



500 Eldorado Blvd - STE
4300
Broomfield, CO 80021-3408

July 1, 2024

Intermountain Health - Lutheran Hospital

500 Eldorado Blvd.
Bldg 6 Ste 6300
Broomfield, CO 80021-3408
Ph. (866) 665 - 2636

Detailed Bill For

Patient Name: AlvaradoTorres, Noel

Admission Date: 04/15/24
Discharge Date: 04/15/24
Account Class: Emergency
Attending Physician: Daniel C Windels, MD

Guarantor Number

4000141850

Guarantor Name & Address

Noel AlvaradoTorres
5030 Broadway St

Account Number: 202365576

DENVER, CO 80216

Dear Noel AlvaradoTorres,

Please find enclosed the SCL Health Itemized Statement. This Itemized Statement summarizes charges, adjustments, credits, and payments made to your hospital account.

For Medicare patients only:

If you have Medicare Part D coverage and your treatment included self-administered (SAD) drugs, we included the NDC (National Drug Code) codes you need when you file a claim for reimbursement with Medicare.

At this time, SCL Health does not bill Medicare Part D on behalf of patients who have this coverage. If you need assistance with or have questions about filing a Medicare Part D reimbursement claim, please contact your insurance agent. You may also find helpful information at www.medicare.gov, which includes how to contact Medicare directly.

Charges

Service Date	Revenue Code	Procedure	NDC Code	QT Y	Amount
04/15/24	CT SCAN - BODY SCAN [0352]	3527212501-HC CT CERVICAL SPINE W/O CONTRAST		1	\$2,393.66
04/15/24	CT SCAN - HEAD SCAN [0351]	3517045001-HC CT HEAD/BRAIN W/O CONTRAST		1	\$2,245.77
04/15/24	CT SCAN - HEAD SCAN [0351]	3517048601-HC CT MAXILLOFACIAL W/O CONTRAST		1	\$1,727.11
04/15/24	EMERGENCY ROOM - GENERAL CLASSIFICATION [0450]	4509928404-HC EMERGENCY ROOM - LEVEL 4 W/MOD		1	\$4,274.17
04/15/24	IV/INJECTION THERAPY [0260]	2609637401-HC IVP INITIAL THERAPEUTIC		1	\$566.89
04/15/24	LABORATORY - CHEMISTRY [0301]	3018294719-HC GLUCOSE; QUAN BLOOD POC		1	\$29.14
04/15/24	PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING (A) [0636]	6361220697-MORPHINE PF 20 MG/ML SYRG	0409-1890-03	1	\$51.10
04/15/24	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION [0320]	3207104501-HC DI CHEST 1 VIEW		1	\$401.79
04/15/24	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION [0320]	3207217001-HC DI PELVIS 1 OR 2 VIEWS		1	\$488.18
04/15/24	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION [0320]	3207356401-HC DI KNEE MIN 4 VIEW UNILATERAL		1	\$521.20
Total charges:					\$12,699.01

Payments and Adjustments

Date	Description	Amount
06/19/24	Medicare - United Healthcare Contractual Credit Adjustment	-\$11,752.33
Total payments and adjustments:		-\$11,752.33

Hospital Account Balance: 946.68

1 LUTHERAN MEDICAL CENTER 8300 W 38TH AVE WHEAT RIDG CO 80033-6005		2 LUTHERAN MEDICAL CENTER PO BOX 912593 DENVER CO 80291-2593		3a PAT. CNTL # 20236557601 b MED. REC. # M1811525 5 FED. TAX NO. 841103606		4 TYPE OF BILL 0131 6 STATEMENT COVERS PERIOD FROM 041524 TO 041524		7	
8 PATIENT NAME a ALVARADO TORRES NOEL				9 PATIENT ADDRESS a 5030 BROADWAY ST					
b DENVER				c CO		80216		e	
10 BIRTHDATE 08251957		11 SEX M		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 1 1		16 DHR 01	
31 OCCURENCE DATE 05 041524		32 CODE 11 041524		33 CODE		34 CODE		35 CODE	
36 CODE		37		38		39		40	
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