



300 Wharton Circle, Suite 150
Triadelphia, WV 26059

800-654-5028

ELECTRONIC CLAIM ATTACHMENT COVER SHEET (PWK)Date: 2/3/21Number of Pages (including cover sheet) 26

Attention: CDC AREA

Fax Number: 855-329-8191

Mailing Address: Highmark WV, PO Box 7026, Wheeling, WV 26003

Attn: Payment Integrity. Host High Dollar Review: Kelly Rizer

From (Provider Name): Cabell Huntington HospitalOffice Contact (Sender) Name: Heather HansenFax Number: 304 399 1520 Phone Number: 304 399 1520

Please check one of the following:

☐ This is a first time submitted electronic claim with the PWK indicator reported on the claim. Patient account number _____☒ This information is for a claim already received by Highmark WV. Highmark WV claim number 21652750204Patient Name: Kaylee LitteralSubscriber ID Number (Including Alpha Prefix): PSTW1714459304Service Date: 1/2 - 1/12/21 Total Charges: 286,912.23Provider NPI Number: 1073518007

Attachment Control Number: _____

Note: The information contained in this facsimile message is intended for the use of the individual or entity named above. If the sender of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone and return the original message to us at the address above via the U.S. Postal Service. Thank you.

ITEMIZED BILL

PAGE 1

DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0110	ROOM/BED: PEDIATRICS	2169.75	011021	1	2169.75	
0110	ROOM/BED: PEDIATRICS	2169.75	011121	1	2169.75	
0203	ROOM/BED: PICU	8137.00	010221	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010321	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010421	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010521	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010621	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010721	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010821	1	8137.00	
0203	ROOM/BED: PICU	8137.00	010921	1	8137.00	
0250	PIPERACILLIN-TAZOBACTAM		010321	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010321	1	116.00	
0250	0.9% NAACL 1000 ML		010321	1	236.00	
0250	CLINDAMYCIN 600 MG/DEXTR		010321	1	116.00	
0250	MAGNESIUM SULFATE 1000 M		010321	1	104.65	
0250	CALCIUM GLUCONATE 1 GM/N		010321	1	135.80	
0250	0.9% NAACL 150 ML		010321	1	37.28	
0250	POTASSIUM PHOSPHATE 3 MM		010321	1	68.35	
0250	ALBUMIN HUMAN 5% INJ 250		010321	2	1162.05	
0250	ACETAMINOPHEN 500 MG TAB		010321	1	1.73	
0250	ENOXAPARIN 30 MG/0.3 ML		010321	1	122.35	
0250	FAMOTIDINE 10 MG/ML INJ		010321	1	58.30	
0250	VANCOMYCIN 1000 MG/250 M		010321	2	287.60	
0250	ALBUMIN HUMAN 25% INJ 50		010321	4	1766.30	
0250	LORAZEPAM 2 MG/ML SYRING		010321	1	82.95	
0250	METHYLPREDNISOLONE 40 MG		010321	2	88.05	
0250	IMMUNE GLOBULIN 10 GM/ 1		010321	1	6295.95	
0250	IMMUNE GLOBULIN 20 GM/ 2		010321	6	57639.45	
0250	D5W 250 ML (USE FOR INTE		010321	5	37.28	
0250	VIAFLEX BAG (3,000 ML)		010321	1	14.70	
0250	SODIUM BICARBONATE 1 MEQ		010321	1	79.35	
0250	CALCIUM GLUCONATE 2 GM/N		010321	1	188.65	
0250	PIPERACILLIN-TAZOBACTAM		010321	1	115.25	
0250	VANCOMYCIN 1000 MG/250 M		010321	1	143.80	
0250	NOREPINEPHRINE 1 MG/ML I		010321	1	65.35	
0250	D5W 100 ML		010321	1	37.28	
0250	ALBUMIN HUMAN 25% INJ 50		010321	4	1766.30	
0250	FAMOTIDINE 10 MG/ML INJ		010321	1	58.30	
0250	METHYLPREDNISOLONE 40 MG		010321	1	44.03	
0250	ACETAMINOPHEN 500 MG TAB		010321	1	1.73	
0001	PAGE 1 OF 25			58	140421.58	

ITEMIZED BILL

PAGE 2

DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ONDANSETRON 2 MG/ML 2 ML		010321	1	57.50	
0250	LORAZEPAM 2 MG/ML SYRING		010321	1	82.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010321	1	5.95	
0250	POTASSIUM PHOSPHATE 3 MM		010321	1	68.35	
0250	0.9% NACL 150 ML		010321	1	37.28	
0250	ENOXAPARIN 30 MG/0.3 ML		010321	1	122.35	
0250	ALBUTEROL 2.5 MG/0.5 ML		010321	1	6.15	
0250	ALBUTEROL-IPRATROP 2.5-0		010321	1	14.30	
0250	ALBUTEROL 2.5 MG/3 ML (0		010321	1	5.95	
0250	FUROSEMIDE 10 MG/ML 2 ML		010321	1	62.95	
0250	0.9% NACL 1000 ML		010321	1	236.00	
0250	EPINEPHRINE 1 MG/ML 30 M		010321	1	110.15	
0250	0.9% NACL 100 ML		010321	1	37.28	
0250	NOREPINEPHRINE 1 MG/ML I		010321	1	130.70	
0250	D5W 100 ML		010321	1	74.56	
0250	PIPERACILLIN-TAZOBACTAM		010321	1	115.25	
0250	VANCOMYCIN 1000 MG/250 M		010321	1	143.80	
0250	CLINDAMYCIN 600 MG/DEXTR		010321	1	116.00	
0250	CALCIUM GLUCONATE 1 GM/N		010321	1	135.80	
0250	ONDANSETRON 2 MG/ML 2 ML		010321	1	57.50	
0250	MAGNESIUM SULFATE 1000 M		010321	1	104.65	
0250	PIPERACILLIN-TAZOBACTAM		010321	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010321	1	116.00	
0250	METHYLPREDNISOLONE 40 MG		010321	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010321	1	58.30	
0250	VANCOMYCIN IV (IV ROOM U		010321	1	109.10	
0250	0.9% NACL 250 ML		010321	1	223.25	
0250	DEXMEDETOMIDINE 100 MCG/		010321	2	181.40	
0250	0.9% NACL 50 ML		010321	2	74.56	
0250	0.9% NACL 1000 ML		010321	1	236.00	
0250	FUROSEMIDE 10 MG/ML 10 M		010321	1	120.90	
0250	0.9% NACL 100 ML		010321	1	74.56	
0250	0.9% NACL 1000 ML		010321	1	236.00	
0250	ENOXAPARIN 30 MG/0.3 ML		010321	1	122.35	
0250	0.9% NACL 250 ML		010321	1	223.25	
0250	NOREPINEPHRINE 1 MG/ML I		010321	1	130.70	
0250	D5W 100 ML		010321	1	74.56	
0250	POTASSIUM CHLORIDE 20 ME		010321	3	276.75	
0250	D5W / LR 1000 ML		010421	1	262.30	
0250	POTASSIUM CHLORIDE 2 MEQ		010421	1	58.00	
0001	PAGE 2 OF 25			45	4506.70	

