

HIGHMARK  
West Virginia



120 5<sup>th</sup> Ave Place Suite P3103  
Pittsburgh, PA 15222

**ELECTRONIC CLAIM ATTACHMENT COVER SHEET**

Date: 5/11/2021 Number of Pages (including cover sheet) 21

**Attention: Payment Integrity, Host High Dollar Review: Kelly Rizor**

**Fax Number: (855) 329-8191**

Highmark  
120 5<sup>th</sup> Ave Place Suite P3103  
Attention Integrity/Host-High Dollar review/Kelly Rizor  
Pittsburg, PA 15222

**From: Charleston Area Medical Center**

**Fax number: 304-388-3570**

**Office Contact Name: Kathy H.**

**Phone number: 304-388-3728**

**Please check one of the following:**

☐ This is a first time submitted electronic claim with the PWK indicator reported  
On the claim. Patient account number: \_\_\_\_\_

☒ This information is for a claim already received by Highmark WV:

Patient Name: Clint Ellithorp

Subscriber ID: PSA 960685887

Service Date: 9/25/20 - 12/2/20 Total Charges: \$ 413,221.15

Provider NPI: 1952390239

Attachment Control Number: \_\_\_\_\_

Claim Number: 21358265595

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**HOSP REMIT WV BCBS 05/03:190G : 01**

Page 1 of 1

**Explanation of Benefits (EOB)**

Adjudicated at Claim Level

**Provider Information**CHARLESTON AREA MEDICAL CENTER  
P O BOX 37178

BALTIMORE MD 21297

FYE:

Check Date: 05/05/2021

NPI/Legacy #: 1952390239

EFT/Check#:

Payer Name:

0992723511

HIGHMARK BLUE

CROSS BLUE SHIEL

**Patient Information**

Patient Name: ELLITHORP, CLINT R

Patient Status:

Claim Status: 01 - Processed as Primary

Bill Type: 117

PCN:

11268332

MRN:

20122720

ICN:

21358265595

Member ID#:

PSAXXXX5887

Service Dates: 09/27/2020 - 12/02/2020

**Payment Information**

Charge Amount:	413221.15	Payment Amt:	0.00	Blood Deductible:	0.00	DRG Code:	
Covered:	413221.15	Deductible:	0.00	Interest:	0.00	DRG Amount:	0.00
Non-Covered:	0.00	Coinsurance:	0.00	Contractual Adj:	413221.15	DSH Amount:	0.00
Donled:	0.00	Copayment:	0.00	Allowed Amt:	0.00	MSP Pri Payer	0.00

**Claim Level Information**

Group & Reason Code	Amount	Units	Remark Codes
CO252	413221.15	0	N400
	5		
			N26

**Line Level Information**

RCC	HCPCS/ Modifier	Units	DOS	Charges	Allowed	Paid	Remark Code	Group & Reason Code	Reason Code Amt	Reason Code Units
				0.00	0.00	0.00				

\*Claim was adjudicated by payer at claim Level, please refer to Payment Information

**Reason/Remark Summation**

Group/ Reason Code	Amount	Units	Description
CO252	413221.15	0	AN ATTACHMENT/OTHER DOCUMENTATION IS REQUIRED TO ADJUDICATE THIS CLAIM/SERVICE. AT LEAST ONE REMARK CODE MUST BE PROVIDED (MAY BE COMPRISED OF EITHER THE NCPDP REJECT REASON CODE, OR REMITTANCE ADVICE REMARK CODE THAT IS NOT AN ALERT).

Remark Code	Description
N400	ALERT: ELECTRONICALLY ENABLED PROVIDERS SHOULD SUBMIT CLAIMS ELECTRONICALLY.
N26	MISSING ITEMIZED BILL/STATEMENT.

## ITEMIZED BILL

PAGE 1

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0170	ROOM/BED: NURSERY LEVEL	2083.00	112320	1	2083.00	
0170	ROOM/BED: NURSERY LEVEL	2083.00	112420	1	2083.00	
0170	ROOM/BED: NURSERY LEVEL	2083.00	120120	1	2083.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	092820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	092920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	093020	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100220	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100320	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100420	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100520	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100620	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100720	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	100920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101020	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101220	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101320	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101420	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101520	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101620	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101720	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	101920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102020	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102220	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102320	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102420	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102520	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102620	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102720	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	102920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	103020	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	103120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110220	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110320	1	4922.00	
0001	PAGE 1 OF 19			40	188363.00	

## ITEMIZED BILL

PAGE 2

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
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3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
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120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0173	ROOM/BED: NURSERY LEVEL	4922.00	110420	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110520	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110620	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110720	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	110920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111020	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111220	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111320	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111420	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111520	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111620	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111720	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	111920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112020	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112120	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112220	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112520	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112620	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112720	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112820	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	112920	1	4922.00	
0173	ROOM/BED: NURSERY LEVEL	4922.00	113020	1	4922.00	
0174	ROOM/BED: NEONATAL ICU L	5544.00	092720	1	5544.00	
0230	INSERTION PICC YOUNGER T	36568	092820	1	2747.00	
0250	DEXAMETHASONE 0.1 MG/ML		092720	3	1.00	
0250	AMPICILLIN 250 MG/1 ML V		092720	1	6.25	
0250	CAFFEINE CITRATE 20 MG/M		092720	1	4.44	
0250	DEXAMETHASONE 0.1 MG/ML		092720	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		092720	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		092720	18	2.64	
0250	TPN/NEONATAL		092720	1	13.26	
0250	GENTAMICIN 4 MG/ML (PEDS		092720	2	1.00	
0250	AMPICILLIN 250 MG/1 ML V		092720	1	6.25	
0250	NYSTATIN 100,000 UNITS/M		092720	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		092820	1	2.30	
0250	AMPICILLIN 250 MG/1 ML V		092820	1	6.25	
0250	CAFFEINE CITRATE 20 MG/M		092820	1	4.44	
0001	PAGE 2 OF 19			62	131394.43	

## ITEMIZED BILL

PAGE 3

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
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120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	NYSTATIN 100,000 UNITS/M		092820	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		092820	14	2.06	
0250	TPN/NEONATAL		092820	1	9.04	
0250	NYSTATIN 100,000 UNITS/M		092820	1	2.30	
0250	INSULIN REGULAR HUMAN 1		092920	1	2.66	
0250	NYSTATIN 100,000 UNITS/M		092920	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		092920	1	4.44	
0250	SODIUM ACETATE 2 MEQ/ML		092920	1	1.09	
0250	HEPARIN 500 UNITS/5 ML I		092920	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		092920	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		092920	13	1.97	
0250	TPN/NEONATAL		092920	1	8.03	
0250	POTASSIUM ACETATE 2 MEQ/		092920	1	1.00	
0250	CALCIUM GLUCONATE 4.65 M		092920	5	87.28	
0250	HEPARIN 500 UNITS/5 ML I		092920	1	1.00	
0250	SODIUM ACETATE 2 MEQ/ML		092920	1	1.00	
0250	POTASSIUM ACETATE 2 MEQ/		092920	1	1.00	
0250	CALCIUM GLUCONATE 4.65 M		092920	5	87.28	
0250	HEPARIN 500 UNITS/5 ML I		092920	1	1.00	
0250	SODIUM ACETATE 2 MEQ/ML		092920	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		092920	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		093020	1	4.44	
0250	NYSTATIN 100,000 UNITS/M		093020	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		093020	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		093020	12	1.79	
0250	TPN/NEONATAL		093020	1	2.01	
0250	POTASSIUM ACETATE 2 MEQ/		093020	1	1.00	
0250	CALCIUM GLUCONATE 4.65 M		093020	5	87.28	
0250	HEPARIN 500 UNITS/5 ML I		093020	1	1.00	
0250	SODIUM ACETATE 2 MEQ/ML		093020	1	1.00	
0250	SODIUM ACETATE 2 MEQ/ML		093020	1	1.09	
0250	HEPARIN 500 UNITS/5 ML I		093020	1	1.00	
0250	POTASSIUM ACETATE 2 MEQ/		093020	1	1.00	
0250	CALCIUM GLUCONATE 4.65 M		093020	5	87.28	
0250	HEPARIN 500 UNITS/5 ML I		093020	1	1.00	
0250	SODIUM ACETATE 2 MEQ/ML		093020	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		100120	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100120	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100120	1	4.44	
0250	DEXTROSE 5%/AA 2.5%		100120	1	8.98	
0001	PAGE 3 OF 19			92	435.86	

## ITEMIZED BILL

PAGE 4

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
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20122720BEGINNING DATE OF SERVICE  
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120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	CALCIUM GLUCONATE 1000MG		100120	1	16.38	
0250	HEPARIN 500 UNITS/5 ML I		100120	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		100120	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		100120	8	1.25	
0250	TPN/NEONATAL		100120	1	7.83	
0250	SODIUM ACETATE 2 MEQ/ML		100120	1	1.00	
0250	HEPARIN 500 UNITS/5 ML I		100120	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		100220	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100220	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100220	1	4.44	
0250	NYSTATIN 100,000 UNITS/M		100220	1	2.30	
0250	TPN/NEONATAL		100220	1	7.23	
0250	NUTRILIPID 20% FAT EMUL		100220	9	1.30	
0250	SODIUM ACETATE 2 MEQ/ML		100220	1	1.09	
0250	HEPARIN 500 UNITS/5 ML I		100220	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		100320	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100320	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100320	1	4.44	
0250	TPN/NEONATAL		100320	1	6.83	
0250	NUTRILIPID 20% FAT EMUL		100320	9	1.39	
0250	NYSTATIN 100,000 UNITS/M		100320	1	2.30	
0250	SODIUM ACETATE 2 MEQ/ML		100320	1	1.09	
0250	HEPARIN 500 UNITS/5 ML I		100320	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		100420	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100420	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100420	1	4.44	
0250	NYSTATIN 100,000 UNITS/M		100420	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		100420	13	1.99	
0250	TPN/NEONATAL		100420	1	6.63	
0250	INSULIN REGULAR HUMAN 1		100420	1	2.66	
0250	NYSTATIN 100,000 UNITS/M		100520	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100520	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100520	1	4.44	
0250	SODIUM CHLORIDE 14.6% 2		100520	1	1.00	
0250	POTASSIUM ACETATE 2 MEQ/		100520	1	1.28	
0250	CALCIUM GLUCONATE 4.65 M		100520	9	148.46	
0250	HEPARIN 500 UNITS/5 ML I		100520	1	1.00	
0250	NYSTATIN 100,000 UNITS/M		100520	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		100520	13	1.99	
0250	TPN/NEONATAL		100520	1	5.62	
0001	PAGE 4 OF 19			95	267.68	

## ITEMIZED BILL

PAGE 5

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
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3043887530PATIENT CONTROL NUMBER  
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REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	NYSTATIN 100,000 UNITS/M		100620	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100620	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100620	1	4.44	
0250	INSULIN REGULAR HUMAN 1		100620	1	2.66	
0250	NYSTATIN 100,000 UNITS/M		100620	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		100620	14	2.08	
0250	TPN/NEONATAL		100620	1	4.42	
0250	TOBRAMYCIN 4 MG/ML (PEDS		100620	1	1.00	
0250	VANCOMYCIN 5 MG/ML (PEDS		100620	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		100620	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100720	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100720	1	4.44	
0250	VANCOMYCIN 5 MG/ML (PEDS		100720	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		100720	1	2.30	
0250	NUTRILIPID 20% FAT EMUL		100720	10	1.48	
0250	TPN/NEONATAL		100720	1	4.82	
0250	NYSTATIN 100,000 UNITS/M		100820	1	2.30	
0250	VANCOMYCIN 5 MG/ML (PEDS		100820	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		100820	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100820	1	4.44	
0250	TOBRAMYCIN 4 MG/ML (PEDS		100820	1	1.00	
0250	VANCOMYCIN 5 MG/ML (PEDS		100820	3	1.00	
0250	NUTRILIPID 20% FAT EMUL		100820	11	1.58	
0250	TPN/NEONATAL		100820	1	3.41	
0250	NYSTATIN 100,000 UNITS/M		100820	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		100820	1	2.30	
0250	VANCOMYCIN 5 MG/ML (PEDS		100920	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		100920	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		100920	1	4.44	
0250	VANCOMYCIN 5 MG/ML (PEDS		100920	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		100920	1	2.30	
0250	TPN/NEONATAL		100920	1	2.01	
0250	TOBRAMYCIN 4 MG/ML (PEDS		100920	1	1.00	
0250	VANCOMYCIN 5 MG/ML (PEDS		101020	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		101020	1	2.30	
0250	NYSTATIN 100,000 UNITS/M		101020	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		101020	1	4.44	
0250	VANCOMYCIN 5 MG/ML (PEDS		101020	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		101020	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101020	1	2.42	
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## ITEMIZED BILL

PAGE 6

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120220

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0250	VANCOMYCIN 5 MG/ML (PEDS		101020	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		101020	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101120	1	2.42	
0250	HEPARIN FLUSH PF 2 UNITS		101120	1	2.42	
0250	NYSTATIN 100,000 UNITS/M		101120	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		101120	1	4.44	
0250	TOBRAMYCIN 4 MG/ML (PEDS		101120	1	1.00	
0250	VANCOMYCIN 5 MG/ML (PEDS		101120	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		101120	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101120	1	2.42	
0250	VANCOMYCIN 5 MG/ML (PEDS		101120	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		101120	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101220	1	2.42	
0250	HEPARIN FLUSH PF 2 UNITS		101220	1	2.42	
0250	NYSTATIN 100,000 UNITS/M		101220	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		101220	1	4.44	
0250	FUROSEMIDE 10 MG/ML 2 ML		101220	1	7.38	
0250	VANCOMYCIN 5 MG/ML (PEDS		101220	3	1.00	
0250	HEPARIN FLUSH PF 2 UNITS		101220	1	2.42	
0250	NYSTATIN 100,000 UNITS/M		101220	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101220	1	2.42	
0250	TOBRAMYCIN 4 MG/ML (PEDS		101220	1	1.00	
0250	VANCOMYCIN 5 MG/ML (PEDS		101220	3	1.00	
0250	NYSTATIN 100,000 UNITS/M		101220	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101320	1	2.42	
0250	CAFFEINE CITRATE 20 MG/M		101320	1	4.44	
0250	NYSTATIN 100,000 UNITS/M		101320	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101320	1	2.42	
0250	HEPARIN FLUSH PF 2 UNITS		101320	1	2.42	
0250	NYSTATIN 100,000 UNITS/M		101320	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101320	1	2.42	
0250	NYSTATIN 100,000 UNITS/M		101420	1	2.30	
0250	HEPARIN FLUSH PF 2 UNITS		101420	1	2.42	
0250	HEPARIN FLUSH PF 2 UNITS		101420	1	2.42	
0250	NYSTATIN 100,000 UNITS/M		101420	1	2.30	
0250	CAFFEINE CITRATE 20 MG/M		101420	1	13.01	
0250	HEPARIN FLUSH PF 2 UNITS		101420	1	2.42	
0250	RACEPINEPHRINE 2.25 % 0.		101420	1	2.69	
0250	ALBUTEROL 2.5 MG/0.5 ML		101420	1	1.34	
0250	NYSTATIN 100,000 UNITS/M		101420	1	2.30	
0001	PAGE 6 OF 19			50	106.22	



## ITEMIZED BILL

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	RACEPINEPHRINE 2.25 % 0.		101420	1	2.69	
0250	ALBUTEROL 2.5 MG/0.5 ML		101520	1	1.34	
0250	ALBUTEROL 2.5 MG/0.5 ML		101520	1	1.34	
0250	DEXAMETHASONE 1 MG/1 ML		101520	1	1.00	
0250	ALBUTEROL 2.5 MG/0.5 ML		101520	1	1.34	
0250	CAFFEINE CITRATE 20 MG/M		101520	1	13.01	
0250	DEXAMETHASONE 1 MG/1 ML		101520	1	1.00	
0250	DEXAMETHASONE 1 MG/1 ML		101520	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		101620	1	13.01	
0250	CAFFEINE CITRATE 20 MG/M		101720	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		101720	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		101720	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		101820	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		101820	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		101820	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		101920	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		101920	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		101920	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102020	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102020	1	1.00	
0250	PROPARACAINE 0.5% OPHTHAL		102020	1	62.83	
0250	PEDIATRIC MULTIVITAMIN (		102020	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102120	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102120	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		102120	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102220	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102220	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		102220	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102320	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102320	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		102320	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102420	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102420	1	1.00	
0250	PEDIATRIC MULTIVITAMIN (		102420	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102520	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102520	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102620	1	13.01	
0250	PEDIATRIC MULTIVITAMIN (		102620	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102720	1	15.06	
0250	PEDIATRIC MULTIVITAMIN (		102720	1	1.00	
0001	PAGE 7 OF 19			40	262.72	

## ITEMIZED BILL

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	CYCLOPENTOLATE 0.5 % OPH		102720	1	140.99	
0250	PHENYLEPHRINE 2.5% OPTH		102720	1	60.62	
0250	PEDIATRIC MULTIVITAMIN (		102720	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102820	1	15.06	
0250	PEDIATRIC MULTIVITAMIN (		102820	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		102820	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		102920	1	15.06	
0250	PEDIATRIC MULTIVITAMINS		102920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		102920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		103020	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		103020	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		103120	1	15.06	
0250	PEDIATRIC MULTIVITAMINS		103120	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		103120	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110120	1	15.06	
0250	PEDIATRIC MULTIVITAMINS		110120	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110120	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110220	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110220	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110220	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110320	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110320	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110320	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110420	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110420	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110420	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110520	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110520	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110520	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110620	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110620	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110620	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110720	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110720	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110720	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110820	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110820	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		110820	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		110920	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		110920	1	1.00	
0001	PAGE 8 OF 19			40	420.81	

## ITEMIZED BILL

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	PEDIATRIC MULTIVITAMINS		110920	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111020	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		111020	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111020	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111120	1	16.62	
0250	PEDIATRIC MULTIVITAMINS		111120	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111120	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111220	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111220	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111220	1	16.62	
0250	CAFFEINE CITRATE 20 MG/M		111320	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111320	1	20.36	
0250	PEDIATRIC MULTIVITAMINS		111320	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111420	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111420	1	20.36	
0250	PEDIATRIC MULTIVITAMINS		111420	1	1.00	
0250	ZINC OXIDE 40% OINTMENT		111520	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111520	1	9.50	
0250	PEDIATRIC MULTIVITAMINS		111520	1	20.36	
0250	PEDIATRIC MULTIVITAMINS		111520	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111620	1	1.00	
0250	ALUMINUM SULFATE-CALCIUM		111620	1	20.36	
0250	PEDIATRIC MULTIVITAMINS		111620	1	1.69	
0250	CAFFEINE CITRATE 20 MG/M		111720	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111720	1	20.36	
0250	ALUMINUM SULFATE-CALCIUM		111720	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111720	1	1.69	
0250	ALUMINUM SULFATE-CALCIUM		111720	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111720	1	1.69	
0250	PEDIATRIC MULTIVITAMINS		111820	1	20.36	
0250	PEDIATRIC MULTIVITAMINS		111820	1	1.00	
0250	ALUMINUM SULFATE-CALCIUM		111820	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		111920	1	1.69	
0250	PEDIATRIC MULTIVITAMINS		111920	1	20.36	
0250	ALUMINUM SULFATE-CALCIUM		111920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		111920	1	1.69	
0250	CAFFEINE CITRATE 20 MG/M		111920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112020	1	20.36	
0250	PEDIATRIC MULTIVITAMINS		112020	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112020	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112120	1	1.00	
0001	PAGE 9 OF 19			40	253.69	

