

ST. MARY'S REGIONAL HOSPITAL  
ITEMIZED HOSPITAL BILL

Patient Name: Sarah Johnson  
Account Number: 2024-ER-8834  
Medical Record Number: MRN-2024-15678  
Date of Birth: March 22, 1985  
Policy Number: POL-2024-15678

Admission Date: January 11, 2024  
Discharge Date: January 13, 2024  
Length of Stay: 2 days

BILLING SUMMARY

EMERGENCY DEPARTMENT SERVICES	\$4,250.00
SURGICAL SERVICES	\$12,850.00
ROOM AND BOARD	\$3,600.00
PHARMACY	\$1,245.00
LABORATORY	\$980.00
RADIOLOGY/IMAGING	\$2,150.00
ANESTHESIA	\$2,400.00
OPERATING ROOM	\$4,200.00
MEDICAL SUPPLIES	\$1,875.00
TOTAL CHARGES	\$33,550.00

DETAILED ITEMIZATION

EMERGENCY DEPARTMENT - January 10-11, 2024				
Description	Qty	Unit Price	Total	
ER Facility Fee - Level 4	1	\$2,100.00	\$2,100.00	
ER Physician Fee (Dr. Chen)	1	\$850.00	\$850.00	
IV Insertion and Supplies	1	\$125.00	\$125.00	
IV Normal Saline (1000mL)	2	\$45.00	\$90.00	
Zofran 4mg IV	2	\$35.00	\$70.00	
Morphine 4mg IV	2	\$28.00	\$56.00	
Laboratory Services (See Lab Section)	-	-	-	
CT Scan (See Radiology Section)	-	-	-	
ER Nursing Care	1	\$459.00	\$459.00	
Medical Supplies - General	1	\$250.00	\$250.00	
Observation Services	1	\$250.00	\$250.00	
SUBTOTAL EMERGENCY DEPARTMENT			\$4,250.00	

SURGICAL SERVICES - January 11, 2024				
Description	Qty	Unit Price	Total	
Laparoscopic Appendectomy - Surgeon Fee	1	\$8,500.00	\$8,500.00	

(Dr. Patricia Rodriguez)			
Assistant Surgeon Fee	1	\$1,200.00	\$1,200.00
(Dr. James Martinez)			
Surgical Consultation - Pre-op	1	\$450.00	\$450.00
Post-operative Care Day 1	1	\$350.00	\$350.00
Post-operative Care Day 2	1	\$350.00	\$350.00
Post-operative Care Day 3	1	\$350.00	\$350.00
Surgical Pathology - Appendix Specimen	1	\$650.00	\$650.00
Intraoperative Monitoring	1	\$1,000.00	\$1,000.00
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SUBTOTAL SURGICAL SERVICES			\$12,850.00

ANESTHESIA SERVICES - January 11, 2024			
Description	Qty	Unit Price	Total
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General Anesthesia (Dr. Kevin Wong)	1	\$1,800.00	\$1,800.00
Anesthesia Supplies and Monitoring	1	\$400.00	\$400.00
PACU Recovery (2 hours)	2	\$100.00	\$200.00
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SUBTOTAL ANESTHESIA			\$2,400.00

OPERATING ROOM CHARGES - January 11, 2024			
Description	Qty	Unit Price	Total
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OR Suite Usage (75 minutes)	1.25	\$2,400.00	\$3,000.00
OR Nursing Staff	1	\$650.00	\$650.00
Surgical Instruments - Laparoscopic	1	\$550.00	\$550.00
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SUBTOTAL OPERATING ROOM			\$4,200.00

ROOM AND BOARD - January 11-13, 2024			
Description	Qty	Unit Price	Total
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Semi-Private Room - Day 1	1	\$1,200.00	\$1,200.00
Semi-Private Room - Day 2	1	\$1,200.00	\$1,200.00
Semi-Private Room - Day 3 (partial)	1	\$1,200.00	\$1,200.00
Daily Nursing Care	3	-	-
(Included in room rate)			
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SUBTOTAL ROOM AND BOARD			\$3,600.00

