



To: Kelly Rizor

Company: Highmark Blue Cross Attn: Payment integrity/Host High -Dol

Fax: 855-329-8191

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FROM: Eladia Reyes

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Date and time of transmission: Tuesday, March 2, 2021 7:04:56 AM

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Confidential Patient-Physician Information

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Notes:

Attached please find the detail bill for

Greyson M. Walls

Id # YWP80217432101

DOS: 09/27/2020-02/03/2021

Claim # 21154041269

Account# 47233297

NPI:1467505073

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER

51965685

GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Charges

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0203	09/27/2020	6055	0101881	R&B ICU	1	10,152.00
0203	09/28/2020	6055	0101881	R&B ICU	1	10,152.00
0203	09/29/2020	6055	0101881	R&B ICU	1	10,152.00
0203	09/30/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/01/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/02/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/03/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/04/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/05/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/06/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/07/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/08/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/09/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/10/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/11/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/12/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/13/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/14/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/15/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/16/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/17/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/18/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/19/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/20/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/21/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/22/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/23/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/24/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/25/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/26/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/27/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/28/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/29/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/30/2020	6055	0101881	R&B ICU	1	10,152.00
0203	10/31/2020	6055	0101881	R&B ICU	1	10,152.00

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 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0203	11/01/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/02/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/03/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/04/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/05/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/06/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/07/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/08/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/09/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/10/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/11/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/12/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/13/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/14/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/15/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/16/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/17/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/18/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/19/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/20/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/21/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/22/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/23/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/24/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/25/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/26/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/27/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/28/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/29/2020	6055	0101881	R&B ICU	1	10,152.00
0203	11/30/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/01/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/02/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/03/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/04/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/05/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/06/2020	6055	0101881	R&B ICU	1	10,152.00
0203	12/07/2020	6055	0101881	R&B ICU	1	10,152.00

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0203	12/08/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/09/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/10/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/11/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/12/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/13/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/14/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/15/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/16/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/17/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/18/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/19/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/20/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/21/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/22/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/23/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/24/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/25/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/26/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/27/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/28/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/29/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/30/2020	6055	0101881 R&B ICU	1	10,152.00
0203	12/31/2020	6055	0101881 R&B ICU	1	10,152.00
0203	01/01/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/02/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/03/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/04/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/05/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/06/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/07/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/08/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/09/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/10/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/11/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/12/2021	6055	0101881 R&B ICU	1	10,964.00
0203	01/13/2021	6055	0101881 R&B ICU	1	10,964.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0203	01/14/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/15/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/16/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/17/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/18/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/19/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/20/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/21/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/22/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/23/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/24/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/25/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/26/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/27/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/28/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/29/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/30/2021	6055	0101881	R&B ICU	1	10,964.00
0203	01/31/2021	6055	0101881	R&B ICU	1	10,964.00
0203	02/01/2021	6055	0101881	R&B ICU	1	10,964.00
0203	02/02/2021	6055	0101881	R&B ICU	1	10,964.00
0250	09/27/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	09/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	09/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	09/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/28/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	09/28/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	09/29/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	09/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/29/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00

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 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	09/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/29/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	09/29/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	09/29/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	09/29/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	09/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	FUROSEMIDE 10 MG/ML INJ SOLN (BILLING UNIT = 20 MG)	1	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	09/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/01/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	10/01/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/01/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/01/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/02/2020	7955	250	THROMBIN (RECOMBINANT) 5000 UNITS RECON SOLN	1	79.00
0250	10/02/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	10/02/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/02/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/02/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/02/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/02/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/02/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00

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0250	10/02/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/03/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/03/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/03/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	10/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/03/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/03/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/03/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/03/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/04/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/04/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/04/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

AIDHC Hospital Billing
PO Box 404112
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GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/04/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/04/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	10/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/04/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/04/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/04/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/05/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/05/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/05/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/05/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/05/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	10/05/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/05/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	10/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/06/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/06/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/06/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/06/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/06/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/07/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/07/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/07/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/07/2020	7955	250	FUROSEMIDE 10 MG/ML INJ SOLN (BILLING UNIT = 20 MG)	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/07/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/07/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/07/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/07/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/07/2020	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	10/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/08/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/08/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/08/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/08/2020	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	10/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/08/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/08/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/08/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/08/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/09/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/09/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/09/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/09/2020	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/09/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/09/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/09/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/09/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/10/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/10/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/10/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/10/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	5	15.00

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Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/10/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/10/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/11/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/11/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/11/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/11/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/11/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/11/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/11/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/11/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/11/2020	7955	250	DEXTROSE 5 % SOLN 500 ML FLEX CONT	1	15.00
0250	10/11/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/12/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/12/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/12/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/12/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/12/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/13/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/13/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/13/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/13/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/13/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/13/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

AIDHC Hospital Billing
PO Box 404112
Atlanta, GA 30384-4112
Ph: (302) 651-4000

GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	10/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/13/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/13/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/13/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/14/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/14/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/14/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/14/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/14/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/14/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/14/2020	7955	250	DTAP-IPV 0.5 ML SUSR 1 EACH VIAL	1	189.00
0250	10/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/14/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/14/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/15/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	10/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/15/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/15/2020	7955	250	DEXTROSE 5 % SOLN 100 ML FLEX CONT	1	15.00
0250	10/15/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/15/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/15/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/15/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/15/2020	7955	250	NYSTATIN 100000 UNIT/G POWDER 30 G BOTTLE	1	23.00
0250	10/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/15/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	10/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/15/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/15/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/16/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/16/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/16/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/16/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/16/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/16/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	10/16/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	10/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/16/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	10/16/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/16/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/16/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/17/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/17/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/17/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/17/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/17/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/17/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/17/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	33.00
0250	10/17/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/17/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/17/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/18/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/18/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/18/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/18/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/18/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/18/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/18/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	10/18/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/18/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/18/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/18/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/19/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/19/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/19/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/19/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/19/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/19/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/19/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/19/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/19/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/19/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/20/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/20/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/20/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/20/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/20/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/20/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	10/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/20/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/20/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	10/20/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/20/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/21/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/21/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/21/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/21/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/21/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/21/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/21/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/21/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/21/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

AIDHC Hospital Billing
 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/22/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/22/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/22/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/22/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	10/22/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/22/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	106.00
0250	10/22/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/22/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/22/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/22/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/22/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Detail Bill for :

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/23/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/23/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/23/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/23/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/23/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	10/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/23/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/23/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/23/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/23/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/23/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/23/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/24/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/24/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/24/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/24/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/24/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/24/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/24/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/24/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/25/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/25/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/25/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/25/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/25/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/25/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/25/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/25/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	10/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/25/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/25/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/25/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Lancaster, PA 17601

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/26/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/26/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/26/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/26/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	10/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/26/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	10/26/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/26/2020	7955	250	NYSTATIN 100000 UNIT/G CREAM 30 G TUBE	1	17.00
0250	10/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/26/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	10/26/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/26/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/26/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/27/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	10/27/2020	7955	250	GLCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/27/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/27/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/27/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/27/2020	7955	250	GLCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/27/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	GLCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/27/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/27/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/27/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/28/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/28/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/28/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/28/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/28/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/28/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	10/28/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/28/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/28/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/28/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/28/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/28/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/29/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/29/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/29/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/29/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

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0250	10/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/29/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/29/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/29/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/30/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/30/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	10/30/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/30/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/30/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	10/30/2020	7955	250	NYSTATIN 100000 UNIT/G POWDER 30 G BOTTLE	1	23.00
0250	10/30/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	10/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/30/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/30/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/30/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/30/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/31/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/31/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/31/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/31/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/31/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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0250	10/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/31/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/31/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/31/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/31/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	10/31/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	10/31/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	10/31/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	10/31/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	10/31/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	10/31/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	10/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	10/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	10/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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0250	11/01/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/01/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/01/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/01/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/01/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	11/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/01/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/01/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/01/2020	7955	250	FUROSEMIDE 10 MG/ML INJ SOLN (BILLING UNIT = 20 MG)	1	15.00
0250	11/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/01/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/01/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/01/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/01/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/01/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/02/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	11/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	11/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/02/2020	7955	250	FUROSEMIDE 10 MG/ML INJ SOLN (BILLING UNIT = 20 MG)	1	15.00
0250	11/02/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%- SOLN	1	15.00
0250	11/02/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/02/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/02/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/02/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/02/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/02/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/02/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/02/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/02/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/03/2020	7955	250	FUROSEMIDE 10 MG/ML INJ SOLN (BILLING UNIT = 20 MG)	1	15.00
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/03/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/03/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/03/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/03/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/03/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/03/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/03/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	11/03/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/04/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/04/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/04/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/04/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/04/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/04/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/04/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	11/04/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/04/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/04/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/04/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/04/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/04/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/05/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/05/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/05/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/05/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/05/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/05/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/05/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/05/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/05/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/05/2020	7955	250	EYE LUBRICANT OINTMENT 3.5 G TUBE	1	15.00
0250	11/05/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/05/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/05/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/06/2020	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	15.00
0250	11/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/06/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/06/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/06/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/06/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/06/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/06/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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 Account Class: Inpatient Discharge Date: 02/03/21
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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/06/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/06/2020	7955	250	PROPOFOL 10 MG/ML EMULSION 100 ML VIAL	100	35.00
0250	11/06/2020	7955	250	FENTANYL (PF) 50 MCG/ML SOLN	1	15.00
0250	11/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/06/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	11/06/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/06/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/06/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/06/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/06/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/07/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/07/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/07/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	11/07/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/07/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/07/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/07/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/07/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/07/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/07/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/07/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/07/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	11/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/08/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/08/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/08/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/08/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/08/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/08/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/08/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/08/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	11/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/08/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/08/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/08/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/08/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/08/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/09/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	11/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/09/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/09/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/09/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/09/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/09/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/09/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/09/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/09/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/09/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/09/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

AIDHC Hospital Billing
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	11/09/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/09/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/09/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/10/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/10/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/10/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/10/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

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0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/10/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/10/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/10/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/10/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/11/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/11/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/11/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/11/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/11/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/11/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	11/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/11/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/11/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/11/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/11/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/11/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/11/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/11/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/12/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/12/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/12/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/12/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00

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0250	11/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/12/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/12/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/12/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/12/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/12/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/12/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/13/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/13/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00

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0250	11/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/13/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/13/2020	7955	250	DEXTROSE 5 % SOLN 250 ML FLEX CONT	1	15.00
0250	11/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/13/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/13/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/13/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/13/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/13/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/13/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/13/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/13/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/13/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/13/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/13/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/13/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/14/2020	7955	250	DEXMEDETOMIDINE 100 MCG/ML SOLN 2 ML VIAL	1	15.00
0250	11/14/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/14/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSP	1	15.00
0250	11/14/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/14/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/14/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
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0250	11/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/14/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00

