

Fax

To: CLAIMS DEPT
Fax: 9542060014
Company: UNITED HEALTHCARE

From: TENET HEALTHCARE
Fax:
Voice:

Date: February 24, 2022

Subject:

Comments:

ATTN: CLAIMS DEPT

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 GOOD SAMARITAN MED CTR 1309 N FLAGLER WEST PALM BE FL 334013406 561655511										2 GOOD SAMARITAN MED CTR PO BOX 741182 ATLANTA GA 30374										3a PAT. CNTL # 077956043 b MED. REC. # 001117644 6 FED. TAX NO. 75-2932824										4 TYPE OF BILL 0131 8 STATEMENT COVERS PERIOD FROM 011022 THROUGH 011222									
8 PATIENT NAME a										9 PATIENT ADDRESS b 801 N VENETIAN DR APT 503																													
b HOYO, RAUL D.										b MIAMI BEACH										c FL d 331391006 e US																			
10 BIRTHDATE 11 SEX M 12 DATE 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28										CONDITION CODES 29 ACCT STATE 30 FAX. SEE																													
11091949										06										RABIN																			
31 OCCURRENCE DATE 32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE SPAN FROM THROUGH 36 OCCURRENCE SPAN FROM THROUGH 37																																							
11 010622																																							
38 RAUL, D HOYOGOTTARDI 801 N VENETIAN DR APT 50 MIAMI BEACH, FL 331391006 L0932										39 CODE VALUE CODES AMOUNT a b c d										40 CODE VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT																			
42 REV CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV DATE 46 SERV UNITS 47 TOTAL CHARGES 48 NON COVERED CHARGES 49																																							
1 0320 DX X-RAY 73501 011022 1 1297.00																																							
2 0360 OR SERVICES 27130 LT 011022 1 30733.50																																							
3 0360 OR SERVICES 64447 XULT 011022 1 30733.50																																							
4 0370 ANESTHESIA 011022 9 8527.00																																							
5 0420 PHYSICAL THERP 97110 GP 011122 1 408.00																																							
6 0420 PHYSICAL THERP 97110 GPCQ 011222 1 408.00																																							
7 0420 PHYSICAL THERP 97116 GP 011122 1 292.00																																							
8 0420 PHYSICAL THERP 97116 GPCQ 011222 1 292.00																																							
9 0420 PHYSICAL THERP 97530 GP 011022 1 191.00																																							
10 0420 PHYSICAL THERP 97530 GP 011122 2 382.00																																							
11 0424 PHYS THERP/EVAL 97162 GP 011022 1 903.00																																							
12 0430 OCCUPATION THER 97535 GO 011122 1 227.00																																							
13 0430 OCCUPATION THER 97535 GO 011222 2 454.00																																							
14 0434 OCCUP THERP/EVAL 97167 GO 011122 1 835.00																																							
15 0636 N465250026609ML20.000 C9290 011022 266 7182.00																																							
16 0636 N444567012025UN2.000 J0690 011022 8 664.00																																							
17 0636 N444567012025UN2.000 J0690 011122 4 332.00																																							
18 0636 N463323016501ML1.000 J1100 011022 4 92.00																																							
19 0636 N400641037625ML1.000 J1200 011022 1 83.00																																							
20 0636 N466220028422UN1.000 J1741 011022 8 216.00																																							
21 0636 N472611072225ML1.000 J1885 011022 2 334.00																																							
22 0636 N472611072225ML1.000 J1885 011122 4 668.00																																							
23 PAGE 002 OF 003										CREATION DATE 022322										TOTALS																			
50 PAYER NAME UNITED HLTHCAREHMO										51 HEALTH PLAN ID										52 REL INFO Y 53 ASO BEN Y 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1770515991																			
58 INSURED'S NAME HOYO, RAUL D.										59 PREL 18 60 INSURED'S UNIQUE ID 000059991										61 GROUP NAME 62 INSURANCE GROUP NO. 755630																			
63 TREATMENT AUTHORIZATION CODES 2112200023										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME NOTEEMPLOYED																			
66 M1612 N400 I10 E785 K219 G4730 J45909 Z7982 Z79899 68																																							
69 ADMIT DX 70 PATIENT REASON DX M1612 71 FPS CODE 72 EC 73																																							
74 PRINCIPAL PROCEDURE CODE DATE a OTHER PROCEDURE CODE DATE b OTHER PROCEDURE CODE DATE 75 046										76 ATTENDING NPI 1861693087 QUAL LAST WANG FIRST JOHN																													
c OTHER PROCEDURE CODE DATE d OTHER PROCEDURE CODE DATE e OTHER PROCEDURE CODE DATE										77 OPERATING NPI 1861693087 QUAL LAST WANG FIRST JOHN																													
80 REMARKS CUBO S57 PT2 F80 UNITED HLTHCAREHMO PO BOX 30526 SALT LAKE CITY, UT 841300526										81 CC a B3 282N00000X b c d										78 OTHER NPI QUAL LAST 79 OTHER NPI QUAL LAST																			