



Universal Lead Sheet₁

(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): 11/02/2020	Requestor Full Name: Nilima.Rajalreddy
Phone #/Extension:	*INSINQ Inquiry #: 20302932803
Reason: Please re key new claim with medical records , please Waive timely filling . Thank you	

From:

- | | | |
|--|---|--|
| <input type="checkbox"/> Blue Cross of Northeastern PA | <input type="checkbox"/> CS Support | <input type="checkbox"/> National Dedicated |
| <input checked="" type="checkbox"/> BlueCard Host | <input type="checkbox"/> FEP | <input type="checkbox"/> National Non-Dedicated |
| <input type="checkbox"/> Claims Admin Services | <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> Pittsburgh Facility Prov Services |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Medigap | <input type="checkbox"/> Provider Relations |
| <input type="checkbox"/> Other (specify): | | |

PROCESS USING RECEIPT DATE INDICATED BELOW

Receipt Date (MMDDYY): 10/28/20

(Receipt Date Must be on Claim and Lead Sheet)

- ☐ Electronic To Paper ☐ Mega Claim ☐ BlueCard Host Clean-Up

Select one claim type below for the appropriate type of claim enclosed. If the appropriate claim type cannot be determined, check GENERAL CLAIM.

- | | | |
|--|---|---|
| <input type="checkbox"/> ASD Rx Mandate (T7) | <input type="checkbox"/> Foreign | <input type="checkbox"/> Medigap Member-Submitted: |
| <input type="checkbox"/> Batch Cat N2 - Concurrent OOS | <input type="checkbox"/> FPLIC Inst | <input type="checkbox"/> Prof (2J) <input type="checkbox"/> Inst (1Z) |
| <input type="checkbox"/> Batch Cat OO - Prof OOS | <input type="checkbox"/> FPLIC Prof | <input type="checkbox"/> Medigap NEPA (R1) |
| <input type="checkbox"/> Batch Cat O4 - Inst OOS | <input type="checkbox"/> General Claim | <input type="checkbox"/> Member -Submitted: |
| <input type="checkbox"/> BlueCard Host Professional | <input type="checkbox"/> Highmark Institutional | <input type="checkbox"/> Prof (2J) <input type="checkbox"/> Inst (1Z) |
| <input checked="" type="checkbox"/> BlueCard Host Fac/Inst (Q8): | <input type="checkbox"/> Medicaid/DPW | <input type="checkbox"/> MM Prof Precoded T9 |
| <input checked="" type="checkbox"/> Highmark <input type="checkbox"/> NEPA | <input type="checkbox"/> Medicare Advantage Inst | <input type="checkbox"/> MM Inst Precoded S3 |
| <input type="checkbox"/> Central MM Prof Batch 46 | <input type="checkbox"/> Medicare Advantage Prof | <input type="checkbox"/> NEPA Inst |
| <input type="checkbox"/> Central MM Inst Batch U3 | <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> Oral Surgery - Batch as Pre-coded N |
| <input type="checkbox"/> Concurrent - IBC | Member -Submitted | <input type="checkbox"/> Professional Medical/Surgical |
| <input type="checkbox"/> Diabetic Mandate - Batch O4 | <input type="checkbox"/> Prof (2J) <input type="checkbox"/> Inst (1Z) | <input type="checkbox"/> Send To IBC (Black Box) |
| <input type="checkbox"/> FEP Highmark | <input type="checkbox"/> Medigap Highmark Prof | <input type="checkbox"/> West Major Medical: |
| <input type="checkbox"/> FEP NEPA (X8) | <input type="checkbox"/> Medigap Highmark Inst | <input type="checkbox"/> Prof (T7) <input type="checkbox"/> Inst (S2) |
| | | <input type="checkbox"/> UCCI Dental |
| | | <input type="checkbox"/> 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.**
 - **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
 - **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**
 - Provider reporting error- use current receipt date
 - Highmark keying/processing error- use original receipt date
- **Claim is on File - SCCF created**
 - 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. Directions 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: _____
- _____
- _____
- _____

Indicators: 1____ 2____ 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

FAX

**To: Attention: Medical Records Personal and Confidential
BlueCard Host**

Company: Highmark
Phone:
Fax: 866-251-9601
Email:

From: Colleen Danser
Phone: 484-5265160
Fax: 484-526-3091
Email: colleen.danser@sluhn.org

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

Jacinto Lucero Attached please see copy of itemized bill

**Use fax number above to fax authorization number for approval 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

FAX 4845263091 P.002/058
358070 Page 1 of 1

Claim Investigation for: JACINTO LUCERO OYARVIDES

Investigation Request Date: 10/13/2020

Print | 

<input checked="" type="checkbox"/> Closed on 10/13/2020		Claim Number: 2114372674		Claim Date Range: 05/19/2020 to 05/18/2020	
Member's Insurance Patient Name: JACINTO LUCERO OYARVIDES Member ID: 129M32889 Group Number: 04999911		Total Charge: \$1,072,250.00 Patient Account Number: 1010237755 Process Date: 09/04/20			
Provider(s) Billing Provider: ST LUKES HOSPITAL NPI: 1013933175				Actions Claim Investigation Contact Details Name: Dancer, Colleen Phone: 484-526-5160	

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

Investigation Reply: 10/13/2020 12:14 Thank You For Using Navinet. Please be advised that there is no information yet, related to this claim. Please submit complete itemized bill to: Mailing Development P.O. Box 890062 Camp Hill, PA 17089-0062 Attention: Medical Records Fax: Toll Free: 866-251-9601 Please also include the Patient ID, Claim number, Inquiry number on the cover sheet/cover page of the records.

Itemized bill needed. A detailed bill was this was
 noted that we have received the requested
 press or Fax: Highmark Medical Records Return
 Confidential and Confidential BlueCard Host - 28 U3
 number on the cover sheet/cover page of the

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

(FAX) 484-5263091

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 Date	Rev Cd	Service Code	Description	Qty	Amount
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	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
05/19/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
05/19/2020	0250	135000002	SUGAMMADEX SODIUM 100 MG/ML SOLN	1	518.25
05/19/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/19/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	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	33.00
05/19/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
05/19/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/19/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/19/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	48.00
05/19/2020	0300	275000247	HB HEMATOCRIT	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	100.00
05/19/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	197.00
05/19/2020	0300	275000369	HB CULTR BACTERIA EXCEPT BLOOD	1	277.00
05/19/2020	0300	275000387	HB SMEAR GRAM STAIN	1	72.00
05/19/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/19/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/19/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/19/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/19/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	64.00
05/19/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	67.00
05/19/2020	0360	165000790	HB OR TIME PER MINUTE	78	16,738.02
05/19/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	6,303.00

