



Jane Doe  
123 Main Street  
Charlotte, NC 28000

Account: 12345678901

March 11, 2022

12410

This is an itemization of the healthcare services for:

**Patient:** Jane R. Doe

**Admit Date:** 10/10/21

**Discharge Date:** 10/10/21

**Location:** AH Pineville

**Visit Coverages:**  
UHC Golden Rule

**Current Account Balance:** \$2,126.67

Hospital Charges

Svc Dt	Code	Description	CPT / HCPCS Code	NDC	Qty	Amount
<b>EMERGENCY ROOM-GENERAL</b>						
10/10/21	0450	HC ED VISIT LEVEL 4	99284		1	\$2,579.90
<b>IV THERAPY-GENERAL</b>						
10/10/21	0260	HC IV INFUSION HYDRATION < 30 MIN			1	\$157.25
<b>LABORATORY-GENERAL</b>						
10/10/21	0301	HC COMPREHENSIVE METABOLIC PANEL (LAB)	80053		1	\$400.20
10/10/21	0305	HC CBC AUTO W/AUTO DIF (LAB)	85025		1	\$221.55
10/10/21	0307	HC URINALYSIS AUTO W/O SCOPE (LAB)	81003		1	\$85.65
10/10/21	0307	HC URINE PREGNANCY TEST VISUAL (LAB)	81025		1	\$117.05
<b>OTHER THERAPEUTIC SERVICES (SEE ALSO 095X, AN EXTENSION OF 094X)-GENERAL</b>						
10/10/21	0940	HC IV PUSH INITIAL INJECTION EA	96374		1	\$222.15
10/10/21	0940	HC IV PUSH INJECTION EA ADDTL NEW	96375		2	\$86.00
<b>PHARMACY-EXTENSION OF 025X-SINGLE SOURCE DRUG</b>						
10/10/21	0636	HC ONDANSETRON HCL 4 MG INJECTION	J2405	60505613005	4	\$45.00
10/10/21	0636	HC PROMETHAZINE HCL 25MG/ML INJ 1ML	J2550	39822552503	1	\$20.00
<b>PHARMACY-GENERAL</b>						
10/10/21	0250	HC FAMOTIDINE 20MG/2ML VIAL	S0028	63323073912	1	\$20.00
		<b>Total Charges</b>				<b>\$3,954.75</b>

Hospital Payments and Adjustments

**Please mail check(s) and correspondence to: Atrium Health, PO Box 60671, Charlotte, NC 28260-0671**

If you have any questions, please call (704)512-7171.

Si Ud no puede leer el contenido de esta en Ingles, por favor llámenos al (704)512-7171, opción #2 Español.