358000.12803

HIGHMARK.

Universal Lead Sheet

(instructions on back)

(Attach one lead sheet per claim form. Please use Form #4391 to route inquiries.)

DO NOT DETACH

To: Document Preparation, Sorting Ctr St CH 1B, LL	(717) 302-3702 FAX # for PRiOR∏	(717) 302-3702 FAX # for PRiORITY requests (717) 635-4237 Requestor Full Name: Nilima.Rajalreddy						
Date of Request (mm/dd/yyyy): 10/25/20	20 Requestor Full N							
Phone #/Extension:	*INSINQ Inquiry	*INSINQ Inquiry #: 20289369310						
Reason: Please re key new claim with me	edical , please Waive timely filling . Tha	ank you						
From: ☐ Blue Cross of Northeastern PA ☐ BlueCard Host ☐ Claims Admin Services ☐ Customer Service ☐ Other (specify):	☐ CS Support ☐ FEP ☐ Medicare Advantage ☐ Medigap	 □ National Dedicated □ National Non-Dedicated □ Pittsburgh Facility Prov Services □ Provider Relations 						
-	OCESS USING RECEIPT DATE INDIC	ATED BELOW						
L	Receipt Date Must be on Claim and	Lead Sheet)						
☐ Electronic To	•	☐ BlueCard Host Clean-Up						
Select <u>one</u> claim type below for the a determined, check GENERAL CLAIM.	ppropriate type of claim enclosed	. If the appropriate claim type cannot be						
☐ ASD Rx Mandate (T7)	☐ Foreign	☐ Medigap Member-Submitted:						
☐ Batch Cat N2 – Concurrent OOS	☐ FPLIC Inst	☐ Prof (2J) ☐ Inst (1Z)						
☐ Batch Cat OO – Prof OOS	☐ FPLIC Prof .	☐ Medigap NEPA (R1)						
☐ Batch Cat O4 ~ Inst OOS	☐ General Claim	☐ Member –Submitted:						
☐ BlueCard Host Professional	☐ Highmark Institutional	☐ Prof (2J) ☐ Inst (1Z)						
BlueCard Host Fac/Inst (Q8):	☐ Medicaid/DPW	☐ MM Prof Precoded T9						
■ Highmark □ NEPA	☐ Medicare Advantage Inst	☐ MM Inst Precoded S3						
☐ Central MM Prof Batch 46	☐ Medicare Advantage Prof	☐ NEPA Inst						
☐ Central MM Inst Batch U3	☐ Medicare Advantage	☐ Oral Surgery – Batch as Pre-coded N						
☐ Concurrent ~ IBC	Member -Submitted	☐ Professional Medical/Surgical						
☐ Diabetic Mandate – Batch O4	☐ Prof (2J) ☐ Inst (1Z)	☐ Send To IBC (Black Box)						
☐ FEP Highmark	☐ Medigap Highmark Prof	☐ West Major Medical:						
☐ FEP NEPA (X8)	☐ Medigap Highmark Inst	☐ Prof (T7) ☐ Inst (S2)						
V,	3. 3	☐ UCCI Dental ☐ Zostavax						

4594 (R3-19)

358000, 12803

Instructions

Before sending a paper claim to process you should always:

- Adjust the claim if possible
- If you cannot adjust the claim, reprocess/reenter the claim on-line
- · Build void the claim if the member/provider is stating that this is the second, third or fourth request

Use ONE lead sheet per claim. Complete and **staple** the Universal Lead Sheet paper form (4594) to the front of the claim form. Staple bills or receipts to the back of the claim form. Do **not** use a paper clip. **Note:** If using a pre-coded status form, the order should be: Lead Sheet, Pre-coded status form, Claim form, receipts and/or bills.

Date of Request: Use the date you are sending the claim to Document Preparation, Scanning.

Requestor Full Name: Fill in your first and last name.

Phone Number/Extension: Fill in your phone number or extension. If you do not have a phone number, use your Supervisors/TA's phone number or extension.

* INSINQ Inquiry Number: Fill in the INSINQ inquiry number. If no INSINQ inquiry number, go to Reason field.

Reason: In no INSINQ inquiry number, identify the reason for processing the claim.

From: Check the appropriate box. If your area is not referenced, select Other and specify your department name.

Receipt Date: Use the following to determine the receipt date based on how the claim was received:

Walk-in/Lobby Call - Use the date of the walk-in/lobby call.

FAX - Use the date the fax was sent and received at Highmark.

Personal and Confidential Mail - Use the receipt date stamped on the envelope.

Claim received from other Blue Plan - If claims are received from other Blue Plans and were never processed, the Other Plan's original receipt date should be used if provided.

Inquiry:

- a) If the claim has previously processed and finalized, use the date the inquiry is closed/finalized.
- b) If the claim has not previously processed, use the receipt date of the inquiry.

BlueCard Host Inquiries/Claim -

- · No claim on file.
 - o Claim attached to a Correspondence inquiry.
 - Inquiry Received from a provider, use inquiry receipt date
 - Inquiry received from another Blue Plan-use Blue Plan's Receipt Date; if NOT available- use inquiry receipt date
 - o Claim attached to a FAX
 - Fax is from a provider-use FAX date
 - Fax is from another Blue Plan use Blue Plan's Receipt Date; if NOT available use FAX date.
- · Claim is on File No SCCF
 - o Provider reporting error-use current receipt date
 - o Highmark keying/processing error-use original receipt date
- · Claim is on File SCCF created
 - o Use current receipt date

Type of Claim Enclosed: Check the appropriate box that indicates the type of claim you are sending to process. Refer to guidelines for assistance determining type of claim.

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SUBNITTER NAME: NEBO SYSTEMS INC 358000, 12803

SUB:

PAGE B1 LAYOUT:

SUBMITTER SOURCE NUMBER: 00V148018

2000A-2010AA BILLING PROVIDER LOOPS:

NN108: XX NN109: 1013933175 TAXONONY: 282N00000X

NAME: ST LUKES HOSPITAL BETHLEHEN CAMPUS

ADDRESS1: 801 OSTRUM STREET

ADDRESSZ:

CITY: BETHLENEN STATE: PA ZIP CODE: 180151065

COUNTRY CD: COUNTRY SUBDIVISION CD: 2010AB PAY-TO ADDRESS: COUNTRY:

TAX ID QUAL: EI TAX 10: 231352213 ADD1: PO BOX 784161

ADD2:

BILLING PROVIDER CONTACT INFORMATION: CITY: PHILADELPHIA ST: PA Z: 191784161

CONTACT MANE: PATIENT ACCOUNTS
QUAL: TE INFO: 4845263150

2010AC PAY-TO-PLAN LOOP:

MN108: NM109: TAX 1D:

NAME:

ADDRESS1:

ADDRESS2:

CITY: STATE: 2IP CODE:

QUAL: SECONDARY ID:

2000B-2010BA SUBSCRIBER LOOPS:

PAYER RESP: P CLAIN FILE IND: BL GROUP NBR: 72047102N

NM109: C6R611N83962 REL CD: SEX CD: DOB:

NAKE: CAHILL TITLE:

FIRST: BRIAN

MIDDLE: R SECONDARY ID:

ADDRESS1: COUNTRY CD:

ADDRESS2: COUNTRY SUB:

CITY: STATE: ZIP CODE:

2010CA PATIENT LOOP:

REL CD: 01 SEX CD: F DOB: 19521109

NAME: CAHILL TITLE:

FIRST: VICTORIA

MIDDLE:

ADDRESS1: 7650 ROUTE 309 COUNTRY CD:

ADDRESS2: COUNTRY SUB:

CITY: COOPERSBURG STATE: PA 21P CODE: 18036

2010BC PAYER LOOP: PAYER MAME: HIGHMARK PAYER CODE: 54771C ADDRESS1:

ADDRESS2:

CITY: STATE: ZIP CODE:

BILLING PROVIDER SECONDARY INFO:

QUAL: SECONDARY ID:

ISA DATE: 20200926 VERSION CODE: 005010X223A2

ISA CONTROL NBR: 011104789 BHT CODE: 11104789N137 BHT06: CH

EDI CONTROL NBR: 40418790100000000010022020092607339266997136284070

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358000 12803

2300 CLAIN LEVEL INFORMATION LOOP:

PAGE #2 LAYOUT:

PATIENT ACCOUNT NER: 10102386943000

CLAIN TOTAL CHARGE: 954627.57 TYPE OF BILL: 111

PAAC: A BENEFITS ASG CD: Y RELEASE INFO CD: Y DELAY REASON CD:

DISCHARGE HOUR: 21

ADMISSION DT: 20200728 ADMISSION TYPE CD: 2

STATEMENT BEGIN DT: 20200728

ADMISSION HR: 15

ADMISSION SOURCE CD: 4

STATEMENT END DT: 20200908

ADMISSION NIN: 20

PATIENT STATUS CD: 03

ABF 1132

PRINCIPAL DIAGNOSIS QUAL: ABK CD: E1152

ADMITTING DIAGNOSIS QUAL: ABJ CD: A419

POA: Y

REPRICER RECEIPT DT:

REASON FOR VISIT NOVE

EXTERNAL CAUSE OF INJURY (QUAL, CODE, POA. CAN OCCUR UP TO 12 TIMES):

ABN Y835

OTHER DIAGNOSIS INFO (QUAL, CODE, POA. CAN OCCUR UP TO 24 TIMES):

ABF 170261 Y ABF F1120 Y ABF 170262 N

ARF 1442 N ABF 1452 N ABF Z515 ABF L03115 Y ABF 76842

ABF Z1624 Y ABF 1313 ABF N2581 Y ABF D62 ABF 15032

ABF E872 ABF E1122 Y ABF 6546 ABF 1959 ABF E1165

N ABF 1350 Y ABF F419 ABF F329 Y ABF ROOL

PRINCIPAL PROCEDURE QUAL: BBR CD: 02HX3NZ DATE: 20200731 DRS CODE: 228

OTHER PROCEDURE INFO (QUAL, CODE, DATE. CAN OCCUR UP TO 24 TIMES):

BBQ 0Y6H0Z2 20200729 BBQ 0KBS0ZZ 20200822 BBQ 0LBM0ZZ 20200825 BBQ 0Y6C0Z3 20200828

BBQ 047U3ZZ 20200827 BBQ 04CN3ZZ 20200827 BBQ 04CU3ZZ 20200827 BBQ 0JH63XZ 20200825

BBQ 02H633Z 20200B25 BBQ B41D1ZZ 20200B27 BBQ B41C1ZZ 20200B27 BBQ 3E05317 20200B27

BBQ 30233N1 20200731 BBQ 30233N1 20200731 BBQ 5A1D70Z 20200730 BBQ 5A1D70Z 20200801

REFERRAL NO:

PRIOR AUTH NO: UN10791460

ORIG CLAIM NO:

CLEARINGHOUSE TRACE NO: 11104789N137

DEMONSTRATION PROJ ID:

MEDICAL RECORD NO: 50005026040 AUTO ACCIDENT STATE:

CLAIN PAPERNORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

EPSDT QUAL:

COND CODE:

COND IND:

CLAIN NOTE INFO (NOTE REFERENCE CODE, NOTE):

BILLING NOTE INFO (NOTE REFERENCE CODE, NOTE):

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2300 CLAIN LEVEL INFORMATION - CONTINUED:

OCCURRENCE SPAN INFO (SPAN CODE, SPAN BEGIN/END DATES. CAN OCCUR UP TO 24 TIMES):

OCCURRENCE INFO (OCCURRENCE CODE, OCCURRENCE DATE. CAN OCCUR UP TO 24 TIMES):

VALUE INFO (VALUE CODE, VALUE BOLLARS. CAN OCCUR UP TO 24 TIMES):

80	42.00	.00	.00	.00
	-00	.00	.00	.00
	-00	-00	.00	00
	- 00	-00	-00	-00
	.00	.00	.00	.00
	-00	.00	.00	-00

CONDITION INFO (CONDITION CODE. CAN OCCUR UP TO 24 TIMES):

2310A ATTENDING PHYSICIAN LOOP: ATTENDING REF SEGNENTS:

NM108: XX NM109: 1851731202 TAXONONY: 208D00000X QUAL: 1D:
FIRST: KAUFMAN TITLE: QUAL: 1D:
FIRST: SCOTY QUAL: 1D:
MIDDLE: QUAL: 1D:

2310B OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENTS:

 NH108: XX NN109: 1679602288
 QUAL: ID:

 FIRST: TRAUB
 TITLE: QUAL: ID:

 FIRST: DARREN
 QUAL: ID:

 NIDDLE: QUAL: ID:

2310C OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENTS:

QUAL:

ID:

 FIRST: RASHEED
 TITLE:
 QUAL:
 ID:

 FIRST: KHURRAM
 QUAL:
 1D:

 MIDDLE:
 QUAL:
 1D:

2310D RENDERING PHYSICIAN LOOP: RENDERING REF SEGNENTS:

 MN108:
 MN109:
 QUAL:
 1D:

 NAME:
 QUAL:
 1D:

 FIRST:
 YITLE:
 QUAL:
 1D:

 M10DLE:
 QUAL:
 1D:

2310E SERVICE FACILITY LOOP: SVC FACIL REF SEGNENTS:

NN108: NN109: QUAL: 1D:
NAME: QUAL: 1D:
ADDRESS1: QUAL: 1D:
ADDRESS2:

CITY: STATE:

NH108: XX NH109: 1871869982

2310F REFERRING PHYSICIAN LOOP: REFERRING REF SEGMENTS:

 NM108:
 NM109:
 QUAL:
 ID:

 NAME:
 QUAL:
 ID:

 FIRST:
 TITLE:
 QUAL:
 ID:

MIDDLE:

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2320 OTHER SUBSCRIBER INFORMATION LOOP, 1 OF 1 OCCURRENCES:

PAYER RESP: S REL CD: 18 GROUP NBR:

CLAIM FILE IND CD: MA

LAST NAME: CAHILL FIRST: VICTORIA

MIDDLE:

CONTACT/HIC: 3AEZN55UV08

OTHER PAYER CLAIN LEVEL ADJUSTMENTS:

GRP CD:	RSN CD:	ANT:	.00	QTY:	GRP CD:	RSN CD:	AMT:	.00	QTY:
	RSN CD:	AMT:	.00	QTY:		RSN CD:	AMT:	.00	QTY:
	RSN CD:	AMT:	.00	QTY:		RSN CD:	ANT:	.00	QTY:
	RSN CD:	ANT:	.00	QTY:		RSN CD:	AMT:	.00	QTY:
	RSN CD:	ANT:	.00	QTY:		RSN CD:	AMT:	-00	QTY:
	RSN CD:	ANT:	.00	QTY:		RSM CD:	AMT:	.00	QTY:
GRP CD:	RSN CD:	ANT:	.00	QTY:	GRP CD:	RSN CD:	ANT:	.00	QTY:
	RSN CD:	ANT:	.00	QTY:		RSN CD:	AMT:	.00	QTY:
	RSN CD:	:TMA	.00	ety:		RSN CD:	AMT:	.00	QTY:
	RSN CD:	AMT:	.00	QTY:		RSN CD:	AMT:	.00	QTY:
	RSN CD:	ANT:	.00	QTY:		RSM CD:	AMT:	.00	QTY:
	RSM CD:	ANT:	.00	QTY:		RSN CD:	ANT:	.00	QTY:
GRP CD:	RSN CD:	AMT:	.00	QTY:					
	RSN CD:	ANT:	.00	QTY:					

.00 QTY:

.00 QTY: .00 QTY:

.00 QTY:

OTHER PAYER CLAIM LEVEL AMOUNTS:

RSN CD:

RSM CD:

RSN CD: ANT: RSN CD:

COB PAYER PAID QUAL: AMT: .00 REMAINING PATIENT LIABILITY QUAL: ANT: .00 TOTAL NON-COVERED QUAL: ANT:

ANT:

ANT:

ANT:

MEDICARE INPATIENT ADJUDICATION GENERAL CODES: MEDICARE OUTPATIENT ADJUDICATION REMARK CODES:

OTHER PAYER NAME: MEDICARE

NN109: 12N60

OTHER PAYER ADJUDICATION DATE:

OTHER PAYER ADJUSTMENT IND:

OTHER PAYER CLAIN MBR:

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TO JOHN THE STREET CO JOH JU 358000 12803 PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 1 OF 29 OCCURRENCES:

LINE NBR: 1 REVENUE CD: 0120

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 349648.00 UNITS OF SVC QUAL: DA UNITS OF SVC: 41.000

NGN-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-1

END DATE OF SVC:

SALES TAX QUAL: ANT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NM109:

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2400 SERVICE LINE LOOP, 2 OF 29 OCCURRENCES:

LINE MBR: 2 REVENUE CD: 0214

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 11932.00 UNITS OF SVC QUAL: DA UNITS OF SVC: 1.000

NON-COVRD: .00

BEGIN DATE OF SVC: LIME ITEM CONTROL ND: 10102386943000-2

END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 3 OF 29 OCCURRENCES:

LINE MBR: 3 REVENUE CD: 0259

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 35911.68 UNITS OF SVC QUAL: UN UNITS OF SVC: 4966.000

NON-COVRD:

.00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-3

END DATE OF SVC:

SALES TAX QUAL: AMT:

-00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

MM108:

QUAL: 1D:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: M1109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 4 OF 29 OCCURRENCES:

LINE NER: 4 REVENUE CD: 0270

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 1015.74 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-4

END DATE OF SVC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

KM1 08: MM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 5 OF 29 OCCURRENCES:

LINE MBR: 5 REVENUE CD: 0272

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRS: 52321.15 UNITS OF SVC QUAL: UN UNITS OF SVC: 16.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-5

END DATE OF SVC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NM109:

QUAL: 1D:

24200 RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

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ANDREAD IMPERIALIST LO TO OF TO 358000,12803 PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 6 OF 29 OCCURRENCES:

LINE NBR: 6 REVENUE CD: 0275

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 106875.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000

MON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-6
END DATE OF SVC: SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:

NM108: KM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 7 OF 29 OCCURRENCES:

LINE NBR: 7 REVENUE CD: 0278

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC: LINE CHRG: 2137.50 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000

NON-COVRD: .00

LINE 1TEN CONTROL NO: 10102386943000-7

BEGIN DATE OF SVC: END DATE OF SVC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

MN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NN109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 8 OF 29 OCCURRENCES:

PAGE #5 LAYOUT:

LINE NBR: 8 REVENUE CD: 0300

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 15786.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 86.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE 1TEM CONTROL NO: 10102386943000-8

END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

2420A OPERATING PHYSICIAN LODP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: M1109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 9 OF 29 OCCURRENCES:

LINE NBR: 9

REVENUE CD: 0301

PROCEDURE QUAL: PROCEDURE CD:

LINE CHRG: 4471.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 38.000 NON-COVRD:

.00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-9

MODIFIERS:

END DATE OF SVC:

PROCEDURE DESC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: MN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOPS

OTHER OPERATING REF SEGMENT:

MH108: NN109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 10 OF 29 OCCURRENCES:

LINE NBR: 10 REVENUE CD: 0302

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRS: 4729.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 18.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-10
END DATE OF SVC: SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

MM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 11 OF 29 OCCURRENCES:

LINE NBR: 11 REVENUE CD: 0306

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 166.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVRD:

.00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-11

END DATE OF SVC:

SALES TAX QUAL: ANT:

-00

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NR109: QUAL: 1D:

2420C RENDERING PROVIDER LOOP:

REMDERING REF SEGMENT:

NX108: NX109:

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2400 SERVICE LINE LOOP, 12 OF 29 OCCURRENCES:

LINE MBR: 12 REVENUE CD: 0312

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG:

262.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVED:

.00

LINE ITEM CONTROL NO: 10102386943000-12

BEGIN DATE OF SVC: END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108:

MM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

:801MM NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 13 OF 29 OCCURRENCES:

LINE NBR: 13 REVENUE CD: 0320

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 13912.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-13

END DATE OF SVC:

SALES TAX QUAL: ANT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NH108: NH109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

MM108: MH109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 14 OF 29 OCCURRENCES:

LINE NER: 14 REVENUE CD: 0324

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

LINE CHRG: 850.50 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000 NON-COVRD:

.00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-14

END DATE OF SVC:

PROCEDURE DESC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NH108: NH109:

24208 OTHER OPERATING PHYSICIAN LODP:

OTHER OPERATING REF SEGMENT:

NM108: NM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 15 OF 29 OCCURRENCES:

LINE NER: 15 REVENUE CD: 0360

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 90000.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

400.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-15

END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY ORS NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NN109: QUAL: 1D:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 16 OF 29 OCCURRENCES:

LINE MER: 16 REVENUE CD: 0361

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRS: 82021.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 4.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-16

END DATE OF SVC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NH109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

QUAL: ID:

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2400 SERVICE LINE LOOP, 17 OF 29 OCCURRENCES:

LINE NBR: 17 REVENUE CD: 0370

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 55448.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 21.000 NON-COVRD: .00

BEGIN DATE OF SVC: END DATE OF SVC:

SALES TAX QUAL: ANT:

LINE ITEN CONTROL NO: 10102386943000-17 .00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NH108: NH109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: MM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 18 OF 29 OCCURRENCES:

PAGE #5 LAYOUT:

LINE NBR: 18 REVENUE CD: 0390

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 8435.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 5.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-18

END DATE OF SVC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

242GC RENDERING PROVIDER LOGP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LIME LOOP, 19 OF 29 OCCURRENCES:

LINE NBR: 19 REVENUE CD: 0402

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 429.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 3.000

NON-COVRD:

.00

BEGIN DATE OF SVC:

LINE ITEN CONTROL NO: 10102386943000-19

END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY ORS NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

MM108: MM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP: , OTHER OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 20 OF 29 OCCURRENCES:

LINE NBR: 20 REVENUE CD: 0420

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 12244.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 41.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-20

END DATE OF SVC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

LIME PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

MM108: M109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 21 OF 29 OCCURRENCES:

LINE NER: 21 REVENUE CD: 0424

PROCEDURE QUAL: PROCEDURE CD: NODIFIERS:

LINE CHRG: 864.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

MON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-21

END DATE OF SVC:

PROCEDURE DESC:

SALES TAX QUAL: ANT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NM109: QUAL: 1D:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

QUAL: ID:

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2400 SERVICE LINE LOOP, 22 OF 29 OCCURRENCES:

LINE NBR: 22 REVENUE CD: 0430

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 6157.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 21.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-22

END DATE OF SVC:

SALES TAX QUAL: ANT:

.00

THIRD PARTY ORS NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

MM108: MH109: QUAL: ID:

242DC RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 23 OF 29 OCCURRENCES:

LINE NBR: 23 REVENUE CD: 0434

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 1162.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

3.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-23

END DATE OF SVC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NH109: QUAL: 1D:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

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2400 SERVICE LINE LOOP, 24 OF 29 OCCURRENCES:

LINE NBR: 24 REVENUE CD: 0480

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

LINE CHRG: 1308.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000

NON-COVRD: .00

BEGIN DATE OF SVC: EMD DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-24

PROCEDURE DESC:

SALES TAX QUAL: ANT:

THIRD PARTY ORS NOTE:

LINE PAPERMORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NH109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

MN108: MN109:

10/25/2020 9:26:18 AM -0400 FAXCOM AANTON'N IMITE WALLE LO FO NO PO

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2400 SERVICE LINE LOOP, 25 OF 29 OCCURRENCES:

LINE MBR: 25 REVENUE CD: 0481

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 15754.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEN CONTROL NO: 10102386943000-25

END DATE OF SVC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORS NOTE:

LINE PAPERNORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

MM108: NN109: QUAL: ID:

2420C RENBERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 26 OF 29 OCCURRENCES:

LINE NBR: 26 REVENUE CD: 0710

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 20461.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 7.000

NON-COVED: .00

BEGIN DATE OF SYC: LINE ITEM CONTROL NO: 10102386943000-26

END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY DRG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NH108: NH109:

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2400 SERVICE LINE LOOP, 27 OF 29 OCCURRENCES:

LINE MER: 27 REVENUE CD: 0730

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

NON-COVED: .00

LINE CHRG: 1020.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 3.000

PROCEDURE DESC:

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-27

END DATE OF SVC:

SALES TAX QUAL: ANT:

.00

THIRD PARTY ORG NOTE:

LIME PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

MM108: MM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM1 08: NM109:

QUAL: 1D:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

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PAGE #5 LAYOUT: 358000.12803

2400 SERVICE LINE LOOP, \$8 OF 29 OCCURRENCES:

LINE NER: 28 REVENUE CD: 0801

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRS: 53190.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 18.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL ND: 10102386943000-28
END DATE OF SVC: SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

24208 OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:

NN108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

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358000.12803 PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 29 OF 29 OCCURRENCES:

LINE NER: 29 REVENUE CD: 0921

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 6117.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000 NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-29
END DATE OF SVC: SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NH108: NH109:

QUAL: 1D:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NR109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

358000.12803

LINE:	BGN DOS:	END DOS:	REVCD: QL	PROC:	M1:	2: 3:	: 4:	CHARGE:	Q:	UNITS OF SVC:	NONCOV ANT:	:
1			0120					349648.00	DA			
2			0214					11932.00	DA	1.000		
3			0259					35911.68	UN	4966.000		
4			0270					1015.74	UN	1.000		
5			0272					52321.15	UN	16.000		
6			0275					106875.00	UN	1.000		
7			0278					2137.50	UN	1.000		
8			0300					15786.00	אט	86.000		
9			0301					4471.00	אט	38.000		
10			0302					4729.00	UN	18.000		
11			0306					166.00	UN	2.000		
12			0312					262.00	UN	2.000		
13			0320					13912.00	UN	2.000		
14			0324					850.50	UN	1.000		
15			0360					90000.00	UN	400.000		
16	•		0361					82021.00	UN	4.000		
17			0370					55448.00	UN	21.000		
18			0390					8435.00	UМ	5.000		
19			0402					429.00	UN	3.000		
20			0420					12244.00	UN	41.000		
21			0424					864.00	ИN	2.000		
22			0430					6157.00	UN	21.000		
23			0434					1162.00	UN	3.000		
24			0480					1308.00	W	1.000		
25			0481					15754.00	ĽМ	1.000		
26			0710					20461.00	UN	7.000		
27			0730					1020.00	UN	3.000		
28			0801					53190.00	UN	18.000		
29			0921					6117.00	UN	2.000		

INSINQ HIGH SPEED SCAN REQUEST FORM

То:	Document Preparation Sorting 1B - LL							
From:	<u> </u>							
Dept:	BLUECARD HOST MEDICAL RECORDS							
Ext:	717 302 4322							
Date:								
	HIGH SPEED SCAN REQUEST							
1. Dir	rections for image (A field MUST be checked to ensure entry into correct batch.):							
	☐ BCNEPA Adjustment Request							
	CSS-Special Entry							
	Highmark Inquiries							
	Authorization for Disclosure of Health Information							
	OPL Inquiries							
	OPL Negative Response Letters							
	OPL-UFCW							
2.	Directions for Data Entry:							
	Specific instructions:							
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Indicate	ors: 1 3 4 5 6 7							

This form should be used only for inquiry entry.

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10/09/2020 07:30 Business Office Billing

> St. Luke's University Health Network **Business Office 801 Ostrum Steet** Bethlebem, PA 18018

FACSIMILE TRANSMITTAL

DATE:

October 9, 2020

DIRECT TO:

Blue Card Department

FIRM'S NAME: Highmark Blue Shield

FIRM'S FACSIMILE #: 866-251-9601

FROM: Kathy

SENDERS PHONE: 484-526-3153

SENDERS FAX: 833-221-4797

TOTAL NUMBER OF PAGES (INCLUDES COVER SHEET): 44

MESSAGE:

Per your request itemized statement for claim # 21845573931

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St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Victoria Cahill 7650 ROUTE 309 COOPERSBURG, PA 18036 Account#:

10102386943

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

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

Visit Coverages:

Blue Cross - Empire Bobs Bo Plan 303 Medicare - Medicare A And B Charges

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Service Date		Service Code	Description	Oty	Amount
074000000	Cd.	105000016	LID INTERNEDICTE COLUMN SACTOR		44.000.00
07/28/2020	0214	1350000016	HB INTERMEDIATE CCU/TELEMETRY		11,932.00
07/28/2020	0250		ATORVASTATIN 40 MG TABS]	1.25
07/28/2020	0250	135000003	BUMETANIDE 1 MG TABS	1 1	1.54
07/28/2020	0250	135000003	CALCIUM ACETATE 687 MG CAPS	2	2.86
07/28/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
07/28/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
07/28/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/28/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/28/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
07/28/2020	0302	275000564	HB BLOOD TYPING ABO	1	496.00
07/28/2020	0302	275000565	HB BLOOD TYPING RH (D)	1	257.00
07/28/2020	0302	275000589	HB COMPATIBILITY TEST SPIN	1	188.00
07/28/2020	0302	275000589	HB COMPATIBILITY TEST SPIN	1	188.00
07/28/2020	0302	275000569	HB COMPATIBILITY TEST SPIN	1	188.00
07/28/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/28/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/28/2020	0636		SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
07/29/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	. 1	190.80
07/29/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	43.44
07/29/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1. 1	18.62
07/29/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.85
07/29/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	4.53
07/29/2020	0250	135000002	PHENYLEPHRINE 1 ML	i 1	43.91
07/29/2020	0250	135000002	STERILE WATER SOLN	1	18.87
07/29/2020	0250	135000003	ASPIRIN 81 MG CHEW	1,	1.25
07/29/2020	0250	135000003	ATORVASTATIN 40 MG TABS	. J <u>i</u> l	.1.25
07/29/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
07/29/2020	0250	135000003	BUMETANIDE 1 MG TABS	i i	1.54
	74-4				1,07

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

Page: 1 Of 43

10/09/2020 07:31 Business Office Billing

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St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date Rev Service Code Cescription Cty				the state of the s	<u> </u>	1 1 1 1 1
07/29/2020 0250 135000003	Service Date		Service Code	Description	Qty	Amount
07/29/2020 0250 135000003						
07/29/2020 0250 13500003 HYDROMORPHONE PER 4 MG 1 36,588 13500003 HYDROMORPHONE PER 4 MG 1 36,588 07/29/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 36,588 07/29/2020 0250 135000003 INSULIN LISPRO (HUMAN) PER 5 UNITS 60 89,299 07/29/2020 0250 135000003 OXYCODONE 5 MG TABS 1 1,255 07/29/2020 0250 135000003 OXYCODONE 5 MG TABS 1 1,255 07/29/2020 0250 135000003 OXYCODONE 5 MG TABS 1 1,255 07/29/2020 0250 135000003 OXYCODONE 5 MG TABS 1 1,255 07/29/2020 0350 135000003 PANTOPRAZOLE 40 MG TBEC 1 1,255 07/29/2020 0300 275000138 HB BLOOD GASES ANY COMBINATION 1 265,000 07/29/2020 0300 275000138 HB BLOOD GASES ANY COMBINATION 1 35,000 07/29/2020 0300 275000247 HB HEMATOCRIT 1 49,00 07/29/2020 0300 275000440 HB METABOLIC PANEL TOTAL CA 1 124,000 07/29/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 124,000 07/29/2020 0301 275000413 HB ASSAY OF SERUM POTASSIUM 1 67,00 07/29/2020 0301 275000414 HB METABOLIC PANEL TOTAL CA 1 102,00 07/29/2020 0301 275000414 HB METABOLIC PANEL TOTAL CA 1 102,00 07/29/2020 0301 275000515 HB ASSAY OF SERUM POTASSIUM 1 67,00 07/29/2020 0360 165000790 HB CAR THE ROSS 1 131,00 07/29/2020 0370 145000019 HB ANESTHESIA GENERAL IST HOUR 1 8,718,00 07/29/2020 0370 145000014 HB MESTHESIA GENERAL EA ADDTL 30MIN 4 4,652,00 07/29/2020 0368 135000001 FENTANYL PER 0.1 MG 1 6,28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6,28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6,28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6,28 07/29/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14,11					<u> </u>	
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07/29/2020 0301 275000515 HB ASSAY OF SERUM POTASSIUM 1 67.00 07/29/2020 0301 275000524 HB ASSAY OF SERUM SODIUM 1 70.00 07/29/2020 0312 275990023 HB SURGICAL PATH GROSS 1 131.00 07/29/2020 0360 165000790 HB OR TIME PER MINUTE 153 34,425.00 07/29/2020 0370 14500009 HB ANESTHESIA GENERAL 1ST HOUR 1 8,718.00 07/29/2020 0480 245000014 HB ANESTHESIA GENERAL EA ADDTL 30MIN 4 4,652.00 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/29/2020 07/2	07/29/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA] 1	124.00
07/29/2020 0301 275000524 HB ASSAY OF SERUM SODIUM 1 70.00 07/29/2020 0312 275990023 HB SURGICAL PATH GROSS 1 131.00 07/29/2020 0360 165000790 HB OR TIME PER MINUTE 153 34,425.00 07/29/2020 0370 145000099 HB ANESTHESIA GENERAL 1ST HOUR 1 8,718.00 07/29/2020 0370 145000013 HB ANESTHESIA GENERAL EA ADDTL 30MIN 4 4,652.00 07/29/2020 0480 245000014 HB TTE F-UP OR LMTD 1 1,308.00 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 <t< td=""><td>07/29/2020</td><td>0301</td><td>275000473</td><td>[HB ASSAY OF CALCIUM (IONIZED)</td><td>1 1</td><td>102.00</td></t<>	07/29/2020	0301	275000473	[HB ASSAY OF CALCIUM (IONIZED)	1 1	102.00
07/29/2020 0312 275990023 HB SURGICAL PATH GROSS 1 131.00 07/29/2020 0360 165000790 HB OR TIME PER MINUTE 153 34,425.00 07/29/2020 0370 145000009 HB ANESTHESIA GENERAL 1ST HOUR 1 8,718.00 07/29/2020 0370 145000013 HB ANESTHESIA GENERAL EA ADDTL 30MIN 4 4,652.00 07/29/2020 0480 245000014 HB TTE F-UP OR LMTD 1 1,308.00 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135	07/29/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	ì 1ì	67.00
07/29/2020 0360 165000790 HB OR TIME PER MINUTE 153 34,425.00 07/29/2020 0370 145000099 HB ANESTHESIA GENERAL 1ST HOUR 1 8,718.00 07/29/2020 0370 145000013 HB ANESTHESIA GENERAL EA ADDTL 30MIN 4 4,652.00 07/29/2020 0480 245000014 HB TTE F-UP OR LMTD 1 1,308.00 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 13500000	07/29/2020	0301		HB ASSAY OF SERUM SODIUM	1	70.00
07/29/2020 0370 145000009 HB ANESTHESIA GENERAL 1ST HOUR 1 8,718.00 07/29/2020 0370 145000013 HB ANESTHESIA GENERAL EA ADDTL 30MIN 4 4,652.00 07/29/2020 0480 245000014 HB TTE F-UP OR LMTD 1 1,308.00 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001	07/29/2020	0312	275990023	HB SURGICAL PATH GROSS	1	131.00
07/29/2020 0370 145000013 HB ANESTHESIA GENERAL EA ADDTL 30MIN 4 4,652.00 07/29/2020 0480 245000014 HB TTE F-UP OR LMTD 1 1,308.00 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0638 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28	07/29/2020	0360	165000790	HB OR TIME PER MINUTE	153	34,425.00
07/29/2020		0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR] 1	8,718.00
07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0638 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0836 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0836 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11	07/29/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	[4	4,652.00
07/29/2020 0636 135000001 FENTANYL PER 0.1 MG	07/29/2020	0480		HB TTE F-UP OR LMTD	1	1,308.00
07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0638 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0836 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11	07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1 1	6.28
07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 2 12.61 07/29/2020 0636 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0638 135000001 FENTANYL PER 0.1 MG 1 6.28 07/29/2020 0836 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11	07/29/2020	0636	135000001	FÉNTANYL PÉR 0.1 MG	1 1	6.28
07/29/2020 0638 135000001 FENTANYL PER 0.1 MG 1 628 07/29/2020 0836 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11	07/29/2020	0636	135000001	FENTANYL PER 0.1 MG) 2	12.61
07/29/2020 0638 135000001 FENTANYL PER 0.1 MG	07/29/2020	0636.	135000001	FENTANYL PER 0.1 MG	1	6.28
07/29/2020 0836 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11	07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	l . 1	
Tarmannan Japan Japanana Juga ayu Japanaya Japanaya Japanaya	07/29/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	
U7/29/20/20 U830 T35000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11	07/29/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	ls i	14.11
07/29/2020 0838 135000001 HEPARIN (PORCINE) PER 1009 UNITS 8 14.11	07/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	l šl	
07/29/2020 0636 135000001 LACTATED RINGERS SOLN 1 8.29		0636			{	
07/29/2020 0836 135000001 MIDAZOLAM 2 MG/2 ML SOLN 2 4.63					2	
07/29/2020 0636 135000001 ONDANSETRON PER 1 MG 4 5.17					4	
07/29/2020 0636 135000001 PHENYLEPHRINE HCL 10 MG/ML SQLN 5 ML VIAL 5 64.42					5	
07/29/2020 0636 135000001 PIPERACILLIN SOD-TAZOBACTAM PER 1 G 2 11.57						
07/29/2020 0636 135000001 PIPERACILLIN SOD-TAZOBACTAM PER 1 G 2 11.57 07/29/2020 0636 135000001 PIPERACILLIN SOD-TAZOBACTAM PER 1 G 2 11.57				PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	
07/29/2020 0638 135000001 PROPOFOL 200 MG/20ML EMUL 5 3.51					5	

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358000.12803 (FAX)4845263165 P.004/044

10/09/2020 07:32 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

			the control of the co	<u></u>	
Service Date		Service Code	Description	Oty	Amount
	Çd				
07/29/2020	0636	135000001	PROPOFOL 200 MG/ZOML EMUL	15	10.51
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	13.58
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
07/30/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
07/30/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/30/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/30/2020	0250	135000003	ACETAMINOPHEN 325 MG. TABS	2	1.25
07/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
07/30/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
07/30/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
07/30/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS.	1	2.15
07/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/30/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
07/30/2020	0250	135000003	GABAPENTIN 100 MG CAPS	1	1.25
07/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
07/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	36.58
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	13.69
07/30/2020	0250	135000003	HYDROMÓRPHONE PER 4 MG	1	19.49
07/30/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
07/30/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
07/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/30/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/30/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/30/2020	0300	275000246	HB BL SMEAR WIDIFF WBC COUNT	1	50.00
07/30/2020	0300	275000247	HB HEMATOCRIT	1	49.00
07/30/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
07/30/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
07/30/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
07/30/2020	0370	145000010	HB IV REGIONAL	<u>i</u> l	1,201.00
07/30/2020	0424	185000170424	HB PT EVAL HIGH COMPLEX 45 MIN	1	566.00

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10/09/2020 07:32 Business Office Billing

358000.12803 (FAX)4845263165 P.005/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

The second second			the state of the s		_ :.	
Service Date		Service Code	Description		Qty	Amount
	Cd	405000474404	UD COTTON AND LOCATED TO COLUMN			500.00
	0434		HB OT EVAL HIGH COMPLEX 60 MIN	1	1	568.00
		135000001	BUPIVACAINE LIPOSOMAL 1.3 % SUSP	1	266	1,770.82
	0636	135000001	FENTANYL PER 0.1 MG		1	6.31
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	ĺ	8	14.11
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS) :	10	20.50
	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		1	2.32
	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	1:	1	2.32
	0636		PIPERACILLIN SOD-TAZOBACTAM PER 1 G		2 2 2	11.57
	0636		PIPERACILLIN SOD-TAZOBACTAM PER 1 G) ·	2	11.57
			PIPERACILLIN SOD-TAZOBACTAM PER 1 G		2	11.62
	0636		SODIUM CHLORIDE PER 500 ML]]	7.50
		135000001	SODIUM CHLORIDE PER 500 ML		- 1	7.50
	0636	135000001	SOBIUM CHLORIDE PER 500 ML	Ì	_ Դ	7.50
			HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	- 1	2,955:00
	0120		HB ROOM & BOARD SEMIPRIVATE MED SURG	٠	1	8,528.00
	0250 -		ALBUMIN HUMAN 25% PER 50 ML		1	263.80
	0250		ALBUMIN HUMAN 25% PER 50 ML	Ì	- 1)	263.80
	0250		ALBUMIN HUMAN 25% PER 50 ML	ľ	- 1	263.80
			ALBUMIN HUMAN 25% PER 60 ML		1	263.80
	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	ŀ	1	263.80
	0250	135000002	LIDOCAINÉ (PF) 1 % SOLN	١.	1	4.53
	0250		LIDOCAINE-EPINEPHRINE 1 %-1:100,000 SOLN		1	16.23
	0250		PHENYLEPHRINE 1 ML		1	43.91
	0250		ACETAMINOPHEN 325 MG TABS	١,	2	1.25
	0250		ACETAMINOPHEN 325 MG TABS	1	2	1.25
	0250		ALPRAZOLAM 0.5 MG TABS	'	1	1.25
	0250		ASPIRIN 81 MG CHEW		1	1.25
			ATORVASTATIN 40 MG TABS	•	1	1.25
07/31/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS		1	2.15
07/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS		2	2.86
	0250	135000003	CALCIUM ACETATE 667 MG CAPS	:	2	2.86
07/31/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS		1	1.25
	0250	135000003	HYDROMORPHONE 2 MG TABS	'	1	1.25
07/31/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	}	4	8.79
	0250	135000003	PANTOPRAZOLE 40 MG TBEC	l	1	1.25
07/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	٠.	1	2.74
	0250		SACCHAROMYCES BOULARDII 250 MG CAPS	٠ ا	1	2.74
	0250	325000001	IOHEXOL PER 1 ML	,	14	9.99
		38281	SORIN DILATOR GUIDEWIRE 18 GA		1	1,015.74

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10/09/2020 07:33 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	0	Service Code	Consideration		
Service Date	Cd	Selvice Conc	Description	Qty	Amount
07/31/2020		35403	INTRO SHEATH PINNACLE BFR 10CM	1	75.53
1	0272	35403	INTRO SHEATH PINNACLE 6FR 10CM	ا ا	75.53
	0272	61389	INTRODUCER SHEATH 23FR 55.7CM W/HYDROPHILIC	ا ا	5,700:00
01/3/12/020	0212	01505	COATING MICRA	i '	
07/31/2020	0272	72614	CATH EP ABLAT SUPREME 5FR QUADPOLAR CRD		339.44
	0275	84276	PACING SYS TRANSCATH MICRA AV	1	106,875.00
	0300	275000165	IHB ASSAY OF LACTIC ACID	1	290.00
	0300	275000174	HB ASSAY OF MAGNESIUM		145.00
	0300	275000246	HB BL SMEAR WIDIFF WBC COUNT	أأ	60.00
	0300	275000247	HB HEMATOCRIT		49.00
	0300	275000248	HB HEMOGLOBIN	. 4	49.00
	0300	275000250	HB COMPLETE CBC AUTOMATED	آءِ ا	105.00
	0300	275001131	HB PROCALCITONIN (PCT)	4	1,653.00
	0301	275000442	HB COMPREHEN METABOLIC PANEL	1 4	153.00
	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		850.50
	0370		HB ANESTHESIA IV SEDATION (MODERATE) 1ST HOUR	1	2,352.00
	0370	145000012	INB ANESTHESIA IV SEDATION (MODERATE) EA ADOTL HOUR	1	1,040,00
	0390	275990084	HB RBC LEUKOCYTES REDUCED	أ	1,687.00
	0402	255970041	HB US GUIDE VASCULAR ACCESS	4	143.00
	0481	245000125	HB TCAT INSJ/RPL PERM LDLS PM	1	15,754.00
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	14.80
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	14.80
	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
	0636		MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
	0636		PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	5 2 2	11.62
07/31/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
	0636	135000001	PIPERACILLIN SOD-TAZOBAÇTAM PER 1 G	2	11.62
07/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	33	51.97
07/31/2020	0635	135000001	PROPOFOL 1000 MG/100ML EMUL.	67	105.51
07/31/2020	0636	135000001	SODIUM CHLORIDE 0.9 % SOLN	1	6.97
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	13,58
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
	0636	135000001	SODIUM CHLORIDE PER 500 ML	إأ	7.50

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FAX)4845263165 00 . 12803 (FAX)4845263165



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231362213

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

Patient:	CAHILLVICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/31/2020	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	21.13
07/31/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	•	340.00
07/31/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
08/01/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	•	8.528.00
08/01/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	\ i	13.58
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	l 2	1.25
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2 2	1.25
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/01/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/01/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/01/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/01/2020	0250	135000003	CALCIUM ACETATE 667 MG.CAPS	2	2.86
08/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	` 2	2.86
08/01/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/01/2020	0250	135000003	GABAPENTIN 100 MG CAPS	.2	1.25
08/01/2020	0250	135000003	HYDROMÖRPHONE 2 MG TABS	1	1.25
08/01/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/01/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/01/2020	0250	135000093	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2:74
08/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/01/2020	0300	275000165	IHB ASSAY OF LACTIC ACID	1	290.00
08/01/2020	0300	275000247	HB HEMATOCRIT	1	49.00
08/01/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
08/01/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/01/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
08/01/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/01/2020		275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/01/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653,00
08/01/2020	0301		HB METABOLIC PANEL TOTAL CA	1	124.00
08/01/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
08/01/2020		275000564	HB BLOOD TYPING ABO	1	496.00
		275000585	HB BLOOD TYPING RH (D)	1	257.00
			HB RBC LEUKOCYTES REDUCED	1	1,687.00
08/01/2020	0390	275990064	HB RBC LEUKOCYTES REDUCED	1	1,687.00
	0638		EPOETIN ALFA PER 1000 UNITS	10	845.23
08/01/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	10	20.50

Please call Customer Service at 1-800-218-7359 Page: 6 Of 43

10/09/2020 07:34 Business Office Billing

(FAX)4845265165 0 0 0 . 1p?008/0447



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

	_		the state of the s	:	
Service Date		Service Code	Description	Oty	Amount
	Cd	(40rooons	LUCTA DALL COMPANY DETA COMPANY		
	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS.	10	20.50
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
	0636	135000001	SODIUM CHLORIDE PER 500 ML	. 1	7.50
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
	0801		HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,965.00
	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
		135000003	ASPIRIN 81 MG CHEW	1	1.25
	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
	0250	135000003	B.COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
	0250	[135000003	CALCIUM ACETATE 667 MG CAPS.	2	2.86
		135000003	CALCIUM ACETATE 667 MG CAPS	2	2:86
		135000003	HYDROMORPHONE 2 MG TABS	1	1.25
	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/02/2020	0250]135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/02/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/02/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1)	4.71
08/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
		135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/02/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.60
08/02/2020	0080	275000372	HB CULTURE SCREEN ONLY	1	93.00
08/02/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
		275000440	HB METABOLIC PANÈL TOTAL CA	1	124:00
08/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
	3636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/02/2020	0638	135000001 .	HEPARIN (PORCINE) PER 1600 UNITS	10	20.50
	0836	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
		105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	il	8,528.00
	 -	135000003	ASPIRIN 81 MG CHEW	1	1.25

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

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10/09/2020 07:35 Business Office Billing

(FAX)48452637653 ○ ○ ○ ○ . .P.00910443



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Dair	Service Code			
Service Date	Cd	Service Code	Description	Qty	Amount
08/03/2020	0250	135000003	ATORVASTATIN 40 MG TABS	41"	4 75
08/03/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	4	1.25
08/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS		2.15 2.86
08/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	{	
08/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	<u> </u>	2.86
	0250	135000003		ا کا	2.86
08/03/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	3	1.25
08/03/2020			HYDROMORPHONE 2 MG TABS]]	1.25
08/03/2020	0250	135000003	HYDROMORPHONE 2 MG TABS]	1.25
08/03/2020	0250	135000003	HYDROMORPHONE PER 4 MG	}	18.29
08/03/2020	0250	135000003	INSULIN GLARGINE PER 6 UNITS	5	10.54
08/03/2020	0250	135000003	PANTOPRAZÓLE 40 MG TBEC]	1.25
08/03/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/03/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/03/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/03/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/03/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	.604.Q0
08/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/03/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/04/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/04/2020	0250	135000003	ACETAMINOPHÉN 325 MG TABS	3	1,25
08/04/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/04/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/04/2020	0250	135090003	ATORVASTATIN 40 MG TABS	1	1.25
08/04/2020	0250	135000003	B.COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	او	2.86
08/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	5	2.86
08/04/2020	0250	135000003	GABAPENTIN 100 MG CAPS	5	1.25
08/04/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/04/2020	0250	135000003	HYDROMORPHONE PER 4 MG		19,49
08/04/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	<u> </u>	
08/04/2020	0250		PANTOPRAZOLE 40 MG TBEC	1	10.54 1.25
08/04/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC		1.25
08/04/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS		
08/04/2020	0300	275000250	HB COMPLETE CBC AUTOMATED		2.74
****	0301				105.00
08/04/2020_	(0301	275000440	HB METABOLIC PANEL TOTAL CA.	31	124.00

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358000.12803 FAXX4845263165 P.010/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILLVICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	

-	_		terminant of the second of the		
Service Date		Service Code	Description	Qty	Amount
00 m +m 000 :	Cd	40500004	EDOCEMENT AL ES OF CLASON MARTO	45	4 270 50
08/04/2020	0636 0636	135000001	EPOETIN ALFA PER 1000 UNITS	15 10	1,278.52 20,50
08/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/04/2020	0636	135000001 135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50 20.50
08/04/2020			HEPARIN (PORCINE) PER 1000 UNITS	10	
08/04/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	7	2,955.00
08/05/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	- 3	8,528.00
08/05/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	- 1	1.25
08/05/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/05/2020	0250	135000003	ASPIRIN 81 MG CHEW	ו	1.25
08/05/2020	0250	135000003	ATORVASTATIN 40 MG TABS		1.25 2.15
08/05/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	
08/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/05/2020		135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS		1.25
08/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/05/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC		1.25
08/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS]	2.74
08/05/2020	0420	185000019420	HB THERAPEUTIC EXERCISES	1	297.00
08/05/2020	0420		HB THERAPEUTIC ACTIVITIES	1	302.00
08/05/2020	0430		HB THERAPEUTIC ACTIVITIES	2	604.00
08/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000, UNITS	10	20.50
08/05/2020	0636		HEPARÍN (PORCINE) PER 1000 ÚNITS	10	20.50
08/06/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/06/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1 <i>.</i> 25
08/08/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/06/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/06/2020	0250	136000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/06/2020	0250	135000003	CALCIUM ACETATE 607 MG CAPS	2	2.86
08/06/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/06/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25

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10/09/2020 07:36 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

OB/06/2020 O250 135000003	1-1-1	<u> </u>		and the second of the second o	<u> </u>	
1 1.25	Service Date	Rev	Service Code	Description	Q.ty	Amount
1	A		400000000			
08/06/2020 0250 135000003 INSULIN GLARGINE PER 6 UNITS 6 13.18 08/06/2020 0250 135000003 MIDOERINE 5 MG TABS 1 1.25 08/06/2020 0250 135000003 MIDOERINE 5 MG TABS 1 1.25 08/06/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/06/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/06/2020 0300 275000127 HB ASSAY OF FERRITIN 1 126,00 08/06/2020 0300 275000183 HB RON BINDING TEST 1 126,00 08/06/2020 0300 275000183 HB RON BINDING TEST 1 126,00 08/06/2020 0301 275000163 HB RON BINDING TEST 1 124,00 08/06/2020 0301 275000502 HB COMPLETE CBC WIGATO DIFF WBC 1 149,00 08/06/2020 0301 275000502 HB ASSAY OF FERRITIN 1 137,00 08/06/2020 0301 275000513 HB ASSAY OF FIRON 1 137,00 08/06/2020 0363 135000001 EPOETIN ALF A PER 1090 UNITS 15 1278,52 08/06/2020 0636 135000001 EPOETIN ALF A PER 1090 UNITS 10 20.50 08/06/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/06/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/06/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/06/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/06/2020 0636 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 1 1.25 08/07/2020 0250 1350					1	
08/08/2020 0250 135000003 MIDDORINE 5 MB TABS 1 4.92 08/08/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/08/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/08/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/08/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/08/2020 0300 275000127 HB ASSAY OF FERRITIN 1 370.00 08/08/2020 0300 275000127 HB RON BINDING TEST 1 126.00 08/08/2020 0300 275000148 HB IRON BINDING TEST 1 149.00 08/08/2020 0301 275000249 HB COMPLETE CBC W/AUTO DIFF WBC 1 149.00 08/08/2020 0301 275000502 HB ASSAY OF PRON 1 137.00 08/08/2020 0301 275000513 HB ASSAY OF PHOSPHORUS 1 99.00 08/08/2020 0363 135000001 EPOETIN ALFA PER 1000 UNITS 15 1.278.52 08/08/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) SER NOUTINE/MAINTENANCE 1 2.955.00 08/07/2020 0530 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACELAMINOPHEN 325 MG TABS 1 1.25 08/07/					1	
08/08/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/08/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 1 370.00 08/08/2020 0300 275000127 HB ASSAY OF FERRITN 1 126.00 08/08/2020 0300 2750001249 HB COMPLETE CBC W/AUTO DIFF WBC 1 124.00 08/08/2020 0301 275000524 HB BEROLIC PANEL TOTAL CA 1 124.00 08/08/2020 0301 275000524 HB ASSAY OF FIRON 1 137.00 08/08/2020 0301 275000524 HB ASSAY OF FIRON 1 137.00 08/08/2020 0301 275000524 HB ASSAY OF FIRON 1 137.00 08/08/2020 0301 275000521 HB ASSAY OF FIRON 1 137.00 08/08/2020 0363 135000001 EPOETIN ALFA PER 1090 UNITS 15 1.278,52 08/08/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0638 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/08/2020 0838 135000001 HEPARIN (PORCINE) PER 500 ML 1 2.955.00 08/08/2020 0838 1350000001 HEPARIN (PORCINE) PER 500 ML 1 2.955.00 08/08/2020 0801 250000006 HB ROM & BOARD SEMIPRIVATE MED SURG 1 2.955.00 1 1 1 1 1 1 1 1 1				1	6	
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08/06/2020	08/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/06/2020 0636 135000001 IRON SUCROSE PER 1 MG 100 160.46 08/06/2020 0638 135000001 SODIUM CHLORIDE PER 500 ML 1 7.24 08/06/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/07/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/0	08/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	- 20.50
08/06/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 326 MG TABS 3 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 <td>08/06/2020</td> <td>0636</td> <td>135000001</td> <td>IRON SUCROSE PER 1 MG</td> <td>100</td> <td></td>	08/06/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	
08/07/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.26 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.26 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/07/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250	08/06/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/07/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG TABS 1 1.25 08/07/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 08/07/2020 0	08/06/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.26 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ACPRATATA 4.0 MG TABS 1 1.25 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020	08/07/2020		105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	
08/07/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1,25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1,25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/07/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/07/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2,16 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2,86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2,86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2,86 08/07/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25	08/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	
08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/07/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/07/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.16 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250	08/07/2020	0250			3	1.25
08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/07/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/07/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.16 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 1.2	08/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/07/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/07/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/07/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/07/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.16 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25	08/07/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	
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08/07/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/07/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.16 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2.86 08/07/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25	08/07/2020				1	
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08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2,86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2,86 08/07/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2 2,86 08/07/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25	08/07/2020				. 1	
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08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25					4	
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08/07/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25			1		1	1
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1880/12020 10250 155900005 18712KOMOKERONEZ MGTABB . 11 1250	08/07/2020	0250		HYDROMORPHONE 2 MG TABS	1	1.25
	08/07/2020				6	

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

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10/09/2020 07:37 Business Office Billing

FAXXBASSISS 00.12803 P.012/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date Rev Service Code Description Qty	Amount
- CONTROL OF CONTROL OF CONTROLS - CONTROL OF CONTROL O	89.29
08/07/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1	1.25
08/07/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC	1.25
08/07/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1	2.74
08/07/2020 0250, 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1	2.74
08/07/2020 0420 185000019420 HB THERAPEUTIC EXERCISES	297.00
08/07/2020 0420 185000026420 HB THERAPEUTIC ACTIVITIES	302.00
08/07/2020 0430 185000026430 HB THERAPEUTIC ACTIVITIES	302.00
08/07/2020 0636 136000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20.50
08/07/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20:50
08/07/2020 0636 135009001 HEPARIN (PORCINE) PER 1000 UNITS 10	20.50
08/08/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1	8,528.00
08/08/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3	1.25
08/08/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS	1.25
08/08/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS. 3	1.25
08/08/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1	1.25
08/08/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS	1.25
08/08/2020 0250 135000003 ASPIRIN 81 MG CHEW	1.25
08/08/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1	1.25
08/08/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1	2.15
08/08/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2	2.86
08/08/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2	2.86
08/08/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 2	2.86
08/08/2020 0250 135000003 GABAPENTIN 300 MG CAPS 1	1.25
08/08/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1	1.25
08/08/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1	1.25
08/08/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1	1.25
08/08/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1	1.25
08/08/2020 0250 135000003 INSULINGLARGINE PER 5 LINITS 6	13.18
08/08/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1	1.25
08/08/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1	1.25
08/08/2020 0250 135000003 SACCHÂROMYCES BOULARDII 250 MG CAPS 1	2.74
09/08/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1	2.74
08/08/2020 0636 135000001 EPOETIN ALFA PER 1000 UNITS. 15	1,278.52
08/08/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20.50
08/08/2020 0638 135000001 HEPARIN (PORCHIE) PER 1000 UNITS 10	20.50
08/08/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20:50
08/08/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1	2,955.00
08/09/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1	8,528.00

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

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10/09/2020 07:37 Business Office Billing

352000.12803 (FAX)4845263165 P.013/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	

حد انگرانس			The state of the s		
Service Date		Service Code	Description	Qty	Amount
	Cd				
08/09/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/09/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/09/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/09/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/09/2020	0250	135000003	ASPIRIN 81 MG CHEW	1 1	1.25
08/09/2020	0250	135000003	ATORVASTATIN 40 MG TABS	[1	1.25
08/09/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/09/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/09/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2_86
08/09/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS :	2	2.86
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	! 1	1.25
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	4	1.25
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	ા ની	1.25
08/09/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/09/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/09/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/09/2020	0250	135000003 "	PANTOPRAZOLE 40 MG TBEC	1 4	1.25
08/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	ا ا	1.70
08/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	[4	1.70
08/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/09/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/10/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	10	8,528.00
08/10/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/10/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	ا عا	1.25
08/10/2020		135000003	ACETAMINOPHEN 325 MG TABS	i 3	1.25
08/10/2020		135000003	ALPRAZOLAM 9.5 MG TABS	3	
08/10/2020	0250	135000003	ALPRAZOLÁM 0.5 MG TABS	4	1.25 1.25
08/10/2020	0250	(135000003	ASPIRIN 81 MG CHEW	الا	
08/10/2020	0250	135000003	ATORVASTATIN 40 MG TABS	}	1.25
08/10/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS		1.25
08/10/2020	0250]	2.15
			CALCIUM ACETATE 667 MG CAPS	2	2.86
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020		135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18)

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10/09/2020 07:38 Business Office Billing

(FAX)4845265165 (2 (2 (2) . 1p.314/0445



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account	10102386943	Discharge Date:	09/08/20

			the state of the s		<u> </u>
Service Date		Service Code	Description	Qty	Amount
	Ca				
08/10/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/10/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/10/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS .	1	1.70
08/10/2020	0250	136000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/10/2020	0300	275000249	HB COMPLETE CBC WIAUTO DIFF WBC	1	.149.00
08/10/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/10/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
08/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/11/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8;528.00
08/11/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS.	3	1.25
08/11/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/11/2020	0250	135000003.	ALPRAZOLAM 0.5 MG TABS	. 4	1.25
08/11/2020	0250	135006003	ALPRAZOLAM 0.5 MG TABS	4	1.25
08/11/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/11/2020	0250	135000003	ATORVASTATIN 40 MG TABS	4	1.25
08/11/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	ो	2.15
08/11/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	4	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	11.	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	ं ही	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	i	1.25
08/11/2020	0250		INSULIN GLARGINE PER 5 UNITS	a	13.18
08/11/2020	0250	135000003	LIDOCAINE 2 % GEL 5 ML TUBE	1	32.72
08/11/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	- 1	1.25
08/11/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	- 41	1.25
08/11/2020		135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	- 1	1.70
08/11/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	4	2.74
08/11/2020	0300	275000345	HB HEP B CORE ANTIBODY TOTAL	- 41	179.00
08/11/2020	0300		HB HEP B CORE ANTIBODY IGM	il	171.00
08/11/2020		275000347	HB HEP B SURFACE ANTIBODY	- 1	156.00
08/11/2020		275000361	HB HEPATITIS C AB TEST	41	198.00
08/11/2020		275000396	IHB HEPATITIS B SURFACE AG EIA	- 4	150:00
08/11/2020	0420		HB THERAPEUTIC ACTIVITIES	2	604.00
08/11/2020	0430		HB THERAPEUTIC ACTIVITIES	4	302:00
08/11/2020	0430		HB SELF CARE MNGMENT TRAINING		265.00
08/11/2020	0636	135000023430	EPOETIN ALFA PER 1000 UNITS	15	
		135000001		. 10	1,278.52
08/11/2020	0636	1.99000001	HEPARIN (PORCINE) PER 1000 UNITS	. 10	20.50

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10/09/2020 07:38 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

	-		the state of the s		**** ** **
Service Dat		Service Code	Description	Qty	Amount
	Cq :				
08/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/11/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1 1	7.24
08/11/2020	0801	205000008	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/12/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/12/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/12/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/12/2020	0250	135000003	IALPRAZOLAM 0.5 MG TABS	1	1.25
08/12/2020	0250	135000003	ASPIRIN.81 MG CHEW	1	1.25
08/12/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1 1	1.25
08/12/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/12/2020	0250	135000003	DICLOFENAC SODIUM 1 % GEL 100 G TUBE	1 1	54,49
08/12/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1 1	1.25
08/12/2020	0250	135000003	HYDROMORPHONE 2 MG.TABS	1 1	1.25
08/12/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	A	13.18
08/12/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/12/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	"	
08/12/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1 1	1.25 1.25
08/12/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1 4	2.74
08/12/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	ી હી	2.74
08/12/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	اأ	1.25
08/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/12/2020	0636	135000001	HÉPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG) '4	8,528.00
08/13/2020	0250	135000002	ACETAMINOPHEN 325 MG TABS	اء	
08/13/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/13/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS		1.25
08/13/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS		1,25
08/13/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS]]	1.25
				1 11	1.25
08/13/2020	0250	135000003	ASPIRIN 81 MG CHEW	1 1	1.25
08/13/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/13/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS]]	2.15
08/13/2020	0250		CALCIUM ACETATE 667 MG CAPS]	1.43
08/13/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS]]	1.43
08/13/2020	0250	1	GABAPENTIN 300 MG CAPS	1 1	1.25
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1 1	1.25
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25

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358000.12803 (FAX)3845263165 P.016/044

10/09/2020 07:39 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev	Service Code	Description	Qty	Amount
	Cd			,	
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/13/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1 1	1.25
08/13/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	i il	. 1.25
	0250	135000003 "	SACCHAROMYCES BOULARDII 250 MG CAPS	1 1	274
	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/13/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/13/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1 1	124.00
08/13/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1 1	99.00
08/13/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/13/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/13/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	15	. 1,278.52
08/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
	0636	135000001	IRON SUCROSE PER 1 MG	100	160,46
08/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1 1	7.24
08/13/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINEMAINTENANCE	1 1	2,955.00
08/14/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1 1	8,528.00
	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/14/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/14/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	. 1	1.25
		135000003	ALPRAZOLAM 0.5 MG TABS	′ 1	1.25
08/14/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1 1	2.15
08/14/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1 1	1.48
08/14/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1 1	1.43
08/14/2020.	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1 1	1.43
08/14/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1 1	1.25
08/14/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1 1	1.25
08/14/2020	0250		HYDROMORPHONE 2 MG TABS	1 1	1.26
08/14/2020	0250		INSULIN GLARGINE PER 5 UNITS	6	13.18
	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1 1	1.25
	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
		· <u></u>	- II O C1.4 000 040 7070.		

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10/09/2020 07:39 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	• • •	07/28/20	
Hospital Account:	10102386943	 Discharge Date:		09/08/20	

Service Date Rev Service Cod Description Oly Amount Cd Cd Cd Cd Cd Cd Cd C				the state of the s	<u></u>	
188142020	Service Date		Service Code	Description	· Qty	Amount
08/14/2020 0420 185000026420 HB NEUROMUSCULAR.REEDUCATION 1 288.00 08/14/2020 0420 185000026420 HB THERAPEUTIC ACTIVITIES 1 302.00 08/14/2020 0536 135000001 HEPARIN.PORCINE) PER 1000 UNITS 10 20.50 08/14/2020 0536 135000001 HEPARIN.PORCINE) PER 1000 UNITS 10 20.50 08/14/2020 042						<u> </u>
08/14/2020 0430 18500026430 185 THERAPEUTIC ACTIVITIES 1 302,00 08/14/2020 0430 18500026430 185 THERAPEUTIC ACTIVITIES 2 604.00 08/14/2020 0636 135000001 HB THERAPEUTIC ACTIVITIES 10 20.50 08/14/2020 0636 135000001 HEPARINI, PORCINE), PER 1000 UNITS 10 20.50 08/14/2020 0636 135000001 HEPARINI, PORCINE), PER 1000 UNITS 10 20.50 08/14/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.26 08/15/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.43 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250					1	
08/14/2020 0430 18500026430 18 THÉRAPÉUTIC ACTIVITIES 2 604.00 08/14/2020 0636 135000001 18 PERAIN (PORCINE) PER 1000 UNITS 10 20.50 08/14/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/14/2020 0120 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/14/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/15/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.43 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.43 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 1	1				11	
08/14/2020 0636 135000001 HEPARINI (PORCINE) PER 1000 UNITS 10 20.50 08/14/2020 0836 135000001 HEPARINI (PORCINE) PER 1000 UNITS 10 20.50 08/16/2020 0250 135000001 HEPARINI (PORCINE) PER 1000 UNITS 10 20.50 08/16/2020 0250 135000002 HEPARINI (PORCINE) PER 1000 UNITS 10 20.50 08/16/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.26 08/15/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/16/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.43 08/16/2020 0250 135000003 GALCIUM ACETATE 667 MG CAPS 1 1.43 08/16/2020 0250 135000003 GALCIUM ACETATE 667 MG CAPS 1 1.43 08/16/2020 0250 135000003 GABAPENTIN 300 MG CAPS 1 1.25 08/16/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/16/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/16/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/16/2020 0250 135000003 HYDROMORPHONE PER 1 MG 1 1.25 08/16/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 6 13.18 08/16/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 6 13.18 08/16/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 1.25 08/16/2020 0250 135000003 SACCHAROMYCES BO					1	
1887472020 0836 135000001 HEFARIN (FORCINE) PER 1000 UNITS 10 20.50 10.5000002 135000001 HEFARIN (FORCINE) PER 1000 UNITS 10 20.50 10.5000002 10.5000002 HEFARIN (FORCINE) PER 1000 UNITS 10 20.50 10.5000003 10.5000003 ACETAMINOPHEN 325 MG TABS 3 1.26 10.500003 ACETAMINOPHEN 325 MG TABS 3 1.26 10.500003 ACETAMINOPHEN 325 MG TABS 1 1.25 1.25 10.500003 ACETAMINOPHEN 325 MG TABS 1 1.25 1.25 10.500003 ACETAMINOPHEN 325 MG TABS 1 1.25						
B8/14/2020 0836 135000001 HEPARIN (PORCINE) PERT 1000 UNITS 10 20.50 08/15/2020 0250 135000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/15/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/15/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/15/2020 0250 135000003 ALPRAZOLAM 0.5 MG TABS 1 1.25 08/15/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/15/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 08/15/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.43 08/15/2020 0250 135000003 CALCIUM ACETATE 867 MG CAPS 1 1.43 08/15/2020 0250 135000003 CALCIUM ACETATE 867 MG CAPS 1 1.43 08/15/2020 0250 135000003 CALCIUM ACETATE 867 MG CAPS 1 1.25 08/15/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/15/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/15/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 1.309 08/15/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250						
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08/15/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/15/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/15/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 1.25 08/15/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/15/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/15/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 6 13.18 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 VENLAFAXINE 37.5 MG CP24 1 1.25 08/15/2020 0300 <td>08/15/2020</td> <td>0250</td> <td>135000003</td> <td>GABAPENTIN 300 MG CAPS</td> <td>1</td> <td>1.25</td>	08/15/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/15/2020 0250 135000003 HYDRÓMORPHÓNE 2 MG TABS 1 1.25 1.25 108/15/2020 0250 135000003 HYDRÓMORPHONE 2 MG TABS 1 1.25 1.25 108/15/2020 0250 135000003 HYDRÓMORPHONE PER 4 MG 1 13.09 108/15/2020 0250 135000003 INSULIN GLÁRGINE PER 5 UNITS 6 13.18 1.25 108/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 1.	08/15/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
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08/15/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 6 13.18 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0301 275000250 HB COMPLETE CBC AUTOMATED 1 1 1.50 08/15/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 1 </td <td>08/15/2020</td> <td>0250</td> <td></td> <td>HYDROMORPHONE PER 4 MG</td> <td>1</td> <td>13.09</td>	08/15/2020	0250		HYDROMORPHONE PER 4 MG	1	13.09
08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 VENLAFAXINE 37.5 MG CP24 1 1.25 08/15/2020 0300 275000250 HB COMPLETE CBC AUTOMATED 1 105.00 08/15/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 124.00 08/15/2020 0301 275000513 HB ASSAY OF PHOSPHORUS 1 99.00 08/15/2020 0636 135000001 EPOÉTIN ALFA PER 1000 UNITS 15 1,278.52 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 <td< td=""><td>08/15/2020</td><td>0250</td><td>135000003</td><td></td><td>6</td><td>13.18</td></td<>	08/15/2020	0250	135000003		6	13.18
08/15/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 VENLAFAXINE 37.5 MG CP24 1 1.25 08/15/2020 0300 275000250 HB COMPLETE CBC AUTOMATED 1 105.00 08/15/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 124.00 08/15/2020 0301 275000513 HB ASSAY OF PHOSPHORUS 1 99.00 08/15/2020 0636 135000001 EPOÉTIN ALFA PER 1000 UNITS 15 1,278.52 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50	08/15/2020		135000003	PANTOPRAZOLE 40 MG TBEC	1	
08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 08/15/2020 0250 135000003 VENLAFAXINE 37.5 MG CP24 1 1.25 08/15/2020 0300 275000250 HB COMPLETE CBC AUTOMATED 1 105.00 08/15/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 124.00 08/15/2020 0301 275000513 HB ASSAY OF PHOSPHORUS 1 99.00 08/15/2020 0636 135000001 EPOETIN ALFA PER 1000 UNITS 15 1,278.52 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 <td>08/15/2020</td> <td>0250</td> <td>135000003</td> <td>PANTOPRAZOLE 40 MG TBEC</td> <td>1</td> <td>1.25</td>	08/15/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/15/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2,74 08/15/2020 0250 135000003 VENLAFAXINE 37.5 MG CP24 1 1,25 08/15/2020 0300 275000250 HB COMPLETE CBC AUTOMATED 1 105.00 08/15/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 124.00 08/15/2020 0301 275000513 HB ASSAY OF PHOSPHORUS 1 99.00 08/15/2020 0636 135009001 EPOETIN ALFA PER 1000 UNITS 15 1,278.52 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/15/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50	08/15/2020	0250			1	2.74
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IDATEWINI IIDAN TANIHIIII I IOUDION CHECKIDE PER DOURE ! 13 (74)	08/15/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24

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

Page: 16 Of 43

10/09/2020 07:40 Business Office Billing

358000.12803 FAXXAB45263165 P.018/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	•	Admission Date:		07/28/20	·
Hospital Account:	10102386943		Discharge Date:		09/08/20	

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Service Date R		Code Description	Qty	Amount,
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	801 2050000		1	2,955.00
	120 1050000] 1]	8,528.00
	250 1350000		3	1.25
	250 1350000		3	1.25
	250 1350000			1.25
	250 1350000	03 ALPRAZOLAM 0.5 MG TABS	1	1.25
	250 1350000	03 ASPIRIN 81 MG CHEW	1	1.25
08/16/2020 02	250 1350000	03 ATORVASTATIN 40 MG TABS	1	1.25
08/16/2020 02	250 1350000	03 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/16/2020 . 02	250 1350000	03 CALCIUM ACETATE 667 MG CAPS	1	1.43
08/16/2020 02	250 1350000	03 CALCIUM ACETATE 667 MG CAPS	1	1.43
	250 1350000		1 1	1.43
08/16/2020 02	250 1350000		1	1.25
08/16/2020 02	250 1350000	03 HYDROMORPHONE 2 MG TABS	2	1.47
08/16/2020 02	260 1350000		1	1.25
	250 1350000		2	1:47
08/16/2020 02	250 1350000		1	18.29
08/16/2020 02	250 1350000	1, 1 = 121121	, a	8.79
	250 1350000		4	37.93
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	250 1350000			1.25
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1	250 1350000		1 4	1.25
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	250 1350000	03 SACCHAROMYCES BOULARDII 250 MG CAPS		2.74
	250 1350000		4	
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			1 1	1.25
	250 1350000		1	2.15
	250 1350000		1 1	1.43
08/17/2020 02	250 1350000	03 CALCIUM ACETATE 667 MG CAPS	1	1.43

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

Page: 17 Of 43

358000.12803 FAXX845263165 P.019404

10/09/2020 07:41 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	·

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Service Dat		Service Code	Description	Qty	Amount
00/47/0000	Cd,	425000002	CALCIUM ACETATE 667 MG CAPS		. 4 10
08/17/2020	0250	135000003		1 31	1.43
08/17/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1 1	1:25
08/17/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1 3	1.25
08/17/2020	0250	135000003	FENTANYL 12 MCG/HR PT72	1 2	14.61
08/17/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/17/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1 31	1.25
08/17/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1 11	18.30
08/17/2020	0250	135000003	INSULINGLARGINE PER 5 UNITS	4	8.79
08/17/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/17/2020	0250	135000003	LIDOCAINE 5 % PTCH	(!!	37.93
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1 3	1.25
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS]]	1.25 1.25
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/17/2020	0250		METHOCARBAMOL 500 MG TABS] 1	1.25
08/17/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/17/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/17/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1,25
08/17/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	4	1,208.00
08/17/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/17/2020	0430	185000028430	HB SELF CARE MNGMENT TRAINING	2	530.00
08/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20,50
08/17/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	. 20.50
08/18/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1 1	8,528.00
08/18/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/18/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/18/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/18/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/18/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	. 1.25
08/18/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1 1	1.43
08/18/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	il	1.43
08/18/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/18/2020	0250	136000003	GABAPENTIN 300 MG CAPS	1 1	1.25
08/18/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/18/2020	0250	135000003	IHYDROMORPHONE 2 MG TABS	2	1.47
08/18/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/18/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
	12500	110000000	interioristical control in the contr	<u></u>	13.43

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10/09/2020 07:41 Business Office Billing

FAX4845263165 P.020/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20	
Hospital Account	10102386943	Discharge Date:	09/08/20	

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Service Date		Service Code	Description	Qty	Amount
	Cd		and the second s		
08/18/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/18/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	4	8.79
08/18/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54
08/18/2020	0250	136000003	LANTHANUM 500 MG CHEW	1	38.54
08/18/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/18/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/18/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/18/2020	0250·	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/18/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	· 1.25
08/18/2020	0250	135000003	SACCHAROMYÇES BOULARDII 250 MG CAPS	1	2.74
08/18/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/18/2020	0300	275000107	HB TOTAL CORTISOL	1	370.00
08/18/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105:00
08/18/2020	0301	275000444	HB RENAL FUNCTION PANEL	1	206.00
08/18/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/18/2020	0635	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20,50
08/18/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/18/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	724
08/18/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE MAINTENANCE	اا	2,955.00
08/19/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	il	8,528.00
08/19/2020	0250		ACETAMINOPHEN 325 MG TABS	3	1.25
08/19/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/19/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	ંડ્રી	1.25
08/19/2020	0250		ASPIRIN 81 MG CHEW	1	1.25
08/19/2020	0250		ATORVASTATIN 40 MG TABS	- 1	1.25
08/19/2020	0250		B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	4	2.15
08/19/2020	0250	135800003	CALCIUM ACETATE 667 MG CAPS	4	1,43
08/19/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	41	1.43
08/19/2020	0250		CALCIUM ACETATE 687 MG CAPS	- 1	1.43
08/19/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	. 4	1.25
08/19/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	ار	1.47
08/19/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	9	1.47
08/19/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/19/2020	0250		HYDROMORPHONE PER 4 MG	1	19.49
08/19/2020	0250		INSULIN GLARGINE PER 5 UNITS	.	6,59
08/19/2020	0250	135000003	L'ANTHANUM 500 MG CHEW	3	38.54
08/19/2020	0250	135000003	LANTHANUM 500 MG CHEW	· []	
V-1 13/2020	LATON	133000003	INTERIOR DOD MICHOLINA		38,54

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10/09/2020 07:42 Business Office Billing

FAX)4845265165 O O O . 1p.029/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

08/19/2020 0250 13500003 LANTHANUM 560 MG CHEW 1 38.54 08/19/2020 0250 13500003 LIDOCAINE 6 % PTCH 1 37.93 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 08/19/2020 0250 135000003 ACCHARMOWCES BOULARDIL 260 MG CAPS 1 2.74 08/19/2020 0250				the second se	<u> </u>	
08/19/2020 0250 135000003 LANTHANUR 550 MG CHEW 1 37.93 13500003 LANTHANUR 550 MG CHEW 1 37.93 13500003 LANTHANUR 550 MG CHEW 1 37.93 13500003 LANTHANUR 550 MG TABS 1 1.25 13500003 METHOCARBAMOL 500 MG TABS 1 1.25	Service Date		Service Code	Description	Cty	Amount
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08/19/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25					1 1	
DBJ19/2020 D250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25					. 1	1.25
D8J19/2020 D250 135000003 METHOCARBAMOL 500 MG TABS 1 1.25 D8J19/2020 D250 135000003 DANTOPRAZOLE 40 MG TBEC 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 MG TBEC 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 MG TBEC 1 1.25 DANTOPRAZOLE 40 MG TBEC 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 MG TBEC 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 MG TBEC 1 1.25 DANTOPRAZOLE 40 MG TABS 1 1.25 DANTOPRAZOLE 40 M] 1	1.25
08419/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 1.25 084/9/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 084/9/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 084/9/2020 0420 185000026430 HB THERAPEUTIC ACTIVITIES 3 086.00 084/9/2020 0430 18500026430 HB THERAPEUTIC ACTIVITIES 2 604.00 084/9/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 084/9/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 084/9/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 084/9/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 084/9/2020 0250 135000003 ACETAMINOPHEN				,] 1]	1.25
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08/20/2020 0250 135000003 GABAPENTIN 300 MG CAPS 1 1.25 08/20/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.47 08/20/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.47 08/20/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.47 08/20/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/20/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 6.59 08/20/2020 0250 136000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003				CALCIUM ACETATÉ 667 MG CAPS	1	1.43
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08/20/2020 0250 135000003 HYDROMGRPHONE 2 MG TABS 2 1.47 08/20/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/20/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 6.59 08/20/2020 0250 136000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93				HYDROMORPHONE 2 MG TABS	2	
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08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93		0250		LANTHANUM 500 MG CHEW	1	
08/20/2020 0250 135000003 LANTHANUM 500 MG CHEW 1 38.54 08/20/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93		0250			1	
08/20/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.83	08/20/2020	0250	135000003	LANTHANUM 500 MG CHÉW	1	
	08/20/2020		135000003	LIDOCAINE 5 % PTCH	1 1	
	08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25

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

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10/09/2020 07:42 Business Office Billing

FAX)8845263165 P.022/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

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Service Dat		Service Code	Description	Oty	Amount
	Cd				
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1] -	.1.25
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/20/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/20/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/20/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/20/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1:25
08/20/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/20/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/20/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/20/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/21/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/21/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/21/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/21/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/21/2020	0260	135000003	ASPIRIN 81 MG CHEW	il	1.25
08/21/2020	0250	135000003	ATORVASTATIN 40 MG TABS	il	1.25
08/21/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	4	2.15
08/21/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	il	1.43
08/21/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	<u>i</u>	1.43
08/21/2020	0250		CALCIUM ACETATE 667 MG CAPS	4	1.43
08/21/2020	0250		DOCUSATE SODIUM 100 MG CAPS	il	1.25
08/21/2020	0250		DOCUSATE SOBIUM 100 MG CAPS	ની	1.25
08/21/2020	0250		HYDROMORPHONE 2 MG TABS	9	1.47
08/21/2020	0250		HYDROMORPHONE PER 4 MG	1	18.29
08/21/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	<u>.</u>	4.40
08/21/2020	0250		LANTHANUM 500 MG CHEW	1	38.54
08/21/2020			LIDOCAINE 5 % PTCH	4	37.93
08/21/2020	0250		METHOCARBAMOL 500 MG TABS	- 1	1.25
08/21/2020	0250		METHOCARBAMOL 500 MG TABS	4	1.25
08/21/2020	0250		METHOCARBAMOL 500 MG TABS	از	1.25
08/21/2020			PANTOPRAZOLE 40 MG TBEC	il	1,25
08/21/2020	0250		PANTOPRAZOLE 40 MG TBEC	il	1.25
08/21/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS	4	2.74
08/21/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	-	2.74
08/21/2020	0250	1	VENLAFAXINE 37.5 MG CP24	4	1.25
	POZOU	1.000000	I sender to an an At A MIO OL TA	<u> </u>	1,20

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

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10/09/2020 07:43 Business Office Billing

358000.12803 (FAX)4845263165 P.023/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILLVICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

			و الرابط المرابط والمنظم والمنطول والمنطول والمنطول والمنطول المنطوع والمنطوط والمنطوط والمنطوط والمنطوط والمنطوط	<u> </u>	
Service Date		Service Code	Description	Qty	Amount
	Cd				
08/21/2020	0300		HB COMPLETE CBC AUTOMATED	1	105.00
08/21/2020	0300	275001357	HB NOVEL CORONAVIRUS 2019 (COVID -19), NAA	. 1	219.00
08/21/2020	0301	275000440	HIB METABOLIC PANEL TOTAL CA	1	124.00
08/21/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	89.00
08/21/2020	0420		HB THERAPEUTIC EXERCISES	2	594,00
08/21/2020	0420		HB NEUROMUSCULAR REEDUCATION	2	576.00
08/21/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION -	. 1	288.00
08/21/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/21/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/22/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/22/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1]	12.41
08/22/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	49.64
08/22/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.85
08/22/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	2	. 9.05
08/22/2020	0250	135000002	PHENYLEPHRINE 1 ML	1[43.91
08/22/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN	2	16.58
08/22/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/22/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	· 3	1.25
08/22/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1:25
08/22/2020	0250 ·	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/22/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	1.25
08/22/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/22/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1)	1.25
08/22/2020	0250	135000003	GABAPENTIN 300 MG CAPS	. 1	1.25
08/22/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/22/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/22/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/22/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/22/2020	0250	135000003	INSULÍN GLARGINE PER 5 UNITS	2	4.40
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250		METHOCARBAMOL 500 MG.TABS	भी	1,25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	<u> il</u>	1.25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	PANTOPRAZOLÉ 40 MG TBEC	11	1.25
08/22/2020		135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
441 EV EVEV	10200	110000000	PANTON TO LOCAL TO ING TO LO	<u> </u>	. 1.20

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

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10/09/2020 07:44 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

** * * * * * * * * * * * * * * * * * * *			<u> </u>	
Service Date Re			Qty	Amount
08/22/2020 02	50 135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/22/2020 02	50 135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/22/2020 02		VENLAFAXINE 37.5 MG CP24	1	1.25
08/22/2020 02	72 26379	VAC DRESSING SENSATRAC MED	1	371.81
08/22/2020 03	00 275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/22/2020 03		HB CULTURE OTHR SPECIMN AEROBIC	1	207.00
08/22/2020 03	00 275000368 -	HB CULTURE OTHR SPECIMN AEROBIC	1	207.00
08/22/2020 03		HB CULTR BACTERIA EXCEPT BLOOD	1.	291.00
08/22/2020 03	00 275000369	HB CULTR BACTERIA EXCEPT BLOOD	1	291.00
08/22/2020 03		HB CULTURE AEROBIC IDENTIFY	1	93.00
08/22/2020 03	00 275000371	HB CULTURE AEROBIC IDENTIFY	1	93.00
08/22/2020 03	00 275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
08/22/2020 03	00 275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
08/22/2020 03	00 275000387	HB SMEAR GRAM STAIN	1	76,00
08/22/2020 03	00 275000387	HB SMEAR GRAM STAIN	1	76.00
08/22/2020 03	01 275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/22/2020 03/	06 275000623	HB TISSUE HOMOGENIZATION CULTR	1	83.00
08/22/2020 03	06 275000823	HB TISSUE HOMOGENIZATION CULTR	1	83.00
08/22/2020 03	60 165000790	HB OR TIME PER MINUTE	61	13,725.00
08/22/2020 03	70 145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,718.00
08/22/2020 03		HB ANESTHESIA GENERAL EA ADDTL 30MIN	1	1,163.00
08/22/2020 06		CEFAZOLIN PER 500 MG	4	16.53
08/22/2020 06		DEXAMETHASONE (PF) 10 MG/ML SOLN	10	11.26
08/22/2020 06		EPOETIN ALFA PER 1000 UNITS	10	845.23
08/22/2020 06		FENTANYL PER 0.1 MG	1	6.28
08/22/2020 06		HEPARIN (PORCINE) PER 1000 UNITS	10	20,50
08/22/2020 06		HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/22/2020 06		LACTATED RINGERS PER 1000 ML	1	8.29
08/22/2020 06		MIDAZOLAM 2 MG/2 ML SOLN	. 2	4.63
08/22/2020 06		ONDANSETRON PER 1 MG	4	7.13
08/22/2020 08		PHENYLEPHRINE HOL 10 MG/ML SOLN 5 ML VIAL	5	64.42
08/22/2020 06		PROPOFOL 200 MG/20ML EMUL	10	7.01
08/22/2020 06		PROPOFOL 200 MG/20ML EMUL	10	7.01
08/22/2020 06		SODIUM CHLORIDE PER 500 ML	1	6.97
08/22/2020 07		HB PACU 1ST HOUR	1	3,409.00
08/22/2020 08/	01 205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/23/2020 01/	20 105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/23/2020 025		ACETAMINOPHEN 325 MG TABS	3	1.25
08/23/2020 02	50 (135000003	AGETAMINOPHEN 325 MG TABS	3	1.25

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

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10/09/2020 07:44 Business Office Billing

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St. Luke's Bethlehem Campus 801 Östrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	· -	Admission	Date:	·	07/28/20	 <u> </u>
Hospital Account:	10102386943	_	Discharge	Date:	,	09/08/20	

					<u> </u>		
Service Dat		Service Code	Description			Qty	Amount
00.000000	Cd						
08/23/2020	0250	135000003		IEN 325 MG TABS		3	1.25
08/23/2020	0250	135000003	ASPIRIN 81 MG			1	1.25
08/23/2020	0250	135000003	ATORVASTATI		•	1	1.25
08/23/2020	0250	135000003		TAMIN C-FOLIC ÁCID	1 MG CAPS	1	2.15
08/23/2020	0250	135000003	CALCIUM ACE	TATE 667 MG CAPS	•	1	1:43
08/23/2020	0250	135000003	CALCIUM ACE	FATE 667 MG CAPS	:	1	1.43
08/23/2020	0250	135000003	CALCIUM ACE	FATE 667 MG CAPS	• •	1	1.43
08/23/2020	0250	135000003	DOCUSATE SO	DIUM 100 MG CAPS	• •	1	1.25
08/23/2020	0250	135000003	FENTANYL 25 I			1	7.46
08/23/2020	0250	135000003	HYDROMORPH	ONE 2 MG TABS	•	2	1.47
08/23/2020	0250	135000003	HYDROMORPH	IONE 2 MG TABS	-	2	1.47
08/23/2020	0250	135000003	INSULIN'GLAR	GINE PER 5 UNITS	•	3	5.27
08/23/2020	0250		LIDOCAINE 5 %		•	1	37.93
08/23/2020	0250	135000003		MOL 500 MG TABS		انا	1,25
08/23/2020	0250	135000003		MOL 500 MG TABS	•	1 1	1.25
08/23/2020	0250	135000003		MOL 500 MG TABS		أ أ	1.25
08/23/2020	0250	135000003		MOL 500 MG TABS	•		1.25
08/23/2020	0250		PANTOPRAZO				1.25
08/23/2020	0250		PANTOPRAZOL				1.25
08/23/2020	0250	135000003		CES BOULARDII 250 I	MG CAPS:		2.74
08/23/2020	0250	135000003		CES BOULARDH 250			2.74
08/23/2020	0250	135000003	VENLAFAXINE		ind OAI 3		1.25
08/23/2020	0300	275000249		CBC WAUTO DIFF W	MAC		149.00
08/23/2020	0301	275000249		PANEL TOTAL CA	,,,,,,		
08/23/2020	0636			CINE) PER 1000 UNIT	r ė	10	124.00
08/23/2020	0636	135000001		CINE) PER 1000 UNIT		10	20.50
08/23/2020		135000001		CINE) PER 1000 UNIT		10	20.50
08/24/2020	0120)ARD SEMIPRIVATE A		1 . 10	20.50
08/24/2020	0250	135000002		IEN 325.MG TABS	NED SUKG	1 1	8,528.00
08/24/2020	0250	135000003			•	3	1.26
08/24/2020	0250	135000003		IEN 325 MG TABS	•	3	1.25
08/24/2020				IEN 325 MG TABS	•	3	1.25
	0250	135000003	ASPIRIN 81 MG]	1.25
08/24/2020		135000003	ATORVASTATI			1	1.25
08/24/2020	0250	135000003		TAMIN C-FOLIC ACID	1 MG CAPS	1	2.15
08/24/2020		136000003		ATE 667 MG CAPS		1	1.43
08/24/2020		135000003	CERHALEXIN 5			· 1	1.81
08/24/2020	0250	135000003	CEPHALEXIN 5			1	1.81
08/24/2020	0250	135000003		DIUM 100 MG CAPS		1	1.25
08/24/2020	0250	135000003	HYDROMORPH	ONE 2 MG TABS	<u> </u>	· 2	1.47

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10/09/2020 07:45 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

		<u> </u>	<u> </u>
Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date Rev Service Code Description Oty	1.47 1.47 1.25 1.47 1.25 18.29 5.27 37.93 1.25 1.25
08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	1.47 1.25 1.47 1.25 18.29 5.27 37.93 1.25 1.25
08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	1.47 1.25 1.47 1.25 18.29 5.27 37.93 1.25 1.25
08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	1.25 1.47 1.25 18.29 5,27 37.93 1.25 1.25
08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	1.47 1.25 18.29 5,27 37.93 1.25 1.25
08/24/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 08/24/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	1.25 18.29 5,27 37.93 1.25 1.25
08/24/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	18.29 5,27 37.93 1.25 1.25 1.25
08/24/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 3 08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	5,27 37,93 1,25 1,25
08/24/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	37.93 1.25 1.25 1.25
08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.25 1.25 1.25
08/24/2020 0250 135000003 METHOCARBAMOL 500 MG TABS 1	1.25 1.25
	1.25
ID8/24/2020 ID250 ID250 ID35000003 IMETHOGARRAMOL500 MG TARS	
08/24/2020 0250 135000003 METHYLPREDNISOLONE PER 4 MG 8	20.06
08/24/2020 0250 135000003 MIDODRINE 2.5 MG TABS 1	4.08
08/24/2020 0250 135000003 MIDODRINE 2.5 MG TABS 1	4.08
08/24/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1	1.25
09/24/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1	1.25
08/24/2020 0250 135000003 SACCHAROMYCE'S BOULARDII 250 MG CAPS 1	2.74
08/24/2020 0250 135000003 SACCHAROMYCES BOULARDH 250 MG CAPS 1	2.74
08/24/2020 0250 135000003 VENLAFAXINE 37.5 MG CP24 1	1.25
08/24/2020 0300 275000246 HB BL SMEAR W/DIFF WBC COUNT 1	50.00
08/24/2020 0300 275000250 HB COMPLETE CBC AUTOMATED 1	105.00
08/24/2020 0300 275000474 HB COMPATIBILITY TEST ELECTRIC 1 1	123.00
08/24/2020 0300 275000474 HB COMPATIBILITY TEST ELECTRIC 1 1	123.00
08/24/2020 0300 275000474 HB COMPATIBILITY TEST ELECTRIC 1 1	123,00
08/24/2020 0300 275000474 HB COMPATIBILITY TEST ELECTRIC 1	123.00
08/24/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1	124.00
08/24/2020 0302 275000558 HB RBC ANTIBODY SCREEN 1	80.00
08/24/2020 0302 275000564 HB BLOOD TYPING ABO 1 1	496.00
08/24/2020 0302 275000565	257.00
08/24/2020 0420 185000020420 HB NEUROMUSCULAR REEDUCATION 1	288.00
08/24/2020 0420 185000026420 HB THERAPEUTIC ACTIVITIES.	302.00
08/24/2020 0434 185000175434 HB OT RE-EVAL EST PLAN CARE 1	298.00
08/24/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20.50
08/24/2020 0836 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20.50
08/24/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10	20.50
	3,121.00
	8,528.00
08/25/2020 0250 135000002 BACITRACIN 50,000 UNITS SOLR 1 EACH VIAL 1	26.86
08/25/2020 0250 135000002 KETAMINE HCL 50 MG/5 ML SOSY	147.16

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10/09/2020 07:45 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	

Service Date		Service Code	Description	Qty	Amount
	Cd	1	No and the second secon		
08/25/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN]	4 53
08/25/2020	0250	135000002	LIDOCAINE-EPINEPHRINE 1 %-1:100,000 SOLN]	16.23
08/25/2020	0250	135000002	PHENYLEPHRINE 1 ML]	43.91
08/25/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN 3,000 ML FLEX CONT	1	34.74
08/25/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS.	3	1.25
08/25/2020	0250	135000003	ASPIRIN 81 MG CHEW]	1.25
08/25/2020	0250	135000003	ATORVASTATIN 40 MG TABS]]	1.25
08/25/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS]	1.43
08/25/2020	0250	135000003	DIPHENHYDRAMINE PER 50 MG	. 3	1:25
08/25/2020	0250	135000003	DOCUSATE SODIUM-100 MG CAPS]	1.25
08/25/2020	0250	135000003	GABAPENTIN 300 MG CAPS	· 1	1.25
08/25/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/25/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/25/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/25/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
08/25/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	. 5.27
08/25/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	79:45
08/25/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1,25
08/25/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1,25
08/25/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.06
08/25/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
08/25/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/25/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	· 1	1.25
08/25/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/25/2020	0278	43213	6FR TUNNELED PICC	1	2,137.50
08/25/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1(105.00
08/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/25/2020	0320	255990175	HB FLUOROGUIDE FOR VEIN DEVICE	1	1.891.00
08/25/2020	0360	165000790	HB OR TIME PER MINUTE	50	11,250,00
08/25/2020	0361	165000187	HB INSERT TUNNELED CV CATH (AGE 5 YEARS OR OLDER)	1	2,470.00
08/25/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1 1	8,718.00
08/25/2020	0370	146000302	HB MOD SED SAME PHYS/QHP INTL 15 MINS 5/>YRS	1	167,00
08/25/2020	0390	275990084	HB RBC LEUKOCYTES REDUCED	1	1.687.00
08/25/2020	0402	255970041	HB US GUIDE VASCULAR ACCESS	1	143.00
08/25/2020	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34,59
08/25/2020	0636	135000001	CEFAZOLIN PER 500 MG	4	16.53
08/25/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	4	4.51
08/25/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	6	6.76
08/25/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23

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

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10/09/2020 07:46 Business Office Billing FAIDENSE 0 0 0 . 1 2 8 0 3 P 0 28 10 44



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

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

Patient:	CAHILL, VICTORIA	• ••	Admission Date:	 07/28/20
Hospital Account:	10102386943		Discharge Date:	 09/08/20

			the state of the s		
Service Date		Service Code	Description	Gty	Amount
00.505.0000	Cd	***************************************			
			FENTANYL PER 0.1 MG	1	6.28
08/25/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
	0636	135000001	GLYCOPYRROLATE 0.4 MG/2 ML SOLN	2	26,92
08/25/2020	0636	135000001	HEPARIN (PORGINE) PER 1000 UNITS	10	20.50
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
		135000001	HYDROMORPHONE PER 4 MG	1[7.68
	0636	135800001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
	0636	135000001	ONDANSETRON PER 1 MG	4	7.13
. –		135000001	PROPOFOL 200 MG/20ML EMUL	14	9.81
		135000001	PROPOFOL 200 MG/20ML EMUL	6	4.21
		135000001	SODIUM CHLORIDE:PER 500 ML	1	13.58
		155000001	HB PACU 1ST HOUR	1	3,409.00
08/25/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955,00
	0120		HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1:25
08/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/26/2020	0250	135000003	ALPRAZOLÁM 0.5 MG TABS	ĭ	1.25
08/26/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/26/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
		135000003	CALCIUM ACETATE 667 MG CAPS	il	1.43
08/26/2020	0250	135000003	FENTANYL 25 MCG/HR PT72	4	7.46
		135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/26/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/26/2020			HYDROMORPHONE 2 MG TABS	5	1:43
08/26/2020		, - •	HYDROMORPHONE PER 4 MG	1	19.49
			HYDROMORPHONE PER 4 MG	ᆌ	19.49
08/26/2020			HYDROMORPHONE PÉR 4 MG	41	18.29
08/26/2020			INSULIN GLARGINE PER 5 UNITS	3	6.59
08/26/2020			LIDOCAINE 5 % PTCH	4	37.93
			METHOCARBAMOL 500 MG TABS	- 1	1:25
			METHOCARBAMOL 500 MG TABS	4	1.25
			METHOCARBAMOL 500 MG TABS	4	1.25
			METHOCARBAMOL 500 MG TABS	4)	1,25
			MIDODRINE 2.5 MG TABS	4	4.08
			MIDODRINE 5 MG TABS	4	
			MIDODRINE 5 MG TABS	4	4.92
	<u> </u>	155000005	MIDODRINE S WIG TABS	<u> </u>	2.65

Please call Customer Service at 1-800-218-7359
Page: 27 Of 43

10/09/2020 07:47 Business Office Billing

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St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	٠	Admission Date:	 07/28/20	
Hospital Account	10102386943		Discharge Date:	09/08/20	

Service Date Rev				and the second of	1	
DB2PG/2020 D250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25	Service Date		Service Code	Description	Qty	Amount.
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08/27/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/27/2020 0250 135000003 ATGRVASTATIN 40 MG TABS 1 1.25 08/27/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/27/2020 0250 135000003 DIPHENHYDRAMINE PER 50 MG 1 1.25 08/27/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.49 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 02	08/27/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/27/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/27/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/27/2020 0250 135000003 DIPHENHYDRAMINE PER 50 MG 1 1.25 08/27/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 1.949 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/27/2020 0250 135000003 ATGRVASTATIN 40 MG TABS 1 1.25 08/27/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/27/2020 0250 135000003 DIPHENHYDRAMINE PER 50 MG 1 1.25 08/27/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/27/2020 0250 135000003 DiPHENHYDRAMINE PER 50 MG 1 1.25 08/27/2020 0250 136000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	ATGRVASTATIN 40 MG TABS	1	1.25
08/27/2020 0250 135000003 DiPHENHYDRAMINE PER 50 MG 1 1.25 08/27/2020 0250 136000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/27/2020 0250 136000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19.49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	DIPHENHYDRAMINE PER 50 MG	1	
08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 HYDROMORPHONE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	
08/27/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1,25 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19,49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250	135000003	HYDROMORPHONE 2 MG TABS.	2	1.43
08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 19,49 08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250		HYDROMORPHONE 2 MG TABS	1	
08/27/2020 0250 135000003 HYDROMORPHONE PER 4 MG 1 13.09 08/27/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 37.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020			HYDROMORPHONE PER 4 MG	1	
08/27/2020 0250 135000003 INSULIN GLARGINE PER 5 UNITS 4 7.91 08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 97.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020		135000003	HYDROMORPHONE PER 4 MG	1	
08/27/2020 0250 135000003 LIDOCAINE 5 % PTCH 1 97.93 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 1 1.25 1 1.25 1.25					4	
08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25	08/27/2020	0250		LIDOCAINE 5 % PTCH	1	
08/27/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 25	08/27/2020		135000003	METHOCARBAMOL 750 MG TABS	1	
108/27/2020 10250 1135000003 METHOCARBAMOL 750 MG.TABS 1 1 25	08/27/2020		135000003	METHOCARBAMOL 750 MG TABS	<u>i</u>	
	08/27/2020	0250	135000003	METHOCARBAMOL 750 MG.TABS	1	1.25

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10/09/2020 07:47 Business Office Billing

358000.12803 (FAX)4845263165 P.030/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL VICTORIA	Admission Date:	07/28/2	<u> </u>
Hospital Account:	10102386943	Discharge Date:	09/08/2	0

