



To Whom It May Concern:

Highmark is requesting an Itemized Bill for patient Austin Mullineaux for date of service 10/24/20 - 11/12/20 for the facility charge, totaling \$183,499.97 at Christiana Care Health Services.

Patient Information:

Austin Mullineaux

Date of Birth: 01/11/1992

Address: 6 Burns Way Newark, DE 19702

Please Fax to my attention:

Jermaine Singleton

Fax: 1-855-329-8191

Jermaine Singleton

Internal Business Systems Consultant /Claims Excellence & Payment Integrity

Phone: 412-544-5261

Jermaine.Singleton@Highmark.com

38 Pgs

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 /
7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute

10/24/2020 — 11/12/2020

<u>Date</u>	<u>Rev Cd</u>	<u>Svc Cd</u>	<u>Description</u>	<u>Qty</u>	<u>Amount (\$)</u>
CHARGES					
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	2	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	460	94770	CO2 MONITORING,END TIDAL,8HRS	1	90.83
10/24/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	4	0.00
10/24/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00

Christiana Care Health Services
P.O. Box 2653
Wilmington DE 19805

ADDRESS SERVICE REQUESTED
AUSTIN MULLINEAUX
6 BURNS WAY
NEWARK DE 19702

Financial Coverages

<u>Priority</u>	<u>Plan Name</u>	<u>Policy #</u>	<u>Subscriber</u>
1	Auto	0604577809	AUSTIN MULLINEAUX
2	Blue Cross DE	XHP12311920 5001	AUSTIN MULLINEAUX

Guarantor: AUSTIN MULLINEAUX

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(Continued)

10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	2	0.00
10/24/2020	410	94003	VENTILATION ASSIST/MANG,SUBSEQU DAY	1	1,295.18
10/24/2020	270		SOLUTION, NACL IRRIG 1000 ML	1	8.06
10/24/2020	270		SOLUTION, IRRIG. WATER BOTTLE 1000ML	1	7.45
10/24/2020	270		BIT, DRILL 3.5MM X 195MM	2	735.24
10/24/2020	270		CANISTER, SUCTION 2000CC	2	14.04
10/24/2020	270		TUBE, SUCTION 3/16 X 12' STERILE	2	1.22
10/24/2020	360		TIME,MAJOR OPERATING ROOM	25	4,742.85
10/24/2020	270		PACK, BASIC ORTHO CUSTOM	1	158.86
10/24/2020	270		PAD, GROUNDING DISPOSABLE	1	11.34
10/24/2020	270		DRESSING, XEROFORM 5X9	1	0.53
10/24/2020	272		PREP,SKIN APPLIC CHLORAPREP ORANGE TINT 26ML	2	59.08
10/24/2020	272		TUBING, PENEVAC 1 NON-STICK BLADE	1	99.98
10/24/2020	270		PITCHER, GRADUATED LF 1200ML STERILE	1	9.09
10/24/2020	270		BANDAGE, KERLIX ROLL 4"	2	1.04
10/24/2020	370		TIME,ANESTHESIA	63	540.55
10/24/2020	270		KIT, ADULT ANESTHESIA CIRCUIT	1	28.59
10/24/2020	270		IV SET, W/4WAY HI-FLO STOPCOCK	1	23.28
10/24/2020	270		COVER, BAIR HUGGER UPPER BODY	1	23.47
10/24/2020	270		CIRCUIT, ULTRASET W/O SUCT PORT	1	7.67
10/24/2020	270		STETHOSCOPE, ESO TEMP SEN 18FR	1	7.01

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/24/2020	270		IV, LACT RINGERS 1000 ML	1	6.57
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/24/2020	300	36415	VENIPUNCTURE	1	30.45
10/24/2020	301	83735	MAGNESIUM	1	91.88
10/24/2020	302	86901	RH TYPE	1	56.70
10/24/2020	301	85027	CBC W/O DIFF	1	62.48
10/24/2020	302	86850	ANTIBODY SCREEN	1	228.38
10/24/2020	302	86900	ABO	1	56.70
10/24/2020	300	36415	VENIPUNCTURE	1	30.45
10/24/2020	301	82948	GLUCOSE,POC,STATISTICAL	1	0.00
10/24/2020	320	73551	XRAY,FEMUR,1 VIEW,LT GLR	1	125.48
10/24/2020	320	73551	XRAY,FEMUR,1 VIEW,LT PFR	1	25.20
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/24/2020	320	73590	XRAY,TIBIA/FIBULA,2 VIEWS,LT GLR	1	141.23
10/24/2020	320	73590	XRAY,TIBIA/FIBULA,2 VIEWS,LT PFR	1	29.40
10/24/2020	320	73600	& Ankle Left	1	109.73
10/24/2020	320	73600	XRAY,ANKLE,1 VIEW,LT PFR	1	22.05
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/24/2020	270		SET, IV EXTENSION 240" FOR MRI	1	17.00
10/24/2020	250	A9575	CONTRAST, DOTAREM MRI 10X15ML VIAL	14	7.42
10/24/2020	270		SET, AIRWAY ADAPTER CO2	1	49.59

