



300 Wharton Circle, Suite 150
Triadelphia, WV 26059

800-654-5028

ELECTRONIC CLAIM ATTACHMENT COVER SHEET (PWK)

Date: 2/3/21 Number of Pages (including cover sheet) 19

Attention: CDC AREA

Fax Number: 855-329-8191

Mailing Address: Highmark WV, PO Box 7026, Wheeling, WV 26003
Attn: Payment Integrity. Host High Dollar Review: Kelly Rizer

From (Provider Name): Cabell Huntington Hospital

Office Contact (Sender) Name: Heather Hansen

Fax Number: 304 399 1520 Phone Number: 304 399 1520

Please check one of the following:

☒ This is a first time submitted electronic claim with the PWK indicator reported on the claim. Patient account number 30008868741

☐ This information is for a claim already received by Highmark WV. Highmark WV claim number _____

Patient Name: Dewey Conn
Subscriber ID Number (Including Alpha Prefix): RJP234MB2780
Service Date: 1/9-1/25/21 Total Charges: 203,234.45
Provider NPI Number: 1073518007
Attachment Control Number: _____

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ITEMIZED BILL

PAGE 1

DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0200	ROOM/BED: ICU	5198.75	010921	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011021	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011121	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011221	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011321	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011421	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011521	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011621	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011721	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011821	1	5198.75	
0200	ROOM/BED: ICU	5198.75	011921	1	5198.75	
0200	ROOM/BED: ICU	5198.75	012021	1	5198.75	
0200	ROOM/BED: ICU	5198.75	012121	1	5198.75	
0200	ROOM/BED: ICU	5198.75	012221	1	5198.75	
0200	ROOM/BED: ICU	5198.75	012321	1	5198.75	
0200	ROOM/BED: ICU	5198.75	012421	1	5198.75	
0250	GABAPENTIN 400 MG CAP		010921	2	14.85	
0250	GABAPENTIN 400 MG CAP		010921	2	14.85	
0250	ESCITALOPRAM 10 MG TAB		010921	2	40.50	
0250	ENOXAPARIN 40 MG/0.4 ML		010921	1	144.45	
0250	FUROSEMIDE 10 MG/ML 4 ML		010921	1	64.45	
0250	DEXAMETHASONE 10 MG/ML 1		010921	1	59.40	
0250	PANTOPRAZOLE 40 MG VIAL		010921	1	74.85	
0250	GABAPENTIN 400 MG CAP		010921	2	14.85	
0250	REMDESIVIR 100 MG LYPH P		010921	2	4372.15	
0250	0.9% NACL 250 ML		010921	1	187.55	
0250	GABAPENTIN 400 MG CAP		010921	2	14.85	
0250	ENOXAPARIN 30 MG/0.3 ML		010921	1	122.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		011021	1	62.95	
0250	DEXAMETHASONE 10 MG/ML 1		011021	1	59.40	
0250	0.9% NACL 250 ML		011021	1	205.40	
0250	REMDESIVIR 100 MG LYPH P		011021	1	1996.25	
0250	PANTOPRAZOLE 40 MG VIAL		011021	1	74.85	
0250	ESCITALOPRAM 10 MG TAB		011021	2	40.50	
0250	GABAPENTIN 400 MG CAP		011021	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011021	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011021	1	122.35	
0250	GABAPENTIN 400 MG CAP		011021	2	14.85	
0250	GABAPENTIN 400 MG CAP		011021	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011021	1	59.40	
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ITEMIZED BILL

PAGE 2

DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ENOXAPARIN 30 MG/0.3 ML		011021	1	122.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		011121	1	62.95	
0250	REMDESIVIR 100 MG LYPH P		011121	1	1996.25	
0250	0.9% NACL 250 ML		011121	1	205.40	
0250	PANTOPRAZOLE 40 MG VIAL		011121	1	74.85	
0250	ESCITALOPRAM 10 MG TAB		011121	2	40.50	
0250	GABAPENTIN 400 MG CAP		011121	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011121	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011121	1	122.35	
0250	CHOLECALCIFEROL (D3) 1,0		011121	2	4.35	
0250	GABAPENTIN 400 MG CAP		011121	2	14.85	
0250	GABAPENTIN 400 MG CAP		011121	2	14.85	
0250	ENOXAPARIN 30 MG/0.3 ML		011121	1	122.35	
0250	DEXAMETHASONE 10 MG/ML 1		011121	1	59.40	
0250	FUROSEMIDE 10 MG/ML 2 ML		011221	1	62.95	
0250	REMDESIVIR 100 MG LYPH P		011221	1	1996.25	
0250	0.9% NACL 250 ML		011221	1	205.40	
0250	PANTOPRAZOLE 40 MG VIAL		011221	1	74.85	
0250	ESCITALOPRAM 10 MG TAB		011221	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011221	2	4.35	
0250	GABAPENTIN 400 MG CAP		011221	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011221	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011221	1	122.35	
0250	GABAPENTIN 400 MG CAP		011221	2	14.85	
0250	GABAPENTIN 400 MG CAP		011221	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011221	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011221	1	122.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		011321	1	62.95	
0250	REMDESIVIR 100 MG LYPH P		011321	1	1996.25	
0250	0.9% NACL 250 ML		011321	1	205.40	
0250	PANTOPRAZOLE 40 MG VIAL		011321	1	74.85	
0250	ESCITALOPRAM 10 MG TAB		011321	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011321	2	4.35	
0250	GABAPENTIN 400 MG CAP		011321	2	14.85	
0250	SENNA/DOCUSATE SODIUM 8.		011321	1	4.30	
0250	DEXAMETHASONE 10 MG/ML 1		011321	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011321	1	122.35	
0250	GABAPENTIN 400 MG CAP		011321	2	14.85	
0250	AMLODIPINE 5 MG TAB UNIT		011321	1	13.05	
0250	GABAPENTIN 400 MG CAP		011321	2	14.85	
0001	PAGE 2 OF 18			55	8335.00	

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PAGE 3

DATE 02/03/2021
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1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	DEXAMETHASONE 10 MG/ML 1		011321	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011321	1	122.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		011421	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		011421	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		011421	1	13.05	
0250	ENOXAPARIN 30 MG/0.3 ML		011421	1	122.35	
0250	CHOLECALCIFEROL (D3) 1,0		011421	2	4.35	
0250	ESCITALOPRAM 10 MG TAB		011421	2	40.50	
0250	GABAPENTIN 400 MG CAP		011421	2	14.85	
0250	SENNA/DOCUSATE SODIUM 8.		011421	1	4.30	
0250	DEXAMETHASONE 10 MG/ML 1		011421	1	59.40	
0250	DEXAMETHASONE 10 MG/ML 1		011421	1	59.40	
0250	GABAPENTIN 400 MG CAP		011421	2	14.85	
0250	FUROSEMIDE 10 MG/ML 2 ML		011421	1	62.95	
0250	GABAPENTIN 400 MG CAP		011421	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011421	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011421	1	122.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		011521	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		011521	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		011521	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		011521	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011521	2	4.35	
0250	GABAPENTIN 400 MG CAP		011521	2	14.85	
0250	SENNA/DOCUSATE SODIUM 8.		011521	1	4.30	
0250	DEXAMETHASONE 10 MG/ML 1		011521	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011521	1	122.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		011521	1	62.95	
0250	GABAPENTIN 400 MG CAP		011521	2	14.85	
0250	HYDROXYZINE HCL 25 MG TA		011521	1	4.80	
0250	FUROSEMIDE 10 MG/ML 2 ML		011521	1	62.95	
0250	GABAPENTIN 400 MG CAP		011521	2	14.85	
0250	DEXAMETHASONE 10 MG/ML 1		011521	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011521	1	122.35	
0250	HYDROXYZINE HCL 25 MG TA		011521	1	4.80	
0250	FUROSEMIDE 10 MG/ML 2 ML		011621	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		011621	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		011621	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		011621	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011621	2	4.35	
0250	GABAPENTIN 400 MG CAP		011621	2	14.85	
0001	PAGE 3 OF 18			53	1866.25	

ITEMIZED BILL

PAGE 4

DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	SENNA/DOCUSATE SODIUM 8.		011621	1	4.30	
0250	DEXAMETHASONE 10 MG/ML 1		011621	1	59.40	
0250	ENOXAPARIN 30 MG/0.3 ML		011621	1	122.35	
0250	GABAPENTIN 400 MG CAP		011621	2	14.85	
0250	FUROSEMIDE 10 MG/ML 2 ML		011621	1	62.95	
0250	GABAPENTIN 400 MG CAP		011621	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		011621	1	71.20	
0250	ENOXAPARIN 30 MG/0.3 ML		011621	1	122.35	
0250	HYDROXYZINE HCL 25 MG TA		011621	1	4.80	
0250	FUROSEMIDE 10 MG/ML 2 ML		011721	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		011721	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		011721	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		011721	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011721	2	4.35	
0250	GABAPENTIN 400 MG CAP		011721	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		011721	1	71.20	
0250	SENNA/DOCUSATE SODIUM 8.		011721	1	4.30	
0250	ENOXAPARIN 30 MG/0.3 ML		011721	1	122.35	
0250	GABAPENTIN 400 MG CAP		011721	2	14.85	
0250	FUROSEMIDE 10 MG/ML 2 ML		011721	1	62.95	
0250	GABAPENTIN 400 MG CAP		011721	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		011721	1	71.20	
0250	ENOXAPARIN 30 MG/0.3 ML		011721	1	122.35	
0250	HYDROXYZINE HCL 25 MG TA		011721	1	4.80	
0250	FUROSEMIDE 10 MG/ML 2 ML		011821	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		011821	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		011821	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		011821	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011821	2	4.35	
0250	DEXAMETHASONE 10 MG/1 ML		011821	1	71.20	
0250	GABAPENTIN 400 MG CAP		011821	2	14.85	
0250	SENNA/DOCUSATE SODIUM 8.		011821	1	4.30	
0250	ENOXAPARIN 30 MG/0.3 ML		011821	1	122.35	
0250	DEXAMETHASONE 10 MG/1 ML		011821	1	71.20	
0250	GABAPENTIN 400 MG CAP		011821	2	14.85	
0250	FUROSEMIDE 10 MG/ML 2 ML		011821	1	62.95	
0250	GABAPENTIN 400 MG CAP		011821	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		011821	1	71.20	
0250	ENOXAPARIN 30 MG/0.3 ML		011821	1	122.35	
0250	HYDROXYZINE HCL 25 MG TA		011821	1	4.80	
0001	PAGE 4 OF 18			52	1947.05	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	FUROSEMIDE 10 MG/ML 2 ML		011921	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		011921	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		011921	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		011921	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		011921	2	4.35	
0250	GABAPENTIN 400 MG CAP		011921	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		011921	1	71.20	
0250	SENNA/DOCUSATE SODIUM 8.		011921	1	4.30	
0250	ENOXAPARIN 30 MG/0.3 ML		011921	1	122.35	
0250	ETOMIDATE 2 MG /ML 10 ML		011921	1	77.35	
0250	MIDAZOLAM 1 MG/ML 2 ML V		011921	2	165.60	
0250	FENTANYL 50 MCG/ML 2 ML		011921	1	85.55	
0250	ROCURONIUM 10 MG/ML 5 ML		011921	1	79.35	
0250	SUCCINYLCHOLINE 100 MG/5		011921	1	89.35	
0250	DEXAMETHASONE 10 MG/1 ML		011921	1	71.20	
0250	HYDROXYZINE HCL 25 MG TA		011921	1	4.80	
0250	ENOXAPARIN 30 MG/0.3 ML		011921	1	122.35	
0250	PANTOPRAZOLE 40 MG VIAL		012021	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		012021	1	13.05	
0250	DEXAMETHASONE 10 MG/1 ML		012021	1	71.20	
0250	ESCITALOPRAM 10 MG TAB		012021	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		012021	2	4.35	
0250	GABAPENTIN 400 MG CAP		012021	2	14.85	
0250	SENNA/DOCUSATE SODIUM 8.		012021	1	4.30	
0250	ENOXAPARIN 30 MG/0.3 ML		012021	1	122.35	
0250	GABAPENTIN 400 MG CAP		012021	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		012021	1	71.20	
0250	HYDROXYZINE HCL 25 MG TA		012021	1	4.80	
0250	ENOXAPARIN 30 MG/0.3 ML		012021	1	122.35	
0250	PM- DEXMEDETOMIDINE INFU		012021	1	387.65	
0250	PANTOPRAZOLE 40 MG VIAL		012121	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		012121	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		012121	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		012121	2	4.35	
0250	FUROSEMIDE 10 MG/ML 2 ML		012121	1	62.95	
0250	GABAPENTIN 400 MG CAP		012121	2	14.85	
0250	DEXAMETHASONE 10 MG/1 ML		012121	1	71.20	
0250	SENNA/DOCUSATE SODIUM 8.		012121	1	4.30	
0250	ENOXAPARIN 30 MG/0.3 ML		012121	1	122.35	
0250	PM- DEXMEDETOMIDINE INFU		012121	1	387.65	
0001	PAGE 5 OF 18			51	2846.30	

ITEMIZED BILL

PAGE 6

DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	FUROSEMIDE 10 MG/ML 2 ML		012121	1	62.95	
0250	DEXAMETHASONE 10 MG/1 ML		012121	1	71.20	
0250	ENOXAPARIN 30 MG/0.3 ML		012121	1	122.35	
0250	PM- DEXMEDETOMIDINE INFU		012221	1	387.65	
0250	FUROSEMIDE 10 MG/ML 2 ML		012221	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		012221	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		012221	1	13.05	
0250	GABAPENTIN 100 MG CAP		012221	2	4.65	
0250	CHOLECALCIFEROL (D3) 1,0		012221	2	4.35	
0250	ESCITALOPRAM 10 MG TAB		012221	2	40.50	
0250	DEXAMETHASONE 10 MG/1 ML		012221	1	71.20	
0250	SENNA/DOCUSATE SODIUM 8.		012221	1	4.30	
0250	ENOXAPARIN 30 MG/0.3 ML		012221	1	122.35	
0250	VANCOMYCIN IV (IV ROOM U		012221	1	130.40	
0250	0.9% NACL 500 ML		012221	1	224.55	
0250	PM- DEXMEDETOMIDINE INFU		012221	1	387.65	
0250	PIPERACILLIN-TAZOBACTAM		012221	1	120.05	
0250	PIPERACILLIN-TAZOBACTAM		012221	1	115.25	
0250	DEXAMETHASONE 10 MG/1 ML		012221	1	71.20	
0250	ENOXAPARIN 30 MG/0.3 ML		012221	1	122.35	
0250	PM- DEXMEDETOMIDINE INFU		012221	1	387.65	
0250	PIPERACILLIN-TAZOBACTAM		012221	1	115.25	
0250	VANCOMYCIN IV (IV ROOM U		012321	1	119.75	
0250	0.9% NACL 250 ML		012321	1	223.25	
0250	FUROSEMIDE 10 MG/ML 4 ML		012321	2	73.05	
0250	VANCOMYCIN IV (IV ROOM U		012321	1	119.75	
0250	0.9% NACL 250 ML		012321	1	223.25	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- FENTANYL INFUSION 10		012321	1	134.75	
0250	CISATRACURIUM 10 MG/ML I		012321	1	1198.35	
0250	CISATRACURIUM 10 MG/ML I		012321	1	1198.35	
0250	0.9% NACL 100 ML		012321	1	37.28	
0250	EYE LUBRICANT OINTMENT 3		012321	1	71.95	
0250	PANTOPRAZOLE 40 MG VIAL		012321	1	74.85	
0250	AMLODIPINE 5 MG TAB UNIT		012321	1	13.05	
0250	ESCITALOPRAM 10 MG TAB		012321	2	40.50	
0250	CHOLECALCIFEROL (D3) 1,0		012321	2	4.35	
0250	GABAPENTIN 100 MG CAP		012321	2	4.65	
0250	DEXAMETHASONE 10 MG/1 ML		012321	1	71.20	
0250	SENNA/DOCUSATE SODIUM 8.		012321	1	4.30	
0001	PAGE 6 OF 18			47	6468.93	

ITEMIZED BILL

PAGE 7

DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
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32154479BEGINNING DATE OF SERVICE
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012521

REV CODE	PROCEDURE DESCRIPTION	HCP/CS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ENOXAPARIN 30 MG/0.3 ML		012321	1	122.35	
0250	PIPERACILLIN-TAZOBACTAM		012321	1	115.25	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PERIDEX 0.12% ORAL RINSE		012321	1	14.70	
0250	CEFEPIME 2 GM VIAL		012321	2	165.40	
0250	0.9% NACL 100 ML (MINIBA		012321	2	74.56	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	CEFEPIME 2 GM VIAL		012321	1	82.70	
0250	0.9% NACL 100 ML (MINIBA		012321	1	37.28	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- FENTANYL INFUSION 10		012321	1	134.75	
0250	LABETALOL 5 MG/ML 4 ML V		012321	1	74.00	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- FENTANYL INFUSION 10		012321	1	134.75	
0250	CISATRACURIUM 10 MG/ML I		012321	1	1198.35	
0250	0.9% NACL 100 ML		012321	1	37.28	
0250	VANCOMYCIN IV (IV ROOM U		012321	1	119.75	
0250	0.9% NACL 250 ML		012321	1	223.25	
0250	CEFEPIME 2 GM VIAL		012321	1	82.70	
0250	0.9% NACL 100 ML (MINIBA		012321	1	37.28	
0250	CISATRACURIUM 10 MG/ML I		012321	1	1198.35	
0250	0.9% NACL 100 ML		012321	1	37.28	
0250	DEXAMETHASONE 10 MG/1 ML		012321	1	71.20	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	ENOXAPARIN 30 MG/0.3 ML		012321	1	122.35	
0250	PERIDEX 0.12% ORAL RINSE		012321	1	14.70	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- FENTANYL INFUSION 10		012321	1	134.75	
0250	PM- PROPOFOL 10 MG/ML 10		012321	1	139.60	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- NOREPINEPHRINE 4 MG/		012421	1	114.25	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	VANCOMYCIN IV (IV ROOM U		012421	1	119.75	
0001	PAGE 7 OF 18			42	6686.03	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	0.9% NACL 250 ML		012421	1	223.25	
0250	CEFEPIME 2 GM VIAL		012421	1	82.70	
0250	0.9% NACL 100 ML (MINIBA		012421	1	37.28	
0250	FUROSEMIDE 10 MG/ML 2 ML		012421	1	62.95	
0250	PANTOPRAZOLE 40 MG VIAL		012421	1	74.85	
0250	DEXAMETHASONE 10 MG/1 ML		012421	1	71.20	
0250	ENOXAPARIN 30 MG/0.3 ML		012421	1	122.35	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PERIDEX 0.12% ORAL RINSE		012421	1	14.70	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	CALCIUM GLUCONATE 1 GM/N		012421	1	135.80	
0250	PM- NOREPINEPHRINE 4 MG/		012421	1	114.25	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	PM- NOREPINEPHRINE 4 MG/		012421	1	114.25	
0250	D50W 50 ML SYRINGE		012421	1	75.50	
0250	REGULAR INSULIN 100 UNIT		012421	1	163.95	
0250	PM- NOREPINEPHRINE 4 MG/		012421	1	114.25	
0250	PROPOFOL 10 MG/ML 20 ML		012421	1	71.95	
0250	ROCURONIUM 10 MG/ML 5 ML		012421	1	79.35	
0250	CEFEPIME 2 GM VIAL		012421	1	82.70	
0250	0.9% NACL 100 ML (MINIBA		012421	1	37.28	
0250	HEPARIN 5,000 UNITS/ML V		012421	1	66.20	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	NEPRO 8 OZ		012421	4	34.00	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- NOREPINEPHRINE 4 MG/		012421	1	114.25	
0250	LACTATED RINGERS 500 ML		012421	1	233.90	
0250	CEFEPIME 2 GM VIAL		012421	1	82.70	
0250	0.9% NACL 100 ML (MINIBA		012421	1	37.28	
0250	DEXAMETHASONE 10 MG/1 ML		012421	1	71.20	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	PM- FENTANYL INFUSION 10		012421	1	134.75	
0250	PERIDEX 0.12% ORAL RINSE		012421	1	14.70	
0250	PM- NOREPINEPHRINE 4 MG/		012421	1	114.25	
0250	PM- PROPOFOL 10 MG/ML 10		012421	1	139.60	
0250	HEPARIN 5,000 UNITS/ML V		012421	1	66.20	
0250	PM- FENTANYL INFUSION 10		012521	1	134.75	
0001	PAGE 8 OF 18			43	4164.19	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	PM- PROPOFOL 10 MG/ML 10		012521	1	139.60	
0250	PM- NOREPINEPHRINE 4 MG/		012521	1	114.25	
0250	PM- FENTANYL INFUSION 10		012521	1	134.75	
0250	PM- PROPOFOL 10 MG/ML 10		012521	1	139.60	
0250	PM- NOREPINEPHRINE 4 MG/		012521	1	114.25	
0250	PM- PROPOFOL 10 MG/ML 10		012521	1	139.60	
0250	VANCOMYCIN IV (IV ROOM U		012521	1	119.75	
0250	0.9% NAACL 250 ML		012521	1	223.25	
0250	PANTOPRAZOLE 40 MG VIAL		012521	1	74.85	
0250	DEXAMETHASONE 10 MG/1 ML		012521	1	71.20	
0250	PM- FENTANYL INFUSION 10		012521	1	134.75	
0250	HEPARIN 5,000 UNITS/ML V		012521	1	66.20	
0250	PM- DEXMEDETOMIDINE INFU		012521	1	387.65	
0250	PM- MIDAZOLAM INFUSION 1		012521	1	149.30	
0250	PM- NOREPINEPHRINE 4 MG/		012521	1	114.25	
0250	FUROSEMIDE 10 MG/ML 4 ML		012521	1	64.45	
0250	PERIDEX 0.12% ORAL RINSE		012521	1	14.70	
0250	PM- FENTANYL INFUSION 10		012521	1	134.75	
0250	PM- DEXMEDETOMIDINE INFU		012521	1	387.65	
0250	PM- FENTANYL INFUSION 10		012521	1	134.75	
0270	MED/SURG ADD ON SUPPLIES		010921	1	95.25	
0270	DAILY SUPPLY CHARGE		010921	1	95.50	
0270	OXYGEN DAILY		010921	1	194.25	
0270	DAILY SUPPLY CHARGE		011021	1	95.50	
0270	OXYGEN DAILY		011021	1	194.25	
0270	DAILY SUPPLY CHARGE		011121	1	95.50	
0270	OXYGEN DAILY		011121	1	194.25	
0270	DAILY SUPPLY CHARGE		011221	1	95.50	
0270	OXYGEN DAILY		011221	1	194.25	
0270	DAILY SUPPLY CHARGE		011321	1	95.50	
0270	OXYGEN DAILY		011321	1	194.25	
0270	DAILY SUPPLY CHARGE		011421	1	95.50	
0270	OXYGEN DAILY		011421	1	194.25	
0270	DAILY SUPPLY CHARGE		011521	1	95.50	
0270	OXYGEN DAILY		011521	1	194.25	
0270	DAILY SUPPLY CHARGE		011621	1	95.50	
0270	OXYGEN DAILY		011621	1	194.25	
0270	DAILY SUPPLY CHARGE		011721	1	95.50	
0270	OXYGEN DAILY		011721	1	194.25	
0270	DAILY SUPPLY CHARGE		011821	1	95.50	
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ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0270	OXYGEN DAILY		011821	1	194.25	
0270	DAILY SUPPLY CHARGE		011921	1	95.50	
0270	DAILY SUPPLY CHARGE		012021	1	95.50	
0270	DAILY SUPPLY CHARGE		012121	1	95.50	
0270	OXYGEN DAILY		012121	1	194.25	
0270	DAILY SUPPLY CHARGE		012221	1	95.50	
0270	OXYGEN DAILY		012221	1	194.25	
0270	DAILY SUPPLY CHARGE		012321	1	95.50	
0270	OXYGEN DAILY		012321	1	194.25	
0270	DAILY SUPPLY CHARGE		012421	1	95.50	
0272	TELEMETRY		010921	1	792.75	
0272	ISOLATION CART		010921	1	167.50	
0272	TELEMETRY		011021	1	792.75	
0272	ISOLATION CART		011021	1	167.50	
0272	TELEMETRY		011121	1	792.75	
0272	ISOLATION CART		011121	1	167.50	
0272	TELEMETRY		011221	1	792.75	
0272	ISOLATION CART		011221	1	167.50	
0272	TELEMETRY		011321	1	792.75	
0272	ISOLATION CART		011321	1	167.50	
0272	TELEMETRY		011421	1	792.75	
0272	ISOLATION CART		011421	1	167.50	
0272	TELEMETRY		011521	1	792.75	
0272	ISOLATION CART		011521	1	167.50	
0272	TELEMETRY		011621	1	792.75	
0272	ISOLATION CART		011621	1	167.50	
0272	TELEMETRY		011721	1	792.75	
0272	ISOLATION CART		011721	1	167.50	
0272	TELEMETRY		011821	1	792.75	
0272	ISOLATION CART		011821	1	167.50	
0272	TELEMETRY		011921	1	792.75	
0272	ISOLATION CART		011921	1	167.50	
0272	TELEMETRY		012021	1	792.75	
0272	ISOLATION CART		012021	1	167.50	
0272	TELEMETRY		012121	1	792.75	
0272	ISOLATION CART		012121	1	167.50	
0272	TELEMETRY		012221	1	792.75	
0272	ISOLATION CART		012221	1	167.50	
0272	TELEMETRY		012321	1	792.75	
0272	ISOLATION CART		012321	1	167.50	
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ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0272	TELEMETRY		012421	1	792.75	
0272	ISOLATION CART		012421	1	167.50	
0272	TELEMETRY		012521	1	792.75	
0272	ISOLATION CART		012521	1	167.50	
0300	COLLECTION: VENOUS DRAW	36415	010921	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011021	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011121	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011121	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011221	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011621	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011721	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011821	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	011921	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012021	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012121	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012221	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012221	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012221	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012421	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012521	1	11.00	
0300	COLLECTION: VENOUS DRAW	36415	012521	1	11.00	
0301	COMPREHENSIVE METABOLIC	80053	010921	1	268.50	
0301	FERRITIN	82728	010921	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	010921	1	104.75	
0001	PAGE 11 OF 18			40	2778.25	

