

FAX

To: Attention Payment Integrity High Dollar Review: Kelly Rizo
Company:
Fax: 855-329-8191
Phone:

From: ASHLEY MYLES
Fax: 833-482-4876
Phone:
E-mail: ASHLEY.MYLES@SLUHN.ORG

NOTES:

High dollar claim denied for detail bill. Please see attached requested information. Thank you.

Patient Name: Harry Andes
Date of Birth: 03/14/1956
Member ID: VGV620M91844
Claim ID: 21653068802

Date and time of transmission: Wednesday, February 3, 2021 2:37:00 PM
Number of pages including this cover sheet: 32

Claim Status Details

HARRY ANDES

born on 03/14/1956

View/Print

Client Information

Finalized Claim Status as of 01/29/2021	Claim ID: 2165268902	Service Dates: 12/16/2020 to 01/19/2021
---	----------------------	---

The claim/encounter has completed the adjudication cycle and no more action will be taken.

<div>INSURANCE DETAILS</div> <div>Highmark Blue Shield</div> <div>Member ID: VGV629M91844</div> <div>BILLING ENTITY</div> <div>ST LUKES HOSPITAL</div> <div>NPI: 1013933175</div> <div>Specialty: 1570</div>	Total Billed:	\$904,602.85
	Total Paid:	\$0.00

Facility Claim Information
COVERAGE & BENEFITS
EXCLUSIONS & DISALLOWED ITEMS
CONDITION, VALUE & OCCURRENCE CODES
ADDITIONAL INFORMATION

Claim and Service Line Details:

Additional Details			
Claim Type:	BLUE CARD/PREMIERBLUE	Claim Received Date:	01/25/2021
Group Number:	IT537801	Patient Liability Amount:	\$0.00
Payer:		Contractual Adjustment:	\$0.00
Patient Account Number:	10102656256000	Allowed Amount:	\$0.00
Type Of Bill:	111	Cash Amount:	\$0.00
Claim Rejection Code:	E1224	Coinsurance Amount:	\$0.00
Claim Rejection Message:	In order to process this claim, additional information is required. The claim should be resubmitted with an itemized bill for each date of service reported. Electronically enabled providers should resubmit electronically. - CO252		
	Deductible Amount:	\$0.00	
	Other Insurance Amount:	\$0.00	
	Penalty Amount:	\$0.00	

Service	Units	Date(s)	Revenue Code	Status	Billed Amount	Paid Amount
1 --	3.0	12/16/2020 to 01/19/2021	130	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$35,584.00	\$0.00
2 --	15.0	12/16/2020 to 01/19/2021	200	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$373,575.00	\$0.00
3 --	16.0	12/16/2020 to 01/19/2021	200	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$195,920.00	\$0.00
4 --	2901.0	12/16/2020 to 01/19/2021	259	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$86,086.94	\$0.00
5 --	1.0	12/16/2020 to 01/19/2021	260	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$3,216.00	\$0.00
6 --	1.0	12/16/2020 to 01/19/2021	270	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$2,065.36	\$0.00
7 --	171.0	12/16/2020 to 01/19/2021	300	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$53,340.00	\$0.00
8 --	68.0	12/16/2020 to 01/19/2021	301	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$8,530.00	\$0.00

9	--	6.0	12/16/2020 to 01/19/2021	302	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$1,666.00	\$0.00
10	--	1.0	12/16/2020 to 01/19/2021	309	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$1,732.00	\$0.00
11	--	1.0	12/16/2020 to 01/19/2021	310	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$243.00	\$0.00
12	--	10.0	12/16/2020 to 01/19/2021	311	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$2,715.00	\$0.00
13	--	2.0	12/16/2020 to 01/19/2021	320	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$1,558.00	\$0.00
14	--	9.0	12/16/2020 to 01/19/2021	324	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$7,054.00	\$0.00
15	--	4.0	12/16/2020 to 01/19/2021	351	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$8,125.00	\$0.00
16	--	4.0	12/16/2020 to 01/19/2021	352	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$13,076.00	\$0.00
17	--	1.0	12/16/2020 to 01/19/2021	361	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$584.00	\$0.00
18	--	3.0	12/16/2020 to 01/19/2021	390	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$5,065.00	\$0.00
19	--	13.0	12/16/2020 to 01/19/2021	420	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$5,636.00	\$0.00
20	--	3.0	12/16/2020 to 01/19/2021	424	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$1,462.00	\$0.00
21	--	15.0	12/16/2020 to 01/19/2021	430	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$3,725.00	\$0.00
22	--	1.0	12/16/2020 to 01/19/2021	434	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$506.00	\$0.00
23	--	4.0	12/16/2020 to 01/19/2021	440	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$2,520.00	\$0.00
24	--	1.0	12/16/2020 to 01/19/2021	444	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$1,139.00	\$0.00
25	--	1.0	12/16/2020 to 01/19/2021	450	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$67.00	\$0.00
26	--	1.0	12/16/2020 to 01/19/2021	460	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$1,753.00	\$0.00

27	--	2.0	12/16/2020 to 01/19/2021	611	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$6,575.01	\$0.00
28	--	17.0	12/16/2020 to 01/19/2021	730	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$5,750.00	\$0.00
29	--	6.0	12/16/2020 to 01/19/2021	740	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$15,116.00	\$0.00
30	--	6.0	12/16/2020 to 01/19/2021	761	Finalized The claim/encounter has completed the adjudication cycle and no more action will be taken.	\$59,976.00	\$0.00

Disclaimer:
Patient has agreed to what is listed to have covered by the patient's health plan and dependent upon the patient's eligibility with that health plan at the time service was rendered, as well as compliance with health plan's requirements and payment policies. There may be additional information pertaining to this claim, not included in this summary, which will be on the Explanation of Benefits or Remittance Advice.



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Harry M Andes
2125 EAGLES LANDING
DR
NAZARETH, PA 18064-
1468

Account #: 10102656266

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Services provided at: St. Luke's University Hospital - Bethlehem Campus

Visit Coverages:

Blue Cross - Empire Bcbs Bc Plan 303

Charges

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/16/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/16/2020	0250	135000003	DIVALPROEX SODIUM 250 MG TBEC	1	1.42
12/16/2020	0300	275000016	HB ASSAY DIPROPYLACETIC ACID	1	372.00
12/16/2020	0300	275000043	HB URINALYSIS AUTO W/O SCOPE	1	33.00
12/16/2020	0300	275000114	HB VITAMIN B-12	1	217.00
12/16/2020	0300	275000324	HB SYPHILIS TEST NON-TREP QUAL	1	108.00
12/16/2020	0300	275001238	HB DRUG TEST PRSMV CHEM ANALYZR	1	1,121.00
12/16/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	7.68
12/16/2020	0740	285000019	HB EEG CONT REC W/VID EEG TECH	1	1,260.00
12/16/2020	0740	285000022	HB VEEG 2-12 HR INTMT MNTR	1	1,260.00
12/17/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/17/2020	0250	135000002	DEXTROSE 50% PER 500 ML	1	60.14
12/17/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	2	347.95
12/17/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/17/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	2	158.99
12/17/2020	0300	275000016	HB ASSAY DIPROPYLACETIC ACID	1	372.00
12/17/2020	0301	275000442	HB COMPREHEN METABOLIC PANEL	1	153.00
12/17/2020	0636	135000001	DEXTROSE-NACL PER 500 ML	2	8.29
12/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	7.68
12/17/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 100 ML VIAL	20	3,959.92
12/17/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 200 ML VIAL	40	7,916.84
12/17/2020	0636	135000001	LEVETIRACETAM PER 10 MG	150	32.02
12/17/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/17/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/17/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/17/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/17/2020	0740	285000024	HB VEEG EA 12-26HR INTMT MNTR	1	2,519.00
12/18/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
12/18/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91

Please call Customer Service at 1-800-218-7359

Page: 1 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/18/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
12/18/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/18/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/18/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/18/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/18/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/18/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/18/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/18/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/18/2020	0250	325000001	GADOBENATE DIMEGLUMINE 529 MG/ML SOLN	7	129.98
12/18/2020	0300	275000016	HB ASSAY DIPROPYLACETIC ACID	1	372.00
12/18/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	414.00
12/18/2020	0300	275000160	HB RIA NONANTIBODY (AKA CPT83519)	3	1,041.00
12/18/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
12/18/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/18/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/18/2020	0300	275000279	HB PROTHROMBIN TIME	1	58.00
12/18/2020	0300	275000304	HB FLUORESCENT ANTIBODY SCREEN (AKA CPT86255)	19	2,565.00
12/18/2020	0300	275000304	HB FLUORESCENT ANTIBODY SCREEN (AKA CPT86255)	19	2,565.00
12/18/2020	0300	275000317	HB ISLET CELL ANTIBODY (AKA CPT86341)	1	282.00
12/18/2020	0300	275000317	HB ISLET CELL ANTIBODY (AKA CPT86341)	1	282.00
12/18/2020	0300	275000330	HB LYME DISEASE ANTIBODY (CONFIRMATORY TEST)	2	540.00
12/18/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	207.00
12/18/2020	0300	275000410	HB DETECT AGENT NOS DNA AMP	1	511.00
12/18/2020	0300	275000422	HB BODY FLUID CELL COUNT (W/O DIFFERENTIAL COUNT)	1	149.00
12/18/2020	0300	275000423	HB BODY FLUID CELL COUNT (WITH DIFFERENTIAL COUNT)	1	153.00
12/18/2020	0300	275001234	HB CNS DNA AMP PROBE TYPE 12-25	1	7,975.00
12/18/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/18/2020	0301	275000494	HB GLUCOSE OTHER FLUID	1	83.00
12/18/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/18/2020	0301	275000521	HB ASSAY OF PROTEIN OTHER	1	117.00
12/18/2020	0310	275990004	HB CYTOPATH CONCENTRATE TECH	1	243.00
12/18/2020	0311	275990052	HB FLOWCYTOMETRY/TC 1 MARKER (AKA CPT88184)	1	284.00
12/18/2020	0311	275990053	HB FLOWCYTOMETRY/TC ADD-ON (AKA CPT88185)	17	2,431.00
12/18/2020	0320	255990177	HB FLUOROGUIDE FOR SPINE INJECT	1	924.00
12/18/2020	0361	165000357	HB SPINAL FLUID TAP DIAGNOSTIC	1	584.00
12/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
12/18/2020	0611	255960037	HB MRI BRAIN STEM W/DYE	1	6,575.00

Please call Customer Service at 1-800-218-7359

Page: 2 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/18/2020	0611	315000007	HB CDSM NDSC	1	0.01
12/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	15.21
12/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	7.68
12/18/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 100 ML VIAL	20	3,959.92
12/18/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 200 ML VIAL	40	7,916.84
12/18/2020	0636	135000001	LORAZEPAM PER 2 MG	2	10.87
12/18/2020	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/18/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
12/19/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
12/19/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/19/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/19/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/19/2020	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
12/19/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/19/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/19/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	79.45
12/19/2020	0250	135000003	LOSARTAN 25 MG TABS	1	1.25
12/19/2020	0250	135000003	VALPROIC ACID 250 MG/5ML SOLN	1	3.60
12/19/2020	0250	135000003	VALPROIC ACID 250 MG/5ML SOLN	1	3.60
12/19/2020	0300	275000077	HB ASSAY OF AMMONIA	1	401.00
12/19/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/19/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/19/2020	0301	275000442	HB COMPREHEN METABOLIC PANEL	1	153.00
12/19/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/19/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
12/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	15.21
12/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	15.21
12/19/2020	0636	135000001	HYDRALAZINE PER 20 MG	1	23.37
12/19/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 100 ML VIAL	20	3,959.92
12/19/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 200 ML VIAL	40	7,916.84

