid	Line balance	Posting note
04/22/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/22/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
04/22/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/22/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
04/29/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/29/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
04/29/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
04/29/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
05/06/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
05/06/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
05/06/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
05/06/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
05/13/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
05/13/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
05/13/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
05/13/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
05/20/2026	98941	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
05/20/2026	97110 x2	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	LOP. Held for settlement.
05/20/2026	97140	\$95.00	\$0.00	\$0.00	\$0.00	\$95.00	LOP. Held for settlement.
05/20/2026	G0283	\$45.00	\$0.00	\$0.00	\$0.00	\$45.00	LOP. Held for settlement.
Totals		\$2,075.00	\$0.00	\$0.00	\$0.00	\$2,075.00	

SYNTHETIC SYN Example Law Group, P.A.

200 Example Boulevard, Example City, FL 00000 (SYNTHETIC)

03/20/2026

To: SYN Example Spine & Rehab, LLC, Billing Office

Re: Our client DOE, J. (SYNTHETIC); date of incident 03/14/2026

LETTER OF PROTECTION (SYNTHETIC)

This firm represents the above client in a claim arising from a motor vehicle collision on 03/14/2026. In consideration of your agreement to provide treatment and to defer collection, we agree to protect your reasonable charges for treatment related to this incident and to pay them from any settlement or judgment recovered, subject to our client's written authorization.

Please do not submit charges for this treatment to any health plan. Please send itemized statements and records to this office on request.

This letter does not guarantee payment if there is no recovery.

Sincerely,

SYN Example, C., Esq. (SYNTHETIC)

Acknowledged for provider: SYN Example, B., DC (SYNTHETIC) Date: 03/20/2026

SYNTHETIC SYN Example Medical Funding LLC

300 Sample Parkway, Example City, FL 00000 (SYNTHETIC)

06/10/2026

To: SYN Example Law Group, P.A.

Re: DOE, J. (SYNTHETIC); provider SYN Example Spine & Rehab, LLC

NOTICE OF ASSIGNMENT OF ACCOUNTS RECEIVABLE (SYNTHETIC)

Please take notice that SYN Example Spine & Rehab, LLC has sold and assigned to SYN Example Medical Funding LLC its accounts receivable for services rendered to the above patient from 03/24/2026 through 05/20/2026, together with its rights under the letter of protection dated 03/20/2026.

Direct all payment on these accounts to the undersigned. The balance of the assigned accounts per the provider's ledger is \$10,325.00.

Terms of the purchase are confidential between the parties.

SYN Example, D., Collections Manager (SYNTHETIC)

SYNTHETIC Example Medicare Recovery Contractor (SYNTHETIC)

Invented contractor name for a work sample. Not a CMS document and not the format of any real contractor letter.

07/15/2026

To: SYN Example Law Group, P.A.

Beneficiary: DOE, J. (SYNTHETIC) MBI: SYN-MBI-0000-DOE Case ID: SYN-CPL-000481 Date of incident: 03/14/2026

CONDITIONAL PAYMENT LETTER (SYNTHETIC)

Our records show that Medicare made conditional payments of **\$2,123.90** for items and services we believe are related to the case above. An itemized list of these payments is enclosed.

This amount is not a final demand. It may increase or decrease as more claims are processed. If you believe a listed claim is not related to the case, you may send supporting information.