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10/24/2020	270		CIRCUIT, VENTILATOR MRI W/O PEEP 22MM SPU 15FT	1	107.30
10/24/2020	612	72156	MRI,SPINAL,CERVICAL,W/VO CONTRAST GLR	1	4,601.63
10/24/2020	610	72156	MRI,SPINAL,CERVICAL,W/VO CONTRAST PFR	1	441.00
10/24/2020	320	76000	FLUOROSCOPY IN OR GLP	1	0.00
10/24/2020	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	893.55
10/24/2020	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	1	144.90
10/24/2020	250	J2250	MIDAZOLAM INJ 5MG/5ML	5	7.62
10/24/2020	761	32556	Insert cath pleura w/o image	1	905.85
10/24/2020	450	99285	ED SERVICES LEVEL 5	1	1,960.88
10/24/2020	480	93308	ECHO,TRANSTHOR,2D,LIMITED,WO CON GLB	1	348.93
10/24/2020	921	93308	ECHO,TRANSTHOR,2D,LIMITED,WO CON PF	1	278.81
10/24/2020	402	76705	US,ABDOMINAL,W IMAGE DOCUM,LIMITED GLR	1	372.23
10/24/2020	402	76705	US,ABDOMINAL,W IMAGE DOCUM,LIMITED PFR	1	99.23
10/24/2020	402	76604	US,CHEST,W IMAGE DOCUM LIMITED GLR	1	342.30
10/24/2020	402	76604	US,CHEST,W IMAGE DOCUM LIMITED PFR	1	95.03
10/24/2020	350	74177	CT,ABDOMEN/PELVIS,W CONTRAST PFR	1	311.85
10/24/2020	352	71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST GLR	1	1,334.55
10/24/2020	350	71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST PFR	1	214.73
10/24/2020	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	893.55

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10/24/2020	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	1	144.90
10/24/2020	352	72125	CT,CERVICAL SPINE,WO CONTRAST GLR	1	1,114.58
10/24/2020	350	72125	CT,CERVICAL SPINE,WO CONTRAST PFR	1	184.28
10/24/2020	351	70498	CTA,NECK,W/WO CONTRAST GLR	1	1,867.43
10/24/2020	350	70498	CTA,NECK,W/WO CONTRAST PFR	1	298.73
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/24/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/24/2020	305	85384	TEG-K TIME RAPID CLOT STRENGTH	1	76.13
10/24/2020	305	85576	TEG-MA RAPID	1	187.43
10/24/2020	305	85390	TEG-LY 30 RAPID CLOT LYSIS	1	63.53
10/24/2020	301	85027	CBC W/O DIFF	1	62.48
10/24/2020	301	84520	BUN	1	27.83
10/24/2020	301	80307	ALCOHOL,ETHANOL	1	91.88
10/24/2020	301	80051	ELECTROLYTE PANEL	1	126.53
10/24/2020	301	82565	CREATININE,BLOOD	1	30.98
10/24/2020	301	82947	GLUCOSE,BLOOD	1	27.83
10/24/2020	305	85347	TEG-R TIME ACTIVATED CLOT TIME	1	73.50
10/24/2020	410		INTUBATION ASSIST	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	5	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	270		OXYGEN	1	532.35
10/24/2020	250	Q9967	CONTRAST, OMNIPAQUE IBP 350MGL 500ML 0407-1414-72	100	38.00
10/24/2020	270		CT SYRINGE/ANGIO SET	1	79.28

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10/24/2020	352	74177	CT, ABDOMEN/PELVIS, W CONTRAST GLR	1	2,259.08
10/24/2020	258		RECURONIUM BROMIDE VIAL 5 ML	1	27.25
10/24/2020	270		BAR, CONNECT CAR.FILT 300MM	1	1,164.91
10/24/2020	278	C1713	SCREW, SCHANZ 5.0X200MM	4	1,749.20
10/24/2020	270		BAR, CONNECT CAR.FILT 150MM	2	2,174.90
10/24/2020	270		BAR, CONNECT CAR.FILT 350MM	1	1,164.91
10/24/2020	270		CLAMP, COMBINATION LARGE	10	32,004.90
10/24/2020	681		TRAUMA ALERT/TRAUMA CODE LEVEL 1	1	6,178.20
10/24/2020	250	J2370	PHENYLEPHRINE 100 MCG/ML 10 ML SYR	1	30.00
10/24/2020	250	J0690	CEFAZOLIN SOD 1G VIAL	4	28.70
10/24/2020	250		SENNALIQ 10 ML UDC	1	0.00
10/24/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/24/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/24/2020	250	C9113	PANTOPRAZOLE 40 MG INJ	1	34.65
10/24/2020	250		SENNALIQ 10 ML UDC	2	0.00
10/24/2020	250	J0330	SUCCINYLCHOLINE CH 200MG/ML VIA	10	118.40
10/24/2020	258		ETOMIDATE INJ 20MG/10ML	1	61.55
10/24/2020	250	J1953	LEVETIRACETAM 1000MG/100ML PMX	100	284.10
10/24/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/24/2020	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	173.15
10/24/2020	258		CISATRACURIUM MDV 20MG/10ML	1	143.50
10/24/2020	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	173.15
10/24/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/24/2020	258		CISATRACURIUM SDV 10MG/5ML	1	84.70
10/24/2020	258		KETAMINE 200MG/20ML V	1	119.15
10/24/2020	201		ROOM ICU	1	4,452.00
10/24/2020	270		SHADOW BILL	1	0.00