PHARMACY CHARGES			
Description	Qty	Unit Price	Total
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IV Antibiotics - Ceftriaxone 1g	6	\$85.00	\$510.00
IV Antibiotics - Metronidazole 500mg	6	\$45.00	\$270.00
IV Pain Medication - Dilaudid PCA	1	\$180.00	\$180.00
(48-hour rental)			
Dilaudid Injectable	8	\$15.00	\$120.00
Anti-nausea - Zofran 4mg IV	4	\$35.00	\$140.00

Discharge Medications:

Augmentin 875mg (14 tablets)	1	\$45.00	\$45.00
Norco 5/325mg (28 tablets)	1	\$35.00	\$35.00
Colace 100mg (20 tablets)	1	\$12.00	\$12.00
IV Fluids - Normal Saline	12	\$28.00	\$336.00

SUBTOTAL PHARMACY \$1,648.00

LABORATORY SERVICES

Description	Qty	Unit Price	Total
Complete Blood Count (CBC)	3	\$95.00	\$285.00
Comprehensive Metabolic Panel	2	\$120.00	\$240.00
Urinalysis	1	\$45.00	\$45.00
PT/INR (Pre-operative)	1	\$55.00	\$55.00
Blood Culture (Aerobic/Anaerobic)	2	\$125.00	\$250.00
Specimen Collection Fee	8	\$15.00	\$120.00

SUBTOTAL LABORATORY \$995.00

RADIOLOGY/IMAGING SERVICES

Description	Qty	Unit Price	Total
CT Scan - Abdomen/Pelvis with Contrast (Emergency Department)	1	\$1,850.00	\$1,850.00
Radiologist Interpretation Fee	1	\$300.00	\$300.00

SUBTOTAL RADIOLOGY \$2,150.00

MEDICAL SUPPLIES

Description	Qty	Unit Price	Total
Surgical Drapes and Gowns	1	\$185.00	\$185.00
Laparoscopic Instruments - Disposable	1	\$650.00	\$650.00
Surgical Staples	1	\$95.00	\$95.00
Wound Dressings	12	\$18.00	\$216.00
IV Catheters and Tubing	6	\$35.00	\$210.00
Patient Care Supplies (Daily)	3	\$95.00	\$285.00
Foley Catheter Kit	1	\$45.00	\$45.00
Compression Stockings (DVT Prevention)	1	\$65.00	\$65.00
Incentive Spirometer	1	\$28.00	\$28.00
Post-op Surgical Binder	1	\$42.00	\$42.00
Miscellaneous Medical Supplies	1	\$225.00	\$225.00

SUBTOTAL MEDICAL SUPPLIES \$2,046.00

TOTAL CHARGES \$33,550.00

INSURANCE INFORMATION  
Primary Insurance: Health Insurance Company  
Policy Number: POL-2024-15678  
Group Number: EMP-2024-ABC

PAYMENT SUMMARY

Total Charges:	\$33,550.00
Insurance Payment (Expected):	\$26,840.00
Patient Responsibility (Estimated):	\$6,710.00

PAYMENT DUE

Amount Due from Patient:	\$6,710.00
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Due Date: February 10, 2024

BILLING INQUIRIES

St. Mary's Regional Hospital - Patient Billing  
Phone: (555) 789-0300  
Hours: Monday-Friday, 8:00 AM - 5:00 PM

PAYMENT OPTIONS

- Online: [www.stmarysregional.com/billing](http://www.stmarysregional.com/billing)
- Phone: (555) 789-0300
- Mail: St. Mary's Regional Hospital, PO Box 12345, Healthcare City, HC 12345

Tax ID: 98-7654321  
NPI: 1234567890

Statement Date: January 15, 2024  
Invoice Number: INV-2024-8834

Please reference your account number with all payments and correspondence.