

# Universal Lead Sheet 1 (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 18, LL		(717) 302-3702 FAX # for PRiORITY requests (717) 635-4237				
Date of Request (mm/dd/yyyy): 11/02/20	)20 Rec	uestor Full Name: Nilima.Rajalreddy				
Phone #/Extension:	*IN	*INSINQ Inquiry #: 20302932803				
Reason: Please re key new claim with me	edical records,please W	aive timely filling . Thank you				
From:  Blue Cross of Northeastern PA  BlueCard Host  Claims Admin Services  Customer Service  Other (specify):	☐ CS Support ☐ FEP ☐ Medicare Advan ☐ Medigap	☐ National Dedicated ☐ National Non-Dedicated Tage ☐ Pittsburgh Facility Prov Services ☐ Provider Relations				
PR 「		DATE INDICATED BELOW				
L	Receipt Date (MMDDYY					
(	Receipt Date <u>Must</u> be o	n Claim and Lead Sheet)				
☐ Electronic To	Paper 🔲 Mega 🤇	laim 🔲 BlueCard Host Clean-Up				
Select <u>one</u> claim type below for the a determined, check GENERAL CLAIM.	ppropriate type of cla	m 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 Insti	rutional				
■ BlueCard Host Fac/Inst (Q8):	☐ Medicaid/DPW	☐ MM Prof Precoded T9				
■ Highmark □ NEPA	☐ Medicare Adva	ntage Inst				
☐ Central MM Prof Batch 46	☐ Medicare Adva	_				
☐ Central MM Inst Batch U3	☐ Medicare Adva	•				
☐ Concurrent – IBC	Member -Subn					
☐ Diabetic Mandate Batch O4	□ Prof (2J) □	•				
☐ FEP Highmark	☐ Medigap Highi					
☐ FEP NEPA (X8)	☐ Medigap High	·				
	ə	□ UCCI Dental □ Zostavax				

#### Instructions

358070.12101

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.

358070.12101

# INSINQ HIGH SPEED SCAN REQUEST FORM

To:	Document Preparation Sorting 1B - LL
From:	· · · · · · · · · · · · · · · · · · ·
Dept:	BLUECARD HOST MEDICAL RECORDS
Ext:	717 302 4322
Date:	· · · · · · · · · · · · · · · · · · ·
	HIGH SPEED SCAN REQUEST
1. Di:	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:
Indicat	ors: 1 3 4 5 6 7

This form should be used only for inquiry entry.

Do not use when sending claims to Document Preparation Claims Sorting for entry.

10/19/2020 15:00 Business Office Follow Up

(FAX)4845263091 P.001/058 358070.12101



To: Attention: Medical Records Personal and Clinfidental

BlueCard Host Company: Highmark

Phone:

Fax: 866-251-9601

Email:

From:

Colleen Danser

Phone:

484-5265160 484-526-3091

Fax: Email:

colleen.danser@sluhn.org

Important - Utilization Review from ST. LUKE'S UNIVERSITY HOSPITAL BETHLEHEM CAMPUS - Contains CONFIDENTIAL clinical data ir:

Jacinto Lucero Attached please see copy of itemized bill

Use fax number above to fax authorization number fapproval for above patient. Please contact the Utilization Review Department with any questions.

NOTICE: This communication, including attachments, may contain information that is confidential and protected by the attorney-client or other privilege(s)

#### 10/19/2020 15:00 Business Office Follow Up Claim Investigation Inquiry - Details

## Claim Investigation for: JACINTO LUCERO OYARVIDES

Clased on 1	0/13/2020		Claim Number: 2114372674
Member's Insura	ince	Total Charge:	\$1,072,250
Patient Name: Member 10: Group Number:	JACINTO LUCERO GYARVIDES 129M52589 04999911	Patient Account Number: Process Date:	1010227755 09/04
Provider(s)			
Billing Provider: NPI:	ST LUKES HOSPITAL 1013933175		

Print	HIGHMARK.	0
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Claim Date Range: 05/19/2020 to 05/18/2020

1	
·	
Actions	
Daim Investigation	
Contact Details	
lame:	Denser,Colleen
ture:	484-526-5160

Investigation Comments: 10/12/2020 11:13 Obserpancy on How Claim Processed BC Empire NY cented due to faxed to BC Empire NY @ 1-877-799-4129 on 9/11/2020. Places advise on status.

**Investigation Reply:** 

10/13/2020 12/14 Thank You For Using Navinet, Please be edvised that there is no the property of the training of the Calm, Please submit complete itemized bill to Matting the process of Fax: Highmark Medical Records Return Development P.O. Box 990062 Camp HB, PA 17089-0662 Attention: Medical Records Confidential BlueCard Most - 28 L3 Fax: Top Free: 869-151-9601 Please also include the Patient ID, Claim number, Inqui high more on the cover sheet/cover page of the records. 10/13/2020 12:14 Thank You For Using Navinet. Flesse be edubed that there is no t

10/19/2020 15:01 Business Office Follow Up

FAXX4845263091 P.003/058 358070.12101



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

Jacinto Lucero 1109 Nazzetti Rd STROUDSBURG, PA 18360

Account #:

10102277595

Patient: LUCERO, JACINTO Admission Date: 05/19/20
Hospital Account: 10102277595 Discharge Date: 06/18/20

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

Visit Coverages:

Blue Cross Mc Rep - Misc Blue Cross Mc Rep Charges

Service Dat	c Rev Cd	Service Code	Description		Oty	Ainount
05/19/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		1	23,719,00
05/19/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML		2	360.43
05/19/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN		1	4.53
05/19/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		2	27.16
05/19/2020	0250		MULTI-ELECTROLYTE SOLN		1	13,58
05/19/2020	0250	135000002	PHENYLEPHRINE 1 ML	腳	1 1	43.91
05/19/2020	0250	135000002	SUGAMMADEX SODIUM 100 MG/ML SOLN		1 1	518,25
05/19/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1 1	7.31
05/19/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION		1 1	252.00
05/19/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1	394.00
05/19/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		[ 1	394.00
05/19/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT		1 1	33.00
05/19/2020	0300	275000165	HB ASSAY OF LACTIC ACID	器	1	276.00
05/19/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1 1	138.00
05/19/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138,00
05/19/2020	0300	275000246	HB BL SMEAR WIDIFF WBC COUNT		1 1	48.00
05/19/2020	0300	275000247	H8 HEMATOCRIT	<u>N</u>	1 1	47.00
05/19/2020	0300	275000250	HB COMPLETE CBC AUTOMATED		] 1	100.00
05/19/2020	0300	275000260	HB COMPLETE CBC AUTOMATED		1 1	100.00
05/19/2020	บัวบับ	275000368	HB CULTURE OTHR SPECIMN AEROSIC	13	1	197.00
05/19/2020	0300		HB CULTR BACTERIA EXCEPT BLOOD	瀏	1 1	277.00
05/19/2020	0300	275000387	HB SMEAR GRAM STAIN		1 1	72.00
	0301	275000440	HB METABOLIC PANEL TOTAL CA	<b>6</b> 9	1	118.00
05/19/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
05/19/2020	(0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	瞬	1	97.00
05/19/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
05/19/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	8	1 1	64.00
05/19/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	M	I il	67.00
	0360	165000790	HB OR TIME PER MINUTE		78	16,738.02
05/19/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	腦	1 1	8,303.00

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

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15:01 Business Office Follow Up 10/19/2020

P.004/058 358070 12101



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:	LUCERO, JACINTO		05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Dat		Service Code	Description	On	y Amount
	Cd				
05/19/2020	0370		HB ANESTHESIA GENERAL EA ADDTL 30MIN		1,108.00
05/19/2020	0636	135000001	CLINDAMYCIN PER 300 MG	) '	24.96
05/19/2020	0638	135000001	HB ANESTHESIA GENERAL EA ADDTL 30MIN CLINDAMYCIN PER 300 MG DEXAMETHASONE (PP) 10 MG/ML SOLN DEXAMETHASONE (PP) 10 MG/ML SOLN FENTANYL PER 0.1 MG HEPARIN (PORCINE) PER 1000 UNITS LACTATED RINGERS PER 1000 ML MAGNESIUM SULFATE PER 500 MG MAGNESIUN METRONIDAZOLE 500 MG SOLN ONDANSETRON PER 1 MG PIPERACILLIN SOD-TAZOBACTAM PER 1 G POTASSIUM CHLORIDE PER 2 MEQ POTASSIUM CHLORIDE PER 2 MEQ PROPOFOL 200 MG/20ML EMUL PROPOFOL 200 MG/20ML EMUL SODIUM CHLORIDE PER 500 ML HE SUCCINYLCHOLINE CHLORIDE 100 MG/6 ML SOSY VANCOMYCIN PER 500 MG HB PACU 1ST HOUR HB ELECTROCARDIOGRAM TRACING HB INTENSIVE CARE UNIT GENERAL ALBUTEROL PER 1 MG		4451
05/19/2020	-0636		DEXAMETHASONE (PF) TO MG/ML SOLN		6.76
05/19/2020	0636	135000001	FENTANYL PER 0.1 MG	1 3	2 12.61 5 10.25 1 8.29
05/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		10.25
05/19/2020	0636	135000001	LACTATED RINGERS PER 1000 ML	1 '	
05/19/2020	0636	135000001	MAGNESIUM SULFATE PER 500 MG MAGNESIUM	- 1 4	49.82
05/19/2020	0636	135000001	METRONIDAZOLE 500 MG SOLN		8.29
05/19/2020	0636	135000001	ONDANSETRON PER 1 MG	1 4	5.17
05/19/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	1 .	39.80
05/19/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	
05/19/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	1 10	
05/19/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	10	
05/19/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL 图	10	
05/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML 網	1	13.58
05/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML   III	1 1	8.29
05/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML 額	.   1	7.24
05/19/2020		135000001	SUCCINYLCHOLINE CHLORIDE 100 MG/5 ML SOSY 關於	6	103.69
05/19/2020	0636	135000001	VANCOMYCIN PER 500 MG	) 2	155.36
05/19/2020	0710	155000001	HB PACU 1ST HOUR   類	1	3,247.00
05/19/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/19/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/20/2020			HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/20/2020	0250	135000002	ALBUTEROL PER 1 MG	1	2.54
05/20/2020	0250	135000002	MEDUIEROL PER I MG	1	2.54
05/20/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	10.62
05/20/2020	0250	135000002	LIDOCAINÉ (PF) 1 % SOLN	!	4.53
05/20/2020			MULTI-ELECTROLYTE SOLN 图	1	13.58
05/20/2020		135000002	MULTHELECTROLYTE SOLN 腦	1	13.58
05/20/2020	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 15 M順		33.18
05/20/2020			LEVOTHYROXINE 25 MCG TABS	3	
05/20/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	1	1.25
05/20/2020	0250	325000001	IOHEXOL PER 1 ML	100	
05/20/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD	1 1	326.00
05/20/2020	0300	276000037	HB ASSAY OF VANCOMYCIN	<b>!</b>   1	495.00
05/20/2020	0300	275000037	HB ASSAY OF VANCOMYCIN	l l i	495.00
05/20/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	252.00
05/20/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION 関	1	394.00

Please call Customer Service at 1-800-218-7359 Page: 2 Of 53

10/19/2020 15:02 Business Office Follow Up

FAX)4845263091 P.005/058 358070.12101



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:	LUCEROJACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Dat	Cd	Service Code	Description		Qty	Amount
05/20/2020	0300		HB BLOOD GASES W/O2 SATURATION	鯐	1 1	394.00
05/20/2020	0300		HB BLOOD GASES W/Q2 SATURATION	斑	1 1	394.00
05/20/2020	<b>j</b> 0300		HB ASSAY GLUCOSE BLOOD QUANT		1 1	33.00
05/20/2020	<b>~</b> ]0300		HB ASSAY OF CACTIC ACID		·	276.00
05/20/2020	0300		HB ASSAY OF LACTIC ACID		] 1	276.00
05/20/2020	0300		HB ASSAY OF TROPONIN QUANT		1 1	121.00
05/20/2020	0300	- 44444	HB ASSAY OF TROPONIN QUANT	3	J 1	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	3.5	] 1]	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT		1 1	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	宛	1 1	121.00
05/20/2020	0300	275000247	HB HEMATOCRIT	27	] 1]	47.00
05/20/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	2	1	100.00
05/20/2020	0300	275000250	HB COMPLETE CBC AUTOMATED		1 1	100.00
05/20/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	萬日	1	287.00
05/20/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA		1	287.00
05/20/2020	0301	276000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
05/20/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
05/20/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	<b>3</b>	-  1	97.00
05/20/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	E 1	1 1	94.00
05/20/2020	0301	278000515	HB ASSAY OF SERUM POTASSIUM	<b>G</b> 7	1 1	64.00
05/20/2020	0301	275000524	HB ASSAY OF SERUM SODIUM		1	67.00
05/20/2020	0302	275000558	HB RBC ANTIBODY SCREEN		1	76.00
05/20/2020	0302	275000564	HB BLOOD TYPING ABO	24	1 1	472.00
05/20/2020	0302		HB BLOOD TYPING RH (D)		1 1	245.00
05/20/2020			HB COMPATIBILITY TEST SPIN		1	179.00
05/20/2020		1	HB X-RAY EXAM CHEST 1 VIEW	<b>125</b>	1	502.00
05/20/2020		255980052	HB CT ABD & PELV W/CONTRAST	37	1 1	7,989.00
05/20/2020	0360		HB OR TIME PER MINUTE		62	13,304.58
05/20/2020	0370		HB ANESTHESIA GENERAL 1ST HOUR	98	1	8,303.00
05/20/2020	0370		HB ANESTHÉSIA GENERAL EA ADDTL 30MIN		1 1	1,108.00
05/20/2020			HB RBC LEUKOCYTES REDUCED	<b>37</b>	1 1	1,607.00
05/20/2020	0460	235000004	HB AIRWAY INHALATION TREATMENT	1	1	365,00
05/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
\	1	1	DETERMINATION)	<b>E</b>	1 1	l l
05/20/2020	0836		CALCIUM GLUCONATE 2-0,675 GM/100ML-% SOLN		10	211,96
05/20/2020	0636	135000001	CLINDAMYCIN PER 300 MG	<b>接</b>	6	29.98
05/20/2020	0636	135000001	CLINDAMYCIN PER 300 MG		6	29.98
05/20/2020	0636		CLINDAMYCIN PER 300 MG	100	6	29.98
05/20/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN		_ 4	4.51

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

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10/19/2020 15:03 Business Office Follow Up

(FAX)4845263091 P.006/058 358670.12101



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

	<del></del>		<u> </u>
Patient:	LUCERO, JACINTO		05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

	٠.		the control of the second control of the control of	tp		
Service Da		Service Code	Description		Qty	Amount
	Cd			<b>₩</b> 1.1 _		
05/20/2020	0638	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	86	6	11
05/20/2020	0636	135000001	FENTANYL PER 0.1 MG	圞	1	6.34
05/20/2020	0638	135000001	FENTANYL PER 0.1 MG	二	_	6.31
- 05/20/2020		135000001	FUROSEMIDE PER 20 MG	選	1	8.57
05/20/2020	0636	135000001	HALOPERIDOL LACTATE PER 5 MG		1	4.25
05/20/2020	0638	135000001	HALOPERIDOL LACTATE PER 5 MG	M	1 1	4.29
05/20/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	刨	5	10.25
05/20/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/20/2020	0638	135000001	LACTATED RINGERS PER 1000 ML	翻	1	8.29
05/20/2020	0636	135000001	LACTATED RINGERS PER 1000 ML		1	8.29
05/20/2020	0638	135000001	LORAZEPAM PER 2 MG	翻	1	3.11
05/20/2020	0636	135000001	METOPROLOL 5 MG/5 ML SOLN		5	
05/20/2020	0638	135000001	OLANZAPINE 10 MG SOLR		10	
05/20/2020	0636	135000001	OLANZAPINE 10 MG SOLR	10	10	
05/20/2020	0636	135000001	ONDANSETRON PER 1 MG		4	5.17
05/20/2020	0636	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	槲	5	64.42
05/20/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		4	39.80
05/20/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		4	39.80
05/20/2020	0836	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	關	3	14.17
05/20/2020	0636		POTASSIUM CHLORIDE PER 2 MEQ	12	10	18.87
05/20/2020	0836	135000001	PROPOFOL 200 MG/20ML EMUL		15	10.51
05/20/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	觀	5	3.51
05/20/2020	0636		SODIUM CHLORIDE PER 500 ML	100	1	7.24
05/20/2020	0638		SODIUM CHLORIDE PER 500 ML		-	6.97
05/20/2020	0636		SODIUM CHLORIDE PER 500 ML		1	7.24
05/20/2020	0636		SODIUM CHLORIDE PER 500 ML	95	] 1	8.29
05/20/2020	0636		SODIUM CHLORIDE PER 600 ML	贈	1	7.24
05/20/2020			SODIUM CHLORIDE PER 500 ML	M	1 1	6.97
05/20/2020	0636		SUCCINYLCHOLINE CHLORIDE 100 MG/5 ML SOSY	<b>25</b>	5	<b>69.13</b>
05/20/2020	0636		VANCOMYCIN HOL 10 G SOLR 1 EACH VIAL	婦	4	30.76
05/20/2020			VANCOMYCIN PER 500 MG	10	{ 2	155.36
05/20/2020			HB PACU 1ST HOUR		1 1	3,247.00
05/20/2020			HB ELECTROCARDIOGRAM TRACING	閥	1 1	324.00
05/20/2020			HB ELECTROCARDIOGRAM TRACING	题	1 1	324.00
05/20/2020			HB ELECTROCARDIOGRAM TRACING		1 1	324.00
05/21/2020			HB INTENSIVE CARE LINIT GENERAL		1	23,719.00
05/21/2020		135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	閾	2	43.25
05/21/2020		135000002	DEXTROSE 6% PER 500 ML		1	8.29
05/21/2020	0250	135000002	DEXTROSE 50% PER 500 ML	#	11	40.56

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Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

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10/19/2020 15:03 Business Office Follow Up

FAXX4845263091 P.UU/1U58 358070.12101



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

			1944
Patient:	LUCERO, JACINTO		量 05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20
			18141 ——————————————————————————————————

	_					
Service Da	te-Rev Cd	Service Code	Description [	:	Qty	Amount .
05/21/2020	0250	135000002	POTASSIUM PHOSPHATE 45 MMOL/15 ML SOLN 5 ML	AL	1	49.21
06/21/2020	0250	135000002	SODIUM BICARBONATE 8.4 % SOLN 50 ML VIAL	3	1 3	97,88
05/21/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	3	1 1	1.25
- 05/21/2020		<u> </u>	LEVOTHYROXINE 75 MCG TABS	<u>#</u>	71	2.16
05/21/2020	0250	135000003	POTASSIUM CHLORIDE 20 MEQ TBCR	<b>.</b>	[ 2	3.25
05/21/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M	队(NA)	2	4,34
1	i		250 MG (K) PACK	2	j i	j
05/21/2020	0250	135000003	SERTRALINE 100 MG TABS	劉	2 85	3.05
05/21/2020	0250	325000001	IOHEXOLPER 1 ML	<b>X</b>	85	53,41
05/21/2020	0300	275000041	HB URINALYSIS AUTO W/SCOPE	Ø	1	86.00
05/21/2020	(0300	275000100	HB ASSAY OF URINE CHLORIDE	ii ii	1 1	117.00
05/21/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION		1 1	252.00
05/21/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	9	1	394.00
05/21/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1 1	394.00
05/21/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	đ	1	394,00
05/21/2020	0300	275000138	HB ASSAY GLUÇOSE BLOOD QUANT	3	1	33.00
05/21/2020	0300	275000165	HB ASSAY OF LACTIC ACID	3	1	276.00
05/21/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138.00
05/21/2020	0300	275000174	250 MG (K) PACK SERTRALINE 100 MG TABS IOHEXOL PER 1 ML HB URINALYSIS AUTO W/SCOPE HB ASSAY OF URINE CHLORIDE HB BLOOD GASES ANY COMBINATION HB BLOOD GASES W/O2 SATURATION HB ASSAY GLUCOSE BLOOD QUANT HB ASSAY OF LACTIC ACID HB ASSAY OF MAGNESIUM HB ASSAY OF MAGNESIUM HB ASSAY OF MAGNESIUM HB ASSAY OF URINE POTASSIUM HB ASSAY OF URINE POTASSIUM HB HEMATOCRIT HB COMPLETE CBC AUTOMATED HB COMPLETE CBC AUTOMATED HB PROTHROMBIN TIME HB THROMBOPLASTIN TIME PARTIAL (PLASMAWHOLE BLOOD)	9	l 1[	138.00
05/21/2020	0300	275000198	HB ASSAY OF URINE POTASSIUM	2	1	108.00
05/21/2020	0300	275000216	HB ASSAY OF URINE SODIUM	3	1	108.00
06/21/2020	0300	275000247	(HB HEMATOCRIT		1 1	47.00
05/21/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	3	1	100.00
05/21/2020		275000250	HB COMPLETE CBC AUTOMATED	<b>§</b>	1 1	100.00
05/21/2020		275000279	HB PROTHROMBIN TIME	R	1	55.00
05/21/2020	0300	275000283	<u> HB THROMBOPLASTIN TIME PARTIAL (PLASMAWHOLD</u>	9	1[	146.00
I			BLOOD)	ž.		ļ
05/21/2020		275001357	HB NOVEL CORONAVIRUS 2019 (COVID -19), NAA		1	219.00
05/21/2020			HB METABOLIC PANEL TOTAL CA		1	118.00
05/21/2020			HB METABOLIC PANEL TOTAL CA	63	1	118.00
05/21/2020			HB METABOLIC PANEL TOTAL CA		1	118.00
05/21/2020		275000473	HB ASSAY OF CALCIUM (IONIZED)		1	97.00
05/21/2020			HB ASSAY OF PHOSPHORUS		1	94.00
05/21/2020			HB ASSAY OF PHOSPHORUS		1	94.00
05/21/2020			HB ASSAY OF SERUM POTASSIUM	orani arangananan kanan darin kanan da	1	64.00
05/21/2020			HB ASSAY OF SERUM SODIUM		1	67.00
05/21/2020			HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	123	1]	825.50
05/21/2020			HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	131	1	825.50
05/21/2020	0352	255980025	HB CT ANGIOGRAPHY CHEST		1	4,736.00