ITEMIZED BILL

PAGE 3

DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	CLINDAMYCIN 600 MG/DEXTR		010421	1	116.00	
0250	VANCOMYCIN IV (IV ROOM U		010421	1	109.10	
0250	0.9% NACL 250 ML		010421	1	223.25	
0250	POTASSIUM PHOSPHATE 3 MM		010421	1	68.35	
0250	0.9% NACL 150 ML		010421	1	37.28	
0250	DEXMEDETOMIDINE 100 MCG/		010421	1	90.70	
0250	0.9% NACL 50 ML		010421	1	37.28	
0250	PIPERACILLIN-TAZOBACTAM		010421	1	115.25	
0250	VANCOMYCIN IV (IV ROOM U		010421	1	109.10	
0250	0.9% NACL 250 ML		010421	1	223.25	
0250	D5W / LR 1000 ML		010421	1	262.30	
0250	POTASSIUM CHLORIDE 2 MEQ		010421	1	58.00	
0250	DEXMEDETOMIDINE 100 MCG/		010421	1	90.70	
0250	0.9% NACL 50 ML		010421	1	37.28	
0250	MAGNESIUM SULFATE 1000 M		010421	1	104.65	
0250	METHYLPREDNISOLONE 40 MG		010421	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010421	1	58.30	
0250	CALCIUM GLUCONATE 1 GM/N		010421	1	135.80	
0250	POTASSIUM CHLORIDE 20 ME		010421	1	92.25	
0250	FUROSEMIDE 10 MG/ML 10 M		010421	3	78.55	
0250	0.9% NACL 100 ML		010421	1	37.28	
0250	ENOXAPARIN 30 MG/0.3 ML		010421	1	122.35	
0250	ALBUTEROL 2.5 MG/3 ML (0		010421	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010421	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010421	1	116.00	
0250	DEXMEDETOMIDINE 100 MCG/		010421	1	90.70	
0250	0.9% NACL 50 ML		010421	1	37.28	
0250	FUROSEMIDE 10 MG/ML 2 ML		010421	1	62.95	
0250	ALBUTEROL 2.5 MG/0.5 ML		010421	1	6.15	
0250	MAGNESIUM SULFATE 1000 M		010421	1	104.65	
0250	ALBUTEROL 2.5 MG/3 ML (0		010421	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010421	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010421	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010421	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010421	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010421	1	58.30	
0250	POTASSIUM PHOSPHATE 3 MM		010421	1	80.85	
0250	0.9% NACL 150 ML		010421	1	37.28	
0250	POTASSIUM CHLORIDE 20 ME		010421	1	92.25	
0250	0.9% NACL 250 ML		010421	1	223.25	
0001	PAGE 3 OF 25			44	3657.13	

