



WVU Hospitals
1 Medical Center Dr.
Morgantown, WV 26506-8059

FAX

To: Kelly **Date:** 3-23-21
Phone: **From:** 304-598-4000 ext
Fax: 855-329-8191 **Phone:** 40781
Pages: 18 **Fax:** 304-424-2489

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Hello,
Please see the attached itemized statement and a copy of the claim for Kenneth Roberts, ID # JRI973W06474, dates of service 02/13/2021 – 02/26/2021, total charge \$112,372.89. This claim was released electronically today. You will be needing this statement.
Thank you

CONFIDENTIALITY STATEMENT

The documents accompanying this telecopy transmission contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing it to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by state law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of these documents.

1 WVU HOSPITALS 1 MEDICAL CENTER DR MORGANTOWN WV265068059		2 WVU HOSPITALS PO BOX 1127 MORGANTOWN WV 265071127		3 PAT UNTL 3 H1607135302		4 TYPE OF BILL 111	
PATIENT NAME SNIDER KENNETH		PATIENT ADDRESS HARRISVILLE OH 43974		5 PAT UNTL 3 E710232		6 STATEMENT COVER PERIOD 550643304 02/13/2021 02/26/2021	
7 BIRTH DATE 06/12/1948		8 SEX M		9 DATE OF SERVICE 02/13/2021		10 TIME 00	
11 OCCURRENCE A1 06/12/1948		12 OCCURRENCE A2 01/01/2021		13 OCCURRENCE A3 02/13/2021		14 OCCURRENCE A4 02/26/2021	
15 KENNETH SNIDER 49392 MAIN STREET HARRISVILLE OH 43974		16 VALUE CODE 01 2010.00		17 VALUE CODE 80 13.00		18 VALUE CODE 81 13.00	
19 REV. CD.		20 DESCRIPTION		21 HOPCS / RATE / HPPS CODE		22 SERV. DATE	
23 SERV. UNITS		24 TOTAL CHARGES		25 NON-COVERED CHARGES		26	
0200	ICU		3	18432.00	0.00		
0206	ICU/INTERMEDIATE		4	17560.00	0.00		
0214	CCU/INTERMEDIATE		6	16368.00	0.00		
0250	PHARMACY		846	3314.63	0.00		
0254	DRUGS/INCIDENT OTHER DX		140	193.08	0.00		
0258	IV SOLUTIONS		15	995.28	0.00		
0272	STERILE SUPPLY		9	2632.18	0.00		
0278	SUPPLY/IMPLANTS		7	2320.72	0.00		
0301	LAB/CHEMISTRY		37	3457.00	0.00		
0302	LAB/IMMUNOLOGY		3	158.00	0.00		
0305	LAB/HEMATOLOGY		9	1053.00	0.00		
0307	LAB/UROLOGY		2	236.00	0.00		
0343	DIAGNOSTIC RADIOPHARM		8	8.00	0.00		
0351	CT SCAN/HEAD		3	7043.00	0.00		
0360	OR SERVICES		5	26993.00	0.00		
0421	PHYS THERP/VISIT		3	456.00	0.00		
0424	PHYS THERP/EVAL		1	406.00	0.00		
0431	OCCUP THERP/VISIT		3	522.00	0.00		
0434	OCCUP THERP/EVAL		1	502.00	0.00		
0480	CARDIOLOGY		1	2700.00	0.00		
0611	MR/BRAIN		1	2694.00	0.00		
0612	MR/SPINE		1	2722.00	0.00		
0001	PAGE 1 OF 2	CREATION DATE		03/09/2021	TOTALS	CONTINUED	CONTINUED
50 PAYER NAME WEST VIRGINIA BLUE CROSS		51 PAYER ID 54828		52 PAYER TYPE Y		53 PAYER ID Y	
54 INSURED NAME SNIDER KENNETH		55 INSURED ID 18		56 INSURED ID JR1973W06474		57 INSURANCE FROM OHMCRWP0	
58 TREATMENT AUTHORIZATION CODES UM15844091		59 DOCUMENT CONTROL NUMBER		60 EMPLOYER NAME		61	
62 ICD9 I609		63 ICD9 G935		64 ICD9 G936		65 ICD9 G911	
66 ICD9 K219		67 ICD9 N400		68 ICD9 Z79899		69 ICD9 Z87891	
70 ICD9 I609		71 ICD9 G935		72 ICD9 G936		73 ICD9 G911	
74 ICD9 G9340		75 ICD9 E871		76 ICD9 N179		77 ICD9 F39	
78 ICD9 G9389		79 ICD9 G4700		80 ICD9 Y		81 ICD9 Y	
82 ICD9 B31G1ZZ		83 ICD9 B3151ZZ		84 ICD9 B3151ZZ		85 ICD9 B3151ZZ	
86 ICD9 B3151ZZ		87 ICD9 B3151ZZ		88 ICD9 B3151ZZ		89 ICD9 B3151ZZ	
90 REMARKS B3 282N00000X		91 REMARKS		92 REMARKS		93 REMARKS	
94 REMARKS		95 REMARKS		96 REMARKS		97 REMARKS	
98 REMARKS		99 REMARKS		100 REMARKS		101 REMARKS	

1 WVU HOSPITALS 1 MEDICAL CENTER DR MORGANTOWN WV265068059		2 WVU HOSPITALS PO BOX 1127 MORGANTOWN WV 265071127		3 PAT. ONTL # H1607135302		4 TYPE OF BILL 111	
5 PATIENT NAME SNIDER KENNETH		6 PATIENT ADDRESS HARRISVILLE OH 43974		7 STATE TAX ID 550643304		8 STATEMENT COVERED PERIOD 02/13/2021 02/26/2021	
9 BIRTH DATE 06/12/1948		10 SEX M		11 ADMISSION DATE 02/13/2021		12 HR IN TYPE / RESRC 00 1 4 17	
13 DRG 62		14 CPT CS		15 CONDITION CODES		16 ICD-10 A1	
17 OCCURRENCE CODE A1		18 OCCURRENCE DATE 06/12/1948		19 OCCURRENCE CODE A2		20 OCCURRENCE DATE 01/01/2021	
21 KENNETH SNIDER 49392 MAIN STREET HARRISVILLE OH 43974		22 VALUE CODES 01 2010.00		23 VALUE CODES 80 13.00		24 VALUE CODES	
25 REV. CD. 0730 0921		26 DESCRIPTION EKG/ECG PERI VASCUL LAB		27 RCP POS / RATE / HPP CODE		28 SER. DATE 03/09/2021	
29 SER. UNITS 2 1		30 TOTAL CHARGES 624.00 983.00		31 NON-COVERED CHARGES 0.00 0.00		32 TOTALS 112372.88 0.00	
33 PAGE 2 OF 2		34 CREATION DATE 03/09/2021		35 TOTALS		36 112372.88 0.00	
37 PAYER NAME WEST VIRGINIA BLUE CROSS		38 HEALTH PLAN ID 54828		39 Y/N Y Y		40 OTHER PRVID	
41 INSURED NAME SNIDER KENNETH		42 INSURED ID JRI973W06474		43 GROUP NAME		44 INSURANCE GROUP NO OHMCWP0	
45 TREATMENT AUTHORIZATION CODES UM15844091		46 DOCUMENT CONTROL NUMBER		47 EMPLOYER NAME		48	
49 ICD-9 I609		50 ICD-10 G935		51 ICD-9 G936		52 ICD-10 G911	
53 ICD-9 K219		54 ICD-10 N400		55 ICD-9 Z79899		56 ICD-10 Z87891	
57 ICD-9 0064		58 ICD-10 0064		59 ICD-9 0064		60 ICD-10 0064	
61 ICD-9 0064		62 ICD-10 0064		63 ICD-9 0064		64 ICD-10 0064	
65 ICD-9 0064		66 ICD-10 0064		67 ICD-9 0064		68 ICD-10 0064	
69 ICD-9 0064		70 ICD-10 0064		71 ICD-9 0064		72 ICD-10 0064	
73 ICD-9 0064		74 ICD-10 0064		75 ICD-9 0064		76 ICD-10 0064	
77 ICD-9 0064		78 ICD-10 0064		79 ICD-9 0064		80 ICD-10 0064	
81 ICD-9 0064		82 ICD-10 0064		83 ICD-9 0064		84 ICD-10 0064	
85 ICD-9 0064		86 ICD-10 0064		87 ICD-9 0064		88 ICD-10 0064	
89 ICD-9 0064		90 ICD-10 0064		91 ICD-9 0064		92 ICD-10 0064	
93 ICD-9 0064		94 ICD-10 0064		95 ICD-9 0064		96 ICD-10 0064	
97 ICD-9 0064		98 ICD-10 0064		99 ICD-9 0064		100 ICD-10 0064	
101 ICD-9 0064		102 ICD-10 0064		103 ICD-9 0064		104 ICD-10 0064	
105 ICD-9 0064		106 ICD-10 0064		107 ICD-9 0064		108 ICD-10 0064	
109 ICD-9 0064		110 ICD-10 0064		111 ICD-9 0064		112 ICD-10 0064	
113 ICD-9 0064		114 ICD-10 0064		115 ICD-9 0064		116 ICD-10 0064	
117 ICD-9 0064		118 ICD-10 0064		119 ICD-9 0064		120 ICD-10 0064	
121 ICD-9 0064		122 ICD-10 0064		123 ICD-9 0064		124 ICD-10 0064	
125 ICD-9 0064		126 ICD-10 0064		127 ICD-9 0064		128 ICD-10 0064	
129 ICD-9 0064		130 ICD-10 0064		131 ICD-9 0064		132 ICD-10 0064	
133 ICD-9 0064		134 ICD-10 0064		135 ICD-9 0064		136 ICD-10 0064	
137 ICD-9 0064		138 ICD-10 0064		139 ICD-9 0064		140 ICD-10 0064	
141 ICD-9 0064		142 ICD-10 0064		143 ICD-9 0064		144 ICD-10 0064	
145 ICD-9 0064		146 ICD-10 0064		147 ICD-9 0064		148 ICD-10 0064	
149 ICD-9 0064		150 ICD-10 0064		151 ICD-9 0064		152 ICD-10 0064	
153 ICD-9 0064		154 ICD-10 0064		155 ICD-9 0064		156 ICD-10 0064	
157 ICD-9 0064		158 ICD-10 0064		159 ICD-9 0064		160 ICD-10 0064	
161 ICD-9 0064		162 ICD-10 0064		163 ICD-9 0064		164 ICD-10 0064	
165 ICD-9 0064		166 ICD-10 0064		167 ICD-9 0064		168 ICD-10 0064	
169 ICD-9 0064		170 ICD-10 0064		171 ICD-9 0064		172 ICD-10 0064	
173 ICD-9 0064		174 ICD-10 0064		175 ICD-9 0064		176 ICD-10 0064	
177 ICD-9 0064		178 ICD-10 0064		179 ICD-9 0064		180 ICD-10 0064	
181 ICD-9 0064		182 ICD-10 0064		183 ICD-9 0064		184 ICD-10 0064	
185 ICD-9 0064		186 ICD-10 0064		187 ICD-9 0064		188 ICD-10 0064	
189 ICD-9 0064		190 ICD-10 0064		191 ICD-9 0064		192 ICD-10 0064	
193 ICD-9 0064		194 ICD-10 0064		195 ICD-9 0064		196 ICD-10 0064	
197 ICD-9 0064		198 ICD-10 0064		199 ICD-9 0064		200 ICD-10 0064	
201 ICD-9 0064		202 ICD-10 0064		203 ICD-9 0064		204 ICD-10 0064	
205 ICD-9 0064		206 ICD-10 0064		207 ICD-9 0064		208 ICD-10 0064	
209 ICD-9 0064		210 ICD-10 0064		211 ICD-9 0064		212 ICD-10 0064	
213 ICD-9 0064		214 ICD-10 0064		215 ICD-9 0064		216 ICD-10 0064	
217 ICD-9 0064		218 ICD-10 0064		219 ICD-9 0064		220 ICD-10 0064	
221 ICD-9 0064		222 ICD-10 0064		223 ICD-9 0064		224 ICD-10 0064	
225 ICD-9 0064		226 ICD-10 0064		227 ICD-9 0064		228 ICD-10 0064	
229 ICD-9 0064		230 ICD-10 0064		231 ICD-9 0064		232 ICD-10 0064	
233 ICD-9 0064		234 ICD-10 0064		235 ICD-9 0064		236 ICD-10 0064	
237 ICD-9 0064		238 ICD-10 0064		239 ICD-9 0064		240 ICD-10 0064	
241 ICD-9 0064		242 ICD-10 0064		243 ICD-9 0064		244 ICD-10 0064	
245 ICD-9 0064		246 ICD-10 0064		247 ICD-9 0064		248 ICD-10 0064	
249 ICD-9 0064		250 ICD-10 0064		251 ICD-9 0064		252 ICD-10 0064	
253 ICD-9 0064		254 ICD-10 0064		255 ICD-9 0064		256 ICD-10 0064	
257 ICD-9 0064		258 ICD-10 0064		259 ICD-9 0064		260 ICD-10 0064	
261 ICD-9 0064		262 ICD-10 0064		263 ICD-9 0064		264 ICD-10 0064	
265 ICD-9 0064		266 ICD-10 0064		267 ICD-9 0064		268 ICD-10 0064	
269 ICD-9 0064		270 ICD-10 0064		271 ICD-9 0064		272 ICD-10 0064	
273 ICD-9 0064		274 ICD-10 0064		275 ICD-9 0064		276 ICD-10 0064	
277 ICD-9 0064		278 ICD-10 0064		279 ICD-9 0064		280 ICD-10 0064	
281 ICD-9 0064		282 ICD-10 0064		283 ICD-9 0064		284 ICD-10 0064	
285 ICD-9 0064		286 ICD-10 0064		287 ICD-9 0064		288 ICD-10 0064	
289 ICD-9 0064		290 ICD-10 0064		291 ICD-9 0064		292 ICD-10 0064	
293 ICD-9 0064		294 ICD-10 0064		295 ICD-9 0064		296 ICD-10 0064	
297 ICD-9 0064		298 ICD-10 0064		299 ICD-9 0064		300 ICD-10 0064	
301 ICD-9 0064		302 ICD-10 0064		303 ICD-9 0064		304 ICD-10 0064	
305 ICD-9 0064		306 ICD-10 0064		307 ICD-9 0064		308 ICD-10 0064	
309 ICD-9 0064		310 ICD-10 0064		311 ICD-9 0064		312 ICD-10 0064	
313 ICD-9 0064		314 ICD-10 0064		315 ICD-9 0064		316 ICD-10 0064	
317 ICD-9 0064		318 ICD-10 0064		319 ICD-9 0064		320 ICD-10 0064	
321 ICD-9 0064		322 ICD-10 0064		323 ICD-9 0064		324 ICD-10 0064	
325 ICD-9 0064		326 ICD-10 0064		327 ICD-9 0064		328 ICD-10 0064	
329 ICD-9 0064		330 ICD-10 0064		331 ICD-9 0064		332 ICD-10 0064	
333 ICD-9 0064		334 ICD-10 0064		335 ICD-9 0064		336 ICD-10 0064	
337 ICD-9 0064		338 ICD-10 0064		339 ICD-9 0064		340 ICD-10 0064	
341 ICD-9 0064		342 ICD-10 0064		343 ICD-9 0064		344 ICD-10 0064	
345 ICD-9 0064		346 ICD-10 0064		347 ICD-9 0064		348 ICD-10 0064	
349 ICD-9 0064		350 ICD-10 0064		351 ICD-9 0064		352 ICD-10 0064	
353 ICD-9 0064		354 ICD-10 0064		355 ICD-9 0064		356 ICD-10 0064	
357 ICD-9 0064		358 ICD-10 0064		359 ICD-9 0064		360 ICD-10 0064	
361 ICD-9 0064		362 ICD-10 0064		363 ICD-9 0064		364 ICD-10 0064	
365 ICD-9 0064		366 ICD-10 0064		367 ICD-9 0064		368 ICD-10 0064	
369 ICD-9 0064		370 ICD-10 0064		371 ICD-9 0064		372 ICD-10 0064	
373 ICD-9 0064		374 ICD-10 0064		375 ICD-9 0064		376 ICD-10 0064	
377 ICD-9 0064		378 ICD-10 0064		379 ICD-9 0064		380 ICD-10 0064	
381 ICD-9 0064		382 ICD-10 0064		383 ICD-9 0064		384 ICD-10 0064	
385 ICD-9 0064		386 ICD-10 0064		387 ICD-9 0064		388 ICD-10 0064	
389 ICD-9 0064		390 ICD-10 0064		391 ICD-9 0064		392 ICD-10 0064	
393 ICD-9 0064		394 ICD-10 0064		395 ICD-9 0064		396 ICD-10 0064	
397 ICD-9 0064		398 ICD-10 0064		399 ICD-9 0064		400 ICD-10 0064	
401 ICD-9 0064		402 ICD-10 0064		403 ICD-9 0064		404 ICD-10 0064	
405 ICD-9 0064		406 ICD-10 0064		407 ICD-9 0064		408 ICD-10 0064	
409 ICD-9 0064		410 ICD-10 0064		411 ICD-9 0064		412 ICD-10 0064	
413 ICD-9 0064		414 ICD-10 0064		415 ICD-9 0064		416 ICD-10 0064	
417 ICD-9 0064		418 ICD-10 0064		419 ICD-9 0064		420 ICD-10 0064	
421 ICD-9 0064		422 ICD-10 0064		423 ICD-9 0064		424 ICD-10 0064	
425 ICD-9 0064		426 ICD-10 0064		427 ICD-9 0064		428 ICD-10 0064	
429 ICD-9 0064		430 ICD-10 0064		431 ICD-9 0064		432 ICD-10 0064	
433 ICD-9 0064		434 ICD-10 0064		435 ICD-9 0064		436 ICD-10 0064	
437 ICD-9 0064		438 ICD-10 0064		439 ICD-9 0064		440 ICD-10 0064	
441 ICD-9 0064		442 ICD-10 0064		443 ICD-9 0064		444 ICD-10 0064	
445 ICD-9 0064		446 ICD-10 0064		447 ICD-9 0064		448 ICD-10 0064	
449 ICD-9 0064		450 ICD-10 0064		451 ICD-9 0064		452 ICD-10 0064	
453 ICD-9 0064		454 ICD-10 0064		455 ICD-9 0064		456 ICD-10 0064	
457 ICD-9 0064		458 ICD-10 0064		459 ICD-9 0064		460 ICD-10 0064	
461 ICD-9 0064		462 ICD-10 0064		463 ICD-9 0064		464 ICD-10 0064	
465 ICD-9 0064		466 ICD-10 0064		467 ICD-9 0064		468 ICD-10 0064	
469 ICD-9 0064		470 ICD-10 0064		471 ICD-9 0064		472 ICD-10 0064	
473 ICD-9 0064		474 ICD-10 0064		475 ICD-9 0064		476 ICD-10 0064	
477 ICD-9 0064		478 ICD-10 0064		479 ICD-9 0064		480 ICD-10 0064	
481 ICD-9 0064		482 ICD-10 0064		483 ICD-9 0064		484 ICD-10 0064	
485 ICD-9 0064		486 ICD-10 0064		487 ICD-9 0064		488 ICD-10 0064	
489 ICD-9 0064		490 ICD-10 0064		491 ICD-9 0064		492 ICD-10 0064	
493 ICD-9 0064		494 ICD-10 0064		495 ICD-9 0064		496 ICD-10 0064	
497 ICD-9 0064		498 ICD-10 0064		499 ICD-9 0064		500 ICD-10 0064	
501 ICD-9 0064		502 ICD-10 0064		503 ICD-9 0064		504 ICD-10 0064	
505 ICD-9 0064		506 ICD-10 0064					



WVU HOSPITALS
PO BOX 1127
MORGANTOWN WV 26507

Phone: (855) 778-2922

Kenneth Ewrin Snider
49392 MAIN STREET
HARRISVILLE, OH 43974

Guarantor ID: 100097504

This is an itemization of your hospital services for:

Patient: Snider, Kenneth Ewrin

Admission Date: 02/13/21

Hospital Account: 16071353

Discharge Date: 02/26/21

Charges

Service Date	REV CODE	CPT	Description	QTY	Amount
02/13/2021	0200		HCHG INTENSIVE CARE ROOM	1	6,144.00
02/13/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/13/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/13/2021	0250		DEXMEDETOMIDINE 4 MCG/ML SOLUTION	1	8.91
02/13/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/13/2021	0250		FENTANYL (PF) 50 MCG/ML SOLUTION	3	10.50
02/13/2021	0250		FENTANYL (PF) 50 MCG/ML SOLUTION	1	10.50
02/13/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/13/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/13/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/13/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/13/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/13/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/13/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/13/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/13/2021	0250		NITROGLYCERIN 50 MCG/ML INJECTABLE	1	5.25
02/13/2021	0250		NS FLUSH SYRINGE	1	5.25
02/13/2021	0250		NS FLUSH SYRINGE	1	5.25
02/13/2021	0250		NS FLUSH SYRINGE	1	5.25
02/13/2021	0250		NS FLUSH SYRINGE	1	5.25
02/13/2021	0250		NS FLUSH SYRINGE	1	5.25
02/13/2021	0250		NS FLUSH SYRINGE	1	5.25
02/13/2021	0250		OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	10.50
02/13/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/13/2021	0250		ROCURONIUM 10 MG/ML SOLUTION	1	9.37
02/13/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/13/2021	0250		SUGAMMADEX 100 MG/ML SOLUTION	1	401.28
02/13/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/13/2021	0254		IOVERSOL 320 MG IODINE/ML SOLUTION	90	120.21
02/13/2021	0254		IOVERSOL 350 MG IODINE/ML SOLUTION	50	72.87
02/13/2021	0258		NS PARENTERAL SOLUTION	1	120.00



Service Date	REV CODE	CPT	Description	QTY	Amount
02/13/2021	0258		NS PARENTERAL SOLUTION	7	35.28
02/13/2021	0258		NS PARENTERAL SOLUTION	1	120.00
02/13/2021	0272		PACK RADIOLOGY ANGIOGRAPHY	1	225.50
02/13/2021	0272		PACK RADIOLOGY ANGIOGRAPHY	1	225.50
02/13/2021	0272		SET MICROPUNCTURE 5FR STIFF G48006	1	182.25
02/13/2021	0272		SET MICROPUNCTURE 5FR STIFF G48006	1	182.25
02/13/2021	0272	C1789	GW GLDWR .035IN 3CM 150CM RADO Q STD	1	349.57
			SHFT FLXB COR TO TIP		
02/13/2021	0272	C1789	GW GLDWR .035IN 3CM 150CM RADO Q STD	1	349.57
			SHFT FLXB COR TO TIP		
02/13/2021	0278		KIT INTROD 10CM 5FR GLIDE SHEATH	1	278.50
			SLNDR RADIAL NITINOL		
02/13/2021	0278	C1725	CATH DEL SYS NEURON 5FR .04IN 130CM	1	469.00
			9CM .038IN SIMS CURVE		
02/13/2021	0278	C1780	HCHG VASCULAR CLOSURE DEVICE	1	734.50
02/13/2021	0278	C1893	DEVICE COMPRESS TR BAND 24CM 2 BAL	1	143.86
			TRNSPR ADJ STRAP AIR TRTN		
02/13/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM	1	258.00
			TOTAL		
02/13/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM	1	258.00
			TOTAL		
02/13/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/13/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/13/2021	0301	84484	HCHG ASSAY OF TROPONIN, QUANT	1	133.00
02/13/2021	0302	86850	HCHG ANTIBODY SCREENING	1	84.00
02/13/2021	0302	86900	HCHG ABO GROUPING	1	37.00
02/13/2021	0302	86901	HCHG RH TYPING D - ONLY	1	37.00
02/13/2021	0305	85025	HCHG COMPLETE CBC W/AUTO DIFF WBC	1	144.00
02/13/2021	0305	85610	HCHG PROTHROMBIN TIME	1	75.00
02/13/2021	0305	85730	HCHG THROMBOPLASTIN TIME, PARTIAL	1	93.00
02/13/2021	0307	81001	HCHG URINALYSIS, AUTO W/SCOPE	1	99.00
02/13/2021	0351	70450	HCHG CT HEAD/BRAIN W/O CONTRST	1	1,880.00
02/13/2021	0351	70498	HCHG CTA HEAD W CONTRAST	1	3,283.00
02/13/2021	0360	36223	HCHG CATH PL COMM CAROTID WITH S&I	1	5,295.00
			(AKA H36223)		
02/13/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	4	5.25
02/13/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	4	5.25
02/13/2021	0636		HEPARIN 1,000 UNIT/ML SOLUTION	2	5.25
02/13/2021	0636		LIDOCAINE PF 100 MG/5 ML (2 %) SYRINGE	6	7.00
02/13/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100	2	14.28
			ML PIGGYBACK		
02/13/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100	2	14.28
			ML PIGGYBACK		
02/13/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100	2	14.28
			ML PIGGYBACK		
02/13/2021	0636		MIDAZOLAM 1 MG/ML SOLUTION	5	10.50
02/13/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/13/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/13/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/13/2021	0636		PROPOFOL 10 MG/ML INJECTABLE	15	6.43
02/13/2021	0730	93005	HCHG EKG 12 LEAD	1	312.00
02/14/2021	0200		HCHG INTENSIVE CARE ROOM	1	6,144.00
02/14/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/14/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/14/2021	0250		BUPROPION 150 MG TABLET SUSTAINED-	1	1.53
			RELEASE 12 HR		
02/14/2021	0250		DEXTROSE 50% IN WATER 50% SYRINGE	1	44.52



Service Date	REV CODE	CPT	Description	QTY	Amount
02/14/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/14/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/14/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/14/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/14/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/14/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/14/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/14/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/14/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/14/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/14/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/14/2021	0250		NS FLUSH SYRINGE	1	5.25
02/14/2021	0250		NS FLUSH SYRINGE	1	5.25
02/14/2021	0250		NS FLUSH SYRINGE	1	5.25
02/14/2021	0250		NS FLUSH SYRINGE	1	5.25
02/14/2021	0250		NS FLUSH SYRINGE	1	5.25
02/14/2021	0250		NS FLUSH SYRINGE	1	5.25
02/14/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/14/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/14/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/14/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/14/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/14/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/14/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/14/2021	0258		NS PARENTERAL SOLUTION	1	120.00
02/14/2021	0258		NS PARENTERAL SOLUTION	1	120.00
02/14/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM TOTAL	1	258.00
02/14/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/14/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/14/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/14/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/14/2021	0305	85027	HCHG COMPLETE CBC, AUTOMATED	1	103.00
02/14/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	17.25
02/14/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/14/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/14/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/14/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/14/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/14/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/14/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/14/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/14/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/15/2021	0200		HCHG INTENSIVE CARE ROOM	1	6,144.00
02/15/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/15/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/15/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/15/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/15/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/15/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/15/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/15/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/15/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/15/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/15/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/15/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/15/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/15/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/15/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/15/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/15/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/15/2021	0250		MAGNESIUM CITRATE SOLUTION	1	6.22
02/15/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300- 250 MG-MCG-MCG TABLET	1	0.50
02/15/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/15/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/15/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/15/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/15/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/15/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/15/2021	0250		NS FLUSH SYRINGE	1	5.25
02/15/2021	0250		NS FLUSH SYRINGE	1	5.25
02/15/2021	0250		NS FLUSH SYRINGE	1	5.25
02/15/2021	0250		NS FLUSH SYRINGE	1	5.25
02/15/2021	0250		NS FLUSH SYRINGE	1	5.25
02/15/2021	0250		NS FLUSH SYRINGE	1	5.25
02/15/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/15/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/15/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/15/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/15/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.60
02/15/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/15/2021	0250		POTASSIUM PHOSPHATE 3 MMOL/ML SOLUTION 5 ML VIAL	2	5.25
02/15/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/15/2021	0258		NS PARENTERAL SOLUTION	1	120.00
02/15/2021	0258		NS PARENTERAL SOLUTION 500 ML FLEX CONT	1	120.00
02/15/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM TOTAL	1	258.00
02/15/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/15/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/15/2021	0305	85027	HCHG COMPLETE CBC, AUTOMATED	1	103.00
02/15/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25
02/15/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25
02/15/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/15/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	17.25
02/15/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	17.25
02/15/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/15/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/15/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/15/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/15/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/15/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/15/2021	0921	93886	HCHG DOPPLER-INTRACRAN ART COMPLETE	1	983.00
02/16/2021	0206		HCHG STEP DOWN ROOM	1	4,390.00
02/16/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/16/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/16/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/16/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/16/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/16/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/16/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/16/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/16/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/16/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/16/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/16/2021	0250		LISINOPRIL 10 MG TABLET	1	0.50
02/16/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300- 250 MG-MCG-MCG TABLET	1	0.50
02/16/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/16/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/16/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/16/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/16/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/16/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/16/2021	0250		NS FLUSH SYRINGE	1	5.25
02/16/2021	0250		NS FLUSH SYRINGE	1	5.25
02/16/2021	0250		NS FLUSH SYRINGE	1	5.25
02/16/2021	0250		NS FLUSH SYRINGE	1	5.25
02/16/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/16/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/16/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/16/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/16/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.60
02/16/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/16/2021	0250		POTASSIUM PHOSPHATE 3 MMOL/ML SOLUTION 5 ML VIAL	2	6.43
02/16/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.8-50 MG TABLET	1	0.50
02/16/2021	0258		NS PARENTERAL SOLUTION	1	120.00
02/16/2021	0258		NS PARENTERAL SOLUTION 500 ML FLEX CONT	1	120.00
02/16/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM TOTAL	1	258.00
02/16/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/16/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/16/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/16/2021	0305	85027	HCHG COMPLETE CBC, AUTOMATED	1	103.00
02/16/2021	0351	70450	HCHG CT HEAD/BRAIN W/O CONTRST	1	1,880.00
02/16/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25



Service Date	REV CODE	CPT	Description	QTY	Amount
02/16/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25
02/16/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25
02/16/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25
02/16/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/16/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	37.84
02/16/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	17.25
02/16/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/16/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/16/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/16/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/16/2021	0636		MORPHINE 4 MG/ML SOLUTION	1	10.50
02/16/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/16/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/16/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/16/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/17/2021	0206		HCHG STEP DOWN ROOM	1	4,390.00
02/17/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/17/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/17/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/17/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/17/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/17/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/17/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/17/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/17/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/17/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/17/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.50
02/17/2021	0250		LEVETIRACETAM 500 MG TABLET	1	0.61
02/17/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/17/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300- 250 MG-MCG-MCG TABLET	1	0.50
02/17/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/17/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/17/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/17/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/17/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/17/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/17/2021	0250		NS FLUSH SYRINGE	1	5.25
02/17/2021	0250		NS FLUSH SYRINGE	1	5.25
02/17/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/17/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/17/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/17/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/17/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/17/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/17/2021	0343	A9585	HCHG GADOBUTROL INJECTION	8	8.00
02/17/2021	0424	97162	HCHG PT EVAL-MODERATE	1	406.00
02/17/2021	0434	97166	HCHG QT EVAL-MODERATE	1	502.00



Service Date	REV CODE	CPT	Description	QTY	Amount
02/17/2021	0611	70553	HCHG MRI BRAIN W/O & W/DYE	1	2,694.00
02/17/2021	0612	72156	HCHG MRI NECK SPINE W/O & W/DYE	1	2,722.00
02/17/2021	0636		DEXAMETHASONE 4 MG/ML SOLUTION	2	5.25
02/17/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/17/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/17/2021	0636		MORPHINE 2 MG/ML SYRINGE	1	10.50
02/17/2021	0636		MORPHINE 2 MG/ML SYRINGE	1	10.50
02/17/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/17/2021	0730	93005	HCHG EKG 12 LEAD	1	312.00
02/18/2021	0206		HCHG STEP DOWN ROOM	1	4,390.00
02/18/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/18/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/18/2021	0250		BUPROPION 150 MG TABLET SUSTAINED-RELEASE 12 HR	1	1.53
02/18/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/18/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/18/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/18/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/18/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/18/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/18/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300-250 MG-MCG-MCG TABLET	1	0.50
02/18/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/18/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/18/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/18/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/18/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/18/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/18/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/18/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/18/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/18/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/18/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/18/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/18/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.81
02/18/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM TOTAL	1	258.00
02/18/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/18/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/18/2021	0305	85025	HCHG COMPLETE CBC W/AUTO DIFF WBC	1	144.00
02/18/2021	0421	97110	HCHG PT THERAP EX EA 15MIN	1	152.00
02/18/2021	0431	97535	HCHG OT-TREATMENT	1	174.00
02/18/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/18/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/18/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/18/2021	0636		MORPHINE 2 MG/ML SYRINGE	1	10.50
02/18/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/19/2021	0206		HCHG STEP DOWN ROOM	1	4,390.00



Service Date	REV CODE	CPT	Description	QTY	Amount
02/19/2021	0250		BUPROPION 150 MG TABLET SUSTAINED-RELEASE 12 HR	1	1.53
02/19/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/19/2021	0250		FENTANYL (PF) 50 MCG/ML SOLUTION	2	10.50
02/19/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/19/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/19/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/19/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/19/2021	0250		MELATONIN 3 MG TABLET	1	0.50
02/19/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300-250 MG-MCG-MCG TABLET	1	0.50
02/19/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/19/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/19/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/19/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/19/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/19/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/19/2021	0250		NITROGLYCERIN 50 MCG/ML INJECTABLE	1	5.25
02/19/2021	0250		NS FLUSH SYRINGE	1	5.25
02/19/2021	0250		NS FLUSH SYRINGE	1	5.25
02/19/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/19/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/19/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/19/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/19/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/19/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/19/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/19/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/19/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/19/2021	0272		PACK RADIOLOGY ANGIOGRAPHY	1	225.50
02/19/2021	0272	C1769	GW GLDWR .035IN 3CM 150CM RADO Q STD	1	349.57
02/19/2021	0272	C1769	SHFT FLXB COR TO TIP	1	542.47
02/19/2021	0272	C1769	GW GLDWR .035IN 3CM 260CM FLXB COR TO TIP RADOPQ STD SHFT	1	553.00
02/19/2021	0278		KIT INTROD 10CM 5FR GLIDE SHEATH	2	143.86
02/19/2021	0278	C1893	SLNDR RADIAL NITINOL	1	35.00
02/19/2021	0278	C1893	DEVICE COMPRESS TR BAND 24CM 2 BAL TRNSPR ADJ STRAP AIR TRTN	1	5,295.00
02/19/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	5,295.00
02/19/2021	0360	36223	HCHG CATH PL COMM CAROTID WITH S&I (AKA H36223)	1	5,554.00
02/19/2021	0360	36223	HCHG CATH PL COMM CAROTID WITH S&I (AKA H36223)	1	5,554.00
02/19/2021	0360	36226	HCHG CATH PL VERTEBRAL WITH S&I (AKA H36226)	1	5,554.00
02/19/2021	0360	36226	HCHG CATH PL VERTEBRAL WITH S&I (AKA H36226)	1	5.25
02/19/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/19/2021	0636		HEPARIN 1,000 UNIT/ML SOLUTION	2	5.97
02/19/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	14.28
02/19/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	



Service Date	REV CODE	CPT	Description	QTY	Amount
02/19/2021	0636		MIDAZOLAM 1 MG/ML SOLUTION	4	10.50
02/19/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/19/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/19/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/20/2021	0214		HCHG TELEMETRY ROOM	1	2,728.00
02/20/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/20/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/20/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/20/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/20/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/20/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/20/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/20/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/20/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/20/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/20/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/20/2021	0250		MELATONIN 3 MG TABLET	1	0.50
02/20/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300- 250 MG-MCG-MCG TABLET	1	0.50
02/20/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/20/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/20/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/20/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/20/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/20/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/20/2021	0250		NS FLUSH SYRINGE	1	5.25
02/20/2021	0250		NS FLUSH SYRINGE	1	5.25
02/20/2021	0250		NS FLUSH SYRINGE	1	5.25
02/20/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/20/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/20/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/20/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/20/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/20/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/20/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/20/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/20/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/20/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/20/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	6.50
02/20/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	6.50
02/20/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/20/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/20/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/20/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/20/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/21/2021	0214		HCHG TELEMETRY ROOM	1	2,728.00
02/21/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/21/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/21/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/21/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/21/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/21/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.88
02/21/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.88
02/21/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.88
02/21/2021	0250		LISINOPRIL 10 MG TABLET	1	0.50
02/21/2021	0250		MELATONIN 3 MG TABLET	1	0.50
02/21/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300- 250 MG-MCG-MCG TABLET	1	0.50
02/21/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/21/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/21/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/21/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/21/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/21/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/21/2021	0250		NS FLUSH SYRINGE	1	5.25
02/21/2021	0250		NS FLUSH SYRINGE	1	5.25
02/21/2021	0250		NS FLUSH SYRINGE	1	5.25
02/21/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/21/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/21/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/21/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/21/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/21/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/21/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/21/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/21/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/21/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/21/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/21/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	39.02
02/21/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/21/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/21/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/21/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/21/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/22/2021	0214		HCHG TELEMETRY ROOM	1	2,728.00
02/22/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/22/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/22/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/22/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.50
02/22/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/22/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/22/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/22/2021	0250		LISINOPRIL 10 MG TABLET	1	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/22/2021	0250		MELATONIN 3 MG TABLET	1	0.50
02/22/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300- 250 MG-MCG-MCG TABLET	1	0.50
02/22/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/22/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/22/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/22/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/22/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/22/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/22/2021	0250		NS FLUSH SYRINGE	1	5.25
02/22/2021	0250		NS FLUSH SYRINGE	1	5.25
02/22/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/22/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/22/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/22/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/22/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/22/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/22/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/22/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280- 160-250 MG POWDER IN PACKET	1	1.67
02/22/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/22/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/22/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/22/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM TOTAL	1	258.00
02/22/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/22/2021	0301	83930	HCHG ASSAY OF BLOOD OSMOLALITY	1	77.00
02/22/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/22/2021	0305	85025	HCHG COMPLETE CBC W/AUTO DIFF WBC	1	144.00
02/22/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/22/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/22/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/22/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/22/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/22/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/22/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/22/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/23/2021	0214		HCHG TELEMETRY ROOM	1	2,728.00
02/23/2021	0250		BISACODYL 10 MG SUPPOSITORY	1	1.11
02/23/2021	0250		BUPROPION 150 MG TABLET SUSTAINED- RELEASE 12 HR	1	1.53
02/23/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/23/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/23/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/23/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/23/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/23/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/23/2021	0250		MELATONIN 3 MG TABLET	1	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/23/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300-250 MG-MCG-MCG TABLET	1	0.50
02/23/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/23/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/23/2021	0250		NIMODIPINE 30 MG CAPSULE	2	9.67
02/23/2021	0250		NS FLUSH SYRINGE	1	5.25
02/23/2021	0250		NS FLUSH SYRINGE	1	5.25
02/23/2021	0250		NS FLUSH SYRINGE	1	5.25
02/23/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/23/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/23/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.72
02/23/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/23/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/23/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/23/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/23/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/23/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/23/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/23/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/23/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/23/2021	0301	83935	HCHG ASSAY OF URINE OSMOLALITY	1	63.00
02/23/2021	0301	84295	HCHG SODIUM SERUM PLASMA WHOLE BLOOD	1	35.00
02/23/2021	0301	84300	HCHG ASSAY OF URINE SODIUM	1	77.00
02/23/2021	0307	81099	HCHG URINALYSIS TEST PROCEDURE	1	137.00
02/23/2021	0421	97110	HCHG PT THERAP EX EA 15MIN	1	152.00
02/23/2021	0431	97535	HCHG OT-TREATMENT	1	174.00
02/23/2021	0480	93306	HCHG 2D DOPPLER COLOR FLOW COMPLETE	1	2,700.00
02/23/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/23/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/23/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/23/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/23/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/23/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/23/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/23/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/24/2021	0214		HCHG TELEMETRY ROOM	1	2,728.00
02/24/2021	0250		BUPROPION 150 MG TABLET SUSTAINED-RELEASE 12 HR	1	1.53
02/24/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/24/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/24/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/24/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/24/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/24/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/24/2021	0250		MELATONIN 3 MG TABLET	1	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/24/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300-250 MG-MCG-MCG TABLET	1	0.50
02/24/2021	0250		NS FLUSH SYRINGE	1	5.25
02/24/2021	0250		NS FLUSH SYRINGE	1	5.25
02/24/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/24/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/24/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.60
02/24/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/24/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/24/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/24/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/24/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/24/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/24/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/24/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/24/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/24/2021	0301	83930	HCHG ASSAY OF BLOOD OSMOLALITY	1	77.00
02/24/2021	0301	83935	HCHG ASSAY OF URINE OSMOLALITY	1	63.00
02/24/2021	0301	84295	HCHG SODIUM SERUM PLASMA WHOLE BLOOD	1	35.00
02/24/2021	0301	84295	HCHG SODIUM SERUM PLASMA WHOLE BLOOD	1	35.00
02/24/2021	0301	84300	HCHG ASSAY OF URINE SODIUM	1	77.00
02/24/2021	0421	97110	HCHG PT THERAP EX EA 15MIN	1	152.00
02/24/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/24/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/24/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	6.50
02/24/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/24/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/24/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/24/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/24/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/25/2021	0214		HCHG TELEMETRY ROOM	1	2,728.00
02/25/2021	0250		ACETAMINOPHEN 325 MG TABLET	2	0.50
02/25/2021	0250		AMLODIPINE 5 MG TABLET	1	0.50
02/25/2021	0250		AMLODIPINE 5 MG TABLET	1	0.50
02/25/2021	0250		BUPROPION 150 MG TABLET SUSTAINED-RELEASE 12 HR	1	1.53
02/25/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/25/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/25/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/25/2021	0250		FLUDROCORTISONE 0.1 MG TABLET	1	1.88
02/25/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/25/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/25/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/25/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/25/2021	0250		LABETALOL 5 MG/ML SYRINGE	1	6.76
02/25/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50
02/25/2021	0250		MELATONIN 3 MG TABLET	1	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/25/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300-250 MG-MCG-MCG TABLET	1	0.50
02/25/2021	0250		NS FLUSH SYRINGE	1	5.25
02/25/2021	0250		NS FLUSH SYRINGE	1	5.25
02/25/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/25/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/25/2021	0250		OXYCODONE 5 MG TABLET	1	10.50
02/25/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.53
02/25/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/25/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/25/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/25/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/25/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/25/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/25/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/25/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/25/2021	0250		TAMSULOSIN 0.4 MG CAPSULE	1	0.91
02/25/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/25/2021	0250		ZOLPIDEM 5 MG TABLET	1	10.50
02/25/2021	0301	80048	HCHG 80048 BASIC METAB PANEL CALCIUM TOTAL	1	258.00
02/25/2021	0301	83735	HCHG ASSAY OF MAGNESIUM	1	42.00
02/25/2021	0301	84100	HCHG PHOSPHORUS INORGANIC	1	35.00
02/25/2021	0305	85025	HCHG COMPLETE CBC W/AUTO DIFF WBC	1	144.00
02/25/2021	0431	97535	HCHG OT-TREATMENT	1	174.00
02/25/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/25/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/25/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/25/2021	0636		HYDRALAZINE 20 MG/ML SOLUTION	1	17.25
02/25/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/25/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/25/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/25/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/25/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/25/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/25/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15
02/26/2021	0250		AMLODIPINE 10 MG TABLET	1	0.50
02/26/2021	0250		BISACODYL 10 MG SUPPOSITORY	1	1.11
02/26/2021	0250		BUPROPION 150 MG TABLET SUSTAINED-RELEASE 12 HR	1	1.53
02/26/2021	0250		CYCLOBENZAPRINE 10 MG TABLET	1	0.50
02/26/2021	0250		ESCITALOPRAM OXALATE 20 MG TABLET	1	0.51
02/26/2021	0250		FLUDROCORTISONE 0.1 MG TABLET	1	1.86
02/26/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/26/2021	0250		GABAPENTIN 300 MG CAPSULE	2	0.68
02/26/2021	0250		LISINAPRIL 10 MG TABLET	1	0.50



Service Date	REV CODE	CPT	Description	QTY	Amount
02/26/2021	0250		MV WITH MIN-LYCOPENE-LUTEIN 0.4-300-250 MG-MCG-MCG TABLET	1	0.50
02/26/2021	0250		NS FLUSH SYRINGE	1	5.25
02/26/2021	0250		NS FLUSH SYRINGE	1	5.25
02/26/2021	0250		PANTOPRAZOLE 20 MG TABLET, DELAYED RELEASE (E.C.)	1	0.60
02/26/2021	0250		POLYETHYLENE GLYCOL 17 GRAM POWDER IN PACKET	1	3.72
02/26/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/26/2021	0250		POTASSIUM, SODIUM PHOSPHATES 280-160-250 MG POWDER IN PACKET	1	1.67
02/26/2021	0250		SENNOSIDES-DOCUSATE SODIUM 8.6-50 MG TABLET	1	0.50
02/26/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/26/2021	0250		SODIUM CHLORIDE 1 GRAM TABLET	3	0.74
02/26/2021	0301	84295	HCHG SODIUM SERUM PLASMA WHOLE BLOOD	1	35.00
02/26/2021	0636		DIPHENHYDRAMINE 50 MG/ML SOLUTION	1	5.25
02/26/2021	0636		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	12.78
02/26/2021	0636		MAGNESIUM SULFATE IN D5W 1 GRAM/100 ML PIGGYBACK	2	14.28
02/26/2021	0636		ONDANSETRON 2 MG/ML SOLUTION	4	5.25
02/26/2021	0636		PROCHLORPERAZINE 10 MG/2 ML (5 MG/ML) SOLUTION	1	19.15

Total charges:

112,372.89

Payments and Adjustments

Date	Description	Amount
03/09/21	Bcbs Medicare HB CONTRACTUAL ADJUSTMENT	-100,235.57

Total payments and adjustments:

-100,235.57

Current Hospital Account Balance: 12,137.32

2058183