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

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Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

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10/19/2020 15:04 Business Office Follow Up

FAXX4845263091 P.008/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Patient.	LOCEVO'S WOULD	Mainissian Date.	(2) 103/13/20
Hospital Account:	10102277595	Discharge Date:	图 08/18/20

I	Service Date	Rev Cd	Service Code	Description		Qty	Amount
- lo	5/21/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	133	1	1,955.00
	5/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	84.00
0	)5/21/2020 <sup>—</sup>	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		77	64.00
þ	5/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE IDETERMINATION)		1	64.00
ŀ	5/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
þ	5/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	84.00
ď	5/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
- }0	5/21/2020	0480	245000012	HB TTE W/DOPPLER COMPLETE		1 1	3,574.00
10	5/21/2020	0636	135000001	CLINDAMYCIN PER 300 MG	E.	6	29.98
- {0	5/21/2020	0636	135000001	CLINDAMYCIN PER 300 MG		\ <b>6</b> {	29.98
- Jo	5/21/2020	0636	135000001	FENTANYL PER 0.1 MG		i 1	6.34
(Q	5/21/2020	0636	135000001	FENTANYL PER 0.1 MG	3	1 1	6.34
[0	5/21/2020	0836	135000001	FENTANYL PER 0.1 MG		j 1)	6.34
)0	5/21/2020	0636	135000001	FUROSEMIDE PER 20 MG		1	8.57
0	5/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		l 5i	10.25
10			135008001	HEPARIN (PORCINE) PER 1000 UNITS	<b>P</b>	5 25 5	37.39
Şα			135000001	HEPARIN (PORCINE) PER 1000 UNITS	152	5	10.25
j٥			135000001	HEPARIN (PORCINE) PER 1000 UNITS	(5)	5	10.25
0	5/21/2020	0636	135000001	OLANZAPINE 10 MG SOLR	136	20	113.72
]0	5/21/2020	0636		PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	14.17
١٥	5/21/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3 3 3 10	14.17
10	5/21/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	翻	3	29.65
jo	5/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	製	10	18.87
(0	5/21/2020	0836 (	135000001	POTASSIUM CHLORIDE PER 2 MEQ	(23)	10	18.87
10	5/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
IQ	5/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
0	5/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	33	10	18,87
10	5/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
		0636	135000001	SODIUM CHLORIDE PER 500 ML		\ 1	7.24
[0	5/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	8.29
	5/21/2020		135000001	SODIUM CHLORIDE PER 500 ML	[2]	j <u>1</u> ]	7.24
0	5/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
0	5/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24

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10/19/2020 15:05 Business Office Follow Up

FAX)4845263091 P.009/058 358070.12101



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:	LUCERO, JACINTO_	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

		<u> </u>	<u></u>	<b>11</b>	·	
"Service Dat	e Rev Cd	Service Code	Description		Qty	Amount
05/21/2020	10636	135000001	ISODIUM CHLORIDE PER 500 ML	40	1 1	7.24
05/21/2020	0636	135000001	VANCOMYCIN 1 G SOLR 1 EACH VIAL	鰼	} 4	37.19
05/21/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	趨	1	324.00
05/21/2020	- 0730	246000001	HB ELECTROCARDIDGRAM YRACING	露 —	T 1	324.00
05/22/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	僩	1 1	23,719.00
05/22/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	剧	1	180.22
05/22/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL		2	43.25
05/22/2020	0250	135000002	DEXTROSE 5% PER 500 ML		1 1	6.97
05/22/2020	0250	135000002	DEXTROSE 5% PER 500 ML		1 1	8.29
05/22/2020	0250	135000002	DEXTROSE 5% PER 500 ML		1 1	6.97
05/22/2020	0250	135000002	MULTHELECTROLYTE SOLN		1	74.16
05/22/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	翻	1	13.58
05/22/2020	0250	135000002	SODIUM BICARBONATE 8.4 % SOLN 50 ML VIAL		1 3	97.88
05/22/2020	0250	135000002	SODIUM PHOSPHATE 3 MMOLIML SOLN 5 ML VIAL		1 2	98.42
05/22/2020	0250	135000002	SODIUM PHOSPHATE 3 MMOL/ML SOLN 5 ML VIAL	糊	3 2 2 2	98.42
05/22/2020	0250	135000003	SERTRALINE 100 MG TABS		1 2	3.05
05/22/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	<b>A</b>	1	394.00
05/22/2020	10300	275000135	HB BLOOD GASES W/O2 SATURATION		1	394.00
05/22/2020	0300	275000165	HB ASSAY OF LACTIC ACID	**	1	276.00
05/22/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138.00
05/22/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138,00
05/22/2020	0300	276000227	HB ASSAY THYROID STIM HORMONE	潮	1	234.00
05/22/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT		1	48.00
05/22/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	灩	- ( 1	100.00
05/22/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118,00
05/22/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
05/22/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	桶	1 1	97.00
05/22/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	掘	. 4	94.00!
05/22/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
05/22/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1 1	825.50
05/22/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	腳	1 1	1,408.00
05/22/2020	0424	185000170424	HB PT EVAL HIGH COMPLEX 45 M/N	<b>39</b>	1 1	539.00
05/22/2020	0434	185000174434	HB OT EVAL HIGH COMPLEX 60 MIN		1 1	539.00
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
1		J	DETERMINATION)	題	1 1	
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	鵩	1 1	64.00
]			DETERMINATION)	猫	[ ]	
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	16	1 1	64.00
!			DETERMINATION)	70	1 7	

Please call Customer Service at 1-800-218-7359 Page: 7 Of 53

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10/19/2020 15:05 Business Office Follow Up

(FAX)4845263091 P.010/058



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	图 06/18/20

Carlo De		Service Code	Description		0	A
Service Dat	re Rev Cd	Service Code	Description	,	Qty	Amount
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	4	1	64.00
00/42 2020	1000	20000000	DETERMINATION)		1 7	04.00
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (ŞINGLE	3	1 4	64.00
			DETERMINATION)	陽	┝	
05/22/2020	0838	135000001	ICALCIUM GELICONATE 2-0 875 GM/300ML-% SOLN	24	10	211.96
05/22/2020	0636	135000001	FENTANYL PER 0.1 MG		] [1]	6.34
05/22/2020	0638	135000001	FENTANYL PER 0.1 MG	8	1 1	6.34
05/22/2020	0638	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL		l il	2.17
05/22/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/22/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	M	5	10.25
05/22/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		1 5	10.25
06/22/2020	0636	135000001	MAGNESIÙM SULFATE PER 500 MG MAGNESIUM		] 4	49.82
05/22/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	14.17
05/22/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3 3 3	19.00
05/22/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	3	29.85
05/22/2020	0838	135000001	POTASSIUM CHLORIDE PER 2 MEQ	i i	10	18.87
05/22/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
05/22/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
05/22/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
05/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
05/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	猖	1	7.24
05/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.50
05/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	<u>(</u>	1	7.60
05/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1]	7.24
05/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
05/22/2020			THIAMINE PER 100 MG	<b>M</b>	2	31.03
05/23/2020	0200		HB INTENSIVE CARE UNIT GENERAL			23,719.00
05/23/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL		2	43.25
05/23/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	<b>1</b>	2	43.25
05/23/2020	0250		DEXTROSE 5% PER 600 ML		1 1	8.29
06/23/2020	0250		LIDOCAINE (PF) 1 % SOLN		1]	10.62
05/23/2020	0250		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	撼	1	91.67
05/23/2020	0250		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1/	91.67
05/23/2020	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 5 ML POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 5 ML	100	2	98.42
05/23/2020	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 5 ML	L Maria	2	98.42
05/23/2020	1		SODIUM BICARBONATE B.4 % SOLN 50 ML VIAL		3	97.88
05/23/2020	0250		CHLORHEXIDINE 0.12 % SOLN		1	7,31
05/23/2020	0250		LEVOTHYROXINE 75 MCG TABS	N SEE STATE	1	2,16
05/23/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	[版]		<u>95.54</u>

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

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10/19/2020 15:06 Business Office Follow Up

FAXX4845263091 P.U117038 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Dat	te Rev Cd	Service Code	Description		Qty	Amount
05/23/2020	10250	135000003	IPOTASSIUM CHLORIDE 10 % SOLN	124	2	95.54
05/23/2020	0250	135000003	SERTRALINE 100 MG TABS	12	2 2	3.05
05/23/2020	0280	175000025	HB IV THERAPY PICC INSERT	33	1 1	3,063.00
-05/23/2020-	0278	- 29397	TRAY CATH PICC SER TRPL LUM SAPTENS		-	2.372.15
05/23/2020	0300	275000003	HE WITHDRAWAL OF ARTERIAL BLOOD		1 1	328.00
05/23/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD.	<b>3</b>	1 1	326.00
05/23/2020	0300	275000114	HB VITAMIN B-12	<b>I</b>	1 1	207.00
05/23/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION		1 1	252.00
05/23/2020	0300	275000135	HB BLOOD GASES W/OZ SATURATION	25	1	394.00
05/23/2020	0300	275000136	HB BLOOD GASES W/O2 SATURATION		i 1	394.00
05/23/2020	0300	275000135	HB BLOOD GASES W/OZ SATURATION	醐	1 1	394.00
05/23/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1	394.00
05/23/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1 1	394.00
05/23/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1 1	394,00
05/23/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT		1 1	33.00
05/23/2020	0300	275000165	HB ASSAY OF LACTIC ACID		1 1	276.00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	186	1 1	138,00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	<b>2</b> 33	1 1	138.00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	100	1 1	138,00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM		[ t]	138.00
05/23/2020	0300	275000247	HB HEMATOCRIT	133	1	47.00
05/23/2020	0300	275000250	HB COMPLETE CSC AUTOMATED	100	1	100.00
05/23/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	24	] 1	197.00
05/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	腿	[ 1]	118.00
05/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
05/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	33	1 1	118.00
05/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	<b>SE</b>	1 1	118.00
05/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	<b>28</b>	1	118.00
05/23/2020	0301		HB ASSAY OF CALCIUM (IONIZED)		1	97.00
05/23/2020	0301	275000473	(HB ASSAY OF CALCIUM (IQNIZED)		1	97.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
05/23/2020			MB ASSAY OF PHOSPHORUS		1	94.00
05/23/2020	0301		HB ASSAY OF PHOSPHORUS	23	1	94.00
05/23/2020			HB ASSAY OF PHOSPHORUS		1 1	94.00
05/23/2020			HB ASSAY OF PHOSPHORUS	30	[ 1]	94.00
05/23/2020			HB ASSAY OF PHOSPHORUS		1 1	94.00
05/23/2020			HB ASSAY OF SERUM POTASSIUM		1	64.00
05/23/2020			HB ASSAY OF SERUM SODIUM		1	67.00
05/23/2020	0306	275000619	HB FUNGI IDENTIFICATION YEAST	個劉	1	143.00

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

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10/19/2020 15:07 Business Office Follow Up

(FAX)4845263091

P.012/058

358070,12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

			<u> </u>			
Service-Dat	e∙Rcv Cd	Service Code	Description		Qty	Amount
05/23/2020	0324	255990194	IHB X-RAY EXAM CHEST 1 VIEW		1 1	502.00
05/23/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	18	1 7	825,50
05/23/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY		1 1	1.955.00
- lo5/23/2020 -	1 +	-235000008	HB POS AIRWAY PRESSURE CPAP	∵搬-		792.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 4	64.00
1	1000		DETERMINATION			<b>74.00</b>
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
	1		DETERMINATION)		} '	
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	超	1	64.00
	i		DETERMINATION)	120		
05/23/2020	0480	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	12	1	64.00
1	1		DETERMINATION)	韻	1 1	
05/23/2020	0460	235000033	HB MEASURE BLÓOD OXYGEN LEVEL (SINGLE	68	1 1	64.00
	1	ļ	DETERMINATION)		1	- }
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		] 1	64.00
	1		DETERMINATION)	18		· 1
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	3	1	64.00
	1		DETERMINATION)	18		,]
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
ĺ		ļ	DETERMINATION)	瑚	-	ļ
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	ボ	1	64.00
	[		DETERMINATION)	됐		
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	48	1	64.00
	i		DETERMINATION)	10		
			CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	3	10	211.96
			FENTANYL 10 MCG/ML SOLN	额	10	73.01
			FENTANYL PER 0.1 MG		1	6.34
			FENTANYL PER 0.1 MG	瑙.	1	<b>6.34</b>
			FENTANYL PER 0.1 MG	110	1	6.34
			FENTANYL PER 0.1 MG		1 1	6.34
			FOLIC ACID 5 MG/ML SOLN 10 ML VIAL		] 1	2.17
			FUROSEMIDE PER 20 MG	88	1	8.57
			FUROSEMIDE PER 20 MG	113	1	8.67
			FUROSEMIDE PER 20 MG		1	8.57
		135000001	HEPARIN (PORCINE) PER 1000 UNITS	MA.	5	10.25
			HEPARIN (PORCINE) PER 1000 UNITS	影	5	10.25
			HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
			MAGNESIUM SULFATE PER 500 MG MAGNESIUM	翻	[ 4	49.82
05/23/2020	U636	135000001	MIDAZOLAM 2 MG/2 ML SOLN			6,60

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

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10/19/2020 15:07 Business Office Follow Up

(FAX)4845263091 — P.013/058 358070 12101



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: LUCERO JACINTO Admission Date: 05/19/20				1197	
Hamital Account: 10402277505 Discharge Date: 18 06/49/20	Patient:	LUCERO, JACINTO_	Admission Date:	05/19/20	
Hospital Account.   10 102217555   Discharge Date.   15 100 10/20	Hospital Account:	10102277595	Discharge Date:	06/18/20	

				_JB		
Service Da	te Rev Cd	Service Code	Description		Qty	Amount
05/23/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	機	3 3 3 - 20	29.85
05/23/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
05/23/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
05/23/2020	0638	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	<b>「勝一</b>	20	18.87
05/23/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
05/23/2020	0836	135000001	PROPOFOL 1000 MG/100ML EMUL	197	100	58.02
05/23/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	製	100	58.02
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	6.97
05/23/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML		) 1)	7.24
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.50
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	6.97
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.50
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 600 ML		1 1	7.24
05/23/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 600 ML		[ 1	6.97
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1123	1	6.97
05/23/2020	0636	135000001	THIAMINE PER 100 MG	揺	2	31.03
05/23/2020	0638	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	43	1	854.53
05/23/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING		1	324.00
05/23/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING		1	324.00
05/24/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	<b>州</b> 劉	1	23,719,00
05/24/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML		1	190.80
05/24/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SQLN 4 ML VIAL	133	1	91.67
05/24/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	119	1	91.67
05/24/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SQLN 4 ML VIAL	1131	1	91.67
05/24/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	14	2	1.25
05/24/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
05/24/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	8	1	7.31
05/24/2020	0250	135000003	LEVOTHYROXINE 15 MCG TABS		1 1	2.16
05/24/2020	0250	135000003	MELATONIN 3 MG TABS	16	1	1.25
05/24/2020	0250	135000003	MIRTAZAPINE 15 MG TABS		1	1.25
05/24/2020	0250	135000003	OLANZAPINE 10 MG TBDP		1 1	4.92
05/24/2020	0250	135000003	SERTRALINE 100 MG TABS		1 2	3.06
05/24/2020	0300	275000107	HB TOTAL CORTISOL		1 1	352.00
05/24/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		] 1	394.00
05/24/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	on entremental descriptions and the second descriptions are second as a second description of the second description and the second descriptions are second descriptions.		394.00

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

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10/19/2020 15:08 Business Office Follow Up

FAXX4845263091 P.014/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Da		Service Code	Description		Otty	Amount
05/04/000	Cd	077000474	LIB TOOL OF HACKERINA	15		
05/24/2020	0300	275000174	HB ASSAY OF MAGNESIUM	33	1 1	138.00
05/24/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1 1	138.00
05/24/2020	0300	275000249	HB COMPLETE CBC WIAUTO DIFF WBC	. 配	_ [1]_	142.00
05/24/2020		275000440	HB METABOLIC PANEL TOTAL CAT THE		1 1	118.00
05/24/2020	0301	276000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
05/24/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	覆	-   1 -	94.00
05/24/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	32	1 1	84.00
05/24/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1 1	825.50
05/24/2020	0410	235000002	HB VENT MGMT INPAT SUBO DAY	25	1 1	1,408.00
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
			DETERMINATION)	5	1 1	
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		] 1]	64.00
	1		DETERMINATION)		1 1	
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1	1		DETERMINATION)	\$	1 1	I
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	<b>X</b>	1 1	64.00
İ			DETERMINATION)	25	1 1	
05/24/2020	0636	135000001	ALTEPLASE 2 MG SOLR	接	2	788.41
05/24/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	55	10	73.01
05/24/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	<b>R</b>	10	73.01
05/24/2020	0636	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL	20	1	2.17
05/24/2020	0636	135000001	FUROSEMIDE PER 20 MG		1 5 5 5 3 3	8.57
05/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/24/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	<b>8</b> 9	5	10.25
05/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/24/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	製	3	29.85
05/24/2020		135000001	PIPERACILLIN SOD-TAZOBAÇTAM PER 1 G		3	29.85
05/24/2020			PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
05/24/2020		135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN		20	18,87
05/24/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	58.02
05/24/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	58.02
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
05/24/2020	0636		SODIUM CHLORIDE PER 500 ML	<b>M</b>	1	7.50
05/24/2020	0636		SODIUM CHLORIDE PER 500 ML	1	i il	7.24
05/24/2020	0636		SODIUM CHLORIDE PER 500 ML	2	] il	7.50
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	3	1 1	7.24
08/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97

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10/19/2020 15:08 Business Office Follow Up

FAXX4845263091 358070.121018



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:	LUCERO, JACINTO	Admission Date:	餾	05/19/20
Hospital Account:	10102277595	Discharge Date:		06/18/20

. ,			<u> </u>			
Service Dat		Service Code	Description		Qt	y Amount
05/24/2020	Cd 0636	135000001	THRAMINE BUR 400 MG			
05/24/2020			THAMINE PER 100 MG		]	2 31.03
	0730	246000001	HB ELECTROCARDIOGRAM TRACING			1 324.00
05/25/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	#		23,719.00
05/25/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	胼		91.67
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		'	91.67
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	뫮	'	1 91.67
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	4	1 1 '	1] 91.67
05/25/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN		, , ,	5.65
05/25/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	48		1.25
05/25/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	煕	'	7.31
05/25/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1 1 .	7.31
05/25/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	羅	]   '	2.16
05/26/2020	0250	135000003	MELATONIN 3 MG TABS	Ů.	1 1	1.25
05/25/2020	0250	135000003	MIRTAZAPINE 15 MG TABS		] ]	1.25
05/25/2020	0250	135000003	OLANZAPINE 10 MG TBDP		1 1	4.92
05/25/2020	0250		SERTRALINE 100 MG TABS	鵩	4	3.05
05/25/2020	0300		HB BLOOD GASES W/O2 SATURATION	19	1 1 1	394.00
05/25/2020	0300	275000135	HB BLOOD GASES W/Q2 SATURATION	li i	1 1	394.00
05/25/2020	0300	275000165	HB ASSAY OF LACTIC ACID		1 1 1	276.00
05/25/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1 ! 1	138.00
05/25/2020	0300	275000174	HB ASSAY OF MAGNESIUM		. 1	138.00
05/25/2020	030D	275000249	HB COMPLETE CBC WAUTO DIFF WBC	4	1 1	142.00
05/25/2020	0300		HB COMPLETE CBC WIAUTO DIFF WBC	Įį.	l 1 i	142.00
05/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	1	118.00
05/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	A5	1	118.00
05/25/2020	0301		HB ASSAY OF CALCIUM (IONIZED)		1 1	97.00
05/25/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	踞		97.00
05/25/2020	0301		HB ASSAY OF PHOSPHORUS	35	1 1	94.00
05/25/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	i i	( l i	94.00
05/25/2020	0324		HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	4	1 1 1	825.50
05/25/2020	0324		HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1 1	825.50
05/25/2020	0360	185000790	HB OR TIME PER MINUTE		46	9,871.14
05/25/2020	0370		HB ANESTHESIA GENERAL 1ST HOUR	19	1 7	8.303.00
05/25/2020			HB VENT MGMT INPAT SUBO DAY			1,408.00
05/25/2020			HB MEASURE BLOOD OXYGEN LEVEL (SINGLE			64.00
			DETERMINATION)		1 1 '	54.00
05/25/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		]	64.00
	]	****	DETERMINATION)	飘	[ '	54.00
			<u> </u>			

Please call Customer Service at 1-800-218-7359 Page: 13 Of 53

Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

10/19/2020 15:09 Business Office Follow Up

AXX4845263091 P.016/058 358070 12101



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:	LUCERO, JACINTO	Admission Date:	欗	05/19/20
Hospital Account:	10102277595	Discharge Date:		06/18/20

Service Date Rev	<u> </u>				_  1	<u> </u>	
05/25/2020	Service Da		Service Code	Description		Qty	Amount
DETERMINATION    05/25/2020							
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	05/25/2020	0460	235000033			1	64.00
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					習	1	1
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	月間	1	64.00
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00		7			T.		
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	05/25/2020	0460	235000033		瑙	1	64.00
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	Í	L		DETERMINATION)	翻		
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	[				瓣	i .	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	05/25/2020	0460	235000033			] 1]	64.00
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	[	1	l			Į į	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	05/25/2020	0460	235000033		遊	1	64.00
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00	1		1		1		
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00				CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	摄		
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					3		
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					- 1		
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00						10	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00				· · · · · · · · · · · · · · · · · ·	器	1	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					18	1	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					12	5	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00						5	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					123	5	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					3	] 3	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00						[ 3]	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00						3	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					18		58.02
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					13	100	58.02
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00					1	[ 1]	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.50     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   7.24     05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97     05/25/2020   0636   135000001   THIAMINE PER 100 MG   2   31.03     05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1   324.00     05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1   23.719.00		1			Ē	[ 1]	6.97
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML					桶	1	7.50
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML					181	[ 1]	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML						[ 1	7.50
05/25/2020   0836   135000001   SODIUM CHLORIDE PER 500 ML					1	1	6.97
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML				SODIUM CHLORIDE PER 500 ML		1	
05/25/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML					18	1	
05/25/2020   0838   135000001   THIAMINE PER 100 MG   2   31,03					18	1	
05/25/2020   0730   246000001   HB ELECTROCARDIOGRAM TRACING   1 324.00   05/26/2020   0200   105000012   HB INTENSIVE CARE UNIT GENERAL   1 23,719,00				THIAMINE PER 100 MG		2	
05/26/2020  0200  105000012   HB INTENSIVE CARE UNIT GENERAL   開   1   23,719,00					糖	1	
05/25/2020  0250  135000002  NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL						1	
	05/26/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	]]#	. 1	