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10/24/2020 — 11/12/2020

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10/24/2020	301	80047	BASIC METABOLIC PANEL,CALCIUM,IONIZED	1	286.65
10/24/2020	301	84100	PHOSPHORUS,SERUM	1	30.98
10/25/2020	201		ROOM ICU	1	4,452.00
10/25/2020	270		SHADOW BILL	1	0.00
10/25/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	301	84295	SODIUM,SERUM	1	30.98
10/25/2020	301	84295	SODIUM,SERUM	1	30.98
10/25/2020	306	U0004	MOLECULAR IBC FOR COVID19 W/COLLECTION	1	150.15
10/25/2020	301	G2023	COVID Specimen Collection	1	36.75
10/25/2020	301	84100	PHOSPHORUS,SERUM	1	30.98
10/25/2020	300	36415	VENIPUNCTURE	1	30.45
10/25/2020	300	36415	VENIPUNCTURE	1	30.45
10/25/2020	301	85027	CBC W/O DIFF	1	62.48
10/25/2020	300	36415	VENIPUNCTURE	1	30.45
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	301	83735	MAGNESIUM	1	91.88
10/25/2020	301	84295	SODIUM,SERUM	1	30.98
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	301	82803	BLOOD GAS ANALYSIS	1	117.60
10/25/2020	300	36415	VENIPUNCTURE	1	30.45
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	410		TRANSPORT W/VENTILATION .5 HR	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	410	36600	ABG,THERAPIST DRAW	1	96.08
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	410		TRANSPORT W/VENTILATION .5 HR	3	0.00
10/25/2020	410	36600	ABG,THERAPIST DRAW	1	96.08
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	260		IV SERVICES START	1	203.18
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	410	94003	VENTILATION ASSIST/MANG,SUBSEQU DAY	1	1,295.18
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	258		SODIUM CHLORIDE 3% 500ML	1	24.90
10/25/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	1	0.00
10/25/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/25/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/25/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/25/2020	250		LEVETIRACETAM 500 MG/5 ML UDC	2	100.50
10/25/2020	250		SENNALIQ 10 ML UDC	2	0.00
10/25/2020	250		BACITRACIN OINT UD 0.9 GM	1	0.00

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10/25/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/25/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/25/2020	250		LEVETIRACETAM 500 MG/5 ML UDC	1	50.25
10/25/2020	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	88.25
10/25/2020	250		OXYCODONE HCL LIQ 5MG/5ML	1	46.90
10/25/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/25/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/25/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/25/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/25/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/25/2020	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	893.55
10/25/2020	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	1	144.90
10/26/2020	301	80047	BASIC METABOLIC PANEL,CALCIUM,IONIZED	1	286.65
10/26/2020	301	84295	SODIUM,SERUM	1	30.98
10/26/2020	301	85027	CBC W/O DIFF	1	62.48
10/26/2020	301	84100	PHOSPHORUS,SERUM	1	30.98
10/26/2020	301	85027	CBC W/O DIFF	1	62.48
10/26/2020	301	83735	MAGNESIUM	1	91.88
10/26/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/26/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/26/2020	300	36415	VENIPUNCTURE	1	30.45
10/26/2020	300	36415	VENIPUNCTURE	1	30.45
10/26/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/26/2020	258		DEXMEDETOMIDINE 200 MCG INJ	5	509.95
10/26/2020	250		GABAPENTIN CAP 100 MG	2	0.00
10/26/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/26/2020	250		SENNA LIQUID 10 ML UDC	2	0.00
10/26/2020	250		GABAPENTIN CAP 100 MG	3	0.00

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/26/2020	250		ERYTHROMYCIN 0.5% 0.5% 3.5GM/T	1	95.25
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/26/2020	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	172.35
10/26/2020	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
10/26/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/26/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/26/2020	250	J1953	LEVETIRACETAM 500MG/100ML PMX	100	346.30
10/26/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/26/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/26/2020	258		SODIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	187.20
10/26/2020	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
10/26/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/26/2020	250		BACITRACIN OINT UD 0.9 GM	1	0.00
10/26/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/26/2020	250		POTASSIUM/SODIUM PHOSPHATE 250	2	0.00
10/26/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/26/2020	201		ROOM ICU	1	4,452.00

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/26/2020	270		SHADOW BILL	1	0.00
10/26/2020	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410	94003	VENTILATION ASSIST/MANG,SUBSEQU DAY	1	1,295.18
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	270		OXYGEN	1	532.35
10/26/2020	270		OXYGEN START	1	0.00
10/26/2020	940		EXTUBATION	1	74.55
10/26/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/26/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/26/2020	270		CHEST POST LINE PLACEMENT GLR	1	128.10
10/27/2020	301	83735	MAGNESIUM	1	91.88
10/27/2020	301	85027	CBC W/O DIFF	1	62.48
10/27/2020	300	36415	VENIPUNCTURE	1	30.45
10/27/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/27/2020	301	84100	PHOSPHORUS,SERUM	1	30.98
10/27/2020	300	36415	VENIPUNCTURE	1	30.45
10/27/2020	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	82.95
10/27/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/27/2020	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	172.35
10/27/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/27/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/27/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	4	61.45
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/27/2020	250		QUETIAPINE TAB 50 MG	1	35.60
10/27/2020	250		LEVETIRACETAM TAB 500 MG	1	21.45
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	258		DEXMEDETOMIDINE 200 MCG INJ	5	509.95
10/27/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	258		SODIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	187.20
10/27/2020	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00

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Statement Number: 8420515
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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/27/2020	250		POTASSIUM/SODIUM PHOSPHATE 250	2	0.00
10/27/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/27/2020	250		BACITRACIN OINT UD 0.9 GM	1	0.00
10/27/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/27/2020	201		ROOM ICU	1	4,452.00
10/27/2020	270		SHADOW BILL	1	0.00
10/27/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/27/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
10/27/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/27/2020	440	92523	& Language Units	1	300.30
10/27/2020	444	92610	EVALUATION,ORAL/PHARYNGEAL SWALLOW FU,ST	1	454.13
10/27/2020	424	97161	EVALUATION,PT,LOW COMPLEXITY	1	383.25
10/27/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
10/27/2020	434	97166	EVALUATION,OT,MODERATE COMPLEXITY	1	383.25
10/27/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/27/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/27/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/27/2020	250		LEVETIRACETAM TAB 500 MG	2	42.90
10/27/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/27/2020	250		QUETIAPINE TAB 50 MG	1	35.60
10/27/2020	250		SENNAL LIQUID 10 ML UDC	2	0.00
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	82.95
10/28/2020	301	83735	MAGNESIUM	1	91.88
10/28/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/28/2020	301	84100	PHOSPHORUS,SERUM	1	30.98

Christiana Care

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Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
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Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/28/2020	300	36415	VENIPUNCTURE	1	30.45
10/28/2020	258		DEXMEDETOMIDINE 200 MCG INJ	5	509.95
10/28/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/28/2020	250		LEVETIRACETAM TAB 500 MG	2	42.90
10/28/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/28/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/28/2020	250		QUETIAPINE TAB 50 MG	1	35.60
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/28/2020	250		BACITRACIN OINT UD 0.9 GM	1	0.00
10/28/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/28/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/28/2020	440	92507	TREATMENT,SPEECH THERAPY,INDIVIDUAL,ST	1	240.45
10/28/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/28/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT GLR	1	143.85
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT PFR	1	29.40
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,LT GLR	1	143.85
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,LT PFR	1	29.40
10/28/2020	206		ROOM STEPDOWN	1	1,705.00
10/28/2020	270		SHADOW BILL	1	0.00
10/28/2020	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	35.20
10/28/2020	250		POTASSIUM CHLORIDE 40MEQ UDCUP	2	279.90
10/28/2020	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	88.25

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		SENNA LIQUID 10 ML UDC	1	0.00
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
10/29/2020	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	71.93
10/29/2020	730	93005	ECG,ROUTINE,TRACING ONLY	1	116.55
10/29/2020	206		ROOM STEPDOWN	1	1,705.00
10/29/2020	270		SHADOW BILL	1	0.00
10/29/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/29/2020	270		RESTING HAND	1	76.13
10/29/2020	430	97760	ORTHOTIC FITTING/TRAINING,EACH 15 MIN,OT	2	242.56
10/29/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/29/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/29/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/29/2020	302	86901	RH TYPE	1	56.70
10/29/2020	302	86900	ABO	1	56.70
10/29/2020	300	36415	VENIPUNCTURE	1	30.45

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/29/2020	300	36415	VENIPUNCTURE	1	30.45
10/29/2020	301	85027	CBC W/O DIFF	1	62.48
10/29/2020	302	86850	ANTIBODY SCREEN	1	228.38
10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	250		BACITRACIN OINT UD 0.9 GM	1	0.00
10/29/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/29/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/29/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/29/2020	250		LEVETIRACETAM TAB 500 MG	2	42.90
10/29/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/29/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/29/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/29/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	250		BISACODYL 10MG SUPPOSI	1	0.00
10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/30/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/30/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/30/2020	301	83735	MAGNESIUM	1	91.88
10/30/2020	300	36415	VENIPUNCTURE	1	30.45
10/30/2020	300	36415	VENIPUNCTURE	1	30.45
10/30/2020	301	85027	CBC W/O DIFF	1	62.48
10/30/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/30/2020	250	J2704	PROPOFOL SDV 200 MG	20	30.65
10/30/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05

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Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/30/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
10/30/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/30/2020	250		DIVALPROEX SOD 250MG TAB	2	23.40
10/30/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/30/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/30/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/30/2020	250		MELATONIN 3 MG TAB	1	0.00
10/30/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/30/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	8	122.90
10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/30/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/30/2020	250		DIVALPROEX SOD 250MG TAB	1	11.70
10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/30/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/30/2020	258		KETAMINE 50 MG/5 ML INJ	1	30.00
10/30/2020	250		OLANZAPINE TAB 5 MG	4	273.20
10/30/2020	250	J1100	DEXAMETHASONE SODI 4MG/1ML VIAL	4	11.70
10/30/2020	258		RECURONIUM BROMIDE VIAL 5 ML	2	54.50
10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/30/2020	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	0.00
10/30/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/30/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/30/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	4	61.45
10/30/2020	250		AMANTADINE HCL 100MG CAP	1	22.95
10/30/2020	258		LIDOCAINE 2% 3 ML SYRINGE-RX P	1	7.30
10/30/2020	250	J0330	SUCCINYLCHOLINE 100MG/5ML SYR	5	64.95
10/30/2020	250		MELATONIN 3 MG TAB	2	0.00
10/30/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	4	61.45
10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/30/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute

10/24/2020 — 11/12/2020

(Continued)

10/30/2020	360	TIME, MAJOR OPERATING ROOM	59	5,687.85
10/30/2020	270	CANISTER, SUCTION 2000CC	1	7.02
10/30/2020	270	TUBE, SUCTION 3/16 X 12' STERILE	2	1.22
10/30/2020	270	BANDAGE, COBAN 4" ST NO LATEX	1	7.19
10/30/2020	270	PACK, BASIC ORTHO CUSTOM	1	158.86
10/30/2020	270	PAD, GROUNDING DISPOSABLE	1	11.34
10/30/2020	270	DRESSING, XEROFORM 5X9	1	0.53
10/30/2020	270	SOLUTION, IRRIG. WATER BOTTLE 1000ML	1	7.45
10/30/2020	272	KWIRE, 3X285MM	1	592.27
10/30/2020	272	PREP, SKIN APPLIC CHLORAPREP ORANGE TINT 26ML	2	59.08
10/30/2020	270	BIT, 4.2X340MM STERILE AO	1	852.29
10/30/2020	272	TUBING, PENEVAC I NON-STICK BLADE	1	99.98
10/30/2020	270	PITCHER, GRADUATED LF 1200ML STERILE	1	9.09
10/30/2020	270	SOLUTION, NACL IRRIG 1000 ML	1	8.06
10/30/2020	270	WIRE, GUIDE/BALL TIP 3.0 X 800MM	1	898.03
10/30/2020	272	DRILL, FREEHAND 4.2X185MM	1	977.49
10/30/2020	270	BANDAGE, KERLIX ROLL 4"	1	0.52
10/30/2020	270	PADDING, CAST 6IN WEBRIL STERILE	1	13.20
10/30/2020	270	STAPLER, VISISTAT 35W	1	33.18
10/30/2020	272	REAMER, SHAFT MOD TRINKLE 08X510MM	1	2,181.29
10/30/2020	272	SUT, 2-0 36IN MONOCRYL ANTIBAC UNDYED CT-1	1	0.00
10/30/2020	272	SUT, 1 36IN VICRYL ANTIBAC UNDYED CT-1	1	0.00
10/30/2020	270	SET, IV ALARIS PUMP PRIMARY 3 VALVES 127I	1	20.05
10/30/2020	270	SET, IV MID-PORTION	1	11.35
10/30/2020	270	COVER, BAIR HUGGER UPPER BODY	1	23.47

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/30/2020	270		MASK, OXYGEN ELONGATED	1	0.48
10/30/2020	270		STETHOSCOPE, ESO TEMP SEN 18FR	2	14.02
10/30/2020	270		TUBE, SUCTION YANKAUER	1	0.52
10/30/2020	270		TUBE, TRACH HI-LO 7.5MM W/CONN	1	6.71
10/30/2020	270		IV, LACT RINGERS 1000 ML	1	6.57
10/30/2020	270		SET, 6" EXT 300PSI W/SMARTSITE	1	7.87
10/30/2020	272		BLADE AND HANDLE, LARYNGOSCOPE DISP MAC 3	1	45.14
10/30/2020	270		AIRWAY, 90 MM GUEDEL	1	0.27
10/30/2020	370		TIME, ANESTHESIA	115	609.85
10/30/2020	270		KIT, ADULT ANESTHESIA CIRCUIT	1	28.59
10/30/2020	710		TIME, RECOVERY	57	928.20
10/30/2020	272		SLEEVE, CALF LENGTH STANDARD	1	37.04
10/30/2020	272		DRESSING, MEPILEX BORDER SACRUM 6.3X7.9	1	26.58
10/30/2020	270		SENSOR, PULSE OXIMETRY ADULT AND NEONATAL	1	37.04
10/30/2020	206		ROOM STEPDOWN	1	1,705.00
10/30/2020	270		SHADOW BILL	1	0.00
10/30/2020	430	97763	ORTHOTIC/PROSTHETIC CHECK, EACH 15 MIN, OT	1	100.28
10/30/2020	270		THUMB SPICA	1	69.30
10/30/2020	430	97760	ORTHOTIC FITTING/TRAINING, EACH 15 MIN, OT	2	242.56
10/30/2020	320	76000	FLUOROSCOPY IN OR GLP	1	0.00
10/30/2020	278	C1713	SCREW, LOCKING T2 ALPHA 5X75MM	1	1,031.33
10/30/2020	278	C1713	NAIL, T2 SUPRACONDYLAR 11X360MM	1	7,217.24
10/30/2020	278	C1713	SCREW, LOCKING 5X55MM	1	1,031.33
10/30/2020	278	C1713	SCREW, LOCKING T2 ALPHA 5X37.5MM	1	1,031.33
10/30/2020	278	C1713	SCREW, LOCKING T2 ALPHA 5X40MM	1	1,031.33
10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00

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Attending Physician: Anne Warner
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Provider Tax ID #: 510103684

Statement Number: 8420515
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Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/31/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/31/2020	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	82.95
10/31/2020	300	36415	VENIPUNCTURE	1	30.45
10/31/2020	300	36415	VENIPUNCTURE	1	30.45
10/31/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
10/31/2020	206		ROOM STEPDOWN	1	1,705.00
10/31/2020	270		SHADOW BILL	1	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		OLANZAPINE TAB 5 MG	4	273.20
10/31/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/31/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/31/2020	250		MELATONIN 3 MG TAB	1	0.00
10/31/2020	250		DIVALPROEX SOD 250MG TAB	2	23.40
10/31/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/31/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
10/31/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/31/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
10/31/2020	250		SENNA 1EA TAB	2	0.00
10/31/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/31/2020	250		ERYTHROMYCIN 0.5% 0.5% 3.5GM/T	1	95.25
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	118.13

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Pt Name: AUSTIN MULLINEAUX

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Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

10/31/2020	440	92526	TREATMENT,FEEDING/SWALLOW,ST	1	263.55
10/31/2020	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	123.90
10/31/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/01/2020	300	36415	VENIPUNCTURE	1	30.45
11/01/2020	301	85027	CBC W/O DIFF	1	62.48
11/01/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
11/01/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/01/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/01/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/01/2020	250		DIVALPROEX SOD 250MG TAB	2	23.40
11/01/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/01/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/01/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/01/2020	250		MELATONIN 3 MG TAB	1	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		SENNA 1EA TAB	2	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	2	28.50
11/01/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/01/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		SENNA 1EA TAB	1	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	270		CT SYRINGE/ANGIO SET	1	79.28
11/01/2020	250	Q9967	CONTRAST, OMNIPAQUE IBP 350MGL 500ML 0407-1414-72	100	38.00
11/01/2020	351	70498	CTA,NECK,W/VO CONTRAST GLR	1	1,867.43

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Statement Number: 8420515
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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/01/2020	350	70498	CTA,NECK,W/WO CONTRAST PFR	1	298.73
11/01/2020	206		ROOM STEPDOWN	1	1,705.00
11/01/2020	270		SHADOW BILL	1	0.00
11/02/2020	206		ROOM STEPDOWN	1	1,705.00
11/02/2020	270		SHADOW BILL	1	0.00
11/02/2020	430	97760	ORTHOTIC FITTING/TRAINING,EACH 15 MIN,OT	1	121.28
11/02/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/02/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/02/2020	301	85027	CBC W/O DIFF	1	62.48
11/02/2020	300	36415	VENIPUNCTURE	1	30.45
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/02/2020	258		OLANZAPINE 10 MG INJ	4	869.60
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		SENNA 1EA TAB	2	0.00
11/02/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		SENNA 1EA TAB	2	0.00
11/02/2020	258		OLANZAPINE 10 MG INJ	4	869.60
11/02/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/02/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/02/2020	250		DIVALPROEX SOD 250MG TAB	2	23.40
11/02/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/02/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/02/2020	250		GABAPENTIN CAP 100 MG	3	0.00

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Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
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Provider: ACUTE
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Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/02/2020	250		MELATONIN 3 MG TAB	1	0.00
11/02/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/02/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	206		ROOM STEPDOWN	1	1,705.00
11/03/2020	270		SHADOW BILL	1	0.00
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	440	92507	TREATMENT,SPEECH THERAPY,INDIVIDUAL,ST	1	240.45
11/03/2020	440	92526	TREATMENT,FEEDING/SWALLOW,ST	1	263.55
11/03/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/03/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	2	236.26
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		BISACODYL 10MG SUPPOSI	1	0.00
11/03/2020	250		SENNA 1EA TAB	2	0.00
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/03/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/03/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/03/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/03/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/03/2020	250		MELATONIN 3 MG TAB	1	0.00