SYN Example, E., Recovery Analyst (SYNTHETIC)

SYNTHETIC CONDITIONAL PAYMENT SUMMARY, ENCLOSURE (SYNTHETIC)

Case ID SYN-CPL-000481 | Beneficiary DOE, J. (SYNTHETIC) | Claims listed by provider and date of service

Provider	Provider NPI	From date	Diagnosis codes on claim	Total charges	Conditional payment
SYN Example Regional Medical Center	SYN-NPI-A0001	03/14/2026	S52.532A	\$17,051.00	\$1,447.60
SYN Sample Orthopedic Associates	SYN-NPI-B0002	03/18/2026	S52.532A	\$972.00	\$272.48
SYN Sample Orthopedic Associates	SYN-NPI-B0002	04/01/2026	S52.532D	\$327.00	\$104.24
SYN Sample Orthopedic Associates	SYN-NPI-B0002	04/15/2026	S52.532D	\$405.00	\$107.20
SYN Sample Orthopedic Associates	SYN-NPI-B0002	04/29/2026	S52.532D	\$327.00	\$104.24
SYN Example Foot & Ankle Clinic	SYN-NPI-D0004	05/20/2026	M72.2	\$180.00	\$88.14
Total conditional payments					\$2,123.90

SYNTHETIC CONDITIONAL PAYMENT LETTER, PAGE 3 (SYNTHETIC)

What to send if a claim is not related. Identify the claim by provider and date of service and explain why it is not related to the case. Include records if available.

Final demand. A final demand issues after the settlement, judgment or award is reported. This synthetic letter shows format only.

Questions. Contact the recovery analyst named on page 1 (SYNTHETIC).

SYNTHETIC SYN Example Regional Medical Center: EMERGENCY DEPARTMENT RECORD

ED physician note | 03/14/2026 16:42 | SYN Example, A., MD

HPI. 67-year-old driver of a passenger car struck on the driver side by a tractor-trailer at an intersection, per EMS. Restrained. Airbag deployed. Denies loss of consciousness. Reports headache, neck pain, left wrist pain and left chest wall pain.

Exam. GCS 15. Tenderness of the cervical paraspinal muscles without step-off. Left chest wall tenderness without crepitus. Left wrist swollen with dorsal angulation; neurovascularly intact. Low back not examined for complaint (none voiced).

Studies ordered. CT head without contrast. CT cervical spine without contrast. Chest X-ray, 2 views. X-ray left wrist, 3 views. See radiology reports.

Procedure. Closed reduction, left distal radius, under hematoma block at 18:10. Post-reduction alignment improved. Fiberglass sugar-tong splint applied. Neurovascular check intact after reduction.

Medications. Morphine 4 mg IV and ketorolac 15 mg IV (see medication administration record).

SYNTHETIC SYN Example Regional Medical Center: EMERGENCY DEPARTMENT RECORD
(CONT.)

ED physician note, continued | 03/14/2026

Assessment. Left distal radius fracture, closed, reduced. Concussion without loss of consciousness. Cervical strain. Left chest wall contusion.

Disposition. Discharged home 20:55 in stable condition with sling. Follow up with orthopedics in 3 to 5 days. Concussion precautions given.

Attestation. SYN Example, A., MD (SYNTHETIC), electronically signed 03/14/2026 21:10.

SYNTHETIC MEDICATION ADMINISTRATION RECORD

Date/time	Medication	Dose / route	Given by
03/14/2026 17:05	Morphine sulfate	4 mg IV	SYN RN Example
03/14/2026 17:40	Ketorolac tromethamine	15 mg IV	SYN RN Example
03/14/2026 18:05	Lidocaine 1% (hematoma block)	10 mL local	SYN Example, A., MD

SYNTHETIC RADIOLOGY REPORTS, 03/14/2026

CT head without contrast | SYN Example Radiology, MD (SYNTHETIC)

Impression. No acute intracranial hemorrhage, mass effect or skull fracture.

CT cervical spine without contrast | SYN Example Radiology, MD (SYNTHETIC)

Impression. No acute fracture or malalignment. Degenerative disc disease C5-C6.

Chest X-ray, 2 views | SYN Example Radiology, MD (SYNTHETIC)

Impression. No pneumothorax. No displaced rib fracture seen.

X-ray left wrist, 3 views | SYN Example Radiology, MD (SYNTHETIC)

Impression. Comminuted distal radius fracture with dorsal angulation (Colles type). Post-reduction views: improved alignment in splint.

