

Claim Information:  
Claim Number:  
Claimant Name:  
Date of Loss:  
Policy Holder (No.):  
State of Jurisdiction:  
Coverage Type:

Bill Number:  
Date Received:  
Admission Date:  
Statement From:  
Discharge Status:  
Admission Type:  
Type of Bill:  
PPS Code:

ICD Diagnosis  
(A) M79.852 (B) G89.18 (C) M79.842

Submitted Charges

Date of Service	Line	Rev. Code	Proc. Code	Mod.	Units	Amount Charged	Amount
	14	0351			1	\$473.00	
	15	0352			4	\$2,498.00	
	16	0360			21	\$328,192.00	
	17	0370			1623	\$38,432.00	
	18	0390			2	\$2,212.00	
	19	0420			1	\$168.00	
	20	0424			1	\$571.00	
	21	0430			1	\$1,842.00	
	22	0434			1	\$575.00	
	23	0450			1	\$4,374.00	
	24	0636			1	\$3,693.51	
	25	0681			1	\$5,594.00	
	26	0710			1	\$9,761.00	
	27	0761			1	\$13,463.00	
	28	0771			3	\$364.00	
	29	0942			3	\$482.00	
Totals:							\$544,741.77

Comments

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