ITEMIZED BILL

PAGE 12

DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	PROCALCITONIN LEVEL	84145	010921	1	202.75	
0301	COMPREHENSIVE METABOLIC	80053	011021	1	268.50	
0301	ACUTE HEPATITIS PANEL	80074	011021	1	243.75	
0301	FERRITIN	82728	011021	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011021	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011121	1	268.50	
0301	VITAMIN D LEVEL	82306	011121	1	288.00	
0301	FERRITIN	82728	011121	1	121.50	
0301	.BO ABG RESPIRATORY THER	82805	011121	1	190.50	
0301	LACTATE DEHYDROGENASE	83615	011121	1	104.75	
0301	MAGNESIUM LEVEL	83735	011121	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011221	1	268.50	
0301	FERRITIN	82728	011221	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011221	1	104.75	
0301	MAGNESIUM LEVEL	83735	011221	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011321	1	268.50	
0301	FERRITIN	82728	011321	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011321	1	104.75	
0301	MAGNESIUM LEVEL	83735	011321	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011421	1	268.50	
0301	FERRITIN	82728	011421	1	121.50	
0301	.BO ABG RESPIRATORY THER	82805	011421	1	190.50	
0301	LACTATE DEHYDROGENASE	83615	011421	1	104.75	
0301	MAGNESIUM LEVEL	83735	011421	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011521	1	268.50	
0301	FERRITIN	82728	011521	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011521	1	104.75	
0301	MAGNESIUM LEVEL	83735	011521	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011621	1	268.50	
0301	FERRITIN	82728	011621	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011621	1	104.75	
0301	MAGNESIUM LEVEL	83735	011621	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011721	1	268.50	
0301	FERRITIN	82728	011721	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011721	1	104.75	
0301	MAGNESIUM LEVEL	83735	011721	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	011821	1	268.50	
0301	FERRITIN	82728	011821	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011821	1	104.75	
0301	MAGNESIUM LEVEL	83735	011821	1	104.75	
0001	PAGE 12 OF 18			40	6406.25	

ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AM

CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	COMPREHENSIVE METABOLIC	80053	011921	1	268.50	
0301	FERRITIN	82728	011921	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	011921	1	104.75	
0301	MAGNESIUM LEVEL	83735	011921	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	012021	1	268.50	
0301	FERRITIN	82728	012021	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	012021	1	104.75	
0301	MAGNESIUM LEVEL	83735	012021	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	012121	1	268.50	
0301	FERRITIN	82728	012121	1	121.50	
0301	.BO ABG RESPIRATORY THER	82805	012121	1	190.50	
0301	LACTATE DEHYDROGENASE	83615	012121	1	104.75	
0301	MAGNESIUM LEVEL	83735	012121	1	104.75	
0301	COMPREHENSIVE METABOLIC	80053	012221	1	268.50	
0301	FERRITIN	82728	012221	1	121.50	
0301	LACTATE DEHYDROGENASE	83615	012221	1	104.75	
0301	MAGNESIUM LEVEL	83735	012221	1	104.75	
0301	PROCALCITONIN LEVEL	84145	012221	1	202.75	
0301	COMPREHENSIVE METABOLIC	80053	012321	1	268.50	
0301	VANCOMYCIN LEVEL	80202	012321	1	217.00	
0301	FERRITIN	82728	012321	1	121.50	
0301	.BO ABG RESPIRATORY THER	82805	012321	1	190.50	
0301	.BO ABG RESPIRATORY THER	82805	012321	1	190.50	
0301	.BO ABG RESPIRATORY THER	82805	012321	1	190.50	
0301	.BO ABG RESPIRATORY THER	82805	012321	1	190.50	
0301	.BO ABG RESPIRATORY THER	82805	012321	1	190.50	
0301	LACTATE DEHYDROGENASE	83615	012321	1	104.75	
0301	MAGNESIUM LEVEL	83735	012321	1	104.75	
0301	TRIGLYCERIDES	84478	012321	1	104.75	
0301	BASIC METABOLIC PANEL	80048	012421	1	160.00	
0301	BASIC METABOLIC PANEL	80048	012421	1	160.00	
0301	BASIC METABOLIC PANEL	80048	012421	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	012421	1	268.50	
0301	VANCOMYCIN LEVEL	80202	012421	1	217.00	
0301	BILIRUBIN TOTAL	82247	012421	1	104.75	
0301	BILIRUBIN DIRECT	82248	012421	1	30.75	
0301	CALCIUM LEVEL IONIZED	82330	012421	1	176.25	
0301	CREATINE KINASE	82550	012421	1	104.75	
0301	CREATININE URINE RANDOM	82570	012421	1	117.75	
0301	CREATININE URINE RANDOM	82570	012421	1	117.75	
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ITEMIZED BILL