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

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10/19/2020 15:10 Business Office Follow Up

(FAX)4845263091 P.017/058 358070.12101



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

			ζ#	
Patient:_	LUCERO JACINTO	Admission Date:		05/19/20
	<del></del>	<del></del>	17—	
Hospital Account:	110102277595	Discharge Date:	H	06/18/20
***************************************	·····	1- ::	44_	1 41 1

Service Da	te Rev Cd	Service Code	Description		Qty	Amount
05/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS		2	1.25
05/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS		l ž	1.25
05/26/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	<b>S</b>	1 1	7.31
05/26/2020	<b>1</b> 0250	" 135000003" <sup>—</sup> 1	CHLORHEXIDINE 0.712 % SOLNT	-   翻	-	7.31
05/26/2020	0250	136000003	LEVOTHYROXINE 75 MCG TABS		1 1	2.16
05/26/2020	0250	135000003	MELATONIN 3 MG TABS		1	1.25
05/26/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	32	1	1.25
05/26/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1 1	1.25
05/26/2020	0250	135000003	OLANZAPINE 10 MG TBDP		1 1	4.92
05/26/2020	0250	135000003	OXYCODONE 5 MG TABS	<u> </u>	1	1.25
05/26/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	<b>1</b>	1 1	47.77
05/26/2020	0250	135000003	SERTRALINE 100 MG TABS	<u> </u>	2	3.05
05/26/2020	0300	275000135	HB BLOOD GASES W/OZ SATURATION	34	1	394.00
05/26/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1	394,00
05/26/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138.00
05/26/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	2	1 1	142.00
05/26/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
05/26/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	100	1	97.00
05/26/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
05/26/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1	825.50
05/26/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	25	1 1	825.50
05/26/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY		1	1,955.00
05/26/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY		1 1	1,408.00
05/26/2020	0480	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
05/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	84.00
I			DETERMINATION)			
05/26/2020	0460	235000033 	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE IDETERMINATION)		1	64.00
05/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
ł	1	l	DETERMINATION			1
05/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE (DETERMINATION)		[ 1	64.00
05/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
05/26/2020	0460	235000033	DETERMINATION) HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	8	1 1	64,00
ł	Į.	J	DETERMINATION)		1 1	
05/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
			The state of the s	1125.001	1 (	1

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10/19/2020 15:10 Business Office Follow Up

FAX/4845263091 P.018/058



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:	LUCERO, JACINTO	Admission Date:	
Hospital Account:	10102277595	Discharge Date:	06/18/20

		Acres and I				
Service D	ate Rev Cd	Service Code	Description		Qty	Amount
05/26/2020		235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	i i	11	64.00
	_		DETERMINATIONS		- 1	555
05/26/2020	0480	245000014	HB TTE F-UP OR LMTD	第 !	!	1,248,00
05/26/2020	0- 10638	135000001 = =	CALCIUM GLUCONATE 2-0:875 GM/100ML-%-SQLN: T	<b>M</b> -	10	211.96
05/26/2020	0636	135000001	FENTANYL PER 0.1 MG		- il	3.34
05/26/2020	0636	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL		1	2.17
05/26/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/26/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	掛	5 5 3 3	10.25
05/26/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/26/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	14.20
05/26/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PÈR 1 G	簡	3	29.85
05/26/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
05/26/2020		135000001	SODIUM CHLORIDE PER 500 ML		1[	6.97
05/26/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	7.50
05/26/2020			SODIUM CHLORIDE PER 500 ML	R	1	7.50
05/26/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
05/26/2020		135000001	THIAMINE PER 100 MG		2	31.03
05/27/2020			HB INTENSIVE CARE UNIT GENERAL		1	23,719.00
05/27/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
05/27/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	i I	1	91.67
05/27/2020		135000003	ACETAMINOPHEN 325 MG TABS		2	1.25
05/27/2020		135000003	CHLORHEXIDINE 0.12 % SOLN	图	1	7,31
05/27/2020		135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
05/27/2020		135000003	FOLIC ACID 1 MG TABS	ía I	1]	1.25
05/27/2020			LEVOTHYROXINE 75 MCG TABS	M '	1	2.16
05/27/2020			MELATONIN 3 MG TABS		1	1.25
05/27/2020			MIRTAZAPINE 15 MG TABS		1]	1.25
05/27/2020		1	MULTIVITAMIN-MINERALS TABS		1	1.25
05/27/2020			OLANZAPINE 10 MG TBDP		3	4.92
05/27/2020		135000003	OXYCODONE 5 MG.TABS OXYCODONE 5 MG TABS		]	1.25
05/27/2020		135000003	QUETIAPINE 25 MG TABS		]	1.25
05/27/2020			SENNA-DOCUSATE SODIUM 8,6-50 MG TABS			1.25
05/27/2020			SERTRALINE 100 MG TABS	A	.]	1.25
05/27/2020			THIAMINE 100 MG TABS		2	3.05
05/27/2020		,	HB BLOOD GASES W/O2 SATURATION	M	1	1.25
05/27/2020			HB BLOOD GASES W/O2 SATURATION	<b>1</b>	11	394.00
05/27/2020			HB ASAY OF MAGNESIUM	la l	4	394.00
05/27/2020			HB COMPLETE CBC AUTOMATED		4	138.00 100.00
(+ m = 1,1 = 0 E O	10000	1	THE TAMES OF THE PARTY OF THE P	isi i	- 11	100.00

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10/19/2020 15:11 Business Office Follow Up

FAXX4845263091 P.019/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20	
Hospital Account:	10102277595	Discharge Date:	06/18/20	

	_		<u> </u>	<b>12</b>		
Service-Dat	e Kev Cd	Service Code	Description		Qty	Amount
05/27/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
06/27/2020	10301	275000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
05/27/2020	0324	255990194	HE X-RAY EXAM CHEST ! VIEW (PORTABLE)		1 1	825.50[_
-05/27/2020	-0410	235000008***		網	] - `	792.00
05/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
05/27/2020	0460	235000033	1	G-F16	1	64.00
05/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
05/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	and water the constitution of the constitution	1	64.00
05/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)		1	64.00
05/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE IDETERMINATION)		1	64.00
06979000	0636	135000001	FENTANYL PER 0.1 MG		4	6.34
05/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		]	10.25
05/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		[ 2	10.25
05/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5 5 5	
05/27/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG		1 2	10.25 73.94
05/27/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG		! !!	73.94
05/27/2020 05/27/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	E K		6.97
	0636	135000001	SODIUM CHLORIDE PER 500 ML	뙓	1 1	6.97
05/27/2020			IHB INTENSIVE CARE UNIT GENERAL		1 31	
05/28/2020	1			月月	1 11	23,719.00
05/28/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	國	] ]	91.67
05/28/2020	0250		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		11	91.67
05/28/2020			ACETAMINOPHEN 325 MG TABS	13	3	1.25
			CHLORHEXIDINE 0.12 % SOLN	閼	] ]	7.31
			FOLIC ACID 1 MG TABS		]}	1.25
1	0250		LEVOTHYROXINE 75 MCG TABS		1}	2,16
05/28/2020	0250	135000003	MELATONIN 3 MG TABS		1	1.25
			MIRTAZAPINE 15 MG TABS		1 1	1.25
			MULTIVITAMIN-MINERALS TABS		1 1	1.25
			POLYETHYLENE GLYCOL 17 G PACK		1	5.40
05/28/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG	A  A  -	2	4.34
	1 .		250 MG (K) PACK	闡	J	J
			QUETIAPINE 25 MG TABS	圖	1	1.25
05/28/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8,8-50 MG TABS		1	1.25

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10/19/2020 15:11 Business Office Follow Up

FAX/4845263091 P.020/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Dat	e Rev Cd	Service Code	Description		Qty	Amount
05/28/2020	0250	135000003	SERTRALINE 100 MG TABS		l 2	3.05
05/28/2020	0250	135000003	THIAMINE 100 MG TABS	2.5	l <u>ī</u> .	1.25
05/28/2020	0300	275000003	HS WITHDRAWAL OF ARTERIAL BLOCD		1 1	326.00
05/28/2020	10300	275000135	HB 8LOOD-GASES W/02-SATURATION	- 8		394.00
05/28/2020	0300	275000135	HB BLOOD GASES W/OZ SATURATION	Ы	l i	394.00
05/28/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION			394.00
05/28/2020	0300	275000174	HB ASSAY OF MAGNESIUM	81	1	138.00
05/28/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	2	1	100.00
05/28/2020	0300	275001131	HB PROCALCITONIN (PCT)		1 1	1.574.00
05/28/2020	0301	275000440	HB METABOLIC PANEL TÓTAL CA	掛	1	118.00
05/28/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
05/28/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)			97.00
05/28/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	124	1 1	94.00
05/28/2020	0324		HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	154	1	825.50
05/28/2020	0324		HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	8	l il	825.50
05/28/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	鰯	i	1,965,00
05/28/2020	0410	235000008	HB POS AIRWAY PRESSURE CPAP		1	792.00
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	6.5	1	64.00
ŀ	İ	1	DETERMINATION)	1		İ
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	影	- 1	64.00
	ŀ		DETERMINATION)			
05/28/2020	0460	235000033 :	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
			DETERMINATION)	183		İ
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	彩	] 1	84.00
į			DETERMINATION)	1	j l	i
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	黄豆	1 1	64.00
	1		DETERMINATION)	33		
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	器	1	64.00
l	1	ĺ	(DETERMINATION)	2	i i	
05/28/2020		136000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	翻	10	211.96
05/28/2020	0636		FENTANYL 10 MCG/ML SOLN	2	10	73.01
05/28/2020	0636	135000001	FENTANYL PER 0.1 MG	114	1	6.34
05/28/2020		135000001	FENTANYL PER 0.1 MG	180	1	6.34
05/28/2020			FENTANYL PER 0.1 MG	斟	1	6.34
05/28/2020			FENTANYL PER 0.1 MG	Ħ	1	6.34
05/28/2020			FUROSEMIDE PER 20 MG		1	8.57
05/28/2020			FUROSEMIDE PER 20 MG	3	1	8.57
05/28/2020			HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
05/28/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	<b>B</b>	5	10.25

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10/19/2020 15:12 Business Office Follow Up

#AXX4845263091 P.021/058 358070.12101



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

Patient:	LUCERO, JACINTO	Admission Date:	05/19/20	
Hospital Account:	10102277595	Discharge Date:	06/18/20	

		<u> </u>	<u> </u>	<u> </u>		
Service Dat		Service Code	Description		Qty	Amount
	Cd					
05/28/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	題	5	
05/28/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	HOLR	1 1	73.94
05/28/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	SOLR	1	73,94
-   <del>0</del> 5/28/2020-	-0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	OLR	] 1	73.94
05/28/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	#OLR	1	73.94
05/28/2020	0836	135000001	HYDROCORTISONE SORUM SUCCINATE (PF) 100 MG	<b>ROLR</b>	1	73.94
05/28/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	網	20	18.87
05/28/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	翻	20	
05/28/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	閥	100	
05/28/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	6.97
05/28/2020	0836	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
05/28/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	10	1	324.00
05/29/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		1	23,719.00
05/29/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	18	2	43.25
05/29/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL		2	43.25
05/29/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
05/29/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	<b>3</b>	1	91.67
05/29/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
05/29/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	<u>G</u>	1	91.67
05/29/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
05/29/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	M	1 1	7.31
05/29/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1 1	7.31
05/29/2020	0250	135000003	FOLIC ACID 1 MG TABS		1	1.25
05/29/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS		1 1	2.16
05/29/2020	0250	135000003	MELATONIN 3 MG TABS		1 1	1.25
05/28/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	89	1 1	1.25
05/29/2020	0250	135000003	QUETIAPINE:25 MG TABS		1 1	1.25
05/29/2020	0250	135000003	THIAMINE 100 MG TABS		1 1	1.25
05/29/2020	0250	325000001	IOHEXOL PER 1 ML	淵	100	62.84
05/29/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1 1	394.00
05/29/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	饡	1 1	394.00
05/29/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	Œ .	1 1	394.00
05/29/2020	0300	275000174	HB ASSAY OF MAGNESIUM	98	1 1	138.00
05/29/2020	0300	275000180	HB ASSAY OF NATRIURETIC PEPTIDE	<u> </u>	1 1	471.00
05/29/2020	0300	275000246	HB BL SMEAR WIDIFF WBC COUNT		1 1	48.00
05/29/2020			HB COMPLETE CBC AUTOMATED	24	i il	100.00
05/29/2020		275000368	HB CULTURE OTHR SPECIMN AEROBIC	i i	ii	197.00
05/29/2020			HB SMEAR GRAM STAIN	Ш	i	72.00
05/29/2020		275000404	HB C DIFF AMPLIFIED PROBE		1 1	510.00

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10/19/2020 15:13 Business Office Follow Up

(FAX)4845263091 P.UZZIU38 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

	Service Date	Rev Cd	Service Code	Description	City	Amount
	05/29/2020	10300	275001131	HB PROCALCITONIN (PCT)	1 1	1,574,00
	05/28/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1 1	118.00
	05/29/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
_	05/29/2020-	030+	276000513			94.00
	05/29/2020	10308	275000619	HB FUNGI IDENTIFICATION YEAST	( 1	143.00
	05/29/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1 1	825.50
	05/29/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1 1	825.50
	05/29/2020	0352	255980023	HB CT THORAX W/DYE	- 1 i	4,459.00
	05/29/2020	0352	255980052	HB CT ABD & PELV W/CONTRAST	1 1	7,989.00
,	05/29/2020	0410	235000002	HB VENT MGMT INPAT SUBO DAY	1 1	1,408.00
	05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	) i	64.00
ĺ		1	1	DETERMINATION)	ļ	]
	05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	1 1	64.00
1		1	}	DETERMINATION) 題	i i	1
ı	05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	1	64.00
-		Į		DETERMINATION) 関	, <u>, , , , , , , , , , , , , , , , , , </u>	ļ · · · · · · · · · · · · · · · · · · ·
	05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE   日本   日本   日本   日本   日本   日本   日本   日	1	64.00
		i	i	DETERMINATION) 個	1	
- (	05/29/2020	0460	235000033	HB ASSAY OF PHOSPHORDS  HB FUNGI IDENTIFICATION YEAST  HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)  HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)  HB CT THORAX W/DYE  HB CT ABD & PELV W/CONTRAST  HB VENT MGMT INPAT SUBO DAY  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  HB MEASURE BLOOD OXYGEN LEVEL (SINGLE  DETERMINATION)  CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN  CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN  CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN  CHLOROTHIAZIDE PER 500 MG  FENTANYL PER 0.1 MG  FENTANYL PER 0.1 MG  FENTANYL PER 0.1 MG  HEPARIN (PORCINE) PER 1000 UNITS  HEPARIN (PORCINE) PER 1000 UNITS	1 1	64.00
		ļ	ł	DETERMINATION)		
- 1	05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	1	64,00
		ì	1	DETERMINATION) III III III III III III III III III I	Ì	
Į	05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 国	1 1	64.00
-1		l		DETERMINATION)	1 1	
			135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
- 1				CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
				CHLOROTHIAZIDE PER 500 MG	1 1	265.87
				FENTANYL PER 0.1 MG   日報	1	6.34
				FENTANYL PER 0.1 MG 關	1	8.34
				FENTANYL PER 0.1 MG	1	6.34
•				HEPARIN (PORCINE) PER 1000 UNITS	5 5 5	10.25
				HEPARIN (PORCINE) PER 1000 UNITS 期	. 5	10.25
				HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
				HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG S	R   1	73.94
•				PROPOFOL 1000 MG/100ML EMUL	100	118.21
			135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
				PROPOFOL 1000 MG/100ML EMUL	100	58.02
			135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
- [0	05/29/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1 1	6.97

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

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10/19/2020 - 15:13 Business Office Follow Up

(FAX)4845263091 358070,12101



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>
Patient:	LUCERO.JACINTO	Admission Date:	05/19/20
	FOGSIVOIGNOITIV		00/ 10/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

C6/29/2020							
10572972020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   6.97	Service Da		Service Code	Description		Ory	Amount
1							
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00					124	1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						] 1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00					[E	.)1 <u>_</u> _1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						7 1 - 1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						1 1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00					1888 1888	1 1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						] 1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						1 1	23,719.00
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						1	2.54
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						2	43.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00			135000002		<b>188</b>	2	69.91
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00				NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	133	1 1	91.67
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00			135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1 1	91.67
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1 1	91.67
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1 1	91.67
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	[36]	2	1.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS		2	1,25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0250	235000003	CHLORHEXIDINE 0.12 % SQLN	38	1	7.31
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020		135000003	CHLORHEXIDINE 0.12 % SOLN		1	
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00					2.5	1	1.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00				LEVOTHYROXINE 75 MCG TABS		] 1	2.16
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00				MELATONIN 3 MG TABS		1 1	1.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020				92	1	1.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00				POTASSIUM CHLORIDE 10 % SOLN	194	2	95.54
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00				POTASSIUM CHLORIDE 10 % SOLN		2	64.44
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020		135000003	QUETIAPINE 25 MG TABS		1 1	1.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00						1 1	31.48
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00		0250				[ 1]	1.25
105/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   05/30/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0300		HB BLOOD GASES W/OZ SATURATION		1	
05/30/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0300	275000165		183	] 1]	276.00
05/30/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   138.00   05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0300	275000165	HB ASSAY OF LACTIC ACID		] 1	276.00
05/30/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00		0300	275000174			1 1	
05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000440   HB METABOLIC PANEL TOTAL CA   1   118.00   05/30/2020   0301   275000473   HB ASSAY OF CALCIUM (IONIZED)   1   97.00	05/30/2020	0300		HB COMPLETE CBC AUTOMATED		1	
05/30/2020 0301 275000440 HB METABOLIC PANEL TOTAL CA 1 118.00 05/30/2020 0301 275000473 HB ASSAY OF CALCIUM (IONIZED) 1 97.00	08/30/2020	0301			31	i il	
05/30/2020  0301  275000473   HB ASSAY OF CALCIUM (IONIZED)   2   1   97.00	05/30/2020	0301				1 1	
	05/30/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	2	l il	
	05/30/2020	0301				l il	94.00

Please call Customer Service at 1-800-218-7359 Page: 21 Of 53

10/19/2020 15:14 Business Office Follow Up



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:	LUCERO, JACINTO	Admission Date:	网	05/19/20
Hospital Account:	10102277595	Discharge Date:		06/18/20

05/30/2020   0324   255990194   HB. X-RAY EXAM CHEST 1 VIEW (PORTABLE)   1   1   1   1   1   1   1   1   1	825.50 825.50 825.60 408.00 365.00 64.00 64.00 64.00
05/30/2020 0324 255990194 HB X-RAY EXAM CHEST 1, VIEW (PORTABLE) 1 05/30/2020 0410 235000002 HB VENT MONT INPAT SUBO DAY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	925.50 ,408.00 365.00 64.00 64.00
- 105/30/2020 10460 1235000033	408.00 365.00 64.00 64.00
- 105/30/2020 10460 1235000033	408.00 365.00 64.00 64.00
- 105/30/2020 10460 1235000033	365.00 64.00 64.00 64.00
- 105/30/2020 10460 1235000033	64.00 64.00
05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 1 DETERMINATION) 05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 1	64.00
05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 1	
DETERMINATION) · 関	64.00
05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	
05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 1	64.00
05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 1	64.00
05/30/2020 0460 235000033 HB MEASURE BLOOD OXYGEN LEVEL (SINGLE 1	64.00
05/30/2020   0638   135000001   CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN   10	211.96
05/30/2020 0636 135000001 FENTANYL PER 0.1 MG	6.34
05/30/2020 0636 135000001 FUROSEMIDE PER 20 MG	8.57
05/30/2020 0636 135000001 HEPARIN (PORCINE) PER 1000 UNITS	10.25
05/30/2020 (636 135000001 [HEPARIN (PORCINE) PER 1000 UNITS III 5	10.25
05/30/2020	10.25
05/30/2020   0636   135000001   POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN   1 20	18.87
05/30/2020 0636 135000001 PROPOFOL 1000 MG/100ML EMUL 期 100	58.02
05/30/2020   0636   135000001   PROPOFOL 1000 MG/100ML EMUL	58.02
05/30/2020 0636 135000001 PROPOFOL 1000 MG/100ML EMUL 100	58.02
05/30/2020   0636   135000001   PROPOFOL 1000 MG/100ML EMUL	116.21
05/30/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML   1   1	6.97
05/30/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML 関	7.24
05/30/2020	7.24
05/30/2020   0638   135080001   SODIUM CHLORIDE PER 600 ML   日   日   1	6.97
05/30/2020  0636  135000001  SODIUM CHLORIDE PER 500 ML	6.97
05/30/2020  0636  135000001  SODIUM CHLORIDE PER 500 ML	7.24
05/30/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML	6.97
05/30/2020   0636   135000001   SODIUM CHLORIDE PER 500 ML	6.97
05/30/2020   0636   135000001   VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL 日 日 1	354.53
05/31/2020 0200 105000012 HB INTENSIVE CARE UNIT GENERAL 1 23,7	719.00

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

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10/19/2020 15:15 Business Office Follow Up

(FAX)4845263091 P.UZ5/U58 製 358070.12101



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

			 <del>,</del>
Patient:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

			<u> </u>			
Service Da	te-Rev	Service Code	Description		Qt	y Amount
	Cd			3		,
05/31/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	100		91.67
05/31/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		i	1 91.67
05/31/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN			1 7.31
05/31/2020-	- 0250-	1-35000003	CHLORHEXIDINE 0.12 % SOLN		` '	7.31
05/31/2020	0250	135000003	FOLIC ACID 1 MG TABS		} .	1 1.25
05/31/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS		)	1 2.16
05/31/2020	0250	135000003	MELATONIN 3 MG TABS	111		1.25
05/31/2020	0250	135000003	MIDODRINE 5 MG TABS	110	) :	5.29
05/31/2020	0250	135000003	MIDODRINE 5 MG TABS	觸		5.29
05/31/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS		1 .	1.25
05/31/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN		1 2	64.44
05/31/2020	0250	135000003	PSYLLIUM PACK	捌	] :	1.80
05/31/2020	0250	136000003	PSYLLIUM PACK	133	l i	1.80
05/31/2020	0250	135000003	QUETIAPINE 25 MG TABS		<b>,</b>	1.25
05/31/2020	0250	135000003	SERTRALINE 20 MG/ML CONC		1 :	31.48
05/31/2020	0250	135000003	THIAMINE 100 MG TABS		] 1	1.25
05/31/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1	394.00
05/31/2020	0300	275000165	IHB ASSAY OF LACTIC ACID	搁	_ l _ 1	276.00
05/31/2020	0300	275000174	HB ASSAY OF MAGNESIUM	腿	1 1	138.00
05/31/2020	l0300	275000174	HB ASSAY OF MAGNESIUM	1984	1	138.00
05/31/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	躢	1	142,00
05/31/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	18	1	100.00
05/31/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	湯	1 1	118.00
05/31/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
05/31/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	檲	1 1	97.00
05/31/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)		1	l 97.00l
05/31/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	极	1	94.00
05/31/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		! 1	94.00
05/31/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1 1	825.50
05/31/2020	0410	235000002	HB VENT MOMT INPAT SUBQ DAY	諷	1 1	1,408.00
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		i	64.00
		1	DETERMINATION)	181		'''''
06/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		} •	64,00
	I i	[	DETERMINATION)	躢	1 '	"""
05/31/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	뛜	1 4	64.00
1			DETERMINATION)	112	1 .	, ,,,,,
05/31/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64,00
1	1		DETERMINATION)		1 '	V-1.00
						L

Please call Customer Service at 1-800-218-7359 Page: 23 Of 53 10/19/2020 15:15 Business Office Follow Up

FAX)4845263091 P.026/058



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:	LUCERO JACINTO	Admission Date:	05/19/20	_
Hospital Account:	10102277695	Discharge Date:	06/18/20	_

		<u>, , .</u>					
	Service Dat		Service Code	Description		Qty	Amount
	00 104 10000	Cd	02600000	MEACURE & COR DOMOCO LEVEL TOMOLE			0.4.00
	05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	189	1 1	64.00
	05/04/0000	6400	00000000	DETERMINATION)	33	] ]	24.22
	05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	. 選	.	64,00
•	05240000	nese	105000004	-DETERMINATION)		أما	044.00
	05/31/2020 05/31/2020	0636 0636	135000001 135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN		10	211.96
	05/31/2020	0636	135000001	FENTANYL PER 0.1 MG	鬉		211.96
		0636	135000001	FUROSEMIDE PER 20 MG		1	6.34
	05/31/2020 05/31/2020	0836	135000001	FUROSEMIDE PER 20 MG	<b>1</b>	2 2 6 5	8.87
	05/31/2020	0636	135000001				8.87
		0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS HEPARIN (PORCINE) PER 1000 UNITS	100	) 2	10.25
	05/31/2020						10.25
	05/31/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS	<b>S</b>	5	9.62
	05/31/2020		135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	鼮	20	18.87
	05/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	38	100	116.21
	05/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116,21
	05/31/2020	0638	135000001	PROPOFOL 1000 MG/100ML EMUL		100	58.02
	05/31/2020		135000001	PROPOFOL 1000 MG/100ML EMUL		100	58.02
	05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	爨	1 3	7.24
	08/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		]	6.97
	05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	<b>183</b>	1 1	7.24
	05/31/2020		135000001	SODIUM CHLORIDE PER 500 ML	鯯	] ]	6.97
	05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		וני ו	7.24
	05/31/2020	0638		VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		1 1	854.53
	05/31/2020		135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	<b>2</b>	1	854.53
	05/31/2020		135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	137	) 1)	854.53
	06/01/2020		105000012	HB INTENSIVE CARE UNIT GENERAL	戀	] ]	23,719.00
	06/01/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	[4]	1 1	91.67
	06/01/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	188	]]	91.67
	06/01/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	<b>183</b>	1	91.67
	06/01/2020			ACETAMINOPHEN 325 MG TABS	(E)	2	1.25
	08/01/2020		135000003	CHLORHEXIDINE 0.12 % SOLN	1	j 1j	7.31
	06/01/2020			CHLORHEXIDINE 0.12 % SOLN		1 1	7.31
	06/01/2020			FOLIC ACID 1 MG TABS	(6)	1 1	1.25
	06/01/2020			LEVOTHYROXINE 75 MCG TABS		1 11	2.16
	06/01/2020	1		MELATONIN 3 MG TABS		1 1	1.25
- 1	06/01/2020	1		MIDODRINE 5 MG TABS	5	2	5.29
				MIDODRINE 5 MG TABS	12.0	) 3	7.94
	08/01/2020			MIDODRINE 5 MG TABS	12.5	3	7.94
Ŀ	06/01/2020	0250_	135000003	MULTIVITAMIN-MINERALS TABS		I1	1.25

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10/19/2020 15:16 Business Office Follow Up

FAXX4845263091 P.027/058



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

			un.		
Patient:	LUCERO, JACINTO	Admission Date:	骴	05/19/20	
Hospital Account:		Discharge Date:	M	06/18/20	•

				<u>and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second </u>	#		
	Service Dat	le Rev Cd	Service Code	Description		Qty	Amount
	06/01/2020	0250	135000003	PSYLLIUM PACK			4.00
	06/01/2020	0250		PSYLLIUM PACK		- 1	1.80
	08/01/2020	0250	135000003	QUETIAPINE 25 MG TABS		-   -	1.80
			135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1141 -	·-	1.25
	06/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	钁	- [ ]	1.70 1.70
	08/01/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	<b>A</b>	1 1	
	06/01/2020	0250	135000003	THIAMINE 100 MG TABS	餬		31.48
	06/01/2020	0300	275000135	HB BLOOD GASES W/OZ SATURATION	iii	الها	1.25 394.00
	06/01/2020	0300	275000165	HB ASSAY OF LACTIC ACID	64		
	06/01/2020	0300	275000174	HB ASSAY OF MAGNESIUM	指점	1 1	276.00
	06/01/2020	0300	275000249	HS COMPLETE CBC WIAUTO DIFF WBC		1 41	138.00
	06/01/2020	0300	275000249	HB COMPLETE CBC WAUTO DIFF WBC	翻	4	142.00
	08/01/2020	0300	275001131	HB PROCALCITONIN (PCT)	F14	- 1 - 21	142.00
	06/01/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	1,574.00
	06/01/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	111		118.00
	06/01/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)			118.00
	06/01/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	嬲	1 !	97.00
	06/01/2020	0301	275000513	INB ASSAY OF PHOSPHORUS	翻	1 1	97.00
	06/01/2020		255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	展	[ ]	94.00
	06/01/2020		236000002	HB VENT MGMT INPAT SUBO DAY		1 3	825.50
	06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	1,408.00
	<b></b>	1		DETERMINATION)		1 1	64.00
	06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	臘	1 4	84.00
ļ		}		DETERMINATION)	膼	1 1	04.00
1	06/01/2020	0460	235000033	HB MEASURE SLOOD OXYGEN LEVEL (SINGLE	111	1 4	64.00
1		1		IDETERMINATION)	12	1 1	04.00
1	06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	18	1 1	64.00
1				(DETERMINATION)	瞡	1 7	04.00
ĺ	06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
Į		1 :		DETERMINATION)	18		44.00
1	08/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	114	1 1	64.00
1		1 1		(DETERMINATION)		1 7	54.00
ŀ	06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	猢	ا ا	64,00
1		j l		(DETERMINATION)	儠	1 1	04.00
	06/01/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN		10	211.96
			135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
		0636		FUROSEMIDE PER 20 MG	<b>19</b>	اوُ' ا	8.87
			135000001	FUROSEMIDE PER 20 MG		1 2	8.87
U	06/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	99	5	10.25

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10/19/2020 15:16 Business Office Follow Up

FAXX4845263091 P.U2B1U3B 358070.12101



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:	LUCERO, JACINTO		05/19/20
Hospital Account:	10102277595		06/18/20

			<u> </u>		<u> </u>		
	Service Dat	e Rev Cd	Service Code	Description		Oty	Amount
	06/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
	06/01/2020	0636	135000001	WEDARIN (PODCINE) REP 1000 UNITS	111	5	9.62
	06/01/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	177	20	18.87
	06/01/2020 -	- 0636 -	135000001	PROPOFOE 1000-MG/100ML-EMUL	[]	1 - 100	116.21
	08/01/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	履	100	116.21
	06/01/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
	06/01/2020	0638	135000001	PROPOFOL 1000 MG/100ML EMUL		100	157,47
	06/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
	06/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		] 1	7.24
	06/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
	06/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	淵	) 1)	6.97
	06/01/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		[ 1]	854.53
	06/02/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		1 1	23,719.00
	06/02/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	圈	] 1	91.67
	06/02/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
	06/02/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SQLN 4 ML VIAL		{ 1	91.67
	06/02/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		] 1]	91.67
	06/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS		2	1.25
	08/02/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	捌	1 1	7.31
	06/02/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	嬼	1 1	7.31
	06/02/2020	0250	135000003	FOLIC ACID 1 MG TABS		[ 1]	1.25
	06/02/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS		1 1	2.16
	06/02/2020	0250	135000003	MELATONIN 3 MG TABS	淵	<u>  1</u>	1.25
	06/02/2020	0250		MIDODRINE 5 MG TABS		3	7.94
	06/02/2020			MIDODRINE 5 MG TABS		3 3	7.94
	06/02/2020			MIDODRINE 5 MG TABS	iei	3	7.94
	06/02/2020	0250		MULTIVITAMIN-MINERALS TABS	鬬	) 1)	1.25
	06/02/2020 06/02/2020	0250 0250		POTASSIUM CHLORIDE 10 % SOLN	184	2	84.44
			135000003	PSYLLIUM PACK PSYLLIUM PACK		1 1	1.80
				IPSTELIUM PACK IQUETIAPINE 25 MG TABS		1 1	1.80
	08/02/2020			SACCHAROMYCES BOULARDII 250 MG CAPS		[ ]]	1.25
				SACCHAROMYCES BOULARDII 250 MG CAPS		} }	1.70
				SERTRALINE 20 MG/ML CONC		]]	1.70
				THIAMINE 100 MG TABS	揭	]	31.48
				HB COMPLETE CBC WAUTO DIFF WBC	閥		1.25
				HB BLOOD CULTURE FOR BACTERIA	183		142,00
				HB BLOOD CULTURE FOR BACTERIA			287.00
				HB CULTURE OTHR SPECIMN AEROBIC			287.00
. 1	**************************************	10000		LID OGELOUS OF COUNTY NETWORK	_13#4E	21	197.00

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

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10/19/2020 15:17 Business Office Follow Up

(FAX)4845263091 P.029/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:		05/19/20
Hospital Account:	10102277595		A	06/18/20

	·			<u></u>			
	Service Date	e-Rev Cd	Service Code	Description	12	Qty"	Amount
	06/02/2020	0300	275000387	HB SMEAR GRAM STAIN		1	72.00
	06/02/2020	0300	275000410	HB DETECT AGENT NOS DNA AMP	22	. 2	974.00
	06/02/2020	0300	275001131	HB PROCALCITONIN (PCT)		1	1,574.00
-	06/02/2020 -	-  6300∙	275001326	HB CHYLMD PNEUM DNA AMP PROBE	都		360:00
	06/02/2020	0300	275001357	HB NOVEL CORONAVIRUS 2019 (COVID -19), NAA		1]	219.00
	06/02/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
	06/02/2020	0306	275000619	HB FUNGI IDENTIFICATION YEAST		1	143.00
	08/02/2020	0309	275001012	HB M.PNEUMON DNA AMP PROBE	護報	[ 1	1,127.00
	06/02/2020	0309	275001014	HB RESP VIRUS 12-25 TARGETS		1	991.00
	06/02/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	100	1	1,408.00
	06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		-		[DETERMINATION]			
	06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		1		DETERMINATION)	鵩	1	1
	06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
	)		ļ	DETERMINATION)		ľ	i
	06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	13	1	64.00
				DETERMINATION)		1 1	
	06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
		Į.	l	(DETERMINATION)			
		0636	135000001	FENTANYL 10 MCG/ML SOLN	<b>33</b>	10 5 5	73.01
i		0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	i i	] 5	9.62
		0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	93	5	9.62
	* * * *	0636	135000001	HEPARIN (PORÇINE) PER 1000 UNITS	15 N		9.62
			[135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
			135000001	PROPOFOL 1000 MG/100ML EMUL	1	100	58.02
			135000001	PROPOFOL 1000 MG/100ML EMUL	日	100	116.21
			135000001	PROPOFOL 1000 MG/100ML EMUL	鼮	100	116.21
			135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
				SODIUM CHLORIDE PER 500 ML		-	6.97
				SODIUM CHLORIDE PER 500 ML		] 1	6.97
				SODIUM CHLORIDE PER 500 ML	17	1	6.97
				HB INTENSIVE CARE UNIT GENERAL		1 1	23,719.00
				LIDOCAINE (PF) 1 % SOLN		1	12,69
				NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	区	1}	91.67
				NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	矆	- 1 1	91.67
				NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		] [1]	91.67
- 1				ACETAMINOPHEN 325 MG TABS		2	1.25
Ì	06/03/2 <b>020</b>	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	扫	1	7. <u>31</u>

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

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15:18 Business Office Follow Up 10/19/2020

(FAX)4845263091 でいらいいりょう 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20	
Hospital Account:	10102277595	Discharge Date:	06/18/20	

	<u> </u>		<u>a a a a a a a a a a a a a a a a a a a </u>		<u> </u>	
:Service Da		Service Code	Description	1	Qty	Amount
	Cd					
06/03/2020	0250		CHLORHEXIDINE 0.12 % SOLN	110	[ 1	7.31
06/03/2020	0250	1	FLUDROCORTISONE 0.1 MG TABS	閥	1	3.98
08/03/2020	0250		FOLIC ACID 1 MG TABS	腳	1 1	1.25
		- 135000903	LEVOTHYROXINE 125 MCG TABS	醒	1 1	2.60
06/03/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	捌	[ 1	2.16
08/03/2020	0250		MELATONIN 3 MG TABS		1	1.25
06/03/2020	0250	[135000003	MIDODRINE 5 MG TABS		3	7.94
06/03/2020	0250	135000003	MIDODRINE 5 MG TABS		3	7.94
06/03/2020	0250	135000003	MIDODRINE 5 MG TABS		3	7.94
06/03/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	櫾	1	1.25
08/03/2020	0250	136000003	PSYLLIUM PACK	Щ	1	1.80
06/03/2020	0250	135000003	PSYLLIUM PACK	鶸	1	1,80
06/03/2020	0250	135000003	QUETIAPINE 25 MG TABS	ଞ	1 1	1.25
06/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	HI .	1	1,70
06/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1 1	1.70
06/03/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	摄	1 1	31.48
06/03/2020	0250	135000003	THIAMINE 100 MG TABS		1 1	1.25
06/03/2020	(0300	275000135	HB BLOOD GASES W/OZ SATURATION	ੂ	i 1	394.00
06/03/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	H	ી નો	394.00
06/03/2020	0300	275000165	HB ASSAY OF LACTIC ACID	12	- ( i)	276.00
06/03/2020	0300	275000225	HB ASSAY OF FREE THYROXINE	艄	آ آ	125.00
06/03/2020	0300	275000227	HB ASSAY THYROID STIM HORMONE		ી ની	234.00
08/03/2020	10300	275000231	HB ASSAY OF TRIGLYCERIDES		1 1	117.00
06/03/2020	0300	275000246	HB 8L SMEAR WIDIFF WBC COUNT		ાં નો	48.00
06/03/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	120	1 4	100.00
08/03/2020	0300	275000372	HB CULTURE SCREEN ONLY	器	1 1	89.00
06/03/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	13	•!	118.00
06/03/2020	0410	235000002	HB VENT MGMT INPAT SUBO DAY	闢	1	1.408.00
08/03/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	<b>M</b>	1 1	64.00
	1		DETERMINATION)		1 ]	34.40
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 4	64.00
- *************************************	1		DETERMINATION)		1 1	٧.٥٥
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	A CONTRACT	1 4	64.00
1	""		DETERMINATION)		) "1	O4.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	100	4	64.80
	1		DETERMINATION)		1 1	64.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 .1	84.00
03.00.2020	3.00	J— J	DETERMINATION)		1 7	04.00
		<u> </u>	DC ( P. MINO) ( ICM)	E\$(0)	<u></u>	

Please call Customer Service at 1-800-218-7359 Page: 28 Of 53

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10/19/2020 15:18 Business Office Follow Up



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

	<u></u> .				4		
	Service Dat	e-Rev Cd	Service Code	Description		Qty	Amount
	06/03/2020	10460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
				DETERMINATION)	7	ł 1	,
	06/03/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	g .	10 _	73.01
	06/03/2020-	-0636	135000001 -	FENTANYL PER 0:1 MG		J· '3	6.34
	06/03/2020	0636	135000001	FENTANYL PER 0.1 MG	-	ી ની	8.34
	06/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	5	9.62
	06/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	9.62
	06/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5 5 1	9.62
	06/03/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	<b>B</b> LR	] [1]	73.94
	06/03/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG		l il	73.94
	06/03/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
	08/03/2020	0836	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
	06/03/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
	06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	6.97
	06/03/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	翻	1	6.97
	06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	2	4	7.24
	06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	8	1	6.97
	06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	閿	1	7.24
	06/03/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	뗾	1	854,53
	06/03/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	<b>33</b>	1 1	854.53
	06/03/2020		246000001	HB ELECTROCARDIOGRAM TRACING		1	324.00
	06/04/2020		105000012	HB INTENSIVE CARE UNIT GENERAL	働	1]	23,719.00
	06/04/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	i.	1 1	7.61
	06/04/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	3	1	13.68
	06/04/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91,67
				PHENYLEPHRINE 1 ML		1	43.91
	06/04/2020	0250		ROCURONIUM 10 MG/ML SOLN		2	28.66
	06/04/2020	0250		CHLORHEXIDINE 0.12 % SOLN	Si .	1.	7.31
- 1		0250		CHLORHEXIDINE 0.12 % SOLN	8	1	7.31
			135000003	FLUDROCORTISONE 0.1 MG TABS	3	1}	3.98
				FOLIC ACID 1 MG TABS		1	1.25
		0250		LEVOTHYROXINE 125 MCG TABS	3	1	2.60
	06/04/2020			MELATONIN 3 MG TABS	Į.	11	1.25
- 1		0250		MIDODRINE 5 MG TABS		3	7.94
				MIDODRINE 5 MG TABS		3	7.94
				MIDODRINE 5 MG TABS		3	7.94
			135000003	MULTIVITAMIN-MINERALS TABS	1 <b>5</b> 1	1	1.25
		0250		PSYLLIUM PACK		1	1.80
)	06/ <u>04/</u> 2020	0250	135000003	P\$YLLIUM PACK		1	1.80

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

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10/19/2020 15:19 Business Office Follow Up

FAX)4845263091 P.032/058 358070.12101



:

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:	LUCERO, JACINTO	Admission Date:	ij	06/19/20
Hospital Account:	10102277595	Discharge Date:	I	06/18/20

		<u> </u>		. #		
Service Dat		Service Code	Description	- (	Qty	Amount
	Cd					
06/04/2020	0250		QUETIAPINE 25 MG TABS		1 1	1.25
06/04/2020	0250		SACCHAROMYCES BOULARDII 250 MG CAPS		1 1	1,70
06/04/2020	0250		SACCHAROMYCES BOULARD!! 250 MG CAPS	1	1	1,76
-06/04/2020	-0250		SERTRALINE-20 MG/ML-CONCT *** ** * * * * *	(B)		31.48 - ·
06/04/2020	0250		THIAMINE 100 MG TABS		1	1.25
06/04/2020	0270		PEG KIT ENDOVIVE 20FR PULL SAFTEY		1	832.87
06/04/2020	0300		HB URINALYSIS AUTO W/SCOPE		1	86.00
06/04/2020	0300		HB BLOOD GASES ANY COMBINATION		1	252,00
06/04/2020	0300		HB BLOOD GASES ANY COMBINATION		. 1	252.00
06/04/2020	0300		H8 BLOOD GASES W/O2 SATURATION	86	1 1	394.00
06/04/2020	0300		HB BLOOD GASES W/O2 SATURATION		1 1	394.00
06/04/2020	0300		HB ASSAY GLUCOSE BLOOD QUANT	la a	1 1	33.00
06/04/2020	0300		HB ASSAY GLUCOSE BLOOD QUANT		1 1	33.00
06/04/2020	0300		HB HEMATOCRIT		1 1	47.00
06/04/2020	0300	275000247	HB HEMATOCRIT	188		47,00
08/04/2020	0300	275000249	HB COMPLETE CBC WIAUTO DIFF WBC		i	142.00
06/04/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	蜒	4	100.00
06/04/2020	0300	275000361	IHB HEPATITIS C AB TEST		1	189.00
06/04/2020	0300	275000396	HB HEPATITIS B SURFACE AG EIA		1 1	143.00
06/04/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC		1 1	117.00
06/04/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC		1 4	117.00
06/04/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC		1 1	117.00
06/04/2020	0300	275001211	HB HIV ANTIGEN WHIV ANTIBODIES		1 1	324.00
06/04/2020	0301		H8 METABOLIC PANEL TOTAL CA	159	1 1	118.00
06/04/2020	0301		HB METABOLIC PANEL TOTAL CA			118.00
06/04/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)		1 1	97.00
06/04/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)		انا	97.00
06/04/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	134	4	64.00
06/04/2020	0301		IHB ASSAY OF SERUM POTASSIUM		4	64.00
06/04/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	100	1 1	67.00
06/04/2020	0301	275000524	HB ASSAY OF SERUM SODIUM		1 1	67.00
06/04/2020	0302	275000558	HB RBC ANTIBODY SCREEN	168	1 1	76.00
06/04/2020	0302	275000564	HB BLOOD TYPING ABO		انا	472.00
06/04/2020	0302	275000565	HB BLOOD TYPING RH (D)		1 1	245.00
06/04/2020	0324		HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1 4	825.50
06/04/2020	0324		HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1 4	825.50
06/04/2020	0360		HB OR TIME PER MINUTE		127	27,252.93
06/04/2020	0370		HB ANESTHESIA GENERAL 1ST HOUR		1 71	8,303.00
06/04/2020	0370		HB ANESTHESIA GENERAL EA ADDTL 30MIN	84	اغا	3,324.00
					, 3	

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

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10/19/2020 15:20 Business Office Follow Up

(FAX)4845263091 P.033/058 358070.12101



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

Patient:	LUCERO JACINTO	Admission Date:	05/19/20
rauent.	LOOLING ONOTHIN		
Linnidal Addaugh	10102277595	Discharge Date:	06/18/20
Hospital Account:	10102211999	Discharge Date.	U0/10/20

			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	2.		
Service Dat	e Rev	Service Code	Description		Qty	Amount
	Cđ					
06/04/2020	0390	275990064	HB RBC LEUKOCYTES REDUCED		1	1,607.00
06/04/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	A	1	1,408.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	84.00
-	·		DETERMINATION)			7
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	9	1	64.00
			DETERMINATION)			l (
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		j 1	64.00
		1	DETERMINATION)	姐	J	[
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
	1	1	DETERMINATION)	E .	i	
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	3	1	64.00
1	ļ	Ì	DETERMINATION)	10	ļ	1
06/04/2020	0450	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	程.	[ 1	64.00
	1		DETERMINATION)		ł	
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1	1	1	DETERMINATION)	11		!
06/04/2020	0636	135000001	CEFAZOLIN PER 500 MG	<b>48</b>	2	8.27
06/04/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN		10	
06/04/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	18	10	
06/04/2020	0636	135000001	FENTANYL PER 0.1 MG		1	6.31
06/04/2020		135000001	FENTANYL PER 0.1 MG	iii	1	6.34
06/04/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS	뫪	5	9.62
06/04/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG \$	翻LR	1	73.94
06/04/2020		135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	以 R	1	73.94
06/04/2020		135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG \$	MILR	] 1,	73.94
06/04/2020		135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG S	孤LR	] 1	73.94
06/04/2020		135000001	LACTATED RINGERS PER 1000 ML		1	8.29
06/04/2020		135000001	ONDANSETRON PER 1 MG		4	5.17
06/04/2020		135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL		5	
06/04/2020			PROPOFOL 1000 MG/100ML EMUL		100	118.21
06/04/2020		135000001	PROPOFOL 1000 MG/100ML EMUL	<b>3</b>	100	
06/04/2020	0638	135000001	PROPOFOL 1000 MG/100ML EMUL	計	100	116.21
06/04/2020		135000001	SODIUM CHLORIDE PER 500 ML	1	1 1	6.97
08/04/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
08/04/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
06/04/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	6.97
06/04/2020		135000001	SODIUM CHLORIDE PER 500 ML	翻	1	7.24
06/04/2020			VASOPRESSIN 20 UNIT/ML SOUN 1 ML VIAL		1	854.53
06/04/2020	0638	135000001	VASOPRESSIN 20 LINITIML SOLN 1 ML VIAL		1	<u>85</u> 4.63

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

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10/19/2020 15:20 Business Office Follow Up

FAXX484526309) 7 G . 1 2 1 6 1



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

Patient: LUCERO, JACINTO Admission Date: 05/19/20 Hospital Account: 10102277595 Discharge Date: 06/18/20					
Hospital Account: 10102277595 Discharge Date: 06/18/20	Patient:	LUCERO, JACINTO	Admission Date:	娰	05/19/20
	Hospital Account:	10102277595			06/18/20

			<u> </u>		<u></u>	
Service Dai		Service Code	Description		Qt	y Amount
	Сd			_{!!		
06/04/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL			1 854.53
08/04/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING		l '	1[ 324.00]
06/05/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		i '	1 23,719.00
06/05/2020-			ALBUMIN HUMAN 5%-PER-50 ML	- 日本		180.22
06/05/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1933	j ·	1 190.80
06/05/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN			1 7.31
06/05/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	100	Į ·	1 7.31
08/05/2020	0250	135000003	FLUDROCORTISONE 0.1 MG TABS	113	- 1 '	1 3.98
06/05/2020	0250	135000003	FOLIC ACID 1 MG TABS			1 1.25
06/05/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS		) '	1 2.60
06/05/2020	0250	135000003	MELATONIN 3 MG TABS		:	2 1.34
08/05/2020	0250	135000003	MIDODRINE 5 MG TABS	嬲		2 1.34 3 7.94 3 7.94 3 7.94
06/05/2020	0250	135000003	MIDODRINE 5 MG TABS		3	3 7.94
06/05/2020	0250	135000003	MIDODRINE 5 MG TABS	[33]	{ 3	
06/05/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	田田	1 1	1 1.25
06/05/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN		2	35.55
08/05/2020	0250	135000003	PSYLLIUM PACK	183	) 1	1.80
08/05/2020	0250	135000003	PSYLLIUM PACK	18	1	1.80
06/05/2020	0250	135000003	QUETIAPINE 25 MG TABS		2	1.25
06/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	鼮	1	1.70
06/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	100	1 1	1.70
06/05/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	12	1	31.48
06/05/2020	0250	135000003	THIAMINE 100 MG TABS	月	1	1,25
06/05/2020		275000135	HB BLOOD GASES W/O2 SATURATION		1 1	394.00
06/05/2020			HB COMPLETE CBC AUTOMATED	16	_ { 1	100.00
06/05/2020		275000440	HB METABOLIC PANEL TOTAL CA	編	. ( 1	118.00
08/05/2020			HB VENT MGMT INPAT SUBQ DAY	18	1	1,408.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	183	[ 1	64.00
ì	ì	ì	DETERMINATION)		1	}
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		. 1 1	64.00
1	1	}	DETERMINATION)	翼	}	1
06/05/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	10	1	64.00
1	1		DETERMINATION)			Į [
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	133	t	64.00
1	1		DETERMINATION)	12		1
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1	1		DETERMINATION)	8		[ "
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	模	} { 1	84.00
	<u> </u>		DETERMINATION)			1

Please call Customer Service at 1-800-218-7359
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10/19/2020 15:21 Business Office Follow Up



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:	LUCERO, JACINTO	Admission Date:	闅	05/19/20
Hospital Account:	10102277595	Discharge Date:	閥	06/18/20

				·			
Service Dat		Service Code	Description	ĺ	, ,	· · · · · · · · · · · · ·	Amount
	Cd					·	
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGL	E K	<b>3</b>	1 1	64.00
	l		DETERMINATION)	_	<b>20</b>	1 1	
08/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGL	€	<b>3</b>		64,00
	-		DETERMINATION)			1	1
08/05/2020	0638	135000001	FENTANYL 10 MCG/ML SOLN	ű		10	73.01
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	4	4	1 1	6.28
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	Ĭ	弱	) 1)	6.28
08/05/2020	0636	135000001	FENTANYL PER 0.1 MG	i		1 1	6.34
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	ľ		1 1	6.28
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG		麩	] 1]	6.28
06/05/2020	0636	135000001	Furosemide per 20 mg	]		] 2	8.87
06/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		11	2 5 5 5	9.62
06/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS			5	9.62
06/05/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	Į.		. 5	9.62
08/05/2020		135000001	HYDROCORTISONE SODIUM SUCCINATE (PF)			1 1	73.94
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF)			<b>( 1</b> ]	73.94
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF)			1 1	73.94
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF)	100 MG 5	親R	1	73.94
06/05/2020		135000001	LORAZEPAM PER 2 MG			1 1	3.11
06/05/2020		135000001	PROPOFOL 1000 MG/100ML EMUL			100	118.21
06/05/2020		135000001	PROPOFOL 1000 MG/100ML EMUL			100	116.21
06/05/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL			100	116.21
06/05/2020		135000001	PROPOFOL 1000 MG/100ML EMUL			100	118.21
06/05/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		<b>F</b>	1 1	7.24
08/05/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL			1 1	854.53
06/06/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		1	1	23,719.00
06/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS			2	1,25
06/06/2020		135000003	ACETAMINOPHEN 325 MG TABS			1 2	1,25
Ú6\Ú6\3030	0250	135000003	CHLORHEXIDINE 6.12 % SOLN			1 1	7.31
06/06/2020	0260	135000003	CHLORHEXIDINE 0.12 % SOLN		IRA	] 1]	7,31
06/06/2020	0250	135000003	FOLIC ACID 1 MG TABS			[ 1]	1.25
06/06/2020	0250	135000003	HYDROMORPHONE PER 4 MG		16.9	1 1	12.95
06/06/2020	0250	135000003	HYDROMORPHONE PER 4 MG			í ti	12.95
06/08/2020	0250	135000003	HYDROMORPHONE PER 4 MG			[ 1]	12.95
06/06/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS			l il	2.60
08/06/2020	0250		MELATONIN 3 MG TABS			2	1,34
08/06/2020			MIDODRINE 5 MG TABS			ا <u>ءَ</u> ا	7.94
			MIDODRINE 5 MG TABS			3	7.94
			MULTIVITAMIN-MINERALS TABS			1 1	1,25

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

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10/19/2020 15:21 Business Office Follow Up

FAXX4845263091 P.036/058 358070.12101



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

Patienti	LUCERO JACINTO	Admission Date:	1	05/19/20
Hospital Account:	10102277595	Discharge Date:		06/18/20

			and the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contra	·		
Service I		Service Code	Description		Qty	Amount
	Cd					
06/06/202		135000003	OXYCODONE 5 MG/5 ML SOLN	A	22	35.55
06/08/202		135000003	OXYCODONE 5 MG/5 ML SOLN		2	35.55
06/06/202			OXYCOBONE 5 MG/5 ML SOLN		. 2	35,55
08/06/202			POTASSIUM CHLORIDE 10% SOLN	M .		
06/06/202		135000003	POTASSIUM CHLORIDE 10 % SOLN		2 2	64.44
06/06/202	20   0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG	IINA)-	) 2	4.34
ł			250 MG (K) PACK	M		ĺ
06/06/202	20 (0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG	類NA)-	} 2	4.34
			250 MG (K) PACK			1
06/06/202		135000003	PSYLLIUM PACK		1 1	1.80
06/08/202	20  0250	135000003	PSYLLIUM PACK		1	1.80
06/06/202	0250	135000003	QUETIAPINE 25 MG TABS		2	1.25
06/06/202	0250	135000003	QUETIAPINE 25 MG TABS		z	1.25
06/06/202	0 0250	135000003	SACCHAROMYCES EOULARDII 250 MG CAPS		1	1.70
06/06/202	0 . 0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	捌	Í 1:	1.70
06/06/202	0 0250	135000003	SERTRALINE 20 MG/ML CONC	4	1 1	31.48
06/06/202	0 0250	135000003	THIAMINE 100 MG TABS	K	1	1.25
06/06/202	0 0300	275000174	HB ASSAY OF MAGNESIUM	i i	إأ	138.00
06/08/202	0 0300	275000174	HB ASSAY OF MAGNESIUM	ff	1 1	138.00
08/08/202	0 0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	<b>N</b>	1	48.00
06/06/202		275000250	HB COMPLETE CBC AUTOMATED	**	i	100.00
06/06/202	0 0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
06/06/202	0 0301	275000440	HB METABOLIC PANEL TOTAL CA	模	1	118.00
06/06/202	0 0301	275000446	HB HEPATIC FUNCTION PANEL	福	1	258.00
06/08/202	0  0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	1 1	97.00
06/06/202	0 0301	275000473	HB ASSAY OF CALCIUM (IONIZED)			97.00
06/06/202	0 0301		HB ASSAY OF PHOSPHORUS	29 I	1	94.00
08/06/202	0 0301	275000513	H8 ASSAY OF PHOSPHORUS		4	94.00
06/06/202	0 0410	235000002	HB VENT MGMT INPAT SUBO DAY		∣ il	1,408.00
06/06/2020	0 0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		ˈ <u>i</u> l	64.00
1	1	[	(DETERMINATION)		. 1	2
06/06/2020	0 0460	235000033	MB MEASURE BLOOD OXYGEN LEVEL (SINGLE	55	1	64.00
}			DETERMINATION)		1	* ".**
06/06/2020	0 0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
	·		DETERMINATION)		,	•
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1	1		DETERMINATION)		, '\	00
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	翻	!	64.00
			DETERMINATION)	<b>曜</b>	Ή	74.00

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10/19/2020 15:22 Business Office Follow Up

FAXX4845263091 P.U37/U58 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20	
Hospital Account:	10102277595	Discharge Date:	06/18/20	

			<u></u>		·	·
Service Dat	e Rev	Service Cade	Description		Qty	Armount
	Cd			.ii		
08/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	Si .	1 1	64.00
j	1		DETERMINATION)		1 1	i
06/06/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN _	<b>a</b>	1 10	211.96
06/06/2029	0636	135000001	· CALCIUM GLUCONATE PER 10 ML		10	131.84
06/06/2020	0638	135000001	FENTANYL PER 0.1 MG	<b>13</b>	1 1	6.28
06/06/2020	0636	135000001	FENTANYL PER 0.1 MG		1 1	6.34
06/06/2020	0636	135000001	FUROSEMIDE PER 20 MG		2 5 5 5	8.87
08/08/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	9.62
06/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	<b>B</b>	] 5	9.62
06/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	翽	5	9.62
06/08/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	DUR		73.94
06/06/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG	PDLR	1 1	73.94
06/08/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	10	18.87
06/06/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
06/06/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	123	10	18.87
06/06/2020	0638	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	18.87
06/06/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
06/06/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	18	100	116.21
06/06/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
06/06/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/07/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	10	1 1	23,719.00
06/07/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOUN 2 ML VIAL	191	2	69.91
06/07/2020		135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL		2 2 2 2 2 2 2 2	69.91
06/07/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	}}	2	43.25
06/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	12	2	1.25
06/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	13	2	1.25
06/07/2020	0250	135000003	JACETAMINOPHEN 325 MG TABS		2	1.25
06/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS		[ 2]	1.25
06/07/2020	0250	j135000003	JASCORBIC ACID 500 MG TABS		] 2	1.25
06/07/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
06/07/2020	0250	136000003	CHLORHEXIDINE 0.12 % SOLN	閥	1	7.31
06/07/2020		135000003	FOLIC ACID 1 MG TABS	13	[ 1	1.25
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG		1 1	12.95
06/07/2020			HYDROMORPHONE PER 4 MG	स्थापन्या कि <u>सम्बद्धान के किया के किया कि किया कि क</u> ार्य के बात कर बात के कि	1 1	12.95
06/07/2020			HYDROMORPHONE PER 4 MG		1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	130	[ 1]	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	×	1	25.90
05/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	12	[ 1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG		1]	20.62

Please call Customer Service at 1-800-218-7359
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10/19/2020 15:23 Business Office Follow Up

FAXX4845263091 P.U381U38 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service.Da	te Rev Cd	Service Code	Description		Caty	Amount
06/07/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS		1	2,60
06/07/2020	0250	135000003	MELATONIN 3 MG TABS	<b>1</b> 2	1 2	1.34
06/07/2020	10250	135000003	MIDODRINE 5 MQ TABS	133	3	7.94
06/07/2020	- 0250	136000003-	MIDODRINE 5 MG TABS	183	- ·3	7,94
08/07/2020	0250	135000003	MIDODRINE 5 MG TABS		ી 3	7.94
06/07/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	á.	[ 1	1.25
08/07/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	a s	1 2	35.55
06/07/2020	0250	135000003	OXYCODONE 5 MG/5 ML SQLN	1	} 2	35.55
06/07/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN		2	35.55
06/07/2020	0250	135000003	OXYCODONE 5 MG/5 ML SQLN		2	35.55
06/07/2020	0250	135000003	PSYLLIUM PACK		1	1.60
06/07/2020	0250	135000003	QUETIAPINE 25 MG TABS		2 2	1.25
06/07/2020	0250	135000003	QUETIAPINE 26 MG TABS	関	! 2	1.25
06/07/2020	0250	135000003	SACCHÀROMYCES BOULARDII 250 MG CAPS	8	1	1.70
06/07/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		[ 1	1.70
06/07/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP		1 1	1.25
06/07/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP		] 1	1.25
06/07/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	<b>25</b>	1	31.48
06/07/2020	0250	135000003	THIAMINE 100 MG TABS		] 1]	1.25
06/07/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD		1	326.00
06/07/2020	(0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD		1 1	326,00
06/07/2020	0300	275000135	JHB BLOOD GASES W/O2 BATURATION		1 1	394.00
08/07/2020		275000135	HB BLOOD GASES W/O2 SATURATION	2.0	1 1	394.00
06/07/2020		275000165	HB ASSAY OF LACTIC ACID		1 1	276.00
06/07/2020		275000174	HB ASSAY OF MAGNESIUM	2	1 1	138.00
06/07/2020		275000250	HB COMPLETE CBC AUTOMATED	<b>1</b>	1 1	100.00
08/07/2020		275000365	HB BLOOD CULTURE FOR BACTERIA		1 1	287.00
06/07/2020		275000365	HB BLOOD CULTURE FOR BACTERIA	題	1 1	287.00
06/07/2020			HB PROCALCITONIN (PCT)		1 1	1,574.00
06/07/2020		275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
06/07/2020			HB ASSAY OF CALCIUM (IONIZED)		[ 1]	97.00
06/07/2020			HB ASSAY OF PHOSPHORUS		1 1	94.00
06/07/2020			HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	瞬	1 1	825.50
06/07/2020			HB VENT MGMT INPAT SUBQ DAY		1 1	1,408.00
06/07/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1	L		DETERMINATION)		i 1	Ī
06/07/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
<b></b>	<u> </u>	<u> </u>	DETERMINATION)	_8	<u></u>	

Please call Customer Service at 1-800-218-7359 Page: 36 Of 53 10/19/2020 15:23 Business Office Follow Up

FAX)4845263091 P.039/058



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

Patient:	LUCERO, JACINTO	Admission Date:	
Hospital Account:	10102277595	Discharge Date:	06/18/20

			<u>a la la la la la la la la la la la la la</u>			<u>'</u>
Service Dat	le Kev Cd	Service Code	Description		Qty	Amount
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	- 4	1	64,00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		DETERMINATION)		1 '	}
08/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	019	1	64.00
	ļ		DETERMINATION)	· · · · · · · · · · · · · · · · · · ·	·	1
08/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
			DETERMINATION)			]
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	14	1	64.00
	1	[	DETERMINATION)		l i	[
06/07/2020	0638	135000001	FENTANYL 10 MCG/ML SOLN	賴	10	73.01
06/07/2020	0638	135000001	FENTANYL PER 0.1 MG	<b>18</b>	11	3.28
06/07/2020	0636	135000001	FURÓSEMIDE PER 20 MG	100	1]	8.57
06/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	퍮	5	9.62
06/07/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	顓	. 5	9.62
06/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	9.62
06/07/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	鹞	2	6.60
06/07/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	311	- [ - 1[	2.32
06/07/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		1	2.32
06/07/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		2	6.60
08/07/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN	56	50	12.10
06/07/2020		135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		] 3	29.85
06/07/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
06/07/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL		100	116.21
06/07/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	66	1 1	7.24
06/07/2020		135000001	SODIUM CHLORIDE PER 500 ML	蹈	[ 1]	7.24
08/07/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/07/2020		135000001	SODIUM CHLORIDE PER 500 ML		- 1	7.24
06/07/2020	0636		SODIUM CHLORIDE PER 500 ML	84	- [ 1]	7.24
06/07/2020			HB ELECTROCARDIOGRAM TRACING	類	- [ 1[	324.00
06/08/2020			HB INTENSIVE CARE UNIT GENERAL		1 1	23,719.00
06/08/2020			ALBUMIN HUMAN 25% PER 50 ML	闭	- 1 - 1	379.65
06/08/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML V	/IAL 關	2	69.91
06/08/2020			DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML V	/IAL 蹦	2	69.91
06/08/2020		135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML V	MAL TH	2	69.91
06/08/2020		135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML V	/IAL 期	2 2 2	43.25
06/08/2020			DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML V	는	2	43.25
06/08/2020			MULTHELECTROLYTE SOLN	鼺	1 1	13.58
08/08/2020			NOREPINEPHRINE 1 MG/ML SOLN	鏓	{ 1	34.83
06/08/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	翻	1 1	91.67
06/08/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.87

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Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

10/19/2020 15:24 Business Office Follow Up

FAXX4845263091 P.040/058 358070,12101



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: LUCERO, JACINTO Admission Date: 05/19/20 Hospital Account: 10102277595 Discharge Date: 06/18/20				135.4		
Hospital Account:   10102277595   Discharge Date:	Patient:	LUCERO, JACINTO	Admission Date:		05/19/20	
	Hospital Account:	10102277595	Discharge Date:		06/18/20	