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/03/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/03/2020	250		DIVALPROEX SOD 250MG TAB	1	11.70
11/04/2020	300	36415	VENIPUNCTURE	1	30.45
11/04/2020	301	80164	VALPROIC ACID	1	182.70
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/04/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/04/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/04/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/04/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/04/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/04/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/04/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/04/2020	250		MELATONIN 3 MG TAB	1	0.00
11/04/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/04/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
11/04/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250		DIVALPROEX SODIUM 500MG TAB	1	21.75
11/04/2020	206		ROOM STEPDOWN	1	1,705.00
11/04/2020	270		SHADOW BILL	1	0.00
11/05/2020	206		ROOM STEPDOWN	1	1,705.00
11/05/2020	270		SHADOW BILL	1	0.00
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00

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Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/05/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/05/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/05/2020	250		SENNA 1EA TAB	2	0.00
11/05/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		SENNA 1EA TAB	1	0.00
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/05/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/05/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/05/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/05/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/05/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/05/2020	250		MELATONIN 3 MG TAB	1	0.00
11/05/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/05/2020	440	92507	TREATMENT,SPEECH THERAPY,INDIVIDUAL,ST	1	240.45
11/05/2020	440	92526	TREATMENT,FEEDING/SWALLOW,ST	1	263.55
11/05/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/05/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	2	236.26
11/06/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/06/2020	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	123.90
11/06/2020	250		SENNA 1EA TAB	2	0.00
11/06/2020	250		MELATONIN 3 MG TAB	1	0.00

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/06/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/06/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/06/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/06/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/06/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/06/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/06/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/06/2020	250		SENNA 1EA TAB	2	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/06/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	206		ROOM STEPDOWN	1	1,705.00
11/06/2020	270		SHADOW BILL	1	0.00
11/07/2020	206		ROOM STEPDOWN	1	1,705.00
11/07/2020	270		SHADOW BILL	1	0.00
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/07/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		AMANTADINE HCL 100MG CAP	2	45.90

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/07/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/07/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/07/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/07/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/07/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/07/2020	250		MELATONIN 3 MG TAB	1	0.00
11/07/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/07/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/07/2020	250		SENNA 1EA TAB	2	0.00
11/07/2020	250		ERYTHROMYCIN 0.5% 0.5% 3.5GM/T	1	95.25
11/08/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/08/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/08/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/08/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/08/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/08/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/08/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/08/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/08/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/08/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/08/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/08/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/08/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/08/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/08/2020	250		MELATONIN 3 MG TAB	1	0.00
11/08/2020	250		SENNA 1EA TAB	2	0.00
11/08/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/08/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/08/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/08/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/08/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	3	131.40
11/08/2020	206		ROOM STEPDOWN	1	1,705.00
11/08/2020	270		SHADOW BILL	1	0.00
11/09/2020	206		ROOM STEPDOWN	1	1,705.00
11/09/2020	270		SHADOW BILL	1	0.00
11/09/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
11/09/2020	301	85027	CBC W/O DIFF	1	62.48
11/09/2020	300	36415	VENIPUNCTURE	1	30.45
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		SENNA 1EA TAB	2	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		BISACODYL 10MG SUPPOSI	1	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/09/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/09/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/09/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/09/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/09/2020	250		MELATONIN 3 MG TAB	1	0.00
11/09/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		OLANZAPINE TAB 5 MG	4	273.20

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/09/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	118.13
11/09/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/09/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/10/2020	206		ROOM STEPDOWN	1	1,705.00
11/10/2020	270		SHADOW BILL	1	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/10/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250		SENNA 1EA TAB	2	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/10/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	306	U0004	MOLECULAR IBC FOR COVID19 W/COLLECTION	1	150.15
11/10/2020	301	G2023	COVID Specimen Collection	1	36.75
11/10/2020	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd GLR	1	1,167.08
11/10/2020	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd PFR	1	517.13
11/10/2020	250		SENNA 1EA TAB	2	0.00
11/10/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/10/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/10/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/10/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/10/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/10/2020	250		GABAPENTIN CAP 100 MG	3	0.00

Christiana Care

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Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/10/2020	250		MELATONIN 3 MG TAB	1	0.00
11/10/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/11/2020	320	73110	XRAY,WRIST,COMPLETE,MINIMUM 3 VIEWS,LT GLR	1	143.85
11/11/2020	206		ROOM STEPDOWN	1	1,705.00
11/11/2020	270		SHADOW BILL	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		SENNA 1EA TAB	2	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	4	0.00
11/11/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/11/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/11/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/11/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/11/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	118.13
11/11/2020	320	73552	XRAY,FEMUR,2 VIEWS,LT PFR	1	31.50
11/11/2020	320	73552	XRAY,FEMUR,2 VIEWS,LT GLR	1	155.40
11/11/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT PFR	1	29.40
11/11/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT GLR	1	143.85

Christiana Care

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Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420515
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 /
7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute**10/24/2020 — 11/12/2020**

(Continued)

