

SKY RIDGE MEDICAL CENTER
PO BOX 740760
CINCINNATI, OH 45274-0760



Itemization of Hospital Services

SSC08648 4521434 507609493

TAMARA ANDERSON
6730 Tullamore Dr
Colorado Springs, CO 80923-7708

Creation Date: 3/12/2024

Patient Name
TAMARA ANDERSON

Account Number 1512407063
Date of Service 02/05/2024

Hospital Number 27150
Medical Record Number 000000617251

Patient Type
EMERGENCY SERVICES

008449

Itemization of Hospital Services

| REV CODE | DATE | HCPS | UNITS | DESCRIPTION | AMOUNT |
|---|----------|--------|-------|---------------------|--------------------|
| 0320 - DX XRAY | | | | | |
| | 02/05/24 | 073562 | 1 | XR KNEE 3 V LT | \$ 2,145.00 |
| Subtotal: | | | | | \$ 2,145.00 |
| 0450 - EMERG ROOM | | | | | |
| | 02/05/24 | 099283 | 1 | LVL 3 EMER DEPT | \$ 7,160.00 |
| Subtotal: | | | | | \$ 7,160.00 |
| 0637 - SELF-ADMINISTRABLE DRUG | | | | | |
| | 02/05/24 | 00000 | 2 | OXYCOD/APAP 5MG TAB | \$ 105.00 |
| Subtotal: | | | | | \$ 105.00 |
| Itemization Total for Hospital Services: | | | | | \$ 9,410.00 |

You are not being asked to pay the itemized amounts listed above. The amount you owe after all insurance payments and adjustments will be on your hospital bill.