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Subject : 26439  
Body :

**Kenny Flythe, RHIT, CCA Â CIOX HEALTH**

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**âlf you want to go fast, go alone. If you want to go far, go together.â**

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NORTH SUBURBAN MED CTR										NORTH SUBURBAN MED CTR										45010342505										TYPE OF BILL																																																																																																			
9191 GRANT STREET										PO BOX 403160										MED. REC. # 000090331324										0131																																																																																																			
THORNTON CO 802294361										ATLANTA GA30384										5 FED. TAX NO.										STATEMENT COVERS PERIOD FROM THROUGH																																																																																																			
8664752403																				84-1321373										022323 022323																																																																																																			
8 PATIENT NAME										9 PATIENT ADDRESS										5471 RARITAN ST																																																																																																													
b ANGEL, THEODORE J.										b DENVER										c CO										d 80233																																																																																																			
10 BIRTHDATE										11 SEX										12 DATE										ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR										17 STAT										18 19 20 21										CONDITION CODES 22 23 24 25 26 27 28										29 ACCT STATE										30																																																	
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31 OCCURRENCE DATE										32 OCCURRENCE DATE										33 OCCURRENCE DATE										34 OCCURRENCE DATE										35 CODE										OCCURRENCE SPAN FROM THROUGH										36 CODE										OCCURRENCE SPAN FROM THROUGH										37																																																	
11 022323																																																																																																																																	
38 MEDICAID OF COLORADOZ																																																																																																																																	
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										XR SHOULDER 2 V LT										73030 LT										022323										1										195449																																																																															
2 0351										CT HEAD/BRAIN W/O CONT.										70450										022323										1										1193700																																																																															
3 0352										CT CSPINE W/O CONTRAST										72125										022323										1										976736																																																																															
4 0450										LVL 4 EMER DEPT										99284										022323										1										1152407																																																																															

PATIENT NO:	45010342505	NORTH SUBURBAN MED CTR	BILLING DATE	PAGE	1	27450
MED REC NO:	90331324	9191 GRANT STREET	02/27/23			
GUARANTOR NO:						
PATIENT:	THORNTON		CO 802294361	ADMITTED	DISCHARGED	
ANGEL THEODORE JAMES				02/23/23	02/23/23	

PAY TO ADDRESS: NORTH SUBURBAN MED CTR  
 PO BOX 403160  
 ATLANTA  
 GA 303843160

BILL TO:			
ANGEL THEODORE JAMES	EMERGENCY		FC=03
8901 GRANT ST	ADMIT THRU DISCHARGE CLAIM		
APT 1431			
THORNTON	CO	80229	

DATE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT S	PROC	HCPCS	QTY	SERVICE DESCRIPTION
						CHARGES
320-DX XRAY						
022323	23B826	0728	906053	73030LT	1	XR SHOULDER 2 + V LT
						1954.49
						SUBTOTAL: 1954.49
351-CT SCAN/HEAD						
022323	23B826	0726	905514	70450	1	CT HEAD/BRAIN W/O CONT
						11937.00
						SUBTOTAL: 11937.00
352-CT SCAN/BODY						
022323	23B826	0726	905525	72125	1	CT C-SPINE W/O CONTRAS
						9767.36
						SUBTOTAL: 9767.36
450-EMERG ROOM						
022323	25B954	0780	901457	99284	1	LVL 4 EMER DEPT
						11516.03
						SUBTOTAL: 11516.03
637-SELF-ADMINISTRABLE DRUG						
022323	23B825	0712	909193	904672080	2	ACETAMIN 500MG CAPLET
						8.04
						SUBTOTAL: 8.04
TOTAL ANCILLARY CHARGES						35182.92
TOTAL CHARGES						35182.92
PAYMENTS						.00
ADJUSTMENTS						.00
BALANCE						35182.92

INSURANCE BENEFITS ASSIGNED TO NORTH SUBURBAN MEDICAL  
 CENTER. PLEASE RETAIN FOR YOUR RECORDS.

PATIENT NO:	45010342505	NORTH SUBURBAN MED CTR	BILLING DATE	PAGE	2	27450
MED REC NO:	90331324	9191 GRANT STREET	02/27/23			
GUARANTOR NO:						
PATIENT:	THORNTON		CO 802294361	ADMITTED	DISCHARGED	
ANGEL THEODORE JAMES				02/23/23	02/23/23	

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	8.04
0726	CT	21,704.36
0728	RADIOLOGY - DIAGNOSTIC	1,954.49
0780	EMERGENCY DEPARTMENT	11,516.03

REVENUE CHARGE SUMMARY				
REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0320	DX XRAY	1,954.49	.00	1,954.49
0351	CT SCAN/HEAD	11,937.00	.00	11,937.00
0352	CT SCAN/BODY	9,767.36	.00	9,767.36
0450	EMERG ROOM	11,516.03	.00	11,516.03
0637	SELF-ADMINISTRABLE DRUG	8.04	.00	8.04

TOTAL CHARGES:	35,182.92
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00