

HIGHMARK.
West Virginia



120 5th Ave Place Suite P3103
Pittsburgh, PA 15222

ELECTRONIC CLAIM ATTACHMENT COVER SHEET

Date: 4/19/2021 Number of Pages (including cover sheet) 19

Attention: Payment Integrity, Host High Dollar Review: Kelly Rizor

Fax Number: (855) 329-8191

Highmark
120 5th Ave Place Suite P3103
Attention Integrity/Host-High Dollar review/Kelly Rizor
Pittsburg, PA 15222

From: Charleston Area Medical Center

Fax number: 304-388-3570

Office Contact Name: Kathy H.

Phone number: 304-388-3728

Please check one of the following:

☐ This is a first time submitted electronic claim with the PWK indicator reported

On the claim. Patient account number: _____

☒ This information is for a claim already received by Highmark WV:

Patient Name: Nancy Nunn

Subscriber ID: MTA 514M 92528

Service Date: 1/13/2021 - 2/9/2021 **Total Charges:** \$294,825.62

Provider NPI: 1952390239

Attachment Control Number: _____

Claim Number: 2185 8131 287

Note: The information contained in this facsimile message is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone and return the original message to us at the address above via the U.S. Postal Service. Thank you.

ITEMIZED BILL

PAGE 1

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0110	ROOM/BED: PRIVATE	2676.00	020421	1	2676.00	
0110	ROOM/BED: PRIVATE	2676.00	020521	1	2676.00	
0110	ROOM/BED: PRIVATE	2676.00	020621	1	2676.00	
0110	ROOM/BED: PRIVATE	2676.00	020721	1	2676.00	
0110	ROOM/BED: PRIVATE	2676.00	020821	1	2676.00	
0200	ROOM/BED: INTENSIVE CARE	5518.00	012921	1	5518.00	
0200	ROOM/BED: INTENSIVE CARE	5518.00	013021	1	5518.00	
0214	ROOM/BED: TELEMETRY	3720.00	011321	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	011421	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	011521	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	011621	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	011721	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	011821	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	011921	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012021	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012121	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012221	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012321	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012421	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012521	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012621	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012721	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	012821	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	013121	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	020121	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	020221	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	020321	1	3720.00	
0230	INSERTION PICC 5 YEARS O	36569	012121	1	1228.00	
0250	IOPAMIDOL 76% (ISOVUE-37		011321	1	615.40	
0250	PIPERACILLIN-TAZOBACTAM		011321	1	37.00	
0250	VANCOMYCIN 1500 MG/D5W 5		011321	1	61.00	
0250	ONDANSETRON 2 MG/ML 2 ML		011321	1	2.18	
0250	PIPERACILLIN-TAZOBACTAM		011321	1	27.83	
0250	NICOTINE 14 MG/24 HR PAT		011421	1	3.39	
0250	PIPERACILLIN-TAZOBACTAM		011421	1	27.83	
0250	ONDANSETRON 2 MG/ML 2 ML		011421	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011421	1	4.30	
0250	PROMETHAZINE 25 MG/ML 1		011421	1	3.51	
0250	PIPERACILLIN-TAZOBACTAM		011421	1	27.83	
0250	ONDANSETRON 2 MG/ML 2 ML		011421	1	1.00	
0001	PAGE 1 OF 17			40	100857.45	

ITEMIZED BILL

PAGE 2

DATE 04/19/2021
TIME 08:33:44 AM

CHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530

PATIENT CONTROL NUMBER
11244626

PATIENT NAME
NUNN, NANCY J

MEDICAL RECORD NUMBER
129649

BEGINNING DATE OF SERVICE
011321

ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	OXYCODONE-ACETAMINOPHEN		011421	1	4.30	
0250	PIPERACILLIN-TAZOBACTAM		011421	1	27.83	
0250	ONDANSETRON 2 MG/ML 2 ML		011521	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011521	1	4.30	
0250	PIPERACILLIN-TAZOBACTAM		011521	1	27.83	
0250	MAGNESIUM SULFATE 2 G/50		011521	1	2.73	
0250	NICOTINE 14 MG/24 HR PAT		011521	1	3.39	
0250	GADOBENATE DIMEGLUMINE (011521	1	110.42	
0250	OXYCODONE-ACETAMINOPHEN		011521	1	4.30	
0250	PIPERACILLIN-TAZOBACTAM		011521	1	27.83	
0250	OXYCODONE-ACETAMINOPHEN		011521	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		011521	1	2.18	
0250	LORAZEPAM 0.5 MG TABLET		011521	1	1.00	
0250	PIPERACILLIN-TAZOBACTAM		011521	1	27.83	
0250	PIPERACILLIN-TAZOBACTAM		011621	1	27.83	
0250	PIPERACILLIN-TAZOBACTAM		011621	1	27.83	
0250	ONDANSETRON 2 MG/ML 2 ML		011621	1	2.18	
0250	PIPERACILLIN-TAZOBACTAM		011621	1	27.83	
0250	PIPERACILLIN-TAZOBACTAM		011721	1	27.83	
0250	ONDANSETRON 2 MG/ML 2 ML		011721	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011721	1	4.30	
0250	PIPERACILLIN-TAZOBACTAM		011721	1	27.83	
0250	PIPERACILLIN-TAZOBACTAM		011721	1	27.83	
0250	OXYCODONE-ACETAMINOPHEN		011721	1	4.30	
0250	PIPERACILLIN-TAZOBACTAM		011821	1	27.83	
0250	ONDANSETRON 2 MG/ML 2 ML		011821	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011821	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		011821	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011821	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		011821	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011821	1	4.30	
0250	PROMETHAZINE 25 MG/ML 1		011921	1	3.51	
0250	OXYCODONE-ACETAMINOPHEN		011921	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		011921	1	2.18	
0250	MAGNESIUM SULFATE 2 G/50		011921	1	2.73	
0250	ONDANSETRON 2 MG/ML 2 ML		011921	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011921	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		011921	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		011921	1	4.30	
0250	OXYCODONE-ACETAMINOPHEN		012021	1	4.30	
0001	PAGE 2 OF 17			40	507.61	

ITEMIZED BILL

PAGE 3

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ONDANSETRON 2 MG/ML 2 ML		012021	1	2.18	
0250	ONDANSETRON 2 MG/ML 2 ML		012021	1	2.18	
0250	LORAZEPAM 0.5 MG TABLET		012021	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		012021	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012021	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012121	1	2.18	
0250	ONDANSETRON 2 MG/ML 2 ML		012121	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012121	1	4.30	
0250	LORAZEPAM 0.5 MG TABLET		012121	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		012121	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012121	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012221	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012221	1	4.30	
0250	MAGNESIUM SULFATE 2 G/50		012221	1	2.73	
0250	OXYCODONE-ACETAMINOPHEN		012221	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012221	1	2.18	
0250	ONDANSETRON 2 MG/ML 2 ML		012221	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012221	1	4.30	
0250	TPN WITH LIPIDS		012221	1	244.32	
0250	ONDANSETRON 2 MG/ML 2 ML		012221	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012221	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012321	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012321	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012321	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012321	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012321	1	2.18	
0250	TPN WITH LIPIDS		012321	1	244.32	
0250	OXYCODONE-ACETAMINOPHEN		012321	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012421	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012421	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012421	1	2.18	
0250	MAGNESIUM SULFATE 2 G/50		012421	1	2.73	
0250	ONDANSETRON 2 MG/ML 2 ML		012421	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012421	1	4.30	
0250	TPN WITH LIPIDS		012421	1	244.32	
0250	ONDANSETRON 2 MG/ML 2 ML		012421	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012421	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012521	1	2.18	
0250	CALCIUM GLUCONATE 2 G/NS		012521	1	17.09	
0250	ONDANSETRON 2 MG/ML 2 ML		012521	1	2.18	
0001	PAGE 3 OF 17			40	854.83	

ITEMIZED BILL

PAGE 4

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ONDANSETRON 2 MG/ML 2 ML		012521	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012521	1	4.30	
0250	TPN WITH LIPIDS		012521	1	244.32	
0250	ONDANSETRON 2 MG/ML 2 ML		012521	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012521	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012621	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012621	1	4.30	
0250	PROMETHAZINE 25 MG/ML 1		012621	1	3.51	
0250	ONDANSETRON 2 MG/ML 2 ML		012621	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012621	1	4.30	
0250	TPN WITH LIPIDS		012621	1	244.32	
0250	OXYCODONE-ACETAMINOPHEN		012721	1	4.30	
0250	TPN WITH LIPIDS		012721	1	244.32	
0250	OXYCODONE-ACETAMINOPHEN		012721	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012821	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012821	1	4.30	
0250	LORAZEPAM 0.5 MG TABLET		012821	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		012821	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012821	1	4.30	
0250	OXYCODONE-ACETAMINOPHEN		012821	1	4.30	
0250	ONDANSETRON 2 MG/ML 2 ML		012821	1	2.18	
0250	ONDANSETRON 2 MG/ML 2 ML		012821	1	2.18	
0250	OXYCODONE-ACETAMINOPHEN		012921	1	4.30	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	1.44	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	CEFOXITIN 2,000 MG/10 ML		012921	1	18.98	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	1.44	
0250	LIDOCAINE 2% PF 5 ML VIA		012921	1	4.56	
0250	PROPOFOL 10 MG/ML 20 ML		012921	1	4.47	
0250	SUCCINYLCHOLINE 20 MG/ML		012921	1	18.96	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	8.90	
0250	SODIUM BICARBONATE 8.4%		012921	1	18.40	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	2.58	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	2.58	
0250	SODIUM BICARBONATE 8.4%		012921	1	18.40	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	1.29	
0250	MIDAZOLAM PF 1 MG/ML 2 M		012921	1	1.75	
0250	POTASSIUM CHLORIDE IN ST		012921	1	9.51	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	1.00	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	3.56	
0001	PAGE 4 OF 17			40	916.73	

ITEMIZED BILL

PAGE 5

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	MAGNESIUM SULFATE 500 MG		012921	1	1.00	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	1.00	
0250	PROPOFOL 10 MG/ML 20 ML		012921	1	1.63	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	1.00	
0250	MAGNESIUM SULFATE 500 MG		012921	1	1.00	
0250	MAGNESIUM SULFATE 500 MG		012921	1	1.00	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	1.00	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	1.00	
0250	MAGNESIUM SULFATE 500 MG		012921	1	1.00	
0250	ANES EPHEDRINE 50 MG/10		012921	1	1.00	
0250	MAGNESIUM SULFATE 500 MG		012921	1	11.03	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	1.00	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	5.34	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	2.58	
0250	MAGNESIUM SULFATE 500 MG		012921	1	1.00	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	1.00	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	1.00	
0250	CEFOXITIN 2,000 MG/10 ML		012921	1	1.00	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	18.98	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	1.44	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	1.00	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	3.56	
0250	ESMOLOL 10 MG/ML 10 ML V		012921	1	1.00	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	2.78	
0250	FENTANYL 50 MCG/ML 5 ML		012921	1	1.00	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	1.00	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	2.58	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.29	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	5.34	
0250	ALBUMIN HUMAN 5% 250 ML		012921	1	1.00	
0250	CEFOXITIN 2,000 MG/10 ML		012921	1	91.12	
0250	SODIUM BICARBONATE 8.4%		012921	1	18.98	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	18.40	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	3.56	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	POTASSIUM CHLORIDE IN ST		012921	1	1.00	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	9.51	
0001	PAGE 5 OF 17			1	3.86	
				40	224.98	

ITEMIZED BILL

PAGE 6

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	CALCIUM CHLORIDE 1000MG/		012921	1	3.86	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	2.58	
0250	CALCIUM CHLORIDE 1000MG/		012921	1	2.58	
0250	DEXMEDETOMIDINE 100 MCG/		012921	1	1.00	
0250	CEFOXITIN 2,000 MG/10 ML		012921	1	18.98	
0250	HYDROMORPHONE 0.5 MG/0.5		012921	2	15.76	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	5.34	
0250	SCOPOLAMINE PATCH (1 MG/		012921	1	30.47	
0250	ACETAMINOPHEN (OFIRMEV)		012921	1	89.93	
0250	ROCURONIUM 10 MG/ML 5 ML		012921	1	3.56	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	CEFOXITIN 2,000 MG/10 ML		012921	1	18.98	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	SODIUM BICARBONATE 8.4%		012921	1	18.40	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	HYDROMORPHONE 0.5 MG/0.5		012921	2	15.76	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	ALBUMIN HUMAN 5% 250 ML		012921	1	91.12	
0250	FENTANYL 50 MCG/ML 2 ML		012921	1	1.20	
0250	ANES EPHEDRINE 50 MG/10		012921	1	5.51	
0250	ESMOLOL 10 MG/ML 10 ML V		012921	1	2.78	
0250	ANES EPHEDRINE 50 MG/10		012921	1	5.51	
0250	ONDANSETRON 2 MG/ML 2 ML		012921	2	1.90	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	FENTANYL 50 MCG/ML 2 ML		012921	1	1.20	
0250	PHENYLEPHRINE 1000 MCG/1		012921	1	1.00	
0250	SODIUM BICARBONATE 8.4%		012921	1	18.40	
0250	SUGAMMADEX 200MG/2ML		012921	2	397.60	
0250	HYDROMORPHONE (DILAUDID)		012921	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		012921	1	2.18	
0250	OXYCODONE 5 MG IR TABLE		012921	1	1.00	
0250	FAMOTIDINE 20 MG/10 ML S		012921	1	1.69	
0001	PAGE 6 OF 17			44	772.29	

ITEMIZED BILL

PAGE 7

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	PROMETHAZINE 25 MG/ML 1		012921	1	3.51	
0250	TPN WITH LIPIDS		012921	1	244.32	
0250	ERTAPENEM 1,000 MG/10 ML		012921	1	222.25	
0250	ACETAMINOPHEN 500 MG TAB		013021	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		013021	1	2.18	
0250	INSULIN ASPART NOVOLOG F		013021	1	212.18	
0250	ACETAMINOPHEN 500 MG TAB		013021	1	1.00	
0250	MAGNESIUM SULFATE 2 G/50		013021	1	2.73	
0250	OXYCODONE 5 MG IR TABLE		013021	1	1.00	
0250	MAGNESIUM SULFATE 2 G/50		013021	1	2.73	
0250	CYCLOBENZAPRINE 10 MG TA		013021	1	1.82	
0250	FAMOTIDINE 20 MG/10 ML S		013021	1	1.69	
0250	ENOXAPARIN 40 MG/0.4 ML		013021	1	15.07	
0250	ACETAMINOPHEN 500 MG TAB		013021	1	1.00	
0250	KETOROLAC 30 MG/ML 1 ML		013021	1	2.13	
0250	POTASSIUM PHOSPHATE 3 MM		013021	2	56.23	
0250	ONDANSETRON 2 MG/ML 2 ML		013021	1	2.18	
0250	ONDANSETRON 2 MG/ML 2 ML		013021	1	2.18	
0250	CYCLOBENZAPRINE 10 MG TA		013021	1	1.82	
0250	ERTAPENEM 1,000 MG/10 ML		013021	1	222.25	
0250	ACETAMINOPHEN 500 MG TAB		013021	1	1.00	
0250	CYCLOBENZAPRINE 10 MG TA		013021	1	1.82	
0250	FAMOTIDINE 20 MG/10 ML S		013021	1	1.69	
0250	TPN WITH LIPIDS		013021	1	244.32	
0250	KETOROLAC 30 MG/ML 1 ML		013021	1	2.13	
0250	ONDANSETRON 2 MG/ML 2 ML		013021	1	2.18	
0250	METOPROLOL TARTRATE 1 MG		013021	1	1.99	
0250	METOPROLOL TARTRATE 1 MG		013021	1	1.99	
0250	ACETAMINOPHEN 500 MG TAB		013121	1	1.00	
0250	KETOROLAC 30 MG/ML 1 ML		013121	1	2.13	
0250	ONDANSETRON 2 MG/ML 2 ML		013121	1	2.18	
0250	ACETAMINOPHEN 500 MG TAB		013121	1	1.00	
0250	OXYCODONE 5 MG IR TABLE		013121	2	1.00	
0250	MAGNESIUM SULFATE 4 G/10		013121	1	5.62	
0250	SODIUM/POTASSIUM PHOSPHA		013121	2	1.61	
0250	CYCLOBENZAPRINE 10 MG TA		013121	1	1.82	
0250	ENOXAPARIN 40 MG/0.4 ML		013121	1	15.07	
0250	FAMOTIDINE 20 MG/10 ML S		013121	1	1.69	
0250	MULTIVITAMIN WITH MINERA		013121	1	1.00	
0250	KETOROLAC 30 MG/ML 1 ML		013121	1	2.13	
0001	PAGE 7 OF 17			43	1292.64	

ITEMIZED BILL

PAGE 8

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCP/CS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ACETAMINOPHEN 500 MG TAB		013121	1	1.00	
0250	KETOROLAC 30 MG/ML 1 ML		013121	1	2.13	
0250	CYCLOBENZAPRINE 10 MG TA		013121	1	1.82	
0250	ACETAMINOPHEN 500 MG TAB		013121	1	1.00	
0250	ERTAPENEM 1,000 MG/10 ML		013121	1	222.25	
0250	KETOROLAC 30 MG/ML 1 ML		013121	1	2.13	
0250	CYCLOBENZAPRINE 10 MG TA		013121	1	1.82	
0250	FAMOTIDINE 20 MG/10 ML S		013121	1	1.69	
0250	TPN WITH LIPIDS		013121	1	244.32	
0250	ACETAMINOPHEN 500 MG TAB		013121	1	1.00	
0250	KETOROLAC 30 MG/ML 1 ML		020121	1	2.39	
0250	ACETAMINOPHEN 500 MG TAB		020121	1	1.00	
0250	MAGNESIUM SULFATE 2 G/50		020121	1	3.07	
0250	POTASSIUM CHLORIDE 10 ME		020121	1	2.78	
0250	ONDANSETRON 2 MG/ML 2 ML		020121	4	2.46	
0250	CYCLOBENZAPRINE 10 MG TA		020121	1	2.04	
0250	ENOXAPARIN 40 MG/0.4 ML		020121	1	16.95	
0250	FAMOTIDINE 20 MG/10 ML S		020121	1	1.90	
0250	KETOROLAC 30 MG/ML 1 ML		020121	1	2.39	
0250	MULTIVITAMIN WITH MINERA		020121	1	1.00	
0250	POTASSIUM CHLORIDE 10 ME		020121	1	2.78	
0250	ACETAMINOPHEN 500 MG TAB		020121	4	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		020121	1	2.46	
0250	KETOROLAC 30 MG/ML 1 ML		020121	1	2.39	
0250	CYCLOBENZAPRINE 10 MG TA		020121	1	2.04	
0250	INSULIN ASPART NOVOLOG F		020121	1	238.61	
0250	ACETAMINOPHEN 500 MG TAB		020121	1	1.00	
0250	VANCOMYCIN 750 MG/D5W 25		020121	1	34.28	
0250	TPN WITH LIPIDS		020121	1	274.76	
0250	KETOROLAC 30 MG/ML 1 ML		020121	1	2.39	
0250	CYCLOBENZAPRINE 10 MG TA		020121	1	2.04	
0250	FAMOTIDINE 20 MG/10 ML S		020121	1	1.90	
0250	ORPHENADRINE 30 MG/ML 2		020121	1	39.50	
0250	ACETAMINOPHEN 500 MG TAB		020121	1	1.00	
0250	KETOROLAC 30 MG/ML 1 ML		020221	1	2.39	
0250	ACETAMINOPHEN 500 MG TAB		020221	1	1.00	
0250	HYDROMORPHONE 0.5 MG/0.5		020221	1	8.86	
0250	MAGNESIUM OXIDE 400 MG T		020221	2	1.00	
0250	VANCOMYCIN 750 MG/D5W 25		020221	1	34.28	
0250	KETOROLAC 30 MG/ML 1 ML		020221	1	2.39	
0001	PAGE 8 OF 17			47	1171.21	

ITEMIZED BILL

PAGE 9

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	CYCLOBENZAPRINE 10 MG TA		020221	1	2.04	
0250	ENOXAPARIN 40 MG/0.4 ML		020221	1	16.95	
0250	FAMOTIDINE 20 MG/10 ML S		020221	1	1.90	
0250	MULTIVITAMIN WITH MINERA		020221	1	1.00	
0250	ACETAMINOPHEN 500 MG TAB		020221	1	1.00	
0250	HYDROMORPHONE 0.5 MG/0.5		020221	1	8.86	
0250	HYDROMORPHONE 0.5 MG/0.5		020221	1	8.86	
0250	KETOROLAC 30 MG/ML 1 ML		020221	1	2.39	
0250	CYCLOBENZAPRINE 10 MG TA		020221	1	2.04	
0250	HYDROMORPHONE 0.5 MG/0.5		020221	1	8.86	
0250	CYCLOBENZAPRINE 10 MG TA		020221	1	2.04	
0250	FAMOTIDINE 20 MG/10 ML S		020221	1	1.90	
0250	VANCOMYCIN 750 MG/D5W 25		020221	1	34.28	
0250	LORAZEPAM 0.5 MG TABLET		020221	1	1.00	
0250	TPN WITH LIPIDS		020221	1	275.53	
0250	OLANZAPINE 10 MG VIAL		020321	1	73.83	
0250	ENOXAPARIN 40 MG/0.4 ML		020321	1	16.95	
0250	FAMOTIDINE 20 MG/10 ML S		020321	1	1.90	
0250	VANCOMYCIN 1000 MG/D5W 2		020321	1	45.69	
0250	CYCLOBENZAPRINE 10 MG TA		020321	1	2.04	
0250	FAMOTIDINE 20 MG/10 ML S		020321	1	1.90	
0250	ONDANSETRON 2 MG/ML 2 ML		020321	1	2.46	
0250	VANCOMYCIN 1000 MG/D5W 2		020321	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020421	1	1.00	
0250	TRAMADOL 50 MG TABLET		020421	1	1.42	
0250	ACETAMINOPHEN 500 MG TAB		020421	1	1.00	
0250	CYCLOBENZAPRINE 10 MG TA		020421	1	2.04	
0250	ENOXAPARIN 40 MG/0.4 ML		020421	1	16.95	
0250	FAMOTIDINE 20 MG/10 ML S		020421	1	1.90	
0250	MULTIVITAMIN WITH MINERA		020421	1	1.00	
0250	VANCOMYCIN 1000 MG/D5W 2		020421	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020421	1	1.00	
0250	VANCOMYCIN 1000 MG/D5W 2		020421	1	45.69	
0250	TPN WITH LIPIDS		020421	1	277.05	
0250	ACETAMINOPHEN 500 MG TAB		020521	1	1.00	
0250	CYCLOBENZAPRINE 10 MG TA		020521	1	2.04	
0250	ENOXAPARIN 40 MG/0.4 ML		020521	1	16.95	
0250	FAMOTIDINE 20 MG/10 ML S		020521	1	1.90	
0250	MULTIVITAMIN WITH MINERA		020521	1	1.00	
0250	IBUPROFEN 600 MG TABLET		020521	1	1.00	
0001	PAGE 9 OF 17			40	977.74	

ITEMIZED BILL

PAGE 10

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ONDANSETRON 2 MG/ML 2 ML		020521	1	2.46	
0250	VANCOMYCIN 1000 MG/D5W 2		020521	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020521	1	1.00	
0250	CYCLOBENZAPRINE 10 MG TA		020521	1	2.04	
0250	ACETAMINOPHEN 500 MG TAB		020521	1	1.00	
0250	FAMOTIDINE 20 MG/10 ML S		020521	1	1.90	
0250	VANCOMYCIN 1000 MG/D5W 2		020521	1	45.69	
0250	TPN WITH LIPIDS		020521	1	277.05	
0250	ACETAMINOPHEN 500 MG TAB		020521	1	1.00	
0250	OLANZAPINE 10 MG VIAL		020621	1	73.83	
0250	HALOPERIDOL LACTATE 5 MG		020621	1	17.08	
0250	ENOXAPARIN 40 MG/0.4 ML		020621	1	16.95	
0250	MULTIVITAMIN WITH MINERA		020621	1	1.00	
0250	VANCOMYCIN 1000 MG/D5W 2		020621	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020621	1	1.00	
0250	FAMOTIDINE 20 MG/10 ML S		020621	1	1.90	
0250	ACETAMINOPHEN 500 MG TAB		020621	1	1.00	
0250	TRAMADOL 50 MG TABLET		020621	1	1.42	
0250	VANCOMYCIN 1000 MG/D5W 2		020621	1	45.69	
0250	IBUPROFEN 600 MG TABLET		020621	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		020721	1	2.46	
0250	MAGNESIUM OXIDE 400 MG T		020721	2	1.00	
0250	POTASSIUM CHLORIDE 10 ME		020721	2	1.39	
0250	ENOXAPARIN 40 MG/0.4 ML		020721	1	16.95	
0250	MULTIVITAMIN WITH MINERA		020721	1	1.00	
0250	RISPERIDONE 0.5 MG TABLET		020721	1	7.00	
0250	ACETAMINOPHEN 500 MG TAB		020721	1	1.00	
0250	VANCOMYCIN 1000 MG/D5W 2		020721	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020721	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		020721	1	2.46	
0250	TRAMADOL 50 MG TABLET		020721	1	1.42	
0250	RAMELTEON 8 MG TABLET		020721	1	24.89	
0250	IBUPROFEN 600 MG TABLET		020721	1	1.00	
0250	VANCOMYCIN 1000 MG/D5W 2		020721	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020721	1	1.00	
0250	ONDANSETRON 2 MG/ML 2 ML		020721	1	2.46	
0250	ACETAMINOPHEN 500 MG TAB		020821	1	1.00	
0250	ENOXAPARIN 40 MG/0.4 ML		020821	1	16.95	
0250	MULTIVITAMIN WITH MINERA		020821	1	1.00	
0250	RISPERIDONE 0.5 MG TABLET		020821	1	7.00	
0001	PAGE 10 OF 17			42	766.75	

ITEMIZED BILL

PAGE 11

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	VANCOMYCIN 1000 MG/D5W 2		020821	1	45.69	
0250	TRAMADOL 50 MG TABLET		020821	1	1.42	
0250	MAGNESIUM SULFATE 2 G/50		020821	1	3.07	
0250	ACETAMINOPHEN 500 MG TAB		020821	1	1.00	
0250	URSODIOL 300 MG CAPSULE		020821	1	13.08	
0250	TRAMADOL 50 MG TABLET		020821	1	1.42	
0250	ACETAMINOPHEN 500 MG TAB		020821	1	1.00	
0250	VANCOMYCIN 1000 MG/D5W 2		020821	1	45.69	
0250	TRAMADOL 50 MG TABLET		020921	1	1.42	
0250	ONDANSETRON 2 MG/ML 2 ML		020921	1	2.46	
0250	ACETAMINOPHEN 500 MG TAB		020921	1	1.00	
0250	ENOXAPARIN 40 MG/0.4 ML		020921	1	16.95	
0250	MULTIVITAMIN WITH MINERA		020921	1	1.00	
0250	RISPERIDONE 0.5 MG TABLET		020921	1	7.00	
0250	URSODIOL 300 MG CAPSULE		020921	1	13.08	
0250	VANCOMYCIN 1000 MG/D5W 2		020921	1	45.69	
0250	ACETAMINOPHEN 500 MG TAB		020921	1	1.00	
0250	TRAMADOL 50 MG TABLET		020921	1	1.42	
0270	DRAIN ROUND FLUTED 19FR		012921	3	504.00	
0271	POUCH DRAINABLE W/FLANGE	A5063	011521	1	42.00	
0271	POUCH GENTLE TOUCH COLOS	A5063	020121	1	65.00	
0272	BARRIER SKIN W/FLANGE 2-	A4373	011521	2	84.00	
0272	SEAL EAKIN COHESIVE SM 2	A4385	011521	1	140.00	
0272	KIT PICC 5FR SINGLE LUME	C1751	012521	1	1836.00	
0272	CATH TRAY FOLEY 16FR W/U	A4314	012921	1	111.00	
0272	SEAL EAKIN COHESIVE SM 2	A4385	020121	1	158.00	
0278	MESH SURGIMEND MP 16X20C	C1763	012921	1	19456.00	
0300	COLLECTION: VENOUS DRAW	36415	011321	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	011321	1	21.00	
0300	HEPATIC PANEL	80076	011321	1	208.00	
0300	IDI CORONAVIRUS COVID 19	87635	011321	1	172.00	
0300	MRSA SURVEILLANCE CULTUR	87641	011321	1	192.00	
0300	COLLECTION: VENOUS DRAW	36415	011421	1	21.00	
0300	BASIC METABOLIC PANEL	80048	011421	1	163.00	
0300	COLLECTION: VENOUS DRAW	36415	011521	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	011521	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	011621	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	011621	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	011721	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	011721	1	206.00	
0001	PAGE 11 OF 17			43	24078.39	

ITEMIZED BILL

PAGE 12

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	COLLECTION: VENOUS DRAW	36415	011821	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	011821	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	011921	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	011921	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	012021	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	012021	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	012121	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	012121	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	012221	1	21.00	
0300	COMPREHENSIVE METABOLIC	80053	012221	1	206.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	012321	1	21.00	
0300	BASIC METABOLIC PANEL	80048	012321	1	163.00	
0300	COLLECTION: VENOUS DRAW	36415	012421	1	21.00	
0300	BASIC METABOLIC PANEL	80048	012421	1	163.00	
0300	COLLECTION: VENOUS DRAW	36415	012521	1	21.00	
0300	BASIC METABOLIC PANEL	80048	012521	1	163.00	
0300	COLLECTION: VENOUS DRAW	36415	012621	1	21.00	
0300	BASIC METABOLIC PANEL	80048	012621	1	163.00	
0300	COLLECTION: VENOUS DRAW	36415	012721	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	012721	1	21.00	
0300	COLLECTION: VENOUS DRAW	36415	012721	1	21.00	
0300	BASIC METABOLIC PANEL	80048	012721	1	163.00	
0300	BB ABO	86900	012721	1	99.00	
0300	BB RH	86901	012721	1	101.00	
0300	COLLECTION: VENOUS DRAW	36415	012821	1	21.00	
0300	BASIC METABOLIC PANEL	80048	012821	1	163.00	
0300	PERF GLUCOSE SERUM	82947	012921	7	469.00	
0300	PERF POTASSIUM	84132	012921	7	455.00	
0300	COLLECTION: VENOUS DRAW	36415	013021	1	21.00	
0300	BASIC METABOLIC PANEL	80048	013021	1	163.00	
0300	COLLECTION: VENOUS DRAW	36415	013121	1	21.00	
0300	BASIC METABOLIC PANEL	80048	013121	1	163.00	
0300	HEPATIC PANEL	80076	013121	1	208.00	
0300	COLLECTION: VENOUS DRAW	36415	020121	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020121	1	184.00	
0300	BASIC METABOLIC PANEL	80048	020221	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	020321	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	020321	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	020321	1	24.00	
0001	PAGE 12 OF 17			52	4466.00	

ITEMIZED BILL

PAGE 13

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	BASIC METABOLIC PANEL	80048	020321	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	020421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	020421	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020421	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	020521	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020521	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	020621	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020621	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	020721	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020721	1	184.00	
0300	HEPATIC PANEL	80076	020721	1	234.00	
0300	COLLECTION: VENOUS DRAW	36415	020821	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	020821	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020821	1	184.00	
0300	HEPATIC PANEL	80076	020821	1	234.00	
0300	COLLECTION: VENOUS DRAW	36415	020921	1	24.00	
0300	BASIC METABOLIC PANEL	80048	020921	1	184.00	
0301	ED BASIC METABOLIC PANEL	80047	011321	1	163.00	
0301	LACTIC ACID, WHOLE BLOOD	83605	011321	1	131.00	
0301	LIPASE	83690	011321	1	136.00	
0301	PROCALCITONIN	84145	011321	1	206.00	
0301	MAGNESIUM	83735	011521	1	80.00	
0301	PHOSPHORUS	84100	011521	1	67.00	
0301	MAGNESIUM	83735	011621	1	80.00	
0301	PHOSPHORUS	84100	011621	1	67.00	
0301	MAGNESIUM	83735	011721	1	80.00	
0301	PHOSPHORUS	84100	011721	1	67.00	
0301	MAGNESIUM	83735	011821	1	80.00	
0301	PHOSPHORUS	84100	011821	1	67.00	
0301	MAGNESIUM	83735	011921	1	80.00	
0301	PHOSPHORUS	84100	011921	1	67.00	
0301	MAGNESIUM	83735	012021	1	80.00	
0301	PHOSPHORUS	84100	012021	1	67.00	
0301	MAGNESIUM	83735	012121	1	80.00	
0301	PHOSPHORUS	84100	012121	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012221	1	144.00	
0301	MAGNESIUM	83735	012221	1	80.00	
0301	PHOSPHORUS	84100	012221	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012321	1	144.00	
0301	MAGNESIUM	83735	012321	1	80.00	
0001	PAGE 13 OF 17			40	4128.00	

ITEMIZED BILL

PAGE 14

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	PHOSPHORUS	84100	012321	1	67.00	
0301	PREALBUMIN	84134	012321	1	121.00	
0301	TRIGLYCERIDES	84478	012321	1	86.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012421	1	144.00	
0301	MAGNESIUM	83735	012421	1	80.00	
0301	PHOSPHORUS	84100	012421	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012521	1	144.00	
0301	MAGNESIUM	83735	012521	1	80.00	
0301	PHOSPHORUS	84100	012521	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012621	1	144.00	
0301	MAGNESIUM	83735	012621	1	80.00	
0301	PHOSPHORUS	84100	012621	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012721	1	144.00	
0301	MAGNESIUM	83735	012721	1	80.00	
0301	PHOSPHORUS	84100	012721	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	012821	1	144.00	
0301	MAGNESIUM	83735	012821	1	80.00	
0301	PHOSPHORUS	84100	012821	1	67.00	
0301	PERF CALCIUM IONIZED	82330	012921	7	1008.00	
0301	PERF BLOOD GAS PH PCO2 P	82803	012921	7	1078.00	
0301	PERF LACTATE/LACTIC ACID	83605	012921	7	917.00	
0301	PERF SODIUM SER PLASMA/W	84295	012921	7	560.00	
0301	CALCIUM, IONIZED (WHOLE	82330	013021	1	144.00	
0301	CRITICAL CARE PANEL, ART	82803	013021	1	154.00	
0301	MAGNESIUM	83735	013021	1	80.00	
0301	PHOSPHORUS	84100	013021	1	67.00	
0301	CALCIUM, IONIZED (WHOLE	82330	013121	1	144.00	
0301	MAGNESIUM	83735	013121	1	80.00	
0301	PHOSPHORUS	84100	013121	1	67.00	
0301	TRIGLYCERIDES	84478	013121	1	86.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020121	1	162.00	
0301	MAGNESIUM	83735	020121	1	90.00	
0301	PHOSPHORUS	84100	020121	1	76.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020221	1	162.00	
0301	MAGNESIUM	83735	020221	1	90.00	
0301	PHOSPHORUS	84100	020221	1	76.00	
0301	VANCOMYCIN, TROUGH	80202	020321	1	189.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020321	1	162.00	
0301	MAGNESIUM	83735	020321	1	90.00	
0301	PHOSPHORUS	84100	020321	1	76.00	
0001	PAGE 14 OF 17			64	7287.00	

ITEMIZED BILL

PAGE 15

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	VANCOMYCIN, TROUGH	80202	020421	1	189.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020421	1	162.00	
0301	MAGNESIUM	83735	020421	1	90.00	
0301	PHOSPHORUS	84100	020421	1	76.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020521	1	162.00	
0301	MAGNESIUM	83735	020521	1	90.00	
0301	PHOSPHORUS	84100	020521	1	76.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020621	1	162.00	
0301	MAGNESIUM	83735	020621	1	90.00	
0301	PHOSPHORUS	84100	020621	1	76.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020721	1	162.00	
0301	MAGNESIUM	83735	020721	1	90.00	
0301	PHOSPHORUS	84100	020721	1	76.00	
0301	TRIGLYCERIDES	84478	020721	1	97.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020821	1	162.00	
0301	MAGNESIUM	83735	020821	1	90.00	
0301	PHOSPHORUS	84100	020821	1	76.00	
0301	CALCIUM, IONIZED (WHOLE	82330	020921	1	162.00	
0301	MAGNESIUM	83735	020921	1	90.00	
0301	PHOSPHORUS	84100	020921	1	76.00	
0302	BB ABSCG	86850	012721	1	125.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	012721	1	178.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	012721	1	178.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	012721	1	178.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	012721	1	178.00	
0305	CBC W/ DIFF	85025	011321	1	149.00	
0305	PROTHROMBIN TIME WITH IN	85610	011321	1	75.00	
0305	CBC WITHOUT DIFF	85027	011421	1	68.00	
0305	CBC W/ DIFF	85025	011521	1	149.00	
0305	CBC W/ DIFF	85025	011621	1	149.00	
0305	CBC W/ DIFF	85025	011721	1	149.00	
0305	CBC W/ DIFF	85025	011821	1	149.00	
0305	CBC W/ DIFF	85025	011921	1	149.00	
0305	CBC W/ DIFF	85025	012021	1	149.00	
0305	CBC W/ DIFF	85025	012121	1	149.00	
0305	CBC W/ DIFF	85025	012221	1	149.00	
0305	CBC WITHOUT DIFF	85027	012521	1	68.00	
0305	CBC WITHOUT DIFF	85027	012621	1	68.00	
0305	CBC WITHOUT DIFF	85027	012721	1	68.00	
0305	CBC WITHOUT DIFF	85027	012821	1	68.00	
0001	PAGE 15 OF 17			40	4847.00	

ITEMIZED BILL

PAGE 16

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	PERF HEMATOCRIT	85014	012921	7	294.00	
0305	CBC WITHOUT DIFF	85027	013021	1	68.00	
0305	CBC WITHOUT DIFF	85027	013121	1	68.00	
0305	CBC WITHOUT DIFF	85027	020121	1	77.00	
0305	CBC WITHOUT DIFF	85027	020221	1	77.00	
0305	CBC WITHOUT DIFF	85027	020321	1	77.00	
0305	CBC WITHOUT DIFF	85027	020421	1	77.00	
0305	CBC WITHOUT DIFF	85027	020521	1	77.00	
0305	CBC WITHOUT DIFF	85027	020621	1	77.00	
0305	CBC WITHOUT DIFF	85027	020721	1	77.00	
0305	CBC WITHOUT DIFF	85027	020821	1	77.00	
0305	CBC WITHOUT DIFF	85027	020921	1	77.00	
0306	BLOOD CULTURE	87040	011321	1	189.00	
0306	BLOOD CULTURE	87040	011321	1	189.00	
0306	IDI HIV SEROLOGY	87389	011521	1	122.00	
0306	ANAEROBIC CULTURE	87075	012921	1	289.00	
0306	MALDI	87077	012921	1	51.00	
0306	MALDI	87077	012921	1	51.00	
0306	MALDI	87077	012921	1	51.00	
0306	FUNGAL CULTURE	87102	012921	1	159.00	
0306	GRAM STAIN REPORT	87205	012921	1	61.00	
0306	CALCOFLUOR STAIN REPORT	87206	012921	1	61.00	
0307	URINALYSIS COMPLETE	81001	011321	1	104.00	
0307	URINALYSIS COMPLETE	81001	020421	1	117.00	
0307	URINALYSIS COMPLETE	81001	020621	1	117.00	
0310	88307 AP BILL GROSS AND	88307TC	012921	1	568.00	
0310	88312 AP BILL SPECIAL ST	88312TC	012921	1	128.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	012421	1	255.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	013021	1	255.00	
0350	CT ABDOMEN PELVIS W/ CON	74177TC	011321	1	5325.00	
0360	LEVEL 2		012921	613	112179.00	
0370	ANES GENERAL		012921	1	1741.00	
0370	ANES GENERAL		012921	40	1400.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	012921	1	395.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	012921	1	395.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	012921	1	493.00	
0402	US ABDOMEN RIGHT UPPER Q	76705TC	020721	1	860.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	020321	1	161.00	
0420	PT THERAPEUTIC ACTIVITY	97530GP	020521	1	161.00	
0424	PT EVALUATION UNITS, LOW	97161GP	020321	1	373.00	
0001	PAGE 16 OF 17			697	127373.00	

ITEMIZED BILL

PAGE 17

DATE 04/19/2021
TIME 08:33:44 AMCHARLESTON AREA MEDICAL C
501 MORRIS ST
CHARLESTON WV 253011326
3043887530PATIENT CONTROL NUMBER
11244626PATIENT NAME
NUNN, NANCY JMEDICAL RECORD NUMBER
129649BEGINNING DATE OF SERVICE
011321ENDING DATE OF SERVICE
020921

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0430	OT THERAPEUTIC ACTIVITIE	97530GO	020221	1	161.00	
0430	OT THERAPEUTIC ACTIVITIE	97530COGO	020421	1	161.00	
0430	OT THERAPEUTIC ACTIVITIE	97530COGO	020821	1	161.00	
0430	OT SELF CARE, HOME MANAG	97535COGO	020821	1	171.00	
0430	OT THERAPEUTIC ACTIVITIE	97530COGO	020921	1	161.00	
0434	OT EVALUATION UNITS, MOD	97166GO	020221	1	408.00	
0450	PHY-IV TX	9636559	011321	1	629.00	
0450	PHY-IV INJECTION, ADD NE	9637559	011321	1	244.00	
0450	PHY-E/M FACILITY LEVEL 5	9928525	011321	1	3469.00	
0610	MRI PELVIS W/ + W/O CONT	72197TC	011521	1	4984.00	
0710	MEM PACU - OR		012921	7	1141.00	
0730	CV ELECTROCARDIOGRAM 12	93005	011321	1	316.00	
0730	CV ELECTROCARDIOGRAM 12	93005	013021	1	316.00	
0730	CV ELECTROCARDIOGRAM 12	93005	020621	1	356.00	
0921	CV VAS LE VENOUS DUPLEX	93970TC	020421	1	1626.00	
0001	PAGE 17 OF 17			21	14304.00	
0001	TOTAL			1373	294825.62	