HIGHMARK

Fax Cover Sheet

To:	Corporate Financial Center	From:	Lisa M. Raves
Fax #:	302-623-0373	Fax #:	1-855-329-8191
Phone #:		Date:	February 26, 2019
Subject:	Itemized Bill Request	Total Pages :	2

Memo:

Please provide the Itemized Bill as per the attached request.

Thank you

94 Pages

NOTICE OF CONFIDENTIALITY

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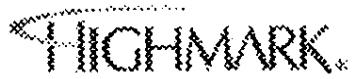

To Whom It May Concern:

Highmark is requesting an Itemized Bill for patient Richard Spencer for date of service 03/09/18-04/17/18 for the facility charge, totaling $594,969.00 at Christiana Care Health Services.

Patient Information:
Richard Spencer
DOB: 07/07/1989
Address: 1209 Brown Street, Wilmington, DE 19805

Please fax the information to my attention to:
Lisa Raves
855.329.8191

Lisa Raves
Business Systems Analyst / Payment Integrity
Phone: 717-302-5520
lisa.raves@highmark.com

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

Date	Rev Cd	Svc Cd	Description	Qty	Amount ($)
CHARGES					
03/09/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/09/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/09/2018	270		SHADOW BILL	1	0.00
03/09/2018	258		SODIUM CHLORIDE 0.9% 500ML	1	0.00
03/09/2018	250	J3370	VANCOMYCIN INJ PER 500MG	3	165.05
03/09/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/09/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/09/2018	306	87186	MIC	1	83.50
03/09/2018	306	87077	AEROBIC ISOLATE,DEFINITIVE ID	1	99.50
03/09/2018	306	87149	ACCUPROBE BACTERIA ID	1	83.50
03/09/2018	762		ROOM OBSERVATION ACCOMMODATION	1	0.00
03/09/2018	306	87077	AEROBIC ISOLATE,DEFINITIVE ID	1	99.50
03/09/2018	306	87186	MIC	1	83.50
03/09/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/09/2018	390	P9037	PROC FEE-PLTPHESISLEUKOP IRR	1	1,502.00

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

ADDRESS SERVICE REQUESTED
RICHARD N. SPENCER, III
1209 BROWN ST
WILMINGTON DE 19805

Financial Coverages

Priority	Plan Name	Policy #	Subscriber
1	Blue Cross DE	USD124834029001	RICHARD NORMAN SPENCER ,

Guarantor: RICHARD N. SPENCER, III

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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/09/2018	306	87633	RESPIRATORY PANEL 12-25 TARGET	1	1,400.50
03/09/2018	306	87040	CULTURE,BLOOD	1	278.00
03/09/2018	391	36430	BLOOD ADMINISTRATION STATISTICAL	1	0.00
03/09/2018	300	36415	VENIPUNCTURE	1	27.00
03/09/2018	306	87040	CULTURE,BLOOD	1	278.00
03/09/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/09/2018	250		VALACYCLOVIR 500 MG TAB	1	35.75
03/09/2018	250	J3370	VANCOMYCIN INJ PER 500MG	5	271.10
03/09/2018	301	81001	UA,AUTOMATED WITH MICROSCOPY	1	34.00
03/09/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/09/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/10/2018	302	86900	ABO	1	50.00
03/10/2018	250	J0692	CEFEPIME 1G/50ML PREMIX IV BAG	4	124.20
03/10/2018	300	36415	VENIPUNCTURE	1	27.00
03/10/2018	302	86901	RH TYPE	1	50.00
03/10/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/10/2018	250		ACETAMINPHEN TAB 325 MG	2	0.00
03/10/2018	258		SODIUM CHLORIDE 250ML/IVBAG	2	0.00
03/10/2018	250	J0692	CEFEPIME INJ 2 G	4	172.60
03/10/2018	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
03/10/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/10/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/10/2018	306	87040	CULTURE,BLOOD	1	278.00
03/10/2018	301	83605	LACTATE	1	116.50
03/10/2018	390	86920	CROSSMATCH	1	154.00
03/10/2018	306	87040	CULTURE,BLOOD	1	278.00
03/10/2018	390	86920	CROSSMATCH	1	154.00
03/10/2018	301	83605	LACTATE	1	116.50
03/10/2018	301	83605	LACTATE	1	116.50
03/10/2018	302	86850	ANTIBODY SCREEN	1	202.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/10/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/10/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/10/2018	250	J3370	VANCOMYCIN INJ PER 500MG	6	330.10
03/10/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/10/2018	270		SHADOW BILL	1	0.00
03/10/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/10/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/10/2018	270		RAPID RESPONSE TEAM	1	0.00
03/10/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/10/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/10/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/10/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/10/2018	306	87631	RESP VIRUS 3-5 TARGETS	1	627.50
03/10/2018	270		OXYGEN	1	471.50
03/10/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/10/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/10/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/10/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/10/2018	250	J0692	CEFEPIME INJ 2 G	8	345.20
03/10/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
03/10/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
03/10/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
03/10/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/10/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/11/2018	258		SODIUM CHLORIDE 250ML/IVBAG	2	0.00
03/11/2018	250	J3370	VANCOMYCIN INJ PER 500MG	6	330.10
03/11/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00

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Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/11/2018	270		SHADOW BILL	1	0.00
03/11/2018	250	J2997	ALTEPLASE 2 MG VIAL	2	654.40
03/11/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/11/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/11/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/11/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/11/2018	258		AZTREONAM 2G VIAL	2	675.50
03/11/2018	301	83605	LACTATE	1	116.50
03/11/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/11/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
03/11/2018	250	J0692	CEFEPIME INJ 2 G	4	172.60
03/11/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/11/2018	301	83735	MAGNESIUM	1	81.50
03/11/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/11/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/11/2018	301	80053	CMP COMPREHENSIVE MET PANEL	1	395.50
03/11/2018	306	87040	CULTURE,BLOOD	1	278.00
03/11/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/11/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/11/2018	270		RAPID RESPONSE TEAM	1	0.00
03/11/2018	270		CT SYRINGE/ANGIO SET	1	70.00
03/11/2018	351	70470	CT,HEAD/BRAIN,W/WO CONTRAST GLR	1	1,182.00
03/11/2018	250	Q9967	CONTRAST, OMNIPAQUE 350MGL 500ML/ML PLUSPAK 0407-1414-98	100	10.00
03/11/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/11/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/11/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/11/2018	270		OXYGEN	1	471.50
03/11/2018	270		RAPID RESPONSE TEAM	1	0.00
03/11/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00

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Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
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Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/11/2018	250	J3370	VANCOMYCIN INJ PER 500MG	3	165.05
03/11/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/11/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/11/2018	258		AZTREONAM 2G VIAL	1	337.75
03/11/2018	250	J1953	LEVETIRACETAM 1000MG/100ML PMX	100	231.90
03/11/2018	350	70470	CT,HEAD/BRAIN,W/WO CONTRAST PFR	1	192.00
03/11/2018	250		LEVETIRACETAM TAB 500 MG	1	20.45
03/11/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/11/2018	250	J2060	LORAZEPAM INJ 2MG/1ML SYR	1	0.00
03/12/2018	390	86920	CROSSMATCH	1	154.00
03/12/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/12/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/12/2018	250	J3370	VANCOMYCIN INJ PER 500MG	3	165.05
03/12/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/12/2018	258		AZTREONAM 2G VIAL	1	337.75
03/12/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/12/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/12/2018	352	71260	CT,THORAX,W CONTRAST GLR	1	1,182.00
03/12/2018	350	71260	CT,THORAX,W CONTRAST PFR	1	190.00
03/12/2018	270		SHADOW BILL	1	0.00
03/12/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/12/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/12/2018	301	83735	MAGNESIUM	1	81.50
03/12/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/12/2018	270		CT SYRINGE/ANGIO SET	1	70.00
03/12/2018	250	Q9967	CONTRAST, OMNIPAQUE 350MGL 500ML/ML PLUSPAK 0407-1414-98	100	10.00
03/12/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/12/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/12/2018	250		DAPSONE 100MG 100EA/	1	19.80

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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/12/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/12/2018	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	78.20
03/12/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
03/12/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
03/12/2018	250	J3370	VANCOMYCIN INJ PER 500MG	6	330.10
03/12/2018	258		AZTREONAM 2G VIAL	2	675.50
03/12/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/12/2018	258		SODIUM CHLORIDE 250ML/IVBAG	2	0.00
03/13/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/13/2018	270		SHADOW BILL	1	0.00
03/13/2018	258		SODIUM CHLORIDE 250ML/IVBAG	2	0.00
03/13/2018	250	J3370	VANCOMYCIN INJ PER 500MG	6	330.10
03/13/2018	250		POTASSIUM CHLORIDE 20MEQ SR TAB	2	11.55
03/13/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/13/2018	250	J2997	ALTEPLASE 2 MG VIAL	2	654.40
03/13/2018	250		POTASSIUM CHLORIDE 20MEQ SR TAB	4	23.10
03/13/2018	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
03/13/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	12	307.50
03/13/2018	250		CALCIUM CARBONATE 500MG CHEW TAB	12	0.00
03/13/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/13/2018	258		SODIUM CHLORIDE 0.9% 50 ML	3	0.00
03/13/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/13/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/13/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/13/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/13/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/13/2018	306	87040	CULTURE,BLOOD	1	278.00
03/13/2018	300	36415	VENIPUNCTURE	1	27.00
03/13/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
03/13/2018	391	36430	BLOOD ADMINISTRATION	1	300.00

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Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/13/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/13/2018	301	83735	MAGNESIUM	1	81.50
03/13/2018	306	87040	CULTURE,BLOOD	1	278.00
03/13/2018	306	87086	CULTURE,URINE	1	87.50
03/13/2018	301	81001	UA,AUTOMATED WITH MICROSCOPY	1	34.00
03/13/2018	258		AZTREONAM 2G VIAL	1	337.75
03/13/2018	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
03/13/2018	250	J3370	VANCOMYCIN INJ PER 500MG	3	165.05
03/13/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/13/2018	301	80202	VANCOMYCIN LEVEL	1	159.50
03/13/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/13/2018	306	87040	CULTURE,BLOOD	1	278.00
03/13/2018	306	87040	CULTURE,BLOOD	1	278.00
03/14/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/14/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/14/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/14/2018	250	J3370	VANCOMYCIN INJ PER 500MG	6	330.10
03/14/2018	258		SODIUM CHLORIDE 250ML/IVBAG	2	0.00
03/14/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/14/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/14/2018	270		SHADOW BILL	1	0.00
03/14/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/14/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/14/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/14/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/14/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/14/2018	301	80202	VANCOMYCIN LEVEL	1	159.50
03/14/2018	306	87493	C DIFF PCR ASSAY	1	359.50