ITEMIZED BILL

PAGE 4

DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	0.9% NACL 250 ML		010421	1	223.25	
0250	0.9% NACL 250 ML		010421	1	223.25	
0250	ALBUTEROL 2.5 MG/3 ML (0		010421	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010421	1	5.95	
0250	VANCOMYCIN 1000 MG/250 M		010421	1	143.80	
0250	0.9% NACL 250 ML		010421	1	223.25	
0250	ISOVUE 370 MULTIPACK 76%	Q9967	010421	80	1000.00	
0250	ENOXAPARIN 30 MG/0.3 ML		010521	1	122.35	
0250	FUROSEMIDE 10 MG/ML 10 M		010521	3	78.55	
0250	0.9% NACL 100 ML		010521	1	37.28	
0250	DEXMEDETOMIDINE 100 MCG/		010521	1	90.70	
0250	0.9% NACL 50 ML		010521	1	37.28	
0250	VANCOMYCIN 1000 MG/250 M		010521	1	143.80	
0250	CLINDAMYCIN 600 MG/DEXTR		010521	1	116.00	
0250	CALCIUM GLUCONATE 1 GM/N		010521	1	135.80	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	MAGNESIUM SULFATE 1000 M		010521	1	104.65	
0250	POTASSIUM CHLORIDE 20 ME		010521	1	92.25	
0250	ACETAZOLAMIDE 500 MG VIA		010521	1	167.00	
0250	STERILE WATER FOR INJECT		010521	1	58.25	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010521	1	115.25	
0250	VANCOMYCIN 1000 MG/250 M		010521	1	143.80	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010521	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010521	1	58.30	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	ACETAZOLAMIDE 500 MG VIA		010521	1	167.00	
0250	ENOXAPARIN 30 MG/0.3 ML		010521	1	122.35	
0250	STERILE WATER FOR INJECT		010521	1	58.25	
0250	POT CHLORIDE 40 MEQ/0.9%		010521	1	90.95	
0250	POT CHLORIDE 40 MEQ/0.9%		010521	1	90.95	
0250	PIPERACILLIN-TAZOBACTAM		010521	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010521	1	116.00	
0250	DEXMEDETOMIDINE 100 MCG/		010521	1	90.70	
0250	0.9% NACL 50 ML		010521	1	37.28	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	AZITHROMYCIN 500 MG/0.9%		010521	1	114.90	
0250	STERILE WATER FOR INJECT		010521	1	58.25	
0250	ACETAZOLAMIDE 500 MG VIA		010521	1	167.00	
0001	PAGE 4 OF 25			122	4673.39	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	PIPERACILLIN-TAZOBACTAM		010521	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010521	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010521	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010521	1	58.30	
0250	ALBUTEROL 2.5 MG/3 ML (0		010521	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010521	1	122.35	
0250	0.9% NACL 250 ML		010521	1	223.25	
0250	0.9% NACL 250 ML		010621	1	223.25	
0250	0.9% NACL 250 ML		010621	1	223.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010621	1	116.00	
0250	PENICILLIN G BENZATHINE		010621	1	1266.55	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010621	1	115.25	
0250	DEXMEDETOMIDINE 100 MCG/		010621	1	90.70	
0250	0.9% NACL 50 ML		010621	1	37.28	
0250	VANCOMYCIN 750 MG/250 ML		010621	1	97.95	
0250	METHYLPREDNISOLONE 40 MG		010621	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010621	1	58.30	
0250	VANCOMYCIN 750 MG/250 ML		010621	1	97.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010621	1	122.35	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	FAT EMULSION 20% 250 ML		010621	1	166.10	
0250	TPN - PEDIATRIC		010621	1	1214.43	
0250	PIPERACILLIN-TAZOBACTAM		010621	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010621	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010621	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010621	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010621	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010621	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010621	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010621	1	58.30	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010621	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010621	1	122.35	
0001	PAGE 5 OF 25			43	5633.16	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010721	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	POTASSIUM PHOSPHATE 3 MM		010721	1	68.35	
0250	0.9% NACL 150 ML		010721	1	37.28	
0250	PIPERACILLIN-TAZOBACTAM		010721	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010721	1	97.95	
0250	ACETAMINOPHEN 500 MG TAB		010721	1	1.73	
0250	ONDANSETRON 2 MG/ML 2 ML		010721	1	57.50	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010721	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010721	1	58.30	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010721	1	122.35	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	FAT EMULSION 20% 250 ML		010721	1	268.60	
0250	VIAFLEX BAG (500 ML)		010721	1	14.70	
0250	PIPERACILLIN-TAZOBACTAM		010721	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010721	1	116.00	
0250	VANCOMYCIN 750 MG/250 ML		010721	1	97.95	
0250	TPN - PEDIATRIC		010721	1	1214.43	
0250	ACETAMINOPHEN 500 MG TAB		010721	1	1.73	
0250	0.9% NACL 250 ML		010721	1	223.25	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	0.9% NACL 250 ML		010721	1	223.25	
0250	0.9% NACL 250 ML		010721	1	223.25	
0250	0.9% NACL 250 ML		010721	1	223.25	
0250	PIPERACILLIN-TAZOBACTAM		010721	1	115.25	
0250	CLINDAMYCIN 600 MG/DEXTR		010721	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010721	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010721	1	58.30	
0250	ACETAMINOPHEN 500 MG TAB		010721	1	1.73	
0250	ALBUTEROL 2.5 MG/3 ML (0		010721	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010721	1	122.35	
0250	VANCOMYCIN 750 MG/250 ML		010721	1	97.95	
0250	KETOROLAC 30 MG/ML 1 ML		010821	1	69.30	
0250	CLINDAMYCIN 600 MG/DEXTR		010821	1	116.00	
0001	PAGE 6 OF 25			42	4328.85	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTEAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	CALCIUM GLUCONATE 2 GM/N		010821	1	188.65	
0250	MAGNESIUM SULFATE 2000 M		010821	1	125.85	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010821	1	115.25	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010821	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010821	1	58.30	
0250	ACETAMINOPHEN 500 MG TAB		010821	1	1.73	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	POT CHLORIDE 20 MEQ/0.9%		010821	1	101.25	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010821	1	122.35	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	VANCOMYCIN 750 MG/250 ML		010821	2	195.90	
0250	FAT EMULSION 20% 250 ML		010821	1	166.10	
0250	TPN - PEDIATRIC		010821	1	1214.43	
0250	PIPERACILLIN-TAZOBACTAM		010821	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010821	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010821	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010821	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010821	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010821	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	METHYLPREDNISOLONE 40 MG		010821	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010821	1	58.30	
0250	ENOXAPARIN 30 MG/0.3 ML		010821	1	122.35	
0250	ALBUTEROL 2.5 MG/3 ML (0		010821	1	5.95	
0250	VANCOMYCIN 750 MG/250 ML		010921	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010921	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010921	1	5.95	
0250	ALBUTEROL 2.5 MG/3 ML (0		010921	1	5.95	
0250	PIPERACILLIN-TAZOBACTAM		010921	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010921	1	97.95	
0250	METHYLPREDNISOLONE 40 MG		010921	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010921	1	58.30	
0250	ALBUTEROL 2.5 MG/3 ML (0		010921	1	5.95	