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	PEDIATRIC MULTIVITAMINS		112120	1	1.00	
0250	ZINC OXIDE 40% OINTMENT		112120	1	9.50	
0250	PEDIATRIC MULTIVITAMINS		112220	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112220	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112320	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112320	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112420	1	1.00	
0250	SODIUM CHLORIDE 14.6% 2		112420	1	1.00	
0250	POTASSIUM CHLORIDE 2 MEQ		112420	1	1.00	
0250	CALCIUM GLUCONATE 1000MG		112420	1	1.45	
0250	PROPOFOL 10 MG/ML 20 ML		112520	1	16.38	
0250	ROCURONIUM 10 MG/ML 5 ML		112520	1	1.00	
0250	ATROPINE 0.4 MG/ML 1 ML		112520	1	1.00	
0250	ROPIVACAINE 0.2% 20 ML I		112520	1	3.44	
0250	MORPHINE 2 MG/ML 1 ML SY		112520	1	17.33	
0250	NUTRILIPID 20% FAT EMUL		112520	1	3.68	
0250	TPN/NEONATAL		112520	20	3.03	
0250	MORPHINE 2 MG/ML 1 ML SY		112520	1	87.77	
0250	FUROSEMIDE 10 MG/ML 2 ML		112620	1	3.68	
0250	NUTRILIPID 20% FAT EMUL		112620	1	7.38	
0250	NUTRILIPID 20% FAT EMUL		112620	22	3.28	
0250	TPN/NEONATAL		112720	21	3.19	
0250	RACEPINEPHRINE 2.25 % 0.		112720	1	79.59	
0250	PEDIATRIC MULTIVITAMINS		112820	1	2.69	
0250	PEDIATRIC MULTIVITAMINS		112820	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		112920	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		113020	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		113020	1	1.00	
0250	HAEMOPHILUS B CONJUGATE	90648	113020	1	1.00	
0250	PNEUMOCOCCAL 13-VALENT C	90670	113020	1	30.46	
0250	DIPHThERIA/TETANUS/PERTU	90723	113020	1	361.44	
0250	PEDIATRIC MULTIVITAMINS		113020	1	147.34	
0250	PEDIATRIC MULTIVITAMINS		120120	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		120120	1	1.00	
0250	PEDIATRIC MULTIVITAMINS		120220	1	1.00	
0250	PALIVIZUMAB 50 MG/0.5 ML	90378	120220	1	1.00	
0270	PROLACTA +4 10ML		120220	1	1814.23	
0270	PROLACTA +4 10ML		100520	1	64.00	
0270	PROLACTA +4 10ML		100820	1	64.00	
0270	PROLACTA +4 10ML		100920	1	64.00	
0270	PROLACTA +4 10ML		101020	1	64.00	
0001	PAGE 10 OF 19			100	2869.86	

## ITEMIZED BILL

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0270	PROLACTA +4 20ML		101020	1	128.00	
0270	PROLACTA +4 20ML		101120	1	128.00	
0270	PROLACTA +4 20ML		101120	1	128.00	
0270	PROLACTA +4 20ML		101420	1	128.00	
0270	PROLACTA +6 30ML		101420	1	190.00	
0270	PROLACTA +6 30ML		101520	1	190.00	
0270	PROLACTA CR 10ML		101620	1	42.00	
0270	PROLACTA +6 30ML		101620	1	190.00	
0270	PROLACTA +6 30ML		101720	1	190.00	
0270	PROLACTA CR 10ML		101720	1	42.00	
0270	PROLACTA +6 30ML		101820	1	190.00	
0270	PROLACTA CR 10ML		101820	1	42.00	
0270	PROLACTA +6 30ML		101920	1	42.00	
0270	PROLACTA +4 10ML		101920	1	190.00	
0270	PROLACTA +4 20ML		101920	1	64.00	
0270	PROLACTA +4 20ML		101920	1	128.00	
0270	PROLACTA +6 30ML		101920	1	128.00	
0270	PROLACTA +6 30ML		102020	1	190.00	
0270	PROLACTA +6 30ML		102120	1	190.00	
0270	PROLACTA +6 30ML		102220	1	190.00	
0270	PROLACTA +6 30ML		102220	1	190.00	
0270	PROLACTA +6 30ML		102320	1	190.00	
0270	PROLACTA CR 10ML		102320	1	42.00	
0270	PROLACTA +6 30ML		102320	1	190.00	
0270	PROLACTA +6 30ML		102320	1	190.00	
0270	PROLACTA +6 30ML		102420	1	190.00	
0270	PROLACTA +6 30ML		102420	1	190.00	
0270	PROLACTA +6 30ML		102520	1	190.00	
0270	PROLACTA CR 10ML		102520	1	42.00	
0270	PROLACTA +6 30ML		102520	1	190.00	
0270	PROLACTA +6 30ML		102620	1	190.00	
0270	PROLACTA CR 10ML		102620	1	42.00	
0270	PROLACTA +6 30ML		102720	1	190.00	
0270	PROLACTA +6 30ML		102720	1	190.00	
0270	PROLACTA CR 10ML		102720	1	42.00	
0270	PROLACTA +6 30ML		102820	1	190.00	
0270	PROLACTA +6 30ML		102820	1	190.00	
0270	PROLACTA +6 30ML		102920	1	190.00	
0270	PROLACTA CR 10ML		102920	1	42.00	
0270	PROLACTA +6 30ML		102920	1	190.00	
0001	PAGE 11 OF 19			40	5770.00	

## ITEMIZED BILL

PAGE 12

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0270	PROLACTA +6 30ML		103020	1	190.00	
0270	PROLACTA CR 10ML		103020	1	42.00	
0270	PROLACTA +6 30ML		103020	1	190.00	
0270	PROLACTA +6 30ML		103120	1	190.00	
0270	PROLACTA CR 10ML		103120	1	42.00	
0270	PROLACTA +6 30ML		103120	1	190.00	
0270	PROLACTA +6 30ML		103120	1	190.00	
0270	PROLACTA CR 10ML		103120	1	42.00	
0270	PROLACTA +6 30ML		110120	1	190.00	
0270	PROLACTA +6 30ML		110120	1	190.00	
0270	PROLACTA CR 10ML		110120	1	42.00	
0270	PROLACTA +6 30ML		110220	1	190.00	
0270	PROLACTA +6 30ML		110220	1	190.00	
0270	PROLACTA +6 30ML		110320	1	190.00	
0270	PROLACTA +6 30ML		110320	1	190.00	
0270	PROLACTA +6 30ML		110420	1	190.00	
0270	PROLACTA +6 30ML		110420	1	190.00	
0270	PROLACTA CR 10ML		110420	1	42.00	
0270	PROLACTA +6 30ML		110520	1	190.00	
0270	PROLACTA +6 30ML		110520	1	190.00	
0270	PROLACTA +6 30ML		110520	1	190.00	
0270	PROLACTA +6 30ML		110620	1	190.00	
0270	PROLACTA CR 10ML		110620	1	42.00	
0270	PROLACTA +6 30ML		110620	1	190.00	
0270	PROLACTA +6 30ML		110720	1	190.00	
0270	PROLACTA +6 30ML		110720	1	190.00	
0270	PROLACTA CR 10ML		110720	1	42.00	
0270	PROLACTA +6 30ML		110720	1	190.00	
0270	PROLACTA CR 10ML		110820	1	190.00	
0270	PROLACTA +6 30ML		110820	1	42.00	
0270	PROLACTA CR 10ML		110920	1	190.00	
0270	PROLACTA +6 30ML		110920	1	42.00	
0270	PROLACTA +6 30ML		111020	1	190.00	
0272	TUBE FEEDING NUTRICATH 5	B4082	100620	1	94.00	
0272	CATH PIC 1.9 FR X 50CM	C1751	100620	1	406.00	
0272	TUBE FEEDING NUTRICATH 5	B4082	101320	1	94.00	
0278	CATH UMBILICAL II 3.5FR	C1758	100620	2	262.00	
0278	CATH INTROCAT 1.9FR 38-	C1894	100620	2	570.00	
0300	COLLECTION: VENOUS DRAW	36415	092720	1	21.00	
0300	BASIC METABOLIC PANEL	80048	092720	1	170.00	
0001	PAGE 12 OF 19			42	6555.00	

## ITEMIZED BILL

PAGE 13

DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCP/CS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	COLLECTION: VENOUS DRAW	36415	092820	1	21.00	
0300	BASIC METABOLIC PANEL	80048	092820	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	092920	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	092920	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	092920	1	21.00	
0300	CAPILLARY	36416	092920	1	27.00	
0300	BASIC METABOLIC PANEL	80048	092920	1	170.00	
0300	BASIC METABOLIC PANEL	80048	092920	1	170.00	
0300	BASIC METABOLIC PANEL	80048	092920	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	093020	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	093020	1	21.00	
0300	BASIC METABOLIC PANEL	80048	093020	1	170.00	
0300	BASIC METABOLIC PANEL	80048	093020	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	100120	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	100120	1	216.00	
0300	COLLECTION: VENOUS DRAW	36415	100220	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100220	1	21.00	
0300	BASIC METABOLIC PANEL	80048	100220	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	100320	1	21.00	
0300	BASIC METABOLIC PANEL	80048	100320	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	100420	1	21.00	
0300	BASIC METABOLIC PANEL	80048	100420	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	100520	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100520	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100520	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100520	1	21.00	
0300	BASIC METABOLIC PANEL	80048	100520	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	100620	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100720	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100720	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	100720	1	21.00	
0300	BB NEWBORN ABO	86900	100720	1	91.00	
0300	BB RH	86901	100720	1	93.00	
0300	IRRADIATION	86945	100720	1	265.00	
0300	COLLECTION: VENOUS DRAW	36415	100820	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	100820	1	216.00	
0300	COLLECTION: VENOUS DRAW	36415	100920	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	101120	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	101120	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	101520	1	21.00	
0001	PAGE 13 OF 19			40	3112.00	

## ITEMIZED BILL

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	COLLECTION: VENOUS DRAW	36415	101720	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	102620	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	102620	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	102620	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	102620	1	216.00	
0300	BB NEWBORN ABO	86900	102620	1	91.00	
0300	BB RH	86901	102620	1	93.00	
0300	IRRADIATION	86945	102620	1	265.00	
0300	COLLECTION: VENOUS DRAW	36415	110220	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	110520	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	110520	1	216.00	
0300	COLLECTION: VENOUS DRAW	36415	111620	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	111620	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	111620	1	21.00	
0300	BB NEWBORN ABO	86900	111620	1	91.00	
0300	BB RH	86901	111620	1	93.00	
0300	IRRADIATION	86945	111620	1	265.00	
0300	COLLECTION: VENOUS DRAW	36415	112420	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	112420	1	21.00	
0300	BB NEWBORN ABO	86900	112420	1	91.00	
0300	BB RH	86901	112420	1	93.00	
0300	COLLECTION: VENOUS DRAW	36415	112520	1	21.00	
0300	BASIC METABOLIC PANEL	80048	112520	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	112620	1	21.00	
0300	BASIC METABOLIC PANEL	80048	112620	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	112720	1	21.00	
0300	BASIC METABOLIC PANEL	80048	112720	1	170.00	
0300	COLLECTION: VENOUS DRAW	36415	112820	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	120120	1	21.00	
0301	TOTAL BILIRUBIN	82247	092720	1	87.00	
0301	ARTERIAL BLOOD GASES	82803	092720	1	161.00	
0301	ARTERIAL BLOOD GASES	82803	092720	1	161.00	
0301	24 HRS OF PROTEIN FEEDIN	S3620	092720	1	164.00	
0301	TOTAL BILIRUBIN	82247	092820	1	87.00	
0301	TOTAL BILIRUBIN	82247	092920	1	87.00	
0301	CAPILLARY BLOOD GASES	82803	092920	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	092920	1	161.00	
0301	TOTAL BILIRUBIN	82247	093020	1	87.00	
0301	ARTERIAL BLOOD GASES	82803	093020	1	161.00	
0301	DIRECT BILIRUBIN	82248	100120	1	72.00	
0001	PAGE 14 OF 19			40	3749.00	



## ITEMIZED BILL

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TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	MAGNESIUM	83735	100120	1	100.00	
0301	PHOSPHORUS	84100	100120	1	73.00	
0301	TRIGLYCERIDES	84478	100120	1	70.00	
0301	TOTAL BILIRUBIN	82247	100220	1	87.00	
0301	TOTAL BILIRUBIN	82247	100320	1	87.00	
0301	TOTAL BILIRUBIN	82247	100420	1	87.00	
0301	TOTAL BILIRUBIN	82247	100520	1	87.00	
0301	CAPILLARY BLOOD GASES	82803	100520	1	161.00	
0301	PROCALCITONIN	84145	100520	1	227.00	
0301	CAFFEINE LEVEL	80155	100620	1	342.00	
0301	CAPILLARY BLOOD GASES	82803	100720	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	100720	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	100720	1	161.00	
0301	DIRECT BILIRUBIN	82248	100820	1	72.00	
0301	CAPILLARY BLOOD GASES	82803	100820	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	100820	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	100820	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	100820	1	161.00	
0301	MAGNESIUM	83735	100820	1	100.00	
0301	PHOSPHORUS	84100	100820	1	73.00	
0301	VANCOMYCIN, TROUGH	80202	100920	1	210.00	
0301	CAPILLARY BLOOD GASES	82803	100920	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	100920	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101020	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101020	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101020	1	161.00	
0301	24 HRS OF PROTEIN FEEDIN	83620	101020	1	164.00	
0301	CAPILLARY BLOOD GASES	82803	101120	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101120	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101120	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101220	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101220	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101220	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101320	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101420	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	101520	1	161.00	
0301	CAFFEINE LEVEL	80155	101720	1	342.00	
0301	FREE T4	84439	102620	1	205.00	
0301	TSH	84443	102620	1	163.00	
0301	24 HRS OF PROTEIN FEEDIN	83620	102620	1	164.00	
0001	PAGE 15 OF 19			40	6195.00	

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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	CAPILLARY BLOOD GASES	82803	112520	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112620	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112620	1	161.00	
0301	ARTERIAL BLOOD GASES	82803	112620	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112620	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112720	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112720	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112720	1	161.00	
0301	CAPILLARY BLOOD GASES	82803	112720	1	161.00	
0301	CAFFEINE LEVEL	80155	112820	1	342.00	
0301	24 HRS OF PROTEIN FEEDIN	S3620	120220	1	164.00	
0302	C-REACTIVE PROTEIN	86140	092820	1	88.00	
0302	C-REACTIVE PROTEIN	86140	100520	1	88.00	
0302	C-REACTIVE PROTEIN	86140	100720	1	88.00	
0302	BB BILL RC CMV FEE	86645	100720	1	214.00	
0302	BB ABSCG	86850	100720	1	131.00	
0302	BB DAT POLY	86880	100720	1	93.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	100720	1	186.00	
0302	C-REACTIVE PROTEIN	86140	100820	1	88.00	
0302	BB BILL RC CMV FEE	86645	102620	1	214.00	
0302	BB ABSCG	86850	102620	1	131.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	102620	1	186.00	
0302	BB BILL RC CMV FEE	86645	111620	1	214.00	
0302	BB ABSCG	86850	111620	1	131.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	111620	1	186.00	
0302	BB ABSCG	86850	112420	1	131.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	112420	1	186.00	
0305	CBC W/ DIFF	85025	092720	1	162.00	
0305	CBC W/ DIFF	85025	092820	1	162.00	
0305	CBC W/ DIFF	85025	093020	1	162.00	
0305	CBC W/ DIFF	85025	100220	1	162.00	
0305	CBC W/ DIFF	85025	100520	1	162.00	
0305	CBC W/ DIFF	85025	100720	1	162.00	
0305	CBC W/ DIFF	85025	100820	1	162.00	
0305	CBC W/ DIFF	85025	101120	1	162.00	
0305	CBC W/ DIFF	85025	101520	1	162.00	
0305	CBC W/ DIFF	85025	102620	1	162.00	
0305	CBC W/ DIFF	85025	110220	1	162.00	
0305	CBC W/ DIFF	85025	111620	1	162.00	
0305	RETICULOCYTE COUNT	85044	111620	1	85.00	
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501 MORRIS ST  
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3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
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120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	CBC W/ DIFF	85025	112520	1	162.00	
0305	CBC W/ DIFF	85025	120120	1	162.00	
0306	BLOOD CULTURE	87040	100520	1	237.00	
0306	BLOOD CULTURE	87040	100620	1	237.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	092720	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	092820	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	092920	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	100520	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	100720	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	101120	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	101220	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	101420	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	112520	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	112620	1	281.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	112620	1	281.00	
0360	LEVEL 2		112520	77	11935.00	
0370	ANES GENERAL		112520	1	1642.00	
0370	ANES GENERAL		112520	5	165.00	
0390	BB BILL SPLIT 20ML	P9011	100720	1	323.00	
0390	BB BILL SPLIT 20ML	P9011	102620	1	323.00	
0390	BB BILL SPLIT 30ML	P9011	111620	1	416.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	100720	1	521.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	102620	1	521.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	111620	1	521.00	
0402	US ENCEPHALOGRAM	76506TC	092820	1	631.00	
0402	US ENCEPHALOGRAM	76506TC	100520	1	631.00	
0402	US ENCEPHALOGRAM	76506TC	120120	1	631.00	
0410	CPAP/BILEVEL ACUTE INITI		092720	1	633.00	
0410	VENTILATOR RESTART, ONGO	94003	092720	1	667.00	
0410	CPAP/BILEVEL ACUTE SUBSE		092820	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		092920	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		093020	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100120	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100220	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100320	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100420	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100520	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100620	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		100720	1	633.00	
0410	VENTILATOR INITIAL SET-U	94002	100720	1	735.00	
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DATE 05/11/2021  
TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
CHARLESTON WV 253011326  
3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0410	VENTILATOR RESTART, ONGO	94003	100820	1	667.00	
0410	VENTILATOR RESTART, ONGO	94003	100920	1	667.00	
0410	VENTILATOR RESTART, ONGO	94003	101020	1	667.00	
0410	VENTILATOR RESTART, ONGO	94003	101120	1	667.00	
0410	VENTILATOR RESTART, ONGO	94003	101220	1	667.00	
0410	VENTILATOR RESTART, ONGO	94003	101320	1	667.00	
0410	CPAP/BILEVEL ACUTE INITI		101420	1	633.00	
0410	VENTILATOR RESTART, ONGO	94003	101420	1	667.00	
0410	VIBRATING MESH NEBULIZER	94640	101420	1	92.00	
0410	VIBRATING MESH NEBULIZER	94640	101420	1	92.00	
0410	VIBRATING MESH NEBULIZER	94640	101420	1	92.00	
0410	CPAP/BILEVEL ACUTE SUBSE		101520	1	633.00	
0410	VIBRATING MESH NEBULIZER	94640	101520	1	92.00	
0410	VIBRATING MESH NEBULIZER	94640	101520	1	92.00	
0410	VIBRATING MESH NEBULIZER	94640	101520	1	92.00	
0410	CPAP/BILEVEL ACUTE SUBSE		101620	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		101720	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		101820	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		101920	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102020	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102120	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102220	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102320	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102420	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102520	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102620	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102720	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102820	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		102920	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		103020	1	633.00	
0410	CPAP/BILEVEL ACUTE SUBSE		103120	1	633.00	
0410	VENTILATOR INITIAL SET-U	94002	112520	1	735.00	
0410	VENTILATOR RESTART, ONGO	94003	112620	1	667.00	
0410	VENTILATOR RESTART, ONGO	94003	112720	1	667.00	
0410	SMALL VOLUME NEBULIZER	94640	112820	1	92.00	
0410	CAR SEAT CHALLENGE 60 MI	94780	120220	1	44.00	
0420	PHOTOTHERAPY ACTIVITY: I	97028	092920	1	224.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	102920	2	298.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	111020	1	149.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	111220	1	149.00	
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TIME 12:26:15 PMCHARLESTON AREA MEDICAL C  
501 MORRIS ST  
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3043887530PATIENT CONTROL NUMBER  
11268332PATIENT NAME  
ELLITHORP, CLINT RMEDICAL RECORD NUMBER  
20122720BEGINNING DATE OF SERVICE  
092720ENDING DATE OF SERVICE  
120220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0420	PT THERAPEUTIC ACTIVITY	97530GP	112420	1	149.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	113020	1	149.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	113020	2	298.00	
0424	PT EVALUATION UNITS, HIG	97163GP	100120	1	410.00	
0480	CV ECHO PEDS TTE 2D MMOD	93306TC	102020	1	2846.00	
0480	CV ECHO PEDS TTE 2D MMOD	93306TC	111620	1	2846.00	
0636	HEPATITIS B PEDIATRIC VA	90744	102220	1	44.30	
0771	PNEUMONIA VACCINATION AD	G0009	113020	1	46.00	
0940	OTHER VACCINATION ADMINI	90471	113020	1	46.00	
0940	90472 - SUBSEQUENT ADMIN	90472	113020	1	46.00	
0001	PAGE 19 OF 19			11	6880.30	
0001	TOTAL			1061	413221.15	