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Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/14/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/14/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/14/2018	301	83735	MAGNESIUM	1	81.50
03/14/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/14/2018	250		OXYCODONE HCL TAB 5 MG UD	1	0.00
03/14/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/14/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/14/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/14/2018	250	J3370	VANCOMYCIN INJ PER 500MG	3	165.05
03/14/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/15/2018	302	86850	ANTIBODY SCREEN	1	202.00
03/15/2018	301	85027	CBC W/O DIFF	1	55.50
03/15/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/15/2018	301	81003	URINALYSIS, AUTOMATED,WO MICRO	1	27.50
03/15/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/15/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/15/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/15/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/15/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	2	102.00
03/15/2018	306	87040	CULTURE,BLOOD	1	278.00
03/15/2018	302	86901	RH TYPE	1	50.00
03/15/2018	390	86920	CROSSMATCH	1	154.00
03/15/2018	302	86900	ABO	1	50.00
03/15/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/15/2018	301	83735	MAGNESIUM	1	81.50
03/15/2018	306	87086	CULTURE,URINE	1	87.50
03/15/2018	306	87040	CULTURE,BLOOD	1	278.00
03/15/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/15/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/15/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
03/15/2018	250	J3370	VANCOMYCIN INJ PER 500MG	3	165.05
03/15/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/15/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
03/15/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/15/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/15/2018	270		SHADOW BILL	1	0.00
03/15/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/15/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/15/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/15/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/15/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/15/2018	250		ACETAMINPHEN TAB 325 MG	1	0.00
03/15/2018	250		ACETAMINPHEN TAB 325 MG	2	0.00
03/15/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/15/2018	250	J3370	VANCOMYCIN INJ PER 500MG	6	330.10
03/15/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/15/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/15/2018	258		SODIUM CHLORIDE 250ML/IVBAG	2	0.00
03/16/2018	250		VORICONAZOLE TAB 200 MG	2	420.95
03/16/2018	250		VORICONAZOLE TAB 50MG	2	113.70
03/16/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/16/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/16/2018	250		VORICONAZOLE TAB 200 MG	1	213.45
03/16/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/16/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/16/2018	250		VORICONAZOLE TAB 50MG	3	167.55
03/16/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/16/2018	350	71260	CT,THORAX,W CONTRAST PFR	1	190.00
03/16/2018	352	71260	CT,THORAX,W CONTRAST GLR	1	1,182.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/16/2018	350	74177	CT,ABDOMEN/PELVIS,W CONTRAST PFR	1	276.00
03/16/2018	352	74177	CT,ABDOMEN/PELVIS,W CONTRAST GLR	1	2,000.50
03/16/2018	250	Q9967	CONTRAST, OMNIPAQUE 350MGL 500ML/ML PLUSPAK 0407-1414-98	100	10.00
03/16/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/16/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
03/16/2018	270		CT SYRINGE/ANGIO SET	1	70.00
03/16/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/16/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/16/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/16/2018	301	80202	VANCOMYCIN LEVEL	1	159.50
03/16/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/16/2018	270		SHADOW BILL	1	0.00
03/16/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/16/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/16/2018	250		ACETAMINPHEN TAB 325 MG	2	0.00
03/16/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/16/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/16/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/16/2018	250		VORICONAZOLE TAB 200 MG	2	420.95
03/16/2018	250		VORICONAZOLE TAB 50MG	2	113.70
03/16/2018	250		ACETAMINPHEN TAB 325 MG	1	0.00
03/16/2018	301	83735	MAGNESIUM	1	81.50
03/16/2018	301	80053	CMP COMPREHENSIVE MET PANEL	1	395.50
03/16/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	200	1,790.10
03/16/2018	250		LOPERAMIDE HCL 2MG CAP	1	0.00
03/17/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/17/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/17/2018	250		GUAIFENESIN 10ML UDCUP	12	63.60
03/17/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/17/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/17/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
03/17/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/17/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/17/2018	250		VORICONAZOLE TAB 200 MG	2	426.90
03/17/2018	250		LOPERAMIDE HCL 2MG CAP	1	0.00
03/17/2018	250		LOPERAMIDE HCL 2MG CAP	1	0.00
03/17/2018	250		VORICONAZOLE TAB 50MG	6	335.10
03/17/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
03/17/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/17/2018	250		VALACYCLOVIR 500 MG TAB	2	71.50
03/17/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/17/2018	306	87040	CULTURE,BLOOD	1	278.00
03/17/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/17/2018	306	87040	CULTURE,BLOOD	1	278.00
03/17/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/17/2018	270		SHADOW BILL	1	0.00
03/17/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
03/17/2018	301	81001	UA,AUTOMATED WITH MICROSCOPY	1	34.00
03/17/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/17/2018	258		LIDOCAINE HCL 1% 10MG/ML 5ML	1	17.15
03/17/2018	250		LOPERAMIDE HCL 2MG CAP	1	0.00
03/17/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/17/2018	250		LOPERAMIDE HCL 2MG CAP	1	0.00
03/17/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/17/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/17/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/18/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/18/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/18/2018	250	P9045	ALBUMIN 5% 500ML	2	523.15
03/18/2018	250		DAPSONE 100MG 100EA/	1	19.80

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/18/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/18/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
03/18/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/18/2018	258		METRONIDAZOLE 500MG/D5W 100ML	2	31.20
03/18/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
03/18/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/18/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/18/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/18/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/18/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/18/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/18/2018	320	74018	XRAY,ABDOMEN,SINGLE AP VIEW PFR	1	27.00
03/18/2018	320	74018	XRAY,ABDOMEN,SINGLE ANTEROPOSTERIOR VIEW GLR	1	125.00
03/18/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/18/2018	250		VORICONAZOLE TAB 200 MG	2	426.90
03/18/2018	250		VORICONAZOLE TAB 50MG	6	335.10
03/18/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/18/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/18/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/18/2018	250		LOPERAMIDE HCL 2MG CAP	1	0.00
03/18/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/18/2018	301	83690	LIPASE	1	84.50
03/18/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
03/18/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/18/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/18/2018	301	83735	MAGNESIUM	1	81.50
03/18/2018	301	84550	URIC ACID,BLOOD	1	27.50
03/18/2018	270		SHADOW BILL	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/18/2018	250		LEVETIRACETAM TAB 500 MG	1	20.45
03/18/2018	250		VALACYCLOVIR 500 MG TAB	1	35.75
03/18/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/18/2018	306	87493	C DIFF PCR ASSAY	1	359.50
03/18/2018	202		ROOM ICU	1	3,942.00
03/18/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/18/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/18/2018	270		O2 HIGH HUMIDITY SETTING ADJ	1	0.00
03/18/2018	250		VANCOMYCIN ORAL LIQ 125 MG	5	84.75
03/18/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	6	804.80
03/18/2018	270		OXYGEN	1	471.50
03/18/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/18/2018	301	83605	LACTATE	1	116.50
03/18/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/18/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/18/2018	270		OXYGEN START	1	0.00
03/18/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	460	94770	CO2 MONITORING,END TIDAL,8HRS	1	80.50
03/19/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	410	94002	VENTILATION ASSIST/MANG,INITIAL DAY	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Detail for: IP Hospital Acute

03/09/2018 — 04/17/2018

(Continued)

03/19/2018	410	94002	VENTILATION ASSIST/MANG,INITIAL DAY	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	410		BRONCOSCOPY ASSIST	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	410		BRONCOSCOPY ASSIST	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	410		INTUBATION ASSIST	1	180.00
03/19/2018	262		IV SERVICES START	1	0.00
03/19/2018	410		INTUBATION ASSIST	1	0.00
03/19/2018	410		INTUBATION ASSIST	1	0.00
03/19/2018	270		O2 HIGH HUMIDITY SETTING ADJ	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	270		O2 HIGH HUMIDITY SETTING ADJ	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	2	1,253.75
03/19/2018	258		VASOPRESSIN 20U/1ML VIAL	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	3	0.00
03/19/2018	250		ACETAMINPHEN TAB 325 MG	1	0.00
03/19/2018	410		CPAP CONTINUOUS START	1	135.00
03/19/2018	410	94660	CPAP,INITIATION/MANGEMENT,8 HOURS	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	80.50
03/19/2018	460	94770	CO2 MONITORING,END TIDAL,8HRS		

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
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Statement Number: 6364061
Account Number: 7327754-1
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Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/19/2018	270		OXYGEN	1	471.50
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	270		O2 HIGH HUMIDITY SETTING ADJ	1	0.00
03/19/2018	310	88312	GROUP I STAIN	1	165.50
03/19/2018	311	88112	FLUIDS,MISC CYT	1	75.50
03/19/2018	311	88112	FLUIDS,MISC CYT	1	75.50
03/19/2018	310	88312	GROUP I STAIN	1	165.50
03/19/2018	311	88112	FLUIDS,MISC CYT	1	75.50
03/19/2018	270		BRONCHOSCOPY, NON-PULM LAB	1	109.50
03/19/2018	306	87015	CONCENTRATION FOR MYCOBACTERIA	1	47.50
03/19/2018	306	87254	SHELL VIAL IF ID EA VIRUS	1	148.00
03/19/2018	361	36620	Arterial catheterization or cannulation for sampling, monito	1	185.14
03/19/2018	250		VORICONAZOLE TAB 200 MG	1	213.45
03/19/2018	361	31500	Intubation, endotracheal, emergency procedure	1	316.20
03/19/2018	361	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guid	1	1,337.09
03/19/2018	306	87254	SHELL VIAL IF ID EA VIRUS	1	148.00
03/19/2018	310	88312	GROUP I STAIN	1	165.50
03/19/2018	250		VORICONAZOLE TAB 50MG	3	167.55
03/19/2018	306	87254	SHELL VIAL IF ID EA VIRUS	1	148.00
03/19/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	410	36600	ABG,THERAPIST DRAW	1	85.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute

03/09/2018 — 04/17/2018

(Continued)