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 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/14/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/14/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/14/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/14/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/14/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/15/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/15/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/15/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/15/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/15/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/15/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	11/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/15/2020	7955	250	DEXTOSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/15/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/15/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/15/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/15/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	3	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/15/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	3	15.00
0250	11/16/2020	7955	250	INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	3	15.00
0250	11/16/2020	7955	250	INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/16/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	3	15.00
0250	11/16/2020	7955	250	INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/16/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/16/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/16/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/16/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
0250	11/16/2020	7955	250	INHALATION NEB (BILLING UNIT = 1 MG)		
				SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/16/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/16/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/16/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/16/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/16/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/16/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/16/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/17/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/17/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	11/17/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/17/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/17/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/17/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 %	1	15.00
				NEBU SOLN		
0250	11/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/17/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 %	1	15.00
				NEBU SOLN		
0250	11/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/17/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP	1	15.00
				(BILLING UNIT = 0.5 MG)		
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 %	1	15.00
				NEBU SOLN		
0250	11/17/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/17/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/17/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/17/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	11/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 %	1	15.00
				NEBU SOLN		
0250	11/17/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	11/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/18/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/18/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/18/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/18/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/18/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/18/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/18/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/18/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/18/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/18/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/18/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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0250	11/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/18/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/19/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/19/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/19/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/19/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/19/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSP	1	15.00
0250	11/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/19/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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0250	11/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/19/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/19/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/19/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/19/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/19/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/19/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/20/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/20/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/20/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00

AIDHC Hospital Billing
PO Box 404112
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Ph: (302) 651-4000

GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/20/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/20/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/20/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/20/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00
0250	11/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	11/21/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/21/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/21/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/21/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/21/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/21/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/21/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/21/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/21/2020	7955	250	DEXTROSE 5 % SOLN 50 ML FLEX CONT	1	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	PANCRELIPASE TABS	1	15.00
0250	11/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/22/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/22/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/22/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/22/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/22/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/22/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/22/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/22/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/23/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/23/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/23/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/23/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/23/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/23/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/23/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/23/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/23/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSP	1	15.00
0250	11/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/23/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/24/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/24/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/24/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/24/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/24/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/24/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/24/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/24/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/24/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/25/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/25/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/25/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/25/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/25/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/25/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/25/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/25/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/25/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/25/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/25/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/25/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/26/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/26/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/26/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/26/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/26/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/26/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	11/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/26/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/26/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/26/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/26/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/26/2020	7955	250	HYDROCORTISONE 2.5 % OINTMENT 20 G TUBE	1	15.00
0250	11/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/26/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/27/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/27/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/27/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/27/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/27/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/27/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/27/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/27/2020	7955	250	DTAP-IPV 0.5 ML SUSR 1 EACH VIAL	1	189.00
0250	11/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/27/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/27/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/27/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/27/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/27/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/28/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/28/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/28/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/28/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/28/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/28/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/28/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/28/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/29/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/29/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/29/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/29/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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 PO Box 404112
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 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/29/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/29/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/29/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	11/30/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/30/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/30/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/30/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	11/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/30/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/30/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	11/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	11/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	11/30/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	11/30/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	11/30/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	11/30/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	11/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	11/30/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	11/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	11/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	11/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/01/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/01/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/01/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/01/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/01/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/01/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/01/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/01/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/01/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/01/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/01/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/01/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/01/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/01/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/01/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/01/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/01/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/01/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/01/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/01/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/01/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/01/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/02/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/02/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/02/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/02/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/02/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/02/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/02/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/02/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/02/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/02/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/02/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/02/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/02/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/02/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/02/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/02/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/02/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/02/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/02/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/02/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/02/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/02/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/02/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/02/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/02/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/03/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	12/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/03/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	12/03/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/03/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/03/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/03/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/03/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/03/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/03/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/03/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	12/03/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/03/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/03/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/03/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/03/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/03/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/03/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/03/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/03/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/04/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/04/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/04/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/04/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/04/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/04/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/04/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/04/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/04/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00

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0250	12/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/04/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/04/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/04/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/04/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/04/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/04/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/04/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/04/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/04/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/04/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/04/2020	7955	250	CHLORTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/04/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/04/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/04/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/05/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/05/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/05/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/05/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/05/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/05/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/05/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/05/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/05/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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0250	12/05/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/05/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/05/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/05/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/05/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/05/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/05/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/05/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/05/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/05/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/05/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/05/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/06/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/06/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/06/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/06/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/06/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/06/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/06/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/06/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/06/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/06/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/06/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/06/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/06/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/06/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/06/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/06/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/06/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/06/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/06/2020	7955	250	CHLORTHYIAZIDE 50 MG/ML SUSP	1	15.00

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0250	12/06/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/06/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/06/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/06/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/06/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/07/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/07/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/07/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/07/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/07/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/07/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/07/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/07/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/07/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/07/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/07/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/07/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/07/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/07/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/07/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/07/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/07/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/07/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/07/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/07/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/07/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/07/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/07/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/07/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/08/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/08/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/08/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/08/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/08/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/08/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/08/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/08/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/08/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/08/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/08/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	GLYCOPYLORROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/08/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/08/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/08/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/08/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/08/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	12/08/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/08/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/08/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/08/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/08/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/08/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/08/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/08/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/08/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/08/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/09/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/09/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/09/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/09/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/09/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/09/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/09/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/09/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/09/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/09/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/09/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/09/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/09/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/09/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/09/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/09/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/09/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/09/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/09/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/09/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/09/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/09/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/09/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Lancaster, PA 17601

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/09/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/09/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/10/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/10/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/10/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/10/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/10/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/10/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/10/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/10/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/10/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/10/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/10/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/10/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/10/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/10/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/10/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/10/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/10/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/10/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/10/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/10/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/10/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/10/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	3	15.00
0250	12/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/11/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/11/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/11/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	12/11/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/11/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/11/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/11/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/11/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/11/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/11/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/11/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/11/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/11/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/11/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/11/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/11/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/11/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/11/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/11/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/11/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/11/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/11/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/11/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/11/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/11/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/12/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/12/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/12/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/12/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/12/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/12/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/12/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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Detail Bill for :

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 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/12/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/12/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/12/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/12/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/12/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/12/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/12/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/12/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/12/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/12/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/12/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	12/13/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/13/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/13/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/13/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/13/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/13/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/13/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/13/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/13/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/13/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/13/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/13/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/13/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/13/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/13/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/13/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/13/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/13/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/13/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/13/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/13/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/13/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/13/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/13/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/14/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/14/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/14/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/14/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/14/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/14/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/14/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/14/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/14/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/14/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/14/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/14/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/14/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/14/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/14/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/14/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/14/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/14/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/14/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/14/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/14/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	12/14/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/15/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	12/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/15/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/15/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/15/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/15/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/15/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/15/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5%	2	15.00
				INHALATION NEB (BILLING UNIT = 1 MG)		
0250	12/15/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

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0250	12/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/15/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/15/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/15/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/15/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/15/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/15/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/15/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/15/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/15/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

AIDHC Hospital Billing
 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/16/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/16/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/16/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/16/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/16/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/16/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/16/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/16/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/16/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/16/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/16/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/16/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/16/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/16/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/16/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/16/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/16/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/16/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/17/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/17/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/17/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/17/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/17/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/17/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/17/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/17/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/17/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/17/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/17/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/17/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/17/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/17/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/17/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/17/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/17/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/17/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/17/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/17/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/17/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/17/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/18/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/18/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/18/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/18/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/18/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/18/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/18/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/18/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/18/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/18/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	12/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/18/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/18/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/18/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/18/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/18/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/18/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/18/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/18/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/18/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/18/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/18/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/18/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/19/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/19/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/19/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/19/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/19/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/19/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/19/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/19/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/19/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/19/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/19/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/19/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	12/19/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/19/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/19/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/19/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/19/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/19/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/19/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/19/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/19/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/19/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/19/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/20/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/20/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/20/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/20/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/20/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00

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 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	12/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/20/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/20/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/20/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/20/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/20/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/20/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/20/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/20/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/20/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/20/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/20/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/20/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/20/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/20/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/20/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

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 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/20/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/20/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/20/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/21/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/21/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/21/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/21/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/21/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/21/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/21/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/21/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/21/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/21/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/21/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/21/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/21/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/21/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/21/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/21/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/21/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/21/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/21/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/21/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/21/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/21/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/21/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/21/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/22/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/22/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/22/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/22/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/22/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/22/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/22/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/22/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/22/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	12/22/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/22/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/22/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/22/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/22/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/22/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/22/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/22/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/22/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/22/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/23/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/23/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/23/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/23/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/23/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/23/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/23/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/23/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/23/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/23/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/23/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/23/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/23/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/23/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/23/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/24/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/24/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/24/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/24/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/24/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/24/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/24/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/24/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/24/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/24/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/24/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/24/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/24/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/24/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/24/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/24/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/24/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	12/25/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/25/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/25/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/25/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/25/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/25/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/25/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/25/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/25/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/25/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/25/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/25/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/25/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/25/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/25/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/25/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/25/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/26/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/26/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/26/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/26/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/26/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	GLYCERIN (INFANT/CHILD) 1 G SUPPOS	1	15.00
0250	12/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/26/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/26/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/26/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/26/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/26/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/26/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/26/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/26/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/26/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/26/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/27/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/27/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/27/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/27/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/27/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/27/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/27/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/27/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/27/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/27/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/27/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/27/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/27/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/27/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/27/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/28/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00

AIDHC Hospital Billing
PO Box 404112
Atlanta, GA 30384-4112
Ph: (302) 651-4000

GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/28/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/28/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/28/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/28/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/28/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/28/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/28/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/28/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/28/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/28/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/28/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/28/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/28/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/28/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/28/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	GLYCOPYLROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	CLONIDINE 0.1 MG/ML SYRUP	1	15.00
0250	12/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/29/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/29/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/29/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/29/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/29/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/29/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/29/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/29/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/29/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/29/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/29/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/29/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/29/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	12/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/30/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/30/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/30/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/30/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/30/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/30/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/30/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	GLYCOPYLORROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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0250	12/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/30/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/30/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/30/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/30/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/30/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/30/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/30/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/30/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	12/30/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/31/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/31/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/31/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/31/2020	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/31/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	12/31/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/31/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00

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0250	12/31/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/31/2020	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	12/31/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/31/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/31/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/31/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/31/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/31/2020	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	12/31/2020	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	12/31/2020	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	12/31/2020	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	12/31/2020	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	12/31/2020	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	12/31/2020	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	12/31/2020	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	12/31/2020	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00