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DATE 02/03/2021
TIME 09:56:45 AMCABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800PATIENT CONTROL NUMBER
3000886874PATIENT NAME
CONN, DEWEY RMEDICAL RECORD NUMBER
32154479BEGINNING DATE OF SERVICE
010921ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	FERRITIN	82728	012421	1	121.50	
0301	.BO ABG RESPIRATORY THER	82805	012421	1	190.50	
0301	.BO ABG RESPIRATORY THER	82805	012421	1	190.50	
0301	METER GLUCOSE POC	82948	012421	1	97.50	
0301	METER GLUCOSE POC	82948	012421	1	97.50	
0301	METER GLUCOSE POC	82948	012421	1	97.50	
0301	HAPTOGLOBIN	83010	012421	1	139.50	
0301	LACTIC ACID SEPSIS	83605	012421	1	80.50	
0301	LACTATE DEHYDROGENASE	83615	012421	1	104.75	
0301	MAGNESIUM LEVEL	83735	012421	1	104.75	
0301	MYOGLOBIN	83874	012421	1	167.00	
0301	POTASSIUM URINE	84133	012421	1	117.75	
0301	SODIUM URINE	84300	012421	1	117.75	
0301	UREA NITROGEN URINE	84540	012421	1	117.75	
0301	BASIC METABOLIC PANEL	80048	012521	1	160.00	
0301	BASIC METABOLIC PANEL	80048	012521	1	160.00	
0301	BASIC METABOLIC PANEL	80048	012521	1	160.00	
0301	COMPREHENSIVE METABOLIC	80053	012521	1	268.50	
0301	VANCOMYCIN LEVEL	80202	012521	1	217.00	
0301	CALCIUM LEVEL IONIZED	82330	012521	1	176.25	
0301	FERRITIN	82728	012521	1	121.50	
0301	.BO ABG RESPIRATORY THER	82805	012521	1	190.50	
0301	.BO ABG RESPIRATORY THER	82805	012521	1	190.50	
0301	METER GLUCOSE POC	82948	012521	1	97.50	
0301	HEMOGLOBIN A1C	83036	012521	1	140.50	
0301	LACTIC ACID SEPSIS	83605	012521	1	80.50	
0301	LACTATE DEHYDROGENASE	83615	012521	1	104.75	
0301	MAGNESIUM LEVEL	83735	012521	1	104.75	
0301	TRIGLYCERIDES	84478	012521	1	104.75	
0302	C-REACTIVE PROTEIN	86140	010921	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011021	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011121	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011221	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011321	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011421	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011521	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011621	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011721	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011821	1	108.75	
0302	C-REACTIVE PROTEIN	86140	011921	1	108.75	
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CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCP/CS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0302	C-REACTIVE PROTEIN	86140	012021	1	108.75	
0302	C-REACTIVE PROTEIN	86140	012121	1	108.75	
0302	C-REACTIVE PROTEIN	86140	012221	1	108.75	
0302	C-REACTIVE PROTEIN	86140	012321	1	108.75	
0302	C-REACTIVE PROTEIN	86140	012421	1	108.75	
0302	C-REACTIVE PROTEIN	86140	012521	1	108.75	
0302	ABSC	86850	012521	1	98.50	
0302	ABO/RH	86900	012521	1	102.25	
0302	RH TYPE	86901	012521	1	87.00	
0305	COMPLETE BLOOD COUNT W/	85025	010921	1	91.25	
0305	D-DIMER**	85379	010921	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011021	1	91.25	
0305	D-DIMER**	85379	011021	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011121	1	91.25	
0305	D-DIMER**	85379	011121	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011221	1	91.25	
0305	D-DIMER**	85379	011221	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011321	1	91.25	
0305	D-DIMER**	85379	011321	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011421	1	91.25	
0305	D-DIMER**	85379	011421	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011521	1	91.25	
0305	D-DIMER**	85379	011521	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011621	1	91.25	
0305	D-DIMER**	85379	011621	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011721	1	91.25	
0305	D-DIMER**	85379	011721	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011821	1	91.25	
0305	D-DIMER**	85379	011821	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	011921	1	91.25	
0305	D-DIMER**	85379	011921	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	012021	1	91.25	
0305	D-DIMER**	85379	012021	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	012121	1	91.25	
0305	D-DIMER**	85379	012121	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	012221	1	91.25	
0305	D-DIMER**	85379	012221	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	012321	1	91.25	
0305	COMPLETE BLOOD COUNT W/	85025	012321	1	91.25	
0305	D-DIMER**	85379	012321	1	125.75	
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DATE 02/03/2021
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CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	HEMATOCRIT	85014	012421	1	42.25	
0305	COMPLETE BLOOD COUNT W/	85025	012421	1	91.25	
0305	RETICULOCYTE COUNT MANUA	85045	012421	1	114.75	
0305	D-DIMER**	85379	012421	1	125.75	
0305	COMPLETE BLOOD COUNT W/	85025	012521	1	91.25	
0305	D-DIMER**	85379	012521	1	125.75	
0306	COVID PAT/OUTPATIENT ROU	87635	010921	1	200.00	
0306	RESPIRATORY LOWER CULTUR	87070	012221	1	119.75	
0306	MALDI BIOTYPER ID PANEL	87077	012221	1	103.75	
0306	NEGATIVE PANEL MIC53	87186	012221	1	103.75	
0306	GRAM STAIN REPORT	87205	012221	1	79.00	
0306	FUNGITELL-LC	87449	012221	1	709.25	
0306	BLOOD CULTURE	87040	012321	1	218.00	
0306	URINE CULTURE	87086	012321	1	119.75	
0306	ASPERGILLUS ANTIGEN BAL/	87305	012321	1	610.50	
0306	PNEUMOCYSTIS JIROVECI PC	87798	012321	1	322.25	
0306	MRSA SCREEN	87070	012421	1	119.75	
0324	CR PORT CHEST SINGLE	71045	010921	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011121	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011421	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011621	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011921	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011921	1	365.75	
0324	CR PORT CHEST SINGLE	71045	011921	1	365.75	
0324	CR CHEST SINGLE	71045	012021	1	365.75	
0324	CR CHEST SINGLE	71045	012121	1	365.75	
0324	CR CHEST SINGLE	71045	012221	1	365.75	
0324	CR CHEST SINGLE	71045	012321	1	365.75	
0324	CR PORT CHEST SINGLE	71045	012321	1	365.75	
0324	CR PORT CHEST SINGLE	71045	012321	1	365.75	
0324	CR CHEST SINGLE	71045	012421	1	365.75	
0324	CR CHEST SINGLE	71045	012521	1	365.75	
0361	MD BEDSIDE PROCEDURE		011921	1	774.25	
0402	US ABDOMEN LIMITED	76705	012421	1	1019.50	
0402	US RETROPERITONEAL LIMIT	76775	012421	1	1019.50	
0410	RESPIRATORY TRANS/15MIN		010921	1	65.50	
0410	CPAP; INITIATION & MGT	94660	010921	1	375.00	
0410	RESPIRATORY TRANS/15MIN		011021	1	65.50	
0410	CPAP; INITIATION & MGT	94660	011021	1	375.00	
0410	CPAP; INITIATION & MGT	94660	011121	1	375.00	
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CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
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PATIENT NAME
CONN, DEWEY R

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BEGINNING DATE OF SERVICE
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ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0410	MASK C.P.A.P.	94660	011221	1	735.25	
0410	CPAP; INITIATION & MGT	94660	011221	1	375.00	
0410	MASK C.P.A.P.	94660	011321	1	735.25	
0410	CPAP; INITIATION & MGT	94660	011321	1	375.00	
0410	MASK C.P.A.P.	94660	011421	1	735.25	
0410	CPAP; INITIATION & MGT	94660	011421	1	375.00	
0410	CPAP; INITIATION & MGT	94660	011521	1	375.00	
0410	CPAP; INITIATION & MGT	94660	011621	1	375.00	
0410	CPAP; INITIATION & MGT	94660	011721	1	375.00	
0410	MASK C.P.A.P.	94660	011821	1	735.25	
0410	CPAP; INITIATION & MGT	94660	011821	1	375.00	
0410	MASK C.P.A.P.	94660	011921	1	735.25	
0410	BIPAP 02 DAILY	94660	012021	1	735.25	
0410	BIPAP 02 DAILY	94660	012121	1	735.25	
0410	CPAP; INITIATION & MGT	94660	012121	1	375.00	
0410	CPAP; INITIATION & MGT	94660	012221	1	375.00	
0410	VENT ADULT; INITIAL	94002	012321	1	863.00	
0410	CPAP; INITIATION & MGT	94660	012321	1	375.00	
0410	VENT ADULT; SUBSEQUENT D	94003	012421	1	863.00	
0410	VENT ADULT; SUBSEQUENT D	94003	012521	1	863.00	
0424	PT 846 EVALUATION CHARGE	97162GP	011821	1	250.50	
0430	OT THERAPEUTIC EXERCISE	97110GO	011321	1	134.75	
0430	OT THERAPEUTIC EXERCISE	97110GO	011821	1	134.75	
0430	OT THERAPEUTIC ACTIVITIE	97530GO	011821	1	136.75	
0434	OT 844 EVALUATION CHARGE	97167GO	011221	1	131.75	
0440	SPEECH EVALUATION CHARGE	92610GN	011221	1	503.75	
0460	PULSE OXIMETRY/DAILY	94762	010921	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011021	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011121	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011221	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011321	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011421	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011521	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011621	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011721	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	011821	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	012021	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	012121	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	012221	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	012321	1	306.50	
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ITEMIZED BILL

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DATE 02/03/2021
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CABELL HUNTINGTON HOSPITA
1340 HAL GREER BLVD
HUNTINGTON WV 257013800

PATIENT CONTROL NUMBER
3000886874

PATIENT NAME
CONN, DEWEY R

MEDICAL RECORD NUMBER
32154479

BEGINNING DATE OF SERVICE
010921

ENDING DATE OF SERVICE
012521

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0460	PULSE OXIMETRY/DAILY	94762	012421	1	306.50	
0460	PULSE OXIMETRY/DAILY	94762	012521	1	306.50	
0483	ECHO -> ECHO COMPLETE (2	93306	012521	1	2768.50	
0730	EKG STAT	93005	012421	1	204.50	
0001	PAGE 18 OF 18			4	3586.00	
0001	TOTAL			757	203234.45	