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

Page: 1 Of 53

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

(FAX)4845263091

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/19/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	1	1,108.00
05/19/2020	0636	135000001	CLINDAMYCIN PER 300 MG	4	24.96
05/19/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	4	4.51
05/19/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	6	6.76
05/19/2020	0636	135000001	FENTANYL PER 0.1 MG	2	12.61
05/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/19/2020	0636	135000001	LACTATED RINGERS PER 1000 ML	1	8.29
05/19/2020	0636	135000001	MAGNESIUM SULFATE PER 500 MG MAGNESIUM	4	49.82
05/19/2020	0636	135000001	METRONIDAZOLE 500 MG SOLN	1	8.29
05/19/2020	0636	135000001	ONDANSETRON PER 1 MG	4	5.17
05/19/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	4	39.80
05/19/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/19/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/19/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	10	7.01
05/19/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	10	7.01
05/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	13.58
05/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	8.29
05/19/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/19/2020	0636	135000001	SUCCINYLCHOLINE CHLORIDE 100 MG/5 ML SOSY	8	103.69
05/19/2020	0636	135000001	VANCOMYCIN PER 500 MG	2	185.36
05/19/2020	0710	155000001	HB PACU 1ST HOUR	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	0200	105000012	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	ALBUTEROL PER 1 MG	1	2.54
05/20/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	10.62
05/20/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	4.53
05/20/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
05/20/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
05/20/2020	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 15 ML	1	33.18
05/20/2020	0250	135000003	LEVOTHYROXINE 25 MCG TABS	3	5.18
05/20/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	1	1.25
05/20/2020	0250	325000001	IOHEXOL PER 1 ML	100	62.84
05/20/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD	1	326.00
05/20/2020	0300	2750000037	HB ASSAY OF VANCOMYCIN	1	495.00
05/20/2020	0300	2750000037	HB ASSAY OF VANCOMYCIN	1	495.00
05/20/2020	0300	2750000134	HB BLOOD GASES ANY COMBINATION	1	252.00
05/20/2020	0300	2750000135	HB BLOOD GASES W/O2 SATURATION	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:	LUCERO, JACINTO	Admission Date:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/20/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/20/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/20/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	33.00
05/20/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
05/20/2020	0300	275000166	HB ASSAY OF LACTIC ACID	1	276.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	1	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	1	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	1	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	1	121.00
05/20/2020	0300	275000235	HB ASSAY OF TROPONIN QUANT	1	121.00
05/20/2020	0300	275000247	HB HEMATOCRIT	1	47.00
05/20/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/20/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/20/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	287.00
05/20/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	287.00
05/20/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/20/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/20/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/20/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	84.00
05/20/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	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	1	472.00
05/20/2020	0302	275000565	HB BLOOD TYPING RH (D)	1	245.00
05/20/2020	0302	275000569	HB COMPATIBILITY TEST SPIN	1	179.00
05/20/2020	0324	265990194	HB X-RAY EXAM CHEST 1 VIEW	1	502.00
05/20/2020	0352	255980052	HB CT ABD & PELV W/CONTRAST	1	7,989.00
05/20/2020	0360	165000790	HB OR TIME PER MINUTE	62	13,304.58
05/20/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,303.00
05/20/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	1	1,108.00
05/20/2020	0390	275990084	HB RBC LEUKOCYTES REDUCED	1	1,607.00
05/20/2020	0460	235000004	HB AIRWAY INHALATION TREATMENT	1	365.00
05/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/20/2020	0636	135000001	CALCIUM GLUCONATE 2-0.875 GM/100ML-% SOLN	10	211.96
05/20/2020	0636	135000001	CLINDAMYCIN PER 300 MG	6	29.98
05/20/2020	0636	135000001	CLINDAMYCIN PER 300 MG	6	29.98
05/20/2020	0636	135000001	CLINDAMYCIN PER 300 MG	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

Page: 3 Of 53

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

(FAX)4845263091

P.006/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
05/20/2020	0638	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	6	8.76
05/20/2020	0638	135000001	FENTANYL PER 0.1 MG	1	6.34
05/20/2020	0638	135000001	FENTANYL PER 0.1 MG	1	6.31
05/20/2020	0638	136000001	FUROSEMIDE PER 20 MG	1	8.57
05/20/2020	0638	135000001	HALOPERIDOL LACTATE PER 5 MG	1	4.28
05/20/2020	0638	135000001	HALOPERIDOL LACTATE PER 5 MG	1	4.29
05/20/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/20/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/20/2020	0638	135000001	LACTATED RINGERS PER 1000 ML	1	8.29
05/20/2020	0638	135000001	LACTATED RINGERS PER 1000 ML	1	8.29
05/20/2020	0638	135000001	LORAZEPAM PER 2 MG	1	3.11
05/20/2020	0638	135000001	METOPROLOL 5 MG/5 ML SOLN	5	6.50
05/20/2020	0638	135000001	OLANZAPINE 10 MG SOLR	10	56.86
05/20/2020	0638	135000001	OLANZAPINE 10 MG SOLR	10	56.86
05/20/2020	0638	135000001	ONDANSETRON PER 1 MG	4	5.17
05/20/2020	0638	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
05/20/2020	0638	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	4	39.80
05/20/2020	0638	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	4	39.80
05/20/2020	0638	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	14.17
05/20/2020	0638	135000001	POTASSIUM CHLORIDE PER 2 MEO	10	18.87
05/20/2020	0638	135000001	PROPOFOL 200 MG/20ML EMUL	15	10.51
05/20/2020	0638	135000001	PROPOFOL 200 MG/20ML EMUL	5	3.51
05/20/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/20/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/20/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/20/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	8.29
05/20/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/20/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/20/2020	0638	135000001	SUCCINYLCHOLINE CHLORIDE 100 MG/5 ML SOSY	5	69.13
05/20/2020	0638	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	4	30.76
05/20/2020	0638	135000001	VANCOMYCIN PER 500 MG	2	155.36
05/20/2020	0710	155000001	HB PACU 1ST HOUR	1	3,247.00
05/20/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/20/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/20/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/21/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/21/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	43.25
05/21/2020	0250	135000002	DEXTROSE 6% PER 500 ML	1	8.29
05/21/2020	0250	135000002	DEXTROSE 6% PER 500 ML	1	40.56

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

Page: 4 Of 53

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

(FAX)4845263091

P.007/038

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	Qty	Amount
05/21/2020	0250	135000002	POTASSIUM PHOSPHATE 45 MMOL/15 ML SOLN 5 ML VIAL	1	49.21
06/21/2020	0250	135000002	SODIUM BICARBONATE 8.4 % SOLN 50 ML VIAL	3	97.88
05/21/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
05/21/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
05/21/2020	0250	136000003	POTASSIUM CHLORIDE 20 MEQ TBCR	2	3.25
05/21/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (NA)-250 MG (K) PACK	2	4.34
05/21/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/21/2020	0250	325000001	IOHEXOL PER 1 ML	85	53.41
05/21/2020	0300	275000041	HB URINALYSIS AUTO W/SCOPE	1	86.00
05/21/2020	0300	275000100	HB ASSAY OF URINE CHLORIDE	1	117.00
05/21/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	262.00
05/21/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/21/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/21/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/21/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	33.00
05/21/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
05/21/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/21/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/21/2020	0300	275000198	HB ASSAY OF URINE POTASSIUM	1	108.00
05/21/2020	0300	275000216	HB ASSAY OF URINE SODIUM	1	108.00
06/21/2020	0300	275000247	HB HEMATOCRIT	1	47.00
05/21/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/21/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/21/2020	0300	275000279	HB PROTHROMBIN TIME	1	55.00
05/21/2020	0300	275000283	HB THROMBOPLASTIN TIME PARTIAL (PLASMA/WHOLE BLOOD)	1	146.00
05/21/2020	0300	275001357	HB NOVEL CORONAVIRUS 2019 (COVID -19), NAA	1	219.00
05/21/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/21/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/21/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/21/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/21/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/21/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/21/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	64.00
05/21/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	67.00
05/21/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/21/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/21/2020	0352	255980026	HB CT ANGIOGRAPHY CHEST	1	4,736.00

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

Page: 5 Of 53

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

(FAX)4845263091

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
Hospital Account:	10102277595	Discharge Date:	08/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/21/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	1	1,955.00
05/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/21/2020	0480	245000012	HB TTE W/DOPPLER COMPLETE	1	3,574.00
05/21/2020	0636	135000001	CLINDAMYCIN PER 300 MG	6	29.98
05/21/2020	0636	135000001	CLINDAMYCIN PER 300 MG	6	29.98
05/21/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/21/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/21/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/21/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	25	37.39
05/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/21/2020	0636	135000001	OLANZAPINE 10 MG SOLR	20	113.72
05/21/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	14.17
05/21/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	14.17
05/21/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.05
05/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/21/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	8.29
05/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/21/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24

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

Page: 6 Of 53

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/21/2020	0936	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/21/2020	0636	135000001	VANCOMYCIN 1 G SOLR 1 EACH VIAL	4	37.19
05/21/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/21/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/22/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/22/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	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	6.97
05/22/2020	0250	135000002	DEXTROSE 5% PER 500 ML	1	8.29
05/22/2020	0250	135000002	DEXTROSE 5% PER 500 ML	1	6.97
05/22/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	74.16
05/22/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
05/22/2020	0250	135000002	SODIUM BICARBONATE 8.4 % SOLN 50 ML VIAL	3	97.88
05/22/2020	0250	135000002	SODIUM PHOSPHATE 3 MMOL/ML SOLN 5 ML VIAL	2	98.42
05/22/2020	0250	135000002	SODIUM PHOSPHATE 3 MMOL/ML SOLN 5 ML VIAL	2	98.42
05/22/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/22/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/22/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/22/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	278.00
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	275000227	HB ASSAY THYROID STIM HORMONE	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	1	100.00
05/22/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/22/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/22/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/22/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/22/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/22/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/22/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
05/22/2020	0424	185000170424	HB PT EVAL HIGH COMPLEX 45 MIN	1	539.00
05/22/2020	0434	185000174434	HB OT EVAL HIGH COMPLEX 60 MIN	1	539.00
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 7 Of 53

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

FAX 4845263091

P.010/058

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:	10102277695	Discharge Date:	06/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/22/2020	0838	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.66
05/22/2020	0638	135000001	FENTANYL PER 0.1 MG	1	6.34
05/22/2020	0638	135000001	FENTANYL PER 0.1 MG	1	6.34
05/22/2020	0638	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL	1	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	5	10.25
05/22/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/22/2020	0636	135000001	MAGNESIUM SULFATE PER 500 MG MAGNESIUM	4	49.82
05/22/2020	0638	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	14.17
05/22/2020	0638	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	19.00
05/22/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
05/22/2020	0838	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/22/2020	0638	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	0838	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	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	1	7.60
05/22/2020	0838	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/22/2020	0838	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/22/2020	0636	135000001	THIAMINE PER 100 MG	2	31.03
05/23/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	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	2	43.25
05/23/2020	0250	135000002	DEXTROSE 5% PER 600 ML	1	8.29
05/23/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	10.62
05/23/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/23/2020	0250	135000002	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 VIAL	2	98.42
05/23/2020	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 5 ML VIAL	2	98.42
05/23/2020	0250	135000002	SODIUM BICARBONATE 8.4 % SOLN 50 ML VIAL	3	97.88
05/23/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/23/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
05/23/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	95.54

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

Page: 8 Of 53

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

(FAX)4845263091

P.011/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
05/23/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	95.54
05/23/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/23/2020	0250	175000025	HB IV THERAPY PICC INSERT	1	3,063.00
05/23/2020	0278	29397	TRAY CATH'PICC 5FR TRPL LUM SAPTENS	1	2,372.15
05/23/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD	1	328.00
05/23/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD	1	326.00
05/23/2020	0300	275000114	HB VITAMIN B-12	1	207.00
05/23/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	252.00
05/23/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/23/2020	0300	275000136	HB BLOOD GASES W/O2 SATURATION	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	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	394.00
05/23/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	33.00
05/23/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/23/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/23/2020	0300	275000247	HB HEMATOCRIT	1	47.00
05/23/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/23/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	197.00
05/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	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	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	1	118.00
05/23/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/23/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/23/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/23/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	64.00
05/23/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	67.00
05/23/2020	0308	275000819	HB FUNGI IDENTIFICATION YEAST	1	143.00

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Page: 9 Of 53

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

(FAX) 4845263091

P.0121058

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	Qty	Amount
05/23/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW	1	502.00
05/23/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/23/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	1	1,955.00
05/23/2020	0410	235000008	HB POS AIRWAY PRESSURE CPAP	1	792.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/23/2020	0636	135000001	CALCIUM GLUCONATE 2-0.875 GM/100ML-% SOLN	10	211.96
05/23/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
05/23/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/23/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/23/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/23/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/23/2020	0636	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL	1	2.17
05/23/2020	0636	136000001	FUROSEMIDE PER 20 MG	1	8.57
05/23/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/23/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/23/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/23/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/23/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/23/2020	0636	135000001	MAGNESIUM SULFATE PER 500 MG MAGNESIUM	4	49.82
05/23/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60

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

Page: 10 Of 53

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

FAX4845263091

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
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
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	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
05/23/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
05/23/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	10	18.87
05/23/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/23/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	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	0636	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 500 ML	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	7.24
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/23/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/23/2020	0636	135000001	THIAMINE PER 100 MG	2	31.03
05/23/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	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	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 SOLN 4 ML VIAL	1	91.67
05/24/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/24/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/24/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/24/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/24/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/24/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
05/24/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
05/24/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	1	1.25
05/24/2020	0250	135000003	OLANZAPINE 10 MG TABS	1	4.92
05/24/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.06
05/24/2020	0300	275000107	HB TOTAL CORTISOL	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	1	394.00

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

Page: 11 Of 53

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

FAX#4845263091

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 Date	Rev Cd	Service Code	Description	Qty	Amount
05/24/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/24/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/24/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
05/24/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/24/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/24/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/24/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	84.00
05/24/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/24/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/24/2020	0636	135000001	ALTEPLASE 2 MG SOLR	2	788.41
05/24/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
05/24/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
05/24/2020	0636	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL	1	2.17
05/24/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	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	3	29.85
05/24/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
05/24/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
05/24/2020	0636	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	7.24
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/24/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97

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Page: 12 Of 53

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

FAX#4845263091

P.015/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
05/24/2020	0636	135000001	THIAMINE PER 100 MG	2	31.03
05/24/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/25/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/25/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/25/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN	1	5.65
05/25/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/25/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/25/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/25/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
05/25/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
05/25/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	1	1.25
05/25/2020	0250	135000003	OLANZAPINE 10 MG TABS	1	4.92
05/25/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/25/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/25/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/25/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
05/25/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/25/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/25/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
05/25/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
05/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/25/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/25/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/25/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/25/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/25/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/25/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/25/2020	0360	165000790	HB OR TIME PER MINUTE	46	9,871.14
05/25/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,303.00
05/25/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 13 Of 53

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

(FAX)4845263091

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/25/2020	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
05/25/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.96
06/25/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
05/25/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
05/25/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.31
05/25/2020	0636	135000001	FOLIC ACID 5 MG/ML SOLN 10 ML VIAL	1	2.17
05/25/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/25/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/25/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/25/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	14.17
05/25/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	14.20
05/25/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
05/25/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/25/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
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	SODIUM CHLORIDE PER 500 ML	1	7.50
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	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
05/26/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67

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

Page: 14 Of 53

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 18016
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	Qty	Amount
05/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/26/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/26/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/26/2020	0250	136000003	LEVOTHYROXINE 75 MCG TABS	1	2.18
05/26/2020	0250	136000003	MELATONIN 3 MG TABS	1	1.25
05/26/2020	0250	136000003	MIRTAZAPINE 15 MG TABS	1	1.26
05/26/2020	0250	136000003	MULTIVITAMIN-MINERALS TABS	1	1.25
05/26/2020	0250	135000003	OLANZAPINE 10 MG TBP	1	4.92
05/26/2020	0250	135000003	OXYCODONE 5 MG TABS	1	1.25
05/26/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	1	47.77
05/26/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/26/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	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	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)	1	97.00
05/26/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	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)	1	825.50
05/26/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	1	1,855.00
05/26/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
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 DETERMINATION)	1	64.00
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 DETERMINATION)	1	64.00
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 DETERMINATION)	1	64.00
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 DETERMINATION)	1	64.00

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

Page: 15 Of 53

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

FAX04845263091

P.018/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
05/26/2020	0480	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/26/2020	0480	245000014	HB TTE F-UP OR LMTD	1	1,248.00
05/26/2020	0636	135000001	CALCIUM GLUCONATE 2-0.875 GM/100ML-% SOLN	10	217.96
05/26/2020	0636	135000001	FENTANYL PER 0.1 MG	1	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	5	10.25
05/26/2020	0636	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 PER 1 G	3	29.85
05/26/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/26/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/26/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
05/26/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
05/26/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/26/2020	0636	135000001	THIAMINE PER 100 MG	2	31.03
05/27/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/27/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/27/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/27/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/27/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/27/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/27/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
05/27/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
05/27/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
05/27/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	1	1.25
05/27/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
05/27/2020	0250	135000003	OLANZAPINE 10 MG TBP	1	4.82
05/27/2020	0250	135000003	OXYCODONE 5 MG TABS	1	1.25
05/27/2020	0250	135000003	OXYCODONE 5 MG TABS	1	1.25
05/27/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
05/27/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25
05/27/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/27/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
05/27/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/27/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/27/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/27/2020	0300	275000260	HB COMPLETE CBC AUTOMATED	1	100.00

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

Page: 16 Of 53

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

FAX 4845263091

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/27/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/27/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/27/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/27/2020	0410	235000008	HB POS AIRWAY PRESSURE CPAP	1	792.00
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)	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)	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)	1	64.00
05/27/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/27/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
05/27/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
05/27/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/27/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/28/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/28/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/28/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/28/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/28/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/28/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
05/28/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
05/28/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
05/28/2020	0250	135000003	MIRTAZAPINE 15 MG TABS	1	1.25
05/28/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
05/28/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	5.40
05/28/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (A)-250 MG (K) PACK	2	4.34
05/28/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
05/28/2020	0250	135000003	SENNA-DOCUSATE SODIUM 8.6-50 MG TABS	1	1.25

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

Page: 17 Of 53

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/28/2020	0250	135000003	SERTRALINE 100 MG TABS	2	3.05
05/28/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
05/28/2020	0300	275000003	HB WITHDRAWAL OF ARTERIAL BLOOD	1	326.00
05/28/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/28/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/28/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/28/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/28/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/28/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
05/28/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	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)	1	97.00
05/28/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/28/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/28/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/28/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	1	1,955.00
05/28/2020	0410	235000008	HB POS AIRWAY PRESSURE CPAP	1	792.00
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/28/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/28/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.96
05/28/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
05/28/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/28/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/28/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/28/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/28/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/28/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/28/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/28/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25

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

Page: 18 Of 53

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

FAX#4845263091

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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	Qty	Amount
05/28/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/28/2020	0836	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
05/28/2020	0836	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
05/28/2020	0836	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
05/28/2020	0836	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
05/28/2020	0836	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
05/28/2020	0836	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
05/28/2020	0836	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
05/28/2020	0836	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
05/28/2020	0836	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/28/2020	0836	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/28/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	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	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	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	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	1	7.31
05/29/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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	2.16
05/29/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
05/29/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
05/29/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
05/29/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
05/29/2020	0250	325000001	IOHEXOL PER 1 ML	100	62.84
05/29/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/29/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/29/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/29/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/29/2020	0300	275000180	HB ASSAY OF NATRIURETIC PEPTIDE	1	471.00
05/29/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	48.00
05/29/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/29/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	197.00
05/29/2020	0300	275000387	HB SMEAR GRAM STAIN	1	72.00
05/29/2020	0300	275000404	HB C DIFF AMPLIFIED PROBE	1	510.00

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Page: 19 Of 53

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

(FAX)4845263091

P.0221038

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	Qty	Amount
05/29/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
05/29/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
05/29/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/29/2020	0301	276000513	HB ASSAY OF PHOSPHORUS	1	94.00
05/29/2020	0308	275000619	HB FUNGI IDENTIFICATION YEAST	1	143.00
05/29/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/29/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/29/2020	0352	255980023	HB CT THORAX W/DYE	1	4,459.00
05/29/2020	0352	255980052	HB CT ABD & PELV W/CONTRAST	1	7,989.00
05/29/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/29/2020	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
05/29/2020	0636	135000001	CALCIUM GLUCONATE 1-0.675 GM/50ML-% SOLN	5	107.48
05/29/2020	0636	135000001	CHLOROTHIAZIDE PER 500 MG	1	285.87
05/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	8.34
05/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	8.34
05/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	8.34
05/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/29/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
05/29/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	118.21
05/29/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	118.21
05/29/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/29/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97

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Page: 20 Of 53

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

(FAX)4845263091

P.0231058

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	Qty	Amount
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/29/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
05/30/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
05/30/2020	0250	135000002	ALBUTEROL PER 1 MG	1	2.54
05/30/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	43.25
05/30/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
05/30/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/30/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/30/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/30/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/30/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
05/30/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/30/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/30/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
05/30/2020	0250	135000003	LEVOTHYROXONE 75 MCG TABS	1	2.16
05/30/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
05/30/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
05/30/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	95.54
05/30/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	64.44
05/30/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
05/30/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
05/30/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
05/30/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
05/30/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
05/30/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	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	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00

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Page: 21 Of 53

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

FAX04845263091

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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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/30/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/30/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
05/30/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
05/30/2020	0460	235000004	HB AIRWAY INHALATION TREATMENT	1	365.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/30/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.96
05/30/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/30/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
05/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/30/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
05/30/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	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	100	58.02
05/30/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/30/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
05/31/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00

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

Page: 22 Of 53

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

(FAX)4845263091

P.025/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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/31/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/31/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
05/31/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
05/31/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	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	1	1.25
05/31/2020	0250	135000003	MIDODRINE 5 MG TABS	2	5.29
05/31/2020	0250	135000003	MIDODRINE 5 MG TABS	2	5.29
05/31/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
05/31/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	64.44
05/31/2020	0250	135000003	PSYLLIUM PACK	1	1.80
05/31/2020	0250	135000003	PSYLLIUM PACK	1	1.80
05/31/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	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	HB ASSAY OF LACTIC ACID	1	276.00
05/31/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/31/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
05/31/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
05/31/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
05/31/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	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)	1	97.00
05/31/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
05/31/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	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	825.50
05/31/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

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:	10102277695	Discharge Date:	08/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/31/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
05/31/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.96
05/31/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.96
05/31/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
05/31/2020	0636	135000001	FUROSEMIDE PER 20 MG	2	8.87
05/31/2020	0636	135000001	FUROSEMIDE PER 20 MG	2	8.87
05/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	6	10.25
05/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
05/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
05/31/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
05/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
05/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
05/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	8.97
05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
05/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
05/31/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
05/31/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
05/31/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/01/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/01/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/01/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/01/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/01/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/01/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/01/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/01/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
06/01/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
06/01/2020	0250	135000003	MIDODRINE 5 MG TABS	2	5.29
06/01/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/01/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/01/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25

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

Page: 24 Of 53

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

(FAX) 4845263091

P.027/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/01/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/01/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/01/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
06/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/01/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/01/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/01/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/01/2020	0300	275000185	HB ASSAY OF LACTIC ACID	1	276.00
06/01/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/01/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
06/01/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
06/01/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
06/01/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/01/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/01/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/01/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/01/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/01/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/01/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/01/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.96
06/01/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/01/2020	0636	135000001	FUROSEMIDE PER 20 MG	2	8.87
06/01/2020	0636	135000001	FUROSEMIDE PER 20 MG	2	8.87
06/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25

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

Page: 25 Of 53

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

(FAX)4845263091

P.028/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/01/2020	0636	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
06/01/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/01/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/01/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/01/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	157.47
06/01/2020	0636	135000001	SODIUM CHLORIDE PER 600 ML	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	6.97
06/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/01/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/02/2020	0200	106000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
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 SOLN 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	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/02/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/02/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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	2.16
06/02/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
06/02/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/02/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/02/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/02/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/02/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	84.44
06/02/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/02/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/02/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
06/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/02/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/02/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/02/2020	0300	275000249	HB COMPLETE CBC W/AUTO.DIFF WBC	1	142.00
06/02/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	287.00
06/02/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	287.00
06/02/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	197.00

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

Page: 26 Of 53

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	Discharge Date:	06/18/20

Service Date	Rev Cd	Service Code	Description	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	2	974.00
06/02/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
06/02/2020	0300	275001326	HB CHYLM D PNEUM DNA AMP PROBE	1	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
06/02/2020	0309	275001012	HB M.PNEUMON DNA AMP PROBE	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	1	1,408.00
06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/02/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/02/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/02/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	58.02
06/02/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/02/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/02/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/02/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/02/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/02/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/03/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/03/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	12.69
06/03/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/03/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/03/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/03/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/03/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31

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

Page: 27 Of 53

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

(FAX)4845263091

P.030/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/03/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/03/2020	0250	135000003	FLUDROCORTISONE 0.1 MG TABS	1	3.98
06/03/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/03/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/03/2020	0250	135000003	LEVOTHYROXINE 75 MCG TABS	1	2.16
06/03/2020	0250	135000003	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	1	1.25
06/03/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/03/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/03/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
06/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/03/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/03/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/03/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/03/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/03/2020	0300	275000185	HB ASSAY OF LACTIC ACID	1	276.00
06/03/2020	0300	275000225	HB ASSAY OF FREE THYROXINE	1	125.00
06/03/2020	0300	275000227	HB ASSAY THYROID STIM HORMONE	1	234.00
06/03/2020	0300	275000231	HB ASSAY OF TRIGLYCERIDES	1	117.00
06/03/2020	0300	275000248	HB BL SMEAR W/DIFF WBC COUNT	1	48.00
06/03/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/03/2020	0300	275000372	HB CULTURE SCREEN ONLY	1	89.00
06/03/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/03/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

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

(FAX)4845263091

P.031/038

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	Qty	Amount
06/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/03/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/03/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
06/03/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
06/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	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	9.62
06/03/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG DLR	1	73.94
06/03/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG DLR	1	73.94
06/03/2020	0636	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	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/03/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/03/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/03/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/03/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
06/04/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/04/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	7.61
06/04/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.68
06/04/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/04/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
06/04/2020	0250	135000002	ROCURONIUM 10 MG/ML SOLN	2	28.66
06/04/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/04/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/04/2020	0250	135000003	FLUDROCORTISONE 0.1 MG TABS	1	3.98
06/04/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/04/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/04/2020	0250	135000003	MELATONIN 3 MG TABS	1	1.25
06/04/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/04/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/04/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/04/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/04/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/04/2020	0250	135000003	PSYLLIUM PACK	1	1.80

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Page: 29 Of 53

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

FAX 4845263091

P.032/058

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:	06/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/04/2020	0250	135000003	QUETIAPINE 25 MG TABS	1	1.25
06/04/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/04/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/04/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/04/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/04/2020	0270	26181	PEG KIT ENDOVIVE 20FR PULL SAFTEY	1	832.87
06/04/2020	0300	275000041	HB URINALYSIS AUTO W/SCOPE	1	86.00
06/04/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	252.00
06/04/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	252.00
06/04/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/04/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/04/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	33.00
06/04/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	33.00
06/04/2020	0300	275000247	HB HEMATOCRIT	1	47.00
06/04/2020	0300	275000247	HB HEMATOCRIT	1	47.00
06/04/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
06/04/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/04/2020	0300	275000361	HB HEPATITIS C AB TEST	1	189.00
06/04/2020	0300	275000396	HB HEPATITIS B SURFACE AG EIA	1	143.00
06/04/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	117.00
06/04/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	117.00
06/04/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	117.00
06/04/2020	0300	275001211	HB HIV ANTIGEN W/HIV ANTIBODIES	1	324.00
06/04/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/04/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/04/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/04/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/04/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	64.00
06/04/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	64.00
06/04/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	67.00
06/04/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	67.00
06/04/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	76.00
06/04/2020	0302	275000564	HB BLOOD TYPING ABO	1	472.00
06/04/2020	0302	275000565	HB BLOOD TYPING RH (D)	1	245.00
06/04/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/04/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/04/2020	0360	185000790	HB OR TIME PER MINUTE	127	27,252.93
06/04/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	6,303.00
06/04/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	3	3,324.00

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Page: 30 Of 53

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

(FAX) 484-5263091

P.033/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/04/2020	0390	275990064	HB RBC LEUKOCYTES REDUCED	1	1,607.00
06/04/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/04/2020	0636	135000001	CEFAZOLIN PER 500 MG	2	8.27
06/04/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	10	11.26
06/04/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/04/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.31
06/04/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
06/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/04/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG S/LR	1	73.94
06/04/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG S/LR	1	73.94
06/04/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG S/LR	1	73.94
06/04/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG S/LR	1	73.94
06/04/2020	0636	135000001	LACTATED RINGERS PER 1000 ML	1	8.29
06/04/2020	0636	135000001	ONDANSETRON PER 1 MG	4	5.17
06/04/2020	0636	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
06/04/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/04/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/04/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	116.21
06/04/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/04/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/04/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/04/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/04/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/04/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/04/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.63

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

Page: 31 Of 53

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

(FAX) 484-526-3091

P.034/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/04/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/04/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
06/05/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/05/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1	180.22
06/05/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1	190.80
06/05/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/05/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/05/2020	0250	135000003	FLUDROCORTISONE 0.1 MG TABS	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
06/05/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/05/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/05/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/05/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/05/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	2	38.55
06/05/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/05/2020	0250	135000003	PSYLLIUM PACK	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	1	1.70
06/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/05/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/05/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/05/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/05/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/05/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/05/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 32 Of 53

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

(FAX)4845263081

P.0331039

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	Qty	Amount
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/05/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
06/05/2020	0636	135000001	FENTANYL PER 0.1 MG	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	5	9.62
06/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
06/05/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLN	1	73.94
06/05/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
06/05/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	118.21
06/05/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	118.21
06/05/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	118.21
06/05/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	118.21
06/05/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/05/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/06/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/06/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/06/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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	1	12.95
06/06/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/06/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/06/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/06/2020	0250	135000003	MELATONIN 3 MG TABS	2	1.34
06/06/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/06/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/06/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25

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Page: 33 Of 53

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

(FAX) 4845263091

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

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/06/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	2	35.55
06/06/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	2	35.55
06/06/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	2	35.55
06/06/2020	0250	135000003	POTASSIUM CHLORIDE 10% SOLN	2	64.44
06/06/2020	0250	135000003	POTASSIUM CHLORIDE 10 % SOLN	2	64.44
06/06/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (K) PACK	2	4.34
06/06/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (K) PACK	2	4.34
06/06/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/06/2020	0250	135000003	PSYLLIUM PACK	1	1.80
06/06/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/06/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/06/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/06/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/06/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/06/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/06/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	48.00
06/06/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/06/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/06/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/06/2020	0301	275000446	HB HEPATIC FUNCTION PANEL	1	258.00
06/06/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/06/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/06/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/06/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/06/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 34 Of 53

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

FAX#4845263091

P.037/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/06/2020	0636	135000001	CALCIUM GLUCONATE 2-0.675 GM/100ML-% SOLN	10	211.98
06/06/2020	0636	135000001	CALCIUM GLUCONATE PER 10 ML	10	131.84
06/06/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
06/06/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.34
06/06/2020	0636	135000001	FUROSEMIDE PER 20 MG	2	8.87
06/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/06/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
06/06/2020	0636	135000001	HYDROCORTISONE SODIUM SUCCINATE (PF) 100 MG SOLR	1	73.94
06/06/2020	0636	135000001	POTASSIUM CHLORIDE PER 2 MEQ	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	10	18.87
06/06/2020	0636	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	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	7.24
06/07/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/07/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
06/07/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	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	2	1.25
06/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/07/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	2	1.25
06/07/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/07/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/07/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	25.90
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/07/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	20.62

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

Page: 35 Of 53

10/19/2020 15:23 Business Office Follow Up

(FAX)4845263091

P.038/038

353070.12101



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	Qty	Amount
06/07/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/07/2020	0250	135000003	MELATONIN 3 MG TABS	2	1.34
06/07/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/07/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/07/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/07/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/07/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	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 SOLN	2	35.55
06/07/2020	0250	135000003	OXYCODONE 5 MG/5 ML SOLN	2	35.55
06/07/2020	0250	135000003	PSYLLIUM PACK	1	1.60
06/07/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/07/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/07/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	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	1.25
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	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	326.00
06/07/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/07/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/07/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
06/07/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/07/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/07/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	287.00
06/07/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	287.00
06/07/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
06/07/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/07/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	87.00
06/07/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/07/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/07/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

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	Qty	Amount
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/07/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/07/2020	0636	135000001	FENTANYL PER 0.1 MG	1	3.28
06/07/2020	0636	135000001	FUROSEMIDE PER 20 MG	1	8.57
06/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	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	2	6.60
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	1	2.32
06/07/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60
06/07/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN	50	12.10
06/07/2020	0636	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	1	7.24
06/07/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/07/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/07/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/07/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/07/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
06/08/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/08/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	379.65
06/08/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
06/08/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
06/08/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	69.91
06/08/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	43.25
06/08/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	43.25
06/08/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/08/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN	1	34.83
06/08/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/08/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67

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

Page: 37 Of 53

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

FAX 4845263091

P.040/058

358070.12101



UNIVERSITY HEALTH NETWORK

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	Qty	Amount
06/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
06/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
06/08/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	2	1.25
06/08/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/08/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/08/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.26
06/08/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
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
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	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/08/2020	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	4.50
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	138.00
06/08/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/08/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/08/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/08/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/08/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/08/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/08/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 38 Of 53

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

(FAX) 4845263091 350070 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:	05/19/20
Hospital Account:	10102277595	Discharge Date:	06/18/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/09/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	2	381.59
06/09/2020	0250	135000002	DEXMEDETOMIDINE 200 MCG/2 ML SOLN 2 ML VIAL	2	43.25
06/09/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/09/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/09/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/09/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/09/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/09/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/09/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/09/2020	0250	135000003	ASCORBIC ACID 600 MG TABS	2	1.25
06/09/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/09/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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	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	3	7.94
06/09/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/09/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/09/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/09/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	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	1	1.25
06/09/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP	1	1.25
06/09/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/09/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/09/2020	0250	135000003	VANCOMYCIN PER 500 MG	2	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	1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/09/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/09/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	276.00
06/09/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/09/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00

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

Page: 40 Of 53

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

FAX#4845263091

P.043/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/09/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	48.00
06/09/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	100.00
06/09/2020	0300	275000368	HB CULTURE OTHER SPECIMN AEROBIC	1	197.00
06/09/2020	0300	275000371	HB CULTURE AEROBIC IDENTIFY	1	89.00
06/09/2020	0300	275000372	HB CULTURE SCREEN ONLY	1	89.00
06/09/2020	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	1	234.00
06/09/2020	0300	275000387	HB SMEAR GRAM STAIN	1	72.00
06/09/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
06/09/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,574.00
06/09/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/09/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/09/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/09/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/09/2020	0324	235990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
06/09/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/09/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/09/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/09/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	9.62
06/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/09/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN	50	12.10
06/09/2020	0636	135000001	PANTOPRAZOLE 40 MG SOLR	1	15.07
06/09/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/09/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85

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

Page: 41 Of 53

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

(FAX)4845263091

P.045/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/10/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M 250 MG (K) PACK (NA)	2	4.34
06/10/2020	0250	135000003	QUETIAPINE 25 MG TABS	2	1.25
06/10/2020	0250	135000003	QUETIAPINE 25 MG TABS	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	1.70
06/10/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP	1	1.25
06/10/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP	1	1.25
06/10/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/10/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/10/2020	0250	135000003	VANCOMYCIN PER 500 MG	2	68.48
06/10/2020	0250	135000003	VANCOMYCIN PER 500 MG	2	68.48
06/10/2020	0300	275000037	HB ASSAY OF VANCOMYCIN	1	495.00
06/10/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/10/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/10/2020	0300	275000135	HB BLOOD GASES W/O2 SATURATION	1	394.00
06/10/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/10/2020	0300	275000227	HB ASSAY THYROID STIM HORMONE	1	234.00
06/10/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
06/10/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	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	94.00
06/10/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/10/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/10/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/10/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25

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Page: 43 Of 53

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

(FAX)4845263091

P.0461038

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	Qty	Amount
06/10/2020	0636	135000001	MAGNESIUM SULFATE PER 500 MG MAGNESIUM	4	48.82
06/10/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60
06/10/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60
06/10/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60
06/10/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	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	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	3	14.20
06/10/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	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	1	7.24
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/10/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	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	1	7.24
06/10/2020	0636	135000001	VANCOMYCIN PER 500 MG	2	155.36
06/10/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/10/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/11/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/11/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/11/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	2	1.25
06/11/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/11/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/11/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/11/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/11/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	20.82
06/11/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/11/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/11/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/11/2020	0250	135000003	MELATONIN 3 MG TABS	2	1.34
06/11/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/11/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/11/2020	0250	135000003	MIDODRINE 5 MG TABS	3	7.94
06/11/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/11/2020	0250	135000003	OXYCODONE 10 MG TABS	1	2.97
06/11/2020	0260	135000003	OXYCODONE 10 MG TABS	1	2.97

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

Page: 44 Of 53

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

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	Qty	Amount
06/11/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (K) PACK	2	4.34
06/11/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (K) PACK	2	4.34
06/11/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 MG (K) PACK	2	4.34
06/11/2020	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	1	1.70
06/11/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/11/2020	0250	135000003	SENNA 8.8 MG/5 ML SYRP	1	1.25
06/11/2020	0250	135000003	SERTRALINE 20 MG/ML CONC	1	31.48
06/11/2020	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	1	138.00
06/11/2020	0300	275000249	HB COMPLETE CBC W/AUTO 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 DETERMINATION)	1	64.00
06/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/11/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/11/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/11/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/11/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60
06/11/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/11/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/11/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24

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

Page: 45 Of 53

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

(FAX) 484-5263091

P.048/058

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

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/11/2020	0636	135000001	VANCOMYCIN PER 500 MG	2	155.36
06/11/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/11/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/11/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
06/12/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/12/2020	0250	135000002	NOREPINEPHRINE 1 MG/ML SOLN 4 ML VIAL	1	91.67
06/12/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/12/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/12/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
06/12/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/12/2020	0300	275000136	HB BLOOD GASES W/O2 SATURATION	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
06/12/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/12/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.50
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 DETERMINATION)	1	64.00
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/12/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/12/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	9.62
06/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/12/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	6.60
06/12/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN	50	12.10

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

Page: 46 Of 53

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

FAX 4845263091

P.049/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/12/2020	0636	135000001	MORPHINE (PF) 4 MG/ML SOLN	1	11.73
06/12/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/12/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/12/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/12/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	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	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	23,719.00
06/13/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/13/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/13/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
06/13/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
06/13/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
06/13/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/13/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/13/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/13/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/13/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25

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

Page: 47 Of 53

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

(FAX)4845263091

P 050/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	6	10.25
06/13/2020	0636	135000001	MIDAZOLAM 50 MG/10 ML SOLN	50	12.10
06/13/2020	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	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	3	29.85
06/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	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	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	7.24
06/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/13/2020	0636	135000001	VASOPRESSIN 20 UNIT/ML SOLN 1 ML VIAL	1	854.53
06/14/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/14/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/14/2020	0250	135000002	POTASSIUM PHOSPHATES 45 MMOL/15 ML SOLN 5 ML VIAL	2	98.42
06/14/2020	0250	135000003	ACETAMINOPHEN 650 MG SUPP	1	2.02
06/14/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/14/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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	275000248	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
06/14/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/14/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/14/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	97.00
06/14/2020	0301	276000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/14/2020	0301	276000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/14/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 48 Of 53

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

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/14/2020	0636	135000001	CALCIUM GLUCONATE 2-0.875 GM/100ML-% SOLN	10	211.96
06/14/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/14/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/14/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	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	5	10.25
06/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	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	20	18.87
06/14/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/14/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	8.97
06/14/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
06/14/2020	0730	248000001	HB ELECTROCARDIOGRAM TRACING	1	324.00
06/15/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,719.00
06/15/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/15/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/15/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	16.33
06/15/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	16.33
06/15/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	2	1.25
06/15/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/15/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/15/2020	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/15/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	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
06/15/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	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 DETERMINATION)	1	64.00
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 49 Of 53

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/15/2020	0638	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/15/2020	0638	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/15/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/15/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/15/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/15/2020	0638	135000001	POTASSIUM CHLORIDE 40 MEQ/100 ML SOLN	20	18.87
06/16/2020	0200	105000012	HB INTENSIVE CARE UNIT GENERAL	1	23,718.00
06/16/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.58
06/16/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	2	1.25
06/16/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	1	7.31
06/16/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/16/2020	0250	135000003	MELATONIN 3 MG TABS	2	1.34
06/16/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M (NA)-250 MG (K) PACK	2	4.34
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M (NA)-250 MG (K) PACK	2	4.34
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M (NA)-250 MG (K) PACK	2	4.34
06/16/2020	0250	135000003	POTASSIUM-SODIUM PHOSPHATES 280 MG (P)-160 M (NA)-250 MG (K) PACK	2	4.34
06/16/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/16/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/16/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/16/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	138.00
06/16/2020	0300	275000248	HB COMPLETE CBC W/AUTO DIFF WBC	1	142.00
06/16/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	118.00
06/16/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	94.00
06/16/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	825.60
06/16/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	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

FAX 4845263091

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	84.00
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/16/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/16/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	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	5	10.25
06/16/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	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	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	2	16.33
06/17/2020	0250	135000003	ACETAMINOPHEN 160 MG/5 ML SUSP	2	16.33
06/17/2020	0250	135000003	ASCORBIC ACID 500 MG TABS	2	1.25
06/17/2020	0250	135000003	CHLORHEXIDINE 0.12 % SOLN	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
06/17/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/17/2020	0250	135000003	MELATONIN 3-MG TABS	2	1.25
06/17/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/17/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/17/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00

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

Page: 51 Of 53

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

Service Date	Rev Cd	Service Code	Description	Qty	Amount
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
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	5	10.25
06/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/17/2020	0636	135000001	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	2	16.33
06/18/2020	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	0250	135000003	FOLIC ACID 1 MG TABS	1	1.25
06/18/2020	0250	135000003	LEVOTHYROXINE 125 MCG TABS	1	2.60
06/18/2020	0250	135000003	MULTIVITAMIN-MINERALS TABS	1	1.25
06/18/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/18/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
06/18/2020	0250	135000003	THIAMINE 100 MG TABS	1	1.25
06/18/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,408.00
06/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	64.00
06/18/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/18/2020	0636	135000001	FENTANYL 10 MCG/ML SOLN	10	73.01
06/18/2020	0636	135000001	GLYCOPYRRROLATE 0.4 MG/2 ML SOLN	2	26.92
06/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25

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

Page: 52 Of 53

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

(FAX)4845263081

P.055/058

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 Date	Rev Cd	Service Code	Description	Qty	Amount
06/18/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	5	10.25
06/18/2020	0836	135000001	MORPHINE PER 2 MG	1	15.28
Total charges:					1,082,042.53
Total payments and adjustments:					

Account Balance:

1,072,250.53

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

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

(FAX)4845263091

P.056/058

358070.12101

835 Remittance Advice

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

Patient Name: LUCERO OYARVIDES, JACINTO

HIC Number: VOF129MS2889 (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

Code	Submitted Qty & Charge	Service Line Adjustments	Date of Service	Covered Units & Amount
------	------------------------	--------------------------	-----------------	------------------------

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: LUCERO, 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: 60005596253 OneContent: Generated By LOPEZAM

Page 2 of 2

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

Page 57 of 58

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

(FAX)4845263091

P.058/058

358070.12101

Send Result Report

MFP

ECOSYS M2535dn

Firmware Version ZPL_2000.005.109 2017.10.12

[ZPL_1000.005.0]

09/11/2020 10:00
[ZPL_1100.001.004] [ZPL_7000.001.005]

Job No.: 045285

Total Time: 0'23'03"

Page: 056

Complete

Document: doc04528520200911093428

FAX

To: Blue Cross Empire NY

Phone:

Fax: 877-799-4129

Email:

From: Josue Crespo

Phone: 484-526-3672

Fax: 484-526-3165

Email: Josue.crespo@sluhn.org

No.	Date and Time	Destination	Times	Type	Re	Resolution/ECH
001	09/11/20 09:37	918777994129	0'23'03"	FAX	OK	200x100 Normal/On

358070.12101

CUSTOMERS are Our Business



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	N
ABF	L02215	Y	ABF	J90	Y	ABF	J9811	Y	ABF	E872	Y	ABF	F339	Y
ABF	D62	N	ABF	E873	Y	ABF	E870	N	ABF	Z9911		ABF	I471	N
ABF	K559	Y	ABF	Z66	N	ABF	Z515	N	ABF	J982	Y	ABF	D696	Y
ABF	H903	Y	ABF	E8339	Y	ABF	R1310	N	ABF	E8351	Y			

PRINCIPAL PROCEDURE QUAL: BBR CD: 08110F4 DATE: 20200604 DRG CODE: 003

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

BBQ	04W3M02Z	20200520	BBQ	5A1955Z	20200604	BBQ	0V950ZZ	20200520	BBQ	0WQMXZZ	20200524
BBQ	04W3M02Z	20200519	BBQ	5A1945Z	20200523	BBQ	5A1935Z	20200528	BBQ	0HQAXZZ	20200524
BBQ	3E10X6Z	20200520	BBQ	03HC33Z	20200520	BBQ	02HV33Z	20200523	BBQ	03HB33Z	20200523
BBQ	03HB33Z	20200527	BBQ	03HB33Z	20200529	BBQ	30233N1	20200520	BBQ	30233N1	20200604
BBQ	08B18EZ	20200523	BBQ	08B18EZ	20200528	BBQ	08B18EZ	20200530	BBQ	0DM63UZ	20200604
BBQ	08C78ZZ	20200524	BBQ	08C38ZZ	20200524	BBQ	0T9870Z	20200612			

REFERRAL NO:

PRIOR AUTH NO: UH9929672

ORIG CLAIM NO: CLEARINGHOUSE TRACE NO: 10950897N140

AUTO ACCIDENT STATE: MEDICAL RECORD NO: 50005596253

DEMONSTRATION PROJ ID:

K3 FILE INFO:

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

EPSDT QUAL:

COND CODE:

COND IND:

CLAIM NOTE INFO (NOTE REFERENCE CODE, 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):

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

55 20200618

[illegible]

MM108: XX MM109: 1740226596 TAXONOMY: 2086S0102X
FIRST: THOMAS TITLE:
FIRST: PETER
MIDDLE:

QUAL :	ID :
QUAL :	ID :
QUAL :	ID :
QUAL :	ID :

NM108: XX NM109: 1780615468
 FIRST: CIPOLLA TITLE:
 FIRST: JAMES
 MIDDLE:

QUAL:	ID:
QUAL:	ID:
QUAL:	ID:
QUAL:	ID:

MM108: XX MM109: 1477842946
FIRST: RAMBARAN TITLE:
FIRST: RYAN
MIDDLE:

QUAL :	ID :
QUAL :	ID :
QUAL :	ID :
QUAL :	ID :

NAME:	
FIRST:	TITLE:
MIDDLE:	

QUAL :	ID :
QUAL :	ID :
QUAL :	ID :
QUAL :	ID :

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NM108:      NM109:
NAME:
ADDRESS1:
ADDRESS2:
CITY:
STATE:
ZIP CODE:

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QUAL :	ID :
QUAL :	ID :
QUAL :	ID :

MM108:	MM109:	QUAL:	ID:
NAME:		QUAL:	ID:
FIRST:	TITLE:	QUAL:	ID:
MIDDLE:			

358070 12101

NON-COVRD: .00

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

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

QUAL: ID:

QUAL: ID:

QUAL: ID:

358070, 12101

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: .00

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:

NM108: NM109:

QUAL: ID:

358070, 12101

NON-COVRD: .00

END DATE OF SVC:	SALES TAX QUAL:	ANT:	.00
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LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

QUAL: ID:

QUAL: ID:

QUAL: ID:

358070 12101

NON-COVRD: .00

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

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

QUAL: ID:

QUAL: ID:

QUAL: ID:

358070. 12101

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LINE NBR: 5          REVENUE CD: 0278
PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHR: 2372.15    UNITS OF SVC QUAL: UN    UNITS OF SVC:      1.000
NON-COVRD:          .00

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BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-5
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:	OPERATING REF SEGMENT:
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: NM109:	QUAL: ID:

358070. 12101

LINE NBR: 6 REVENUE CD: 0300

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 61696.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 230.000

NON-COVRD: .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 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:

NN108: **NM109:**

QUAL: ID:

358070.12101

PROCEDURE DESC:

NON-COVRD: .00

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

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

QUAL: ID:

QUAL: ID:

QUAL: ID:

358070, 12101

PROCEDURE DESC:

NON-COVRD: .00

END DATE OF SVC:	SALES TAX QUAL:	AMT:	.00
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LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

QUAL: ID:

QUAL: ID:

QUAL: ID:

358070, 12101

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-COVRD: .00

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

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

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

QUAL: ID:

358070. 12101

2400 SERVICE LINE LOOP, 11 OF 23 OCCURRENCES:

358070.12101

LINE NBR: 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

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-11
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:
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: NM109: QUAL: ID:

358070, 12101

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

2420C RENDERING PROVIDER LOOP:	RENDERING REF SEGMENT:
NM108: NM109:	QUAL: ID:

358070, 12101.

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-13
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:	OPERATING REF SEGMENT:
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: NM109:	QUAL: ID:

358070. 12101

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

358070, 12101

NON-COVRD: .00

END DATE OF SVC:	SALES TAX QUAL:	AMT:	.00
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LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

QUAL: ID:

QUAL: ID:

QUAL: ID:

2400 SERVICE LINE LOOP, 16 OF 23 OCCURRENCES:

358070.12101

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: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:
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: NM109: QUAL: ID:

358070.12101

LINE PAPERWORK 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 SEGMENT:
NM108: NM109:	QUAL: ID:

358070, 12101

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LINE NBR: 18          REVENUE CD: 0434
PROCEDURE QUAL:       PROCEDURE CD:          MODIFIERS:
PROCEDURE DESC:
LINE CHR: 539.00      UNITS OF SVC QUAL: UN   UNITS OF SVC:      1.000
NON-COVRD:           .00

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THIRD PARTY ORG NOTE:

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

2420C RENDERING PROVIDER LOOP:	RENDERING REF SEGMENT:
NM108: NM109:	QUAL: ID:

2400 SERVICE LINE LOOP, 19 OF 23 OCCURRENCES:

358070.12101

LINE NBR: 19 REVENUE CD: 0460
PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:
PROCEDURE DESC:
LINE CHRG: 2650.00 UNITS OF SVC QUAL: UM UNITS OF SVC: 32.000
NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102277595004-19
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:
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: NM109: QUAL: ID:

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

358070 12101

LINE NBR: 22 REVENUE CD: 0730

PROCEDURE DESC:

NON-COVRD: .00

END DATE OF SVC:	SALES TAX QUAL:	AMT:	.00
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LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

OPERATING REF SEGMENT:

QUAL: ID:

OTHER OPERATING REF SEGMENT:

QUAL: ID:

RENDERING REF SEGMENT:

QUAL: ID:

358070, 12101

NON-COVRD: .00

END DATE OF SVC:	SALES TAX QUAL:	AMT:	.00
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LINE PAPERWORK SEGMENT (REPORT TYPE CD, REPORT TRANSMISSION CD, ATTACHMENT CONTROL NBR):

QUAL: ID:

QUAL: ID:

QUAL: ID:

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11/02/2020 7:16AM (CMT_05.00)

Fax

358070.12101

To: PA Doc Prepc
Fax: 717-635-4233
Company:

From: Rajalreddy, Nilima N
Fax:
Voice:

Date: November 2, 2020
Subject:
Comments:
