



To: Kelly Rizor
Company: Highmark Blue Cross Attn: Payment integrity/Host High -Dol
Fax: 855-329-8191
Phone:

FROM: Eladia Reyes
Fax: 904-697-5415
Phone: 555246

Date and time of transmission: Tuesday, March 16, 2021 9:33:00 AM
Number of pages including this cover sheet: 07

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Notes:

Attached please see the detail bill for
Ella McCleary
ID # YYQ118963710001
DOS: 02/25/2021-02/28/2021
Claim # 21072021505
Account #: 47335081
NPI: 1467505073

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

GUARANTOR NUMBER
51544301

GUARANTOR NAME & ADDRESS
Michael McCleary
7 Meadowcroft Ln

Lincoln Univ., P A 19352

ACCOUNT NUMBER:47335081

Detail Bill for :

Patient Name:M cCleary,Ella
Account Class: Inpatient
Attending Physician:P eter Gabos, MD

Admission Date:02/25/21
Discharge Date:02/28/21

Charges

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0123	02/25/2021	6025	0101915	R&B SURGICAL	1	4,676.00
0123	02/26/2021	6025	0101915	R&B SURGICAL	1	4,676.00
0123	02/27/2021	6025	0101915	R&B SURGICAL	1	4,676.00
0250	02/25/2021	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE 5-0.9 % SOLN	1	15.00
0250	02/25/2021	7955	250	PROPOFOL 10 MG/ML EMULSION 100 ML VIAL	100	35.00
0250	02/25/2021	7955	250	PROPOFOL 10 MG/ML EMULSION 100 ML VIAL	300	105.00
0250	02/25/2021	7955	250	EPHEDRINE 5 MG/ML SOLN	1	27.00
0250	02/25/2021	7955	250	SURGIFOAM POWDER 1G MIXED WITH THROMBIN 10,000 UNITS	2	2,665.00
0250	02/25/2021	7955	250	CELECOXIB 100 MG CAPS	1	15.00
0250	02/25/2021	7955	250	GABAPENTIN 50 MG/ML SOLN	8	15.00
0250	02/25/2021	7955	250	MIDAZOLAM 2 MG/ML SYRUP	8	22.00
0250	02/25/2021	7955	250	HEPARIN 30,000 UNITS IN 0.9 % SODIUM CHLORIDE 1000 ML (CELL SAVER) 1000 1,000 ML BAG	30	20.00
0250	02/25/2021	7955	250	THROMBIN (RECOMBINANT) 5000 UNITS RECON SOLN	2	378.00
0250	02/25/2021	7955	250	VANCOMYCIN HCL IV SOLN (BILLING UNIT = 500 MG)	3	63.00
0250	02/25/2021	7955	250	CLONIDINE 0.1 MG/24HR PATCH WK	1	18.00
0250	02/25/2021	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	02/25/2021	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	02/25/2021	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	02/25/2021	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE 5-0.9 % SOLN	1	15.00
0250	02/25/2021	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	02/26/2021	7955	250	MORPHINE SULFATE 2 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0250	02/26/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/26/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00

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Attending Physician:P eter Gabos, MD

Admission Date:02/25/21
Discharge Date:02/28/21

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	02/26/2021	7955	250	GABAPENTIN 100 MG CAPS	1	15.00
0250	02/26/2021	7955	250	DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE 5-0.9 % SOLN	1	15.00
0250	02/26/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/26/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/26/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/26/2021	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	02/26/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/26/2021	7955	250	GABAPENTIN 100 MG CAPS	1	15.00
0250	02/27/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/27/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/27/2021	7955	250	GABAPENTIN 100 MG CAPS	1	15.00
0250	02/27/2021	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	02/27/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/27/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/27/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/27/2021	7955	250	NAPROXEN 375 MG TABS	1	15.00
0250	02/27/2021	7955	250	BISACODYL 10 MG SUPPOS	1	15.00
0250	02/27/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/27/2021	7955	250	GABAPENTIN 100 MG CAPS	1	15.00
0250	02/27/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/28/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/28/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/28/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0250	02/28/2021	7955	250	GABAPENTIN 100 MG CAPS	1	15.00
0250	02/28/2021	7955	250	POLYETHYLENE GLYCOL POWD PACK	1	15.00
0250	02/28/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/28/2021	7955	250	NAPROXEN 375 MG TABS	1	15.00
0250	02/28/2021	7955	250	OXYCODONE 5 MG TABS	1	15.00
0250	02/28/2021	7955	250	DIAZEPAM 2 MG TABS	1	15.00
0257	02/27/2021	7955	257	SENNA 8.6 MG TABS	1	15.00
0257	02/27/2021	7955	257	SENNA 8.6 MG TABS	1	15.00
0272	02/25/2021	7710	9054722	DISPOSABLE SURGICAL EQUIPMENT	1	9,121.00
0278	02/25/2021	7710	0709972	MISC IMPLANTS	1	3,600.00
0278	02/25/2021	7710	0772731	DEP/ACR IMPLANT	1	73,950.00
0278	02/25/2021	7710	0772749	D BONE IMPLANT MISC	1	1,686.00
0300	02/27/2021	7135	2303253	DONOR UNIT SICKLE CELL TEST	1	96.00

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ACCOUNT NUMBER:47335081

Detail Bill for :

Patient Name:M cCleary,Ella
Account Class: Inpatient
Attending Physician:P eter Gabos, MD

Admission Date:02/25/21

Discharge Date:02/28/21

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0301	02/25/2021	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0301	02/25/2021	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0301	02/25/2021	7110	2121275	CRITICAL CARE PROFILE IN HOUSE	1	386.00
0302	02/27/2021	7135	1410026	ANTIBODY SCREENING	1	189.00
0305	02/26/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	02/27/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0305	02/28/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0306	02/23/2021	7194	9052056	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID CORONAVIRUS 2 (COVID-19)	1	210.00
0309	02/25/2021	7135	1415009	PERIO PERATIVE CELL SALVAGE	1	2,798.00
0320	02/25/2021	7615	2060002	FLUOROSCOPY SEPARATE PROCEDURE UP TO 1 HOUR	1	874.00
0320	02/25/2021	7615	9030075	SPINE FULL THORAC/LUMB INCL SKULL/CERVIC/SACR SPINE 2-3 VW SCOLIO EVAL	1	423.00
0360	02/25/2021	7710	0750000	OR CHARGE IF IRST HALF HOUR	1	5,000.00
0360	02/25/2021	7710	0750018	OR CHARGE IE ACH ADDTL HALF HOUR	18	45,000.00
0360	02/25/2021	7710	0753517	NEURO MONITORING OR	1	4,296.00
0370	02/25/2021	7005	2752004	ANESTHESIA FIRST HALF HOUR	1	1,350.00
0370	02/25/2021	7005	2752012	ANESTHESIA EACH ADDITIONAL HALF HOUR	18	12,150.00
0390	02/25/2021	7135	1411537	PPF THAWED FRESH FROZEN PLASMA	1	587.00
0390	02/25/2021	7135	9044472	CROSSMATCH IMMEDIATE SPIN X 1	1	330.00
0390	02/27/2021	7135	1412006	BLOOD TYPING SEROLOGIC ABO	1	145.00
0390	02/27/2021	7135	1440056	RH (D)	1	145.00
0390	02/27/2021	7135	1440361	PPF IRRADIATED LEUKOREduced RBC	1	1,301.00
0390	02/27/2021	7135	9044480	CROSSMATCH ELECTRONIC X 1	1	164.00
0420	02/26/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	2	304.00
0420	02/27/2021	7987	2933901	THERAPEUTIC EXERCISE IP PT	1	153.00
0420	02/27/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	1	152.00
0420	02/28/2021	7987	2984532	FUNCTIONAL ACTIVITIES IP PT	3	456.00
0424	02/26/2021	7987	9034173	PT EVALUATION MODERATE COMPLEXITY IP	1	1,035.00
0460	02/26/2021	7965	9046407	INCENTIVE SPIROMETRY TX OR PEAK FLOW	1	567.00
0636	02/25/2021	7955	636	ROCURONIUM BROMIDE 10 MG/ML IV SOLN (BILLING UNIT = 50 MG)	1	15.00
0636	02/25/2021	7955	636	PHENYLEPHRINE 10 MG/ML SOLN 1 ML VIAL	1	15.00
0636	02/25/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	02/25/2021	7955	636	METHADONE HCL 10 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0636	02/25/2021	7955	636	DEXAMETHASONE SOD PHOSPHATE PF 10 MG/ML INJ SOLN (BILLING UNIT = 1 MG)	4	15.00
0636	02/25/2021	7955	636	SUFENTANIL 50 MCG/ML SOLN	1	15.00
0636	02/25/2021	7955	636	PHENYLEPHRINE 10 MG/ML SOLN	1	15.00
0636	02/25/2021	7955	636	CEFAZOLIN SODIUM INJ (BILLING UNIT = 500 MG)	7	15.00
0636	02/25/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN	1	15.00
0636	02/25/2021	7955	636	LACTATED RINGERS SOLN	1	15.00
0636	02/25/2021	7955	636	SUFENTANIL 50 MCG/ML SOLN 1 ML AMPULE	3	31.00
0636	02/25/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	02/25/2021	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	55	50.00
0636	02/25/2021	7955	636	TRANEXAMIC ACID 100 MG/ML SOLN	2	16.00
0636	02/25/2021	7955	636	TRANEXAMIC ACID 100 MG/ML IV SOLN (BILLING UNIT = 1000 MG)	5	72.00
0636	02/25/2021	7955	636	ONDANSETRON HCL 4 MG/ML IV SOLN (BILLING UNIT = 1 MG)	4	15.00
0636	02/25/2021	7955	636	ONDANSETRON HCL 4 MG/ML IV SOLN (BILLING UNIT = 1 MG)	4	15.00
0636	02/25/2021	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	02/26/2021	7955	636	CEFAZOLIN SODIUM INJ (BILLING UNIT = 500 MG)	2	15.00
0636	02/26/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	02/26/2021	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	55	50.00
0636	02/26/2021	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	02/26/2021	7955	636	METOCLOPRAMIDE HCL 5 MG/ML INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
0636	02/26/2021	7955	636	CEFAZOLIN SODIUM INJ (BILLING UNIT = 500 MG)	2	15.00
0636	02/26/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	02/26/2021	7955	636	ACETAMINOPHEN 10 MG/ML SOLN	55	50.00

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0636	02/26/2021	7955	636	ONDANSETRON HCL 4 MG/ML IV SOLN (BILLING UNIT = 1 MG)	4	15.00
0636	02/26/2021	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	02/26/2021	7955	636	CEFAZOLIN SODIUM INJ (BILLING UNIT = 500 MG)	2	15.00
0636	02/26/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 50 ML FLEX CONT	1	15.00
0636	02/26/2021	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	02/27/2021	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	02/27/2021	7955	636	KETOROLAC TROMETHAMINE 15 MG/ML INJ SOLN (BILLING UNIT = 15 MG)	1	15.00
0636	02/28/2021	7955	636	ONDANSETRON HCL 4 MG/ML IV SOLN (BILLING UNIT = 1 MG)	4	15.00
0710	02/25/2021	7725	0951004	PACU STAGE ONE FIRST 1/2 HOUR	1	850.00
0710	02/25/2021	7725	0951012	PACU STAGE ONE ADDTL 1/2 HOURS	3	1,275.00
Total Charges						188,333.00

Payments and Adjustments

Date	Description	Amount
03/13/21	Bcbs Adjustments	-83,318.51
01/28/21	Pos Payment (pats)	-68.86

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

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