11/11/2020	320	73110	XRAY,WRIST,COMPLETE,MINIMUM 3 VIEWS,LT PFR	1	29.40
11/11/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	3	131.40
11/11/2020	250		AMANTADINE HCL 100MG CAP	1	22.95
11/11/2020	250		GABAPENTIN CAP 100 MG	1	0.00
11/11/2020	250		DIVALPROEX SODIUM 500MG TAB	1	21.75
11/11/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	1	0.00
11/12/2020	440	92507	TREATMENT,SPEECH THERAPY,INDIVIDUAL,ST	1	240.45
11/12/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/12/2020	771	G0008	ADMINISTRATION,FLU VACCINE	1	28.35
11/12/2020	250	90686	INFLUENZA VACC 36 M PLUS 0.5 ML (90686)	1	30.00
11/12/2020	250		SENNA 1EA TAB	2	0.00
11/12/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/12/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/12/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/12/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
Total Room/Bed Charges				\$ 43,383.00	
Total Other Charges				\$ 140,116.97	
Total Charges					\$ 183,499.97
PAYMENTS/ADJUSTMENTS					
12/18/2020			Auto Insurance Payment		0.00
			Total Insurance Payments	\$ 0.00	
			Total Insurance Adjustments	\$ 0.00	
			Total Insurance Payments / Adjustments		\$ 0.00
			Total Guarantor Payments	\$ 0.00	
			Total Guarantor Adjustments	\$ 0.00	
			Total Guarantor Payments / Adjustments		\$ 0.00
TOTAL BALANCE DUE					\$ 183,499.97

Christiana Care

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Attending Physician: Anne Warner
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7200124678
Claim ID: SRN68633660
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Detail for: IP Hospital Acute

10/24/2020 — 11/12/2020

(Continued)

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420523
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 /
7200124678
Claim ID: SRN68180437
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Summary for: IP Hospital Acute

10/24/2020 — 11/12/2020

CHARGES	Description	Amount (\$)
	ICU/SURGICAL	17,808.00
	ICU/INTERMEDIATE	25,575.00
	VACCINE ADMIN	28.35
	PRO FEE/EKG	71.93
	OTHER RX SVS	74.55
	PULMONARY FUNC	90.83
	EKG/ECG	116.55
	PRO FEE/RAD/DX	194.26
	IV THERAPY	203.18
	LAB/BACT-MICRO	300.30
	CARDIOLOGY	348.93
	PHYS THERP/EVAL	383.25
	OCCUP THERP/EVAL	383.25
	OTHER PRO FEE	441.00
	SPEECH PATH/EVAL	454.13
	PRO FEE/OR	469.35
	LABORATORY	639.45

Christiana Care Health Services
P.O. Box 2653
Wilmington DE 19805

ADDRESS SERVICE REQUESTED

AUSTIN MULLINEAUX
6 BURNS WAY
NEWARK DE 19702

Financial Coverages

Priority	Plan Name	Policy #	Subscriber
1	Auto	0604577809	AUSTIN MULLINEAUX
2	Blue Cross DE	XHP12311920 5001	AUSTIN MULLINEAUX

Guarantor: AUSTIN MULLINEAUX

Christiana Care

P.O. Box 2653
Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420523
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68180437
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Summary for: IP Hospital Acute**10/24/2020 to 11/12/2020**

(Continued)

LAB/HEMATOLOGY	649.44
LAB/IMMUNOLOGY	683.56
ULTRASOUND	714.53
PRO FEE	795.94
TREATMENT RM	905.85
RECOVERY ROOM	928.20
ANESTHESIA	1,150.40
PERI VASCUL LAB	1,167.08
PHYSICAL THERP	1,473.73
OCCUPATION THER	1,533.59
PRO FEE/GEN ADTL	1,743.02
EMERG ROOM	1,960.88
SPEECH PATHOL	2,052.75
DX X-RAY	2,132.04
RESPIRATORY SVC	4,077.70
STERILE SUPPLY	4,177.93
IV SOLUTIONS	4,541.00
MRI - SPINE	4,601.63
CT SCAN/BODY	4,708.21
PHARMACY	5,263.65
LAB/CHEMISTRY	5,543.19
TRAUMA LEVEL I	6,178.20
CT SCAN/HEAD	6,415.51
DRUG/DETAIL CODE	7,608.49
OR SERVICES	10,430.70
SUPPLY/IMPLANTS	13,091.76
MED-SUR SUPPLIES	41,388.68

Total Room/Bed Charges**\$ 43,383.00****Total Ancillary Charges****\$ 140,116.97****Total Charges****\$ 183,499.97****PAYMENTS/ADJUSTMENTS**

Auto Payments Total

0.00

Christiana Care

P.O. Box 2653
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Pt Name: AUSTIN MULLINEAUX

Attending Physician: Anne Warner
Principal Diagnosis: S72.352A
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 8420523
Account Number: 12699773-1
Enc. ID / ECD ID: 5912088006 / 7200124678
Claim ID: SRN68180437
Bill Date: 03/05/2021
Birth Date: 01/11/1992

Summary for: IP Hospital Acute**10/24/2020 to 11/12/2020**

(Continued)

Guarantor Payments	0.00
Guarantor Adjustments	0.00
Total Insurance Payments	\$ 0.00
Total Insurance Adjustments	\$ 0.00
Total Insurance Payments / Adjustments	\$ 0.00
Total Guarantor Payments / Adjustments	\$ 0.00
TOTAL BALANCE DUE	\$ 183,499.97