Service Dete Rev				<u> </u>		<u> </u>	·
Cd   05/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   2   1.25   06/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   135000003   ACETAMINOPHEN 325 MG TABS   3   1.25   08/08/2020   0250   0250   0250   0250   0250   0250   02	Service Dat	e Rev	Service Code	Description	.	Qty	Amount
Inside 2000 1350 1350 1350 1350 1350 1350 1350 1							
Inside 2000 1350 1350 1350 1350 1350 1350 1350 1						2	1.25
Inside 2000 1350 1350 1350 1350 1350 1350 1350 1					120	2	
Inside 2000 1350 1350 1350 1350 1350 1350 1350 1						3	1.25
08/08/2020   0250   135000003   CHLORHEXIDINE 0.12 % SOLN   1   7.31   08/08/2020   0250   135000003   CHLORHEXIDINE 0.12 % SOLN   1   7.31   08/08/2020   0250   135000003   CHLORHEXIDINE 0.12 % SOLN   1   1.26   08/08/2020   0250   135000003   HYDROMORPHONE PER 4 MG   1   12.95   08/08/2020   0250   135000003   LEVOTHYROXINE 125 MCG TABS   1   2.80   08/08/2020   0250   135000003   MELATONIN 3 MG TABS   2   1.34   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MUDORINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MUDORINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25   08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25   08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70   08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70   08/08/2020   0250   135000003   SERINA 8.8 MG/5 ML SYRP   1   1.25   08/08/2020   0250   135000003   SERINA 8.8 MG/5 ML SYRP   1   1.25   08/08/2020   0250   135000003   SERINA 8.8 MG/5 ML SYRP   1   1.25   08/08/2020   0250   135000003   SERIRALINE 20 MG/ML CONC   1   336,000   1   326,00   08/08/2020   0300   275000135   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326,00   08/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394,00   08/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   188,00   08/08/2020   0300   275000135   HB SASAY OF LACTIC ACID   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1   276.00   1					100	2	1.25
D86/08/2020   D250   135000003   CHLORHEXIDINE 0.12 % SOLN   1   7.34     D86/08/2020   D250   135000003   FOLIC ACID 1 MG TABS   1   126     D86/08/2020   D250   135000003   LEVOTHYROXINE 125 MCG TABS   1   126     D86/08/2020   D250   135000003   LEVOTHYROXINE 125 MCG TABS   1   126     D86/08/2020   D250   135000003   MELATONIN 3 MG TABS   2   1.34     D86/08/2020   D250   135000003   MIDODRINE 5 MG TABS   3   7.94     D86/08/2020   D250   135000003   MIDODRINE 5 MG TABS   3   7.94     D86/08/2020   D250   135000003   MIDODRINE 5 MG TABS   3   7.94     D86/08/2020   D250   135000003   MIDODRINE 5 MG TABS   3   7.94     D86/08/2020   D250   135000003   MIDODRINE 5 MG TABS   3   7.94     D86/08/2020   D250   135000003   MULTIVITAMIN-MINERALS TABS   1   2.5     D86/08/2020   D250   135000003   QUETIAPINE 25 MG TABS   2   1.25     D86/08/2020   D250   135000003   QUETIAPINE 25 MG TABS   2   1.25     D86/08/2020   D250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     D86/08/2020   D250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     D86/08/2020   D250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     D86/08/2020   D250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     D86/08/2020   D250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     D86/08/2020   D350   D35000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     D86/08/2020   D350   Z75000135   HB BLOOD GASES W/OZ SATURATION   1   394.00     D86/08/2020   D350   Z75000135   HB BLOOD GASES W/OZ SATURATION   1   394.00     D86/08/2020   D350   Z75000135   HB BLOOD GASES W/OZ SATURATION   1   1   276.00     D86/08/2020   D350   Z75000135   HB SASAY OF LACTIC ACID   1   276.00     D86/08/2020   D350   Z75000135   HB SASAY OF MAGNESIUM   1   1   1   1   1   1   1   1   1						-   1	7.31
08/08/2020   0250   135000003   FOLIC ACID 1 MG TABS   1   1.26   135000003   HYDROMORPHONE PER 4 MG   1   12.95   135000003   HYDROMORPHONE PER 4 MG   1   12.95   135000003   HYDROMORPHONE PER 4 MG   1   12.95   135000003   MELATONIN 3 MG TABS   1   2.60   135000003   MELATONIN 3 MG TABS   2   1.34   135000003   MIDODRINE 5 MG TABS   3   7.94   12.50   135000003   MIDODRINE 5 MG TABS   3   7.94   12.50   135000003   MULTIVITAMIN-MINERALS TABS   1   1.25   135000003   QUETIAPINE 25 MG TABS   2   1.25   1.25   135000003   QUETIAPINE 25 MG TABS   2   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25						] 1	
06/08/2020   0250   135000003   HYDROMORPHONE PER 4 MG   1   12.95   135000003   LEVOTHYROXINE 125 MCG TABS   1   2.60   06/08/2020   0250   135000003   MILATONIN 3 MG TABS   2   1.34   06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   06/08/2020   0250   135000003   MULTIVITAMIN-MINERALS TABS   1   1.25   06/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25   06/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25   06/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70   06/08/2020   0250   135000003   SERNA 8.8 MG/5 ML SYRP   1   1.25   06/08/2020   0250   135000003   SERNA 8.8 MG/5 ML SYRP   1   1.25   06/08/2020   0250   135000003   SERNA 8.8 MG/5 ML SYRP   1   1.25   06/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48   06/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48   06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   06/08/2020   0300   275000174   HB COMPLETE CBC AUTOMATED   1   100.00   100.00   100.00   100.00   100.00   100					183	1	
06/08/2020   0250   135000003   LEVOTHYROXINE 125 MCG TABS   1   2.60   06/08/2020   0250   135000003   MELATONIN 3 MG TABS   2   1.34   06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   08/08/2020   0250   135000003   MULTIVITAMIN-MINERALS TABS   1   1.25   06/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25   08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25   08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70   08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25   08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25   08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25   06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25   06/08/2020   0250   135000003   SENTALINE 20 MG/ML CONC   1   31.48   06/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25   06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   10						1	
06/08/2020   0250   135000003   MELATONIN 3 MG TABS   3   7.94     06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     06/08/2020   0250   135000003   MULTIVITAMIN-MINERALS TABS   4   1.25     06/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.26     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   4   1.70     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   4   1.70     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   4   1.25     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   4   50     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   5   1   4.50     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   5   1   4.50     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   5   1   4.50     06/08/2020   0250   135000003   THIAMINE 100 MG TABS   5   1   1.25     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   5   1   326.00     06/08/2020   0300   27500003   HB BLOOD GASES W/O2 SATURATION   5   1   394.00     06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   5   1   394.00     06/08/2020   0300   275000156   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   100.00	,				쮏	1 1	
08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     08/08/2020   0250   135000003   MILITIVITAMIN-MINERALS TABS   1   1.25     08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25     08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     06/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000135   HB BUODD GASES W/OZ SATURATION   1   394.00     06/08/2020   0300   275000135   HB BLOOD GASES W/OZ SATURATION   1   394.00     06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   39.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   39.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   39.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   39.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   39.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   39.00						2	
06/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94     08/08/2020   0250   135000003   MULTIVITAMIN-MINERALS TABS   1   1.25     08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25     08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25     08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   3   1   1.25     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   3   1   1.25     08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     08/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   27500003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     06/08/2020   0300   275000174   HB ASSAY OF LACTIC ACID   1   276.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   38.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   394.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   394.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   394.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   394.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   394.00					鬫	3	7.94
08/08/2020   0250   135000003   MIDODRINE 5 MG TABS   3   7.94   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25   1.25						3	7.94
08/08/2020   0250   135000003   MULTIVITAMIN-MINERALS TABS   1   1.25     06/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.25     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     06/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     06/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     06/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   326.00     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   27500003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   100.00						4 3	
06/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.26     08/08/2020   0250   135000003   QUETIAPINE 25 MG TABS   2   1.26     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   4.50     08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     06/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   326.00     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   27500003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000135   HB BLOOD GASES W/OZ SATURATION   1   394.00     06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   278.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   100.00						1	
08/08/2020   0250   135000003   OUETIAPINE 25 MG TABS   1   25   08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70   1.70   08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70   08/08/2020   0250   135000003   SENINA 8.8 MG/5 ML SYRP   1   1.25   08/08/2020   0250   135000003   SENINA 8.8 MG/5 ML SYRP   1   4.50   08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48   06/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48   06/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25   06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   278.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00   100.00					13	2	
08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70					1123	2	
08/08/2020   0250   135000003   SACCHAROMYCES BOULARDII 250 MG CAPS   1   1.70     06/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   1.25     08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   4.50     08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     06/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   27500003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000135   HB BLOOD GASES W/OZ SATURATION   1   394.00     06/08/2020   0300   275000165   HB BLOOD GASES W/OZ SATURATION   1   394.00     06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   100.00						1	
1.25						1	
08/08/2020   0250   135000003   SENNA 8.8 MG/5 ML SYRP   1   4.50   08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48   06/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25   06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   27500003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   328.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00   1   198.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.					18	1	
08/08/2020   0250   135000003   SERTRALINE 20 MG/ML CONC   1   31.48     06/08/2020   0250   135000003   THIAMINE 100 MG TABS   1   1.25     06/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00     06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   100.00     06/08/2020   0300   275000250   HB COMPLETE CBC AUTOMATED   1   100.00						1	4.50
1   1.25     1   1.25     1   275000003   THIAMINE 100 MG TABS   1   1.25     1   326.00   1.275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     1   326.00   1.275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00     1   326.00   1.275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     1   394.00   1.275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00     1   394.00   1.275000135   HB ASSAY OF LACTIC ACID   1   276.00     1   396.00   1   276.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00     1   396.00   1   396.00			1			1	31.48
C6/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   05/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   328.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   278.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00   1   198.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1						1	
05/08/2020   0300   275000003   HB WITHDRAWAL OF ARTERIAL BLOOD   1   326.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00   1   198.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   1					100	- ( 1	326.00
06/08/2020   0300   275000135   HB-BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00   1   198.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   10						1	326.00
06/08/2020   0300   275000135   HB BLOOD GASES W/O2 SATURATION   1   394.00   06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   128.00   1   128.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.00   1   100.					35	1	394.00
06/08/2020   0300   275000165   HB ASSAY OF LACTIC ACID   1   276.00   06/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1   198.00   1   100.00   1   100.00						1 1	
106/08/2020   0300   275000174   HB ASSAY OF MAGNESIUM   1 128.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.00   1 100.0					뒝	1 1	
06/08/2020  0300  275000250   HB COMPLETE CBC AUTOMATED				<b>,</b>		1	
					12	. 1	
06/08/2020  0301  275000440					13	1	
06/08/2020  0301  275000473   HB ASSAY OF CALCIUM (IONIZED) 1 97.00						) 1 <del>}</del>	
08/08/2020  0301  275000513   HB ASSAY OF PHOSPHORUS	08/08/2020				膫	[ 1]	
06/08/2020 0324 255990194 HB X-RAY EXAM CHEST 1 VIEW (PORTABLE) 1 825.50			255990194	IHB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		- ( 1(	
08/08/2020   0324   255990194   HB X-RAY EXAM CHEST 1 VIEW (PORTABLE) 1 825.50	08/08/2020		255990194	JHB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1	
06/08/2020   0410   235000002   HB VENT MGMT INPAT SUBQ DAY   1 1,408.00					2	1 1	
08/08/2020   0460   235000033   HB MEASURE BLOOD OXYGEN LEVEL (SINGLE   1 64.00	06/08/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
DETERMINATION) 日本	<b></b>					1 1	· ·
06/08/2020   0460   235000033   HB MEASURE BLOOD OXYGEN LEVEL (SINGLE   1 64.00	06/08/2020	<b> 0460</b>				ા 1	64.00
DETERMINATION)	L			DETERMINATION)			

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

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10/19/2020 15:25 Business Office Follow Up

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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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

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Service Date		Service Code	Description	1:	Ċfý	Amount
	Cd					
06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	键	1	64.00
	Ĭ	I	DETERMINATION)		1 1	
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06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	<b>4</b>	[ 1]	64.00
	l	<b>I</b>	DETERMINATION)			ļ.
06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		] 1]	64.00
1	I		DETERMINATION)		1	1
06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
i	1		DETERMINATION)		1 1	1
06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
1	l		DETERMINATION)			
06/08/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/08/2020		135000001	FENTANYL 10 MCG/ML SOLN	3	10	73.01
		135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/08/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	9.82
06/08/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS	<b>5</b> 9	5	9.62
06/08/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	9.62
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	100	2	6.60
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		5 5 5 2 2 1	6.60
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		1	2.32
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		1 1	2.32
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		2	6.60
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		2 2 2 2	6.60
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		2	6.60
06/08/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	38	2	6.60
06/08/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN	<b>34</b> 2	50	12.10
06/08/2020	0636	135000001	PANTOPRAZOLE 40 MG SOLR	<b>1</b>	1 1	15.07
Ū6/Ū8/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
06/08/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
06/08/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	<b>33</b>	1 1	6.97
06/08/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		i il	6.97
06/08/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/08/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
08/08/2020	0636		SODIUM CHLORIDE PER 500 ML	<b>I</b>	1 4	7.24
		2 7 2 .	SODIUM CHLORIDE PER 500 ML		اأبا	7.24
			SODIUM CHLORIDE PER 500 ML		اأبا	7.24
			VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	<b>\$4</b>	3	21.97
06/09/2020	0200		HB INTENSIVE CARE UNIT GENERAL		1 1	23.719.00

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

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10/19/2020 15:25 Business Office Follow Up

FAX)48452630910 7 0 . 1 2.042(058



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:	LUCERO, JACINTO	Admission Date:	 05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

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Service Dat		Service Code	Description		Qty	Amoun:
	Cq			纵		
06/09/2020	0250		ALBUMIN HUMAN 5% PER 50 ML	10	. 2	381.59
06/09/2020	0250		DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL		`\ 2	43.25
06/09/2020	0250		MULTI-ELECTROLYTE SOLN		ij j	13.58
06/09/2020 -			NOREPINEPHRINE-1 MG/ML SOLN 4 ML VIAL *		1 1	91.67
06/09/2020	0250		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
06/09/2020	0250		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	<b>B</b>	1 1	91.67
06/09/2020	0250		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	翩	1 1	91.67
06/09/2020	0260		NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	ŝ	1	91.67
06/06/5050	0250	135000002	NOREPINEPHRINE 1 MG/ML-SOLN 4 ML VIAL	鸖	1 1	91.67
06/09/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	躙	2	1.25
06/09/2020	0250		CHLORHEXIDINE 0.12 % SOLN		1	7.31
06/09/2020	(0250		CHLORHEXIDINE 0.12 % SOLN	111	1	7.31
06/09/2020	0250	135000003	FOLIC ACID 1 MG TABS		1	1.25
06/09/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	18	1 1	2.60
06/09/2020	0250	135000003	MELATONIN 3 MG TABS		2	1.34
06/09/2020	0250	135000003	MIDODRINE 5 MG TABS		] 3	7.94
06/09/2020	0250	135000003	MIDODRINE 5 MG TABS	纄	3	7.94
06/09/2020	0250	135000003	MIDODRINE 5 MG TABS		3	7.94
06/09/2020	0250	135000003	MULTIVITÀMIN-MINERALS TABS	網	3 3 3	1.25
06/09/2020	0250	135000003	QUETIAPINE 25 MG TABS	漫	2	1.25
06/09/2020	0250	135000003	QUETIAPINE 25 MG TABS	阳	2 2	1.25
08/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	<b>B</b> 13	1 1	1.70
06/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1	1,70
06/09/2020	0250	135000003	SENNA 8,8 MG/5 ML SYRP	翢	1 1	1.25
06/09/2020			SENNA 8.8 MG/S ML SYRP		1	1.25
06/09/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	甜	1 1	31,48
	0250	135000003	THIAMINE 100 MG TABS	90	1 1	1.25
00/09/2020	0250	135000003	VANCOMYCIN PER 500 MG		اد	66.48
06/09/2020	0250	135000003	VANCOMYCIN PER 500 MG		2	66.48
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		7	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	H	1 1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES WIO2 SATURATION	55	1 1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		i]	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1 1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	<b>69</b>	i il	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	RÜ	l il	394.00
		275000165	HB ASSAY OF LACTIC ACID		( - il	276.00
06/09/2020	0300		HB ASSAY OF MAGNESIUM	翻	í il	138.00
06/09/2020	0300	275000174	HB ASSAY OF MAGNESIUM		l il	138.00

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

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10/19/2020 15:26 Business Office Follow Up

FAXX4845263091 P.U43/U58 358070.12101



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

			35177		
Patient	LUCERO JACINTO	Admission Date:		05/19/20	
Hospital Account:	10102277595	Discharge Date:		06/18/20	

C - 1 - D		6 . 0 - 1 -	0 20	. N		<u> </u>
Service Da	te Rev Çd	Service Code	Description		Qty	Amount
06/09/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	18	1	48.00
06/09/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	110	ो से	100.00
06/09/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	网	1 1	197.00
- 06/09/2020	- 0300	275000371 -	HB-CULTURE AEROBIC IDENTIFY		·	89.00
08/09/2020	0300	275000372	HB CULTURE SCREEN ONLY		1	89.00
06/09/2020	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	圝	1	234.00
06/09/2020	0300	275000387	HB SMEAR GRAM STAIN	鵩	1 1	72.00
06/09/2020	0300	275001131	HB PROCALCITONIN (PCT)		1	1,574.00
06/09/2020	0300	275001131	HB PROCALCITONIN (PCT)		1 1	1,574.00
06/09/2020	0301	275000440	IHB METABOLIC PANEL TOTAL CA	淵	1 1	118.00
06/09/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
06/09/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	<b>1</b>	1 1	94.00
08/08/2020	0301	276000513	HB ASSAY OF PHOSPHORUS		i	94.00
06/09/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	图	1 1	825.50
06/09/2020	0410	235000002	HB VENT MGMT INPAT SUBO DAY		l il	1,408.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
	(		DETERMINATION)		1 1	
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
	-		DETERMINATION)		1 1	7 1100
08/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
100.00.2022			DETERMINATION)		1 1	• ,
08/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
(	1		DETERMINATION)	協	1 1	000
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
			DETERMINATION)		1 1	7 1100
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	灦	1 1	54.00
	1		DETERMINATION)		1 1	44.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 4	84.00
	-		DETERMINATION)	<b>1933</b>	i i	J [
06/09/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		1 10	73.01
06/09/2020	0636		FENTANYL 10 MCG/ML SOLN		10	73.01
06/09/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	飌	10	73.01
06/09/2020	0638		HEPARIN (PORCINE) PER 1000 UNITS	12	В	9.62
06/09/2020	0638		HEPARIN (PORCINE) PER 1000 UNITS		5 5	9.62
06/09/2020			HEPARIN (PORCINE) PER 1000 UNITS	聯	1 5	10.25
06/09/2020			MIDAZOLAM 50 MG/10 ML SOLN		50	12.10
06/09/2020			PANTOPRAZOLE 40 MG SOLR		"1	15.07
06/09/2020			PIPERACILLIN SOD-TAZOBACTAM PER 1 G	增	ી કી	29.85
06/09/2020			PIPERACILLIN SOD-TAZOBACTAM PER 1 G	戀	ا ع	29.85
		· · · · · · · · · · · · · · · · · · ·		-::::::::::::::::::::::::::::::::::::::	·	

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

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10/19/2020 15:26 Business Office Follow Up

(FAXX4845263091 P.044/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

					··	
Service Dat		Service Gode	Description	S.	Qty	Amount
08/09/2020	Cd 10636	1135000001	PIPERACILLIN SOD-YAZOBACTAM PER 1 G	ST.	3	29.85
08/09/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
06/09/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		! #	7.24
06/08/2020	0636	135000001	SODIUM CHLORIDE PER 500 ME	[3]	ቀ ╣-	7.24
08/09/2020	0636	1350000001	ISODIUM CHLORIDE PER 500 ML		الأا	7.24
	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 4	6.97
06/09/2020 06/08/2020	0636	135000001	ISODIUM CHLORIDE PER 500 ML	13	1 1	6,97
	0636	135000001	ISODIUM CHLORIDE PER 500 ML	39	4	7.24
06/09/2020	0636	135000001	ISODIUM CHLORIDE PER 500 ML	1	1 1	7.24
06/09/2020	0638	135000001	ISODIUM CHLORIDE PER 500 ML	3	4	6.97
06/09/2020	0835	135000001	ISODIUM CHLORIDE PER 500 ML	2	1 3	7.24
06/09/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 41	5.97
06/09/2020	0636	135000001			1 4	7.24
06/09/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 4	7.24
	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 4	8.97
06/09/2020	0636	135000001	VANCOMYCIN PER 500 MG			155.36
08/09/2020	0636	135000001	VANCOM TO IN PER 500 MG	똹	1 4	854.53
06/09/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLIN 1 ML VIAL	鱁	1 11	854.53
06/09/2020	0636		VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	23	ائا	854.53
06/09/2020 08/09/2020	0761		HB INSERTION CATHETER ARTERY		1 4	1,095.00
100,000	0200	105000203	HB INTENSIVE CARE UNIT GENERAL			
06/10/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL			23,719.00
06/10/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	2	1 4	91.67 91.67
06/10/2020			NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	33	i :1	
06/10/2020	0250		ASCORBIC ACID 500 MG TABS		الا	91.67 1.25
			CHLORHEXIDINE 0.12 % SOLN			7.31
06/10/2020			CHLORHEXIDINE 0.12 % SOLN	33		7.31
			FOLIC ACID 1 MG TABS		1 1	1.25
06/10/2020			HYDRÓMORPHONE PER 4 MG	器	i li	12.85
06/10/2020			HYDROMORPHONE PER 4 MG	2	] ]	
06/10/2020			HYDROMORPHONE PER 4 MG		] ]	12.95
06/10/2020			LEVOTHYROXINE 125 MCG TABS	體	1 1	12.95
06/10/2020			MELATONIN 3 MG TABS	83	ן י	2.60
08/10/2020			MIDODRINE 5 MG TABS		2	1.34
06/10/2020			MIDODRINE 5 MG TABS			7.94
06/10/2020			MIDODRINE 5 MG TABS		3	7.94
06/10/2020			MILTIVITAMIN-MINERALS TABS		3	7.94
(		135000003	MOLTIVITAMIN-MINERALS TABS POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG	額、	2)	1.25
06/10/2020	0250			腦小	2	4,34
			250 MG (K) PACK	越	<u></u>	

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

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10/19/2020 15:27 Business Office Follow Up

FAX)4845263091 P.045/05/ 358070 12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20 06/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

			<u> </u>	( <b>*</b>		
Service Dat	e Rev	Service Code	Description	11	Oty	Amount
	Cd .		_			
06/10/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M	抱(NA)-	1 2	4.34
}	!		250 MG (K) PACK	iii .	] [	
06/10/2020	0250	135000003	QUETIAPINE 25 MG TABS		2	1.25
06/10/2020-	0250	135000003	QUETIAPINE 25 MG TABS	横	2	1.25
06/10/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1	1.70
06/10/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1 1	1.70
08/10/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP	譲	1	1.25
08/10/2020	0250	135000003	ISENNA 8.8 MG/5 ML SYRP	18	l il	1.25
06/10/2020	0250	135000003	SERTRALINE 20 MG/ML CONC		1 1	31.48
06/10/2020	0250	135000003	THIAMINE 100 MG TABS	19	ا أ	1.25
06/10/2020	10250	135000003	VANCOMYCIN PER 500 MG	뗅	1 2	68.48
08/10/2020	0250	135000003	VANCOMYCIN PER 500 MG	翻	1 2	66.48
06/10/2020	0300	275000037	HB ASSAY OF VANCOMYCIN		1 1	495.00
06/10/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	뫮	1 1	394.00
06/10/2020			HE BLOOD GASES W/OZ SATURATION		1 1	394.00
06/10/2020	0300		HB BLOOD GASES W/O2 SATURATION	H	انا	394.00
06/10/2020	0300		HB ASSAY OF MAGNESIUM		) il	138.00
06/10/2020			HB ASSAY THYROID STIM HORMONE	器	l il	234.00
06/10/2020	0300	275000249	HB COMPLETE CBC WAUTO DIFF WBC		1 1	142.00
06/10/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	30	1 1	118.00
06/10/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)		1	97.00
06/10/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
06/10/2020	0410	235000002	HB VENT MGMT INPAT SUBO DAY	8	ि सी	1,408.00
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
	}		DETERMINATION)		} `\	
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	100	) 1	64.00
	i .	1	DETERMINATION)	<b>1</b> 11	]	
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	幅	! •	64.00
1	į	i i	DETERMINATION)		1	
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
	i		DETERMINATION)		1	7
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE			64.00
1	]		DETERMINATION)			*****
06/10/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
08/10/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	10	73.01
06/10/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	ar I	10	73.01
06/10/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	<b>A</b>	5	10.25
06/10/2020	0636	136000001	HEPARIN (PORCINE) PER 1000 UNITS.		Š	10.25
06/10/2020	0636		HEPARIN (PORCINE) PER 1000 UNITS	- 1	5	10.25

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10/19/2020 15:28 Business Office Follow Up

(FAXX484526309) P.U4401U34 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

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Service Dat	e Rev	Service Code	Description		Qty	Amount
	Cd					
06/10/2020	0636	135000001	MAGNESIUM SULFATE PER 500 MG MAGNESIUM	144	4	49.82
06/10/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN		2	6.60
06/10/2020	0836	135000001	MIDAZOLAM 2 MG/2 ML SOLN		2	6.60
06/10/2020 .	0636	_135000001.	MIDAZOLAM 2 MG/2 ML SOLN	E		6.60
06/10/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN		50	12.10
06/10/2020	0636	135000001	PANTOPRAZOLE 40 MG SOLR		1 1	15.07)
06/10/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
06/10/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	183	3	14.20
08/10/2020	0836	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	12	3	29.85
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	6.97
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	123	1	7.24
06/10/2020	0836	135000001	SODIUM CHLORIDE PER 500 ML	( <b>M</b> )	1	7.24
08/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
G6/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	6.97
06/10/2020		135000001	SODIUM CHLORIDE PER 500 ML	懶	1	6.97
06/10/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
06/10/2020		135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
06/10/2020		135000001	VANCOMYCIN PER 500 MG		2	155.36
06/10/2020		135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	19	1	854,53
06/10/2020		135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	趣	1	854.53
08/11/2020		105000012	HB INTENSIVE CARE UNIT GENERAL	16	1	23,719.00
06/11/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL		1	91.67
06/11/2020		135000003	ASCORBIC ACID 500 MG TABS	36	} 2	1.25
06/11/2020		135000003	CHLORHEXIDINE 0.12 % SOLN	柩	1	7.31
		135000003	CHLORHEXIDINE 0.12 % SOLN	<b>1</b>	1	7.31
06/11/2020			FOLIC ACID'1 MG TABS		1 1	1.25
06/11/2020		135000003	HYDROMORPHONE PER 4 MG		1 1	12.95
,			HYDROMORPHONE PER 4 MG		-	20.82
			HYDROMORPHONE PER 4 MG		1	12.95
			HYDROMORPHONE PER 4 MG		1 1	12.95
			LÉVOTHYROXINE 125 MCG TABS	劉	1	2.60
			MELATONIN 3 MG TABS		2	1.34
			MIDODRINE 5 MG TABS		3	7,94
			MIDODRINE 5 MG TABS	趨	3	7.94
			MIDODRINE 5 MG TABS	100	3	7.94
			MULTIVITAMIN-MINERALS TABS	搁	1 1	1.25
			OXYCODONE 10 MG TABS		1	2.97
06/11/2020	0260	135000003	OXYCODONE 10 MG TABS		11	2.97

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

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10/19/2020 15:28 Business Office Follow Up

(FAX)4845263091 P.047/058 358070.12101



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

emit Payments To: O BOX 788187 hiladelphia, PA 19178-8187

Patient:	LUCERO, JACINTO	Admission Date:	05/19/20   06/18/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

			<u> </u>			
Service Dat	e Rev Cd	Service Code	Description		Qty	Amount
06/11/2020	0250	135000003	POTASSIUM-SÖDIUM PHOSPHATES 280 MG (P)-160 M	WNA	2	4.34
	1	1	250 MG (K) PACK	III .		
06/11/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M	MAY-	2	4.34
			250-MG (K) PACK	<b>図</b>	l i	i i
06/11/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M	MINA)	2	4,34
	1	1.000	250 MG (K) PACK		1 7	1
08/11/2020	0250	135000003	QUETIAPINE 25 MG TABS		2	1.25
06/11/2020	0250	135000003	QUETIAPINE 25 MG TABS		2	1.25
06/11/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	關	1	1.70
06/11/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1 1	1.70
06/11/2020		135000003	SENNA 8.8 MG/5 ML SYRP		1	1.25
06/11/2020	0250	135000003	SERTRALINE 20 MG/ML CONC		1 1	31.48
08/11/2020	0280	135000003	THIAMINE 100 MG TABS		[ 1]	1.25
06/11/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION		1	394.00
06/11/2020	0300	275000174	HB ASSAY OF MAGNESIUM.	<b>3</b>	1	138.00
06/11/2020	0300	275000249	HB COMPLETE CBC WAUTO DIFF WBC		1	142.00
06/11/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
06/11/2020	0301	275000513	HB ASSAY OF PHOSPHORUS		1	94.00
06/11/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)		1	825.50
06/11/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY		1	1,408.00
06/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1	i	ł	DETERMINATION)			
06/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
ľ	1		DETERMINATION)		ĺ	ļ
06/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
ĺ	1	ľ	DETERMINATION)		}	}
06/11/2020	0480	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
ļ	1		DETERMINATION)			1
06/11/2020			JEENTANYL 10 MCG/ML SOLN	日 日	10	73.01
06/11/2020	1000	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/11/2020		135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/11/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
06/11/2020		135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
06/11/2020		135000001	HEPARIN (PORCÍNE) PER 1000 UNITS	顏	5	10.25
06/11/2020		136000001	MIDAZOLAM 2 MG/2 ML SOLN		5 5 2 3 3	6.60
06/11/2020		135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
08/11/2020			PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
06/11/2020			PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	建	1	7.24

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

10/19/2020 15:29 Business Office Follow Up

FAX)4845263091 358070.12101



St. Luke's Bethlehem Campus 801 Ostrum Street Bethlehem, PA 18016 TAX ID: 231352213 Remit Payments To: PO BOX 788187 Philadelphia, PA 19178-8187

	<u> </u>		
Patient:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

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Service Dat		Service Code	Description	ļi —	Qty	Amount
0.014 4.00000	Cd	T405050004	DODINA OUT ODIDE DED'EON MI			7,24
06/11/2020		135000001	SODIUM CHLORIDE PER 500 ML		1 4	7.24 7.24
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		! !!	7.24
08/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	· • ·	<u> </u>	7.24
06/11/2020		135000001	SODIUM CHLORIDE PER 500 ML	捌	} ]	6.97
06/11/2020		135000001	VANCOMYCIN PER 500 MG		<u>3</u>	155.36
06/11/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		]}	854.53
06/11/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	Na.	1 1	854.53
06/11/2020		246000001	HB ELECTROCARDIOGRAM TRACING		1	324.00
06/12/2020		105000012	HB INTENSIVE CARE UNIT GENERAL		] ]	23,719.00
06/12/2020		135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	<b>(6)</b>	[ 1	91.67
06/12/2020		135000003	CHLORHEXIDINE 0.12 % SOLN	H	1	7.31
06/12/2020		135000003	CHLORHEXIDINE 0.12 % SOLN	U .	1	7.31
06/12/2020	0250	135000003	HYDROMORPHONE PER 4 MG	iii ·	1	12.95
08/12/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	11	1	2.60
06/12/2020	0300	275000135	HB BLOOD GASES W/Q2 SATURATION	M .	1	394.00
06/12/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138.00
06/12/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC		1	142.00
06/12/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA		1	118.00
08/12/2020	0301	275000513	HIB ASSAY OF PHOSPHORUS		1	94.00
08/12/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	9	1	825. <del>5</del> 0
06/12/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY		1	1,408.00
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
,			DETERMINATION)	W .		<u>l</u>
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
			DETERMINATION)			
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64,00
			DETERMINATION)			
00/12/2020	0460	235000033	HB MEASURE BLÓOD OXYGEN LEVEL (SINGLE		1	84,00
100,100			DETERMINATION)		]	****
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
00, 12,2020	15.55		DETERMINATION)		1	VV
06/12/2020	0636		FENTANYL 10 MCG/ML SOLN		10	73.01
06/12/2020			FENTANYL 10 MCG/ML SOLN		10	73.01
06/12/2020	1		HEPARIN (PORCINE) PER 1000 UNITS			10.25
			HEPARIN (PORCINE) PER 1000 UNITS	lij l	<b>5</b> 5	9.62
06/12/2020			HEPARIN (PORCINE) PER 1000 UNITS		š	10.25
06/12/2020			MIDAZOLÁM 2 MG/2 ML SOLN		ار م	6.60
06/12/2020			MIDAZOLAM 50 MG/10 ML SOLN		50	12.10
VW 12/4020	UUUU	12000001	INDUCTOR OF MICH IN MIC OOCH	<u>                                   </u>	170	14,10

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

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10/19/2020 15:29 Business Office Follow Up

AXX484526309170.12P1049/058



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:	LUCERO, JACINTO	Admission Date:	77.000	05/19/20
Hospital Account:	10102277595	Discharge Date:		06/18/20

			ده ده د ما <u>د د د د مسلو</u> ه	4B		
Service Date		Service Code	Description	11.	Qty	Amount
201-2	Cd	4550000	hands and allowed and		1 40	11.73
06/12/2020	0636	135000001	MORPHINE (PF) 4 MG/ML SOLN		1 1	29.85
06/12/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	胸	3	29.85
06/12/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
06/12/2020-	0636		PIPERACILLIN SOD-TAZOBACTAMLPER 1 G		3 -	7.24
08/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	N S	- 1 - 31	
08/12/2020		135000001	SODIUM CHLORIDE PER 500 ML		- 1 - 31	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML			7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	謡	- } !	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		- ( )	7.24
06/12/2020		135000001	SODIUM CHLORIDE PER 500 ML	1111	1 !!	6.97
06/12/2020		135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/12/2020			SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/12/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		1	854.53
06/12/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		1 1	854.53
06/12/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		1	854.53
06/13/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		1 1	23,719.00
06/13/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1	13.58
06/13/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1 1	13.58
06/13/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	113	1	2.02
06/13/2020	0250	135000003	ACETAMINOPHEN 850 MG SUPP		1	2.02
06/13/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	44	1	2.02
06/13/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
06/13/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	題	1 1	7.31
06/13/2020		235000002	IHB VENT MGMT INPAT SUBQ DAY		1	1,408.00
06/13/2020		235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
1			DETERMINATION)	鮙		ļ.
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
}	(		DETERMINATION)		1 1	(
06/13/2020	U460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	iii	1	64,00
10.2020	10.00		DETERMINATION)	123	1 1	
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	圏	1	64.00
102020	10000	20000000	DETERMINATION)			
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	100	1	64.00
132020	0	20000000	DETERMINATION)		1 1	
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
13/2020	3400	20000000	(DETERMINATION)	腿	1 1	500
06/13/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	澗	10	73.01
06/13/2020			FENTANYL 10 MCG/ML SOLN		10	73.01
				100	'0	10.25
06/13/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	#W	1 3)	10.23

Please call Customer Service at 1-800-218-7359 Page: 47 Of 53

10/19/2020 15:30 Business Office Follow Up

FAXX4845263091 P.050/058 358070.12101



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

Patient:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

			<u> </u>			
Service Dat		Service Code	Description		Qty	Amount
	Cd			12		
06/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	鼮	5 5	10.25
06/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8.0	5	10.25
06/13/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN		50	12.10
06/13/2020		435000001 -	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		] 3	29.85
08/13/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		] 3	29.85
06/13/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
06/13/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1	7.24
06/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	閼	1 1	7.24
06/13/2020	0836	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/13/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL		<b>[ 1</b> ]	854.53
08/14/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	<b>S</b>	1 1	23,719.00
06/14/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1	13.58
06/14/2020	0250	135000002	POTASSIUM PHOSPHATES. 45 MMOL/16 ML SOLN 5 ML	AL.	2	98,42
06/14/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP		[ 1	2.02
06/14/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	<b>1</b>	1 1	7.31
06/14/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1 1	7.31
06/14/2020	0250	135000003	HYDROMORPHONE PER 4 MG		1	12.95
06/14/2020	0250	135000003	HYDROMORPHONE PER 4 MG		1	12.95
06/14/2020	0250	135000003	MELATONIN 3 MG TABS		2	1.34
06/14/2020	0300	275000174	HB ASSAY OF MAGNESIUM		1	138.00
06/14/2020	0300		HB COMPLETE CBC W/AUTO DIFF WBC		1	142.00
06/14/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	類	1	118.00
06/14/2020	0301		HS METABOLIC PANEL TOTAL CA		1	118.00
06/14/2020			HB ASSAY OF CALCIUM (IONIZED)		1	97.00
06/14/2020	0301	276000513	HB ASSAY OF PHOSPHORUS	(4) 2	1	94.00
06/14/2020	0301	276000513	HB ASSAY OF PHOSPHORUS		1 1	94.00
06/14/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY		1	1,408.00
08/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
ľ	1		DETERMINATION)			
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
	1		DETERMINATION)			1
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	N.	1	64.00
}		ļ	DETERMINATION)			l.
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		] 1	64.00
}	İ		DETERMINATION)			1
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
I		1	DETERMINATION)	<b>3</b>	1	
				32.3		

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

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10/19/2020 15:31 Business Office Follow Up

(FAX)4845263091 P.051/058 358070.12101



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>
Patient:	LUCERO, JACINTO	Admission Date:	05/19/ <u>20</u>
Hospital Account:	10102277595	Discharge Date:	06/18/20

_			the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th			
Service Dat		Service Code	Description		, Qty	Amount
	Cd					24.00
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		l	DETERMINATION)	翩		044.00
06/14/2020	0638	135000001	CALCIUM GLUCONATE 2-0.875 GM/100ML-% SOLN	鵩	10	211.96
06/14/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN.	訓	10	73.01
06/14/2020	0836	135000001	FENTANYL 10 MCG/ML SOLN	HIII	10	73.01
06/14/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	HS	10	73.01
06/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
06/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS			10.25
06/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	鬫	5	10.25
06/14/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN		50	12.10
06/14/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G		3	29.85
06/14/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	979	20	18.87
06/14/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML		1 1	7.24
06/14/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	<b>M</b>	1 1	6.97
08/14/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	<b>m</b>	1 1	7.24
06/14/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING		1 1	324.00
08/15/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	翻	1 1	23,719.00
06/15/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	翻	1 1	13.58
06/15/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1 1	13.58
06/15/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	M	2	16.33
06/15/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	<b>34</b>	2	16.33
06/15/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	酬	[ 2]	1.25
06/15/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
06/15/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	罐	1 1	7.31
06/15/2020	0250	136000003	FOLIC ACID 1 MG TABS		1 1	1.25
06/15/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	鯔	1	2.60
06/15/2020	0250	135000003	MELATONIN 3 MG TABS		} 2}	1,34
06/15/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS		1	1.25
0671572020	j0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	礟	1 1	1.70
06/15/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1	1.70
06/15/2020	0250	135000003	THIAMINE 100 MG TABS		1	1.25
06/15/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY		1	1,408.00
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		1	DETERMINATION)			
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	<b>5</b> 40	] 1	64.00
Ī	1		DETERMINATION)	18	[	
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
	l		DETERMINATION)		l 1	}

Please call Customer Service at 1-800-218-7359 Page: 49 Of 53

Patient: LUCERO, JACINTO MRN: 50005598253 OneContent: Generated By DANSERC

10/19/2020 15:31 Business Office Follow Up

(FAX)4845263091 P.052/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	05/19/20	
Hospital Account:	10102277595	Discharge Date:	06/18/20	

•		<u>.                                    </u>	ا المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم المنظم الم			
Service Date	e Rev Cd	Service Code	Description	ili	Qty	Amount
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	id	<u> 1</u>	64.00
			DETERMINATION)		[	
08/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	14	1	64.00
<b>-</b> .	·		DETERMINATION)	50.	. L l	
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 - 1	64.00
ļ	1		DETERMINATION)		1 1	i
06/15/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/15/2020	0636	135000001	FENTANYL.10 MCG/ML SOLN		10	73.01
06/15/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	闢	5	10.25
06/15/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
06/15/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		1 5	10.25
06/15/2020	0638	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	躑	20	18.87
06/16/2020		105000012	HB INTENSIVE CARE UNIT GENERAL	<b>3</b>	1 1	23,719.00
06/16/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1 1	13.58
06/16/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	<b>34</b>	2	1.25
06/16/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	iii	1	7.31
06/16/2020		135000003	CHLORHEXIDINE 0.12 % SOLN	<b>10</b>	1	7.31
06/16/2020	0250	135000003	FOLIC ACID 1 MG TABS		1	1.25
06/16/2020	0250	135000003	HYDROMORPHONE PER 4 MG		1	12.95
06/16/2020		135000003	LEVOTHYROXINE 125 MCG TABS	13	] 1	2.60
06/16/2020		135000003	MELATONIN 3 MG TABS	擸	2	1.34
06/16/2020		135000003	MULTIVITAMIN-MINERALS TABS	捌	1 1	1.25
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 N	(NA)-	2	4.34
	1		[260 MG (K) PACK	襴		Į.
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 N	III(NA)-	2	4.34
<u>[</u>			250 MG (K) PACK	/	1 .	
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 N	[] (NA)-	2	4.34
l	ļ		250 MG (K) PACK	33	1 .	
06/16/2020	0250	135000003	POTASSIÚM-SODIÚM PHOSPHATES 280 MG (P)-160 N	图(5/5/5)	2	4.34
	l		250 MG (K) PACK		1	
08/16/2020		135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		] 1	1.70
08/16/2020		135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1 1	1.70
06/16/2020		135000003	THIAMINE 100 MG TABS		1 1	1.25
		276000174	HB ASSAY OF MAGNESIUM	週	1 1	138.00
		275000249	HB COMPLETE CBC W/AUTO DIFF WBC	麗	1 1	142.00
		275000440	HB METABOLIC PANEL TOTAL CA		1 1	118.00
****		275000513	HB ASSAY OF PHOSPHORUS		1	94.00
		255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	151	1	<b>825.5</b> 0
08/16/2020	0410	<u> 2</u> 35000002	HB VENT MGMT INPAT SUBQ DAY		1 1	1,408.00

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

Page: 50 Of 53

10/19/2020 15:32 Business Office Follow Up

FAXX4845263091 P.053/058 358070.12101



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:	LUCERO, JACINTO	Admission Date:	Tarabara (	05/19/20
Hospital Account:	10102277595	Discharge Date:	į,	06/18/20

				. 2		
Service Date		Service Cade	Description.	:-	Oty	Amount
	Cd					
06/16/2020	J0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	鰈	1	84.00
	1		DETERMINATION)	E		{
08/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1 1	64.00
			DETERMINATION)	[編] -	<b>]</b> ]	· · ·
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
	1		DETERMINATION)	1	1 1	į
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	3	1	84.00
	1		DETERMINATION)	27		ŀ
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
j	1	1	DETERMINATION)		] ]	
06/16/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	8	10 10	73.01
06/16/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	装	10	.73.01
06/16/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
06/16/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	24.	5 5 5	10.25
06/16/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	35°	5	10.25
06/16/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ		10	19.40
06/17/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL		1 1	23,719.00
06/17/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1	13.58
06/17/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1	13.58
06/17/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	<b>S</b>	2 2 2 1	16.33
06/17/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP		2	16.33
08/17/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	23	2	1.25
06/17/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	<b>E</b>	1]	7.31
06/17/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
06/17/2020	0250	135000003	FOLIC ACID 1 MG TABS		] 1	1.25
08/17/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	1 1	2.60
06/17/2020	0250	135000003	MELATONIN 3 MG TABS	130	2	1.25
06/17/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS		1	1.25
06/17/2020	0250	135000003	SACCHAROMYCES BOULARDH 250 MG CAPS	\$ 1	1 1	1.70
06/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1 1	1.70
06/17/2020	0250	135000003	THIAMINE 100 MG TABS		1	1.25
08/17/2020	0410	235000002	HB VENT MOMT INPAT SUBQ DAY		1 1	1,408.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	<b>31</b>	( 1	64.00
			DETERMINATION)		1 1	
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE	40	1 1	64.00
[	]		DETERMINATION)	3		
06/17/2020	0460		HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
_	1 _		DETERMINATION)		1	

Please call Customer Service at 1-800-218-7359 Page: 51 Of 53

Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

10/19/2020 15:33 Business Office Follow Up

(FAX)4845263091 P.054/058 ∰ 358070.12101



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:	LUCERO, JACINTO	Admission Date:	1	05/19/20
Hospital Account:	10102277595	Discharge Date:		06/18/20

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Service Date	Rev	Service Code	Description		Qty	Amount
	Cd			<u>{</u>		
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
]	ì	1	DETERMINATION)			
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
	~ •		DETERMINATION).	翔		
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
			DETERMINATION)			
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		<b>!</b>	DETERMINATION)	38 I	ł	
06/17/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/17/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/17/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
06/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	<b>8</b>	5	10.25
06/17/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	捌 [	10 5 5	10.25
06/17/2020	0636	136000001	HEPARIN (PORCINE) PER 1000 UNITS		5	10.25
06/18/2020	0250	135000002	MULTI-ELECTROLYTE SOLN		1	13.58
06/18/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP		2	16.33
06/18/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP		2	16.33
06/18/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	in l	2	16.33
08/18/2020	0250	135000003	ASCORBIC ACID 500 MG TABS		2	1.25
06/18/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN		1	7.31
06/18/2020		135000003	FOLIC ACID 1 MG TABS		1	1.25
06/18/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS		1	2.60
06/18/2020		135000003	MULTIVITAMIN-MINERALS TABS	日 「	1	1.25
06/18/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS		1	1.70
06/18/2020	0250	136000003	SACCHAROMYCES BOULARDII 250 MG CAPS	M I	1	1.70
06/18/2020	0250	135000003	THIAMINE 100 MG TABS		1	1.25
		235000002	HB VENT MGMT INPAT SUBQ DAY		1	1,408.00
06/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		1	DETERMINATION)		ļ	
08/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		11	64.00
			DETERMINATION)		1	
08/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
		1	DETERMINATION)			,
06/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE		1	64.00
]			DETERMINATION)		ľ	
06/18/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN		10	73.01
		135000001	FENTANYL 10 MCG/ML SOLN		10 10	73.01
		135000001	GLYCOPYRROLATE 0.4 MG/2 ML SOLN			26.92
		135000001	HEPARIN (PORCINE) PER 1000 UNITS		2 5	10.25
CONTRACTOR	IUWU	110000001	historian fi Audustit su 1000 Outo	<u></u>		1020

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

Page: 52 Of 53

10/19/2020 15:33 Business Office Follow Up

FAX)4845263091 P.055/058 358070.12101



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

Patient:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

-Service Date Rev Cd	Service Code	Description		Oty	Amount
06/18/2020   0636 06/18/2020   0836	135000001 135000001	HEPARIN (PORCINE) PER 1000 UNITS MORPHINE PER 2 MG		5 1	10.25 1 <b>5.2</b> 8
Total charges: Total payments and	d adjustments:			 , ,	1,082,042.53

Account Balance:

1,072,250.53

Please call Customer Service at 1-800-218-7359 Page: 53 Of 53

Patient::LUCERO, JACINTO --MRN: 60005596253 - OneContent: Generated By DANSERC

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10/19/2020 15:34 Business Office Follow Up (FAX)4845263091 P.056/058 358070.12101

835 Remittance Advice

Payer Name: HIGHMARK BLUE SHIELD NFI: 1013933175 ERA Date: 9/9/2020 Check Number: 0992859818

Patient Name: LUCERO OYARVIDES, JACINTO

HIC Number: VOF129M82889 (Member ID)
Pat Control Num: 10102277595004
Account: 10102277595

Facility: BUSINESS OFFICE
Filing Indicator: 12 - Preferred Provider Organization (PPO)
Bill Type: 111
Claim Status: 1 - Processed as Primary
Date of Service: 5/19/2020 - 6/18/2020 (30 days)

MRN: 50005596253 ICN Number: 21143726745

DRG:

DRG Amount:

Service Level Information

Covered finits & Amount Date of Submitted Service Code Oty & Charge Line Adjustments Service

Adjustments Summary

Claim Level Adjustments

CO 252 1,072,250.

Service Level Adjustments

<none>

Monetary Amounts Information

Total Deductibles: 0.00

Co-Insurance Charges: 0.00 Co-Payment Charges: 0.00

Covered Charges: 1,072,250.53
Non-Covered Charges: 0.00

Denied Amount: 0.00

Contractual Adjustments: 0.00

Other Adjustments:

Total Claim Charge: 1,072,250.53 Claim Payment: 0.00

Cost Days: N/A Covered Days: N/A

Page 1

Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By LOPEZAM

Page 1 of 2

Patient: EUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

Page 56 of 58

10/19/2020 15:34 Business Office Follow Up

(FAX)4845263091 P.057/058 358070.12101

835 Remittance Advice

Patient Name: LUCERO OYARVIDES, JACINTO Account: 10102277595
ICN Number: 21143726745

DRG:

DRG Amount: -

Claim Level Remarks

N400

N26 Missing/incomplete/invalid itemized bill.

Service Level Remarks

<none>

Page 2

Patient: LUCERO, JACINTO MRN: 50005598253 OneContent: Generated By LOPEZAM

Page 2 of 2

Patient: LUCERO, JACINTO MRN: 50005596253 OneContent: Generated By DANSERC

Page 57 of 58

10/19/2020 15:34 Business Office Follow Up (FAX)4845263091 P.058/058 358070.12101

## **₹** KADCEK9

Send Result Report

ECOSYS M2535dn

Firmware Version ZPL 2000.005.109 2017.10.12

09/11/2020 10:00 [271\_1000.003.00] [271\_1100.001.004] [271\_7000.001.005] 

Job No.: 045285

Total Time: 0°23'03"

Page: 056

Complete

Document:

doc04528520200911093428

FAX

Blue Cross Empire NY

Phone:

Fax: 877-799-4129

Email:

From:

Josue Crespo

Phone:

484-528-3672

Fax:

484-526-3165

Email: Josue.crespo@sluhn.org

Resolution/ECM Date and Time Destination Tipes Турс 200x100 Norma1/On 0°23'03" FAX 09/11/20 09:37 918777994129

[ LVZ4710920 ]

358070.12101

## CUSTOMERS Are Our Business



11/UZ/ZUZU 1.10.ZU MI -UJUU FARCUI 837. Julu 2001. UJUR CENT ELLTJEGIJ REGU PI. EULUNGO NE UNIDEDIJU MAG JERIEL CU I U FAGE UT OF FU

358070.12101

SUBMITTER NAME: NEBO SYSTEMS INC

PAGE #1 LAYOUT:

SUBMITTER SOURCE NUMBER: 00V148018

2000A-2010AA BILLING PROVIDER LOOPS:

NH108: XX NH109: 1013933175 TAXONONY: 282N00000X

NAME: ST LUKES HOSPITAL BETHLEHEN CAMPUS

ADDRESS1: 801 OSTRUM STREET

ADDRESS2:

CITY: BETHLEHEM STATE: PA ZIP CODE: 180151065

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

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

ADD2:

BILLING PROVIDER CONTACT INFORMATION: CITY: PHILADELPHIA ST: PA Z: 191786161

CONTACT NAME: PATIENT ACCOUNTS

QUAL: TE INFO: 4845263150

2010AC PAY-TO-PLAN LOOP:

NM108: NM109: TAX ID:

MAME:

ADDRESS1:

ADDRESS2:

CITY: STATE: ZIP CODE:

QUAL: SECONDARY ID:

2000B-2010BA SUBSCRIBER LOOPS:

PAYER RESP: P CLAIM FILE IND: BL GROUP NBR: NYNCRMPO

NM109: V0F129H82889 REL CD: 18 SEX CD: M DOB: 19400907

MANE: LUCERO OYARVIDES TITLE:

FIRST: JACINTO

MIDDLE: SECONDARY ID:
ADDRESS1: 1109 MAZZETTI RD COUNTRY CD:

ADDRESS2: COUNTRY SUB:

CITY: STROUDSBURG STATE: PA ZIP CODE: 18360

2010CA PATIENT LOOP:

REL CD: SEX CD: DOB:

NAME: TITLE:

FIRST:

NIDDLE:

ADDRESS1: COUNTRY CD:
ADDRESS2: COUNTRY SUB:

CITY: STATE: ZIP CONE:

-----

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

ADDRESS2:

CITY: STATE: ZIP CODE:

BILLING PROVIDER SECONDARY INFO:

QUAL: SECONDARY ID:

ISA DATE: 20200828 VERSION CODE: 005010X223A2

ISA CONTROL NBR: 010950897 BHT CODE: 10950897N140 BHT06: CH

EDI CONTROL NBR: 40120996690000000010022020082807257060507072362364

11/02/2020 7:150M /CMT-05:00\

PAGE #2 LAYOUT:

2300 CLAIM LEVEL INFORMATION LOOP:

358070.12101

PATIENT ACCOUNT NBR: 10102277595004 CLAIM TOTAL CHARGE: 1072250.53 TYPE OF BILL: 111

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

DISCHARGE HOUR: 19 ADMISSION DT: 20200519 ADMISSION TYPE CD: 2
STATEMENT BEGIN DT: 20200519 ADMISSION HR: 15 ADMISSION SOURCE CD: 4

STATEMENT END DT: 20200618 ADMISSION MIN: 30 PATIENT STATUS CD: 20

PRINCIPAL DIAGNOSIS QUAL: ABK CD: A419 POA: Y REPRICER RECEIPT DT:

ADMITTING DIAGNOSIS QUAL: ABJ CD: K6289

REASON FOR VISIT NONE

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

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

ABF G9341 N ABF R6521 N ABF J9602 N ABF J9601 N ABF J9692 ABF L02215 Y ABF J90 ABF J9811 Y ABF E872 ABF F339 ABF E873 ABF D62 ABF E870 H ABF Z9911 ABF 1471 ABF Z66 ABF K559 Y N ABF 2515 N ABF J982 Y ABF D696 ABF H903 ABF E8339 ABF R1310 ABF E8351

PRINCIPAL PROCEDURE QUAL: BBR CD: 0B110F4 DATE: 20200604 DRG CODE: 003

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

 BBQ
 0M3M0ZZ
 20200520
 BBQ
 5A1955Z
 20200604
 BBQ
 0M950ZZ
 20200520
 BBQ
 0MQMXZZ
 20200524

 BBQ
 0MBM0ZZ
 20200519
 BBQ
 5A1945Z
 20200523
 BBQ
 5A1935Z
 20200528
 BBQ
 0MQMXZZ
 20200524

 BBQ
 3E10X8Z
 20200520
 BBQ
 02HV33Z
 20200523
 BBQ
 03HB33Z
 20200523

 BBQ
 03HB33Z
 20200529
 BBQ
 30233M1
 20200520
 BBQ
 30233M1
 20200520
 BBQ
 09H63UZ
 20200604

BBQ 08C7822 20200524 BBQ 08C3822 20200524 BBQ 0T98702 20200612

REFERRAL NO:

PRIOR AUTH NO: UN9929672

ORIG CLAIN NO:

CLEARINGHOUSE TRACE NO: 10950897N140

AUTO ACCIDENT STATE:

MEDICAL RECORD NO: 50005596253

DEMONSTRATION PROJ 10:

K3 FILE INFO:

CLAIN PAPERWORK SEGNENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

EPSDT QUAL: COMB CODE: COMB IND:

CLAIN NOTE INFO (NOTE REFERENCE COBE, NOTE):

BILLING NOTE INFO (NOTE REFERENCE CODE, NOTE):

2300 CLAIM LEVEL INFORMATION - CONTINUED:

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

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OCCURRENCE INFO (OCCURRENCE CODE, OCCURRENCE DATE. CAN OCCUR UP TO 24 TIMES): 55 20200618

VALUE	INFO (VALUE CODE,	VALUE DOLLARS. CAN	OCCUR UP TO 24	TIMES):
80	30.00	.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 SEGMENTS:
NN108: XX NN109: 1740226596 TAXO	NUMBO. 2011420	QUAL: ID:
FIRST: THOMAS	TITLE:	QUAL: ID:
FIRST: PETER		QUAL: ID:
NIODLE:		QUAL: ID:
2310B OPERATING PHYSICIAN LOOP:		OPERATING REF SEGMENTS:
NM108: XX NM109: 1780615468		QUAL: ID:
FIRST: CIPOLLA	TITLE:	QUAL: ID:
FIRST: JAMES		QUAL: ID:
MIDDLE:		QUAL: ID:
2310C OTHER OPERATING PHYSICIAN LOOP:		OTHER OPERATING REF SEGNENTS:
NN108: XX NN109: 1477842946		QUAL: ID:
FIRST: RAMBARAN	TITLE:	QUAL: ID:
FIRST: RYAN		QUAL: ID:
MIDDLE:		QUAL: ID:
2310D RENDERING PHYSICIAN LOOP:		RENDERING REF SEGNENTS:
NN108: NN109:		QUAL: ID:
NAME:		QUAL: ID:
FIRST:	TITLE:	QUAL: ID:
MIDDLE:		QUAL: ID:
2310E SERVICE FACILITY LOOP:		SVC FACIL REF SEGMENTS:
NN108: NN109:		QUAL: ID:
NAME:		QUAL: ID:
ADDRESS1:		QUAL: ID:
ADDRESS2:		
CITY:	STATE:	
ZIP CODE:		
2310F REFERRING PHYSICIAN LOOP:		REFERRING REF SEGMENTS:
NH108: NH109:		QUAL: ID:
NAME:		QUAL: ID:
25		•

TITLE:

FIRST: MIDDLE: QUAL:

ID:

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2400 SERVICE LINE LOOP, 1 OF 23 OCCURRENCES:

LINE NBR: 1 REVENUE CD: 0200

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 711570.00 UNITS OF SVC QUAL: DA UNITS OF SVC: 30.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-1

END DATE OF SVC:

SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: 1D:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NH109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

1 27 5712

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2400 SERVICE LINE LOOP, 2 OF 23 OCCURRENCES:

LINE NBR: 2 REVENUE CD: 0250

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 51257.34 UNITS OF SVC QUAL: UN UNITS OF SVC: 7616.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-2

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:

NM108: NM109:

QUAL: ID:

24208 OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

QUAL: ID:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 3 OF 23 OCCURRENCES:

LINE NBR: 3 REVENUE CD: 0260

PROCEDURE CD: MODIFIERS:

PROCEDURE QUAL: PROCEDURE DESC:

LINE CHRG: 3063.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

1.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-3

END DATE OF SVC:

SALES TAX QUAL: ANT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGNENT (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: NN109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 4 OF 23 OCCURRENCES:

LINE NBR: 4 REVENUE CD: 0270

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 832.87 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000

NON-COVED: .00

BEGIN DATE OF SVC:

LINE ITEN CONTROL NO: 10102277595004-4

END DATE OF SVC:

SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGNENT (REPORT TYPE CD, REPORT TRANSHISSION CD, ATTACHMENT CONTROL MBR):

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

24208 OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 5 OF 23 OCCURRENCES:

LINE NBR: 5

REVENUE CD: 0278

PROCEDURE DESC:

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

LINE CHRG: Z372.15 UNITS OF SVC QUAL: UN UNITS OF SVC:

1.000

NON-COVED:

.00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-5

END DATE OF SVC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CB, 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 SEGMENT:

NM108: NM109:

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PAGE #5 LAYOUT:

LINE NBR: 6

2400 SERVICE LINE LOOP, 6 OF 23 OCCURRENCES:

REVENUE CD: 0300

PROCEDURE QUAL:

PROCEDURE CD: NODIFIERS:

PROCEDURE DESC:

LINE CHRG: 61696.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

230.000

NON-COVED: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-6

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: NM109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

QUAL: ID:

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FAGE 13 OF 30

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2400 SERVICE LINE LOOP, 7 OF 23 OCCURRENCES:

LINE NBR: 7 REVENUE CD: 0301

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 12184.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 119.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-7

END DATE OF SVC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NH108: NH109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NH108: NH109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 8 OF 23 OCCURRENCES:

LINE NBR: 8

RÉVENUE CD: 0302

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 1765.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

7.000

NON-COVRD: .00

LINE ITEM CONTROL NO: 10102277595004-8

BEGIN DATE OF SVC: 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:

NH109: NM108:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NM108: NM109:

PAGE #5 LAYOUT:

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2400 SERVICE LINE LOOP, 9 OF 23 OCCURRENCES:

LINE NBR: 9 REVENUE CD: 0306

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

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

NON-COVED: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-9

SALES TAX QUAL: ANT: .00

THIRD PARTY ORG NOTE:

END DATE OF SVC:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NN109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

QUAL: ID:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 10 OF 23 OCCURRENCES:

LINE NBR: 10 REVENUE CD: 0309

PROCEDURE QUAL: PROCEDURE CO: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 2118.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-10

END DATE OF SVC:

SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

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 SECKENT:

NN108: NN109:

QUAL: ID:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 11 OF 23 OCCURRENCES:

LINE MBR: 11 REVENUE CD: 0324

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 23292.50 UNITS OF SVC QUAL: UN UNITS OF SVC: 29.000

NON-COVRD: .00

LINE ITEM CONTROL NO: 10102277595004-11

BEGIN DATE OF SVC: END DATE OF SVC:

SALES TAX QUAL: ANT:

.00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

24208 OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGNENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NN108: NN109:

QUAL: ID:

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FAGE 10 OF 30

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2400 SERVICE LINE LOOP, 12 OF 23 OCCURRENCES:

LINE NBR: 12 RÉVENUE CD: 0352

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 25173.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 4.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-12

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:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NN108: NH109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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QUAL: ID:

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PAGE #5 LAYOUT:

FAGE 13 OF 30

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2400 SERVICE LINE LOOP, 13 OF 23 OCCURRENCES:

LINE NBR: 13

REVENUE CD: 0360

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 67166.67 UNITS OF SVC QUAL: UN UNITS OF SVC: 313.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE 11EM CONTROL NO: 10102277595004-13

END DATE OF SVC:

SALES TAX QUAL: AMT:

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

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

NN109: NM108:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 14 OF 23 OCCURRENCES:

LINE NBR: 14

REVENUE CD: 0370

PROCEDURE DESC:

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

LINE CHRG: 38752.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

9.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-14

END DATE OF SVC:

SALES TAX QUAL: ANT:

.00

THIRD PARTY ORG NOTE:

LINE PAPERWORK SEGMENT CREPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL MBRJ:

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NH108: NH109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGNENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 15 OF 23 OCCURRENCES:

LINE NBR: 15 REVENUE CD: 0390

PROCEDURE QUAL: PROCEDURE CO: MODIFIERS: PROCEDURE DESC:

LINE CHRG: 3214.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVRD: .00

BEGIN DATE OF SVC: END DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-15

SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

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:

NM108: KN109:

QUAL: ID:

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2400 SERVICE LINE LOOP, 16 OF 23 OCCURRENCES:

LINE NBR: 16

REVENUE CD: 0410

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 45396.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 32.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-16

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:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NN109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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2400 SERVICE LINE LOOP, 17 OF 23 OCCURRENCES:

LINE NBR: 17

REVENUE CD: 0424

PROCEDURE DESC:

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

LINE CHRG: 539.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

NON-COVED: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-17

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:

NM108: NM109:

QUAL: ID:

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

NH108: NH109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NN108: NN109:

11/02/2020 1.10.20 MM -0000 EMACOM
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2400 SERVICE LINE LOOP, 18 OF 23 OCCURRENCES:

LINE NBR: 18

REVENUE CD: 0434

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 539.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

1.000

NON-COVED: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-18

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:

NH108: NH109:

QUAL: ID:

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

NM108: NH109: QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NH108: NH109:

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2400 SERVICE LINE LOOP, 19 OF 23 OCCURRENCES:

LINE NBR: 19

REVENUE CD: 0460

PROCEBURE CD: MODIFIERS:

LINE CHRG: 2650.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

PROCEDURE DESC:

PROCEDURE QUAL:

NON-COVRD:

.00

LINE ITEN CONTROL NO: 10102277595004-19

BEGIN DATE OF SVC: END DATE OF SVC:

SALES TAX QUAL: AMT:

32.000

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:

NH109: NM108:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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QUAL: ID:

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2400 SERVICE LINE LOOP, 20 OF 23 OCCURRENCES:

LINE NBR: 20 REVENUE CD: 0480

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 4820.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-20

SALES TAX QUAL: ANT: .00 END DATE OF SVC:

THIRD PARTY ORG HOTE:

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: NH109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGNENT:

NM108: NM109:

QUAL: ID:

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2400 SERVICE LINE LOOP, 21 OF 23 OCCURRENCES:

LINE NBR: 21 REVENUE CD: 0710

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 6494.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 2.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-21

END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

LINE PAPERMORK SEGNENT CREPORT 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:

NN108: NN109: QUAL: ID:

2420C RENDERING PROVIDER LOOP: RENDERING REF SEGMENT:

NN108: NN109: QUAL: ID:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 22 OF 23 OCCURRENCES:

LINE NBR: 22 REVENUE CD: 0730

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 5832.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 18.000

NON-COVRD: .00

BEGIN DATE OF SVC: END DATE OF SVC:

LINE ITEM CONTROL NO: 10102277595004-22

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:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

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PAGE #5 LAYOUT:

2400 SERVICE LINE LOOP, 23 OF 23 OCCURRENCES:

LINE NBR: 23 REVENUE CD: 0761

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

NON-COVRD: .00

LINE CHRG: 1095.00 UNITS OF SVC QUAL: UN UNITS OF SVC:

1.000

LINE ITEM CONTROL NO: 10102277595004-23

BEGIN DATE OF SVC: END DATE OF SVC:

SALES TAX QUAL: AMT:

.00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NN108: NN109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NM109:

RENDERING REF SEGMENT:

NM108: NM109:

2420C RENDERING PROVIDER LOOP:

QUAL: ID:

LINE SUMMARY PAGE LAYOUT #1 MMMNOT INTENDED FOR AUDIT USEMM

LINE:	BGN DOS:	END DOS:	REVCD: Q	L: PROC:	N1: 2	: 3:	4:	CHARGE:	Q:	UNITS OF SVC	: NONCOV	ANT:	
1			0200					711570.00	DA	30.000			
2			0250					51257.34	UH	7616.000			
3			0260					3063.00	UN	1.000			
4			0270					832.87	UN	1.000			
5			0278					2372.15	UN	1.000			
6			0300					61696.00	UН	230.000			
7			0301					12184.00	UN	119.000			
8			0302					1765.00	UN	7.000			
9			0306					429.00	UN	3.000			
10			0309					2118.00	UN	2.000			
11			0324					23292.50	UN	29.000			
12			0352					25173.00	UN	4.000			
13			0360					67166.67	UН	313.000			
14			0370					38752.00	UN	9.000			
15			0390					3214.00	UN	2.000			
16			0410					45396.00	UN	32.000			
17			0424					539.00	เห	1.000			
18			0434					539.00	UN	1.000			
19			0460					2650.00	UN	32.000			
20			0480					4820.00	UN	2.000			
21			0710					6494.00	UN	2.000			
22			0730					5832.00	UN	18.000			
23			0761					1095.00	IIN	1.000			

**Fax** 

358070.12101

To:

PA Doc Prepc

Fax:

717-635-4233

Company:

From:

Rajalreddy, Nilima N

Fax:

Voice:

Date:

November 2, 2020

Subject:

Comments: