

Itemization of Hospital Services

REV CODE	DATE	HCPS	UNITS	DESCRIPTION	AMOUNT*
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0112 - ROOM AND CARE

11/17/21			2	Room and Care	\$ 4,274.00
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Subtotal: \$ 4,274.00

0250 - PHARMACY

11/17/21	00000		1	LIDOCAINE 2% 5ML SDV	\$ 68.00
11/17/21	00000		1	FENTANYL 100MCG INJ	\$ 104.00
11/18/21	00000		1	SERTRALINE 50MG TAB	\$ 21.00
11/19/21	00000		1	SERTRALINE 50MG TAB	\$ 21.00

Subtotal: \$ 214.00

0258 - IV SOLUTIONS

11/17/21	00000		1	RINGERS LACTATE 1000ML	\$ 465.00
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Subtotal: \$ 465.00

0259 - DRUGS/OTHER

11/17/21	00000		1	IBUPROFEN 800MG TAB	\$ 1.00
11/17/21	00000		1	MISOPROSTOL-200 TAB	\$ 29.00
11/18/21	00000		2	IBUPROFEN 800MG TAB	\$ 2.00
11/19/21	00000		2	IBUPROFEN 800MG TAB	\$ 2.00

Subtotal: \$ 34.00

0272 - STERILE SUPPLIES

11/17/21	00000		1	SET XTN IV PRSS RT 6IN	\$ 66.00
11/17/21	00000		1	LSL IV START KIT	\$ 28.00
11/17/21	00000		1	TRAY CATH LBRSL 16FR	\$ 263.00
11/17/21	00000		1	DRESSING HDRGEL ABS SFT	\$ 76.00
11/19/21	00000		1	DRESSING HDRGEL ABS SFT	\$ 76.00

Subtotal: \$ 509.00

0302 - LAB/IMMUNOLOGY

11/17/21	086901		1	RH TYPE	\$ 160.00
11/17/21	086900		1	ABO TYPE	\$ 283.00
11/17/21	086850		1	ANTIBODY SCREEN EA	\$ 329.00
11/17/21	086592		1	RPR QUAL	\$ 377.00

Subtotal: \$ 1,149.00

THIS IS AN ITEMIZED STATEMENT AND DOES NOT INCLUDE
PAYMENTS OR ADJUSTMENTS MADE AFTER DATE OF DISCHARGE.

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0305 - LAB/HEMATOLOGY

11/17/21	085027		1	CBC AUTOMATED	\$ 329.00
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Subtotal: \$ 329.00

0306 - LAB/BACT-MICRO

11/17/21	087340		1	HEP B S AG EIA	\$ 408.00
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Subtotal: \$ 408.00

0307 - LAB/UROLOGY

11/17/21	081003		1	UA W O MICRO AUTO	\$ 309.00
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Subtotal: \$ 309.00

0370 - ANESTHESIA

11/17/21	00000		1	ANES EPIDURAL MATL-OB	\$ 1,804.00
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Subtotal: \$ 1,804.00

0636 - DRUGS REQUIRING DET CODE

11/17/21	0J7999		1	CMPD OXYTOCIN 30U 500B	\$ 599.00
11/17/21	0J2795		200	ROPIVACAINE 200 MG INJ	\$ 489.00

Subtotal: \$ 1,088.00

0720 - DELIVERY ROOM/LABOR