

### To Whom It May Concern:

Highmark is requesting an Itemized Bill for patient Austin Mullineaux for date of service 10/24/20 - 11/12/20 for the facility charge, totaling \$183,499.97 at Christiana Care Health Services.

### **Patient Information:**

Austin Mullineaux Date of Birth: 01/11/1992

Address: 6 Burns Way Newark, DE 19702

### Please Fax to my attention:

Jermaine Singleton Fax: 1-855-329-8191

Jermaine Singleton

Internal Business Systems Consultant /Claims Excellence & Payment Integrity

Phone: 412-544-5261

Jermaine.Singleton@Highmark.com

38Pg

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Provider Tax ID #:

Anne Warner S72.352A

Account Number: Enc. ID / ECD ID:

Statement Number: 8420515 12699773-1 5912088006 /

Provider:

**ACUTE** 

7200124678

510103684

Claim ID: Bill Date:

SRN68633660

Birth Date:

03/05/2021 01/11/1992

**Detail for: IP Hospital Acute** 

10/24/2020 — 11/12/2020

<u>Date</u>	Rev Cd	Sve Cd	<u>Description</u>	Qty	Amount (\$)
CHARGES					
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	2	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	l	0.00
10/24/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	I	0.00
10/24/2020	460	94770	CO2 MONITORING, END TIDAL, 8HR\$	1	90.83
10/24/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	4	0.00
10/24/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00

Christiana Care Health Services P.O. Box 2653 Wilmington DE 19805

> ADDRESS SERVICE REQUESTED AUSTIN MULLINEAUX **6 BURNS WAY NEWARK DE 19702**

**Financial Coverages** 

Priority Plan Name Auto 2 Blue Cross DE Policy # 0604577809 Subscriber

AUSTIN MULLINEAUX XHP12311920 AUSTIN MULLINEAUX

5001

Guarantor: AUSTIN MULLINEAUX

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S72.352A

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Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: SRN68633660 03/05/2021

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## Detail for: IP Hospital Acute

10/24/2020 - 11/12/2020

10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	I	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	ı	0.00
10/24/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
10/2 1/2020	,,,,	31700	DETERMINATION STAT	•	0100
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	2	0.00
10/24/2020	410	94003	VENTILATION	l	1,295.18
			ASSIST/MANG,SUBSEQUE DAY		
10/24/2020	270		SOLUTION, NACL IRRIG 1000 ML	1	8.06
10/24/2020	270		SOLUTION, IRRIG. WATER BOTTLE 1000ML	1	7.45
10/24/2020	270		BIT, DRILL 3.5MM X 195MM	2	735,24
10/24/2020	270		CANISTER, SUCTION 2000CC	2	14.04
10/24/2020	270		TUBE, SUCTION 3/16 X 12' STERILE	2	1.22
10/24/2020	360		TIME, MAJOR OPERATING ROOM	25	4,742,85
10/24/2020	270		PACK, BASIC ORTHO CUSTOM	l	158.86
10/24/2020	270		PAD, GROUNDING DISPOSABLE	1	11.34
10/24/2020	270		DRESSING, XEROFORM 5X9	1	0.53
10/24/2020	272		PREP,SKIN APPLIC CHLORAPREP ORANGE TINT 26ML	2	59.08
10/24/2020	272		TUBING, PENEVAC 1 NON-STICK BLADE	ı	99.98
10/24/2020	270		PITCHER, GRADUATED LF 1200ML STERILE	1	9.09
10/24/2020	270		BANDAGE, KERLIX ROLL 4"	2	1.04
10/24/2020	370		TIME, ANESTHESIA	63	540.55
10/24/2020	270		KIT, ADULT ANESTHESIA CIRCUIT	1	28.59
10/24/2020	270		IV SET, W/4WAY HI-FLO STOPCOCK	1	23,28
10/24/2020	270		COVER, BAIR HUGGER UPPER BODY	1	23.47
10/24/2020	270		CIRCUIT, ULTRASET W/O SUCT PORT	1	7.67
10/24/2020	270		STETHOSCOPE, ESO TEMP SEN 18FR	l	7.01

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SRN68633660 03/05/2021

Bill Date: Birth Date:

01/11/1992

### **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

10/24/2020	270		IV, LACT RINGERS 1000 ML	1	6.57
10/24/2020	460	94760	PULSE OXIMETRY, SINGLE	I	0.00
			DETERMINATION STAT		
10/24/2020	410		VENTILATOR SETTING ADJ/MONITOR	Ţ	0.00
			STAT		
10/24/2020	300	36415	VENIPUNCTURE	1	30.45
10/24/2020	301	83735	MAGNESIUM	I	91.88
10/24/2020	302	86901	RH TYPE	I	56.70
10/24/2020	301	85027	CBC W/O DIFF	1	62.48
10/24/2020	302	86850	ANTIBODY SCREEN	1	228.38
10/24/2020	302	86900	ABO	l	56.70
10/24/2020	300	36415	VENIPUNCTURE	1	30.45
10/24/2020	301	82948	GLUCOSE,POC,STATISTICAL	1	0.00
10/24/2020	320	73551	XRAY,FEMUR,1 VIEW,LT GLR	1	125,48
10/24/2020	320	73551	XRAY,FEMUR,I VIEW,LT PFR	l	25.20
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/24/2020	320	73590	XRAY,TIBIA/FIBULA,2 VIEWS,LT GLR	I	141.23
10/24/2020	320	73590	XRAY, TIBIA/FIBULA, 2 VIEWS, LT PFR	1	29.40
10/24/2020	320	73600	& Ankle Left	1	109.73
10/24/2020	320	73600	XRAY,ANKLE,I VIEW,LT PFR	l	22.05
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/24/2020	270		SET, IV EXTENSION 240" FOR MRI	I	17.00
10/24/2020	250	A9575	CONTRAST, DOTAREM MRI 10X15ML VIAL	14	7,42
10/24/2020	270		SET, AIRWAY ADAPTER CO2	ī	49.59

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10/24/2020	270		CIRCUIT, VENTILATOR MRI W/O PEEP 22MM SPU 15FT	1	107.30
10/24/2020	612	72156	MRI,SPINAL,CERVICAL,W/WO CONTRAST GLR	1	4,601.63
10/24/2020	610	72156	MRI,SPINAL,CERVICAL,W/WO CONTRAST PFR	1	441.00
10/24/2020	320	76000	FLUOROSCOPY IN OR GLP	1	0.00
10/24/2020	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	893.55
10/24/2020	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	1	144.90
10/24/2020	250	J2250	MIDAZOLAM INJ 5MG/5ML	5	7.62
10/24/2020	761	32556	Insert cath pleura w/o image	1	905.85
10/24/2020	450	99285	ED SERVICES LEVEL 5	I	1,960.88
10/24/2020	480	93308	ECHO,TRANSTHOR,2D,LIMITED,WO CON GLB	1	348.93
10/24/2020	921	93308	ECHO,TRANSTHOR,2D,LIMITED,WO CON PF	1	278.81
10/24/2020	402	76705	US,ABDOMINAL,W IMAGE DOCUM,LIMITED GLR	I	372.23
10/24/2020	402	76705	US,ABDOMINAL,W IMAGE DOCUM,LIMITED PFR	1	99.23
10/24/2020	402	76604	US,CHEST,W IMAGE DOCUM LIMITED GLR	1	342.30
10/24/2020	402	76604	US,CHEST,W IMAGE DOCUM LIMITED PFR	1	95.03
10/24/2020	350	74177	CT,ABDOMEN/PELVIS,W CONTRAST PFR	1	311.85
10/24/2020	352	71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST GLR	l	1,334.55
10/24/2020	350	71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST PFR	1	214.73
10/24/2020	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	893.55

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10/24/2020 — 11/12/2020

(Continued)

10/24/2020	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	l	144.90
10/24/2020	352	72125	CT,CERVICAL SPINE,WO CONTRAST	1	1,114.58
10/24/2020	350	72125	GLR CT,CERVICAL SPINE,WO CONTRAST PFR	1	184.28
10/24/2020	351	70498	CTA,NECK,W/WO CONTRAST GLR	1	1,867.43
10/24/2020	350	70498	CTA, NECK, W/WO CONTRAST PFR	1	298.73
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/24/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/24/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/24/2020	305	85384	TEG-K TIME RAPID CLOT STRENGTH	1	76.13
10/24/2020	305	85576	TEG-MA RAPID	1	187.43
10/24/2020	305	85390	TEG-LY 30 RAPID CLOT LYSIS	1	63,53
10/24/2020	301	85027	CBC W/O DIFF	1	62.48
10/24/2020	106	84520	BUN	1	27.83
10/24/2020	301	80307	ALCOHOL,ETHANOL	1	91.88
10/24/2020	301	80051	ELECTROLYTE PANEL	1	126.53
10/24/2020	301	82565	CREATININE,BLOOD	1	30.98
10/24/2020	301	82947	GLUCOSE,BLOOD	1	27.83
10/24/2020	305	85347	TEG-R TIME ACTIVATED CLOT TIME	1	73.50
10/24/2020	410		INTUBATION ASSIST	1	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	410		TRANSPORT W/VENTILATION .5 HR	5	0.00
10/24/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/24/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/24/2020	270		OXYGEN	1	532.35
10/24/2020	250	Q9967	CONTRAST, OMNIPAQUE IBP 350MGL 500ML 0407-1414-72	100	38.00
10/24/2020	270		CT SYRINGE/ANGIO SET	1	79.28

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## **Detail for: IP Hospital Acute**

10/24/2020 --- 11/12/2020

10/24/2020	352	74177	CT,ABDOMEN/PELVIS,W CONTRAST	l	2,259.08
10/04/0000	0.50		GLR	,	22.05
10/24/2020	258		RECURONIUM BROMIDE VIAL 5 ML	l	27.25
10/24/2020	270	0.1814	BAR, CONNECT CAR.FILT 300MM	l	1,164.91
10/24/2020	278	C1713	SCREW, SCHANZ 5.0X200MM	4	1,749.20
10/24/2020	270		BAR, CONNECT CAR.FILT 150MM	2	2,174.90
10/24/2020	270		BAR, CONNECT CAR.FILT 350MM	l	1,164.91
10/24/2020	270		CLAMP, COMBINATION LARGE	10	32,004.90
10/24/2020	681		TRAUMA ALERT/TRAUMA CODE LEVEL 1	1	6,178.20
10/24/2020	250	J2370	PHENYLEPHRINE 100 MCG/ML 10 ML SYR	l	30.00
10/24/2020	250	J0690	CEFAZOLIN SOD IG VIAL	4	28.70
10/24/2020	250		SENNA LIQUID 10 ML UDC	1	0.00
10/24/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/24/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/24/2020	250	C9113	PANTOPRAZOLE 40 MG INJ	1	34.65
10/24/2020	250		SENNA LIQUID 10 ML UDC	2	0.00
10/24/2020	250	J0330	SUCCINYLCHOLINE CH 200MG/ML VIA	10	118.40
10/24/2020	258		ETOMIDATE INJ 20MG/10ML	1	61.55
10/24/2020	250	J1953	LEVETIRACETAM 1000MG/100ML PMX	100	284.10
10/24/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/24/2020	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	173.15
10/24/2020	258		CISATRACURIUM MDV 20MG/10ML	1	143.50
10/24/2020	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	173.15
10/24/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/24/2020	258		CISATRACURIUM SDV 10MG/5ML		84.70
10/24/2020	258		KETAMINE 200MG/20ML V	I	119,15
10/24/2020	201		ROOM ICU	1	4,452.00
10/24/2020	270		SHADOW BILL	1	0,00

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10/24/2020 — 11/12/2020

(Continued)

Provider:

10/24/2020	301	80047	BASIC METABOLIC PANEL,CALCIUM,IONIZED	i	286.65
10/24/2020	301	84100	PHOSPHORUS, SERUM	I	30.98
10/25/2020	201		ROOM ICU	i I	4,452.00
10/25/2020	270		SHADOW BILL	Ī	0.00
10/25/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	I	245.18
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	301	84295	SODIUM,SERUM	1	30.98
10/25/2020	301	84295	SODIUM,SERUM	l	30.98
10/25/2020	306	U0004	MOLECULAR IBC FOR COVID19 W/COLLECTION	l	150.15
10/25/2020	301	G2023	COVID Specimen Collection	1	36.75
10/25/2020	301	84100	PHOSPHORUS,SERUM	1	30.98
10/25/2020	300	36415	VENIPUNCTURE	l	30.45
10/25/2020	300	36415	VENIPUNCTURE	1	30.45
10/25/2020	301	85027	CBC W/O DIFF	l	62.48
10/25/2020	300	36415	VENIPUNCTURE		30.45
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	301	83735	MAGNESIUM	1	91.88
10/25/2020	301	84295	SODIUM,SERUM	l	30.98
10/25/2020	301	83930	O\$MOLALITY,SERUM	1	70.88
10/25/2020	301	82803	BLOOD GAS ANALYSIS	1	117.60
10/25/2020	300	36415	VENIPUNCTURE	1	30.45
10/25/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/25/2020	410		TRANSPORT W/VENTILATION .5 HR	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	1	0,00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
			DETERMINATION STAT		
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE	1	0.00
			DETERMINATION STAT		
10/25/2020	410	36600	ABG,THERAPIST DRAW	1	96.0 <b>8</b>
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE	1	0.00
			DETERMINATION STAT		
10/25/2020	410		TRANSPORT W/VENTILATION .5 HR	3	0.00
10/25/2020	410	36600	ABG,THERAPIST DRAW	1	96.08
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR	I	0.00
			STAT		
10/25/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
			DETERMINATION STAT		
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR	1	0.00
10/05/0000	410	04002	STAT		0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/25/2020	460	94150	VITAL CAPACITY, WEANING	1	0.00
10/23/2020	400	94130	PARAMETERS, STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL,	1	0.00
10/25/2020	710	74003	STATISTICAL	'	0.00
10/25/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
		, ,,,,,	DETERMINATION STAT	•	0.00
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR	1	0.00
			STAT	-	
10/25/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
			DETERMINATION STAT		

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10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	l	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	260		IV SERVICES START	1	203.18
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	460	94150	VITAL CAPACITY, WEANING PARAMETERS, STAT	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	1	0.00
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,295.18
10/25/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/25/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/25/2020	270		ENDOTRACHEAL TUBE REPOSITION	l	0.00
10/25/2020	258		SODIUM CHLORIDE 3% 500ML	1	24.90
10/25/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	l	0.00
10/25/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/25/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/25/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/25/2020	250		LEVETIRACETAM 500 MG/5 ML UDC	2	100.50
10/25/2020	250		SENNA LIQUID 10 ML UDC	2	0.00
10/25/2020	250		BACITRACIN OINT UD 0.9 GM	l	0.00

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Claim ID: Bill Date:

\$RN68633660 03/05/2021

Birth Date:

01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

(Continued)

Provider:

10/25/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/25/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/25/2020	250		LEVETIRACETAM 500 MG/5 ML UDC	1	50.25
10/25/2020	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	88.25
10/25/2020	250		OXYCODONE HCL LIQ 5MG/5ML	1	46.90
10/25/2020	250	J2704	PROPOFOL SDV 1 G	100	181.45
10/25/2020	250	J1630	HALOPERIDOL LACTAT 5MG/IML AMP	1	13.40
10/25/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/25/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	l	128.10
10/25/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/25/2020	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	893.55
10/25/2020	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	1	144,90
10/26/2020	301	80047	BASIC METABOLIC PANEL,CALCIUM,IONIZED	l	286.65
10/26/2020	301	84295	SODIUM,SERUM	ı	30.98
10/26/2020	301	85027	CBC W/O DIFF	1	62,48
10/26/2020	301	84100	PHOSPHORUS,SERUM	I	30.98
10/26/2020	301	85027	CBC W/O DIFF	I	62.48
10/26/2020	301	83735	MAGNESIUM	1	91.88
10/26/2020	301	83930	O\$MOLALITY,SERUM	1	70.88
10/26/2020	301	83930	OSMOLALITY,\$ERUM	]	70.88
10/26/2020	300	36415	VENIPUNCTURE	1	30.45
10/26/2020	300	36415	VENIPUNCTURE	1	30.45
10/26/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/26/2020	258		DEXMEDETOMIDINE 200 MCG INJ	5	509.95
10/26/2020	250		GABAPENTIN CAP 100 MG	2	0.00
10/26/2020	250		POLYETHYLENE GLYCOL 17 G	l	12.05
10/26/2020	250		SENNA LIQUID 10 ML UDC	2	0.00
10/26/2020	250		GABAPENTIN CAP 100 MG	3	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

**ACUTE** 

Provider Tax ID #:

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Bill Date: Birth Date:

Claim ID:

SRN68633660 03/05/2021 01/11/1992

# **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

(Continued)

Provider:

10/26/2020	250		ERYTHROMYCIN 0.5% 0.5% 3.5GM/T	1	95.25
10/26/2020	460	94760	PULSE OXIMETRY, SINGLE	l	0.00
			DETERMINATION STAT		
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0,00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00

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P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis;

Anne Warner \$72,352A

Enc. ID / ECD ID:

8420515 12699773-1

Provider:

ACUTE

5912088006 / 7200124678

Provider Tax ID #:

510103684

Claim ID:

Account Number:

Statement Number:

7200124678 SRN68633660

Bill Date: Birth Date: 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 --- 11/12/2020

10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	l	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94150	VITAL CAPACITY, WEANING PARAMETERS, STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY, SINGLE DETERMINATION STAT	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	l	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/26/2020	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	172.35
10/26/2020	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
10/26/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/26/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/26/2020	250	J1953	LEVETIRACETAM 500MG/100ML PMX	100	346.30
10/26/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/26/2020	250	J3010	FENTANYL 1000 MCG/NSS 50 ML	10	66.45
10/26/2020	258		SODIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	187.20
10/26/2020	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
10/26/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/26/2020	250		BACITRACIN OINT UD 0,9 GM	1	0.00
10/26/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/26/2020	250		POTASSIUM/SODIUM PHOSPHATE 250	2	0.00
10/26/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/26/2020	201		ROOM ICU	1	<b>4,45</b> 2.00

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Pt Name: AUSTIN MULLINEAUX

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Provider:

Provider Tax ID #:

**ACUTE** 

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678 SRN68633660

Claim ID: Bill Date: Birth Date:

03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

(Continued)

10/26/2020	270		SHADOW BILL	l	0.00
10/26/2020	460	94150	VITAL CAPACITY, WEANING	1	0.00
			PARAMETERS,STAT		
10/26/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
			DETERMINATION STAT		
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410		VENTILATOR SETTING ADJ/MONITOR	1	0.00
10/20/2020	410		STAT	ı	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL,	1	0.00
!			STATISTICAL		
10/26/2020	270		ENDOTRACHEAL TUBE REPOSITION	l	0.00
10/26/2020	460	94760	PULSE OXIMETRY, SINGLE	[	0.00
			DETERMINATION STAT		
10/26/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/26/2020	410	94003	VENTILATION	1	1,295.18
10/20/2020	410	9 <del>4</del> 003	ASSIST/MANG,SUBSEQUE DAY	•	1,473,10
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL,	1	0.00
			STATISTICAL	•	0.00
10/26/2020	410	94003	VENT WEAN/EXTUBATION PROTOCOL,	i	0.00
			STATISTICAL		
10/26/2020	460	94760	PULSE OXIMETRY, SINGLE	1	0.00
			DETERMINATION STAT		
10/26/2020	270		OXYGEN	1	532.35
10/26/2020	270		OXYGEN START	l	0.00
10/26/2020	940		EXTUBATION	1	74.55
10/26/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	l	128.10

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P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner \$72.352A

Provider:

ACUTE

Provider Tax ID #:

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8420515 12699773-1

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5912088006 / 7200124678

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SRN68633660

Bill Date: Birth Date: 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

10/26/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/26/2020	270		CHEST POST LINE PLACEMENT GLR	1	128.10
10/27/2020	301	83735	MAGNESIUM	1	91.88
10/27/2020	301	85027	CBC W/O DIFF	1	62.48
10/27/2020	300	36415	VENIPUNCTURE	1	30.45
10/27/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	l	245.18
10/27/2020	301	84100	PHOSPHORUS,SERUM	l	30.98
10/27/2020	300	36415	VENIPUNCTURE	1	30.45
10/27/2020	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	Į.	82.95
10/27/2020	250		ACETAMINPHEN LIQ 650 MG CUP	ĭ	18.05
10/27/2020	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	172,35
10/27/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/27/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/27/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	4	61.45
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/27/2020	250		QUETIAPINE TAB 50 MG	l	35.60
10/27/2020	250		LEVETIRACETAM TAB 500 MG	l	21.45
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	258		DEXMEDETOMIDINE 200 MCG INJ	5	509.95
10/27/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/27/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/27/2020	258		SODIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	187.20
10/27/2020	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner

Provider:

**ACUTE** Provider Tax ID #:

S72.352A

510103684

Statement Number:

Account Number:

Enc. ID / ECD ID:

Claim ID: Bill Date: Birth Date: 8420515 12699773-1 5912088006 /

7200124678 SRN68633660

03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

(Continued)

	10/27/2020	250		POTASSIUM/SODIUM PHOSPHATE 250	2	0.00
	10/27/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
	10/27/2020	250		BACITRACIN OINT UD 0.9 GM	1	0,00
	10/27/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
Ì	10/27/2020	201		ROOM ICU	1	4,452.00
١	10/27/2020	270		SHADOW BILL	1	0.00
	10/27/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
Ì	10/27/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
	10/27/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
	10/27/2020	440	92523	& Language Units	1	300.30
	10/27/2020	444	92610	EVALUATION,ORAL/PHARYNGEAL SWALLOW FU,ST	ŀ	454.13
	10/27/2020	424	97161	EVALUATION, PT, LOW COMPLEXITY	1	383.25
	10/27/2020	420	97530	THERAPEUTIC ACTIVITIES, EACH 15 MIN, PT	1	118,13
	10/27/2020	434	97166	EVALUATION,OT,MODERATE COMPLEXITY	1	383.25
	10/27/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
	10/27/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
I	10/27/2020	250		GABAPENTIN CAP 100 MG	3	0.00
l	10/27/2020	250		LEVETIRACETAM TAB 500 MG	2	42.90
	10/27/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
	10/27/2020	250		QUETIAPINE TAB 50 MG	]	35,60
	10/27/2020	250		SENNA LIQUID 10 ML UDC	2	0.00
	10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
	10/28/2020	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	82.95
1	10/28/2020	301	83735	MAGNESIUM	1	91.88
	10/28/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
	10/28/2020	301	84100	PHOSPHORUS, SERUM	1	30.98

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P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner \$72,352A

Provider:

Provider Tax ID #:

**ACUTE** 

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: Birth Date: SRN68633660 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

10/28/2020	300	36415	VENIPUNCTURE	1	30.45
10/28/2020	258		DEXMEDETOMIDINE 200 MCG INJ	5	509.95
10/28/2020	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/28/2020	250		LEVETIRACETAM TAB 500 MG	2	42.90
10/28/2020	250		POLYETHYLENE GLYCOL 17 G	l	12.05
10/28/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/28/2020	250		QUETIAPINE TAB 50 MG	1	35.60
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/28/2020	250		BACITRACIN OINT UD 0.9 GM	1	0.00
10/28/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/28/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/28/2020	440	92507	TREATMENT, SPEECH	1	240.45
			THERAPY,INDIVIDUAL,ST		
10/28/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/28/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT GLR	1	143.85
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT PFR	1	29.40
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,LT GLR	1	143.85
10/28/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,LT PFR	1	29.40
10/28/2020	206		ROOM STEPDOWN	l	1,705.00
10/28/2020	270		SHADOW BILL	I	0.00
10/28/2020	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	35.20
10/28/2020	250		POTASSIUM CHLORIDE 40MEQ UDCUP	2	279.90
10/28/2020	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	88.25

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

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Anne Warner \$72.352A

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ACUTE

510103684

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Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: Birth Date: SRN68633660 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		QEUTIAPINE 25 MG UD	I	0.00
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	i	18.05
10/28/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/28/2020	250		SENNA LIQUID 10 ML UDC	1	0.00
10/28/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
10/29/2020	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
10/20/2020	720	02010		1	71.03
10/29/2020	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	ı	71.93
10/29/2020	730	93005	ECG,ROUTINE,TRACING ONLY	ì	116.55
10/29/2020	206		ROOM STEPDOWN	1	1,705.00
10/29/2020	270		SHADOW BILL	1	0.00
10/29/2020	250	J1630	HALOPERIDOL LACTAT 5MG/IML AMP	1	13.40
10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
10/29/2020	270		RESTING HAND	I	76.13
10/29/2020	430	97760	ORTHOTIC FITTING/TRAINING,EACH 15 MIN,OT	2	242.56
10/29/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	128.10
10/29/2020	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	30.45
10/29/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	l	245.18
10/29/2020	302	86901	RH TYPE	1	56.70
10/29/2020	302	86900	ABO	1	56,70
10/29/2020	300	36415	VENIPUNCTURE	1	30.45

P.O. Box 2653 Wilmington, DE 19805

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**ACUTE** 510103684 Account Number: 5912088006 / Enc. ID / ECD ID:

Claim ID:

7200124678 SRN68633660

Bill Date: Birth Date: 03/05/2021 01/11/1992

# **Detail for: IP Hospital Acute**

10/24/2020 - 11/12/2020

10/29/2020   300   36415   VENIPUNCTURE   1   30.45     10/29/2020   301   85027   CBC W/O DIFF   1   62.48     10/29/2020   302   86850   ANTIBODY SCREEN   1   228.38     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/29/2020   250   ASPIRIN CHEW TAB 81 MG   2   0.00     10/29/2020   250   OXYCODONE HCL TAB 5 MG UD   1   0.00     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/29/2020   250   OXYCODONE HCL TAB 5 MG UD   1   0.00     10/29/2020   250   BACITRACIN OINT UD 0.9 GM   1   0.00     10/29/2020   250   DOCUSATE SODIUM 100MG/10ML UDC   2   0.00     10/29/2020   250   ASPIRIN CHEW TAB 81 MG   2   0.00     10/29/2020   250   LEVETIRACETAM TAB 500 MG   2   42.90     10/29/2020   250   GABAPENTIN CAP 100 MG   3   0.00     10/29/2020   250   GABAPENTIN CAP 100 MG   3   0.00     10/29/2020   250   POLYETHYLENE GLYCOL 17 G   1   12.05     10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   1   17.60     10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   1   17.60     10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00     10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00     10/29/2020   250   BISACODYL 10MG SUPPOSI   1   18.05     10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88     10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88     10/30/2020   301   83735   MAGNESIUM   1   70.88     10/30/2020   301   83935   OSMOLALITY, SERUM   1   30.45     10/30/2020   301   80048   BMP, BASIC METABOLIC   1   245.18     10/30/2020   250   J2704   PROPOFOL SOV 200 MG   20   30.65     10/30/2020   250   J2704   PROPOFOL SOV 200 MG   20   30.65     10/30/2020   250   J2704   PROPOFOL SOV 200 MG   20   30.65     10/30/2020   250   J2704   PROPOFOL SOV 200 MG   20   30.65     10/30/2020   250   J2704   PROPOFOL SOV 200 MG   20   30.65     10/30/2020   250   J2704   PROPOFOL SOV 2						
10/29/2020   302   86850   ANTIBODY SCREEN   1   228.38   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/29/2020   250   ASPIRIN CHEW TAB 81 MG   2   0.00   10/29/2020   250   OXYCODONE HCL TAB 5 MG UD   1   0.00   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/29/2020   250   BACITRACIN OINT UD 0.9 GM   1   0.00   10/29/2020   250   BACITRACIN OINT UD 0.9 GM   1   0.00   10/29/2020   250   DOCUSATE SODIUM 100MG/10ML UDC   2   0.00   10/29/2020   250   ASPIRIN CHEW TAB 81 MG   2   0.00   10/29/2020   250   J1650   ENOXAPARIN INJ 30MG SYRINGE   6   262.80   10/29/2020   250   LEVETIRACETAM TAB 500 MG   2   42.90   10/29/2020   250   GABAPENTIN CAP 100 MG   3   0.00   10/29/2020   250   POLYETHYLENE GLYCOL 17 G   1   12.05   10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   1   17.60   10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   1   17.60   10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   1   17.60   10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00   10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00   10/29/2020   250   ACETAMINPHEN LIQ 630 MG CUP   1   18.05   10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88   10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88   10/30/2020   301   83735   MAGNESIUM   1   70.88   10/30/2020   301   83735   MAGNESIUM   1   30.45   10/30/2020   301   83735   MAGNESIUM   1   30.45   10/30/2020   301   83045   VENIPUNCTURE   1   30.45   10/30/2020   301   85027   CBC W/O DIFF   1   62.48   10/30/2020   301   80048   BMP, BASIC METABOLIC   1   245.18   10/30/2020   250   12704   PROPOFOL SDV 200 MG   20   30.65   10/30/2020   250   12704   PROPOFOL SDV 200 MG   20   30.65   10/30/2020   20.50   12704   PROPOFOL SDV 200 MG   20   30.65   10/30/2020   20.50   12704   PROPOFOL SDV 200 MG   20   30.65   10/30/2020   20.50   12704   PROPOFOL	10/29/2020	300	36415	VENIPUNCTURE	1	30.45
10/29/2020   250	10/29/2020	301	85027	CBC W/O DIFF	l	62.48
10/29/2020   250	10/29/2020	302	86850	ANTIBODY SCREEN	1	228.38
10/29/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/29/2020         250         ACETAMINPHEN LIQ 650 MG CUP         1         18.05           10/29/2020         250         ACETAMINPHEN LIQ 650 MG CUP         1         18.05           10/29/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/29/2020         250         BACITRACIN OINT UD 0.9 GM         1         0.00           10/29/2020         250         DOCUSATE SODIUM 100MG/10ML UDC         2         0.00           10/29/2020         250         DOCUSATE SODIUM 100MG/10ML UDC         2         0.00           10/29/2020         250         DOCUSATE SODIUM 100MG/10ML UDC         2         0.00           10/29/2020         250         ASPIRIN CHEW TAB 81 MG         2         0.00           10/29/2020         250         J1650         ENOXAPARIN INJ 30MG SYRINGE         6         262,80           10/29/2020         250         J1650         ENOXAPARIN INJ 30MG SYRINGE         6         262,80           10/29/2020         250         J6ABAPENTIN CAP 100 MG         3         0.00           10/29/2020         250         QEUTIAPINE 25 MG UD         1         1         0.00 </td <td>10/29/2020</td> <td>250</td> <td></td> <td>ACETAMINPHEN LIQ 650 MG CUP</td> <td>1</td> <td>18.05</td>	10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020   250	10/29/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/29/2020   250	10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/29/2020   250   DXYCODONE HCL TAB 5 MG UD   1   0.00     10/29/2020   250   BACITRACIN OINT UD 0.9 GM   1   0.00     10/29/2020   250   DOCUSATE SODIUM 100MG/10ML UDC   2   0.00     10/29/2020   250   ASPIRIN CHEW TAB 81 MG   2   0.00     10/29/2020   250   J1650   ENOXAPARIN INJ 30MG SYRINGE   6   262.80     10/29/2020   250   LEVETIRACETAM TAB 500 MG   2   42.90     10/29/2020   250   GABAPENTIN CAP 100 MG   3   0.00     10/29/2020   250   POLYETHYLENE GLYCOL 17 G   1   12.05     10/29/2020   250   QEUTIAPINE 25 MG UD   1   0.00     10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   1   17.60     10/29/2020   250   OXYCODONE HCL TAB 5 MG UD   1   0.00     10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/30/2020   250   J1630   HALOPERIDOL LACTAT 5 MG/IML AMP   1   13.40     10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88     10/30/2020   301   83735   MAGNESIUM   1   91.88     10/30/2020   300   36415   VENIPUNCTURE   1   30.45     10/30/2020   301   85027   CBC W/O DIFF   1   62.48     10/30/2020   250   J2704   PROPOFOL SDV 200 MG   20   30.65	10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/29/2020   250   BACITRACIN OINT UD 0.9 GM   1   0.00     10/29/2020   250   DOCUSATE SODIUM 100MG/10ML UDC   2   0.00     10/29/2020   250   ASPIRIN CHEW TAB 81 MG   2   0.00     10/29/2020   250   J1650   ENOXAPARIN INJ 30MG SYRINGE   6   262.80     10/29/2020   250   LEVETIRACETAM TAB 500 MG   2   42.90     10/29/2020   250   GABAPENTIN CAP 100 MG   3   0.00     10/29/2020   250   POLYETHYLENE GLYCOL 17 G   1   12.05     10/29/2020   250   QEUTIAPINE 25 MG UD   1   0.00     10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   17.60     10/29/2020   250   OXYCODONE HCL TAB 5 MG UD   1   0.00     10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00     10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05     10/30/2020   250   J1630   HALOPERIDOL LACTAT 5MG/IML AMP   1   13.40     10/30/2020   301   83930   OSMOLALITY,SERUM   1   70.88     10/30/2020   300   36415   VENIPUNCTURE   1   30.45     10/30/2020   301   85027   CBC W/O DIFF   1   62.48     10/30/2020   250   J2704   PROPOFOL SDV 200 MG   20   30.65	10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	I	18.05
10/29/2020   250	10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
10/29/2020   250	10/29/2020	250		BACITRACIN OINT UD 0,9 GM	1	0.00
10/29/2020         250         J1650         ENOXAPARIN INJ 30MG SYRINGE         6         262.80           10/29/2020         250         LEVETIRACETAM TAB 500 MG         2         42.90           10/29/2020         250         GABAPENTIN CAP 100 MG         3         0.00           10/29/2020         250         POLYETHYLENE GLYCOL 17 G         1         12.05           10/29/2020         250         QEUTIAPINE 25 MG UD         1         0.00           10/29/2020         250         MAGNESIUM HYDROXIDE SUSP 30 ML         1         17.60           10/29/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/29/2020         250         BISACODYL 10MG SUPPOSI         1         0.00           10/29/2020         250         BISACODYL 10MG SUPPOSI         1         18.05           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/IML AMP         1         13.40           10/30/2020         301         83930         OSMOLALITY,SERUM         1         70.88           10/30/2020         301         83735         MAGNESIUM         1         30.45           10/30/2020         300         36415         VENIPUNCTURE         1         30.45 <td>10/29/2020</td> <td>250</td> <td></td> <td>DOCUSATE SODIUM 100MG/10ML UDC</td> <td>2</td> <td>0.00</td>	10/29/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
10/29/2020         250         LEVETIRACETAM TAB 500 MG         2         42.90           10/29/2020         250         GABAPENTIN CAP 100 MG         3         0.00           10/29/2020         250         POLYETHYLENE GLYCOL 17 G         1         12.05           10/29/2020         250         QEUTIAPINE 25 MG UD         1         0.00           10/29/2020         250         MAGNESIUM HYDROXIDE SUSP 30 ML         1         17.60           10/29/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/29/2020         250         DISACODYL 10MG SUPPOSI         1         0.00           10/29/2020         250         BISACODYL 10MG SUPPOSI         1         1         0.00           10/29/2020         250         ACETAMINPHEN LIQ 650 MG CUP         1         18.05           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/IML AMP         1         13.40           10/30/2020         301         83930         OSMOLALITY, SERUM         1         70.88           10/30/2020         301         83735         MAGNESIUM         1         91.88           10/30/2020         300         36415         VENIPUNCTURE         1         30.45	10/29/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
10/29/2020   250	10/29/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/29/2020         250         POLYETHYLENE GLYCOL 17 G         1         12.05           10/29/2020         250         QEUTIAPINE 25 MG UD         1         0.00           10/29/2020         250         MAGNESIUM HYDROXIDE SUSP 30 ML         1         17.60           10/29/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/29/2020         250         BISACODYL 10MG SUPPOSI         1         0.00           10/29/2020         250         ACETAMINPHEN LIQ 650 MG CUP         1         18.05           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/1ML AMP         1         13.40           10/30/2020         301         83930         OSMOLALITY,SERUM         1         70.88           10/30/2020         301         83735         MAGNESIUM         1         91.88           10/30/2020         300         36415         VENIPUNCTURE         1         30.45           10/30/2020         301         85027         CBC W/O DIFF         1         62.48           10/30/2020         301         80048         BMP, BASIC METABOLIC         1         245.18           PANEL, CALCIUM, TOTAL         1         20         30.65 <td>10/29/2020</td> <td>250</td> <td></td> <td>LEVETIRACETAM TAB 500 MG</td> <td>2</td> <td>42.90</td>	10/29/2020	250		LEVETIRACETAM TAB 500 MG	2	42.90
10/29/2020   250   QEUTIAPINE 25 MG UD   1   0.00   10/29/2020   250   MAGNESIUM HYDROXIDE SUSP 30 ML   17.60   10/29/2020   250   OXYCODONE HCL TAB 5 MG UD   1   0.00   10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/30/2020   250   J1630   HALOPERIDOL LACTAT 5MG/IML AMP   1   13.40   10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88   10/30/2020   301   83735   MAGNESIUM   1   91.88   10/30/2020   300   36415   VENIPUNCTURE   1   30.45   10/30/2020   300   36415   VENIPUNCTURE   1   30.45   10/30/2020   301   85027   CBC W/O DIFF   1   62.48   10/30/2020   301   80048   BMP, BASIC METABOLIC   1   245.18   PANEL, CALCIUM, TOTAL   10/30/2020   250   J2704   PROPOFOL SDV 200 MG   20   30.65	10/29/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/29/2020       250       MAGNESIUM HYDROXIDE SUSP 30 ML       I       17.60         10/29/2020       250       OXYCODONE HCL TAB 5 MG UD       I       0.00         10/29/2020       250       BISACODYL 10MG SUPPOSI       I       0.00         10/29/2020       250       ACETAMINPHEN LIQ 650 MG CUP       I       18.05         10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/1ML AMP       I       13.40         10/30/2020       301       83930       OSMOLALITY,SERUM       I       70.88         10/30/2020       301       83735       MAGNESIUM       I       91.88         10/30/2020       300       36415       VENIPUNCTURE       I       30.45         10/30/2020       301       85027       CBC W/O DIFF       I       62.48         10/30/2020       301       80048       BMP, BASIC METABOLIC       I       245.18         PANEL,CALCIUM,TOTAL       I       20       30.65	10/29/2020	250		POLYETHYLENE GLYCOL 17 G	l	12.05
10/29/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/29/2020         250         BISACODYL 10MG SUPPOSI         1         0.00           10/29/2020         250         ACETAMINPHEN LIQ 650 MG CUP         1         18.05           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/1ML AMP         1         13.40           10/30/2020         301         83930         OSMOLALITY,SERUM         1         70.88           10/30/2020         301         83735         MAGNESIUM         1         91.88           10/30/2020         300         36415         VENIPUNCTURE         1         30.45           10/30/2020         301         85027         CBC W/O DIFF         1         62.48           10/30/2020         301         80048         BMP, BASIC METABOLIC         1         245.18           PANEL, CALCIUM, TOTAL         1         20         30.65	10/29/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/29/2020   250   BISACODYL 10MG SUPPOSI   1   0.00   10/29/2020   250   ACETAMINPHEN LIQ 650 MG CUP   1   18.05   10/30/2020   250   J1630   HALOPERIDOL LACTAT 5MG/1ML AMP   1   13.40   10/30/2020   301   83930   OSMOLALITY, SERUM   1   70.88   10/30/2020   301   83735   MAGNESIUM   1   91.88   10/30/2020   300   36415   VENIPUNCTURE   1   30.45   10/30/2020   300   36415   VENIPUNCTURE   1   30.45   10/30/2020   301   85027   CBC W/O DIFF   1   62.48   10/30/2020   301   80048   BMP, BASIC METABOLIC   1   245.18   PANEL, CALCIUM, TOTAL   10/30/2020   250   J2704   PROPOFOL SDV 200 MG   20   30.65	10/29/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	l	17.60
10/29/2020       250       ACETAMINPHEN LIQ 650 MG CUP       1       18.05         10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/IML AMP       1       13.40         10/30/2020       301       83930       OSMOLALITY,SERUM       1       70.88         10/30/2020       301       83735       MAGNESIUM       1       91.88         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       301       85027       CBC W/O DIFF       1       62.48         10/30/2020       301       80048       BMP, BASIC METABOLIC       1       245.18         PANEL,CALCIUM,TOTAL       PANEL,CALCIUM,TOTAL       20       30.65	10/29/2020	250		OXYCODONE HCL TAB 5 MG UD	I	0.00
10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/1ML AMP       1       13.40         10/30/2020       301       83930       OSMOLALITY,SERUM       1       70.88         10/30/2020       301       83735       MAGNESIUM       1       91.88         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       301       85027       CBC W/O DIFF       1       62.48         10/30/2020       301       80048       BMP, BASIC METABOLIC       1       245.18         PANEL,CALCIUM,TOTAL       PANEL,CALCIUM,TOTAL       20       30.65	10/29/2020	250		BISACODYL 10MG SUPPOSI	t	0.00
10/30/2020       301       83930       OSMOLALITY,SERUM       1       70.88         10/30/2020       301       83735       MAGNESIUM       1       91,88         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       301       85027       CBC W/O DIFF       1       62,48         10/30/2020       301       80048       BMP, BASIC METABOLIC PANEL, CALCIUM, TOTAL       1       245.18         10/30/2020       250       J2704       PROPOFOL SDV 200 MG       20       30.65	10/29/2020	250		ACETAMINPHEN LIQ 650 MG CUP	I	18.05
10/30/2020       301       83735       MAGNESIUM       1       91,88         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       301       85027       CBC W/O DIFF       1       62.48         10/30/2020       301       80048       BMP, BASIC METABOLIC PANEL, CALCIUM, TOTAL       1       245.18         10/30/2020       250       J2704       PROPOFOL SDV 200 MG       20       30.65	10/30/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       301       85027       CBC W/O DIFF       1       62.48         10/30/2020       301       80048       BMP, BASIC METABOLIC PANEL, CALCIUM, TOTAL       1       245.18         10/30/2020       250       J2704       PROPOFOL SDV 200 MG       20       30.65	10/30/2020	301	83930	OSMOLALITY,SERUM	1	70.88
10/30/2020       300       36415       VENIPUNCTURE       1       30.45         10/30/2020       301       85027       CBC W/O DIFF       1       62.48         10/30/2020       301       80048       BMP, BASIC METABOLIC PANEL, CALCIUM, TOTAL       1       245.18         10/30/2020       250       J2704       PROPOFOL SDV 200 MG       20       30.65	10/30/2020	301	83735	MAGNESIUM	1	91,88
10/30/2020       301       85027       CBC W/O DIFF       1       62,48         10/30/2020       301       80048       BMP, BASIC METABOLIC PANEL, CALCIUM, TOTAL       1       245.18         10/30/2020       250       J2704       PROPOFOL SDV 200 MG       20       30.65	10/30/2020	300	36415	VENIPUNCTURE	l	30.45
10/30/2020 301 80048 BMP, BASIC METABOLIC 1 245.18 PANEL, CALCIUM, TOTAL 10/30/2020 250 J2704 PROPOFOL SDV 200 MG 20 30.65	10/30/2020	300	36415	VENIPUNCTURE	1	30.45
PANEL, CALCIUM, TOTAL 10/30/2020 250 J2704 PROPOFOL SDV 200 MG 20 30.65	10/30/2020	301	85027	CBC W/O DIFF	I	62,48
10/30/2020 250 J2704 PROPOFOL SDV 200 MG 20 30.65	10/30/2020	301	80048	· · · · · · · · · · · · · · · · · · ·	1	245.18
10/30/2020 250 ACETAMINPHEN LIQ 650 MG CUP I 18.05			J2704		20	30.65
	10/30/2020	250		ACETAMINPHEN LIQ 650 MG CUP	l	18.05

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider:

Provider Tax ID #:

**ACUTE** 

510103684

Statement Number:

Account Number:

Enc. ID / ECD ID:

Claim ID: Bill Date: Birth Date: 7200124678 SRN68633660

8420515

12699773-1 5912088006 /

03/05/2021 01/11/1992

**Detail for: IP Hospital Acute** 

10/24/2020 — 11/12/2020

10/30/2020   250						
10/30/2020   250	10/30/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
10/30/2020   250				•		
10/30/2020   250						
10/30/2020   250				DOCUSATE SODIUM 100MG/10ML UDC		0.00
10/30/2020   250	10/30/2020		J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/30/2020   250	10/30/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         8         122.90           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/IML AMP         1         13.40           10/30/2020         250         DIVALPROEX SOD 250MG TAB         1         11.70           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         QEUTIAPINE 25 MG UD         1         0.00           10/30/2020         258         KETAMINE 50 MG/5 ML INJ         1         30.00           10/30/2020         250         OLANZAPINE TAB 5 MG         4         273.20           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/IML VIAL         4         11.70           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/IML VIAL         4         11.70           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/IML VIAL         4         11.70           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250 </td <td>10/30/2020</td> <td>250</td> <td></td> <td>MELATONIN 3 MG TAB</td> <td>1</td> <td>0.00</td>	10/30/2020	250		MELATONIN 3 MG TAB	1	0.00
10/30/2020   250	10/30/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/30/2020   250   J1630   HALOPERIDOL LACTAT 5MG/IML AMP   1   13.40	10/30/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	8	122.90
10/30/2020   250	10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         QEUTIAPINE 25 MG UD         1         0.00           10/30/2020         258         KETAMINE 50 MG/5 ML INJ         1         30.00           10/30/2020         250         OLANZAPINE TAB 5 MG         4         273.20           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/IML VIAL         4         11.70           10/30/2020         258         RECURONIUM BROMIDE VIAL 5 ML         2         54.50           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J1170         HYDROMORPHONE 0.5MG SYRINGE         1         20.40           10/30/2020         250         J1630         HALOPERIDOL, LACTAT 5MG/IML AMP         1         13,40           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64.95           10/30/2020         250 <td>10/30/2020</td> <td>250</td> <td>J1630</td> <td>HALOPERIDOL LACTAT 5MG/1ML AMP</td> <td>1</td> <td>13.40</td>	10/30/2020	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	13.40
10/30/2020         250         QEUTIAPINE 25 MG UD         1         0.00           10/30/2020         258         KETAMINE 50 MG/5 ML INJ         1         30.00           10/30/2020         250         OLANZAPINE TAB 5 MG         4         273.20           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/1ML VIAL         4         11.70           10/30/2020         258         RECURONIUM BROMIDE VIAL 5 ML         2         54.50           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J1170         HYDROMORPHONE 0.5MG SYRINGE         1         20.40           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/1ML AMP         1         13.40           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64.95           10/30/202	10/30/2020	250		DIVALPROEX SOD 250MG TAB	1	11.70
10/30/2020         258         KETAMINE 50 MG/5 ML INJ         1         30.00           10/30/2020         250         OLANZAPINE TAB 5 MG         4         273.20           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/IML VIAL         4         11.70           10/30/2020         258         RECURONIUM BROMIDE VIAL 5 ML         2         54.50           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J1170         HYDROMORPHONE 0.5MG SYRINGE         1         20.40           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/IML AMP         1         13.40           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64.95           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45	10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/30/2020         250         OLANZAPINE TAB 5 MG         4         273.20           10/30/2020         250         J1100         DEXAMETHASONE SODI 4MG/IML VIAL         4         11.70           10/30/2020         258         RECURONIUM BROMIDE VIAL 5 ML         2         54.50           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J1170         HYDROMORPHONE 0.5MG SYRINGE         1         20.40           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/IML AMP         1         13.40           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         AMANTADINE HCL 100MG CAP         1         22.95           10/30/2020         258         LIDOCAINE 2% 3 ML SYRINGE-RX P         1         7.30           10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64.95           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45	10/30/2020	250		QEUTIAPINE 25 MG UD	1	0.00
10/30/2020       250       J1100       DEXAMETHASONE SODI 4MG/IML VIAL       4       11.70         10/30/2020       258       RECURONIUM BROMIDE VIAL 5 ML       2       54.50         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       J2405       ONDANSETRON INJ 4 MG/2ML VIAL       4       0.00         10/30/2020       250       J1170       HYDROMORPHONE 0.5MG SYRINGE       1       20.40         10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/IML AMP       1       13.40         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7.30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64.95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1	10/30/2020	258		KETAMINE 50 MG/5 ML INJ	1	30.00
10/30/2020       258       RECURONIUM BROMIDE VIAL 5 ML       2       54.50         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       J2405       ONDANSETRON INJ 4 MG/2ML VIAL       4       0.00         10/30/2020       250       J1170       HYDROMORPHONE 0.5MG SYRINGE       1       20.40         10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/1ML AMP       1       13.40         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7.30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64.95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1	10/30/2020	250		OLANZAPINE TAB 5 MG	4	273.20
10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J1170         HYDROMORPHONE 0.5MG SYRINGE         1         20.40           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/IML AMP         1         13.40           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         AMANTADINE HCL 100MG CAP         1         22.95           10/30/2020         258         LIDOCAINE 2% 3 ML SYRINGE-RX P         1         7,30           10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64.95           10/30/2020         250         MELATONIN 3 MG TAB         2         0.00           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         ACETAMINPHEN LIQ 650 MG CUP         2         29.45	10/30/2020	250	J1100	DEXAMETHASONE SODI 4MG/1ML VIAL	4	11.70
10/30/2020         250         J2405         ONDANSETRON INJ 4 MG/2ML VIAL         4         0.00           10/30/2020         250         J1170         HYDROMORPHONE 0.5MG SYRINGE         1         20.40           10/30/2020         250         J1630         HALOPERIDOL LACTAT 5MG/1ML AMP         1         13.40           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         AMANTADINE HCL 100MG CAP         1         22.95           10/30/2020         258         LIDOCAINE 2% 3 ML SYRINGE-RX P         1         7.30           10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64.95           10/30/2020         250         MELATONIN 3 MG TAB         2         0.00           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         ACETAMINPHEN LIQ 650 MG CUP         2         29.45	10/30/2020	258		RECURONIUM BROMIDE VIAL 5 ML	2	54.50
10/30/2020       250       J1170       HYDROMORPHONE 0.5MG SYRINGE       1       20,40         10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/IML AMP       1       13,40         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       AMANTADINE HCL 100MG CAP       1       22.95         10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7,30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64,95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       ACETAMINPHEN LIQ 650 MG CUP       2       29.45	10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	I	0.00
10/30/2020       250       J1630       HALOPERIDOL LACTAT 5MG/IML AMP       1       13,40         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       AMANTADINE HCL 100MG CAP       1       22.95         10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7,30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64.95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       ACETAMINPHEN LIQ 650 MG CUP       2       29.45	10/30/2020	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	0.00
10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       AMANTADINE HCL 100MG CAP       1       22.95         10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7.30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64.95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       ACETAMINPHEN LIQ 650 MG CUP       2       29.45	10/30/2020	250	J1170	HYDROMORPHONE 0.5MG SYRINGE	1	20.40
10/30/2020       250       AMANTADINE HCL 100MG CAP       1       22.95         10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7,30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64,95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       ACETAMINPHEN LIQ 650 MG CUP       2       29.45	10/30/2020	250	J1630	HALOPERIDOL LACTAT 5MG/IML AMP	1	13,40
10/30/2020       258       LIDOCAINE 2% 3 ML SYRINGE-RX P       1       7.30         10/30/2020       250       J0330       SUCCINYLCHOLINE 100MG/5ML SYR       5       64.95         10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       ACETAMINPHEN LIQ 650 MG CUP       2       29.45	10/30/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	4	61.45
10/30/2020         250         J0330         SUCCINYLCHOLINE 100MG/5ML SYR         5         64,95           10/30/2020         250         MELATONIN 3 MG TAB         2         0.00           10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         ACETAMINPHEN LIQ 650 MG CUP         2         29.45	10/30/2020	250		AMANTADINE HCL 100MG CAP	l	22.95
10/30/2020       250       MELATONIN 3 MG TAB       2       0.00         10/30/2020       250       J0690       CEFAZOLIN SODIUM INJ MDV PER 2G       4       61.45         10/30/2020       250       OXYCODONE HCL TAB 5 MG UD       1       0.00         10/30/2020       250       ACETAMINPHEN LIQ 650 MG CUP       2       29.45	10/30/2020	258		LIDOCAINE 2% 3 ML SYRINGE-RX P	1	7.30
10/30/2020         250         J0690         CEFAZOLIN SODIUM INJ MDV PER 2G         4         61.45           10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         ACETAMINPHEN LIQ 650 MG CUP         2         29.45	10/30/2020	250	J0330	SUCCINYLCHOLINE 100MG/5ML SYR	5	64,95
10/30/2020         250         OXYCODONE HCL TAB 5 MG UD         1         0.00           10/30/2020         250         ACETAMINPHEN LIQ 650 MG CUP         2         29.45	10/30/2020	250		MELATONIN 3 MG TAB	2	0.00
10/30/2020 250 ACETAMINPHEN LIQ 650 MG CUP 2 29.45	10/30/2020	250	J0690	CEFAZOLIN SODIUM INJ MDV PER 2G	4	61.45
	10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	J	0.00
10/30/2020 250 OXYCODONE HCL TAB 5 MG UD 1 0.00	10/30/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
	10/30/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider:

**ACUTE** 

Provider Tax ID #:

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date:

SRN68633660 03/05/2021

Birth Date:

01/11/1992

# **Detail for: IP Hospital Acute**

10/24/2020 - 11/12/2020

(Continued)

10/30/2020	360	TIME,MAJOR OPERATING ROOM	59	5,687.85
10/30/2020	270	CANISTER, SUCTION 2000CC	1	7.02
10/30/2020	270	TUBE, SUCTION 3/16 X 12' STERILE	2	1.22
10/30/2020	270	BANDAGE, COBAN 4" ST NO LATEX	l	7.19
10/30/2020	270	PACK, BASIC ORTHO CUSTOM	1	158.86
10/30/2020	270	PAD, GROUNDING DISPOSABLE	l	11.34
10/30/2020	270	DRESSING, XEROFORM 5X9	1	0.53
10/30/2020	270	SOLUTION, IRRIG. WATER BOTTLE 1000ML	1	7.45
10/30/2020	272	KWIRE, 3X285MM	1	592.27
10/30/2020	272	PREP,SKIN APPLIC CHLORAPREP ORANGE TINT 26ML	2	59.08
10/30/2020	270	BIT, 4.2X340MM STERILE AO	1	852.29
10/30/2020	272	TUBING, PENEVAC I NON-STICK BLADE	ı	99.98
10/30/2020	270	PITCHER, GRADUATED LF 1200ML STERILE	1	9.09
10/30/2020	270	SOLUTION, NACL IRRIG 1000 ML	1	8.06
10/30/2020	270	WIRE, GUIDE/BALL TIP3.0 X 800MM	1	898.03
10/30/2020	272	DRILL, FREEHAND 4.2X185MM	1	977.49
10/30/2020	270	BANDAGE, KERLIX ROLL 4"	1	0.52
10/30/2020	270	PADDING, CAST 6IN WEBRIL STERILE	1	13.20
10/30/2020	270	STAPLER, VISISTAT 35W	1	33.18
10/30/2020	272	REAMER, SHAFT MOD TRINKLE 08X510MM	1	2,181.29
10/30/2020	272	SUT,2-0 36IN MONOCRYL ANTIBAC UNDYED CT-I	1	0.00
10/30/2020	272	SUT,1 36IN VICRYL ANTIBAC UNDYED CT-1	1	0.00
10/30/2020	270	SET,IV ALARIS PUMP PRIMARY 3 VALVES 1271	I	20.05
10/30/2020	270	SET, IV MID-PORTION	1	11.35
10/30/2020	270	COVER, BAIR HUGGER UPPER BODY	1	23.47

Page 20 of 34

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

**ACUTE** 

Provider Tax ID #:

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: Birth Date:

SRN68633660 03/05/2021

01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

(Continued)

Provider:

10/30/2020       270       MASK, OXYGEN ELONGATED       1         10/30/2020       270       STETHOSCOPE, ESO TEMP SEN 18FR       2         10/30/2020       270       TUBE, SUCTION YANKAUER       1         10/30/2020       270       TUBE, TRACH HI-LO 7.5MM W/CONN       1         10/30/2020       270       IV, LACT RINGERS 1000 ML       1         10/30/2020       270       SET, 6" EXT 300PSI W/SMARTSITE       1	0.48 14.02 0.52 6.71 6.57
10/30/2020       270       TUBE, SUCTION YANKAUER       1         10/30/2020       270       TUBE, TRACH HI-LO 7.5MM W/CONN       1         10/30/2020       270       IV, LACT RINGERS 1000 ML       1	0.52 6.71
10/30/2020 270 TUBE, TRACH HI-LO 7.5MM W/CONN 1 10/30/2020 270 IV, LACT RINGERS 1000 ML 1	6.71
10/30/2020 270 IV, LACT RINGERS 1000 ML 1	
	6.57
10/30/2020 270 SET 6" FYT 300PSI W/SMA PTSITE	0.57
10/30/2020 2/0 SEL, U EAL SOUFSE W/SMAKISHE	7.87
10/30/2020 272 BLADE AND HANDLE, LARYNGOSCOPE 1 DISP MAC 3	45.14
10/30/2020 270 AIRWAY, 90 MM GUEDEL 1	0.27
10/30/2020 370 TIME,ANESTHESIA 115	609.85
10/30/2020 270 KIT, ADULT ANESTHESIA CIRCUIT 1	28.59
10/30/2020 710 TIME,RECOVERY 57	928.20
10/30/2020 272 SLEEVE, CALF LENGTH STANDARD I	37.04
10/30/2020 272 DRESSING,MEPILEX BORDER SACRUM (6.3X7.9	26.58
10/30/2020 270 SENSOR,PULSE OXIMETRY ADULT AND 1 NEONATAL	37,04
10/30/2020 206 ROOM STEPDOWN 1	1,705.00
10/30/2020 270 SHADOW BILL 1	0.00
10/30/2020 430 97763 ORTHOTIC/PROSTHETIC CHECK,EACH 1 15 MIN,OT	100.28
10/30/2020 270 THUMB SPICA 1	69.30
10/30/2020 430 97760 ORTHOTIC FITTING/TRAINING,EACH 15 2 MIN,OT	242.56
10/30/2020 320 76000 FLUOROSCOPY IN OR GLP 1	0.00
10/30/2020 278 C1713 SCREW, LOCKING T2 ALPHA 5X75MM 1	1,031.33
10/30/2020 278 C1713 NAIL, T2 SUPRACONDYLAR 11X360MM 1	7,217.24
10/30/2020 278 C1713 SCREW, LOCKING 5X55MM 1	1,031.33
10/30/2020 278 C1713 SCREW, LOCKING T2 ALPHA 5X37.5MM 1	1,031.33
10/30/2020 278 C1713 SCREW, LOCKING T2 ALPHA 5X40MM 1	1,031.33
10/30/2020 250 OXYCODONE HCL TAB 5 MG UD 1	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72,352A

Provider:

ACUTE

Provider Tax ID #:

ACUTE

510103684

Statement Number:

Account Number:

8420515 12699773-1 5912088006 /

Enc. ID / ECD ID: Claim ID:

7200124678 SRN68633660

Bill Date: Birth Date: 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

		_			
10/31/2020	301	80048	BMP, BASIC METABOLIC	1	245.18
			PANEL,CALCIUM,TOTAL		
10/31/2020	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	82.95
10/31/2020	300	36415	VENIPUNCTURE	I	30.45
10/31/2020	300	36415	VENIPUNCTURE	1	30.45
10/31/2020	301	80048	BMP, BASIC METABOLIC	l	245.18
			PANEL,CALCIUM,TOTAL		
10/31/2020	206		ROOM STEPDOWN	1	1,705.00
10/31/2020	270		SHADOW BILL	1	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		OLANZAPINE TAB 5 MG	4	273.20
10/31/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
10/31/2020	250		GABAPENTIN CAP 100 MG	3	0.00
10/31/2020	250		MELATONIN 3 MG TAB	1	0.00
10/31/2020	250		DIVALPROEX SOD 250MG TAB	2	23.40
10/31/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0,00
10/31/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
10/31/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
10/31/2020	250		ASPIRIN CHEW TAB 81 MG	2	0,00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	I	0.00
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
10/31/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
10/31/2020	250		SENNA 1EA TAB	2	0.00
10/31/2020	250		ACETAMINPHEN LIQ 650 MG CUP	ì	18.05
10/31/2020	250		ERYTHROMYCIN 0.5% 0.5% 3.5GM/T	1	95.25
10/31/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0,00
10/31/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	118.13

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider Tax ID #:

**ACUTE** 

510103684

Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

Statement Number:

5912088006 / 7200124678

Claim ID: Bill Date:

SRN68633660 03/05/2021

Birth Date:

01/11/1992

# **Detail for: IP Hospital Acute**

10/24/2020 - 11/12/2020

(Continued)

Provider:

10/31/2020	440	92526	TREATMENT,FEEDING/SWALLOW,ST	I	263.55
10/31/2020	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	123.90
10/31/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/01/2020	300	36415	VENIPUNCTURE	1	30.45
11/01/2020	301	85027	CBC W/O DIFF	1	62.48
11/01/2020	301	80048	BMP, BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	245.18
11/01/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/01/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/01/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/01/2020	250		DIVALPROEX SOD 250MG TAB	2	23,40
11/01/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/01/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/01/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/01/2020	250		MELATONIN 3 MG TAB	l	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		SENNA 1EA TAB	2	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	2	28.50
11/01/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/01/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29,45
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	250		SENNA IEA TAB	1	0.00
11/01/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/01/2020	270		CT SYRINGE/ANGIO SET	1	79.28
11/01/2020	250	Q9967	CONTRAST, OMNIPAQUE IBP 350MGL 500ML 0407-1414-72	100	38.00
11/01/2020	351	70498	CTA,NECK,W/WO CONTRAST GLR	1	1,867.43

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

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Anne Warner S72.352A

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8420515 12699773-1 5912088006 /

Provider Tax ID #:

ACUTE 510103684 Enc. ID / ECD ID: 7200124678

Claim ID: Bill Date: Birth Date: SRN68633660 03/05/2021 01/11/1992

### **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

(Continued)

Provider:

11/01/2020	350	70498	CTA,NECK,W/WO CONTRAST PFR	1	298.73
11/01/2020	206		ROOM STEPDOWN	1	1,705.00
11/01/2020	270		SHADOW BILL	1	0.00
11/02/2020	206		ROOM STEPDOWN	1	1,705.00
11/02/2020	270		SHADOW BILL	1	0.00
11/02/2020	430	97760	ORTHOTIC FITTING/TRAINING,EACH 15 MIN,OT	1	121.28
11/02/2020	420	97116	GAIT TRAINING, EACH 15 MIN, PT	l	103.43
11/02/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/02/2020	301	85027	CBC W/O DIFF	1	62.48
11/02/2020	300	36415	VENIPUNCTURE	1	30.45
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/02/2020	258		OLANZAPINE 10 MG INJ	4	869.60
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		ACETAMINPHEN LIQ 650 MG CUP	I	18.05
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/02/2020	250		SENNA 1EA TAB	2	0.00
11/02/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	l	17.60
11/02/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
11/02/2020	250		SENNA IEA TAB	2	0.00
11/02/2020	258		OLANZAPINE 10 MG INJ	4	869.60
11/02/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/02/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/02/2020	250		DIVALPROEX SOD 250MG TAB	2	23,40
11/02/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/02/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/02/2020	250		GABAPENTIN CAP 100 MG	3	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider:

**ACUTE** 

Provider Tax ID #:

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: Birth Date: SRN68633660 03/05/2021 01/11/1992

### **Detail for: IP Hospital Acute**

10/24/2020 - 11/12/2020

11/02/2020	250		MELATONIN 3 MG TAB	1	0.00
11/02/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/02/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	206		ROOM STEPDOWN	1	1,705.00
11/03/2020	270		SHADOW BILL	1	0.00
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	440	92507	TREATMENT,SPEECH THERAPY,INDIVIDUAL,ST	1	240.45
11/03/2020	440	92526	TREATMENT, FEEDING/SWALLOW, ST	1	263.55
11/03/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118,13
11/03/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	2	236.26
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	l	17.60
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		BISACODYL 10MG SUPPOSI	l	0.00
11/03/2020	250		SENNA IEA TAB	2	0.00
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	2	29.45
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/03/2020	250		ACETAMINPHEN LIQ 650 MG CUP	l	18.05
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/03/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
11/03/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/03/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/03/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/03/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/03/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/03/2020	250		MELATONIN 3 MG TAB	1	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

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Provider:

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Provider Tax ID #;

510103684

Statement Number:

Account Number:

12699773-1 5912088006 /

8420515

Enc. ID / ECD ID:

7200124678

Claim ID: Bill Date: Birth Date:

SRN68633660 03/05/2021 01/11/1992

# **Detail for: IP Hospital Acute**

10/24/2020 - 11/12/2020

11/03/2020	250	POLYETHYLENE GLYCOL 17 G	1	12.05
11/03/2020	250	DIVALPROEX SOD 250MG TAB	I	11.70
11/04/2020	300 364	15 VENIPUNCTURE	1	30.45
11/04/2020	301 801	64 VALPROIC ACID	1	182.70
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250	ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/04/2020	250	ACETAMINPHEN LIQ 650 MG CUP	l	18.05
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0,00
11/04/2020	250	OLANZAPINE TAB 5 MG	4	273.20
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250	AMANTADINE HCL 100MG CAP	2	45.90
11/04/2020	250	ASPIRIN CHEW TAB 81 MG	2	0.00
11/04/2020	250	DIVALPROEX SODIUM 500MG TAB	2	43.50
11/04/2020	250	DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/04/2020	250 J16	50 ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/04/2020	250	GABAPENTIN CAP 100 MG	3	0.00
11/04/2020	250	ACETAMINPHEN TAB 325 MG	2	0.00
11/04/2020	250	MELATONIN 3 MG TAB	1	0,00
11/04/2020	250	POLYETHYLENE GLYCOL 17 G	i	12.05
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250	ACETAMINPHEN LIQ 650 MG CUP	1	18.05
11/04/2020	250	ACETAMINPHEN LIQ 650 MG CUP	2	29.45
11/04/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00
11/04/2020	250	DIVALPROEX SODIUM 500MG TAB	1	21.75
11/04/2020	206	ROOM STEPDOWN	t	1,705.00
11/04/2020	270	SHADOW BILL	1	0.00
11/05/2020	206	ROOM STEPDOWN	1	1,705.00
11/05/2020	270	SHADOW BILL	1	0.00
11/05/2020	250	OXYCODONE HCL TAB 5 MG UD	1	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

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Provider Tax ID #:

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID:

SRN68633660

Bill Date: Birth Date: 03/05/2021 01/11/1992

## Detail for: IP Hospital Acute

10/24/2020 - 11/12/2020

11/05/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/05/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	Ī	0.00
11/05/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/05/2020	250		SENNA 1EA TAB	2	0.00
11/05/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		SENNA IEA TAB	1	0.00
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/05/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/05/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/05/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/05/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/05/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/05/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/05/2020	250		MELATONIN 3 MG TAB	1	0.00
11/05/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/05/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
11/05/2020	250		ACETAMINPHEN TAB 325 MG	2	00.0
11/05/2020	440	92507	TREATMENT, SPEECH	i	240.45
			THERAPY,INDIVIDUAL,ST		
11/05/2020	440	92526	TREATMENT,FEEDING/SWALLOW,ST	I	263.55
11/05/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/05/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	2	236.26
11/06/2020	420	97116	GAIT TRAINING, EACH 15 MIN, PT	1	103.43
11/06/2020	420	97110	THERAPEUTIC EXERCISES, EACH 15	1	123.90
		214	MIN,PT	•	125.70
11/06/2020	250		SENNA IEA TAB	2	0.00
11/06/2020	250		MELATONIN 3 MG TAB	l	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider:

Provider Tax ID #:

**ACUTE** 

510103684

En

Statement Number:
Account Number:

8420515 12699773-1 5912088006 / 7200124678

Enc. ID / ECD ID: 7200124678 Claim ID: SRN68633660

Bill Date: Birth Date: 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

11/06/2020	250		POLYETHYLENE GLYCOL 17 G	i	12.05
11/06/2020	250		AMANTADINE HCL 100MG CAP	2	45,90
11/06/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/06/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/06/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/06/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/06/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/06/2020	250		SENNA IEA TAB	2	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/06/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/06/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/06/2020	206		ROOM STEPDOWN	1	1,705.00
11/06/2020	270		SHADOW BILL	l	0.00
11/07/2020	206		ROOM STEPDOWN	1	1,705.00
11/07/2020	270		SHADOW BILL	1	0.00
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
11/07/2020	250		OXYCODONE HCL TAB 5 MG UD		0.00
11/07/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.60
11/07/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/07/2020	250		AMANTADINE HCL 100MG CAP	2	45.90

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

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Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: Birth Date:

SRN68633660 03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

11/07/2020         250         DIVALPROE           11/07/2020         250         DOCUSATE           11/07/2020         250         J1650         ENOXAPARI           11/07/2020         250         GABAPENTI           11/07/2020         250         MELATONIN           11/07/2020         250         POLYETHYL           11/07/2020         250         OLANZAPIN           11/07/2020         250         OXYCODON           11/07/2020         250         OXYCODON           11/07/2020         250         SENNA 1EA           11/07/2020         250         ERYTHROM           11/08/2020         250         OXYCODON	LENE GLYCOL 17 G 1 E TAB 5 MG 4 E HCL TAB 5 MG UD 1 E HCL TAB 5 MG UD 1 TAB 2 YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	0.00 43.50 0.00 262.80 0.00 0.00 12.05 273.20 0.00 0.00 0.00 95.25
11/07/2020         250         DOCUSATE S           11/07/2020         250         J1650         ENOXAPARI           11/07/2020         250         GABAPENTI           11/07/2020         250         MELATONIN           11/07/2020         250         POLYETHYL           11/07/2020         250         OLANZAPIN           11/07/2020         250         OXYCODON           11/07/2020         250         OXYCODON           11/07/2020         250         SENNA 1EA           11/07/2020         250         ERYTHROM           11/08/2020         250         OXYCODON	SODIUM 100MG/10ML UDC IN INJ 30MG SYRINGE N CAP 100 MG 3 N 3 MG TAB LENE GLYCOL 17 G IE TAB 5 MG IE HCL TAB 5 MG UD IE HCL TAB 5 MG UD TAB YCIN 0.5% 0.5% 3.5GM/T IE HCL TAB 5 MG UD 1	0.00 262.80 0.00 0.00 12.05 273.20 0.00 0.00 0.00 95.25
11/07/2020         250         J1650         ENOXAPARI           11/07/2020         250         GABAPENTI           11/07/2020         250         MELATONIN           11/07/2020         250         POLYETHYL           11/07/2020         250         OLANZAPIN           11/07/2020         250         OXYCODON           11/07/2020         250         OXYCODON           11/07/2020         250         SENNA 1EA           11/07/2020         250         ERYTHROM           11/08/2020         250         OXYCODON	IN INJ 30MG SYRINGE  N CAP 100 MG  N 3 MG TAB  LENE GLYCOL 17 G  E TAB 5 MG  E HCL TAB 5 MG UD  E HCL TAB 5 MG UD  TAB  YCIN 0.5% 0.5% 3.5GM/T  E HCL TAB 5 MG UD  1	262.80 0.00 0.00 12.05 273.20 0.00 0.00 0.00 95.25
11/07/2020       250       GABAPENTI         11/07/2020       250       MELATONIN         11/07/2020       250       POLYETHYL         11/07/2020       250       OLANZAPIN         11/07/2020       250       OXYCODON         11/07/2020       250       OXYCODON         11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	N CAP 100 MG  N 3 MG TAB  LENE GLYCOL 17 G  E TAB 5 MG  E HCL TAB 5 MG UD  E HCL TAB 5 MG UD  TAB  YCIN 0.5% 0.5% 3.5GM/T  E HCL TAB 5 MG UD  1	0.00 0.00 12.05 273.20 0.00 0.00 0.00 95.25
11/07/2020       250       MELATONIN         11/07/2020       250       POLYETHYL         11/07/2020       250       OLANZAPIN         11/07/2020       250       OXYCODON         11/07/2020       250       OXYCODON         11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	1 S MG TAB 1 S MG TAB 1 S TAB 5 MG 4 S HCL TAB 5 MG UD 1 TAB 2 YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	0.00 12.05 273.20 0.00 0.00 0.00 95.25
11/07/2020       250       POLYETHYL         11/07/2020       250       OLANZAPIN         11/07/2020       250       OXYCODON         11/07/2020       250       OXYCODON         11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	LENE GLYCOL 17 G 1 E TAB 5 MG 4 E HCL TAB 5 MG UD 1 E HCL TAB 5 MG UD 1 TAB 2 YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	12.05 273.20 0.00 0.00 0.00 95.25
11/07/2020       250       OLANZAPIN         11/07/2020       250       OXYCODON         11/07/2020       250       OXYCODON         11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	E TAB 5 MG 4 E HCL TAB 5 MG UD 1 E HCL TAB 5 MG UD 1 TAB 2 YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	273.20 0.00 0.00 0.00 95.25
11/07/2020       250       OXYCODON         11/07/2020       250       OXYCODON         11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	E HCL TAB 5 MG UD 1 E HCL TAB 5 MG UD 1 TAB 2 YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	0.00 0.00 0.00 95.25
11/07/2020       250       OXYCODON         11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	E HCL TAB 5 MG UD 1 TAB 2 YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	0.00 0.00 95.25
11/07/2020       250       SENNA 1EA         11/07/2020       250       ERYTHROM         11/08/2020       250       OXYCODON	TAB       2         YCIN 0.5% 0.5% 3.5GM/T       1         E HCL TAB 5 MG UD       1	0.00 95.25
11/07/2020 250 ERYTHROM 11/08/2020 250 OXYCODON	YCIN 0.5% 0.5% 3.5GM/T 1 E HCL TAB 5 MG UD 1	95.25
11/08/2020 250 OXYCODON	E HCL TAB 5 MG UD	
1		l l
1 11/08/2020 250 OXYCODON		0.00
7,1,00,1	E HCL TAB 5 MG UD	0.00
11/08/2020 250 OXYCODON	E HCL TAB 5 MG UD	0,00
11/08/2020 250 OXYCODON	E HCL TAB 5 MG UD	0.00
11/08/2020 250 ACETAMINI	PHEN TAB 325 MG 2	0.00
11/08/2020 250 ACETAMINE	PHEN TAB 325 MG 2	0.00
11/08/2020 250 OXYCODON	E HCL TAB 5 MG UD	0.00
11/08/2020 250 MAGNESIUN	M HYDROXIDE SUSP 30 ML	17.60
11/08/2020 250 AMANTADI	NE HCL 100MG CAP 2	45.90
11/08/2020 250 ASPIRIN CHI	EW TAB 81 MG 2	0.00
11/08/2020 250 DIVALPROE	X SODIUM 500MG TAB 2	43.50
11/08/2020 250 DOCUSATE	SODIUM 100MG/10ML UDC 2	0.00
11/08/2020 250 GABAPENTI	N CAP 100 MG 3	0.00
11/08/2020 250 POLYETHYL	LENE GLYCOL 17 G	12.05
11/08/2020 250 MELATONIN	N 3 MG TAB	0.00
11/08/2020 250 SENNA LEA	TAB 2	0.00
11/08/2020 250 OLANZAPIN	E TAB 5 MG 4	273.20
11/08/2020 250 ACETAMINE	PHEN TAB 325 MG 2	0.00
11/08/2020 250 OXYCODON	E HCL TAB 5 MG UD	0,00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner \$72.352A

Provider:

ACUTE

Provider Tax ID #:

510103684

Statement Number: Account Number:

8420515 12699773-1

Enc. ID / ECD ID;

5912088006 / 7200124678

Claim ID: Bill Date: SRN68633660 03/05/2021

Birth Date:

01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

11/08/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/08/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	3	131.40
11/08/2020	206		ROOM STEPDOWN	1	1,705.00
11/08/2020	270		SHADOW BILL	I	0.00
11/09/2020	206		ROOM STEPDOWN	1	1,705.00
11/09/2020	270		SHADOW BILL	1	0.00
11/09/2020	301	80048	BMP, BASIC METABOLIC	1	245.18
			PANEL,CALCIUM,TOTAL		
11/09/2020	301	85027	CBC W/O DIFF	1	62.48
11/09/2020	300	36415	VENIPUNCTURE	1	30.45
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		SENNA IEA TAB	2	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		BISACODYL 10MG SUPPOSI	1	0.00
11/09/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/09/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/09/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/09/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43,50
11/09/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/09/2020	250		GABAPENTIN CAP 100 MG	3	0.00
11/09/2020	250		MELATONIN 3 MG TAB	1	0.00
11/09/2020	250		POLYETHYLENE GLYCOL 17 G	1	12,05
11/09/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/09/2020	250		OLANZAPINE TAB 5 MG	4	273.20

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider:

Provider Tax ID #:

510103684

**ACUTE** 

Statement Number:

Account Number:

Enc. ID / ECD ID:

Claim ID: Bill Date: Birth Date: 12699773-1 5912088006 /

8420515

7200124678 SRN68633660 03/05/2021

01/11/1992

## Detail for: IP Hospital Acute

10/24/2020 - 11/12/2020

11/09/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	118.13
11/09/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	1	103.43
11/09/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	118.13
11/10/2020	206		ROOM STEPDOWN	1	1,705.00
11/10/2020	270		SHADOW BILL	1	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/10/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250		SENNA IEA TAB	2	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/10/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	l	0.00
11/10/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/10/2020	306	U0004	MOLECULAR IBC FOR COVID19 W/COLLECTION	1	150.15
11/10/2020	301	G2023	COVID Specimen Collection	1	36.75
11/10/2020	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd GLR	1	1,167.08
11/10/2020	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd PFR	1	517.13
11/10/2020	250		SENNA IEA TAB	2	0.00
11/10/2020	250		AMANTADINE HCL 100MG CAP	2	45.90
11/10/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/10/2020	250		DIVALPROEX SODIUM 500MG TAB	2	43.50
11/10/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
11/10/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	6	262.80
11/10/2020	250		GABAPENTIN CAP 100 MG	3	0.00

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner \$72.352A

Statement Number: Account Number: 8420515 12699773-1

Provider:

ACUTE

Enc. ID / ECD ID:

5912088006 / 7200124678

Provider Tax ID #:

510103684

Claim (D:

SRN68633660 03/05/2021

Bill Date: Birth Date:

01/11/1992

# **Detail for: IP Hospital Acute**

10/24/2020 — 11/12/2020

11/10/2020	250		MELATONIN 3 MG TAB	1	0.00
11/10/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/11/2020	320	73110	XRAY, WRIST, COMPLETE, MINIMUM 3 VIEWS, LT GLR	1	143.85
11/11/2020	206		ROOM STEPDOWN	1	1,705.00
11/11/2020	270		SHADOW BILL	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		SENNA IEA TAB	2	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		OLANZAPINE TAB 5 MG	4	273.20
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		ACETAMINPHEN TAB 325 MG	2	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
11/11/2020	250		OXYCODONE HCL TAB 5 MG UD	1	00.0
11/11/2020	250		ACETAMINPHEN TAB 325 MG	4	00.0
11/11/2020	250		ASPIRIN CHEW TAB 81 MG	2	0.00
11/11/2020	250		POLYETHYLENE GLYCOL 17 G	1	12.05
11/11/2020	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	l	118,13
11/11/2020	420	97116	GAIT TRAINING,EACH 15 MIN,PT	l	103.43
11/11/2020	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	118.13
11/11/2020	320	73552	XRAY,FEMUR,2 VIEWS,LT PFR	I	31.50
11/11/2020	320	73552	XRAY,FEMUR,2 VIEWS,LT GLR	1	155.40
11/11/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT PFR	I	29.40
11/11/2020	320	73130	XRAY,HAND,MINIMUM 3 VIEWS,RT GLR	<u> </u>	143.85

P.O. Box 2653

Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner

Provider:

Provider Tax ID #:

S72.352A

ACUTE

510103684

Statement Number:

Account Number:

Enc. ID / ECD ID:

Claim ID: Bill Date: Birth Date: 12699773-1 5912088006 /

8420515

7200124678 SRN68633660

03/05/2021 01/11/1992

## **Detail for: IP Hospital Acute**

10/24/2020 - 11/12/2020

			TOTAL BALANCE DUE		\$ 183,499.9
			Total Guarantor Payments / Adjustment	nts	\$ 0.0
			Total Guarantor Adjustments	\$ 0.00	
			Total Guarantor Payments	\$ 0.00	
			Total Insurance Payments / Adjustmen	ts	\$ 0.0
			Total Insurance Adjustments	\$ 0.00	
			Total Insurance Payments	\$ 0.00	
12/18/2020			Auto Insurance Payment		0.0
PAYMENTS	S/ADJU	STMENTS			•
			Total Charges		\$ 183,499.
			Total Other Charges	\$ 140,116.97	
			Total Room/Bed Charges	\$ 43,383.00	
1/12/2020	250		MAGNESIUM HYDROXIDE SUSP 30 ML	1	17.6
1/12/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.0
1/12/2020	250		ACETAMINPHEN TAB 325 MG	2	0.0
1/12/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.0
1/12/2020	250		(90686) SENNA 1EA TAB	2	0.0
1/12/2020	250	90686	INFLUENZA VACC 36 M PLUS 0.5 ML	1	30.0
1/12/2020	771	G0008	ADMINISTRATION, FLU VACCINE	1	28.3
1/12/2020	250		OXYCODONE HCL TAB 5 MG UD	1	0.0
1/12/2020	440	92507	TREATMENT,\$PEECH THERAPY,INDIVIDUAL,ST	1	240.4
1/11/2020	250		DOCUSATE SODIUM 100MG/10ML UDC	1	0.0
1/11/2020	250		DIVALPROEX SODIUM 500MG TAB	1	21,7
1/11/2020	250		GABAPENTIN CAP 100 MG	1	0.0
1/11/2020	250		AMANTADINE HCL 100MG CAP	1	22.9
1/11/2020	250	J1650	ENOXAPARIN INJ 30MG SYRINGE	3	131.4
11/11/2020	320	73110	XRAY,WRIST,COMPLETE,MINIMUM 3 VIEWS,LT PFR	1	29.4

P.O. Box 2653 Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A

Provider:

ACUTE

Provider Tax ID #:

510103684

Statement Number:
Account Number:

8420515 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: SRN68633660 03/05/2021

Birth Date:

01/11/1992

10/24/2020 — 11/12/2020

**Detail for: IP Hospital Acute** 

(Continued)

Page 34 of 34

P.O. Box 2653

Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician: Principal Diagnosis:

Anne Warner S72.352A Statement Number: Account Number: 8420523 12699773-1

Provider:

ACUTE

Enc. ID / ECD ID:

5912088006 / 7200124678

Provider Tax ID #:

510103684

Claim ID: Bill Date: SRN68180437 03/05/2021

Birth Date:

01/11/1992

**Summary for: IP Hospital Acute** 

10/24/2020 - 11/12/2020

CHARGES	Description	Amount (\$)
	ICU/SURGICAL	17,808.00
	ICU/INTERMEDIATE	25,575.00
	VACCINE ADMIN	28.35
	PRO FEE/EKG	71.93
	OTHER RX SVS	74.55
	PULMONARY FUNC	90.83
	EKG/ECG	116.55
	PRO FEE/RAD/DX	194,26
	IV THERAPY	203.18
	LAB/BACT-MICRO	300.30
	CARDIOLOGY	348.93
	PHYS THERP/EVAL	383.25
	OCCUP THERP/EVAL	383.25
	OTHER PRO FEE	441.00
	SPEECH PATH/EVAL	454.13
	PRO FEE/OR	469.35
	LABORATORY	639.45

Christiana Care Health Services P.O. Box 2653 Wilmington DE 19805

ADDRESS SERVICE REQUESTED

AUSTIN MULLINEAUX 6 BURNS WAY NEWARK DE 19702 Financial Coverages

Priority Plan Name

Auto Blue Cross DE Policy #

<u>Subscriber</u>

0604577809 AUSTIN MULLINEAUX XHP12311920 AUSTIN MULLINEAUX

5001

Guarantor: AUSTIN MULLINEAUX

P.O. Box 2653

Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician:

Principal Diagnosis:

Provider:

S72.352 ACUTE

Provider Tax ID #: 5101

Anne Warner S72.352A

510103684

Statement Number: Account Number:

mber: 8420523 iber: 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID: Bill Date: SRN68180437 03/05/2021

Birth Date:

01/11/1992

## **Summary for: IP Hospital Acute**

10/24/2020 to 11/12/2020

LAB/HEMATOLOGY		649.44
LAB/IMMUNOLOGY		683.56
ULTRASOUND		714.53
PRO FEE		795.94
TREATMENT RM		905.85
RECOVERY ROOM		928.20
ANESTHESIA		1,150.40
PERI VASCUL LAB		1,167.08
PHYSICAL THERP		1,473.73
OCCUPATION THER		1,533.59
PRO FEE/GEN ADTL		1,743.02
EMERG ROOM		1,960.88
SPEECH PATHOL		2,052.75
DX X-RAY		2,132.04
RESPIRATORY SVC		4,077.70
STERILE SUPPLY		4,177.93
IV SOLUTIONS		4,541.00
MRI - SPINE		4,601.63
CT SCAN/BODY		4,708.21
PHARMACY		5,263.65
LAB/CHEMISTRY		5,543.19
TRAUMA LEVEL I		6,178.20
CT SCAN/HEAD		6,415.51
DRUG/DETAIL CODE		7,608.49
OR SERVICES		10,430.70
SUPPLY/IMPLANTS		13,091.76
MED-SUR SUPPLIES		41,388.68
Total Room/Bed Charges	\$ 43,383.00	
Total Ancillary Charges	\$ 140,116.97	
	Total Charges	\$ 183,499.97
PAYMENTS/ADJUSTMENTS		
Auto Payments Total		0.00

P.O. Box 2653

Wilmington, DE 19805

Pt Name: AUSTIN MULLINEAUX

Attending Physician:

Principal Diagnosis:

Provider:

Provider Tax ID #:

Anne Warner

S72.352A ACUTE

510103684

Statement Number:

8420523 Account Number: 12699773-1

Enc. ID / ECD ID:

5912088006 / 7200124678

Claim ID:

SRN68180437

Bill Date:

03/05/2021

Birth Date:

01/11/1992

## Summary for: IP Hospital Acute

10/24/2020 to 11/12/2020

Guarantor Payments		0.00
Guarantor Adjustments		0.00
Total Insurance Payments	\$ 0.00	
Total Insurance Adjustments	\$ 0.00	
Total Insurance Payments / Adjustments		\$ 0.00
Total Guarantor Payments / Adjustments		\$ 0.00
TOTAL BALANCE D	)ŲE	\$ 183,499.97