From: kenny.flythe@cioxhealth.com

To: intake@cioxhealth.com

Subject : 26439

Body:

Kenny Flythe, RHIT, CCA Â. CIOX HEALTH

Client Service Representative II · Richmond HSC
7325 Beaufont Springs Drive · Richmond, VA 23235
(P) 804.799.5289 (C) 804.939.1877 · kenny.flythe@cioxhealth.com

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

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19   19   19   19   19   19   19   19	NORTH SUBURBAN MED CTR	NORTH	SUBURI	BAN 1	MED C	TR	3a PAT. CNTL# 450	10342	2505	''	4 TYPE OFBIL
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MEDICAID OF COLORADOZ		DATE	CODE	AIF	CODE	FROM	THROUGH	CODE	FROM	THROUGH	<del> </del>
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PATIENT NO: 45010342505 NORTH SUBURBAN MED CTR BILLING DATE PAGE 1 27450

90331324 9191 GRANT STREET MED REC NO: 02/27/23

GUARANTOR NO:

THORNTON CO 802294361 ADMITTED DISCHARGED PATTENT:

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

ADMIT THRU DISCHARGE CLAIM 8901 GRANT ST

APT 1431

CO 80229 THORNTON

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

	DEPT	DEPARTMENTAL O		AMOUNT	
	0712 0726 0728 0780	PHARMACY CT RADIOLOGY - DI EMERGENCY DEPA		8.04 21,704.36 1,954.49 11,516.03	
REV CD	DESCRIPTIO	REVENUE CHARGE N		NON-BILLABLE	TOTAL
0320 0351 0352 0450 0637	CT SCAN/BO EMERG ROOM	DY	1,954.49 11,937.00 9,767.36 11,516.03 8.04	.00 .00 .00 .00	1,954.49 11,937.00 9,767.36 11,516.03 8.04

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