1CLEVI	ELAND	CLIN	IIC HOSP	ITAL		<sup>2</sup> CLE	VELA	ND CLIN	IC HO	<b>OSPI</b>	TAL				9055	04280001			4 o	TYPE OF BILL
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□ SIFM	, BENJA	MIN					ьСС	DLON M	ΔRG							c	d		e	PA
10 BIRTHDAT	<b>_</b>	11 SEX	12 DATE	ADMISSION	4 TYPE 15	SPC 16 D						CONDITION 22	CODES	S 24 25	26	27 28	29 ACE STAT			11.71
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42 REV. CD.	43 DESCRIPT	ION					44 HCPC	S / RATE / HIPPS	CODE		45	SERV. DATE		46 SERV. UNIT	S	47 TOTAL CHARG	ES	48 NON-CC	VERED CHARGES	49
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0206	ICU/IN1	TERI\	/IEDIATE												10	339	60 00	)		
0250	PHARM	<b>IAC</b>	<b>(</b>												77	15	36 70	)		
0260	IV THE	RAP	Υ												1	2	00 00	)		
0272	STERIL	E SI	JPPLY												1		36 30			
0300	LABOR	ATC	RY OR L	AB											23	32	30 00			
0301	LAB/CI		_	_											27		20 00			
0302			IOLOGY												9		77 00			
0305			TOLOGY												7		49 00			
0306	LAB/B/														6		01 00			
																	42 00			
0310	PATHO														2					
0312	PATHO														9		56 00			
0324	DX X-R		HESI												1		58 00			
0350	CT SCA		001												1		05 00			
0352	CT SCA														2		81 00		:	
0420	PHYSIC														1		99 00			
0424			RP/EVAL												1		80 00		<u> </u>	
0430			ON THER												3	6	23 00	)	:	
9 0434	OCCUF	THE	ERP/EVAI	L											1	5	34 00	)		
° 0460	PULMO	NAF	RY FUNC												3	11	73 00	)		
0483	ECHO	ARE	DIOLOGY												1	29	94 00	)	:	
<sup>2</sup> 0510	CLINIC														1	1	16 00	)		
3	PAGE	001	OF <u>002</u>	<u>!</u>				CREAT				01122 <sup>-</sup>	1	TOTALS	<u> </u>		- :		<u> </u>	
50 PAYER N	AME				51 HI	EALTH PLAN	I ID		52 REL. INFO	53 ASG. BEN.	54 PRI	OR PAYMEN	ITS	55 EST. A	MOUNT E	DUE 56	NPI 16	3795259	19	
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