C		ب نو سرندو د	and the second s		<u> , , , , , , , , , , , , , , , , , ,</u>
Service Dat		Service Code	Description	Qty	Amount
08/27/2020	Cd	400000000			, ,
	0250	135000003	METHOCARBAMOL 750 MG TABS	(1	1.25
08/27/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.06
08/27/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.08
08/27/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/27/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	. 1. 2 5
08/27/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/27/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/27/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/27/2020	0250	325000001	IODIXANOL PER 1 ML	122	287.69
08/27/2020	0272	28935	GUIDEWIRE VASC AMPLATZ SUPER STIFF .038 180CM	1 1	243.30
08/27/2020	0272	35245	GUIDEWIRE BENTSON .035 150CM 15CM	1	122.35
08/27/2020	0272	35404	INTRO SHEATH PINNACLE 5FR 10CM	1 1	7 5 :53
08/27/2020	0272	56876	THROMBECTOMY INDIGO 6FR 85CM STRT TIP	1 1	17,765.00
08/27/2020	0272	57682	GUIDEWIRE VASC STIFF 0.035IN 150CM 3CM ANGLE	1 1	427.50
08/27/2020	0272	60878	GUIDEWIRE ADVANTAGE 0.018IN 300CM ANGL	1 1	2,992,50
08/27/2020	0272	66130	CATH BAL COYOTE ES OTW 2 X 40MM X 144CM	1	1,662,50
08/27/2020	0272	68192	INTRO SHEATH DESTINATION SFR X 45CM	1 1	712.50
08/27/2020	0272	72616	CATH DIAG CXI 2.3FR 2.3FR 0.014 IN 150CM ANG	{ il	1,712.66
08/27/2020	0272	80837	TUBING ASPIRATION INDIGO SYS LRG 140CM	i i	18,050.00
08/27/2020	0272	81193	GUIDEWIRE HITORQUE COMMAND ES 0.014IN 300CM	ا أ	1,995.00
08/27/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	i	105.00
08/27/2020	0300	275000270	HB COAGULATION TIME ACTIVATED	أأأ	62.00
08/27/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	4	124.00
08/27/2020	0320	255990124	HB CONTRAST EXAM ABDOMINL AORTA	ી ની	12,021,00
08/27/2020	0361	165000158	HB-ESTABLISH ACCESS TO ARTERY (EXTREMITY ARTERY)	انا	1,211.00
08/27/2020	0361	165000208	HE PRIM ART MECH THROMBECTOMY	1 41	31,183.00
08/27/2020	0361	165000234	HB TIB/PER REVASC W/TLA	1 4	47,157.00
08/27/2020	0370	145000008	HB ANESTHESIA IV SEDATION (MODERATE) 1ST HOUR	الما	2,352.00
08/27/2020	0370	145000012	HB ANESTHESIA IV SEDATION (MODERATE) EA ADDTL HOUR	الما	4,160.00
08/27/2020	0402		HB US GUIDE VASCULAR ACCESS	1 7	143.00
08/27/2020	0636		ALTEPLASE 2 MG SOLR	الاا	1,576.82
08/27/2020	0838		ALTEPLASE 2 MG SOLR 1 EACH VIAL	1 3	788.41
08/27/2020	0636		ALTEPLASE 2 MG SOLR 1 EACH VIAL	. 2	788.41
08/27/2020			EPOETIN ALFA PER 1,000 UNITS	10	845.23
08/27/2020	0636		GLYCOPYRROLATE 0.4 MG/Z ML SOLN	2	26.92
08/27/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/27/2020	0636	I	HEPARIN (PORCINE) PER 1600 UNITS	10	20.50
08/27/2020			HEPARIN (PORCINE) PER 1000 UNITS	10	20.50 20.50
08/27/2020			HEPARIN (PORCINE) PER 1000 UNITS	10	
	1000		THE PARTY OF CHAPTER LEGGERAL	, , , , , ,	.14.80

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10/09/2020 07:48 Business Office Billing

(FAX)48452651650 0 0 . 1 P.031/044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

				·	<u> </u>
Service Date		Service Code	Description	Qty	Amount
	Cd		<u>, and the second secon</u>		<u></u>
		135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
	0636	135000001	ONDANSETRON PER 1 MG	4	7.13
	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	157.47
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	21.78
	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	21.78
	0636	135000001	SODIUM CHLORIDE PER 500 ML	2	27.16
	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
08/27/2020	0710		HB PACU EA ADDTL 30MIN :	1	1,708.00
08/27/2020	0801	205000006	HB IP RENAL HÉMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/28/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528:00
08/28/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1	190.80
08/28/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	12.41
08/28/2020	0250	135000002	REPHEDRINE 50 MG/ML SOLN	1	49.64
08/28/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1)	13.85
08/28/2020	0250	135000002	KETAMINE 50 MG/ML SOLN 10 ML VIAL	-1	13.85
08/28/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	Ź	8.05
08/28/2020	0250	135000002	PHENYLÈPHRINE 1 ML	1	43.91
	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML PLAS CONT	1	8.29
08/28/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/28/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
			ALPRAZOLAM 0.5 MG TABS	1	1.25
08/28/2020	0250		ATORVASTATIN 40 MG TABS	- 1	1.25
	0250		CALCIUM ACETATE 667 MG CAPS	1	1.43
08/28/2020	0250		HYDROMORPHONE 2 MG TABS	- 1	1.25
	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
1	0250		HYDROMORPHONE 2 MG TABS	2	1.43
	0250		IHYDROMORPHONE PER 4 MG	1	19:49
	0250		HYDROMORPHONE PER 4 MG	3	13.09
	0250	111111111	3115En	il	13.09
	0260 -	135000003	HYDROMORPHONE PER 4 MG HYDROMORPHONE PER 4 MG HYDROMORPHONE PER 4 MG	1	9.75
	0250	135000003	HYDROMORPHONE PER 4 MG	4	9.75
	0250		HYDROMORPHONE PER 4 MG	il	19.49
	0250		INSULIN GLARGINE PER 5 UNITS	3	6.59
	0250	135000003	METHOCARBAMOL 750 MG TABS	. 1	1.25
	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
	0250	135000003	METHOCARBAMOL 750 MG TABS	4)	1.25
	0250		MIDODRINE 5 MG TABS	4	4.92
	0250		MIDODRINE 5 MG TABS	4	4.92 4.92
	0250	135000003	MIDODRINE 5 MG TABS	. 4	2.65
UCIZOIZUZU	UZOU	Liganooooa	MIDODINIAC 3 MG TADS		2.63

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10/09/2020 07:48 Business Office Billing

FAX)4845263165 (0 (0 (0) 1P.032/0443



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	•	Admission Date:	11.7	07/28/20	 \Box
Hospital Account:	10102386943		Discharge Date:		09/08/20	

7 T	· ·		the control of the co	<u> </u>	
Service Date	: Rev Cd	Service Code	Description	Qty	Amount
08/28/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	-	"4 05
08/28/2020	0250		ISACCHAROMYCES BOULARDII 250 MG CAPS	1 3	1.25
08/28/2020	0250	135000003		1 7	2.74
08/28/2020	0300		SENNA 8:6 MG TABS	4	. 1.25
08/28/2020	0300		HB COMPLETE CBC AUTOMATED HB COMPATIBILITY TEST ELECTRIC	1	105.00
08/28/2020	0300		HB COMPATIBILITY TEST ELECTRIC].]	123.00
	0300				123.00
08/28/2020 08/28/2020	0301		HB METABOLIC PANEL TOTAL CA	1 1	124.00
08/28/2020			HB RBC ANTIBODY SCREEN HB BLOOD TYPING ABO	1 3	80.00
08/28/2020	0302	275000564		1 3	496.00
08/28/2020	0312		HB BLOOD TYPING RH (D)	- 31	257.00
1	0360		HB SURGICAL PATH GROSS	400	131.00
08/28/2020	0370	165000790	HB OR TIME PER MINUTE HB ANESTHESIA GENERAL 1ST HOUR	136	30,600.00
	0370	145000009		1 1	8,718.00
08/28/2020	0636		HB ANESTHESIA GENERAL EA ADDTL 30MIN	50	3,489.00
08/28/2020	0638	135000001	BUPIVACAINE 0.5 % SOLN 50 ML VIAL CEFAZOLIN PER 500 MG CEFAZOLIN PER 500 MG	80	
08/28/2020	0636	135000001	CEFAZOLIN PER 500 MG	Z	7:13
		135000001		2	8.27
08/28/2020	0636		DEXAMETHASONE (PF) 10 MG/MU SOLN	ا ع	5.63
08/28/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	2	5.63
	0836	135000001		10	12.56
	0636		HEPARIN (PORCINE) PER 1000 UNITS		20.50
	0636	135000001 135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	
08/28/2020	0636		MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
•	0636	135000001 135000001	ONDANSETRON PER 1 MG	4	7.13
			PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	. 64.42
			PROPOFOL 200 MG/20ML EMUL	23	
			PROPOFOL 200 MG/20ML EMUL	17	11.91
	0636 0636		SODIUM CHLORIDE PER 500 ML	2	35.19
			SODIUM CHLORIDE PER 500 ML]]	6.97
			SODIUM CHLORIDE PER 500 ML	1 1	6.97
			HB PACU 1ST HOUR.	1 1	3,409,00
	0710		HB PACU EA ADDTL 30MIN	. 1	1,708.00
	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG]	8,528.00
		135000002	DEXTROSE 5% PER 500 ML	1	7.24
	0250		ACETAMINOPHEN 325 MG TABS	3	1.25
	0260		ACETAMINOPHEN 326 MG TABS	. 3	1.25
	0250		ALPRAZOLAM 0.5 MG TABS]]	1.25
****	0250		ALPRAZOLAM 0.5 MG TABS]]	1.25
08/29/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25

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

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FAX)4845263165 0 0 . 1 2.0331044

10/09/2020 07:49 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	

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18292/2020 10250 135000003 ATORNASTATIN 40 MG TABS 1 1.25	Service Date		Service Code	Description	Qty	Amount
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08/29/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.43 08/29/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.43 08/29/2020 0250 135000003 DICLORENAC SODIUM 100 MG CAPS 1 1.25 1.25 08/29/2020 0250 135000003 DICLORENAC SODIUM 100 MG CAPS 1 1.25 08/29/2020 0250 135000003 DICLORENAC SODIUM 100 MG CAPS 1 1.25 08/29/2020 0250 135000003 EPNTANYL 50 MCG/HF PT/2 1 1.25 08/29/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/29/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/29/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/29/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/29/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 08/29/2020 0250 135000003 HYDROMORPHONE PRE 4 MG 1 19.49 08/29/2020 0250 135000003 HYDROMORPHONE PRE 4 MG 1 19.49 08/29/2020 0250 135000003 HYDROMORPHONE PRE 7 MG 1 19.49 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 MG TABS 1 1.25 08/29/2020 0250 135000003 METHOCARBANDL 750 M					1	1.25
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08/29/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 124.00 08/29/2020 0836 135000001 CEFAZOLIN PER 500 MG 6 21.38 08/29/2020 0836 135000001 EPOETIN ALFA PER 1000 UNITS 10 845.23 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/30/2020 0801 205000001 HYDROMÖRPHONE PER 4 MG 1 7.68 08/30/2020 0420 0420 0420 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 </td <td></td> <td>0250</td> <td>1135000003</td> <td>SENNA 8.6 MG TABS</td> <td>2</td> <td>1.25</td>		0250	1135000003	SENNA 8.6 MG TABS	2	1.25
08/29/2020 0836 135000001 CEFAZOLIN PER 500 MG 6 21.38 08/29/2020 0836 135000001 EPOETIN ALFA PER 1000 UNITS 10 845.23 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/30/2020 0801 2050000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/30/2020 0400 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/30/2020 0400 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/30/2020	08/29/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/29/2020 0836 135000001 EPOETIN ALFA PER 1000 UNITS 10 845.23 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HYDROMORPHONE PER 4 MG 1 7.68 08/29/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 <tr< td=""><td>08/29/2020</td><td>0301</td><td>275000440</td><td>HB METABOLIC PANEL TOTAL CA</td><td>1</td><td>124.00</td></tr<>	08/29/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 8 14.11 08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HYDROMÖRPHONE PER 4 MG 1 7.68 08/29/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25	08/29/2020	0636	135000001	CEFAZOLIN PER 500 MG	6	21.38
08/29/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 08/29/2020 0636 135000001 HYDROMORPHONE PER 4 MG 1 7.68 08/29/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1,25	08/28/2020	0836	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/29/2020 0635 135000001 HYDROMÖRPHONE PER 4 MG 1 7.68 08/29/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2,15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1,25	08/29/2020	0636			8ો	14.11
08/29/2020 0635 135000001 HYDROMÖRPHONE PER 4 MG 1 7.68 08/29/2020 0801 205000006 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2,15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1,25	08/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/29/2020 0801 205000000 HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE 1 2,955.00 08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2,15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1,25	08/29/2020				1	
08/30/2020 0120 105000002 HB ROOM & BOARD SEMIPRIVATE MED SURG 1 8,528.00 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2,15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1,25	08/29/2020	0801	205000000	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	
08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1,25 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1,25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1,25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2,15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1,25	08/30/2020	0120			- 1	
08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.26 08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1.25	08/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	
08/30/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25	08/30/2020	0250		ACETAMINOPHEN 325 MG TABS	3	
08/30/2020 0250 135000003 ASPIRIN 81 MG CHEW 1 1.25 08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1.25					3	
08/30/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1.25 08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1.25				· · · · · · · · · · · · · · · · · · ·	1	
08/30/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 2.15 08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1.25		i			1	
08/30/2020 0250 135000003 BISACODYL 10 MG SUPP 1 1.25					1	
					1	
09/30/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1 1 1 1 1			1,000000	CALCIUM ACETATE 667 MG CAPS	<u>il</u>	1.43

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

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10/09/2020 07:50 Business Office Billing



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILLVICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	

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Service Date		Service Code	Description	Qty	Amount
an fairmen	Cd	140	Particular de la constant de la cons	·	
	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	. 1	1.43
08/30/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/30/2020	0250	136000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/30/2020	9250	135000003	INSULIN GLARGINE PER 5 UNITS	2	4.40
	0250	135000003	LIDOCAINE 5 % PTCH	1	10.11
	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/30/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/30/2020	0250	135000003	MIDODRINE 5 MG TABS	, 1	4.92
08/30/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/30/2020	0250	135000003	MINERAL OIL ENEM	1	8.45
08/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	
08/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1 1	1.25 1.25
08/30/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	5.40
	0250	136000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/30/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	<u> </u>	2.74
08/30/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/30/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/30/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/30/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/30/2020	0636	135000001	HYDROMORPHONE PER 4 MG	[1	7.68
08/30/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/30/2020		245000089	HB UPRILXTR ART STDY 3+ LVLS	<u>i</u>]	2.996.00
			HB ROOM & BOARD SEMIPRIVATE MED SURG	il	8,528.00
08/31/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	il	13.70
	0250		ACETAMINOPHEN 325 MG TABS	વ	1.25
	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
		135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
			ASPIRIN 81 MG CHEW	, j	1.25
			ATORVASTATIN 40 MG TABS	- 1	1.25
			B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	4]	2.15
			CALCIUM ACETATE 667 MG CAPS	4	1.43
	V		and the control and and		1.43

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

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10/09/2020 07:50 Business Office Billing



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

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

Patient:	CAHILL, VICTORIA	Admission Date:	 07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	• •

			<u> </u>	<u> </u>		<u></u>
Service Date		Service Code	Description		Oty	Amount
	Cd					
08/31/2020	0250	135000003	CALCIUM ACETATE 687 MG CAPS		1	1.43
08/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS		1	1_43
08/31/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	•	1	1.25
08/31/2020	0250	135000003	DOCUSATE SODIUM 100:MG CAPS		1	1.25
08/31/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	•	2	1.43
08/31/2020	0250	135000003	HYDROMÖRPHONE 2 MG TABS		2	1.43
08/31/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	•	2	1.43
08/31/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	•.	2	3.52
08/31/2020	0250	135000003	LIDOCAINE 5 % PTCH		1 1	10.17
08/31/2020	0260	135000003	METHOCARBAMOL 750 MG TABS		1	1.25
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS		1	1.25
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS		1 1	1.25
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	•	1 il	1.25
08/31/2020	0250	135000003	MIDODRINE 5 MG TABS		1 1	4.92
08/31/2020	0250	135000003	MIDODRINE 5 MG TABS		1 1	4.92
08/31/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	•	1 1	1.25
08/31/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC		1 1	1.25
08/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250	MG CAPS	1 1	2.74
08/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250		1 4	2.74
08/31/2020	0250	135000003	SENNA 8.6 MG TABS		1 4	0.63
08/31/2020	0250	1	SENNA 8.6 MG TABS	•		0.63
08/31/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24			1.25
08/31/2020	0300		HB COMPLETE CBC AUTOMATED		1 1.	105.00
08/31/2020	0420	185000019420	HB THERAPEUTIC EXERCISES		4	297.00
08/31/2020	0420	186000026420	HB THERAPEUTIC ACTIVITIES			302.00
08/31/2020	0424		HB PT RE-EVAL EST PLAN CARE			298.00
08/31/2020	0430		HB THERAPEUTIC ACTIVITIES		1 - 4	302.00
08/31/2020	0434	185000075434	HB OT RE-EVAL EST PLAN CARE	•	-	298.00
08/31/2020	0636		HEPARIN (PORCINE) PER 1000 UN	Π¢.	10	20.50
08/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UN		10	20.50
08/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1900 UNI		10	20:50
08/31/2020	0636	135000001	HYDROMORPHONE PER 4 MG		'4	
08/31/2020	0638	135000001	HYDROMORPHONE PER 4 MG		4	7.68
08/31/2020	0636	135000001			4	7,68
	0120	105000001	SODIUM CHLORIDE PER 500 ML HB ROOM & BOARD SEMIPRIVATE	MEDICION	4	6.97
09/01/2020	0250	135000002	HE ROOM & BOARD SEMIPRIVATE KETAMINE 50 MG/ML SOLN	WED SOKE	1 4	8,528.00
09/01/2020	0250]	13.70
09/01/2020		135000003	ACETAMINOPHEN 325 MG TABS		3	1.25
	0250	135000003	ASPIRIN.81 MG CHEW	D 4 140 01 00	1 3	1.25
09/01/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACI	DIT MG GAPS		2.15

Please call Customer Service at 1-800-218-7359 Page: 34 Of 43

10/09/2020 07:51 Business Office Billing

FAX)4845263165 00 . 12803



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

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Service Date		Service Code	Description	Qty	Amount
	Cd			,	
09/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/01/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/01/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/01/2020	0250	135000003	FENTANYL 50 MCG/HR PT72	1	12.12
09/01/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
09/01/2020	0250	135000003	JHYDROMORPHONE 2 MG TABS	2	1.43
09/01/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/01/2020	0260	135000003	INSULIN GLARGINE PER 5 UNITS	2	3.52
09/01/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
09/01/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/01/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/01/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/01/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	4.92 1.25
09/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/01/2020	0250	135000003	SACCHAROMYCES BOULARDH 250 MG CAPS	1	2.74
09/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	i il	2.74
09/01/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	. 1.25
09/01/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/01/2020	0300	275000398	HB HEPATITIS B SURFACE AG EIA	1	150.00
09/01/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/01/2020	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
09/01/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
09/01/2020	0636	135000001	HALOPERIDOL LACTATE PER 5 MG	1	4.29
09/01/2020	0636		HALOPERIDOL LACTATE PER 5 MG	1	4.29
09/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/01/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
09/01/2020	0636	135000001	LORAZEPAM PER 2 MG	<u>i</u>	3.11
09/01/2020		135000001	SODIUM CHLORIDE PER 500 ML	· il	6.97
09/01/2020			HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	<u>i</u> l	2,955.00
08/02/2020	0120	105000002	IHB ROOM & BOARD SEMIPRIVATE MED SURG	4	8,528.00
09/02/2020	0250	135000002	DEXTROSE 5% PER 500 ML	4	7.50
09/02/2020	0250	135000002	DEXTROSE 5% PER 500 ML		7.50
09/02/2020	0250	135000002	ILIDOCAINE 1 % SOLN 30 ML VIAL	اد ا	25.37
09/02/2020	0250	135000002	LIDOCAINE 1 % SOLIN 30 ML VIAL	5	25.37 25.37
09/02/2020	0250	135000002	ACETAMINOPHEN 325 MG TABS	2	25.37 1.25
09/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	
U31U412V2U	JUZUU	1199000003	MAKE I MININGE MENI, 343 MIGHT MB3	- J	1.25

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

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10/09/2020 07:51 Business Office Billing

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St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

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Service Date		Service Code	Description	Oty	Amount
	Cd				
09/02/2020	0250		ACETAMINOPHEN 325 MG TABS	3	1.25
09/02/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
09/02/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/02/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/02/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/02/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/02/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/02/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/02/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	2.64
09/02/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/02/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/02/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1,25
09/02/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/02/2020	0250	135000003	MIDODRINE 5 MG TABS	. 1	4.92
09/02/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/02/2020	0250	135000003	MIDODRÍNÉ 5 MG TÁBS	1	4.92
09/02/2020	0260	135000003	NYSTATIN 100000 UNIT/GM POWD 15 G BOTTLE	1	17.22
09/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	<u>i</u>]	1.25
09/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	- 1	2.74
09/02/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
09/02/2020	0250	135000003	VENLAFAXINE 37:5 MG CP24	1	1.25
09/02/2020	0300	275000249	HB COMPLETE CBC WAUTO DIFF WBC	il	149.00
09/02/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/02/2020	0635	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/02/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	io	20.50
09/02/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/02/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	. 1	340.00
09/03/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	ᆌ	8,528.00
09/03/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50.ML	3	263.80
09/03/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML.	4	263.80
09/03/2020	0250		ACETAMINOPHEN 325 MG TABS	<u>ر</u> ٰ	. 1.25
09/03/2020	0250		ACETAMINOPHEN 325 MG TABS	3	1.25
09/03/2020	0250		ACETAMINOPHEN 325 MG TABS	3	1.25
09/03/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	3	1.25
03/03/ZVZ U	V4.UU	110000000	MLF TO COLAM U.S MIG TADS		1.25

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10/09/2020 07:52 Business Office Billing

FAX)48475263165© ○ ○ 1 P:0389044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

09/03/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 1 1 1 1 1 1 1 1	1.25 1.25 2.15 1.43 1.43 1.25 1.25
09/03/2020 0230 135000003 ASPIRIN 81 MG CHEW 1 09/03/2020 0250 135000003 ATORVASTATIN 40 MG TABS 1 09/03/2020 0250 135000003 B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS 1 09/03/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 09/03/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 09/03/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1	1.25 2.15 1.43 1.43 1.43 1.25
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09/03/2020 0390 275990064 HB RBC LEUKOCYTES REDUCED 1 1,687	
09/03/2020 0636 135000001 CEFAZOLIN 2000 MG SOLR 4 34	4.59
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	0.50

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10/09/2020 07:53 Business Office Billing

FAI)84528165 00 . 12803



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

CG 08/03/2020 0836 135000004 HEPARIN (PORCINE) PER 1000 UNITS 10 20.50 09/03/2020 0836 135000001 HYDROMÖRPHONE PER 4 MG 1 7.88 09/03/2020 0936 135000003 HEB IP RENAL HEMÓDIÁL'SIS ROUTINE/MAINTENANCE 1 2.855.00 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 3 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.25 09/04/2020 0250 135000003 ACETAMINOPHEN 325 MG TABS 1 1.43 09/04/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.43 09/04/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.43 09/04/2020 0250 135000003 CALCIUM ACETATE 667 MG CAPS 1 1.25 09/04/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 09/04/2020 0250 135000003 DOCUSATE SODIUM 100 MG CAPS 1 1.25 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 2 1.43 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 09/04/2020 0250 135000003 HYDROMORPHONE 2 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBA				and the second of a material policy of the proper account to the first size to second		3 454 1 1 4 4 4
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09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250	09/04/2020	0250	135000003		1 1	37.93
09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 10/04/2020 0250 02	09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	l <u>1</u>	
09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 02	09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1 1	1.25
09/04/2020 0250 135000003 METHOCARBAMOL 750 MG TABS 1 1.25 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25 09/04/2020 0250 02	09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.85 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 2.5	09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	ا أ	1.25
09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.46 09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.85 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 2.74	09/04/2020	0250			। ने	2.45
09/04/2020 0250 135000003 MEXILETINE 150 MG CAPS 1 2.45 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.85 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25		0250	135000003	MEXILETINE 150 MG CAPS	ا أ	
09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 2.65 09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.26 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25	09/04/2020	0250				
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09/04/2020 0250 135000003 MIDODRINE 5 MG TABS 1 4.92 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25						
09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.26 09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25					ነ ብ	
09/04/2020 0250 135000003 PANTOPRAZOLE 40 MG TBEC 1 1.25 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25					.	
09/04/2020 0250 135000003 SACCHAROMYCE'S BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SACCHAROMYCE'S BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25					ان	
09/04/2020 0250 135000003 SACCHAROMYCES BOULARDII 250 MG CAPS 1 2.74 09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25					[]	
09/04/2020 0250 135000003 SENNA 8.6 MG TABS 1 1.25						
					4	
	09/04/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24		1.25

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

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10/09/2020 07:53 Business Office Billing FAX) 28 1 5 2 6 1 2 8 1 3 7 1



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

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

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20	<u> </u>
Hospital Account:	10102386943	Discharge Date:	09/08/20	

	<u> </u>		was ta the control of		<u> </u>
Service Date	Rev Cd	Service Code	Description	Oty	Amount
09/04/2020	0300	275000250	IHB COMPLETE CBC AUTOMATED		105.00
	0301	275000230	1	1 31	105.00
09/04/2020 09/04/2020	0420		HB METABOLIC PANEL TOTAL CA HB THERAPEUTIC EXERCISES	1 11	124.00
,	0420	1850000018420		1]	297.00
09/04/2020	0636		HB THERAPEUTIC ACTIVITIES	10	604.00
09/04/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/04/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20,50
09/04/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1 1	7.68
09/05/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/05/2020	0250		ACETAMINOPHEN 325 MG TABS.] 3	1.25
09/05/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/05/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	· 3	1.25
09/05/2020	0250		ASPIRIN 81 MG CHEW	1	1.25
09/05/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/05/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/05/2020	0250		CALCIUM ACETATE 667 MG CAPS	1	1.43
09/05/2020	0250	135000003	CALÇIUM AÇETATE 667 MG CAPS	1	1.43
09/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/05/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS] 1	1.25
09/05/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
09/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2 2	1.43
09/05/2020	0250 .	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/05/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1 1	1.25
09/05/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1 1	1.25
09/05/2020	0250	135000003	MEXILETINE 150 MG CAPS	1 1	2.45
09/05/2020	0250		MEXILETINE 150 MG CAPS	1	2.45
09/05/2020	0250	135000003	MEXILETINE 150 MG CAPS	i	2.45
09/05/2020	0250	135000003	MIDÓDRINE 5 MG TABS	-	4.92
09/05/2020	0250	135000003	MIDODRINE 5 MG TABS	i	4.92
08/05/2020	0250	135000003	MIDODRINE 5 MG TABS		4.92
09/05/2020	0250	135000003	MIDODRINE 5 MG TABS		4.92
09/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	انا	1.25
09/05/2020		135000003	PANTOPRAZOLE 40 MG TBEC		. 1.25
09/05/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS		2.74
09/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		2.74
09/05/2020	0250		SENNA 8.6 MG TABS		1.25
09/05/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	4	1.25
الاجالاخالاخال	1-500	1.0000000	AFIATA LAMAT OLD MIC OLD	<u> </u>	1.23

Please call Customer Service at 1-800-218-7359 Page: 39 Of 43

10/09/2020 07:54 Business Office Billing

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St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILLVICTORIA	Admission Date:	 07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	•

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Service Date		Service Code	Description	Qty	Amount
	Ċċ				
09/05/2020	0300	275000246	HB BL SMEAR WIDIFF WBC COUNT	1	50.00
09/05/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/05/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
09/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	: 20.50
09/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/05/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
09/06/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1]	8,528.00
09/06/2020	0250	135000003	ACETAMINOPHEN 326 MG TABS	· 3	1.25
09/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1. 2 5
09/06/2020	0250	135000003	ASPIRIN-81 MG CHEW	1	1.25
09/06/2020	0250.	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/06/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.16
09/06/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/06/2020	0.250	135000003	CALCIUM ACETATE 687 MG CAPS	1	1.43
09/06/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	.1.25
09/08/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/06/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
09/06/2020	0250		LIDOCAINE 5 % PTCH	1	9.94
09/06/2020	0250	135000003	MECLIZINE 25 MG TABS	- 1	2.23
09/06/2020	0250		METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	il	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	· il	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	4	1.25
09/06/2020	0250		MEXILETINE 150 MG CAPS	. i	2.45
09/06/2020	0250	1	MEXILETINE 150 MG CAPS	. il	2.45
09/08/2020	0250		MEXILETINE 150 MG CAPS	- il	2.45
09/06/2020	0250		MIDODRINE 5 MG TABS	il	4.92
09/06/2020	0250	135000003	MIDODRINE 5 MG TABS	4	4:92
09/06/2020	0250		MIDODRINE 5 MG TABS	il	4.92
09/06/2020	0260	135000003	ONDANSETRON PER 8 MG	اړ	1.25
09/06/2020	0250		PANTOPRAZOLE 40 MG TBEC	1	1.25
09/06/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	4	1.25
09/06/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS	4	2.74
09/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	4	2.74
201001Z020	أمحمم	11000000	WY VOI POND TOES BOULARDII 230 MG CAPS	1	

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10/09/2020 07:54 Business Office Billing

(FAX)48452631650 (3 (3) 4 20 0 4 2 0 4 2 0 4 4



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

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Service Dat		Service Code	Description	Oty	Amount
00 (00) 0000	Cd	40500000	IOCANA CO O SACO TARRO		
09/06/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
09/06/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20,50
09/06/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/07/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/07/2020	0250		ACETAMINOPHEN 325 MG TABS	3	1.25
09/07/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	. 1	1.25
09/07/2020	0280	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/07/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/07/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/07/2020	0250		BISACODYL 10 MG SUPP	1	1.25
09/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/07/2020	0250	135000003	CALCIUM ACETATE 887 MG CAPS.	1	∴ 1.43
09/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/07/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/07/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS.	1	1.25
09/07/2020	0250	135000003	FENTANYL 50 MCG/HR PT72	1	12.12
09/07/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/07/2020	0250	135000003	MECLIZINE 25 MG TABS	1	2.23
09/07/2020	0250		METHOCARBAMOL 750 MG TABS	1	1.25
09/07/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/07/2020	0250	135000003	MEXILETINE 150 MG CAPS	ો	2.45
09/07/2020	0250		MEXILETINE 150 MG CAPS	. 1	2.45
09/07/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/07/2020	0250		MIDODRINE 5 MG TABS	4	4.92
09/07/2020	0250		MIDODRINE 5 MG TABS	1	2.65
09/07/2020	0250		MIDODRINE 5 MG TABS	4	4.92
09/07/2020	0250		ONDANSETRON PER 8 MG	اله ا	1.25
09/07/2020			PANTOPRAZOLE 40 MG TBEC	1	1.25
09/07/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/07/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS	4	2.74
09/07/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS	4	2.74
09/07/2020	0250		SENNA 8.6 MG TABS		1.25
09/07/2020	0250		VENLAFAXINE 37.5 MG CP24	1	1.25
09/07/2020			HB COMPLETE CBC AUTOMATED	4	105.00
09/07/2020	1		HB METABOLIC PANEL TOTAL CA	. ;	124.00
09/07/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
FAND LIEUEO	19000	<u> </u>	INTERNITY OF CHARLESTER 1000 OUT 13	101	

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

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10/09/2020 07:55 Business Office Billing FAXV4845263165; (1) (2) (1) 1P.043/0445



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

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

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev	Service Code	Description	Qty	Amount
CEIVICE Date	Cd	obittica dege	Description	. Qty	. Amount.
09/07/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10 .	20.50
09/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	'3	1.25
09/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	ا ع	1.25
09/08/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1 1	1.25
09/08/2020	0250	135000003	ASPIRIN 81 MG CHEW	انا	1.25
	0250	135000003	IB COMPLEX-VITAMIN C.FOLIC ACID 1 MG CAPS	اأا	2.15
	0250	135000003	CALCIUM ACETATE 667 MG CAPS		1.43
	0250	135000003	CALCIUM ACETATE 667 MG CAPS	(ની	1.43
09/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	اأوا	1.43
09/08/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS		1.25
09/08/2020	0250	135000003	LIDOCAINE'5 % PTCH	1 1	9.94
09/08/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	اأا	1.25
09/08/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	l il	1.25
09/08/2020	0260	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/08/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
	0250	135000003	IMIDODRINE 5 MG FABS	1	4 92
09/08/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
		135000003	MIDODRINÉ 5 MG TABS	1	4.92
	0250	135000003	NYSTATIN 100000 UNIT/GM POWD 15 9 BOTTLE	1	16.67
09/08/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	i 1	1.25
09/08/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/08/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
	0300	275001357	HB NOVEL CORONAVIRUS 2019 (COVID -19), NAA	1	219.00
			HB THERAPEUTIC EXERCISES	2	594.00
		185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
			HB THERAPEUTIC ACTIVITIES	2	604.00
	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
		135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20:50
		135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	.15.38
09/08/2020	0801	205000008	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
Total above					

Total charges: Total payments and adjustments:

954,627.57

Please call Customer Service at 1-800-218-7359 Page: 42 Of 43

10/09/2020 07:56 Business Office Billing

FAX)4845263165 0 0 0 1 P20441044



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18015 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia; PA 19178-8187

Patient:	CAHILLVICTORIA	Admission Date:	07/28/20	
Hospital Account:	10102386943	Discharge Date:	09/08/20	· ·

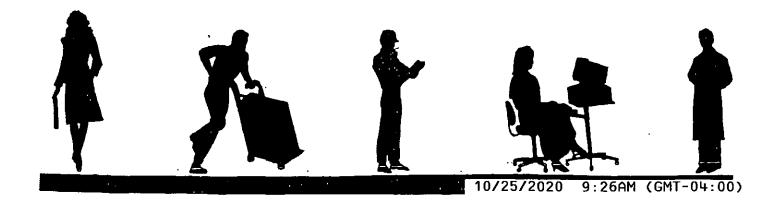
Account Balance:

954,627.57

Please call Customer Service at 1-800-218-7359.
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358000, 12803

CUSTOMERS Are Our Business



10/25/2020 9:26:18 AM -0400 FAXCOM

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Fax

358000, 12803

To: Fax: PA Doc Prep

717-635-4233

Company:

From: Rajalreddy, Nilima N

Fax:

Voice:

Date:

October 25, 2020

Subject:

Comments: