## ITEMIZED BILL

PAGE

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DATE 05/11/2023 TIME 11:55:10 AM CENTRA MEDICAL GROUP 2010 ATHERHOLT RD LYNCHBURG VA 245011106 PATIENT CONTROL NUMBER 3028978456

PATIENT NAME KOHLER, ARONNE

4342003777

MEDICAL RECORD NUMBER

31456890

BEGINNING DATE OF SERVICE 032423

ENDING DATE OF SERVICE

032523

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
CODE 0981 0981 0001	PROCEDURE DESCRIPTION  12011 FACE/EARS/EYELIDS/ 99283 ED CPT LEVEL 3 PRO PAGE 1 OF 1 TOTAL	RATES 218.00	DATE 032423 032423	1	AMOUNT	

	RA HEALTH INC	RPAT. 3028978456	4 TYPE OF BILL
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LYNCHBURG VA 245011106PHIL		THOM THROUG	H
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• KOHLER, ARONNE	□ GREENSBORO	o NC   d 2745	558361
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	05455 0064 b		
GREENSBORO NC	27455-8361		
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58 INSURED'S NAME 59 P.REL	50 INSURED'S UNIQUE ID 51 G	ROUP NAME 52 INSURANCE GROU	P NO.
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
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UB-04 CMS-1450 OMB APPROVAL PENDING		HE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AN	ID ARE MADE A PART HEREOF.

## ITEMIZED BILL

PAGE

1

DATE 05/11/2023 TIME 11:53:26 AM LYNCHBURG GENERAL HOSPITA 1901 TATE SPRINGS RD LYNCHBURG VA 245011109 PATIENT CONTROL NUMBER 3028978144

PATIENT NAME KOHLER, ARONNE

LYNCHBURG 4342003777

MEDICAL RECORD NUMBER 31456890

BEGINNING DATE OF SERVICE 032423

ENDING DATE OF SERVICE 032523

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250 0450 0450 0001	PROCEDURE DESCRIPTION  IBUPROFEN 600 MG TAB 12011 FACE/EARS/EYELIDS/ 99283 ED CPT LEVEL 3 PAGE 1 OF 1 TOTAL	RATES	DATE 032423 032423 032423	1	1.00 700.00 1108.00 1809.00	

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