SYNTHETIC SYN Sample Orthopedic Associates: OFFICE NOTES

New patient evaluation | 03/18/2026 | SYN Example, F., MD (SYNTHETIC)

Left distal radius fracture reduced in the ED on 03/14. X-ray left wrist, 3 views, obtained today: alignment maintained.

Splint removed. Short arm fiberglass cast applied. Fiberglass cast materials used. Return 2 weeks.

Follow-up evaluation | 04/01/2026 | SYN Example, F., MD (SYNTHETIC)

Cast intact. X-ray left wrist, 3 views: no loss of reduction.

Continue cast. Return 2 weeks for cast change.

SYNTHETIC SYN Sample Orthopedic Associates: OFFICE NOTES

Cast change | 04/15/2026 | SYN Example, F., MD (SYNTHETIC)

Cast removed for skin check. Skin intact. New short arm fiberglass cast applied. Fiberglass cast materials used.

Follow-up evaluation | 04/29/2026 | SYN Example, F., MD (SYNTHETIC)

Cast removed. X-ray left wrist, 3 views: interval healing.

Removable wrist brace. Begin home range-of-motion exercises.

SYNTHETIC SYN Sample Orthopedic Associates: OFFICE NOTES

Follow-up evaluation | 05/27/2026 | SYN Example, F., MD (SYNTHETIC)

Follow-up evaluation for left wrist. X-ray left wrist, 3 views, obtained today: healed fracture in acceptable alignment.

Discontinue brace. Referred to hand therapy. Return as needed.

SYNTHETIC SYN Example Spine & Rehab, LLC:

 PATIENT INTAKE FORM

Patient	DOE, J. (SYNTHETIC)
Date of intake	03/24/2026
Reason for visit	Neck and low back pain after motor vehicle collision 03/14/2026
Health coverage (patient reported)	Medicare Part A and Part B. Card copied: no.
Financial arrangement	Letter of protection, SYN Example Law Group, P.A.
Attorney	SYN Example Law Group, P.A.
Referral source	
Other providers seen	Example Regional ED 03/14/2026; Sample Orthopedic

SYNTHETIC SYN Example Spine & Rehab, LLC: INITIAL EVALUATION

New patient evaluation | 03/24/2026 | SYN Example, B., DC (SYNTHETIC)

History. Neck pain 7/10 and low back pain 6/10 since collision 03/14/2026. Left wrist in cast (followed by orthopedics).

Exam. Cervical and lumbar paraspinal spasm. Reduced cervical rotation. Straight-leg raise negative.

Treatment today. CMT, 3 regions (cervical, thoracic, lumbar). Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation.

Plan. Two to three visits a week for six weeks. MRI cervical and lumbar spine.

SYNTHETIC MRI REPORTS, 04/06/2026

MRI cervical spine without contrast | SYN Example Imaging, MD (SYNTHETIC)

Impression. Disc bulge C5-C6 without cord compression. No acute fracture.

MRI lumbar spine without contrast | SYN Example Imaging, MD (SYNTHETIC)

Impression. Mild disc desiccation L4-L5. No canal stenosis.

SYNTHETIC SYN Example Spine & Rehab, LLC: DAILY TREATMENT NOTES

Daily note | 03/26/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 03/31/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 04/02/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 04/08/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

SYNTHETIC SYN Example Spine & Rehab, LLC: DAILY TREATMENT NOTES

Daily note | 04/10/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 04/15/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 04/22/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

SYNTHETIC SYN Example Spine & Rehab, LLC: DAILY TREATMENT NOTES

Daily note | 04/29/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 05/13/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.

Daily note | 05/20/2026 | SYN Example, B., DC

S: Neck and low back pain, improving. O: Paraspinal spasm reduced. Treatment: CMT, 3 regions. Therapeutic exercise 30 min. Manual therapy 15 min. Unattended electrical stimulation. P: Continue plan.