

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

Patient Name: AlvaradoTorres, Noel Account Number: 202365576 Page 1 of 2

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 2 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		1	\$488.18
04/15/24	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION [0320]	3207356401-HC DI KNEE MIN		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:					

Hospital Account Balance: 946.68

Patient Name: AlvaradoTorres, Noel Account Number: 202365576 Page 2 of 2

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