03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/19/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/19/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/19/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/19/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/19/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/19/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/19/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/19/2018	306	87449	S PNE URINARY ANTIGEN TEST	1	189.50
03/19/2018	301	83735	MAGNESIUM	1	81.50
03/19/2018	305	89050	EOSINOPHIL,URINE	1	87.00
03/19/2018	306	87015	CONC CYTOSPIN OR CENTRIFUGATE	1	47.50
03/19/2018	306	87206	ACID FAST STAIN	1	55.00
03/19/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/19/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/19/2018	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	10.30
03/19/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/19/2018	258		RECURONIUM BROMIDE VIAL 5 ML	1	27.95
03/19/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/19/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/19/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/19/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/19/2018	306	87081	CULTURE,LEGIONELLA	1	156.00
03/19/2018	301	83605	LACTATE	1	116.50
03/19/2018	306	87278	LEGIONELLA DFA	1	196.50
03/19/2018	306	87254	SHELL VIAL IF ID EA VIRUS	1	148.00
03/19/2018	306	87116	CULTURE,AFB	1	221.50
03/19/2018	202		ROOM ICU	1	3,942.00
03/19/2018	270		SHADOW BILL	1	0.00
03/19/2018	306	87102	CULTURE,FUNGUS,OTHER SOURCE	1	189.50
03/19/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
03/19/2018	301	83605	LACTATE	1	116.50
03/19/2018	306	87205	SMEAR STAINED	1	55.00
03/19/2018	306	87071	BRONCHOALVEOLAR LAVAGE CULTURE	1	144.00
03/19/2018	306	87206	KOH CALCOFLUOR	1	55.00
03/19/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/19/2018	306	87449	ASPERGILLUS GALACT AG	1	170.50
03/19/2018	306	87449	LEGION URIN ANTI	1	189.50
03/19/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/19/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/19/2018	250	J0131	ACETAMINOPHEN 1000 MG/100 ML INJ	100	181.40
03/19/2018	250	J2250	MIDAZOLAM INJ 2 MG/2ML	2	0.00
03/19/2018	258		RECURONIUM BROMIDE VIAL 5 ML	3	71.95

Christiana Care

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/19/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/19/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/19/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/19/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/19/2018	250	J2270	MORPHINE SULFATE T2MG/1ML SYRI	1	16.80
03/19/2018	250		OLANZAPINE ZYDIS TAB 5 MG	1	64.25
03/19/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/19/2018	250	P9045	ALBUMIN 5% 500ML	2	523.15
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/19/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/19/2018	258		ETOMIDATE INJ 20MG/10ML	1	33.05
03/19/2018	250	J2250	MIDAZOLAM INJ 2 MG/2ML	2	0.00
03/19/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/19/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/19/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/19/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/19/2018	258		VASOPRESSIN 20U/1ML VIAL	2	1,253.75
03/19/2018	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	2	14.65
03/19/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/19/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	100	283.10
03/19/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/19/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/19/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/19/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/19/2018	250		OLANZAPINE ZYDIS TAB 5 MG	1	64.25
03/19/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	320	74018	XRAY,ABDOMEN,SINGLE AP VIEW PFR	1	27.00

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P.O. Box 568
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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/20/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/20/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/20/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/20/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/20/2018	320	74018	XRAY,ABDOMEN,SINGLE ANTEROPOSTERIOR VIEW GLR	1	125.00
03/20/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/20/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/20/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/20/2018	270		SHADOW BILL	1	0.00
03/20/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/20/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/20/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/20/2018	341	78580	PULMONARY PERFUSION IMAG,PARTICULATE PF	1	200.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
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Statement Number: 6364061
Account Number: 7327754-1
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Claim ID: SRN44959808
Bill Date: 02/27/2019
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/20/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/20/2018	343	A9540	MAA,DX,PER STUDY DOSE,TO 10MCI	1	448.50
03/20/2018	341	78580	PULMONARY PERFUSION IMAG,PARTICULATE GLB	1	686.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	202		ROOM ICU	1	3,942.00
03/20/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/20/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/20/2018	302	86901	RH TYPE	1	50.00
03/20/2018	301	83735	MAGNESIUM	1	81.50
03/20/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/20/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/20/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/20/2018	302	86850	ANTIBODY SCREEN	1	202.00
03/20/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/20/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/20/2018	301	83605	LACTATE	1	116.50
03/20/2018	301	84134	PREALBUMIN	1	123.50
03/20/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/20/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
03/20/2018	390	86920	CROSSMATCH	1	154.00
03/20/2018	301	81001	UA,AUTOMATED WITH MICROSCOPY	1	34.00
03/20/2018	301	83605	LACTATE	1	116.50
03/20/2018	301	85027	CBC W/O DIFF	1	55.50
03/20/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/20/2018	306	87040	CULTURE,BLOOD	1	278.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/20/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/20/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/20/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/20/2018	302	86900	ABO	1	50.00
03/20/2018	390	86920	CROSSMATCH	1	154.00
03/20/2018	301	84478	TRIGLYCERIDES	1	27.50
03/20/2018	306	87040	CULTURE,BLOOD	1	278.00
03/20/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/20/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/20/2018	258		VASOPRESSIN 20U/1ML VIAL	2	1,253.75
03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/20/2018	258		CISATRACURIUM SDV 10MG/5ML	2	144.20
03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/20/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/20/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/20/2018	250		ACETAMINPHEN TAB 325 MG	3	0.00
03/20/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/20/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/20/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/20/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/20/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/20/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/20/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/20/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/20/2018	250		DEXTROSE 5% WATER 100 ML	3	0.00
03/20/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/20/2018	250		OPHTHALMIC LUBRICANT OINT 1G	1	32.75

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/20/2018	250	J3465	VORICONAZOLE VIAL 200 MG	120	4,454.10
03/20/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410	94002	VENTILATION ASSIST/MANG,INITIAL DAY	1	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/20/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/20/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/20/2018	258		VASOPRESSIN 20U/1ML VIAL	2	1,253.75

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/20/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/20/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/20/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/20/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/20/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/20/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/20/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/20/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/21/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/21/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/21/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/21/2018	301	83735	MAGNESIUM	1	81.50
03/21/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/21/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/21/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/21/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/21/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/21/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/21/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/21/2018	320	74018	XRAY,ABDOMEN,SINGLE ANTEROPOSTERIOR VIEW GLR	1	125.00
03/21/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/21/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/21/2018	320	74018	XRAY,ABDOMEN,SINGLE AP VIEW PFR	1	27.00
03/21/2018	301	83605	LACTATE	1	116.50
03/21/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/21/2018	250		dapsone 25 mg x 4 tab	4	46.55

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/21/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/21/2018	301	83050	METHEMOGLOBIN	1	63.50
03/21/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/21/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/21/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/21/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/21/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/21/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/21/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/21/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/21/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/21/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/21/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/21/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/21/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/21/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
03/21/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/21/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/21/2018	250	J2250	MIDAZOLAM INJ 5MG/5ML	5	13.10
03/21/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/21/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/21/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/21/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/21/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/21/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
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Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
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Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/21/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/21/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/21/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/21/2018	270		SHADOW BILL	1	0.00
03/21/2018	202		ROOM ICU	1	3,942.00
03/21/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/21/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/21/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/21/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/21/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/21/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	3	153.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/21/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/21/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/21/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/21/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
03/21/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/22/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/22/2018	250		dapsone 25 mg tab	4	46.55
03/22/2018	270		SHADOW BILL	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/22/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/22/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/22/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/22/2018	262		IV MEDICATION INJECTION SERVICES	1	50.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	262		IV MEDICATION INJECTION SERVICES	1	50.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/22/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/22/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/22/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/22/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/22/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/22/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/22/2018	301	83605	LACTATE	1	116.50
03/22/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/22/2018	301	83605	LACTATE	1	116.50
03/22/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/22/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/22/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/22/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/22/2018	301	83690	LIPASE	1	84.50

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/22/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/22/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/22/2018	301	83050	METHEMOGLOBIN	1	63.50
03/22/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/22/2018	202		ROOM ICU	1	3,942.00
03/22/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/22/2018	301	84478	TRIGLYCERIDES	1	27.50
03/22/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/22/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
03/22/2018	301	82550	CPK,TOTAL	1	84.50
03/22/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/22/2018	301	83735	MAGNESIUM	1	81.50
03/22/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/22/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	4	33.70
03/22/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/22/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/22/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/22/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/22/2018	250		QEUTIAPINE 25 MG UD	1	0.00
03/22/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	4	33.70
03/22/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/22/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/22/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/22/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/22/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/22/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/22/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/22/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/22/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute

03/09/2018 — 04/17/2018

(Continued)

03/22/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/22/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/22/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
03/22/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/22/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/22/2018	250	J2997	ALTEPLASE 2 MG VIAL	2	654.40
03/22/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/22/2018	258		INSULIN ASPART PEN	1	122.05
03/22/2018	258		DEXMEDETOMIDINE 200 MCG INJ	5	479.00
03/22/2018	250		VITAMIN MULTI 1EA TABLET	1	0.00
03/22/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/22/2018	250		QEUTIAPINE 25 MG UD	1	0.00
03/22/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/22/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	1	10.35
03/22/2018	250		PETROLATUM WHITE 5 G	1	0.00
03/22/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/22/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/22/2018	250		QUETIAPINE TAB 50 MG	1	36.05
03/22/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/22/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/22/2018	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	10.30
03/22/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/22/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/22/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/22/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/22/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/23/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/23/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/23/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/23/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/23/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/23/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	320	74018	XRAY,ABDOMEN,SINGLE ANTEROPOSTERIOR VIEW GLR	1	125.00
03/23/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/23/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/23/2018	301	80047	BASIC METABOLIC PANEL,CALCIUM,IONIZED	1	254.00
03/23/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/23/2018	301	83735	MAGNESIUM	1	81.50
03/23/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/23/2018	301	83735	MAGNESIUM	1	81.50
03/23/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/23/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/23/2018	301	84478	TRIGLYCERIDES	1	27.50
03/23/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/23/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/23/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/23/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/23/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/23/2018	320	74018	XRAY,ABDOMEN,SINGLE AP VIEW PFR	1	27.00
03/23/2018	480	93306	ECHO,TRANSTHOR,2D,COMP,WO CONTRAST GLB	1	2,568.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/23/2018	921	93306	ECHO,TRANSTHOR,2D,COMP,WO CONTRAST PF	1	1,318.50
03/23/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/23/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
03/23/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/23/2018	250	J3490	INOMAX, EACH 4 HOURS	1	1,546.50
03/23/2018	270		SHADOW BILL	1	0.00
03/23/2018	202		ROOM ICU	1	3,942.00
03/23/2018	250	J2250	MIDAZOLAM INJ 5MG/5ML	5	13.10
03/23/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/23/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/23/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/23/2018	250	J0461	ATROPINE SULFATE 1MG/10ML SYR	200	97.60
03/23/2018	258		CISATRACURIUM SDV 10MG/5ML	1	75.05
03/23/2018	250	J0171	EPINEPHRINE HCL IN 30MG/30ML VI	150	302.55
03/23/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/23/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1	0.00
03/23/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/23/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/23/2018	258		TRIMIX TPN SOLUTION 1500 ML	1	247.91
03/23/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/23/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/23/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/23/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/23/2018	258		DEXMEDETOMIDINE 200 MCG INJ	5	479.00
03/23/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/23/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/23/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/23/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/23/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/23/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/23/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/23/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/23/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/23/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/23/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/23/2018	250	J0171	EPINEPHRINE HCL IN 30MG/30ML VI	150	302.55
03/23/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/23/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/23/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/23/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/23/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/23/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/23/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/23/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/23/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/23/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/23/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/23/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/23/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/23/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/23/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/24/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/24/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/24/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/24/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/24/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/24/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/24/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/24/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/24/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/24/2018	258		TRIMIX TPN SOLUTION 1500 ML	1	247.91
03/24/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/24/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/24/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/24/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/24/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/24/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/24/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/24/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1	0.00
03/24/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/24/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/24/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/24/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/24/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/24/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/24/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/24/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/24/2018	320	74018	XRAY,ABDOMEN,SINGLE ANTEROPOSTERIOR VIEW GLR	1	125.00
03/24/2018	320	74018	XRAY,ABDOMEN,SINGLE AP VIEW PFR	1	27.00
03/24/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/24/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/24/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/24/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/24/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/24/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/24/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/24/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/24/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/24/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/24/2018	301	84478	TRIGLYCERIDES	1	27.50
03/24/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/24/2018	301	80069	RENAL FUNCTION PANEL	1	274.00
03/24/2018	301	83605	LACTATE	1	116.50
03/24/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/24/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/24/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/24/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/24/2018	301	83735	MAGNESIUM	1	81.50
03/24/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/24/2018	270		SHADOW BILL	1	0.00
03/24/2018	202		ROOM ICU	1	3,942.00
03/24/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/24/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/24/2018	301	83605	LACTATE	1	116.50
03/24/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/24/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/24/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/24/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/24/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/24/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/24/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/25/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/25/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
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Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/25/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/25/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/25/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/25/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/25/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/25/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/25/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/25/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/25/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/25/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/25/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/25/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/25/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/25/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1	0.00
03/25/2018	258		TRIMIX TPN SOLUTION 1500 ML	1	247.91
03/25/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/25/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/25/2018	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd GLR	1	1,034.00
03/25/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/25/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/25/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/25/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	1	32.20
03/25/2018	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd PFR	1	458.00
03/25/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	4	102.50
03/25/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/25/2018	250	J1644	HEPARIN SOD 5000 U/ML SDV	10	25.30
03/25/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/25/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/25/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/25/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/25/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/25/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/25/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/25/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/25/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/25/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/25/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/25/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/25/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/25/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/25/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/25/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/25/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/25/2018	301	83605	LACTATE	1	116.50
03/25/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/25/2018	270		SHADOW BILL	1	0.00
03/25/2018	202		ROOM ICU	1	3,942.00
03/25/2018	301	80047	BASIC METABOLIC PANEL,CALCIUM,IONIZED	1	254.00
03/25/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/25/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/25/2018	301	83735	MAGNESIUM	1	81.50
03/25/2018	301	83605	LACTATE	1	116.50
03/25/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	2	102.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/25/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/25/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/25/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/25/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/25/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/25/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/25/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/25/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/25/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/26/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/26/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/26/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/26/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/26/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/26/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/26/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	3	153.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/26/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/26/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/26/2018	301	83735	MAGNESIUM	1	81.50
03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/26/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/26/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
03/26/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/26/2018	301	84478	TRIGLYCERIDES	1	27.50
03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/26/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/26/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
03/26/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/26/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/26/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/26/2018	301	84134	PREALBUMIN	1	123.50
03/26/2018	250	J3010	FENTANYL CITRATE 0.1MG/2ML AM	1	13.15
03/26/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/26/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/26/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/26/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/26/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/26/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/26/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/26/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/26/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	100	121.55
03/26/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/26/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/26/2018	320	74018	XRAY,ABDOMEN,SINGLE ANTEROPOSTERIOR VIEW GLR	1	125.00
03/26/2018	320	74018	XRAY,ABDOMEN,SINGLE AP VIEW PFR	1	27.00
03/26/2018	270		SHADOW BILL	1	0.00
03/26/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/26/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/26/2018	202		ROOM ICU	1	3,942.00
03/26/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/26/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/26/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	1	32.20
03/26/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/26/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/26/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/26/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/26/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
03/26/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/26/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/26/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/26/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/26/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/26/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/26/2018	258		TRIMIX TPN SOLUTION 1500 ML	1	247.91
03/26/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/26/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1	0.00
03/26/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/26/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/27/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/27/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/27/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
03/27/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
03/27/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/27/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/27/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/27/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	2	64.40
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/27/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/27/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/27/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/27/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/27/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/27/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/27/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/27/2018	306	87040	CULTURE,BLOOD	1	278.00
03/27/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/27/2018	301	83735	MAGNESIUM	1	81.50

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/27/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/27/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	4	102.50
03/27/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/27/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/27/2018	306	87040	CULTURE,BLOOD	1	278.00
03/27/2018	301	83735	MAGNESIUM	1	81.50
03/27/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/27/2018	301	83605	LACTATE	1	116.50
03/27/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/27/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/27/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/27/2018	300	36415	VENIPUNCTURE	1	27.00
03/27/2018	301	84478	TRIGLYCERIDES	1	27.50
03/27/2018	301	81001	UA,AUTOMATED WITH MICROSCOPY	1	34.00
03/27/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/27/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/27/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/27/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/27/2018	258		CISATRACURIUM SDV 10MG/5ML	1	75.05
03/27/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/27/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/27/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/27/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
03/27/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/27/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/27/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/27/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/27/2018	258		TPN SOLUTION 1500 ML	1	217.91
03/27/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/27/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/27/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/27/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/27/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1	0.00
03/27/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/27/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/27/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/27/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/27/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/27/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/27/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/27/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/27/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/27/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	258		CISATRACURIUM SDV 200MG/20ML	1	1,315.25
03/27/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/27/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/27/2018	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	152.75
03/27/2018	202		ROOM ICU	1	3,942.00
03/27/2018	250		ACETAMINPHEN TAB 325 MG	1	0.00
03/27/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
03/27/2018	270		SHADOW BILL	1	0.00
03/27/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/27/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/27/2018	250	J2704	PROPOFOL SDV 1 G	100	160.80
03/27/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/27/2018	258		NOREPINEPHRINE BIT4MG/4ML AMP	4	390.05
03/27/2018	258		SODIUM CHLORIDE 250ML/IVBAG	1	0.00
03/28/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/28/2018	351	70450	CT,HEAD/BRAIN,WO CONTRAST GLR	1	791.50
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/28/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
03/28/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
03/28/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/28/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/28/2018	202		ROOM ICU	1	3,942.00
03/28/2018	350	70450	CT,HEAD/BRAIN,WO CONTRAST PFR	1	128.50
03/28/2018	270		SHADOW BILL	1	0.00
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/28/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/28/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/28/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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03/28/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
03/28/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	2	102.00
03/28/2018	410		TRANSPORT W/VENTILATION .5 HR	2	0.00
03/28/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/28/2018	390	86920	CROSSMATCH	1	154.00
03/28/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/28/2018	301	83605	LACTATE	1	116.50
03/28/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
03/28/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/28/2018	301	84478	TRIGLYCERIDES	1	27.50
03/28/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/28/2018	302	86900	ABO	1	50.00
03/28/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/28/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/28/2018	301	83735	MAGNESIUM	1	81.50
03/28/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/28/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/28/2018	302	86850	ANTIBODY SCREEN	1	202.00
03/28/2018	302	86901	RH TYPE	1	50.00
03/28/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/28/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
03/28/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/28/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/28/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/28/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/28/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/28/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/28/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/28/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/28/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/28/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/28/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
03/28/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/28/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/28/2018	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	78.20
03/28/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/28/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
03/28/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/28/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/28/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/28/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/28/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/28/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/28/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/28/2018	258		TPN SOLUTION 1500 ML	1	217.91
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/28/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
03/28/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	4	102.50
03/28/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/28/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/28/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/28/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/28/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/28/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
03/28/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/28/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	1	32.20
03/28/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/28/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/28/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/28/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/28/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/28/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/28/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/29/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/29/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/29/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/29/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/29/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/29/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/29/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/29/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/29/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/29/2018	301	83735	MAGNESIUM	1	81.50
03/29/2018	301	82550	CPK,TOTAL	1	84.50
03/29/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
03/29/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/29/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/29/2018	202		ROOM ICU	1	3,942.00
03/29/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/29/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/29/2018	270		SHADOW BILL	1	0.00
03/29/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/29/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/29/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/29/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/29/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	4	102.50
03/29/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/29/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/29/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/29/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/29/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/29/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/29/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/29/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/29/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/29/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
03/29/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/29/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/29/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/29/2018	250	J2543	PIPERACILLIN TAZOBACTAM 4.5G	8	205.00
03/29/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/29/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/29/2018	250	J2920	METHYLPREDNISOLONE 40MG VIAL	1	32.20
03/29/2018	250	J2212	METHYLNALTREXONE 12 MG INJ	120	546.10
03/29/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/29/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/29/2018	258		TPN SOLUTION 1500 ML	1	217.91
03/29/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/29/2018	258		METRONIDAZOLE 500MG/D5W 100ML	1	15.60
03/29/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/29/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
03/29/2018	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	152.75
03/29/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/29/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/29/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/29/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	2	45.80
03/29/2018	250	J3475	MAGNESIUM SULFATE 1G/100ML PREMIX IV BAG	2	43.45
03/29/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
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Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/29/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/30/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
03/30/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/30/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	3	106.90
03/30/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/30/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/30/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/30/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/30/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	258		TPN DILUENT/ADDITIVE FOR CPOE	1200	0.00
03/30/2018	250		QEUTIAPINE 25 MG UD	1	0.00
03/30/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/30/2018	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	152.75
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/30/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/30/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/30/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/30/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/30/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50

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Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
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Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/30/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
03/30/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/30/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/30/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/30/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/30/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/30/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/30/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/30/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/30/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/30/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/30/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/30/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
03/30/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/30/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
03/30/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/30/2018	301	83735	MAGNESIUM	1	81.50
03/30/2018	301	84478	TRIGLYCERIDES	1	27.50
03/30/2018	250		INSULIN NPH HUMAN 10ML VIAL	1	156.15
03/30/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/30/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/30/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/30/2018	202		ROOM ICU	1	3,942.00

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Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
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Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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03/30/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/30/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
03/30/2018	270		SHADOW BILL	1	0.00
03/30/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
03/30/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/30/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/30/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/30/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
03/30/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/30/2018	258		TPN SOLUTION 1500 ML	1	217.91
03/30/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	4	39.60
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/30/2018	250	J2250	MIDAZOLAM INJ 50MG/10ML	50	63.75
03/30/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/30/2018	250	J3475	MAGNESIUM SULF 2G/50 ML PREMIX	4	78.20
03/30/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
03/30/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
03/30/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	3	106.90
03/30/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	3	106.90
03/30/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/30/2018	250		QEUTIAPINE 25 MG UD	2	0.00
03/30/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	3	106.90
03/30/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/30/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
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Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
03/31/2018	250		DAPSONE 100MG 100EA/	1	19.80
03/31/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/31/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/31/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
03/31/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/31/2018	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd GLR	1	1,034.00
03/31/2018	921	93970	DUPLEX,EXTREM VEINS,W COMPRE,COM,BIL Rd PFR	1	458.00
03/31/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
03/31/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
03/31/2018	250		QEUTIAPINE 25 MG UD	1	0.00
03/31/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
03/31/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
03/31/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
03/31/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
03/31/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/31/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
03/31/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	2	45.80
03/31/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/31/2018	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	10.30

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

03/31/2018	258		INSULIN ASPART PEN	1	122.05
03/31/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	2	73.25
03/31/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	1	39.60
03/31/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/31/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/31/2018	301	83735	MAGNESIUM	1	81.50
03/31/2018	270		SHADOW BILL	1	0.00
03/31/2018	202		ROOM ICU	1	3,942.00
03/31/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/31/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/31/2018	301	80069	RENAL FUNCTION PANEL	1	274.00
03/31/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
03/31/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
03/31/2018	250	J3465	VORICONAZOLE VIAL 200 MG	40	1,484.70
03/31/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
03/31/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
03/31/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
03/31/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
03/31/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/31/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/31/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/31/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	2	73.25
03/31/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
03/31/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	3	106.90
03/31/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
03/31/2018	250		DEXTROSE 5% WATER 100 ML	1	0.00
03/31/2018	250	J1630	HALOPERIDOL LACTAT 5MG/1ML AMP	1	10.30

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
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Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
03/31/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	3	106.90
03/31/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
03/31/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
03/31/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/01/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
04/01/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
04/01/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	2	73.25
04/01/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
04/01/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
04/01/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
04/01/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	250		DAPSONE 100MG 100EA/	1	19.80
04/01/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/01/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
04/01/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/01/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
04/01/2018	306	87205	SMEAR STAINED	1	55.00
04/01/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/01/2018	301	82248	BILIRUBIN,DIRECT	1	27.50
04/01/2018	301	82247	BILIRUBIN,TOTAL	1	27.50
04/01/2018	301	81001	UA,AUTOMATED WITH MICROSCOPY	1	34.00
04/01/2018	306	87040	CULTURE,BLOOD	1	278.00
04/01/2018	270		SHADOW BILL	1	0.00
04/01/2018	202		ROOM ICU	1	3,942.00
04/01/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/01/2018	301	84450	TRANSFERASE,ASPARTATE AMINO (AST)	1	32.00
04/01/2018	301	84155	PROTEIN,TOTAL,SERUM	1	27.50
04/01/2018	361	31500	Intubation, endotracheal, emergency procedure	1	316.20
04/01/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/01/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
04/01/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/01/2018	250	J0692	CEFEPIME INJ 1 G	2	89.90
04/01/2018	250	J0692	CEFEPIME INJ 1 G	4	179.80
04/01/2018	250	J3465	VORICONAZOLE VIAL 200 MG	40	1,484.70
04/01/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	2	73.25
04/01/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
04/01/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
04/01/2018	250		DEXTROSE 5% WATER 100 ML	1	0.00
04/01/2018	258		ETOMIDATE INJ 20MG/10ML	1	33.05
04/01/2018	250	J3010	FENTANYL 2000 MCG/NSS 100 ML	20	151.15
04/01/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/01/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
04/01/2018	250		OXYCODONE 10 MG/0.5 ML ORAL SOLUTION	2	73.25
04/01/2018	250	C9113	PANTOPRAZOLE 40 MG INJ	1	30.70
04/01/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/01/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/01/2018	250	J2250	MIDAZOLAM INJ 5MG/5ML	10	20.20
04/01/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
04/01/2018	258		DEXMEDETOMIDINE 200 MCG INJ	2	195.15
04/01/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/01/2018	258		RECURONIUM BROMIDE VIAL 5 ML	2	49.95

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/01/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/01/2018	250		QEUTIAPINE 25 MG UD	1	0.00
04/01/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/01/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	402	76705	US,ABDOMINAL,W IMAGE DOCUM,LIMITED GLR	1	329.50
04/01/2018	402	76705	US,ABDOMINAL,W IMAGE DOCUM,LIMITED PFR	1	88.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/01/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/01/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/01/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/01/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/01/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/01/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/01/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/01/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/01/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
04/01/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/01/2018	306	87040	CULTURE,BLOOD	1	278.00
04/01/2018	301	84075	PHOSPHATASE,ALKALINE	1	32.00
04/01/2018	410		BIPAP SETTING ADJUSTMENT	12	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/01/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/01/2018	301	80069	RENAL FUNCTION PANEL	1	274.00
04/01/2018	301	84460	TRANSFERASE,ALANINE AMINO (ALT)	1	32.00
04/01/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/01/2018	306	87070	CULTURE,RESPIRATORY	1	97.00
04/01/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/01/2018	301	85027	CBC W/O DIFF	1	55.50
04/01/2018	410		BIPAP SETTING ADJUSTMENT	1	0.00

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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/01/2018	410	94002	VENTILATION ASSIST/MANG,INITIAL DAY	1	0.00
04/01/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/01/2018	410		INTUBATION ASSIST	1	0.00
04/01/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/01/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/01/2018	460	94770	CO2 MONITORING,END TIDAL,8HRS	1	80.50
04/01/2018	410	94660	BIPAP,INITIATION/MANGEMENT,8 HOURS	1	135.00
04/01/2018	410		CPAP CONTINUOUS START	1	0.00
04/01/2018	410		BIPAP SETTING ADJUSTMENT	12	0.00
04/01/2018	270		OXYGEN	1	471.50
04/01/2018	270		OXYGEN START	1	0.00
04/01/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	250		DEXTROSE 5% WATER 100 ML	1	0.00
04/02/2018	250	J3465	VORICONAZOLE VIAL 200 MG	40	1,484.70
04/02/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/02/2018	250	J3465	VORICONAZOLE VIAL 200 MG	40	1,484.70
04/02/2018	250	J0692	CEFEPIME INJ 1 G	2	89.90
04/02/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/02/2018	250		DEXTROSE 5% WATER 100 ML	1	0.00
04/02/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/02/2018	250	J0878	DAPTOMYCIN SDV 500MG	1000	4,168.95
04/02/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/02/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/02/2018	270		SHADOW BILL	1	0.00
04/02/2018	202		ROOM ICU	1	3,942.00
04/02/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/02/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/02/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	250	J3465	VORICONAZOLE VIAL 200 MG	80	2,969.40
04/02/2018	250		DEXTROSE 5% WATER 100 ML	2	0.00
04/02/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/02/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/02/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/02/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/02/2018	250		DAPSONE 100MG 100EA/	1	19.80

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Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
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Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/02/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/02/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
04/02/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
04/02/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
04/02/2018	250	J0348	ANIDULAFUNGIN 100 MG INJ	100	898.00
04/02/2018	250		QUETIAPINE TAB 50 MG	1	36.05
04/02/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/02/2018	301	83735	MAGNESIUM	1	81.50
04/02/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/02/2018	301	80069	RENAL FUNCTION PANEL	1	274.00
04/02/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/02/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/02/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/02/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/02/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/02/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/02/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/02/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/02/2018	250		QUETIAPINE TAB 50 MG	1	36.05
04/02/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/02/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/02/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/02/2018	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	152.75
04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/02/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/02/2018	250		ACETAMINPHEN LIQ 650 MG CUP	2	19.20
04/02/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/02/2018	250	J0692	CEFEPIME INJ 1 G	4	179.80

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/02/2018	250	J3010	FENTANYL CITRATE 0.1MG/2ML AM	1	13.15
04/02/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/03/2018	310	88312	GROUP I STAIN	1	165.50
04/03/2018	301	83735	MAGNESIUM	1	81.50
04/03/2018	306	87633	RESPIRATORY PANEL 12-25 TARGET	1	1,400.50
04/03/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/03/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/03/2018	306	87070	CULTURE,RESPIRATORY	1	97.00
04/03/2018	302	86901	RH TYPE	1	50.00
04/03/2018	306	87102	CULTURE,FUNGUS,OTHER SOURCE	1	189.50
04/03/2018	306	87206	KOH CALCOFLUOR	1	55.00
04/03/2018	306	87071	BRONCHOALVEOLAR LAVAGE CULTURE	1	144.00
04/03/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/03/2018	302	86850	ANTIBODY SCREEN	1	202.00
04/03/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
04/03/2018	306	87015	CONC CYTOSPIN OR CENTRIFUGATE	1	47.50
04/03/2018	311	88112	FLUIDS,MISC CYT	1	75.50
04/03/2018	306	87254	SHELL VIAL IF ID EA VIRUS	1	148.00
04/03/2018	306	87205	SMEAR STAINED	1	55.00
04/03/2018	302	86900	ABO	1	50.00
04/03/2018	301	83605	LACTATE	1	116.50
04/03/2018	302	87385	HISTOPLASMA ANTIGEN TEST	1	298.50
04/03/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/03/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
04/03/2018	301	84478	TRIGLYCERIDES	1	27.50
04/03/2018	306	87081	CULTURE,LEGIONELLA	1	156.00
04/03/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/03/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/03/2018	306	87205	SMEAR STAINED	1	55.00
04/03/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/03/2018	390	86920	CROSSMATCH	1	154.00
04/03/2018	250		POTASSIUM CHLORIDE 40MEQ UDCUP	1	104.55
04/03/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/03/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/03/2018	250		ACETAMINPHEN LIQ 650 MG CUP	1	12.55
04/03/2018	250		OXYCODONE HCL LIQ 5MG/5ML	2	67.70
04/03/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/03/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/03/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	6	343.30
04/03/2018	270		BRONCHOSCOPY, NON-PULM LAB	1	109.50
04/03/2018	361	31624	Bronchoscopy, rigid or flexible, including fluoroscopic guid	1	1,337.09
04/03/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/03/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/03/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/03/2018	258		D5W 500 ML	1	0.00
04/03/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/03/2018	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	152.75
04/03/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/03/2018	306	87077	AEROBIC ISOLATE,DEFINITIVE ID	1	99.50
04/03/2018	306	87798	PNEUMOCYSITIS PCR	1	195.00
04/03/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/03/2018	306	87077	AEROBIC ISOLATE,DEFINITIVE ID	1	99.50
04/03/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/03/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/03/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/03/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/03/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	6	804.80
04/03/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	3	171.65

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Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
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Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
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Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/03/2018	258		SODIUM CHLORIDE 0.9% 500ML	1	0.00
04/03/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/03/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/03/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/03/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/03/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/03/2018	258		SODIUM CHLORIDE 0.9% 500ML	2	0.00
04/03/2018	250		POTASSIUM CHLORIDE 40MEQ UDCUP	1	104.55
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/03/2018	270		BOOT, SIZE D, MP	1	206.50
04/03/2018	270		MOBILITY,CURR STAT,THERAPY,60-79% IMP PT	1	0.01
04/03/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/03/2018	270		MOBILITY,GOAL STATUS,20-39% IMP PT	1	0.01
04/03/2018	424	97161	EVALUATION,PT,LOW COMPLEXITY	1	339.50
04/03/2018	250		QUETIAPINE TAB 50 MG	1	36.05
04/03/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	2	20.70
04/03/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/03/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/03/2018	270		SHADOW BILL	1	0.00
04/03/2018	202		ROOM ICU	1	3,942.00
04/03/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/03/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
04/03/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/03/2018	250	J2250	MIDAZOLAM INJ 5MG/5ML	5	13.10
04/03/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/03/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/03/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/03/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/03/2018	270		SELF CARE,CURR STAT,100% IMPR OT	1	0.01
04/03/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/03/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/03/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/03/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
04/03/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
04/03/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
04/03/2018	306	87581	M PNEUMONIAE QUAL DNA PCR	1	328.00
04/03/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
04/03/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/03/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/03/2018	352	71250	CT,THORAX,WO CONTRAST GLR	1	987.00
04/03/2018	350	71250	CT,THORAX,WO CONTRAST PFR	1	154.50
04/03/2018	410		TRANSPORT W/VENTILATION .5 HR	3	0.00
04/03/2018	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
04/03/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	270		SELF CARE,GOAL STAT,20-39% IMPR OT	1	0.01

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/03/2018	434	97166	EVALUATION,OT,MODERATE COMPLEXITY	1	339.50
04/03/2018	430	97763	ORTHOTIC/PROSTHETIC CHECK,EACH 15 MIN,OT	1	89.00
04/03/2018	410		BRONCOSCOPY ASSIST	1	0.00
04/03/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
04/03/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/03/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/04/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	6	343.30
04/04/2018	258		SODIUM CHLORIDE 0.9% 500ML	2	0.00
04/04/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/04/2018	258		D5W 500 ML	1	0.00
04/04/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/04/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/04/2018	250	J3010	FENTANYL CITRATE 0.1MG/2ML AM	1	13.15
04/04/2018	250	J0610	CALCIUM GLUCONATE INJ 1G/10ML	2	75.50
04/04/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/04/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/04/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/04/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/04/2018	250	J3010	FENTANYL CITRATE 0.1MG/2ML AM	1	13.15
04/04/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/04/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/04/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/04/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/04/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/04/2018	250	J3470	HYALURONIDASE 150U/1ML VIA	1	282.50
04/04/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/04/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/04/2018	250	J2250	MIDAZOLAM INJ 5MG/5ML	5	13.10
04/04/2018	250	J3010	FENTANYL CITRATE 0.1MG/2ML AM	1	13.15
04/04/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
04/04/2018	250		LIDOCAINE HCL JELLY 2% UDCUP	2	70.35
04/04/2018	250		BENZOCAINE 20% ORAL SPRAY UNIT DOSE	2	108.45
04/04/2018	270		SHADOW BILL	1	0.00
04/04/2018	202		ROOM ICU	1	3,942.00
04/04/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/04/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/04/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/04/2018	250		POTASSIUM CHLORIDE 20MEQ UDCUP	1	70.35
04/04/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	3	171.65
04/04/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/04/2018	258		SODIUM CHLORIDE 0.9% 500ML	1	0.00
04/04/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/04/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/04/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/04/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/04/2018	250		DEXTROSE 5% WATER 100 ML	1	0.00
04/04/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/04/2018	258		POTASSIUM PHOSPHATE 3 MMOL/ML 5 ML INJ	2	152.75

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/04/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/04/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
04/04/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/04/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/04/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/04/2018	480	93312	ECHO,TRANSESOPHAGEAL,2D,W/O CONT GLB	1	1,649.50
04/04/2018	921	93312	ECHO,TRANSESOPHAGEAL,2D,W/O CONT PF	1	764.50
04/04/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/04/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/04/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/04/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/04/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/04/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/04/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/04/2018	460	94150	VITAL CAPACITY,FORCED, STATISTICAL	1	0.00
04/04/2018	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
04/04/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/04/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/04/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/04/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/04/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/04/2018	301	83735	MAGNESIUM	1	81.50
04/04/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/04/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/04/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/04/2018	390	86920	CROSSMATCH	1	154.00
04/04/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
04/04/2018	306	87497	CMV QUANT ASSAY	1	291.50
04/04/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/04/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/04/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
04/04/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/04/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/04/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/04/2018	921	93321	DOPPLER ECHOCARDIOGRAPHY,LIMITED PF	1	131.00
04/04/2018	480	93325	DOPPLER ECHO COLOR FLOW MAPPING	1	885.00
04/04/2018	480	93321	DOPPLER ECHOCARDIOGRAPHY,LIMITED GLB	1	338.00
04/04/2018	301	82330	CALCIUM,IONIZED	1	65.50
04/04/2018	301	83605	LACTATE	1	116.50
04/04/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
04/04/2018	250		CHLORHEXIDINE GL 0.12% 15 ML	1	10.35
04/04/2018	301	85027	CBC W/O DIFF	1	55.50
04/05/2018	270		SHADOW BILL	1	0.00
04/05/2018	202		ROOM ICU	1	3,942.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/05/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/05/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/05/2018	301	85027	CBC W/O DIFF	1	55.50
04/05/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/05/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/05/2018	301	80076	HEPATIC FUNCTION PANEL	1	206.00
04/05/2018	302	86256	Q FEVER TITER	1	179.00
04/05/2018	270		CHEST POST LINE PLACEMENT GLR	1	113.50
04/05/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/05/2018	940		EXTUBATION	1	66.00
04/05/2018	410	94003	VENTILATION ASSIST/MANG,SUBSEQUE DAY	1	1,147.00
04/05/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/05/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/05/2018	270		OXYGEN START	1	0.00
04/05/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/05/2018	361	36569	INSERT,PICC,WO PORT/PUMP,=>5YO	1	1,310.50
04/05/2018	270		OXYGEN	1	471.50
04/05/2018	306	87205	SMEAR STAINED	1	55.00
04/05/2018	306	87102	CULTURE,FUNGUS,OTHER SOURCE	1	189.50
04/05/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/05/2018	390	P9053	PROC FEE-PLLR IRRAD CMV NEG	1	1,495.50
04/05/2018	390	86920	CROSSMATCH	1	154.00
04/05/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/05/2018	306	87077	AEROBIC ISOLATE,DEFINITIVE ID	1	99.50
04/05/2018	306	87449	FUNGITELL-GLUCAN LEVEL	1	141.00
04/05/2018	306	87070	CULTURE,OTHER	1	189.50

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

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04/05/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/05/2018	301	86255	CAT SCRATCH AB PANEL	1	171.50
04/05/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/05/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
04/05/2018	301	83735	MAGNESIUM	1	81.50
04/05/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/05/2018	306	87070	CULTURE,OTHER	1	189.50
04/05/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
04/05/2018	301	84145	PROCALCITONIN	1	284.50
04/05/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/05/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/05/2018	250		VANCOMYCIN ORAL LIQ 125 MG	4	67.80
04/05/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/05/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/05/2018	258		D5W 500 ML	1	0.00
04/05/2018	250		OXYCODONE HCL LIQ 5MG/5ML	1	36.85
04/05/2018	250	J1100	DEXAMETHASONE SODI 4MG/1ML VIAL	4	16.85
04/05/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/05/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/05/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/05/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/05/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/05/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/05/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/05/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/05/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	3	171.65
04/05/2018	250	J3010	FENTANYL CITRATE 0.1MG/2ML AM	1	13.15
04/05/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/05/2018	258		SODIUM CHLORIDE 0.9% 500ML	1	0.00
04/05/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/05/2018	430	97760	ORTHOTIC FITTING/TRAINING,EACH 15 MIN,OT	1	107.50
04/05/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/05/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/05/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/05/2018	460	94150	VITAL CAPACITY,FORCED, STATISTICAL	1	0.00
04/05/2018	410		VENTILATOR SETTING ADJ/MONITOR STAT	1	0.00
04/05/2018	410	94003	VENT WEAN/EXTUBATION PROTOCOL, STATISTICAL	1	0.00
04/05/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/05/2018	460	94150	VITAL CAPACITY,WEANING PARAMETERS,STAT	1	0.00
04/05/2018	270		ENDOTRACHEAL TUBE REPOSITION	1	0.00
04/05/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/05/2018	250		POTASSIUM CHLORIDE 20MEQ UDCUP	1	70.35
04/05/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/05/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/05/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/05/2018	258		SODIUM CHLORIDE 0.9% 500ML	2	0.00
04/05/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/05/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/05/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	6	343.30
04/06/2018	270		ACAPELLA VEST, DISPENSED	1	160.00
04/06/2018	410	94668	MANIPUL,CHEST THERAPY,SUBSQ,ACAPELLA	1	69.00
04/06/2018	270		OXYGEN	1	471.50

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/06/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/06/2018	202		ROOM ICU	1	3,942.00
04/06/2018	270		SHADOW BILL	1	0.00
04/06/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/06/2018	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	104.50
04/06/2018	444	92610	EVALUATION,ORAL/PHARYNGEAL SWALLOW FU,ST	1	402.00
04/06/2018	270		SWALLOW,GOAL STATUS,40-59% IMPR ST	1	0.01
04/06/2018	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	104.50
04/06/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/06/2018	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	1	104.50
04/06/2018	430	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,OT	1	109.50
04/06/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/06/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/06/2018	302	86632	CHLAMYDIA PSITTACOSIS TITER	1	129.50
04/06/2018	305	85384	FIBRINOGEN,ACTIVITY	1	67.00
04/06/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/06/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/06/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
04/06/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/06/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/06/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/06/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/06/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/06/2018	301	82330	CALCIUM,IONIZED	1	65.50
04/06/2018	301	83735	MAGNESIUM	1	81.50
04/06/2018	306	87449	FUNGITELL-GLUCAN LEVEL	1	141.00
04/06/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/06/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/06/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/06/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/06/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/06/2018	258		D5W 500 ML	1	0.00
04/06/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/06/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/06/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/06/2018	306	87449	ASPERGILLUS GALACT AG	1	170.50
04/06/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/06/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/06/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/06/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/06/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/06/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/06/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	3	171.65
04/06/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/06/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
04/06/2018	270		SWALLOW,CURR STATUS,INIT,80-99% IMPR ST	1	0.01
04/06/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
04/06/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
04/06/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/06/2018	258		SODIUM CHLORIDE 0.9% 500ML	2	0.00

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/06/2018	258		TRIMETHOPRIM/SULFAMETHOX 160/800MG INJ	6	343.30
04/06/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/06/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/06/2018	258		SODIUM CHLORIDE 0.9% 500ML	1	0.00
04/06/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/07/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/07/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/07/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/07/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/07/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/07/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/07/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/07/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/07/2018	258		D5W 500 ML	1	0.00
04/07/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/07/2018	440	92526	TREATMENT,FEEDING/SWALLOW,ST	1	233.50
04/07/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/07/2018	250		VANCOMYCIN ORAL LIQ 125 MG	1	16.95
04/07/2018	270		OXYGEN	1	471.50
04/07/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/07/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/07/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/07/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/07/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/07/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/07/2018	301	82803	BLOOD GAS ANALYSIS	1	104.00
04/07/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/07/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/07/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00

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Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/07/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/07/2018	202		ROOM ICU	1	3,942.00
04/07/2018	270		SHADOW BILL	1	0.00
04/07/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/07/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/07/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/07/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	40	37.75
04/07/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/07/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/07/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/07/2018	250	J2020	LINEZOLID PREMIX 600MG/300ML	3	402.40
04/07/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/07/2018	301	82948	GLUCOSE,POINT OF CARE	1	24.50
04/07/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/07/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/08/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/08/2018	258		D5W 500 ML	1	0.00
04/08/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/08/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/08/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/08/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	8	15.35
04/08/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/08/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/08/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/08/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/08/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	2	0.00
04/08/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/08/2018	250		TRIMETHOPRIM/SULFA 160MG TAB	2	0.00
04/08/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/08/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/08/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00

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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/08/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/08/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/08/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/08/2018	301	85027	CBC W/O DIFF	1	55.50
04/08/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/08/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/08/2018	202		ROOM ICU	1	3,942.00
04/08/2018	730	93010	ECG,ROUTINE,INTERP & REPORT ONLY PF	1	63.50
04/08/2018	730	93000	ECG,ROUTINE,TRACING W INTERP/REPORT GLB	1	0.00
04/08/2018	270		SHADOW BILL	1	0.00
04/08/2018	730	93005	ECG,ROUTINE,TRACING ONLY	1	103.50
04/08/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	40	37.75
04/08/2018	250	J1940	FUROSEMIDE 40MG/4ML VIA	2	19.80
04/08/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/08/2018	250		VANCOMYCIN ORAL LIQUID	1	16.95
04/08/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/08/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/08/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/08/2018	250	J1940	FUROSEMIDE 20 MG/2 ML VIAL	1	22.90
04/08/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/09/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/09/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/09/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/09/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/09/2018	250		SENNA LIQUID 10 ML UDC	1	0.00
04/09/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/09/2018	250	J3480	POTASSIUM CL 20MEQ/100ML IVBAG	10	22.35
04/09/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/09/2018	250		PETROLATUM WHITE 5 G	1	0.00
04/09/2018	250		DOCUSATE SODIUM 100MG/10ML UDC	1	0.00
04/09/2018	361	36589	Removal of tunneled central venous catheter, without subcuta	1	819.89
04/09/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/09/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/09/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/09/2018	258		D5W 500 ML	1	0.00
04/09/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/09/2018	301	85027	CBC W/O DIFF	1	55.50
04/09/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/09/2018	301	84100	PHOSPHORUS,SERUM	1	27.50
04/09/2018	301	83735	MAGNESIUM	1	81.50
04/09/2018	270		SHADOW BILL	1	0.00
04/09/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/09/2018	306	87491	CHLAMYDIAE PCR	1	228.50
04/09/2018	440	92526	TREATMENT,FEEDING/SWALLOW,ST	1	233.50
04/09/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/09/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/09/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/09/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/09/2018	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	104.50
04/09/2018	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	104.50
04/09/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/10/2018	250		TRIMETHOPRIM/SULFA 160MG TAB	1	0.00
04/10/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/10/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	4	10.65
04/10/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/10/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/10/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/10/2018	250		ACYCLOVIR TAB 400MG UD	2	28.20
04/10/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/10/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/10/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/10/2018	250		ACYCLOVIR TAB 400MG UD	1	14.10
04/10/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/10/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/10/2018	258		D5W 500 ML	1	0.00
04/10/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/10/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/10/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	8	15.35
04/10/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/10/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL GLR	1	113.50
04/10/2018	320	71045	XRAY,CHEST,SINGLE VIEW,FRONTAL PFR	1	27.00
04/10/2018	270		SHADOW BILL	1	0.00
04/10/2018	258		SODIUM CHLORIDE 0.9% 100 ML	1	0.00
04/10/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/10/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/10/2018	250	J0133	ACYCLOVIR SOD 500MG/VIAL	100	72.00
04/10/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/10/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/10/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/11/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
04/11/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/11/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/11/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/11/2018	250		LEVETIRACETAM TAB 500 MG	1	20.45

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P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/11/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	8	15.35
04/11/2018	250		ACYCLOVIR TAB 400MG UD	2	28.20
04/11/2018	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	104.50
04/11/2018	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	104.50
04/11/2018	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	2	209.00
04/11/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/11/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/11/2018	250	J1953	LEVETIRACETAM 500MG/100ML PMX	50	141.55
04/11/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/11/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/11/2018	301	83735	MAGNESIUM	1	81.50
04/11/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/11/2018	301	80053	CMP COMPREHENSIVE MET PANEL	1	395.50
04/11/2018	270		SHADOW BILL	1	0.00
04/11/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/11/2018	301	82248	BILIRUBIN,DIRECT	1	27.50
04/11/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/11/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/11/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/11/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/11/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/11/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/11/2018	258		D5W 500 ML	1	0.00
04/12/2018	250		LEUCOVORIN CALCIUM 25MG TAB	1	62.90
04/12/2018	250		DAPSONE 100MG 100EA/	1	19.80
04/12/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/12/2018	391	36430	BLOOD ADMINISTRATION	1	300.00
04/12/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00

Christiana Care

P.O. Box 568
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Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/12/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/12/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/12/2018	250		POTASSIUM CHLORIDE 40MEQ UDCUP	1	104.55
04/12/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	20	21.85
04/12/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/12/2018	306	87497	CMV QUANT ASSAY	1	291.50
04/12/2018	311	88271	DNA PROBE EACH FISH	1	209.00
04/12/2018	390	86920	CROSSMATCH	1	154.00
04/12/2018	311	88271	DNA PROBE EACH FISH	1	209.00
04/12/2018	311	88275	CHROMOSOMAL IN SITU HYBRID ANALYZE 100-300	1	357.00
04/12/2018	301	83735	MAGNESIUM	1	81.50
04/12/2018	302	86900	ABO	1	50.00
04/12/2018	390	P9058	PROC FEE-LPRBC IRRAD CMV NEG	1	477.50
04/12/2018	302	86901	RH TYPE	1	50.00
04/12/2018	301	84145	PROCALCITONIN	1	284.50
04/12/2018	302	86850	ANTIBODY SCREEN	1	202.00
04/12/2018	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	1	104.50
04/12/2018	420	97110	THERAPEUTIC EXERCISES,EACH 15 MIN,PT	1	104.50
04/12/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/12/2018	250	A9575	CONTRAST, DOTAREM MRI 10X15ML VIAL	15	105.00
04/12/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/12/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/12/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/12/2018	250		PYRIMETHAMINE 25MG 100EA/B	1	9.05
04/12/2018	258		D5W 500 ML	1	0.00
04/12/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/12/2018	611	70553	MRI,BRAIN,W/WO CONTRAST GLR	1	4,075.50
04/12/2018	250		DAPSONE 100MG 100EA/	1	19.80