0250	ENOXAPARIN 30 MG/0.3 ML		010921	1	122.35	
0001	PAGE 7 OF 25			44	4078.16	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	PIPERACILLIN-TAZOBACTAM		010921	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010921	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010921	1	116.00	
0250	ALBUTEROL 2.5 MG/3 ML (0		010921	1	5.95	
0250	0.9% NACL 250 ML		010921	1	223.25	
0250	0.9% NACL 250 ML		010921	1	223.25	
0250	0.9% NACL 250 ML		010921	1	223.25	
0250	PIPERACILLIN-TAZOBACTAM		010921	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		010921	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		010921	1	116.00	
0250	MAGNESIUM SULFATE 50% (5		010921	1	57.30	
0250	0.9% NACL 50 ML		010921	1	37.28	
0250	METHYLPREDNISOLONE 40 MG		010921	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		010921	1	58.30	
0250	ENOXAPARIN 30 MG/0.3 ML		010921	1	122.35	
0250	VANCOMYCIN 750 MG/250 ML		011021	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011021	1	116.00	
0250	PIPERACILLIN-TAZOBACTAM		011021	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		011021	1	97.95	
0250	CALCIUM GLUCONATE 1 GM/N		011021	1	135.80	
0250	MAGNESIUM SULFATE 1000 M		011021	1	104.65	
0250	METHYLPREDNISOLONE 40 MG		011021	2	88.05	
0250	FAMOTIDINE 10 MG/ML INJ		011021	1	58.30	
0250	ENOXAPARIN 30 MG/0.3 ML		011021	1	122.35	
0250	VANCOMYCIN 750 MG/250 ML		011021	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011021	1	116.00	
0250	0.9% NACL 250 ML		011021	1	223.25	
0250	0.9% NACL 250 ML		011021	1	223.25	
0250	PIPERACILLIN-TAZOBACTAM		011021	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		011021	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011021	1	116.00	
0250	FAMOTIDINE 20 MG TAB		011021	1	4.35	
0250	METHYLPREDNISOLONE 40 MG		011021	2	88.05	
0250	ACETAMINOPHEN 500 MG TAB		011021	1	1.73	
0250	ENOXAPARIN 30 MG/0.3 ML		011021	1	122.35	
0250	SUCRALFATE 1 GM TAB		011021	1	4.90	
0250	VANCOMYCIN 750 MG/250 ML		011121	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011121	1	116.00	
0250	PIPERACILLIN-TAZOBACTAM		011121	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		011121	1	97.95	
0001	PAGE 8 OF 25			43	4271.86	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	FAMOTIDINE 20 MG TAB		011121	1	4.35	
0250	METHYLPREDNISOLONE 40 MG		011121	2	88.05	
0250	PIPERACILLIN-TAZOBACTAM		011121	1	115.25	
0250	SUCRALFATE 1 GM TAB		011121	1	4.90	
0250	ENOXAPARIN 30 MG/0.3 ML		011121	1	122.35	
0250	PIPERACILLIN-TAZOBACTAM		011121	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		011121	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011121	1	116.00	
0250	PIPERACILLIN-TAZOBACTAM		011121	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		011121	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011121	1	116.00	
0250	FAMOTIDINE 20 MG TAB		011121	1	4.35	
0250	METHYLPREDNISOLONE 40 MG		011121	2	88.05	
0250	ENOXAPARIN 30 MG/0.3 ML		011121	1	122.35	
0250	0.9% NACL 250 ML		011121	1	223.25	
0250	0.9% NACL 250 ML		011121	1	223.25	
0250	SUCRALFATE 1 GM TAB		011121	3	14.70	
0250	VANCOMYCIN 750 MG/250 ML		011221	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011221	1	116.00	
0250	PIPERACILLIN-TAZOBACTAM		011221	1	115.25	
0250	VANCOMYCIN 750 MG/250 ML		011221	1	97.95	
0250	FAMOTIDINE 20 MG TAB		011221	1	4.35	
0250	SUCRALFATE 1 GM TAB		011221	1	4.90	
0250	METHYLPREDNISOLONE 40 MG		011221	2	88.05	
0250	SERTRALINE 50 MG TAB		011221	1	5.05	
0250	ENOXAPARIN 30 MG/0.3 ML		011221	1	122.35	
0250	VANCOMYCIN 750 MG/250 ML		011221	1	97.95	
0250	CLINDAMYCIN 600 MG/DEXTR		011221	1	116.00	
0250	SUCRALFATE 1 GM TAB		011221	1	4.90	
0250	FAMOTIDINE 20 MG TAB		011221	1	4.35	
0250	SUCRALFATE 1 GM TAB		011221	1	4.90	
0250	METHYLPREDNISOLONE 40 MG		011221	2	88.05	
0270	ICU ADD ON SUPPLIES		010221	1	131.50	
0270	DAILY SUPPLY CHARGE		010221	1	95.50	
0270	DAILY SUPPLY CHARGE		010321	1	95.50	
0270	OXYGEN DAILY		010321	1	194.25	
0270	DAILY SUPPLY CHARGE		010421	1	95.50	
0270	OXYGEN DAILY		010421	1	194.25	
0270	DAILY SUPPLY CHARGE		010521	1	95.50	
0270	DAILY SUPPLY CHARGE		010621	1	95.50	
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DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0270	DAILY SUPPLY CHARGE		010721	1	95.50	
0270	OXYGEN DAILY		010721	1	194.25	
0270	DAILY SUPPLY CHARGE		010821	1	95.50	
0270	OXYGEN DAILY		010821	1	194.25	
0270	DAILY SUPPLY CHARGE		010921	1	95.50	
0270	OXYGEN DAILY		010921	1	194.25	
0270	DAILY SUPPLY CHARGE		011021	1	95.50	
0270	DAILY SUPPLY CHARGE		011121	1	95.50	
0272	.MICRO COLLECTION ORDER		010321	1	72.75	
0272	.MICRO COLLECTION ORDER		010321	1	72.75	
0272	.MICRO COLLECTION ORDER		010321	1	72.75	
0272	.MICRO COLLECTION ORDER		010321	1	72.75	
0272	ISOLATION CART		010421	1	167.50	
0272	ISOLATION CART		010521	1	167.50	
0272	ISOLATION CART		010621	1	167.50	
0272	FILTER (0.2 MICRON FILT		010621	1	57.70	
0272	FILTER (1.2 MICRON FILTE		010621	1	57.70	
0272	ISOLATION CART		010721	1	167.50	
0272	FILTER (0.2 MICRON FILT		010721	1	57.70	
0272	FILTER (1.2 MICRON FILTE		010721	1	57.70	
0272	ISOLATION CART		010821	1	167.50	
0272	FILTER (0.2 MICRON FILT		010821	1	57.70	
0272	FILTER (1.2 MICRON FILTE		010821	1	57.70	
0272	ISOLATION CART		010921	1	167.50	
0272	ISOLATION CART		011021	1	167.50	
0272	TELEMETRY		011021	1	792.75	
0272	ISOLATION CART		011121	1	167.50	
0272	TELEMETRY		011121	1	792.75	
0272	ISOLATION CART		011221	1	167.50	
0272	TELEMETRY		011221	1	792.75	
0278	5F TL PICC	C1751	010221	1	397.00	
0300	COLLECTION: VENOUS DRAW	36415	010221	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010221	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0001	PAGE 10 OF 25			40	6079.20	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0001	PAGE 11 OF 25			40	440.00	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010921	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010921	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	010921	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011021	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011021	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011021	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011021	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011121	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011121	1	11.00	
0301	COMPREHENSIVE METABOLIC	80053	010221	1	268.50	
0301	CALCIUM LEVEL IONIZED	82330	010221	1	176.25	
0301	CREATINE KINASE	82550	010221	1	104.75	
0301	FERRITIN	82728	010221	1	121.50	
0301	LACTIC ACID SEPSIS	83605	010221	1	80.50	
0301	LACTATE DEHYDROGENASE	83615	010221	1	104.75	
0301	MAGNESIUM LEVEL	83735	010221	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010221	1	390.25	
0301	PHOSPHORUS LEVEL	84100	010221	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010221	1	202.75	
0301	TRIGLYCERIDES	84478	010221	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	010221	1	119.25	
0301	BASIC METABOLIC PANEL	80048	010321	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010321	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010321	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010321	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	010321	1	268.50	
0301	COMPREHENSIVE METABOLIC	80053	010321	1	268.50	
0301	VANCOMYCIN LEVEL	80202	010321	1	217.00	
0301	CALCIUM LEVEL IONIZED	82330	010321	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010321	1	176.25	
0001	PAGE 12 OF 25			40	3838.25	

ITEMIZED BILL

PAGE 13

DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	CALCIUM LEVEL IONIZED	82330	010321	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010321	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010321	1	176.25	
0301	CHLORIDE WHOLE BLOOD RT	82435	010321	1	95.75	
0301	CORTISOL SERUM	82533	010321	1	295.75	
0301	CREATINE KINASE	82550	010321	1	104.75	
0301	CREATINE KINASE	82550	010321	1	104.75	
0301	CREATINE KINASE	82550	010321	1	104.75	
0301	CREATINE KINASE	82550	010321	1	104.75	
0301	FERRITIN	82728	010321	1	121.50	
0301	FERRITIN	82728	010321	1	121.50	
0301	FERRITIN	82728	010321	1	121.50	
0301	FERRITIN	82728	010321	1	121.50	
0301	.BO VBG CHEMISTRY	82805	010321	1	199.75	
0301	GLUCOSE WHOLE BLOOD RT	82947	010321	1	100.25	
0301	METER GLUCOSE POC	82948	010321	1	97.50	
0301	LACTIC ACID SEPSIS	83605	010321	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010321	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010321	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010321	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010321	1	80.50	
0301	MAGNESIUM LEVEL	83735	010321	1	104.75	
0301	MAGNESIUM LEVEL	83735	010321	1	104.75	
0301	MAGNESIUM LEVEL	83735	010321	1	104.75	
0301	MAGNESIUM LEVEL	83735	010321	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010321	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010321	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010321	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010321	1	390.25	
0301	PHOSPHORUS LEVEL	84100	010321	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010321	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010321	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010321	1	104.75	
0301	POTASSIUM WHOLE BLOOD RT	84132	010321	1	100.25	
0301	SODIUM WHOLE BLOOD RT	84295	010321	1	100.25	
0301	TROPONIN-I 0 HOUR.	84484	010321	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010321	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010321	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010321	1	119.25	
0301	PREGNANCY TEST URINE	84703	010321	1	110.75	
0001	PAGE 13 OF 25			40	5812.50	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	BASIC METABOLIC PANEL	80048	010421	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010421	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010421	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010421	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010421	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	010421	1	268.50	
0301	COMPREHENSIVE METABOLIC	80053	010421	1	268.50	
0301	VANCOMYCIN LEVEL	80202	010421	1	217.00	
0301	VANCOMYCIN LEVEL	80202	010421	1	217.00	
0301	ALBUMIN LEVEL	82040	010421	1	104.75	
0301	CALCIUM LEVEL IONIZED	82330	010421	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010421	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010421	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010421	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010421	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010421	1	176.25	
0301	CREATINE KINASE	82550	010421	1	104.75	
0301	CREATINE KINASE	82550	010421	1	104.75	
0301	CREATINE KINASE	82550	010421	1	104.75	
0301	CREATINE KINASE	82550	010421	1	104.75	
0301	CREATINE KINASE	82550	010421	1	104.75	
0301	FERRITIN	82728	010421	1	121.50	
0301	FERRITIN	82728	010421	1	121.50	
0301	FERRITIN	82728	010421	1	121.50	
0301	FERRITIN	82728	010421	1	121.50	
0301	FERRITIN	82728	010421	1	121.50	
0301	.BO VBG CHEMISTRY	82805	010421	1	199.75	
0301	.BO VBG CHEMISTRY	82805	010421	1	199.75	
0301	.BO VBG CHEMISTRY	82805	010421	1	199.75	
0301	(M) INTERLEUKIN 6	83520	010421	1	159.50	
0301	LACTIC ACID SEPSIS	83605	010421	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010421	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010421	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010421	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010421	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010421	1	80.50	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0001	PAGE 14 OF 25			40	5725.25	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	MAGNESIUM LEVEL	83735	010421	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010421	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010421	1	390.25	
0301	PHOSPHORUS LEVEL	84100	010421	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010421	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010421	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010421	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010421	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010421	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010421	1	202.75	
0301	TROPONIN-I 0 HOUR.	84484	010421	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010421	1	119.25	
0301	BASIC METABOLIC PANEL	80048	010521	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010521	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010521	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010521	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	010521	1	268.50	
0301	COMPREHENSIVE METABOLIC	80053	010521	1	268.50	
0301	VANCOMYCIN LEVEL	80202	010521	1	217.00	
0301	CALCIUM LEVEL IONIZED	82330	010521	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010521	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010521	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010521	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010521	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010521	1	176.25	
0301	CREATINE KINASE	82550	010521	1	104.75	
0301	CREATINE KINASE	82550	010521	1	104.75	
0301	CREATINE KINASE	82550	010521	1	104.75	
0301	CREATINE KINASE	82550	010521	1	104.75	
0301	FERRITIN	82728	010521	1	121.50	
0301	FERRITIN	82728	010521	1	121.50	
0301	FERRITIN	82728	010521	1	121.50	
0301	FERRITIN	82728	010521	1	121.50	
0301	LACTIC ACID SEPSIS	83605	010521	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010521	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010521	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010521	1	80.50	
0001	PAGE 15 OF 25			40	5947.75	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	MAGNESIUM LEVEL	83735	010521	1	104.75	
0301	MAGNESIUM LEVEL	83735	010521	1	104.75	
0301	MAGNESIUM LEVEL	83735	010521	1	104.75	
0301	MAGNESIUM LEVEL	83735	010521	1	104.75	
0301	MAGNESIUM LEVEL	83735	010521	1	104.75	
0301	MAGNESIUM LEVEL	83735	010521	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010521	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010521	1	390.25	
0301	PHOSPHORUS LEVEL	84100	010521	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010521	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010521	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010521	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010521	1	202.75	
0301	TROPONIN-I 0 HOUR.	84484	010521	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010521	1	119.25	
0301	BASIC METABOLIC PANEL	80048	010621	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010621	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010621	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010621	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	010621	1	268.50	
0301	COMPREHENSIVE METABOLIC	80053	010621	1	268.50	
0301	VANCOMYCIN LEVEL	80202	010621	1	217.00	
0301	CALCIUM LEVEL IONIZED	82330	010621	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010621	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010621	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010621	1	176.25	
0301	CREATINE KINASE	82550	010621	1	104.75	
0301	CREATINE KINASE	82550	010621	1	104.75	
0301	CREATINE KINASE	82550	010621	1	104.75	
0301	FERRITIN	82728	010621	1	121.50	
0301	FERRITIN	82728	010621	1	121.50	
0301	FERRITIN	82728	010621	1	121.50	
0301	FERRITIN	82728	010621	1	121.50	
0301	LACTIC ACID SEPSIS	83605	010621	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010621	1	80.50	
0301	LACTIC ACID SEPSIS	83605	010621	1	80.50	
0301	MAGNESIUM LEVEL	83735	010621	1	104.75	
0301	MAGNESIUM LEVEL	83735	010621	1	104.75	
0301	MAGNESIUM LEVEL	83735	010621	1	104.75	
0001	PAGE 16 OF 25			40	5900.50	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	MAGNESIUM LEVEL	83735	010621	1	104.75	
0301	MAGNESIUM LEVEL	83735	010621	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010621	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010621	1	390.25	
0301	PHOSPHORUS LEVEL	84100	010621	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010621	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010621	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010621	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010621	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010621	1	202.75	
0301	TRIGLYCERIDES	84478	010621	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	010621	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010621	1	119.25	
0301	BASIC METABOLIC PANEL	80048	010721	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010721	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	010721	1	268.50	
0301	VANCOMYCIN LEVEL	80202	010721	1	217.00	
0301	ALBUMIN LEVEL	82040	010721	1	104.75	
0301	BILIRUBIN TOTAL	82247	010721	1	104.75	
0301	BILIRUBIN DIRECT	82248	010721	1	30.75	
0301	CALCIUM LEVEL IONIZED	82330	010721	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010721	1	176.25	
0301	FERRITIN	82728	010721	1	121.50	
0301	FERRITIN	82728	010721	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	010721	1	104.75	
0301	MAGNESIUM LEVEL	83735	010721	1	104.75	
0301	MAGNESIUM LEVEL	83735	010721	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010721	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010721	1	390.25	
0301	ALKALINE PHOSPHATASE	84075	010721	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010721	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010721	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010721	1	202.75	
0301	PROTEIN TOTAL	84155	010721	1	104.75	
0301	ALANINE AMINOTRANSFERASE	84460	010721	1	104.75	
0301	TRIGLYCERIDES	84478	010721	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	010721	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010721	1	119.25	
0301	BASIC METABOLIC PANEL	80048	010821	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010821	1	160.00	
0001	PAGE 17 OF 25			40	6185.50	

ITEMIZED BILL

PAGE 18

DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	COMPREHENSIVE METABOLIC	80053	010821	1	268.50	
0301	COMPREHENSIVE METABOLIC	80053	010821	1	268.50	
0301	VANCOMYCIN LEVEL	80202	010821	1	217.00	
0301	VANCOMYCIN LEVEL	80202	010821	1	217.00	
0301	ALBUMIN LEVEL	82040	010821	1	104.75	
0301	BILIRUBIN TOTAL	82247	010821	1	104.75	
0301	BILIRUBIN DIRECT	82248	010821	1	30.75	
0301	CALCIUM LEVEL IONIZED	82330	010821	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010821	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010821	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010821	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010821	1	176.25	
0301	FERRITIN	82728	010821	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	010821	1	104.75	
0301	MAGNESIUM LEVEL	83735	010821	1	104.75	
0301	MAGNESIUM LEVEL	83735	010821	1	104.75	
0301	MAGNESIUM LEVEL	83735	010821	1	104.75	
0301	MAGNESIUM LEVEL	83735	010821	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010821	1	390.25	
0301	PRO BNP (CARDIAC MARKER)	83880	010821	1	390.25	
0301	ALKALINE PHOSPHATASE	84075	010821	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010821	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010821	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010821	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010821	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010821	1	202.75	
0301	PROTEIN TOTAL	84155	010821	1	104.75	
0301	ALANINE AMINOTRANSFERASE	84460	010821	1	104.75	
0301	TRIGLYCERIDES	84478	010821	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	010821	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010821	1	119.25	
0301	BASIC METABOLIC PANEL	80048	010921	1	160.00	
0301	BASIC METABOLIC PANEL	80048	010921	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	010921	1	268.50	
0301	ALBUMIN LEVEL	82040	010921	1	104.75	
0301	BILIRUBIN TOTAL	82247	010921	1	104.75	
0301	BILIRUBIN DIRECT	82248	010921	1	30.75	
0301	CALCIUM LEVEL IONIZED	82330	010921	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010921	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	010921	1	176.25	
0001	PAGE 18 OF 25			40	6155.00	

ITEMIZED BILL

PAGE 19

DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	FERRITIN	82728	010921	1	121.50	
0301	FERRITIN	82728	010921	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	010921	1	104.75	
0301	MAGNESIUM LEVEL	83735	010921	1	104.75	
0301	MAGNESIUM LEVEL	83735	010921	1	104.75	
0301	MAGNESIUM LEVEL	83735	010921	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	010921	1	390.25	
0301	ALKALINE PHOSPHATASE	84075	010921	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010921	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010921	1	104.75	
0301	PHOSPHORUS LEVEL	84100	010921	1	104.75	
0301	PROCALCITONIN LEVEL	84145	010921	1	202.75	
0301	PROTEIN TOTAL	84155	010921	1	104.75	
0301	ALANINE AMINOTRANSFERASE	84460	010921	1	104.75	
0301	TRIGLYCERIDES	84478	010921	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	010921	1	119.25	
0301	TROPONIN-I 0 HOUR.	84484	010921	1	119.25	
0301	BASIC METABOLIC PANEL	80048	011021	1	160.00	
0301	BASIC METABOLIC PANEL	80048	011021	1	160.00	
0301	BASIC METABOLIC PANEL	80048	011021	1	160.00	
0301	VANCOMYCIN LEVEL	80202	011021	1	217.00	
0301	ALBUMIN LEVEL	82040	011021	1	104.75	
0301	BILIRUBIN TOTAL	82247	011021	1	104.75	
0301	BILIRUBIN DIRECT	82248	011021	1	30.75	
0301	CALCIUM LEVEL IONIZED	82330	011021	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	011021	1	176.25	
0301	CALCIUM LEVEL IONIZED	82330	011021	1	176.25	
0301	FERRITIN	82728	011021	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011021	1	104.75	
0301	MAGNESIUM LEVEL	83735	011021	1	104.75	
0301	MAGNESIUM LEVEL	83735	011021	1	104.75	
0301	MAGNESIUM LEVEL	83735	011021	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	011021	1	390.25	
0301	ALKALINE PHOSPHATASE	84075	011021	1	104.75	
0301	PHOSPHORUS LEVEL	84100	011021	1	104.75	
0301	PHOSPHORUS LEVEL	84100	011021	1	104.75	
0301	PHOSPHORUS LEVEL	84100	011021	1	104.75	
0301	PROCALCITONIN LEVEL	84145	011021	1	202.75	
0301	PROTEIN TOTAL	84155	011021	1	104.75	
0301	ALANINE AMINOTRANSFERASE	84460	011021	1	104.75	
0001	PAGE 19 OF 25			40	5454.75	

ITEMIZED BILL

PAGE 20

DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	TRIGLYCERIDES	84478	011021	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	011021	1	119.25	
0301	COMPREHENSIVE METABOLIC	80053	011121	1	268.50	
0301	CALCIUM LEVEL IONIZED	82330	011121	1	176.25	
0301	MAGNESIUM LEVEL	83735	011121	1	104.75	
0301	PRO BNP (CARDIAC MARKER)	83880	011121	1	390.25	
0301	PHOSPHORUS LEVEL	84100	011121	1	104.75	
0301	TROPONIN-I 0 HOUR.	84484	011121	1	119.25	
0302	C-REACTIVE PROTEIN	86140	010221	1	108.75	
0302	ABSC	86850	010221	1	98.50	
0302	ABO/RH	86900	010221	1	102.25	
0302	RH TYPE	86901	010221	1	87.00	
0302	C-REACTIVE PROTEIN	86140	010421	1	108.75	
0302	(M) COVID IGG	86769	010421	1	100.00	
0302	(M) COVID IGM	86769XU	010421	1	100.00	
0302	C-REACTIVE PROTEIN	86140	010521	1	108.75	
0302	RAPID PLASMA REAGIN TITE	86592	010521	1	52.25	
0302	SYPHILIS T PALLIDUM ABS	86780	010521	1	75.50	
0302	SYPHILIS T PALLIDUM ABS	86780	010521	1	96.25	
0302	C-REACTIVE PROTEIN	86140	010621	1	108.75	
0302	C-REACTIVE PROTEIN	86140	010721	1	108.75	
0302	HEP B CORE ANTIBODY TOTA	86704	010721	1	82.75	
0302	HEP B CORE AB, IGM	86705	010721	1	103.25	
0302	HEP B SURFACE AB, QUAL	86706	010721	1	93.00	
0302	HEPATITIS BE ANTIBODY	86707	010721	1	135.50	
0302	HEPATITIS C ANTIBODY	86803	010721	1	109.00	
0302	C-REACTIVE PROTEIN	86140	010821	1	108.75	
0302	C-REACTIVE PROTEIN	86140	010921	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011021	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011121	1	108.75	
0305	COMPLETE BLOOD COUNT W/	85025	010221	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010321	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010321	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010321	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010321	1	91.25	
0305	PLATELET COUNT	85049	010321	1	51.75	
0305	D-DIMER**	85379	010321	1	125.75	
0305	D-DIMER**	85379	010321	1	125.75	
0305	D-DIMER**	85379	010321	1	125.75	
0305	D-DIMER**	85379	010321	1	125.75	
0001	PAGE 20 OF 25			40	4612.75	

ITEMIZED BILL

PAGE 21

DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	FIBRINOGEN	85384	010321	1	276.75	
0305	FIBRINOGEN	85384	010321	1	276.75	
0305	FIBRINOGEN	85384	010321	1	276.75	
0305	FIBRINOGEN	85384	010321	1	276.75	
0305	PROTHROMBIN TIME	85610	010321	1	65.75	
0305	PROTHROMBIN TIME	85610	010321	1	65.75	
0305	PROTHROMBIN TIME	85610	010321	1	65.75	
0305	PROTHROMBIN TIME	85610	010321	1	65.75	
0305	PARTIAL THROMBOPLASTIN T	85730	010321	1	112.00	
0305	PARTIAL THROMBOPLASTIN T	85730	010321	1	112.00	
0305	PARTIAL THROMBOPLASTIN T	85730	010321	1	112.00	
0305	PARTIAL THROMBOPLASTIN T	85730	010321	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	010421	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010421	1	91.25	
0305	PLATELET COUNT	85049	010421	1	51.75	
0305	PLATELET COUNT	85049	010421	1	51.75	
0305	PLATELET COUNT	85049	010421	1	51.75	
0305	PLATELET COUNT	85049	010421	1	51.75	
0305	D-DIMER**	85379	010421	1	125.75	
0305	D-DIMER**	85379	010421	1	125.75	
0305	FIBRINOGEN	85384	010421	1	276.75	
0305	FIBRINOGEN	85384	010421	1	276.75	
0305	ANTI XA	85520	010421	1	193.50	
0305	PROTHROMBIN TIME	85610	010421	1	65.75	
0305	PROTHROMBIN TIME	85610	010421	1	65.75	
0305	PARTIAL THROMBOPLASTIN T	85730	010421	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	010521	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010521	1	91.25	
0305	PLATELET COUNT	85049	010521	1	51.75	
0305	PLATELET COUNT	85049	010521	1	51.75	
0305	D-DIMER**	85379	010521	1	125.75	
0305	D-DIMER**	85379	010521	1	125.75	
0305	FIBRINOGEN	85384	010521	1	276.75	
0305	FIBRINOGEN	85384	010521	1	276.75	
0305	PROTHROMBIN TIME	85610	010521	1	65.75	
0305	PROTHROMBIN TIME	85610	010521	1	65.75	
0305	PARTIAL THROMBOPLASTIN T	85730	010521	1	112.00	
0305	PARTIAL THROMBOPLASTIN T	85730	010521	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	010621	1	91.25	
0305	PLATELET COUNT	85049	010621	1	51.75	
0001	PAGE 21 OF 25			40	5039.00	

ITEMIZED BILL

PAGE 22

DATE 02/03/2021
TIME 09:59:11 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000766202PATIENT NAME
LITTERAL, KAYLEE BMEDICAL RECORD NUMBER
32087812BEGINNING DATE OF SERVICE
010221ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	PLATELET COUNT	85049	010621	1	51.75	
0305	D-DIMER**	85379	010621	1	125.75	
0305	FIBRINOGEN	85384	010621	1	276.75	
0305	PROTHROMBIN TIME	85610	010621	1	65.75	
0305	PARTIAL THROMBOPLASTIN T	85730	010621	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	010721	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010721	1	91.25	
0305	D-DIMER**	85379	010721	1	125.75	
0305	FIBRINOGEN	85384	010721	1	276.75	
0305	PARTIAL THROMBOPLASTIN T	85730	010721	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	010821	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010821	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010921	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	010921	1	91.25	
0305	D-DIMER**	85379	010921	1	125.75	
0305	FIBRINOGEN	85384	010921	1	276.75	
0305	PARTIAL THROMBOPLASTIN T	85730	010921	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	011021	1	91.25	
0305	D-DIMER**	85379	011021	1	125.75	
0305	FIBRINOGEN	85384	011021	1	276.75	
0305	ANTI XA	85520	011021	1	193.50	
0305	PARTIAL THROMBOPLASTIN T	85730	011021	1	112.00	
0305	COMPLETE BLOOD COUNT W/	85025	011121	1	91.25	
0305	D-DIMER**	85379	011121	1	125.75	
0305	ANTI XA	85520	011121	1	193.50	
0305	PROTHROMBIN TIME	85610	011121	1	65.75	
0305	PARTIAL THROMBOPLASTIN T	85730	011121	1	112.00	
0306	COVID NOT SUSPECTED	U0002	010221	1	104.00	
0306	UROGENITAL CULTURE WITH	87070	010321	1	119.75	
0306	MALDI BIOTYPED ID PANEL	87077	010321	1	103.75	
0306	URINE CULTURE	87086	010321	1	119.75	
0306	GRAM STAIN REPORT	87205	010321	1	79.00	
0306	CHLAMYDIA TRACH. BY NAA	87491	010321	1	130.25	
0306	N. GONORRHEA BY NAA	87591	010321	1	130.25	
0306	GROUP B STREP AMPLIFIED	87653	010321	1	191.25	
0306	FLU A FILM ARRAY PCR 874	87486	010421	1	74.25	
0306	GENERAL LAB:VIRAL PANEL,	8763359	010421	1	876.25	
0306	PERTUSSIS FILM ARRAY PCR	87797	010421	1	74.25	
0306	RSV FILM ARRAY PCR 87798	87798	010421	1	74.95	
0306	HIV ANTIBODY	87389	010521	1	102.00	
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ITEMIZED BILL

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DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0306	GRAM STAIN REPORT	87205	010621	1	79.00	
0306	HSV-1 DNA	87529	010621	1	126.25	
0306	HSV-2 DNA	8752959	010621	1	126.25	
0306	TRICH EIA YEAST AND CLUE	87808	010621	1	76.00	
0306	HEP B SURFACE ANTIGEN SC	87340	010721	1	117.50	
0306	HEPATITIS BE ANTIGEN	87350	010721	1	128.50	
0307	URINALYSIS ROUTINE	81003	010321	1	78.00	
0320	XA FLUORO VASCULAR ACCES	77001	010321	1	526.00	
0324	CR PORT CHEST SINGLE	71045	010321	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010321	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010321	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010321	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010421	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010421	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010421	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010521	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010621	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010721	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010821	1	365.75	
0324	CR PORT CHEST SINGLE	71045	010921	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011021	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011121	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011221	1	365.75	
0352	CT CHEST W IV CONTRAST	71260	010421	1	3091.75	
0361	XA LEVEL 2		010221	1	3416.00	
0402	XA US GUIDE VASCULAR ACC	76937	010321	1	583.25	
0402	US CHEST AND MEDIASTINUM	76604	010621	1	642.75	
0402	US PELVIS COMPLETE NON-O	76856	010621	1	1019.50	
0402	US PELVIS COMPLETE NON-O	76856	011021	1	1019.50	
0410	AER THER TREATMENT SUB.	94640	010321	1	204.75	
0410	CPAP; INITIATION & MGT	94660	010321	1	375.00	
0410	AER THER TMT-INITIAL	94664	010321	1	116.00	
0410	RESPIRATORY TRANS/15MIN		010421	1	65.50	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010421	1	204.75	
0001	PAGE 23 OF 25			40	18711.00	

ITEMIZED BILL

PAGE 24

DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0410	BIPAP 02 DAILY	94660	010421	1	735.25	
0410	CPAP; INITIATION & MGT	94660	010421	1	375.00	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010521	1	204.75	
0410	BIPAP 02 DAILY	94660	010521	1	735.25	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010621	1	204.75	
0410	BIPAP 02 DAILY	94660	010621	1	735.25	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010721	1	204.75	
0410	BIPAP 02 DAILY	94660	010721	1	735.25	
0410	CPAP; INITIATION & MGT	94660	010721	1	375.00	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0001	PAGE 24 OF 25			40	10652.50	

ITEMIZED BILL

PAGE 25

DATE 02/03/2021
TIME 09:59:11 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000766202

PATIENT NAME
LITTERAL, KAYLEE B

MEDICAL RECORD NUMBER
32087812

BEGINNING DATE OF SERVICE
010221

ENDING DATE OF SERVICE
011221

REV CODE	PROCEDURE DESCRIPTION	HCP/CS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010821	1	204.75	
0410	CPAP; INITIATION & MGT	94660	010821	1	375.00	
0410	AER THER TMT-INITIAL	94664	010821	1	116.00	
0410	AER THER TREATMENT SUB.	94640	010921	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010921	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010921	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010921	1	204.75	
0410	AER THER TREATMENT SUB.	94640	010921	1	204.75	
0424	PT 846 EVALUATION CHARGE	97161GP	011221	1	250.50	
0460	PULSE OXIMETRY/DAILY	94762	010321	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	010421	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	010521	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	010621	1	306.50	
0460	INCENTIVE SPIR INITIAL	94150	010721	1	92.00	
0460	PULSE OXIMETRY/DAILY	94762	010721	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	010821	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	010921	1	306.50	
0483	ECHO -> ECHO COMPLETE (2	93306	010321	1	2768.50	
0483	ECHO -> ECHO COMPLETE (2	93306	010521	1	2768.50	
0483	ECHO -> ECHO COMPLETE (2	93306	011221	1	2768.50	
0730	EKG	93005	010321	1	204.50	
0730	EKG STAT	93005	010321	1	204.50	
0730	EKG	93005	010321	1	204.50	
0730	EKG	93005	010421	1	204.50	
0730	EKG	93005	010421	1	204.50	
0730	EKG	93005	010521	1	204.50	
0730	EKG	93005	010521	1	204.50	
0730	EKG	93005	010621	1	204.50	
0730	EKG	93005	010721	1	204.50	
0730	EKG	93005	010821	1	204.50	
0001	PAGE 25 OF 25			34	15377.00	
0001	TOTAL			1121	286912.23	