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0250	12/31/2020	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	01/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/01/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/01/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/01/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/01/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/01/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/01/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/01/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/01/2021	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	01/01/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/01/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/01/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/01/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/01/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/01/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/01/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/01/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/01/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/01/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/01/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/02/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/02/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/02/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Detail Bill for :

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/02/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/02/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/02/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/02/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/02/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/02/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/02/2021	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	01/02/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/02/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/02/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/02/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/02/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/02/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/02/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/02/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/03/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/03/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/03/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/03/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/03/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/03/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/03/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/03/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/03/2021	7955	250	LACTULOSE 10 G/15 ML SOLN	3	15.00
0250	01/03/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/03/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/03/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/03/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/03/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/03/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/03/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/03/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/03/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/03/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/03/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/03/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/03/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/03/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/04/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/04/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/04/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/04/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/04/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/04/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/04/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/04/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/04/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/04/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/04/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/04/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/04/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/04/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/04/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/04/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/04/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/04/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/04/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/04/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/04/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/04/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/04/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/04/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/04/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/04/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/04/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/04/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/04/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/04/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/04/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/05/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/05/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/05/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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0250	01/05/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/05/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/05/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/05/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/05/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/05/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/05/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/05/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/05/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/05/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/05/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/05/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/05/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/05/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/05/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/05/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/05/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/05/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/05/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/05/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/05/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/05/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/05/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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0250	01/05/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/05/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/05/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/05/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/05/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/05/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/05/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
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0250	01/06/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/06/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/06/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/06/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/06/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/06/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/06/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/06/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/06/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/06/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/06/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/06/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/06/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/06/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/06/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/06/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/06/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/06/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/06/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/06/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/06/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/06/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/06/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/06/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/06/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/07/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/07/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/07/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/07/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/07/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/07/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/07/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/07/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/07/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/07/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/07/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/07/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/07/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/07/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/07/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/07/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00

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0250	01/07/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/07/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/07/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/07/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/07/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/07/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/07/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/07/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/07/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/07/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/07/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/07/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/07/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/07/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/07/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/08/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/08/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/08/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/08/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/08/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/08/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/08/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/08/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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0250	01/08/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/08/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/08/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/08/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/08/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/08/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/08/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/08/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/08/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/08/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/08/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/08/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/08/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/08/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/08/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/08/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/08/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/08/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/08/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/08/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/09/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/09/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/09/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/09/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/09/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/09/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	01/09/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/09/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/09/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/09/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/09/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/09/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/09/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/09/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/09/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/09/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/09/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/09/2021	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/09/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/09/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/09/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/09/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/09/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/09/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/09/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/09/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/09/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/09/2021	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/10/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

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0250	01/10/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/10/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/10/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/10/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/10/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/10/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/10/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/10/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/10/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/10/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/10/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/10/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/10/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/10/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/10/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/10/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/10/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/10/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/10/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/10/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/10/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/10/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/10/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/10/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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0250	01/11/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/11/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/11/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/11/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/11/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/11/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
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0250	01/11/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/11/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/11/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/11/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
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0250	01/11/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/11/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/11/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/11/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/11/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/11/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/11/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/11/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/11/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/11/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

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0250	01/11/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/12/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/12/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/12/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/12/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/12/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/12/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/12/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/12/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/12/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/12/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/12/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/12/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/12/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/12/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/12/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/12/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/12/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/12/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/12/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/12/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER

51965685

GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code	Qty	Amount
0250	01/12/2021	7955	250 CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/12/2021	7955	250 BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/12/2021	7955	250 ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/13/2021	7955	250 GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/13/2021	7955	250 ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/13/2021	7955	250 SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/13/2021	7955	250 BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/13/2021	7955	250 ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/13/2021	7955	250 GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/13/2021	7955	250 FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/13/2021	7955	250 FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/13/2021	7955	250 ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/13/2021	7955	250 COLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/13/2021	7955	250 CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/13/2021	7955	250 CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/13/2021	7955	250 CLONIDINE 0.2 MG TABS	1	15.00
0250	01/13/2021	7955	250 ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/13/2021	7955	250 ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/13/2021	7955	250 SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/13/2021	7955	250 GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/13/2021	7955	250 BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/13/2021	7955	250 ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/13/2021	7955	250 FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/13/2021	7955	250 CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	01/13/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/13/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/13/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/13/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/13/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/14/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/14/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/14/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/14/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/14/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/14/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/14/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/14/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/14/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/14/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/14/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/14/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/14/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/14/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/14/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/14/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/14/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/14/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/14/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	01/14/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/14/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/14/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/15/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/15/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/15/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/15/2021	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	16.00
0250	01/15/2021	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE WITH POTASSIUM CHLORIDE 20 MEQ/L 20-5-0.9 MEQ/L-%-% SOLN	1	16.00
0250	01/15/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/15/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/15/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/15/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/15/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/15/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/15/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/15/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/15/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/15/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/15/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/15/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/15/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/15/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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 110 Saint Thomas Rd
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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/15/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/15/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/15/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/15/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/15/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/15/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/16/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/16/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/16/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/16/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/16/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/16/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/16/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/16/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/16/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/16/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/16/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/16/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/16/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/16/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/16/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/16/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/16/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/16/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/16/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/16/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/16/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/16/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/16/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/16/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/16/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/17/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/17/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/17/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/17/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/17/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/17/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/17/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/17/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/17/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/17/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/17/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/17/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/17/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/17/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/17/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/17/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/17/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/17/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/17/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/17/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/17/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/17/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/17/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/17/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/17/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/17/2021	7955	250	GLYCOPHYROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/18/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/18/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/18/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/18/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/18/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/18/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/18/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/18/2021	7955	250	GLYCOPHYROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/18/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/18/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/18/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/18/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/18/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/18/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/18/2021	7955	250	GLYCOPHYROLATE 0.2 MG/ML SOLN	1	15.00

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Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/18/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/18/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/18/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/18/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/18/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/18/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/19/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/19/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/19/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/19/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/19/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/19/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/19/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/19/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/19/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/19/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/19/2021	7955	250	CLONIDINE 0.2 MG TABS	1	15.00
0250	01/19/2021	7955	250	MORPHINE SULFATE 2 MG/ML SOLN	1	15.00
0250	01/19/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/19/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/19/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/19/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/19/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/19/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/19/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/19/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/19/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/20/2021	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/20/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/20/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/20/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/20/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/20/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/20/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/20/2021	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/20/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/20/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/20/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/20/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/20/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/20/2021	7955	250	GLYCOPYRRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/20/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/20/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/20/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/20/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/20/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/20/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/20/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/20/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/20/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/21/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/21/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/21/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/21/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/21/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/21/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/21/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/21/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/21/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/21/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/21/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/21/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/21/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/21/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/21/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/21/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/21/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/21/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/21/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/21/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/21/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/21/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/21/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/21/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/22/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/22/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/22/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/22/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/22/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/22/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/22/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/22/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/22/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/22/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/22/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/22/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/22/2021	7955	250	GLYCOPYRROLATE 0.2 MG/ML SOLN	1	15.00
0250	01/22/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/22/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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 110 Saint Thomas Rd
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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/22/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/22/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/22/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/22/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/22/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/22/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/22/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/22/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/22/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/22/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/23/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/23/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/23/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/23/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/23/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/23/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/23/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/23/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/23/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/23/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/23/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/23/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/23/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/23/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/23/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/23/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/23/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/23/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/23/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/23/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/23/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/23/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/24/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/24/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/24/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/24/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/24/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/24/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/24/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/24/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/24/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/24/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/24/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/24/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/24/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/24/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/24/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
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0250	01/24/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/24/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/24/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/24/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/24/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/24/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/24/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/24/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/24/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/24/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/25/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/25/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/25/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/25/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/25/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/25/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/25/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/25/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/25/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/25/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/25/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/25/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/25/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/25/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/25/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/25/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/25/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/25/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/25/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/25/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/25/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/25/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/25/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/25/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/26/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/26/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/26/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/26/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/26/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/26/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/26/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/26/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/26/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/26/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/26/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/26/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/26/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/26/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0250	01/26/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/26/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/26/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/26/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/26/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/26/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/26/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/26/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/27/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/27/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/27/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/27/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/27/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/27/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/27/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/27/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/27/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/27/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/27/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/27/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/27/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/27/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/27/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/27/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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0250	01/27/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/27/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/27/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/27/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/27/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/27/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/27/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/27/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/28/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/28/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/28/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/28/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/28/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/28/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/28/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/28/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/28/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/28/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/28/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/28/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/28/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
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0250	01/28/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/28/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/28/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/28/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/28/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/28/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/28/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/28/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/29/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/29/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/29/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
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0250	01/29/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/29/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/29/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/29/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/29/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/29/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/29/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/29/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/29/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
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0250	01/29/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/29/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/29/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/29/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/29/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/29/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/29/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/29/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/29/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/29/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/30/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/30/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/30/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/30/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/30/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/30/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/30/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	01/30/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/30/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/30/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/30/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/30/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/30/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
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0250	01/30/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/30/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	01/30/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/30/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	01/30/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/30/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	01/30/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	01/30/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	01/31/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	01/31/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	01/31/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	01/31/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
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0250	01/31/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	01/31/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
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0250	01/31/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	02/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	02/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	02/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/01/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	02/01/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
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0250	02/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/01/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	02/01/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	02/01/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
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0250	02/01/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00

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 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	02/01/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	02/01/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	02/01/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	02/01/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	02/01/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	02/01/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/01/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	02/01/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	02/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	02/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	02/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/02/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	02/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	02/02/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	02/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	02/02/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	02/02/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	02/02/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	02/02/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	02/02/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	02/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/02/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	02/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	02/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	02/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/02/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	02/02/2021	7955	250	CHLORHEXIDINE 0.12 % SOLN	15	15.00
0250	02/02/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0250	02/02/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	02/02/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/02/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	02/02/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	02/02/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	02/02/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	02/03/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/03/2021	7955	250	GLYCOPYRROLATE 4 MG/20 ML SOLN	1	15.00
0250	02/03/2021	7955	250	ALBUTEROL SULFATE (5 MG/ML) 0.5% INHALATION NEB (BILLING UNIT = 1 MG)	2	15.00
0250	02/03/2021	7955	250	SODIUM CHLORIDE **HYPERTONIC** 3 % NEBU SOLN	1	15.00
0250	02/03/2021	7955	250	BUDESONIDE 0.5 MG/2ML INHALATION SUSP (BILLING UNIT = 0.5 MG)	1	15.00
0250	02/03/2021	7955	250	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	15.00
0250	02/03/2021	7955	250	CHLOROTHIAZIDE 50 MG/ML SUSP	1	15.00
0250	02/03/2021	7955	250	CHOLECALCIFEROL 400 UNITS (10 MCG)/ML LIQUID	3	15.00
0250	02/03/2021	7955	250	ERYTHROMYCIN ETHYLSUCCINATE 200 MG/5 ML SUSR	1	15.00
0250	02/03/2021	7955	250	FAMOTIDINE 40 MG/5 ML SUSR	1	15.00
0257	10/05/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/06/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/06/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/07/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/07/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/08/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	10/09/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/10/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/11/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/12/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/12/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/13/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/14/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/15/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/16/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/16/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/17/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/17/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/18/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/19/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/20/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/21/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/21/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/22/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	10/23/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/23/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/24/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/25/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/25/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/26/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/26/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/27/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/27/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/28/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/28/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/29/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	10/29/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	10/30/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/31/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	10/31/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/01/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/01/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/02/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/03/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/03/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/04/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/04/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/05/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/05/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/06/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/06/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/07/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/08/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/08/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/09/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/09/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/10/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/10/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/11/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/11/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0257	11/12/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/12/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/13/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/13/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/13/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/14/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/14/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/15/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/15/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/16/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/16/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/17/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/17/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/18/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/18/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	11/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/19/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/19/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/20/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/20/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/21/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/21/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/22/2020	7955	257	SODIUM BICARBONATE 650 MG TABS	1	15.00
0257	11/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/22/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/22/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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0257	11/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/23/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/23/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/24/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/24/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/25/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/25/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/26/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/26/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

AIDHC Hospital Billing
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	11/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/27/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/27/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/28/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/29/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/29/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	11/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	11/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	11/30/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	11/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	11/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	11/30/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	11/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	11/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/01/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/01/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/01/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/01/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/01/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/01/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/01/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/01/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/01/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/01/2020	7955	257	SENNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/01/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/01/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/02/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/02/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/02/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/02/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/02/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/02/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/02/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/02/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/02/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/02/2020	7955	257	SENNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/02/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/02/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/03/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/03/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/03/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/03/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/03/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/03/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/03/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/03/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/03/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/03/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/03/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/04/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/04/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/04/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/04/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/04/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/04/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/04/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/04/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/04/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/04/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/05/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/05/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/05/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/05/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/05/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/05/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/05/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/05/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/05/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/06/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/06/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/06/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/06/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/06/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/06/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/06/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/06/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/06/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/06/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/07/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/07/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0257	12/07/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/07/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/07/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/07/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/07/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/07/2020	7955	257	SENNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/07/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/07/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/08/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/08/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/08/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/08/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/08/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/08/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/08/2020	7955	257	SENNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/08/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/08/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/09/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/09/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/09/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/09/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/09/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/09/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/09/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/09/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/09/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/10/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/10/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/10/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/10/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/10/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/10/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/10/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/10/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/10/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/10/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/11/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/11/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/11/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/11/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/11/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/11/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/11/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/11/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/11/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/11/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/12/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/12/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/12/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/12/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/12/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/12/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/12/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/12/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/12/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/12/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/13/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/13/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/13/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/13/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/13/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/13/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/13/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/13/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/13/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/13/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/14/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/14/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/14/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/14/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/14/2020	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	12/14/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/14/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/14/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/14/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/14/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/15/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/15/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/15/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/15/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/15/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/15/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/15/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/15/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/15/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/15/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/16/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/16/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/16/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/16/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/16/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/16/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/16/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/17/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/17/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/17/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/17/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/17/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

AIDHC Hospital Billing
 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/17/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/17/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/17/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/18/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/18/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/18/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/18/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/18/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/18/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/18/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/18/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/19/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/19/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/19/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/19/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/19/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/19/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/19/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/19/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/20/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/20/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/20/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/20/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/20/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/20/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/20/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/21/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/21/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/21/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/21/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/21/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/21/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/21/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/21/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/22/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/22/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/22/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/22/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/22/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/22/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/23/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/23/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/23/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/23/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/23/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/23/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/24/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/24/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/24/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/24/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/24/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/24/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/24/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/25/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/25/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/25/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/25/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/25/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/25/2020	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	12/25/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/26/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/26/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/26/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/26/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/26/2020	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	12/26/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/26/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/27/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/27/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/27/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/27/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/27/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/27/2020	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	12/28/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/28/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/28/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/28/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/28/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	12/28/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/28/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/29/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/29/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/29/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/29/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/29/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/29/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/29/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/30/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/30/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/30/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/30/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/31/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/31/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/31/2020	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	12/31/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/31/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/31/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	12/31/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/31/2020	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	12/31/2020	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	12/31/2020	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/01/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/01/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/01/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/01/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	01/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/01/2021	7955	257	ZINC OXIDE 40 % PASTE 113 G TUBE	1	17.00
0257	01/01/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/01/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/02/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/02/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/02/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/02/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/02/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/02/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/03/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/03/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/03/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/03/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/03/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/03/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/03/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/03/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/04/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/04/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/04/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/04/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/04/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/04/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/04/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/04/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/05/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/05/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/05/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/05/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	01/05/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/05/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/05/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/05/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/05/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/06/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/06/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/06/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/06/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/06/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/06/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/06/2021	7955	257	SENNa 8.8 MG/5 ML SYRUP	3	15.00
0257	01/06/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/07/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/07/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/07/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/07/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/07/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/07/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/07/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/07/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/07/2021	7955	257	SENNa 8.8 MG/5 ML SYRUP	3	15.00
0257	01/07/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/08/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/08/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/08/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/08/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/08/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/08/2021	7955	257	SENNa 8.8 MG/5 ML SYRUP	3	15.00
0257	01/08/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/08/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/09/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/09/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/09/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/09/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/09/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/09/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/09/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

AIDHC Hospital Billing
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GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	01/09/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/09/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/10/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/10/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/10/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/10/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/10/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/10/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/10/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/10/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/11/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/11/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/11/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/11/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/11/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/11/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/11/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/11/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/12/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/12/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/12/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/12/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/12/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/12/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/12/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/13/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/13/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/13/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/13/2021	7955	257	SIMPLE SYRUP SYRUP	1	15.00
0257	01/13/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/13/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/13/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/14/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/14/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/14/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/14/2021	7955	257	ZINC OXIDE 40 % PASTE 113 G TUBE	1	17.00
0257	01/14/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/14/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	01/14/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/15/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/15/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/15/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/15/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/15/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/15/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/16/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/16/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/16/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/16/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/16/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/16/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/17/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/17/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/17/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/17/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/17/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/17/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/18/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/18/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/18/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/18/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/18/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/18/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/19/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/19/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/19/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/19/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/19/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/20/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/20/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/20/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/20/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/20/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	01/20/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/21/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/21/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/21/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/21/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/21/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/21/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/22/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/22/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/22/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/22/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/22/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/22/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/23/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/23/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/23/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/23/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/23/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/23/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/24/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/24/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/24/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/24/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/24/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/24/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/25/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/25/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/25/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/25/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/25/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/26/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/26/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/26/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/26/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/26/2021	7955	257	SENNNA 8.8 MG/5 ML SYRUP	3	15.00
0257	01/26/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	01/27/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/27/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/27/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/27/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/27/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/27/2021	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	01/28/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/28/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/28/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/28/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/28/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/28/2021	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	01/29/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/29/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/29/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/29/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/29/2021	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	01/29/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/30/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/30/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/30/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/30/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/30/2021	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	01/30/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/31/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/31/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	01/31/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/31/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	01/31/2021	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	01/31/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/01/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/01/2021	7955	257	SENNΑ 8.8 MG/5 ML SYRUP	3	15.00
0257	02/01/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0257	02/02/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/02/2021	7955	257	SENNA 8.8 MG/5 ML SYRUP	3	15.00
0257	02/02/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/03/2021	7955	257	SIMETHICONE 40 MG/0.6 ML SUSP	1	15.00
0257	02/03/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0270	10/26/2020	7630	2073830	CT PICC/NON CT PICC	1	1,579.00
0270	11/06/2020	7965	0332171	TRACH BIVONA CUFFED	4	4,356.00
0270	11/11/2020	7965	0332171	TRACH BIVONA CUFFED	4	4,356.00
0270	12/12/2020	7965	0332171	TRACH BIVONA CUFFED	1	1,089.00
0272	11/06/2020	7710	0709998	TRACH TTS BIV FLEXTEND PED 3.5	1	582.00
0300	09/30/2020	7135	2303253	DONOR UNIT SICKLE CELL TEST	1	91.00
0300	10/14/2020	7135	2303253	DONOR UNIT SICKLE CELL TEST	1	91.00
0300	10/28/2020	7135	2303253	DONOR UNIT SICKLE CELL TEST	1	91.00
0300	11/06/2020	7135	2303253	DONOR UNIT SICKLE CELL TEST	1	91.00
0300	11/08/2020	7120	9036565	ID MALDIT OF MASS SPEC	1	156.00
0300	11/08/2020	7120	9036565	ID MALDIT OF MASS SPEC	1	156.00
0300	01/19/2021	7110	9018607	PROCALCITONIN NEMOURS	1	177.00
0300	01/19/2021	7120	9036565	ID MALDIT OF MASS SPEC	1	164.00
0300	01/19/2021	7965	9054823	COLLECTION COVID TEST	1	75.00
0301	09/28/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	09/29/2020	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	318.00
0301	09/29/2020	7110	2113991	MAGNESIUM	1	181.00
0301	09/29/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	09/29/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	09/29/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	09/29/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	09/30/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	09/30/2020	7110	2113991	MAGNESIUM	1	181.00
0301	09/30/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	09/30/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/01/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/01/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/01/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/01/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/02/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00

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 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0301	10/02/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/02/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/02/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/02/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/03/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/03/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/03/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/03/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/04/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/05/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/05/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/05/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/05/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/05/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/06/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/07/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/07/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/07/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/07/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/08/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/09/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/09/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/09/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/09/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/10/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/10/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/11/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/12/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/12/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/12/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/12/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/13/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/13/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/14/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/15/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/15/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/15/2020	7110	2116663	PHOSPHORUS	1	160.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0301	10/15/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/19/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/19/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/19/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/19/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/22/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/22/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/22/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/22/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/26/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/26/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/26/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/26/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/28/2020	7110	2103273	CALCIUM URINE	1	164.00
0301	10/28/2020	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	318.00
0301	10/28/2020	7110	2105278	CREATININE URINE	1	164.00
0301	10/28/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/28/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/28/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/28/2020	7145	1122217	VITAMIN D 1 25	1	88.00
0301	10/28/2020	7145	1122225	VITAMIN D 25	1	61.00
0301	10/29/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/30/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/30/2020	7110	2113991	MAGNESIUM	1	181.00
0301	10/30/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	10/30/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/30/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/31/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	10/31/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	10/31/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/01/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/02/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/02/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/02/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/02/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/03/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/03/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0301	11/05/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/05/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/05/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/05/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/08/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/08/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/08/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/10/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/10/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/10/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/11/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/12/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/12/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/12/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/12/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/13/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/16/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/16/2020	7110	2113801	LIPASE	1	185.00
0301	11/16/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/16/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/16/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/19/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/19/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/19/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/19/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/23/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/23/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/23/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/23/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/26/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/26/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/26/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/26/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	11/30/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	11/30/2020	7110	2113991	MAGNESIUM	1	181.00
0301	11/30/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	11/30/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0301	12/02/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/02/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/03/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/03/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/03/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/03/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/03/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/07/2020	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	318.00
0301	12/07/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/07/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/07/2020	7110	2118602	IRON	1	170.00
0301	12/07/2020	7110	2120350	TOTAL IRON BINDING CAPACITY (TIBC)	1	237.00
0301	12/07/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/08/2020	7145	1150093	PYRUVATE KINASE REFERRED	1	163.00
0301	12/08/2020	7145	2311009	G6PDH SCREEN REFERRED	1	113.00
0301	12/10/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/10/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/10/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/10/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/11/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/12/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/12/2020	7110	2115756	POINT OF CARE GLUCOSE	1	53.00
0301	12/14/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/14/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/14/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/14/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/17/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/17/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/17/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/17/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/21/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/21/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/21/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/21/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/24/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/24/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/24/2020	7110	2116663	PHOSPHORUS	1	160.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0301	12/24/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/28/2020	7110	2103273	CALCIUM URINE	1	164.00
0301	12/28/2020	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	318.00
0301	12/28/2020	7110	2105278	CREATININE URINE	1	164.00
0301	12/28/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/28/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/28/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	12/28/2020	7145	1122217	VITAMIN D 1 25 REFERRED	1	88.00
0301	12/28/2020	7145	1122225	VITAMIN D 25 REFERRED	1	61.00
0301	12/29/2020	7110	2103281	CALCIUM IONIZED	1	197.00
0301	12/30/2020	7110	2103281	CALCIUM IONIZED	1	197.00
0301	12/31/2020	7110	2101590	BASIC METABOLIC PANEL	1	232.00
0301	12/31/2020	7110	2113991	MAGNESIUM	1	181.00
0301	12/31/2020	7110	2116663	PHOSPHORUS	1	160.00
0301	12/31/2020	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	368.00
0301	01/04/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/04/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/04/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/04/2021	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0301	01/07/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/07/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/07/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/07/2021	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0301	02/01/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	02/01/2021	7110	2113991	MAGNESIUM	1	190.00
0301	02/01/2021	7110	2116663	PHOSPHORUS	1	168.00
0302	09/30/2020	7135	1410026	ANTIBODY SCREENING	1	180.00
0302	10/14/2020	7135	1410026	ANTIBODY SCREENING	1	180.00
0302	10/28/2020	7135	1410026	ANTIBODY SCREENING	1	180.00
0302	11/06/2020	7135	1410026	ANTIBODY SCREENING	1	180.00
0302	12/03/2020	7110	2102457	C REACTIVE PROTEIN	1	129.00
0302	01/19/2021	7110	2102457	C REACTIVE PROTEIN	1	135.00
0305	09/29/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	09/30/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/01/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/03/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/05/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0305	10/08/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/12/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/14/2020	7115	2311504	HEMOGLOBIN	1	46.00
0305	10/14/2020	7115	2312007	HEMATOCRIT	1	53.00
0305	10/15/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/19/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/22/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/26/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/28/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	10/29/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/02/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/03/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/05/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/06/2020	7115	2300101	ACTIVATED PARTIAL PROTHROMBIN	1	164.00
0305	11/06/2020	7115	2311504	HEMOGLOBIN	1	46.00
0305	11/06/2020	7115	2312007	HEMATOCRIT	1	53.00
0305	11/06/2020	7115	2316503	PROTHROMBIN TIME	1	164.00
0305	11/08/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/12/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/16/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/19/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/23/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/26/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	11/30/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/03/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/03/2020	7115	2304509	ESR WESTERGREN METHOD	1	134.00
0305	12/07/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/07/2020	7115	9042622	RETICULOCYTE COUNT	1	117.00
0305	12/10/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/14/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/17/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/21/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/21/2020	7115	9042622	RETICULOCYTE COUNT	1	117.00
0305	12/24/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/28/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	12/31/2020	7115	2301604	CBC WITH DIFFERENTIAL	1	91.00
0305	01/04/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0305	01/07/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	02/01/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0306	09/28/2020	7120	9009200	RESPIRATORY VIRUS PCR AMPLIFIED PROB 12-25 TARGETS	1	497.00
0306	09/28/2020	7120	9009218	CHLAMYDIA PNEUMONIAE AMP PROB	1	29.00
0306	09/28/2020	7120	9041998	RESPIRATORY PANEL BORDETELLA PERTUSIS PCR	1	29.00
0306	09/28/2020	7120	9042006	RESPIRATORY PANEL MYCOPLASMA PNEUMONIAE PCR	1	29.00
0306	11/08/2020	7120	3112638	STAPH AUREUS METHICILLIN RESISTANT PCR	1	287.00
0306	11/08/2020	7120	9009200	RESPIRATORY VIRUS PCR AMPLIFIED PROB 12-25 TARGETS	1	497.00
0306	11/08/2020	7120	9009218	CHLAMYDIA PNEUMONIAE AMP PROB	1	29.00
0306	11/08/2020	7120	9041998	RESPIRATORY PANEL BORDETELLA PERTUSIS PCR	1	29.00
0306	11/08/2020	7120	9042006	RESPIRATORY PANEL MYCOPLASMA PNEUMONIAE PCR	1	29.00
0306	12/03/2020	7120	9009200	RESPIRATORY VIRUS PCR AMPLIFIED PROB 12-25 TARGETS	1	497.00
0306	12/03/2020	7120	9009218	CHLAMYDIA PNEUMONIAE AMP PROB	1	29.00
0306	12/03/2020	7120	9041998	RESPIRATORY PANEL BORDETELLA PERTUSIS PCR	1	29.00
0306	12/03/2020	7120	9042006	RESPIRATORY PANEL MYCOPLASMA PNEUMONIAE PCR	1	29.00
0306	01/19/2021	7120	9009200	RESPIRATORY VIRUS PCR AMPLIFIED PROB 12-25 TARGETS	1	522.00
0306	01/19/2021	7120	9009218	CHLAMYDIA PNEUMONIAE AMP PROB	1	30.00
0306	01/19/2021	7120	9041998	RESPIRATORY PANEL BORDETELLA PERTUSIS PCR	1	30.00
0306	01/19/2021	7120	9042006	RESPIRATORY PANEL MYCOPLASMA PNEUMONIAE PCR	1	30.00
0307	10/28/2020	7120	3104734	URINALYSIS AUTOMATED W/O MICRO	1	135.00
0307	11/03/2020	7120	3104734	URINALYSIS AUTOMATED W/O MICRO	1	135.00
0307	12/28/2020	7120	3107802	URINALYSIS AUTOMATED W/M ICRO	1	149.00
0309	09/29/2020	7120	3104163	CULTURE BACTERIAL	1	263.00
0309	09/30/2020	7135	1441063	SPLIT STERILE DOCK PROCEDURE	1	198.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0309	10/14/2020	7135	1441063	SPLIT STERILE DOCK PROCEDURE	1	198.00
0309	10/28/2020	7135	1441063	SPLIT STERILE DOCK PROCEDURE	1	198.00
0309	11/03/2020	7120	3104155	CULTURE BACTERIAL,BLOOD OR BM	1	347.00
0309	11/03/2020	7120	3104163	CULTURE BACTERIAL	1	263.00
0309	11/03/2020	7120	3104197	CULTURE BACTERIAL QUANT URINE	1	252.00
0309	11/06/2020	7135	1441063	SPLIT STERILE DOCK PROCEDURE	1	198.00
0309	11/08/2020	7120	3104155	CULTURE BACTERIAL,BLOOD OR BM	1	347.00
0309	11/08/2020	7120	3104163	CULTURE BACTERIAL	1	263.00
0309	11/08/2020	7120	3104650	SUSCEP MIC 2 CARDS	1	119.00
0309	11/08/2020	7120	3104650	SUSCEP MIC 2 CARDS	1	119.00
0309	12/03/2020	7120	3104155	CULTURE BACTERIAL,BLOOD OR BM	1	347.00
0309	12/03/2020	7120	3104163	CULTURE BACTERIAL	1	263.00
0309	01/19/2021	7120	3104155	CULTURE BACTERIAL,BLOOD OR BM	1	364.00
0309	01/19/2021	7120	3104163	CULTURE BACTERIAL	1	276.00
0309	01/19/2021	7120	3104197	CULTURE BACTERIAL QUANT URINE	1	265.00
0309	01/19/2021	7120	3104650	SUSCEP MIC 2 CARDS	1	125.00
0320	09/27/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	09/27/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	09/29/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	09/30/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	09/30/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/01/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/02/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/02/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/03/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/04/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00

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Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0320	10/05/2020	7615	2035921	RADIOLOGIC EXAMINATION LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	1	322.00
0320	10/05/2020	7615	9030174	FEMUR MINIMUM 2 VIEWS	1	293.00
0320	10/05/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/06/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/07/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/08/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/08/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/09/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/10/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/11/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/11/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	10/12/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/12/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/13/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/14/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/15/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/15/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/15/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	10/17/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0320	10/19/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/20/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/21/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/22/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/23/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/24/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/25/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/25/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/26/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/26/2020	7630	2071785	FLUORO GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACE/REPLACE/REMOVE	1	990.00
0320	10/27/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/28/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/29/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/29/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	10/30/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/30/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	10/30/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	10/31/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00

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0320	11/01/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/01/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/02/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/03/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/03/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	11/04/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/05/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/06/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/07/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/10/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/10/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/11/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/11/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	11/22/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	11/25/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	11/26/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	12/03/2020	7615	2030906	RADIOLOGIC EXAMINATION FOREARM 2 VIEWS	1	162.00
0320	12/03/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0320	12/07/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	12/12/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	12/24/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	12/26/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	12/26/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	12/29/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	12/30/2020	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	130.00
0320	12/30/2020	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	159.00
0320	01/15/2021	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	137.00
0320	01/19/2021	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	137.00
0320	01/19/2021	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	167.00
0320	01/25/2021	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	167.00
0320	01/29/2021	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	167.00
0340	10/15/2020	7610	2212629	GASTROESOPHAGEAL REFLUX STUDY	1	1,962.00
0340	10/15/2020	7610	2212645	GASTRIC EMPTYING IMAGE STUDY SOLID/LIQUID/BOTH	1	2,101.00
0343	10/15/2020	7610	343	TECHNETIUM TC 99M SULFUR COLLOID 20 MCI INJECTION	1	29.00
0360	09/29/2020	6055	4054122	INSERT ARTERIAL CATHETER FOR SAMPLING PERC	1	446.00
0360	10/26/2020	7630	9004136	INSERT TUNNELED CVL W/O PORT OR PUMP < 5 YEARS	1	18,199.00
0360	11/03/2020	6055	4919858	INTUBATION ENDOTRACHEAL	1	1,257.00
0360	11/06/2020	7710	0750000	OR CHARGE IF FIRST HALF HOUR	1	4,808.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0360	11/06/2020	7710	0750018	OR CHARGE IE ACH ADDTL HALF HOUR	1	2,138.00
0360	11/06/2020	7965	9020661	BRONCHOSCOPY	1	5,125.00
0360	11/19/2020	7965	0332633	TRACHEOBRONCHOSCOPY THROUGH TRACH INCISION	1	3,222.00
0370	11/06/2020	7005	2752004	ANESTHESIA FIRST HALF HOUR	1	1,287.00
0370	11/06/2020	7005	2752012	ANESTHESIA EACH ADDITIONAL HALF HOUR	4	3,344.00
0390	09/30/2020	7135	1412006	BLOOD TYPING SEROLOGIC ABO	1	138.00
0390	09/30/2020	7135	1440056	RH (D)	1	138.00
0390	09/30/2020	7135	1440353	PPF IRRADIATED LEUKOREDUCED RED CELL ALIQUOT	1	154.00
0390	09/30/2020	7135	9044472	CROSSMATCH IMMEDIATE SPIN X 1	1	314.00
0390	10/14/2020	7135	1412006	BLOOD TYPING SEROLOGIC ABO	1	138.00
0390	10/14/2020	7135	1440056	RH (D)	1	138.00
0390	10/14/2020	7135	1440353	PPF IRRADIATED LEUKOREDUCED RED CELL ALIQUOT	1	154.00
0390	10/14/2020	7135	9044480	CROSSMATCH ELECTRONIC X 1	1	156.00
0390	10/28/2020	7135	1412006	BLOOD TYPING SEROLOGIC ABO	1	138.00
0390	10/28/2020	7135	1440056	RH (D)	1	138.00
0390	10/28/2020	7135	1440353	PPF IRRADIATED LEUKOREDUCED RED CELL ALIQUOT	1	154.00
0390	10/28/2020	7135	9044480	CROSSMATCH ELECTRONIC X 1	1	156.00
0390	11/06/2020	7135	1412006	BLOOD TYPING SEROLOGIC ABO	1	138.00
0390	11/06/2020	7135	1440056	RH (D)	1	138.00
0390	11/06/2020	7135	1440353	PPF IRRADIATED LEUKOREDUCED RED CELL ALIQUOT	1	154.00
0390	11/06/2020	7135	9044480	CROSSMATCH ELECTRONIC X 1	1	156.00
0390	11/06/2020	7135	9044480	CROSSMATCH ELECTRONIC X 1	1	156.00
0402	09/30/2020	7620	2065456	ECHOENCEPHALOGRAPHY	1	922.00
0402	10/26/2020	7630	2071793	ULTRASOUND GUIDANCE VASCULAR ACCESS REQ EVAL OF POTENTIAL ACCESS SITES	1	593.00
0402	01/25/2021	7620	2065001	ULTRASOUND SOFT TISSUES OF HEAD AND NECK	1	712.00
0410	09/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/29/2020	7965	0306928	VENT MANAGEMENT INITIAL	1	5,817.00
0410	09/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	09/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	09/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	09/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	09/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	09/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/01/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/02/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/02/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/02/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/02/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/02/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/02/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/03/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/06/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/08/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/10/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/11/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/12/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/14/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/15/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/15/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/15/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/15/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/15/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
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0410	10/15/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/16/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

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0410	10/16/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/16/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
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0410	10/17/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	10/17/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
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0410	10/17/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/18/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/18/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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0410	10/20/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	10/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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0410	10/21/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	10/22/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	10/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	10/22/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
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 110 Saint Thomas Rd
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ACCOUNT NUMBER: 47233297

Detail Bill for :

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0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/28/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

AIDHC Hospital Billing
 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/29/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	10/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/01/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/01/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/02/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/02/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/03/2020	7965	0306928	VENT MANAGEMENT INITIAL	1	5,817.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/03/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER

51965685

GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/05/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/06/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/07/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	11/11/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

AIDHC Hospital Billing
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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Ph: (302) 651-4000

GUARANTOR NUMBER
51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/17/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/18/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/19/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/21/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/22/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/23/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	11/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	11/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/01/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/02/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/03/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

AIDHC Hospital Billing
 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/04/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/04/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/05/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/05/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/06/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/06/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/07/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/07/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/08/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/08/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/09/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/09/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/10/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/11/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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GUARANTOR NUMBER

51965685

GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/11/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/12/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/12/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/13/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/13/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NAME & ADDRESS

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
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0410	12/13/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/13/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	12/14/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	12/14/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/15/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/15/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	12/16/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/16/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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0410	12/20/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
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0410	12/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
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0410	12/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/20/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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0410	12/21/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
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0410	12/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/24/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/24/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/24/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/24/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/24/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/24/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/25/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

AIDHC Hospital Billing
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/25/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/26/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/26/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/26/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/26/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/26/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/26/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/27/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/27/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/28/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/28/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00

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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/29/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/30/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/30/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/31/2020	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	5,275.00

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 110 Saint Thomas Rd
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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
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Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9032058	AEROSOL/MDI TXN	1	775.00
0410	12/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	12/31/2020	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	775.00
0410	01/01/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00

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 110 Saint Thomas Rd
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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M.D.

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
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0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
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0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/04/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/04/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/05/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/05/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/05/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/05/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/05/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/05/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/05/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/06/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/06/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/06/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/06/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/06/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/06/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/06/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/06/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/06/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/06/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/06/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/06/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/07/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/07/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/07/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/07/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/07/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/07/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/07/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/07/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/07/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00

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GUARANTOR NUMBER
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GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/07/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/07/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/08/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/08/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/08/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/08/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/08/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/08/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/08/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/08/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/08/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/08/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/08/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/09/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/09/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/09/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/09/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/09/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/09/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/09/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/09/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/09/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/09/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/09/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/10/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/10/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/10/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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 110 Saint Thomas Rd
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ACCOUNT NUMBER: 47233297

Detail Bill for :

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Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/10/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/10/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/10/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/10/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/10/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/10/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/11/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/11/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/11/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/11/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/11/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/11/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/11/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/11/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/11/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/11/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/11/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/12/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/12/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/12/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/12/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/12/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/12/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/12/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/12/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/12/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/13/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/13/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/13/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/13/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/13/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/13/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/13/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/13/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/13/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/14/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/14/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/14/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/14/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/14/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/14/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/14/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/14/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/15/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/15/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/15/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/15/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/15/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/15/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/15/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/15/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/15/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/16/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/16/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/16/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/16/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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GUARANTOR NAME & ADDRESS
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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/16/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/16/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/17/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/17/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/17/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/17/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/17/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/17/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/18/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/18/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/18/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/18/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/18/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/18/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/18/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/19/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/19/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/19/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/19/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/19/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/19/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/19/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/19/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/19/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/19/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/19/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/20/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/20/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/20/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/20/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/20/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/20/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/21/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/21/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/21/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/21/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/21/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/21/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/21/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/21/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/21/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/21/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/22/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/22/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/22/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/22/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/22/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/22/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/22/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/22/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/22/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/22/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/23/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/23/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/23/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/23/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/23/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/23/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/23/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/23/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/24/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/24/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/24/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/24/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/24/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/24/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/24/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/24/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/24/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/24/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/25/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/25/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/25/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/25/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/25/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/25/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/25/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/25/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/25/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/26/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/26/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/26/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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0410	01/26/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/26/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/26/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/26/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/27/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/27/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/27/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/27/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/27/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/27/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/28/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/28/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/28/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/28/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/28/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/28/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/28/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/28/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/28/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/29/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/29/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	01/29/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/29/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/29/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/29/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/29/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/29/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/29/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/30/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/30/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/30/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/30/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/30/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/30/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/30/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/31/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	01/31/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/31/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/31/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/31/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	01/31/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	01/31/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/01/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	02/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/01/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00

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Detail Bill for :

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0410	02/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/01/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/02/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	02/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/02/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/02/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0410	02/03/2021	7965	0332007	VENT MANAGEMENT SUBSEQUENT	1	4,484.00
0410	02/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/03/2021	7965	9032058	AEROSOL/MDI TXN	1	814.00
0410	02/03/2021	7965	9039680	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCT PER SESSION	1	814.00
0420	09/30/2020	7987	2933455	ADL/HOME MGT TRAINING IP PT	1	145.00
0420	10/02/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	1	145.00
0420	10/07/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	10/13/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	10/19/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	10/21/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	10/27/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	10/30/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	11/04/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	11/12/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	1	145.00
0420	11/17/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	11/20/2020	7987	2933455	ADL/HOME MGT TRAINING IP PT	1	145.00
0420	11/20/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0420	11/24/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	11/27/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	11/30/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	1	145.00
0420	12/01/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	12/08/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	12/15/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	12/17/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	12/21/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	12/23/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	290.00
0420	12/28/2020	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	3	435.00
0420	01/06/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	3	456.00
0420	01/08/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	3	456.00
0420	01/11/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	3	456.00
0420	01/13/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	304.00
0420	01/18/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	3	456.00
0420	01/22/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	304.00
0420	01/26/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	304.00
0420	01/29/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	8	1,216.00
0420	02/02/2021	7987	2933455	ADL/HOME MGT TRAINING IP PT	2	304.00
0420	02/02/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	1	152.00
0424	09/28/2020	7987	9034181	PT EVALUATION HIGH COMPLEXITY IP	1	986.00
0424	11/11/2020	7987	9034199	PT RE EVALUATION IP	1	820.00
0430	10/05/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00
0430	10/06/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	10/12/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	10/15/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	10/22/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	3	435.00
0430	10/28/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	10/29/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	11/05/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00
0430	11/13/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00
0430	11/18/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	11/19/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	11/23/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	11/25/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	11/30/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00
0430	11/30/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00

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0430	12/07/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	12/11/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	12/16/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	12/18/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	12/22/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	12/23/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00
0430	12/30/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	145.00
0430	12/31/2020	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	290.00
0430	01/04/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	3	456.00
0430	01/07/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	01/12/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	01/15/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	01/19/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	01/20/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	01/21/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	1	152.00
0430	01/25/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	3	456.00
0430	01/27/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	3	456.00
0430	02/01/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	5	760.00
0434	09/28/2020	7987	9034215	OT EVALUATION MODERATE COMPLEXITY IP	1	1,251.00
0434	11/11/2020	7987	9034231	OT RE EVALUATION IP	1	820.00
0441	12/08/2020	7987	9034472	FEEDING THERAPY IP	1	438.00
0441	12/15/2020	7987	9034472	FEEDING THERAPY IP	1	438.00
0441	12/23/2020	7987	9034472	FEEDING THERAPY IP	1	438.00
0441	12/29/2020	7987	9034472	FEEDING THERAPY IP	1	438.00
0441	01/08/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	01/13/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	01/20/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	01/25/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/02/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0444	11/19/2020	7987	9034280	FEEDING EVALUATION IP	1	986.00
0460	09/27/2020	7965	0306803	BIPAP/CPAP MANAGEMENT	1	2,522.00
0460	09/28/2020	7965	0306803	BIPAP/CPAP MANAGEMENT	1	2,522.00
0471	01/15/2021	7910	9054623	AUDITORY EVOKED POTENTIAL THRSHLD EST MULTIPLE FREQ W/I NTERP & RPT	1	1,047.00
0540	02/03/2021	7925	4500047	SPECIALTY CARE AMBULANCE TRANSPORT	1	5,349.00
0540	02/03/2021	7925	4500070	GROUND MILEAGE PER STATUTE MILE	52	1,560.00
0636	09/27/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00

AIDHC Hospital Billing
 PO Box 404112
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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	09/27/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/27/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/28/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/28/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/28/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00
0636	09/28/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	09/28/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	09/28/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/28/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/28/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00
0636	09/28/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/28/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/29/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	09/29/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/29/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/29/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/29/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	09/29/2020	7955	636	ATROPINE 0.4 MG/ML SOLN	10	15.00
0636	09/29/2020	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	09/29/2020	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	09/29/2020	7955	636	EPINEPHRINE 0.1 MG/ML SOSY	1	15.00
0636	09/29/2020	7955	636	EPINEPHRINE 0.1 MG/ML SOSY	1	15.00
0636	09/29/2020	7955	636	EPINEPHRINE 0.1 MG/ML SOSY	1	15.00
0636	09/29/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	09/29/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	09/29/2020	7955	636	FENTANYL 50 MCG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	09/29/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/29/2020	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	09/29/2020	7955	636	KETAMINE 10 MG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	09/29/2020	7955	636	KETAMINE 10 MG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	09/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	09/29/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00
0636	09/29/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	09/29/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	09/29/2020	7955	636	FENTANYL 50 MCG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	FENTANYL 50 MCG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	FENTANYL 50 MCG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	FENTANYL 50 MCG/ML SOLN	1	15.00
0636	09/29/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/29/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	10	15.00
0636	09/29/2020	7955	636	PAPAVERINE HCL 30 MG/ML INJ SOLN (BILLING UNIT = 60 MG)	1	85.00
0636	09/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	09/29/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	09/29/2020	7955	636	FENTANYL 50 MCG/ML SOLN	1	15.00
0636	09/30/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	09/30/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/30/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	09/30/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	09/30/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/30/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	09/30/2020	7955	636	CHLOROTHIAZIDE SODIUM IV SOLR (BILLING UNIT = 500 MG)	1	15.00
0636	09/30/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	09/30/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	09/30/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/30/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	09/30/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	10	15.00
0636	09/30/2020	7955	636	PAPAVERINE HCL 30 MG/ML INJ SOLN (BILLING UNIT = 60 MG)	1	85.00
0636	09/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	09/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	09/30/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00
0636	09/30/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	09/30/2020	7955	636	CHLOROTHIAZIDE SODIUM IV SOLR (BILLING UNIT = 500 MG)	1	15.00
0636	10/01/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	7	15.00
0636	10/01/2020	7955	636	GLYCOPYRROLATE 0.2 MG/ML INJ SOLN (BILLING UNIT = 0.2 MG)	1	15.00
0636	10/01/2020	7955	636	FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	15.00
0636	10/01/2020	7955	636	CHLOROTHIAZIDE SODIUM IV SOLR (BILLING UNIT = 500 MG)	1	15.00
0636	10/01/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00
0636	10/01/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/01/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	10	15.00
0636	10/01/2020	7955	636	PAPAVERINE HCL 30 MG/ML INJ SOLN (BILLING UNIT = 60 MG)	1	85.00
0636	10/01/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/02/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	1	15.00

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GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/02/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/02/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	10	15.00
0636	10/02/2020	7955	636	PAPAVERINE HCL 30 MG/ML INJ SOLN (BILLING UNIT = 60 MG)	1	85.00
0636	10/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/02/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/02/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/03/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/03/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/03/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	10	15.00
0636	10/03/2020	7955	636	PAPAVERINE HCL 30 MG/ML INJ SOLN (BILLING UNIT = 60 MG)	1	85.00
0636	10/03/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML VIAL	5	15.00
0636	10/03/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/03/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML VIAL	5	15.00
0636	10/03/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML VIAL	5	15.00
0636	10/04/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00

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GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/04/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/05/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/05/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 500 ML FLEX CONT	1	15.00
0636	10/05/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/05/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/05/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/06/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/07/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/07/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0636	10/07/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/08/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/08/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/08/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/08/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/08/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/09/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/09/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/09/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	2	15.00
0636	10/09/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/09/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/09/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/10/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/10/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/10/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/11/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/11/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/11/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/11/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/11/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/11/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/11/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/12/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/12/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/12/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/12/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/12/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/13/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/13/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/13/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/13/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	2	15.00
0636	10/13/2020	7955	636	ALTEPLASE 50 MG RECON SOLN 1 EACH VIAL	2	537.00
0636	10/13/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/13/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/13/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/13/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/13/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/14/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/14/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/14/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/14/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/14/2020	7955	636	PNEUMOCOCCAL 13-VALENT VACCINE SUSP	1	577.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/14/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/15/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/15/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/15/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/15/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/15/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/15/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/15/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/15/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/16/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/16/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/16/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/16/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/16/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/17/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/17/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/17/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/17/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/17/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/18/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/18/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/18/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/18/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/18/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/18/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/19/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/19/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/19/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/19/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/19/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/19/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/19/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/19/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/20/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/20/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/20/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/20/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	10/20/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/20/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/20/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/21/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/21/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/21/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/21/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/21/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/22/2020	7955	636	ALTEPLASE 100 MG RECON SOLN 1 EACH VIAL	2	537.00
0636	10/22/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/22/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/22/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/22/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/22/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/22/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/22/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/23/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/23/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/23/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/23/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/23/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/24/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
Account Class: Inpatient Discharge Date:02/03/21
Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/24/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/24/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/24/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/24/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/24/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/25/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/25/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/25/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/25/2020	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	10/25/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/25/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/25/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/25/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	10/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/26/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/26/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/26/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/26/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/26/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00

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GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/26/2020	7955	636	LIDOCAINE HCL 1 % INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0636	10/26/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	10/26/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/27/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/27/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/27/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/27/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/27/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/27/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/27/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/27/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/27/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/28/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/28/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/28/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/28/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/28/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/29/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	10/29/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/29/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/29/2020	7955	636	PAMIDRONATE 3 MG/ML SOLN 10 ML VIAL	1	15.00
0636	10/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 10 ML VIAL	3	15.00
0636	10/29/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/29/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/30/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/30/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/30/2020	7955	636	PAMIDRONATE 3 MG/ML SOLN 10 ML VIAL	1	15.00
0636	10/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML VIAL	3	15.00
0636	10/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/30/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/30/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	10/30/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/30/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/30/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/30/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/31/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/31/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	10/31/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00

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ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code		Qty	Amount
0636	10/31/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/31/2020	7955	636	METHYLNALTREXONE 12 MG/0.6 ML SOLN	8	353.00
0636	10/31/2020	7955	636	PAMIDRONATE 3 MG/MIL SOLN 10 ML VIAL	1	15.00
0636	10/31/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	10/31/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	10/31/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	10/31/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	4	15.00
0636	10/31/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/01/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/01/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/01/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	11/01/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/01/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/01/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/01/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	11/01/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	11/01/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/02/2020	7955	636	DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN (BILLING UNIT = 1 MG)	3	15.00
0636	11/02/2020	7955	636	PROPOFOL DRIP AIDHC STD CONC (BILLING UNIT = 10 MG)	50	18.00
0636	11/02/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/02/2020	7955	636	DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN (BILLING UNIT = 1 MG)	3	15.00

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ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
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 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Description Code	Qty	Amount
0636	11/02/2020	7955	636 ATROPINE 0.4 MG/ML SOLN	5	15.00
0636	11/02/2020	7955	636 PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	11/02/2020	7955	636 METHYLNALTREXONE 12 MG/0.6 ML SOLN	8	23.00
0636	11/02/2020	7955	636 DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN (BILLING UNIT = 1 MG)	3	15.00
0636	11/02/2020	7955	636 SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	11/02/2020	7955	636 MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/02/2020	7955	636 DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN (BILLING UNIT = 1 MG)	3	15.00
0636	11/02/2020	7955	636 SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/02/2020	7955	636 LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/02/2020	7955	636 SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	11/03/2020	7955	636 LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/03/2020	7955	636 PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	11/03/2020	7955	636 ATROPINE 0.4 MG/ML SOLN	5	15.00
0636	11/03/2020	7955	636 ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/03/2020	7955	636 PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	11/03/2020	7955	636 SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	11/03/2020	7955	636 LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/03/2020	7955	636 LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/03/2020	7955	636 CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/03/2020	7955	636 MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/03/2020	7955	636 SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/03/2020	7955	636 SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/03/2020	7955	636 SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	4	15.00
0636	11/03/2020	7955	636 SODIUM CHLORIDE 0.9 % SOLN	1	15.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/03/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/04/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/04/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	5	15.00
0636	11/04/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/04/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/04/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/04/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	11/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/04/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	5	15.00
0636	11/05/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/05/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/05/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/05/2020	7955	636	ALTEPLASE 100 MG RECON SOLN 1 EACH VIAL	2	537.00
0636	11/05/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/05/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/05/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/05/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/05/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/05/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/06/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/06/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 200 ML VIAL	5	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	11/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/06/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/06/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/06/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/06/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/06/2020	7955	636	LIDOCAINE-EPINEPHRINE 1 %-1:100,000 SOLN	1	15.00
0636	11/06/2020	7955	636	LACTATED RINGERS SOLN	1	15.00
0636	11/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/06/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/06/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/06/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/07/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/07/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/07/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	11/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/07/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/07/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/07/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/08/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/08/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	11/08/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/08/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/08/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/08/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/08/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/08/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/08/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/09/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/09/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/09/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/09/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/09/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/09/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/09/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/09/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/09/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/09/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/10/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/10/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/10/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/10/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/10/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 500 ML FLEX CONT	1	15.00

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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/10/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/10/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/10/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/10/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/10/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/10/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/10/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	11/10/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/11/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/11/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/11/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/11/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/11/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/11/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/11/2020	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	11/11/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/11/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/11/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/12/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/12/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	5	15.00
0636	11/12/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/12/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/12/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/12/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 10 ML VIAL	1	15.00
0636	11/12/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/12/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/13/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/13/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/13/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/13/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	11/13/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/13/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/13/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	11/13/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/13/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/13/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/13/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/14/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/14/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	11/14/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/14/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/14/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/14/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/14/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/14/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/14/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/15/2020	7955	636	CEFTAZIDIME 1 G RECON SOLN 1 EACH VIAL	1	15.00
0636	11/15/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/15/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/15/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/15/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/16/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/16/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/16/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/16/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/16/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/17/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/17/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/17/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/17/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/17/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/18/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/18/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	11/18/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/18/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/18/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/19/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/19/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/19/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/20/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/20/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/20/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/20/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/20/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00

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0636	11/21/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/21/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/21/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/21/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	7	15.00
0636	11/21/2020	7955	636	MORPHINE 10 MG/ML SOLN 1 ML CARTRIDGE	3	15.00
0636	11/22/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/22/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/23/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/23/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/24/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/24/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/24/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/24/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/25/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/25/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/26/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/26/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	11/27/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/27/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/27/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	11/27/2020	7955	636	PNEUMOCOCCAL 13-VALENT VACCINE SUSP	1	577.00
0636	11/27/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	11/28/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	11/28/2020	7955	636	INFLUENZA VIRUS VACCINE,Q UADRIVALENT	1	54.00
				(PF) 0.5 ML SUSY		
0636	11/28/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	11/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/29/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	11/29/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	11/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	11/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML	2	15.00
				FLEX CONT		
0636	11/30/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV	50	15.00
				SOLN (BILLING UNIT = 10 UNITS)		
0636	11/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML	2	15.00
				FLEX CONT		
0636	11/30/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV	50	15.00
				SOLN (BILLING UNIT = 10 UNITS)		
0636	11/30/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	11/30/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	12/01/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN	8	15.00
				100 ML VIAL		
0636	12/01/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML	2	15.00
				FLEX CONT		
0636	12/01/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML	2	15.00
				FLEX CONT		
0636	12/01/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV	50	15.00
				SOLN (BILLING UNIT = 10 UNITS)		

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/01/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/01/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/02/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/02/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/02/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/02/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/02/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/03/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	12/03/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	12/03/2020	7955	636	ALTEPLASE 100 MG RECON SOLN 1 EACH VIAL	1	54.00
0636	12/03/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/03/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	12/03/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/03/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/03/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/03/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/03/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/04/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/04/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/04/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	12/04/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	12/04/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/04/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/04/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/04/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/05/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	12/05/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	12/05/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/05/2020	7955	636	CEFEPIME HCL INJ (BILLING UNIT = 500 MG)	1	15.00
0636	12/05/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/06/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/06/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/06/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/06/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00

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51965685

GUARANTOR NAME & ADDRESS
Candace Walls
110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
Account Class: Inpatient Discharge Date: 02/03/21
Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/06/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/06/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/06/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/07/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/07/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/07/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/07/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/07/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/07/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/08/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/08/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/08/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/08/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/08/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/08/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/09/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/09/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/10/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00

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GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/10/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/10/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/10/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/10/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	12/10/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	12/10/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/11/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/11/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/11/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/11/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/11/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/11/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/12/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/12/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/13/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/13/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/14/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/14/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00

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GUARANTOR NUMBER
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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/14/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/14/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/14/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/14/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/15/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/15/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/15/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/15/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/15/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/15/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/16/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/16/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/17/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/17/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/18/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/18/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/19/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/19/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00

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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/19/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/19/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/19/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/19/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/20/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/20/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/20/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/20/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML FLEX CONT	2	15.00
0636	12/20/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	12/20/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/21/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/21/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/21/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/21/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/21/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/21/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/22/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/22/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00

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GUARANTOR NUMBER

51965685

GUARANTOR NAME & ADDRESS

Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER:47233297

Detail Bill for :

Patient Name:W alls,Greyson McCandless Admission Date:09/27/20
 Account Class: Inpatient Discharge Date:02/03/21
 Attending Physician:S arah A Perry,M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/22/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	12/22/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/22/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/22/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 30 ML VIAL	9	15.00
0636	12/23/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/23/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	12/23/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/23/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	12/23/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/24/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/24/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/24/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/24/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/24/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/24/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/25/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/25/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/25/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/25/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/25/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/25/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	12/25/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	12/26/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/26/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/26/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/26/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/26/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/26/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/27/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/27/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/27/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/27/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00

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 110 Saint Thomas Rd
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ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/27/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/27/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/28/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	12/28/2020	7955	636	PAMIDRONATE 3 MG/ML SOLN 10 ML VIAL	1	15.00
0636	12/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	12/28/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/28/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/28/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/29/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/29/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/29/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/29/2020	7955	636	PAMIDRONATE 3 MG/ML SOLN 10 ML VIAL	1	15.00
0636	12/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/29/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	12/29/2020	7955	636	INFLUENZA VIRUS VACCINE, Q UADRIVALENT (PF) 0.5 ML SUSY	1	54.00
0636	12/29/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/30/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	12/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/30/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	12/30/2020	7955	636	LORAZEPAM 2 MG/ML INJ SOLN (BILLING UNIT = 2 MG)	1	15.00
0636	12/30/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	12/30/2020	7955	636	PAMIDRONATE 3 MG/ML SOLN 10 ML VIAL	1	15.00
0636	12/30/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML VIAL	3	15.00
0636	12/30/2020	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	12/30/2020	7955	636	NORMOSOL-R IN DEXTROSE 5 % SOLN	1	16.00
0636	12/30/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/31/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	12/31/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/31/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/31/2020	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	12/31/2020	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	12/31/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	8	15.00
0636	12/31/2020	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	12/31/2020	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	8	15.00
0636	01/01/2021	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	8	15.00
0636	01/01/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/01/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00

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 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/01/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/01/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/01/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/01/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/02/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/02/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/02/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/02/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/02/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/02/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/02/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/02/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/02/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/02/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/03/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/03/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/03/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/03/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/03/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/03/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/04/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	6	15.00
0636	01/04/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	01/04/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/04/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	01/04/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/04/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	01/05/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	01/05/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	01/05/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/05/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	01/05/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/05/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	01/06/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	01/06/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00
0636	01/06/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	01/06/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	3	15.00

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Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/06/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 250 ML FLEX CONT	1	15.00
0636	01/06/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	01/07/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	8	15.00
0636	01/07/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/08/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/08/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/09/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/09/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/10/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/10/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/11/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/11/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/12/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/12/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/13/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/14/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/14/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00

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Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
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 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/15/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/15/2021	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	01/15/2021	7955	636	PROPOFOL DRIP AIDHC STD CONC (BILLING UNIT = 10 MG)	50	17.00
0636	01/15/2021	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	01/15/2021	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	01/15/2021	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	01/15/2021	7955	636	PROPOFOL 10 MG/ML EMULSION	1	15.00
0636	01/15/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/16/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/16/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/17/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/17/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/18/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/18/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/19/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/19/2021	7955	636	CEFTRIAXONE SODIUM INJ (BILLING UNIT = 250 MG)	2	15.00
0636	01/19/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONT	1	15.00
0636	01/19/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/20/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/20/2021	7955	636	CEFTRIAXONE SODIUM INJ (BILLING UNIT = 250 MG)	2	15.00
0636	01/20/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONT	1	15.00

AIDHC Hospital Billing
 PO Box 404112
 Atlanta, GA 30384-4112
 Ph: (302) 651-4000

GUARANTOR NUMBER
 51965685

GUARANTOR NAME & ADDRESS
 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/20/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/21/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/21/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/22/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/22/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/23/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/23/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/24/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/24/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/25/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/25/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/26/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/26/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/27/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/27/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/28/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/28/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/29/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00

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 Candace Walls
 110 Saint Thomas Rd
 Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless Admission Date: 09/27/20
 Account Class: Inpatient Discharge Date: 02/03/21
 Attending Physician: Sarah A Perry, M D

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/29/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/30/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/30/2021	7955	636	HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSP (BILLING UNIT = 0.5 ML)	1	73.00
0636	01/30/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/31/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	01/31/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	02/01/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	02/01/2021	7955	636	PALIVIZUMAB INJ 50 MG PER BILLING UNIT	2	6,802.00
0636	02/01/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	02/02/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	02/02/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0636	02/03/2021	7955	636	SODIUM CHLORIDE 4 MEQ/ML (23.4 %) SOLN 100 ML VIAL	9	15.00
0730	12/22/2020	7060	4050001	EKG	1	357.00
Total Charges						3,299,019.00

Payments and Adjustments

Date	Description	Amount
02/26/21	Bcbs Payments	-3,852.47
02/26/21	Bcbs Adjustments	-
	Total Insurance Payments and Adjustments	1,459,486.00
		-
		1,463,338.47

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110 Saint Thomas Rd
Lancaster, PA 17601

ACCOUNT NUMBER: 47233297

Detail Bill for :

Patient Name: Walls, Greyson McCandless
Account Class: Inpatient
Attending Physician: Sarah A Perry, M D

Admission Date: 09/27/20
Discharge Date: 02/03/21

The guarantor is responsible for payment of all charges for physician or hospital services provided to patients for whom the guarantor has accepted responsibility which are not covered by the guarantor's health insurance plan, or for which the guarantor is responsible under the health insurance plan. You may receive multiple bills, some for physician services and others for hospital services. In the event of overpayment, Nemours will transfer overpaid funds to any of your subaccounts, hospital or physician that has an open balance, or if none, will refund the amount of overpayment to you.

Nemours offers financial assistance to qualifying candidates based on economic need. To inquire about this program, please call the number listed at the bottom of this statement or visit our website at www.Nemours.org.

Visit www.nemours.org/billpay to make one-time payment or to enroll in Online Bill Pay. For your convenience, you can mail in your payment, bring it to your next appointment, or pay it online 24 hours a day, 7 days a week. You can pay by using your checking or savings account, Visa or Mastercard (credit or debit), Discover or American Express. Please note we can only accept online payments from addresses in the United States.

For questions regarding this statement please call 1-866-390-3610. If you are calling from outside the United States we can be reached at (904) 697-3610.