Please call Customer Service at 1-800-218-7359

Page: 3 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/19/2020	0636	135000001	LABETALOL HCL 5 MG/ML SOSY	2	18.70
12/19/2020	0636	135000001	LABETALOL HCL 5 MG/ML SOSY	2	18.70
12/19/2020	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
12/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
12/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/20/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/20/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
12/20/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/20/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/20/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/20/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/20/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
12/20/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
12/20/2020	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
12/20/2020	0250	135000003	BISACODYL 10 MG SUPP	1	1.25
12/20/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/20/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/20/2020	0250	135000003	LOSARTAN 25 MG TABS	1	1.49
12/20/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/20/2020	0250	135000003	VALPROIC ACID 250 MG/5ML SOLN	1	3.60
12/20/2020	0250	325000001	IODIXANOL PER 1 ML	100	259.81
12/20/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/20/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
12/20/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/20/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
12/20/2020	0352	255980023	HB CT THORAX W/DYE	1	4,682.00
12/20/2020	0352	255980052	HB CT ABD & PELV W/CONTRAST	1	8,388.00
12/20/2020	0352	315000007	HB CDSM NDSC	1	0.01
12/20/2020	0352	315000007	HB CDSM NDSC	1	0.01
12/20/2020	0636	135000001	DIPHENHYDRAMINE PER 50 MG	1	6.92
12/20/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
12/20/2020	0636	135000001	FENTANYL PER 0.1 MG	1	12.21
12/20/2020	0636	135000001	HYDRALAZINE PER 20 MG	1	19.67
12/20/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 100 ML VIAL	20	3,959.92
12/20/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 200 ML VIAL	40	7,916.84
12/20/2020	0636	135000001	LABETALOL HCL 5 MG/ML SOSY	2	18.70
12/20/2020	0636	135000001	LABETALOL HCL 5 MG/ML SOSY	2	18.70

Please call Customer Service at 1-800-218-7359

Page: 4 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/20/2020	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
12/20/2020	0636	135000001	ONDANSETRON PER 1 MG	4	4.55
12/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
12/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/20/2020	0740	285000024	HB VEEG EA 12-26HR INTMT MNTR	1	2,519.00
12/21/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/21/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
12/21/2020	0250	135000002	LACOSAMIDE 200 MG/20 ML SOLN 20 ML VIAL	1	173.98
12/21/2020	0250	135000002	VALPROATE 100 MG/ML SOLN 5 ML VIAL	1	79.50
12/21/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
12/21/2020	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
12/21/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/21/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/21/2020	0250	135000003	LOSARTAN 25 MG TABS	1	1.49
12/21/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/21/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
12/21/2020	0250	135000003	VALPROIC ACID 250 MG/5ML SOLN	1	3.60
12/21/2020	0300	275000082	HB ASSAY OF ARSENIC	1	207.00
12/21/2020	0300	275000168	HB ASSAY OF LEAD	1	158.00
12/21/2020	0300	275000176	HB ASSAY OF MERCURY	1	236.00
12/21/2020	0300	275000399	HB HIV-1 AG W/HIV-1 & HIV-2 AB	1	341.00
12/21/2020	0636	135000001	HYDRALAZINE PER 20 MG	1	23.37
12/21/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 100 ML VIAL	20	3,959.92
12/21/2020	0636	135000001	IMMUNE GLOBULIN, HUMAN 2.5 G/25 ML SOLN 200 ML VIAL	40	7,916.84
12/21/2020	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
12/21/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	12.53
12/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
12/21/2020	0740	285000024	HB VEEG EA 12-26HR INTMT MNTR	1	2,519.00
12/22/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/22/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/22/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/22/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25

Please call Customer Service at 1-800-218-7359

Page: 5 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/22/2020	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
12/22/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	6.67
12/22/2020	0250	135000003	DIAZEPAM 5 MG TABS	1	1.25
12/22/2020	0250	135000003	DIAZEPAM 5 MG TABS	1	1.25
12/22/2020	0250	135000003	LOSARTAN 25 MG TABS	1	1.25
12/22/2020	0250	135000003	LOSARTAN 25 MG TABS	1	2.05
12/22/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/22/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (NA)-250 MG (K) PACK	1	2.17
12/22/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
12/22/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/22/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/22/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/22/2020	0301	275000446	HB HEPATIC FUNCTION PANEL	1	271.00
12/22/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/22/2020	0424	185000170424	HB PT EVAL HIGH COMPLEX 45 MIN	1	566.00
12/22/2020	0434	185000174434	HB OT EVAL HIGH COMPLEX 60 MIN	1	566.00
12/22/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/22/2020	0636	135000001	HYDRALAZINE PER 20 MG	1	19.67
12/22/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/22/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/22/2020	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
12/22/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/22/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
12/22/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
12/23/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/23/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/23/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/23/2020	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
12/23/2020	0250	135000003	CARBAMAZEPINE 100 MG/5 ML SUSP	1	3.67
12/23/2020	0250	135000003	CARBAMAZEPINE 100 MG/5 ML SUSP	1	3.67
12/23/2020	0250	135000003	CARBAMAZEPINE 100 MG/5 ML SUSP	1	3.67
12/23/2020	0250	135000003	DIAZEPAM 5 MG TABS	1	1.25
12/23/2020	0250	135000003	DIAZEPAM 5 MG TABS	1	1.25
12/23/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/23/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/23/2020	0250	135000003	PREDNISONE PER 5 MG	40	1.59
12/23/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25

Please call Customer Service at 1-800-218-7359

Page: 6 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/23/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/23/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/23/2020	0636	135000001	HYDRALAZINE PER 20 MG	1	19.67
12/23/2020	0636	135000001	HYDRALAZINE PER 20 MG	1	19.67
12/23/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/23/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/23/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/23/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/24/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/24/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/24/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/24/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
12/24/2020	0250	135000003	CARBAMAZEPINE 100 MG/5 ML SUSP	1	3.67
12/24/2020	0250	135000003	CARBAMAZEPINE 100 MG/5 ML SUSP	1	3.67
12/24/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/24/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
12/24/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/24/2020	0250	135000003	POTASSIUM CHLORIDE 20 MEQ TBCR	1	1.63
12/24/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
12/24/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/24/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/24/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	207.00
12/24/2020	0300	275000422	HB BODY FLUID CELL COUNT (W/O DIFFERENTIAL COUNT)	1	149.00
12/24/2020	0300	275000423	HB BODY FLUID CELL COUNT (WITH DIFFERENTIAL COUNT)	1	153.00
12/24/2020	0300	275001234	HB CNS DNA AMP PROBE TYPE 12-25	1	7,975.00
12/24/2020	0300	275001386	HB NFCT DS VIR RESP RNA 4 TRGT	1	255.00
12/24/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/24/2020	0301	275000494	HB GLUCOSE OTHER FLUID	1	83.00
12/24/2020	0301	275000504	HB LACTATE (LD) (LDH) ENZYME	1	105.00
12/24/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/24/2020	0301	275000521	HB ASSAY OF PROTEIN OTHER	1	117.00
12/24/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
12/24/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/24/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/24/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/24/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63

Please call Customer Service at 1-800-218-7359

Page: 7 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/24/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/25/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/25/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/25/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/25/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
12/25/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/25/2020	0250	135000003	MELATONIN 3 MG TABS	1	4.17
12/25/2020	0250	135000003	MODAFINIL 100 MG TABS	2	101.00
12/25/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/25/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
12/25/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/25/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
12/25/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/25/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/26/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/26/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	6	2,239.80
12/26/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/26/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/26/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
12/26/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/26/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
12/26/2020	0250	135000003	MODAFINIL 100 MG TABS	1	50.50
12/26/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/26/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/26/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/26/2020	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00
12/26/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/26/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/26/2020	0309	275000694	HB UNLISTED MOLECULAR PATHOLOGY (AKA CPT81479)	1	1,722.00
12/26/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
12/26/2020	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
12/26/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/26/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/26/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/26/2020	0636	135000001	METHYLPREDNISOLONE PER 40 MG	1	26.97
12/27/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/27/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/27/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25

Please call Customer Service at 1-800-218-7359

Page: 8 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/27/2020	0250	135000003	DIPHENHYDRAMINE PER 50 MG	1	1.25
12/27/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/27/2020	0250	135000003	MODAFINIL 100 MG TABS	1	50.50
12/27/2020	0250	325000001	IOHEXOL PER 1 ML	85	53.41
12/27/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/27/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/27/2020	0351	255980016	HB CT ANGIOGRAPHY HEAD	1	4,064.00
12/27/2020	0351	255980017	HB CT ANGIOGRAPHY NECK	1	4,064.00
12/27/2020	0351	315000007	HB CDSM NDSC	1	0.01
12/27/2020	0351	315000007	HB CDSM NDSC	1	0.01
12/27/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/27/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/27/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/27/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/27/2020	0636	135000001	METHYLPREDNISOLONE PER 40 MG	1	26.97
12/27/2020	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
12/28/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/28/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	9.62
12/28/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
12/28/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
12/28/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
12/28/2020	0250	135000002	STERILE WATER SOLN	1	1.25
12/28/2020	0250	135000002	STERILE WATER SOLN	1	1.25
12/28/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
12/28/2020	0250	135000003	SILVER NITRATE-POTASSIUM NITRATE 75-25 % MISC	1	2.54
12/28/2020	0300	275000041	HB URINALYSIS AUTO W/SCOPE	1	90.00
12/28/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	414.00
12/28/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
12/28/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/28/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/28/2020	0300	275000319	HB MICROSOMAL ANTIBODY EACH	1	212.00
12/28/2020	0300	275000360	HB THYROGLOBULIN ANTIBODY	1	232.00
12/28/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/28/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
12/28/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/28/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
12/28/2020	0636	135000001	FENTANYL PER 0.1 MG	1	12.21
12/28/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/28/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11

Please call Customer Service at 1-800-218-7359

Page: 9 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/28/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/28/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	1	2.32
12/28/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	1	2.32
12/28/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/28/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/28/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/28/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/28/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/29/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/29/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
12/29/2020	0250	135000002	THROMBIN 20,000 UNITS KIT	1	1,143.74
12/29/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/29/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/29/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
12/29/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/29/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
12/29/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/29/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
12/29/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
12/29/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
12/29/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
12/29/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/29/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/29/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/29/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/29/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/29/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/29/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/29/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/29/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/29/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/29/2020	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
12/30/2020	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
12/30/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
12/30/2020	0250	135000002	STERILE WATER SOLN	1	3.16
12/30/2020	0250	135000003	AMLODIPINE 5 MG TABS	1	1.25
12/30/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
12/30/2020	0250	135000003	LOSARTAN 50 MG TABS	1	1.25
12/30/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25

Please call Customer Service at 1-800-218-7359

Page: 10 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/30/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
12/30/2020	0300	275000041	HB URINALYSIS AUTO W/SCOPE	1	90.00
12/30/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/30/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
12/30/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
12/30/2020	0300	275000279	HB PROTHROMBIN TIME	1	58.00
12/30/2020	0300	275000371	HB CULTURE AEROBIC IDENTIFY	1	93.00
12/30/2020	0300	275000373	HB URINE CULTURE/COLONY COUNT	1	118.00
12/30/2020	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
12/30/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/30/2020	0301	275000446	HB HEPATIC FUNCTION PANEL	1	271.00
12/30/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
12/30/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/30/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
12/30/2020	0636	135000001	AZTREONAM PER 500 MG	2	136.05
12/30/2020	0636	135000001	AZTREONAM PER 500 MG	2	136.05
12/30/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/30/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/30/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/30/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/30/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/30/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/30/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/30/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/30/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	56.86
12/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/30/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
12/30/2020	0740	285000019	HB EEG CONT REC W/VID EEG TECH	1	1,260.00
12/30/2020	0740	285000024	HB VEEG EA 12-26HR INTMT MNTR	1	2,519.00
12/31/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
12/31/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1	190.80
12/31/2020	0250	135000002	DEXMETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
12/31/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
12/31/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
12/31/2020	0250	135000002	STERILE WATER SOLN	1	3.16
12/31/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
12/31/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25

Please call Customer Service at 1-800-218-7359

Page: 11 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/31/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
12/31/2020	0250	135000003	DIAZEPAM 5 MG TABS	1	1.25
12/31/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
12/31/2020	0250	135000003	VANCOMYCIN PER 500 MG	2	66.48
12/31/2020	0300	275000107	HB TOTAL CORTISOL	1	370.00
12/31/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
12/31/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
12/31/2020	0300	275000279	HB PROTHROMBIN TIME	1	58.00
12/31/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
12/31/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
12/31/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
12/31/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
12/31/2020	0301	275000446	HB HEPATIC FUNCTION PANEL	1	271.00
12/31/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
12/31/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
12/31/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
12/31/2020	0636	135000001	AZTREONAM PER 500 MG	2	136.05
12/31/2020	0636	135000001	AZTREONAM PER 500 MG	4	269.09
12/31/2020	0636	135000001	AZTREONAM PER 500 MG	4	269.09
12/31/2020	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
12/31/2020	0636	135000001	DIAZEPAM PER 5 MG	1	44.72
12/31/2020	0636	135000001	DIAZEPAM PER 5 MG	1	44.72
12/31/2020	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
12/31/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
12/31/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/31/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/31/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/31/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
12/31/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
12/31/2020	0636	135000001	OLANZAPINE 10 MG SOLR	20	113.72
12/31/2020	0636	135000001	PANTOPRAZOLE 40 MG SOLR	1	15.07
12/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
12/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	8.29
12/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
12/31/2020	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	4	30.76
12/31/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
12/31/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00

Please call Customer Service at 1-800-218-7359

Page: 12 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
12/31/2020	0740	285000022	HB VEEG 2-12 HR INTMT MNTR	1	1,260.00
12/31/2020	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
12/31/2020	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
01/01/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/01/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/01/2021	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 5 ML VIAL	2	202.79
01/01/2021	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
01/01/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/01/2021	0250	135000003	DIAZEPAM 5 MG TABS	1	1.25
01/01/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/01/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/01/2021	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
01/01/2021	0250	135000003	VANCOMYCIN PER 500 MG	2	66.48
01/01/2021	0300	275000037	HB ASSAY OF VANCOMYCIN	1	520.00
01/01/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/01/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/01/2021	0300	275000279	HB PROTHROMBIN TIME	1	58.00
01/01/2021	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
01/01/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/01/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/01/2021	0301	275000446	HB HEPATIC FUNCTION PANEL	1	271.00
01/01/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/01/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/01/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/01/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/01/2021	0636	135000001	AZTREONAM PER 500 MG	4	269.09
01/01/2021	0636	135000001	AZTREONAM PER 500 MG	4	269.09
01/01/2021	0636	135000001	AZTREONAM PER 500 MG	4	269.09
01/01/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
01/01/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/01/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/01/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/01/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/01/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/01/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63

Please call Customer Service at 1-800-218-7359

Page: 13 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/01/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/01/2021	0636	135000001	PANTOPRAZOLE 40 MG SOLR	1	15.07
01/01/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/01/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/01/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/01/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/01/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/02/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/02/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/02/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/02/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/02/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/02/2021	0250	135000003	POTASSIUM CHLORIDE 10% SOLN	1	6.51
01/02/2021	0250	135000003	POTASSIUM CHLORIDE 10% SOLN	1	6.51
01/02/2021	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (NA)-250 MG (K) PACK	1	2.17
01/02/2021	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
01/02/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/02/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/02/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/02/2021	0300	275000279	HB PROTHROMBIN TIME	1	58.00
01/02/2021	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
01/02/2021	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
01/02/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/02/2021	0301	275000446	HB HEPATIC FUNCTION PANEL	1	271.00
01/02/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/02/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/02/2021	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
01/02/2021	0302	275000564	HB BLOOD TYPING ABO	1	496.00
01/02/2021	0302	275000565	HB BLOOD TYPING RH (D)	1	257.00
01/02/2021	0390	275990064	HB RBC LEUKOCYTES REDUCED	1	1,687.00
01/02/2021	0636	135000001	AZTREONAM PER 500 MG	4	269.09
01/02/2021	0636	135000001	AZTREONAM PER 500 MG	4	269.09
01/02/2021	0636	135000001	AZTREONAM PER 500 MG	4	269.09
01/02/2021	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48

Please call Customer Service at 1-800-218-7359

Page: 14 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/02/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
01/02/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/02/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/02/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/02/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/02/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/02/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/02/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/02/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/02/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/02/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/02/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/02/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/02/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/02/2021	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
01/03/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/03/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/03/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/03/2021	0250	135000002	DEXTROSE 5% PER 500 ML	1	6.97
01/03/2021	0250	135000002	SODIUM PHOSPHATE 3 MMOL/ML SOLN 5 ML VIAL	2	98.42
01/03/2021	0250	135000002	TRANEXAMIC ACID 1000 MG/10ML SOLN	1	27.13
01/03/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/03/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/03/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/03/2021	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
01/03/2021	0300	275000248	HB HEMOGLOBIN	1	49.00
01/03/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/03/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/03/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/03/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
01/03/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/03/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/03/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/03/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/03/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/03/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/03/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/03/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00

Please call Customer Service at 1-800-218-7359

Page: 15 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/04/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/04/2021	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	6	2,239.80
01/04/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/04/2021	0250	135000002	POTASSIUM PHOSPHATE 45 MMOL/15 ML SOLN 5 ML VIAL	1	101.40
01/04/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/04/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/04/2021	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
01/04/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/04/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/04/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/04/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/04/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/04/2021	0444	185000128444	HB EVALUATE SWALLOWING FUNCTION	1	1,139.00
01/04/2021	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
01/04/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
01/04/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/04/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/04/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/04/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/04/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/04/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/04/2021	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
01/04/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/04/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/04/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/04/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/04/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/04/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/04/2021	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
01/05/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/05/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/05/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/05/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/05/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/05/2021	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
01/05/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/05/2021	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00
01/05/2021	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00
01/05/2021	0300	275000279	HB PROTHROMBIN TIME	1	58.00

Please call Customer Service at 1-800-218-7359

Page: 16 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/05/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/05/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/05/2021	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
01/05/2021	0302	275000564	HB BLOOD TYPING ABO	1	496.00
01/05/2021	0302	275000565	HB BLOOD TYPING RH (D)	1	257.00
01/05/2021	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
01/05/2021	0424	185000171424	HB PT RE-EVAL EST PLAN CARE	1	298.00
01/05/2021	0430	185000026430	HB THERAPEUTIC ACTIVITIES	1	302.00
01/05/2021	0430	185000028430	HB SELF CARE MNGMENT TRAINING	1	265.00
01/05/2021	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
01/05/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/05/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/05/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/05/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/05/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/05/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/05/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/05/2021	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
01/05/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/05/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/05/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/05/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/05/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/06/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/06/2021	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	7	909.72
01/06/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/06/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/06/2021	0250	135000002	STERILE WATER SOLN	1	1.25
01/06/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/06/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/06/2021	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	79.45
01/06/2021	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
01/06/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/06/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/06/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/06/2021	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
01/06/2021	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00
01/06/2021	0300	275000279	HB PROTHROMBIN TIME	1	58.00

Please call Customer Service at 1-800-218-7359

Page: 17 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/06/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/06/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/06/2021	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
01/06/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/06/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/06/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/06/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/06/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/06/2021	0636	135000001	METHYLPREDNISOLONE PER 125 MG	8	282.53
01/06/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/06/2021	0636	135000001	OLANZAPINE 10 MG SOLR	20	113.72
01/06/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/06/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/06/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/06/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/06/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/06/2021	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
01/07/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/07/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/07/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/07/2021	0250	135000002	STERILE WATER SOLN	1	3.16
01/07/2021	0250	135000002	TRANEXAMIC ACID 1000 MG/10ML SOLN	1	26.39
01/07/2021	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
01/07/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/07/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/07/2021	0250	135000003	FAMOTIDINE 20 MG TABS	1	1.25
01/07/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.91
01/07/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/07/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/07/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/07/2021	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
01/07/2021	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00
01/07/2021	0301	275000442	HB COMPREHEN METABOLIC PANEL	1	153.00
01/07/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/07/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/07/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
01/07/2021	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
01/07/2021	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
01/07/2021	0636	135000001	HALOPERIDOL LACTATE PER 5 MG	1	15.30

Please call Customer Service at 1-800-218-7359

Page: 18 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES,HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/07/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/07/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/07/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/07/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/07/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/07/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/07/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/07/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/07/2021	0636	135000001	OLANZAPINE 10 MG SOLR	20	113.72
01/07/2021	0636	135000001	OLANZAPINE 10 MG SOLR	20	113.72
01/07/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/07/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/07/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/07/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/08/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/08/2021	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	7	909.72
01/08/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/08/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/08/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/08/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/08/2021	0250	135000002	DEXTROSE 5% IN LACTATED RINGERS PER 1000 ML	1	61.19
01/08/2021	0250	135000002	DEXTROSE 50% PER 500 ML	1	60.14
01/08/2021	0250	135000002	FAMOTIDINE 20 MG/2 ML SOLN	1	5.60
01/08/2021	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
01/08/2021	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
01/08/2021	0250	135000002	TRANEXAMIC ACID 1000 MG/10ML SOLN	1	26.39
01/08/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/08/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/08/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/08/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/08/2021	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
01/08/2021	0390	275990003	HB CRYOPRECIPITATE EACH UNIT	1	1,691.00
01/08/2021	0390	275990003	HB CRYOPRECIPITATE EACH UNIT	1	1,691.00
01/08/2021	0636	135000001	ALTEPLASE 2 MG SOLR	2	788.41
01/08/2021	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
01/08/2021	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
01/08/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/08/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/08/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11

Please call Customer Service at 1-800-218-7359

Page: 19 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/08/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/08/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/08/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/08/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/08/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/08/2021	0636	135000001	OLANZAPINE 10 MG SOLR	20	113.72
01/08/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/08/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/08/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/08/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/08/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/08/2021	0761	165000184	HB APHERESIS PLASMA	1	8,747.00
01/09/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/09/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/09/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/09/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/09/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/09/2021	0250	135000002	DEXTROSE 5% IN LACTATED RINGERS PER 1000 ML	1	5.65
01/09/2021	0250	135000002	FAMOTIDINE 20 MG/2 ML SOLN	1	5.60
01/09/2021	0250	135000003	CALCIUM CARBONATE ANTACID 1250 MG/5 ML SUSP	1	5.16
01/09/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/09/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/09/2021	0250	135000003	NYSTATIN 100000 UNIT/GM POWD 15 G BOTTLE	1	17.22
01/09/2021	0250	135000003	NYSTATIN 100000 UNIT/GM POWD 15 G BOTTLE	1	17.22
01/09/2021	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
01/09/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.91
01/09/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.33
01/09/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/09/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/09/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/09/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/09/2021	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00
01/09/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/09/2021	0301	275000463	HB ASSAY OF SERUM ALBUMIN	1	105.00
01/09/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/09/2021	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
01/09/2021	0320	255990088	HB X-RAY EXAM OF ABDOMEN (SINGLE ANTEROPOSTERIOR VIEW)	1	635.00
01/09/2021	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50

Please call Customer Service at 1-800-218-7359

Page: 20 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/09/2021	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
01/09/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/09/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/09/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/09/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/09/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/09/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/09/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/09/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/09/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/09/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/09/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/09/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/10/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/10/2021	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	7	909.72
01/10/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/10/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/10/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/10/2021	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	10.62
01/10/2021	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
01/10/2021	0250	135000002	MULTI-ELECTROLYTE SOLN	1	10.94
01/10/2021	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
01/10/2021	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
01/10/2021	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	35.76
01/10/2021	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
01/10/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/10/2021	0250	135000003	CALCIUM CARBONATE ANTACID 1250 MG/5 ML SUSP	1	5.16
01/10/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/10/2021	0250	135000003	OMEPRazole ORAL SUSPENSION 2 MG/ML (REPACKAGING)	1	11.91
01/10/2021	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
01/10/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/10/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.91
01/10/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/10/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/10/2021	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
01/10/2021	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
01/10/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/10/2021	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
01/10/2021	0300	275000273	HB FIBRINOGEN ACTIVITY	1	240.00

Please call Customer Service at 1-800-218-7359

Page: 21 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/10/2021	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
01/10/2021	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
01/10/2021	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
01/10/2021	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
01/10/2021	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
01/10/2021	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
01/10/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/10/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/10/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/10/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/10/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/10/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/10/2021	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
01/10/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/10/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/10/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	8.29
01/10/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/10/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/10/2021	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	4	30.76
01/11/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/11/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/11/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
01/11/2021	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
01/11/2021	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
01/11/2021	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	12.25
01/11/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/11/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/11/2021	0250	135000003	OMEPRazole ORAL SUSPENSION 2 MG/ML (REPACKAGING)	1	11.91
01/11/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/11/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.91
01/11/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.25
01/11/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/11/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/11/2021	0300	275000153	HB GLYCOSYLATED HEMOGLOBIN TEST	1	257.00
01/11/2021	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
01/11/2021	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
01/11/2021	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
01/11/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/11/2021	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00

Please call Customer Service at 1-800-218-7359

Page: 22 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/11/2021	0301	275000442	HB COMPREHEN METABOLIC PANEL	1	153.00
01/11/2021	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
01/11/2021	0420	185000022420	HB GAIT TRAINING THERAPY	1	268.00
01/11/2021	0430	185000026430	HB THERAPEUTIC ACTIVITIES	1	302.00
01/11/2021	0430	185000028430	HB SELF CARE MNGMENT TRAINING	1	265.00
01/11/2021	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
01/11/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/11/2021	0636	135000001	LEVOFLOXACIN PER 250 MG	3	13.32
01/11/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/11/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/11/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/11/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/11/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/11/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/11/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/11/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/11/2021	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	26.36
01/11/2021	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	26.36
01/11/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/12/2021	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	24,905.00
01/12/2021	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	21.94
01/12/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/12/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/12/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/12/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/12/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.91
01/12/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.33
01/12/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/12/2021	0300	275000037	HB ASSAY OF VANCOMYCIN	1	520.00
01/12/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/12/2021	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
01/12/2021	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
01/12/2021	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
01/12/2021	0301	275000442	HB COMPREHEN METABOLIC PANEL	1	153.00
01/12/2021	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
01/12/2021	0480	245000012	HB TTE W/DOPPLER COMPLETE	1	3,753.00
01/12/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.35
01/12/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/12/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11

Please call Customer Service at 1-800-218-7359

Page: 23 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/12/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/12/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/12/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/12/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
01/12/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/12/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/12/2021	0636	135000001	VANCOMYCIN 1 G SOLR 1 EACH VIAL	3	26.57
01/12/2021	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	21.97
01/12/2021	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
01/13/2021	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
01/13/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/13/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/13/2021	0250	135000003	CLONIDINE 0.2 MG TABS	1	1.25
01/13/2021	0250	135000003	POTASSIUM CHLORIDE 10% SOLN	1	6.51
01/13/2021	0250	135000003	POTASSIUM CHLORIDE 10% SOLN	1	6.51
01/13/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.39
01/13/2021	0250	135000003	QUETIAPINE 100 MG TABS	2	2.65
01/13/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/13/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/13/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/13/2021	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
01/13/2021	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
01/13/2021	0420	185000022420	HB GAIT TRAINING THERAPY	2	536.00
01/13/2021	0430	185000028430	HB SELF CARE MNGMENT TRAINING	1	265.00
01/13/2021	0430	225000041430	HB THER IVNTJ COG FUNC 1ST 15 MIN	1	187.00
01/13/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/13/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/13/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/13/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/13/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/13/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/13/2021	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
01/13/2021	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	21.97
01/13/2021	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	21.97
01/14/2021	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
01/14/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/14/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/14/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/14/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25

Please call Customer Service at 1-800-218-7359

Page: 24 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/14/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/14/2021	0250	135000003	PREDNISONE PER 5 MG	20	0.97
01/14/2021	0250	135000003	PREDNISONE PER 5 MG	40	1.59
01/14/2021	0250	135000003	QUETIAPINE 100 MG TABS	2	1.49
01/14/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/14/2021	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
01/14/2021	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
01/14/2021	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
01/14/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/14/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/14/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/14/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/14/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/14/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/14/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/14/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/15/2021	0206	105000015	HB INTENSIVE CARE UNIT STEPDOWN	1	12,245.00
01/15/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/15/2021	0250	135000003	ATOVAQUONE 750 MG/5 ML SUSP	2	293.65
01/15/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/15/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/15/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/15/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/15/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/15/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/15/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.39
01/15/2021	0250	135000003	QUETIAPINE 100 MG TABS	2	1.88
01/15/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/15/2021	0420	185000019420	HB THERAPEUTIC EXERCISES	1	297.00
01/15/2021	0420	185000022420	HB GAIT TRAINING THERAPY	1	268.00
01/15/2021	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
01/15/2021	0430	185000028430	HB SELF CARE MNGMENT TRAINING	4	1,060.00
01/15/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/15/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/15/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/15/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/15/2021	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
01/16/2021	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
01/16/2021	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25

Please call Customer Service at 1-800-218-7359

Page: 25 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/16/2021	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
01/16/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/16/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/16/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/16/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/16/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/16/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.39
01/16/2021	0250	135000003	QUETIAPINE 100 MG TABS	2	2.65
01/16/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/16/2021	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
01/16/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/16/2021	0420	185000022420	HB GAIT TRAINING THERAPY	2	536.00
01/16/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/16/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/16/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/17/2021	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
01/17/2021	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
01/17/2021	0250	135000003	ATOVAQUONE 750 MG/5 ML SUSP	2	138.07
01/17/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/17/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/17/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/17/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/17/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/17/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/17/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/17/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/17/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.39
01/17/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.25
01/17/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	0.75
01/17/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.33
01/17/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/17/2021	0430	185000028430	HB SELF CARE MNGMENT TRAINING	2	530.00
01/17/2021	0430	225000041430	HB THER IVNTJ COG FUNC 1ST 15 MIN	1	187.00
01/17/2021	0430	225000042430	HB THER IVNTJ COG FUNC EA ADDL 15 MIN	2	362.00
01/17/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/17/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/17/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/17/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/18/2021	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00

Please call Customer Service at 1-800-218-7359

Page: 26 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES, HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/18/2021	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
01/18/2021	0250	135000003	ATOVAQUONE 750 MG/5 ML SUSP	2	138.07
01/18/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/18/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/18/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/18/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/18/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/18/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/18/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/18/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/18/2021	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.12
01/18/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.39
01/18/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.25
01/18/2021	0250	135000003	QUETIAPINE 100 MG TABS	2	1.49
01/18/2021	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
01/18/2021	0260	175000025	HB IV THERAPY PICC INSERT	1	3,216.00
01/18/2021	0278	29396	TRAY CATH PICC 5FR DBL LUM SAPIENS	1	2,005.36
01/18/2021	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
01/18/2021	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
01/18/2021	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
01/18/2021	0420	185000019420	HB THERAPEUTIC EXERCISES	1	297.00
01/18/2021	0420	185000022420	HB GAIT TRAINING THERAPY	1	268.00
01/18/2021	0424	185000171424	HB PT RE-EVAL EST PLAN CARE	1	298.00
01/18/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/18/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/18/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/18/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40
01/19/2021	0250	135000003	ASPIRIN 81 MG TBEC	1	1.25
01/19/2021	0250	135000003	ATOVAQUONE 750 MG/5 ML SUSP	2	138.07
01/19/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/19/2021	0250	135000003	CLONIDINE 0.1 MG TABS	2	1.25
01/19/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/19/2021	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
01/19/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/19/2021	0250	135000003	LORAZEPAM 1 MG TABS	1	1.25
01/19/2021	0250	135000003	PREDNISONE PER 5 MG	60	2.91
01/19/2021	0250	135000003	QUETIAPINE 100 MG TABS	1	1.25
01/19/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/19/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59

Please call Customer Service at 1-800-218-7359

Page: 27 Of 28



St. Luke's Bethlehem Campus
801 Ostrum Street
Bethlehem, PA 18015
TAX ID: 231352213

Remit Payments To:
PO BOX 788187
Philadelphia, PA 19178-8187

Patient:	ANDES,HARRY M	Admission Date:	12/16/20
Hospital Account:	10102656266	Discharge Date:	01/19/21

Service Date	Rev Cd	Service Code	Description	Qty	Amount
01/19/2021	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
01/19/2021	0636	135000001	ENOXAPARIN PER 10 MG	4	19.40

Total charges:

904,602.85

Total payments and adjustments:

Account Balance:

904,602.85

Please call Customer Service at 1-800-218-7359

Page: 28 Of 28