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364061**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/12/2018	250		ACYCLOVIR TAB 400MG UD	2	28.20
04/12/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/12/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/12/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
04/12/2018	270		SHADOW BILL	1	0.00
04/12/2018	610	70553	MRI,BRAIN,W/WO CONTRAST PFR	1	358.50
04/12/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/12/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/12/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/13/2018	250		ACYCLOVIR TAB 400MG UD	2	28.20
04/13/2018	250		DAPSONE 100MG 100EA/	1	19.80
04/13/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/13/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/13/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/13/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/13/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/13/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/13/2018	420	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,PT	2	209.00
04/13/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
04/13/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/13/2018	250		POTASSIUM CHLORIDE 20MEQ UDCUP	3	211.05
04/13/2018	301	80053	CMP COMPREHENSIVE MET PANEL	1	395.50
04/13/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/13/2018	301	83735	MAGNESIUM	1	81.50
04/13/2018	270		SHADOW BILL	1	0.00
04/13/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/13/2018	305	86360	CD4/CD8 FOR T CELLS	1	280.00
04/13/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/13/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/13/2018	258		D5W 500 ML	1	0.00
04/13/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/13/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/13/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/14/2018	258		D5W 500 ML	1	0.00
04/14/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/14/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/14/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/14/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/14/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/14/2018	460	94760	PULSE OXIMETRY,SINGLE DETERMINATION STAT	1	0.00
04/14/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/14/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/14/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/14/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/14/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/14/2018	301	83735	MAGNESIUM	1	81.50
04/14/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/14/2018	270		SHADOW BILL	1	0.00
04/14/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/14/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
04/14/2018	250		POTASSIUM CHLORIDE 40MEQ UDCUP	1	104.55
04/14/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50
04/14/2018	250		ACYCLOVIR TAB 400MG UD	2	28.20
04/14/2018	250		DAPSONE 100MG 100EA/	1	19.80
04/15/2018	258		D5W 500 ML	1	0.00
04/15/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/15/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/15/2018	250		DOXYCYCLINE HYCLAT100MG CAP	2	57.50

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician: Kwaku Kyere
Principal Diagnosis: A41.51
Provider: ACUTE
Provider Tax ID #: 510103684

Statement Number: 6364061
Account Number: 7327754-1
Enc. ID / ECD ID: 5907196998 / 610031985113
Claim ID: SRN44959808
Bill Date: 02/27/2019
Birth Date: 07/07/1989

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/15/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/15/2018	250	J3480	POTASSIUM CL 40MEQ/100ML IVBAG	40	37.75
04/15/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/15/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/15/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/15/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/15/2018	250	J3475	MAGNESIUM SULFATE 4G PREMIX	8	39.85
04/15/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/15/2018	301	83735	MAGNESIUM	1	81.50
04/15/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/15/2018	270		SHADOW BILL	1	0.00
04/15/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/15/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/15/2018	250		ACYCLOVIR TAB 400MG UD	2	28.20
04/15/2018	250		DAPSONE 100MG 100EA/	1	19.80
04/15/2018	250		LEVETIRACETAM TAB 500 MG	2	40.90
04/15/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/15/2018	250		VANCOMYCIN ORAL LIQUID	2	33.90
04/16/2018	250	J2997	ALTEPLASE 2 MG VIAL	2	654.40
04/16/2018	250		POTASSIUM CHLORIDE 20MEQ SR TAB	3	0.00
04/16/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00
04/16/2018	250	J0692	CEFEPIME INJ 2 G	8	102.40
04/16/2018	258		SODIUM CHLORIDE 0.9% 50 ML	2	0.00
04/16/2018	250		DAPSONE 100MG 100EA/	1	19.80
04/16/2018	250		VANCOMYCIN ORAL LIQUID	1	16.95
04/16/2018	250		DOXYCYCLINE HYCLAT100MG CAP	1	28.75
04/16/2018	250		LEVETIRACETAM TAB 500 MG	1	20.45
04/16/2018	420	97116	GAIT TRAINING,EACH 15 MIN,PT	2	183.00
04/16/2018	250		POTASSIUM CHLORIDE 20MEQ UDCUP	1	70.35
04/16/2018	250		ACYCLOVIR TAB 400MG UD	1	14.10

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

04/16/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/16/2018	301	83735	MAGNESIUM	1	81.50
04/16/2018	250	J0692	CEFEPIME INJ 2 G	4	51.20
04/16/2018	270		SHADOW BILL	1	0.00
04/16/2018	120		ROOM SEMI-PRIVATE	1	1,510.00
04/16/2018	305	85025	CBC,AUTOMATED,DIFFERENTIAL WBC	1	73.50
04/16/2018	250	J2405	ONDANSETRON INJ 4 MG/2ML VIAL	8	15.35
04/16/2018	250	J1200	DIPHENHYDRAMINE HC 50MG/1ML VIA	1	0.00
04/16/2018	250	J0780	PROCHLORPERAZINE E10MG/2ML VIA	1	97.60
04/16/2018	258		SODIUM CHLORIDE 0.9% 50 ML	1	0.00
04/16/2018	250	J0289	AMBISOME 50MG INJ	40	8,253.05
04/16/2018	258		D5W 500 ML	1	0.00
04/17/2018	301	83735	MAGNESIUM	1	81.50
04/17/2018	250		KETOCONAZOLE 2% 30G TUBE	1	221.15
04/17/2018	301	80048	BASIC METABOLIC PANEL,CALCIUM,TOTAL	1	217.00
04/17/2018	430	97530	THERAPEUTIC ACTIVITIES,EACH 15 MIN,OT	2	209.00
04/17/2018	262	36592	CENTRAL LINE SPECIMEN COLLECT	1	51.00

Total Room/Bed Charges	**$ 112,394.00**	
Total Other Charges	**$ 482,575.00**	
Total Charges		**$ 594,969.00**

PAYMENTS/ADJUSTMENTS

05/29/2018	Blue Cross of DE Insurance Payment		-506,227.92
04/21/2018	Blue Cross of DE Adjustment		-71,396.81
	Total Insurance Payments	**$ -506,227.92**	
	Total Insurance Adjustments	**$ -71,396.81**	
	Total Insurance Payments / Adjustments		**$ -577,624.73**
	Total Guarantor Payments	**$ 0.00**	
	Total Guarantor Adjustments	**$ 0.00**	

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364061**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	**02/27/2019**
		Birth Date:	**07/07/1989**

Detail for: IP Hospital Acute 03/09/2018 — 04/17/2018

(Continued)

Total Guarantor Payments / Adjustments	**$ 0.00**
TOTAL BALANCE DUE	**$ 17,344.27**

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364079**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	**02/27/2019**
Birth Date:	**07/07/1989**

Summary for: IP Hospital Acute 03/09/2018 — 04/17/2018

CHARGES	Description	Amount ($)
	OBSERVATION RM	0.00
	ROOM-BOARD/SEMI	25,670.00
	ICU/SURGICAL	86,724.00
	OTHER RX SVS	66.00
	PRO FEE/RAD/DX	88.00
	LABORATORY	108.00
	PROFEE-RAD-THERAPETUTIC	200.00
	PULMONARY FUNC	241.50
	ULTRASOUND	329.50
	PHYS THERP/EVAL	339.50
	OCCUP THERP/EVAL	339.50
	OTHER PRO FEE	358.50
	SPEECH PATH/EVAL	402.00
	NUC MED/DX RADIOPHARM	448.50
	SPEECH PATHOL	467.02
	PRO FEE/EKG	571.50
	PATHOLOGY LAB	662.00
	NUC MED/DX	686.00

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

ADDRESS SERVICE REQUESTED

RICHARD N. SPENCER, III
1209 BROWN ST
WILMINGTON DE 19805

Financial Coverages

Priority	Plan Name	Policy #	Subscriber
1	Blue Cross DE	USD12483402 9001	RICHARD NORMAN SPENCER ,

Guarantor: RICHARD N. SPENCER, III

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere
Principal Diagnosis:	A41.51
Provider:	ACUTE
Provider Tax ID #:	510103684

Statement Number:	**6364079**
Account Number:	**7327754-1**
Enc. ID / ECD ID:	**5907196998 / 610031985113**
Claim ID:	**SRN44959808**
Bill Date:	02/27/2019
Birth Date:	07/07/1989

Summary for: IP Hospital Acute 03/09/2018 to 04/17/2018

(Continued)

OCCUPATION THER		828.52
PRO FEE/OR		918.00
EKG/ECG		931.50
PATHOL/CYTOLOGY		1,077.00
PRO FEE/GEN ADTL		1,131.00
PHYSICAL THERP		1,228.02
OR/MINOR		1,310.50
CT SCAN/HEAD		1,973.50
PERI VASCUL LAB		2,068.00
LAB/IMMUNOLOGY		2,419.00
LAB/HEMATOLOGY		3,080.00
PRO FEE		3,130.00
IV THERAPY		3,187.00
DX X-RAY		3,928.00
MRI - BRAIN		4,075.50
TREATMENT RM		4,311.61
MED-SUR SUPPLIES		4,681.00
CT SCAN/BODY		5,351.50
CARDIOLOGY		5,440.50
BLOOD/ADMIN		5,700.00
PHARMACY		12,005.25
LAB/BACT-MICRO		16,171.00
BLOOD/STOR-PROC		20,412.50
RESPIRATORY SVC		21,070.00
LAB/CHEMISTRY		28,011.50
IV SOLUTIONS		33,393.88
DRUG/DETAIL CODE		289,433.20
Total Room/Bed Charges	**$ 112,394.00**	
Total Ancillary Charges	**$ 482,575.00**	
	Total Charges	**$ 594,969.00**

PAYMENTS/ADJUSTMENTS

Christiana Care

P.O. Box 568
Malvern, PA 19355

Pt Name: RICHARD NORMAN SPENCER ,III

Attending Physician:	Kwaku Kyere	**Statement Number:**	**6364079**
Principal Diagnosis:	A41.51	**Account Number:**	**7327754-1**
Provider:	ACUTE	**Enc. ID / ECD ID:**	**5907196998 / 610031985113**
Provider Tax ID #:	510103684	**Claim ID:**	**SRN44959808**
		Bill Date:	02/27/2019
		Birth Date:	07/07/1989

Summary for: IP Hospital Acute 03/09/2018 to 04/17/2018

(Continued)

Blue Cross of DE Payments Total		-506,227.92
Blue Cross of DE Adjustments Total		-71,396.81
Guarantor Payments		0.00
Guarantor Adjustments		0.00
Total Insurance Payments	**$ -506,227.92**	
Total Insurance Adjustments	**$ -71,396.81**	
Total Insurance Payments / Adjustments		**$ -577,624.73**
Total Guarantor Payments / Adjustments		**$ 0.00**
TOTAL BALANCE DUE		**$ 17,344.27**