



PennState Health
Milton S. Hershey Medical Center

PSHMC Mail Code _____
PO Box 850
Hershey, PA 17033

Date Tuesday, November 24, 2020
Time: (AM/PM) 7:28 AM

Facsimile Cover Letter

Authorized Recipient Information	
Intended Recipient:	Attn: Itemized Bill
Recipient's Facility/Organization	Highmark
Recipient's Address	
Recipient's Telephone Number	
Recipients Facsimile Number	855-329-8191
Originator's Information	
Originator's Name	Teresa Snyder
Originator's Telephone Number	717-531-1825
Re:	Claim #35786012312
Page Count (including cover letter):	
Notes: To follow is the Claim and Itemized Bill for patient Sillas Holland ID # NVP3HZN51814000.	

*******CONFIDENTIALITY STATEMENT*******

Please notify us immediately if you received this communication in error

The documents accompanying this fax transmission contain information from the Penn State Milton S. Hershey Medical Center and may be confidential and/or privileged. The information is intended only for the use of the individual or entity named on this transmission letter. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. Thank you.

MS Nov. 24. 2020 7:48AM CENTER		510220563 No. 4307 P. 2/17		TYPE OF BILL	
500 UNIVERSITY DRIVE		PO BOX 856 MC A410		410012059; 2000133780	
HERSHEY PA 170332360		HERSHEY PA 17033		0111	
7175315218		5 FEO. TAX NO.		25-1854772 072220 091220	
8 PATIENT NAME		8 PATIENT ADDRESS		2022 SPRING ST	
SMITH, SILLAS		READING		PA 196091749	
10 BIRTHDATE		11 SEX		12 DATE	
07222020		M		07222018 4 5 16 01	
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE CODE		35 OCCURRENCE DATE		36 OCCURRENCE DATE	
37 OCCURRENCE CODE		38 OCCURRENCE DATE		39 OCCURRENCE DATE	
40 SMITH, CIARAH L		41 VALUE CODES		42 VALUE CODES	
2022 SPRING ST		01 37470080		52	
READING		PA 19609-1749			
43 REV. CO.		44 DESCRIPTION		45 HCPCS / RATE / HIPPS CODE	
0173		NURSERY/LEVEL III		800000	
0174		NURSERY/LEVEL IV		1106700	
0250		PHARMACY		1689	
0270		MED-SUR SUPPLIES		5	
0272		STERILE SUPPLY		5	
0300		LABORATORY		76	
0310		PATHOLOGY LAB		6	
0320		DX X-RAY		5	
0324		DX X-RAY/CHEST		22	
0390		BLOOD/STOR-PROC		1	
0402		ULTRASOUND		4	
0410		RESPIRATORY SVC		15	
0420		PHYSICAL THERAPY		20	
0424		PHYS THERP/EVAL		1	
0430		OCCUPATION THER		19	
0434		OCCUP THERP/EVAL		1	
0460		PULMONARY FUNC		16	
0761		TREATMENT RM		2	
0771		VACCINE ADMIN		1	
0942		EDUC/TRAINING		14	
0001		PAGE 1 OF 1		CREATION DATE 091720 TOTALS 60712769	
50 PAYER NAME		51 HEALTH PLAN ID		52 PRIOR PAYMENTS	
BLUE CROSS OUT OF STATECOS		Y Y			
53 INSURED'S NAME		54 INSURED'S UNIQUE ID		55 GROUP NAME	
SMITH, CIARAH L		19 NVP3HZN51814000			
56 TREATMENT AUTHORIZATION CODES		57 DOCUMENT CONTROL NUMBER		58 EMPLOYER NAME	
9392414				ALCON	
59 ADMIT DX		60 PATIENT REASON DX		61 PPS CODE	
Z3831				790	
62 PRINCIPAL PROCEDURE CODE		63 OTHER PROCEDURE CODE		64 OTHER PROCEDURE CODE	
3E043XZ 072320		0BH17EZ 072220		5A1955Z 072220	
65 OTHER PROCEDURE CODE		66 OTHER PROCEDURE CODE		67 OTHER PROCEDURE CODE	
5A09557 090520		3E0234Z 090220		02HV33Z 072320	
68 REMARKS		69 ICD		70 ATTENDING	
		B3282N00000X		NP1043477300	
				LASTCORR	
				FIRST TAMMY	
				71 OPERATING	
				NP1548467913	
				LASTMOLA	
				FIRST SARA	
				72 OTHER	
				ZZ NP1043477300	
				LASTCORR	
				FIRST TAMMY	
				73 OTHER	
				NPI	
				LAST	
				FIRST	

ITEMIZED BILL

PAGE 1

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLASMEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0173	6 PEDS/NEONATE INTERMED	8000.00	082320	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	082420	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	082520	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	082620	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	082720	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	082820	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	082920	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	083020	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	083120	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090120	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090220	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090320	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090420	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090520	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090620	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090720	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090820	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	090920	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	091020	1	8000.00	
0173	6 PEDS/NEONATE INTERMED	8000.00	091120	1	8000.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072220	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072320	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072420	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072520	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072620	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072720	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072820	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	072920	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	073020	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	073120	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080120	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080220	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080320	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080420	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080520	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080620	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080720	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080820	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	080920	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081020	1	11067.00	
0001	PAGE 1 OF 15			40	381340.00	

ITEMIZED BILL

PAGE 2

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0174	N PEDS/NEONATE INTENSIVE	11067.00	081120	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081220	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081320	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081420	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081520	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081620	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081720	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081820	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	081920	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	082020	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	082120	1	11067.00	
0174	N PEDS/NEONATE INTENSIVE	11067.00	082220	1	11067.00	
0250	ERYTHROMYCIN 0.5% OPTH.		072220	1	10.00	
0250	D10W / 250 ML BAG INJ.		072220	1	10.00	
0250	STERILE WATER 1000 ML BA		072220	1	10.00	
0250	SODIUM ACETATE 2 MEQ/ML		072220	1	10.00	
0250	VANILLA PARENTERAL NUTRI		072220	1	22.74	
0250	PORACTANT 240 MG / 3 ML		072220	1	901.74	
0250	D5W / 50 ML BAG INJ.		072220	1	10.00	
0250	AMPICILLIN 250 MG SDV IN	J0290	072220	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072220	5	10.00	
0250	GENTAMICIN PF 10 MG/ML P	J1580	072220	1	10.00	
0250	HEPARIN PRES FREE FOR AD	J1644	072220	1	10.00	
0250	PHYTONADIONE 1 MG / 0.5	J3430	072220	1	22.50	
0250	PORACTANT 120 MG / 1.5 M		072320	1	457.30	
0250	NACL 0.9% 50 ML BAG INJ.		072320	1	10.00	
0250	VANILLA PARENTERAL NUTRI		072320	1	22.74	
0250	PORACTANT 120 MG / 1.5 M		072320	1	457.30	
0250	PARENTERAL NUTRITION (NE		072320	93	372.55	
0250	FAT EMULSION 20% (SMOFLI		072320	12	10.00	
0250	STERILE WATER 1000 ML BA		072320	1	10.00	
0250	SODIUM ACETATE 2 MEQ/ML		072320	1	10.00	
0250	D5W / 50 ML BAG INJ.		072320	1	10.00	
0250	AMPICILLIN 250 MG SDV IN	J0290	072320	1	10.00	
0250	AMPICILLIN 250 MG SDV IN	J0290	072320	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072320	3	10.00	
0250	DOPAMINE 40 MG FOR PICU/	J1265	072320	1	10.00	
0250	DOPAMINE 40 MG FOR PICU/	J1265	072320	1	10.00	
0250	DOPAMINE 40 MG FOR PICU/	J1265	072320	1	10.00	
0250	HEPARIN PRES FREE FOR AD	J1644	072320	1	10.00	
0001	PAGE 2 OF 15			149	135270.87	

ITEMIZED BILL

PAGE 3

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

7175315218

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	FENTANYL 10 MCG / 1 ML S	J3010	072320	1	10.00	
0250	FENTANYL 2.5 MCG/ML DOUB	J3010	072320	1	10.00	
0250	FENTANYL 10 MCG / 1 ML S	J3010	072320	1	10.00	
0250	PETROLATUM OINTMENT - 30		072420	1	1.00	
0250	D5W / 50 ML BAG INJ.		072420	1	10.00	
0250	PARENTERAL NUTRITION (NE		072420	111	372.55	
0250	FAT EMULSION 20% (SMOFLI		072420	12	10.00	
0250	AMPICILLIN 250 MG SDV IN	J0290	072420	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072420	3	10.00	
0250	DOPAMINE 40 MG FOR PICU/	J1265	072420	1	10.00	
0250	FENTANYL 10 MCG / 1 ML S	J3010	072420	1	10.00	
0250	STERILE WATER 1000 ML BA		072520	1	10.00	
0250	SODIUM ACETATE 2 MEQ/ML		072520	1	10.00	
0250	PARENTERAL NUTRITION (NE		072520	140	372.55	
0250	FAT EMULSION 20% (SMOFLI		072520	12	10.00	
0250	D5W / 50 ML BAG INJ.		072520	1	10.00	
0250	STERILE WATER 1000 ML BA		072520	1	10.00	
0250	SODIUM ACETATE 2 MEQ/ML		072520	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072520	3	10.00	
0250	HEPARIN PRES FREE FOR AD	J1644	072520	1	10.00	
0250	HEPARIN PRES FREE FOR AD	J1644	072520	1	10.00	
0250	STERILE WATER FOR COMPOU		072620	250	11.20	
0250	SODIUM ACETATE 2 MEQ/ML		072620	1	10.00	
0250	D5W / 50 ML BAG INJ.		072620	1	10.00	
0250	PARENTERAL NUTRITION (NE		072620	175	372.55	
0250	FAT EMULSION 20% (SMOFLI		072620	12	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072620	3	10.00	
0250	HEPARIN PF 2000 UNIT / 2	J1644	072620	1	10.00	
0250	D5W / 50 ML BAG INJ.		072720	1	10.00	
0250	PARENTERAL NUTRITION (NE		072720	137	372.55	
0250	FAT EMULSION 20% (SMOFLI		072720	18	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072720	3	10.00	
0250	PARENTERAL NUTRITION (NE		072820	105	372.55	
0250	FAT EMULSION 20% (SMOFLI		072820	18	10.00	
0250	D5W / 50 ML BAG INJ.		072820	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M	J0706	072820	3	10.00	
0250	PARENTERAL NUTRITION (NE		072920	89	372.55	
0250	FAT EMULSION 20% (SMOFLI		072920	13	10.00	
0250	FAT EMULSION 20% (SMOFLI		073020	13	10.00	
0250	PARENTERAL NUTRITION (NE		073020	89	372.55	
0001	PAGE 3 OF 15			1229	2930.05	

ITEMIZED BILL

PAGE 4

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	FENTANYL 2.5 MCG/ML DOUB	J3010	073020	1	10.00	
0250	PARENTERAL NUTRITION (NE		073120	69	372.55	
0250	FAT EMULSION 20% (SMOFLI		073120	7	10.00	
0250	D10W - 0.225% NACL + 250		080120	1	10.00	
0250	D10W - 0.225% NACL + 250		080220	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		080320	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		080420	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		080520	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		080520	1	1.00	
0250	FERROUS SULFATE DROPS 15		080520	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080520	1	10.00	
0250	FERROUS SULFATE DROPS 15		080620	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080620	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		080620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080620	1	10.00	
0250	FERROUS SULFATE DROPS 15		080620	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080720	1	10.00	
0250	FERROUS SULFATE DROPS 15		080720	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080720	1	10.00	
0250	PETROLATUM OINTMENT - 30		080720	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		080720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080720	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		080720	1	1.00	
0250	FERROUS SULFATE DROPS 15		080720	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080820	1	10.00	
0250	FERROUS SULFATE DROPS 15		080820	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080820	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		080820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080820	1	10.00	
0250	FERROUS SULFATE DROPS 15		080820	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080920	1	10.00	
0250	FERROUS SULFATE DROPS 15		080920	1	1.00	
0001	PAGE 4 OF 15			114	663.55	

ITEMIZED BILL

PAGE 5

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLAS

7175315218

MEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	MULTIVITAMIN (POLY-VI-SO		080920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080920	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		080920	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		080920	1	1.00	
0250	FERROUS SULFATE DROPS 15		080920	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		080920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		080920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081020	1	10.00	
0250	FERROUS SULFATE DROPS 15		081020	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081020	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081020	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081020	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081020	1	10.00	
0250	FERROUS SULFATE DROPS 15		081020	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081020	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081020	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081120	1	10.00	
0250	FERROUS SULFATE DROPS 15		081120	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081120	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081120	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081120	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081120	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		081120	1	1.00	
0250	FERROUS SULFATE DROPS 15		081120	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081120	1	10.00	
0250	CRITIC-AID PASTE - 71 G		081120	1	5.70	
0250	SODIUM CHLORIDE (DOSES <		081120	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081220	1	10.00	
0250	FERROUS SULFATE DROPS 15		081220	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081220	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081220	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081220	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081220	1	10.00	
0250	FERROUS SULFATE DROPS 15		081220	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081220	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081220	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081320	1	10.00	
0250	FERROUS SULFATE DROPS 15		081320	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081320	1	10.00	
0001	PAGE 5 OF 15			40	305.70	

ITEMIZED BILL

PAGE 6

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLAS

7175315218

MEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	SODIUM CHLORIDE (DOSES <		081320	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081320	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		081320	1	1.00	
0250	FERROUS SULFATE DROPS 15		081320	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081320	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081320	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081420	1	10.00	
0250	FERROUS SULFATE DROPS 15		081420	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081420	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081420	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081420	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081420	1	10.00	
0250	MULTIVITAMIN (POLY-VI-SO		081420	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081420	1	10.00	
0250	FERROUS SULFATE DROPS 15		081420	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		081520	1	10.00	
0250	FERROUS SULFATE DROPS 15		081520	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081520	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081520	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081520	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081520	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		081520	1	1.00	
0250	FERROUS SULFATE DROPS 15		081520	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081520	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081520	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081620	1	10.00	
0250	FERROUS SULFATE DROPS 15		081620	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081620	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081620	1	10.00	
0250	FERROUS SULFATE DROPS 15		081620	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081620	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081720	1	10.00	
0250	FERROUS SULFATE DROPS 15		081720	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081720	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081720	1	10.00	
0001	PAGE 6 OF 15			40	310.00	

ITEMIZED BILL

PAGE 7

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

7175315218

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	CHOLECALCIFEROL (VITAMIN		081720	1	1.00	
0250	FERROUS SULFATE DROPS 15		081720	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081720	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081820	1	10.00	
0250	FERROUS SULFATE DROPS 15		081820	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081820	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		081820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081820	1	10.00	
0250	FERROUS SULFATE DROPS 15		081820	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081820	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081920	1	10.00	
0250	FERROUS SULFATE DROPS 15		081920	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081920	1	10.00	
0250	PETROLATUM OINTMENT - 30		081920	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		081920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081920	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		081920	1	1.00	
0250	FERROUS SULFATE DROPS 15		081920	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		081920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		081920	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		082020	1	10.00	
0250	FERROUS SULFATE DROPS 15		082020	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		082020	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082020	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082020	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082020	1	10.00	
0250	FERROUS SULFATE DROPS 15		082020	1	1.00	
0250	MULTIVITAMIN (POLY-VI-SO		082020	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		082020	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082020	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082120	1	10.00	
0250	FERROUS SULFATE DROPS 15		082120	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082120	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082120	1	1.00	
0250	PHENYLEPHRINE 2.5% OPHTH		082120	1	32.50	
0250	TROPICAMIDE 1% OPHTH. S		082120	1	10.20	
0001	PAGE 7 OF 15			40	296.70	

ITEMIZED BILL

PAGE 8

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLASMEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	SODIUM CHLORIDE (DOSES <		082120	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082120	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		082120	1	1.00	
0250	FERROUS SULFATE DROPS 15		082120	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082120	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082120	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082220	1	10.00	
0250	FERROUS SULFATE DROPS 15		082220	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082220	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082220	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082220	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082220	1	10.00	
0250	FERROUS SULFATE DROPS 15		082220	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082220	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082220	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082320	1	10.00	
0250	FERROUS SULFATE DROPS 15		082320	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082320	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082320	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082320	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082320	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		082320	1	1.00	
0250	FERROUS SULFATE DROPS 15		082320	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082320	1	10.00	
0250	MEDIUM CHAIN TRIGLYCERID		082320	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082420	1	10.00	
0250	FERROUS SULFATE DROPS 15		082420	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082420	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		082420	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082420	1	10.00	
0250	FERROUS SULFATE DROPS 15		082420	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082420	1	10.00	
0250	PETROLATUM OINTMENT - 30		082420	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082520	1	10.00	
0250	FERROUS SULFATE DROPS 15		082520	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082520	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		082520	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082520	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		082520	1	1.00	
0250	FERROUS SULFATE DROPS 15		082520	1	1.00	
0001	PAGE 8 OF 15			40	238.00	

ITEMIZED BILL

PAGE 9

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLASMEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCP/CS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	SODIUM CHLORIDE (DOSES <		082520	1	10.00	
0250	SODIUM CHLORIDE (DOSES <		082620	1	10.00	
0250	FERROUS SULFATE DROPS 15		082620	1	1.00	
0250	SODIUM CHLORIDE (DOSES <		082620	1	10.00	
0250	CAFFEINE CITRATE 20 MG/M		082620	1	10.00	
0250	FERROUS SULFATE DROPS 15		082620	1	1.00	
0250	FERROUS SULFATE DROPS 15		082720	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		082720	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		082720	1	1.00	
0250	FERROUS SULFATE DROPS 15		082720	1	1.00	
0250	FERROUS SULFATE DROPS 15		082820	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		082820	1	10.00	
0250	FERROUS SULFATE DROPS 15		082820	1	1.00	
0250	FERROUS SULFATE DROPS 15		082920	1	1.00	
0250	CRITIC-AID PASTE - 71 G		082920	1	5.70	
0250	CAFFEINE CITRATE 20 MG/M		082920	1	10.00	
0250	CHOLECALCIFEROL (VITAMIN		082920	1	1.00	
0250	FERROUS SULFATE DROPS 15		082920	1	1.00	
0250	FERROUS SULFATE DROPS 15		083020	1	1.00	
0250	CAFFEINE CITRATE 20 MG/M		083020	1	10.00	
0250	FERROUS SULFATE DROPS 15		083020	1	1.00	
0250	FERROUS SULFATE DROPS 15		083120	1	1.00	
0250	CHOLECALCIFEROL (VITAMIN		083120	1	1.00	
0250	FERROUS SULFATE DROPS 15		083120	1	1.00	
0250	FERROUS SULFATE DROPS 15		090120	1	1.00	
0250	FERROUS SULFATE DROPS 15		090120	1	1.00	
0250	FERROUS SULFATE DROPS 15		090220	1	1.00	
0250	CHOLECALCIFEROL (VITAMIN		090220	1	1.00	
0250	FERROUS SULFATE DROPS 15		090220	1	1.00	
0250	HEPATITIS B VACCINE (PED	90744	090220	1	24.12	
0250	FERROUS SULFATE DROPS 15		090320	1	1.00	
0250	FERROUS SULFATE DROPS 15		090320	1	1.00	
0250	FERROUS SULFATE DROPS 15		090420	1	1.00	
0250	CHOLECALCIFEROL (VITAMIN		090420	1	1.00	
0250	FERROUS SULFATE DROPS 15		090420	1	1.00	
0250	FERROUS SULFATE DROPS 15		090520	1	1.00	
0250	FERROUS SULFATE DROPS 15		090520	1	1.00	
0250	FERROUS SULFATE DROPS 15		090620	1	1.00	
0250	CHOLECALCIFEROL (VITAMIN		090620	1	1.00	
0250	FERROUS SULFATE DROPS 15		090620	1	1.00	
0001	PAGE 9 OF 15			40	139.82	

ITEMIZED BILL

PAGE 10

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLASMEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	FERROUS SULFATE DROPS 15		090720	1	1.00	
0250	MULTIVIT W/IRON (POLY-VI		090820	1	10.00	
0250	MULTIVIT W/IRON (POLY-VI		090920	1	10.00	
0250	MULTIVIT W/IRON (POLY-VI		091020	1	10.00	
0250	MULTIVIT W/IRON (POLY-VI		091120	1	10.00	
0250	ACETAMINOPHEN SUSP. 40 M		091120	1	1.00	
0250	GLYCERIN PEDIATRIC SUPP.		091120	1	1.00	
0250	ACETAMINOPHEN SUSP. 40 M		091120	1	1.00	
0250	ACETAMINOPHEN SUSP. 40 M		091220	1	1.00	
0250	MULTIVIT W/IRON (POLY-VI		091220	1	10.00	
0250	ACETAMINOPHEN SUSP. 40 M		091220	1	1.00	
0270	HOLDER TUBE NEOBAR WHITE		072320	1	101.00	
0270	IV ADMIN SET BLOOD FILTE		072420	1	82.00	
0270	HOLDER TUBE NEOBAR WHITE		072520	1	101.00	
0270	HOLDER TUBE NEOBAR WHITE		072620	1	101.00	
0270	HOLDER TUBE NEOBAR WHITE		073120	1	101.00	
0272	CATHETER PICC 1.4 FR		072320	1	216.00	
0272	SHEATH INTRODUCER 1.4 FR		072320	2	390.00	
0272	CATH TY PICC W/O CATH NE		072320	1	154.00	
0272	TRAY CIRCUMCISION		091120	1	275.00	
0300	SNS, ACYLCARNITINE 82106	82016	072220	1	78.00	
0300	SNS, AMINO ACID 82128	82128	072220	1	66.00	
0300	SNS, BIOTINIDASE 82261	82261	072220	1	80.00	
0300	ENZYME CELL ACTIVITY (SQ	82657	072220	1	105.00	
0300	SNS, GAUCHER DISEASE 826	82657	072220	1	105.00	
0300	SNS, FABRY DISEASE 82657	82657	072220	1	105.00	
0300	SNS, KRABBE DISEASE 8265	82657	072220	1	105.00	
0300	BLOOD GAS PANEL (SQ)	82803	072220	1	124.00	
0300	BLOOD GAS PANEL (SQ)	82803	072220	1	124.00	
0300	POC I STAT GLUCOSE NICU	82947	072220	1	19.00	
0300	POC I STAT GLUCOSE NICU	82947	072220	1	19.00	
0300	SNS, CYSTIC FIBROSIS IRT	83516	072220	1	55.00	
0300	CBC W/PLT/DIFF AUTO (SQ)	85025	072220	1	37.00	
0300	SICKLE CELL SCREEN (SQ)	85660	072220	1	26.00	
0300	ANTIBODY SCREEN (SQ)	86850	072220	1	224.00	
0300	ABO BLOOD GROUP (SQ)	86900	072220	1	509.00	
0300	ABO BLOOD GROUP (SQ)	86900	072220	1	509.00	
0300	RH TYPE (SQ)	86901	072220	1	156.00	
0300	RH TYPE (SQ)	86901	072220	1	156.00	
0300	COMPAT ELECTRONIC (SQ)	86923	072220	1	635.00	
0001	PAGE 10 OF 15			41	4814.00	

ITEMIZED BILL

PAGE 11

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	SPLIT BLD PRODUCT/U (SQ)	86985	072220	1	635.00	
0300	CULTURE BLOOD (SQ)	87040	072220	1	49.00	
0300	BASIC METABOLIC PANEL (S	80048	072320	1	40.00	
0300	BASIC METABOLIC PANEL (S	80048	072320	1	40.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072320	1	24.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072320	1	24.00	
0300	BILIRUBIN DIRECT (SQ)	82248	072320	1	24.00	
0300	CBC W/PLT/DIFF AUTO (SQ)	85025	072320	1	37.00	
0300	CBC W/PLT/DIFF AUTO (SQ)	85025	072320	1	37.00	
0300	BASIC METABOLIC PANEL (S	80048	072420	1	40.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072420	1	24.00	
0300	MAGNESIUM (SQ)	83735	072420	1	32.00	
0300	PHOSPHORUS BLOOD (SQ)	84100	072420	1	23.00	
0300	TRIGLYCERIDE (SQ)	84478	072420	1	27.00	
0300	CBC W/PLT/DIFF AUTO (SQ)	85025	072420	1	37.00	
0300	BASIC METABOLIC PANEL (S	80048	072520	1	40.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072520	1	24.00	
0300	BASIC METABOLIC PANEL (S	80048	072620	1	40.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072620	1	24.00	
0300	POC I STAT GLUCOSE NICU	82947	072620	1	19.00	
0300	BASIC METABOLIC PANEL (S	80048	072820	1	40.00	
0300	SNS, ACYLCARNITINE 82106	82016	072820	1	78.00	
0300	SNS, AMINO ACID 82128	82128	072820	1	66.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072820	1	24.00	
0300	SNS, BIOTINIDASE 82261	82261	072820	1	80.00	
0300	ENZYME CELL ACTIVITY (SQ	82657	072820	1	105.00	
0300	SNS, GAUCHER DISEASE 826	82657	072820	1	105.00	
0300	SNS, FABRY DISEASE 82657	82657	072820	1	105.00	
0300	SNS, KRABBE DISEASE 8265	82657	072820	1	105.00	
0300	SNS, CYSTIC FIBROSIS IRT	83516	072820	1	55.00	
0300	TRIGLYCERIDE (SQ)	84478	072820	1	27.00	
0300	BILIRUBIN TOTAL (SQ)	82247	072920	1	24.00	
0300	BASIC METABOLIC PANEL (S	80048	073020	1	40.00	
0300	BILIRUBIN TOTAL (SQ)	82247	073020	1	24.00	
0300	BILIRUBIN TOTAL (SQ)	82247	073120	1	24.00	
0300	BILIRUBIN TOTAL (SQ)	82247	080120	1	24.00	
0300	CBC W/PLT/DIFF AUTO (SQ)	85025	080120	1	37.00	
0300	BILIRUBIN TOTAL (SQ)	82247	080220	1	24.00	
0300	BASIC METABOLIC PANEL (S	80048	080320	1	40.00	
0300	BILIRUBIN TOTAL (SQ)	82247	080320	1	24.00	
0001	PAGE 11 OF 15			40	2291.00	

ITEMIZED BILL

PAGE 12

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLAS

7175315218

MEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0300	PHOSPHORUS BLOOD (SQ)	84100	080320	1	23.00	
0300	POC I STAT GLUCOSE NICU	82947	080520	1	19.00	
0300	BASIC METABOLIC PANEL (S	80048	081020	1	40.00	
0300	ALKALINE PHOSPHATASE (SQ	84075	081020	1	25.00	
0300	PHOSPHORUS BLOOD (SQ)	84100	081020	1	23.00	
0300	SNS, ACYLCARNITINE 82106	82016	082020	1	78.00	
0300	SNS, AMINO ACID 82128	82128	082020	1	66.00	
0300	SNS, BIOTINIDASE 82261	82261	082020	1	80.00	
0300	ENZYME CELL ACTIVITY (SQ	82657	082020	1	105.00	
0300	SNS, GAUCHER DISEASE 826	82657	082020	1	105.00	
0300	SNS, FABRY DISEASE 82657	82657	082020	1	105.00	
0300	SNS, KRABBE DISEASE 8265	82657	082020	1	105.00	
0300	SNS, CYSTIC FIBROSIS IRT	83516	082020	1	55.00	
0300	BASIC METABOLIC PANEL (S	80048	082420	1	40.00	
0300	ALKALINE PHOSPHATASE (SQ	84075	082420	1	25.00	
0300	PHOSPHORUS BLOOD (SQ)	84100	082420	1	23.00	
0310	SNS, G6PD 81479	81479	072220	1	19.00	
0310	SNS, SCID 81479	81479	072220	1	19.00	
0310	SNS, G6PD 81479	81479	072820	1	19.00	
0310	SNS, SCID 81479	81479	072820	1	19.00	
0310	SNS, G6PD 81479	81479	082020	1	19.00	
0310	SNS, SCID 81479	81479	082020	1	19.00	
0320	ABDOMEN 1 VIEW	7401826	072220	1	373.00	
0320	ABDOMEN 1 VIEW	7401826	072220	1	373.00	
0320	ABDOMEN 1 VIEW	7401826	072220	1	373.00	
0320	ABDOMEN 1 VIEW	7401826	072220	1	373.00	
0320	ABDOMEN 1 VIEW	7401826	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072220	1	373.00	
0324	CHEST 1 VIEW	7104526	072320	1	373.00	
0324	CHEST 1 VIEW	7104526	072320	1	373.00	
0324	CHEST 1 VIEW	7104526	072320	1	373.00	
0324	CHEST 1 VIEW	7104526	072320	1	373.00	
0324	CHEST 1 VIEW	7104526GC	072320	1	373.00	
0324	CHEST 1 VIEW	7104526GC	072320	1	373.00	
0324	CHEST 1 VIEW	7104526	072420	1	373.00	
0001	PAGE 12 OF 15			40	7745.00	

ITEMIZED BILL

PAGE 13

DATE 11/24/2020
TIME 07:26:15 AMMS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218PATIENT CONTROL NUMBER
5102205630PATIENT NAME
SMITH, SILLASMEDICAL RECORD NUMBER
410012059;2000133780BEGINNING DATE OF SERVICE
072220ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0324	CHEST 1 VIEW	710452676	072420	1	373.00	
0324	CHEST 1 VIEW	7104526GC	072520	1	373.00	
0324	CHEST 1 VIEW	7104526GC	072620	1	373.00	
0324	CHEST 1 VIEW	7104526GC	072720	1	373.00	
0324	CHEST 1 VIEW	7104526	072820	1	373.00	
0324	CHEST 1 VIEW	7104526GC	072820	1	373.00	
0324	CHEST 1 VIEW	7104526GC	073020	1	373.00	
0324	CHEST 1 VIEW	7104526	073120	1	373.00	
0324	CHEST 1 VIEW	7104526	080420	1	373.00	
0390	BLOOD SPLIT UNIT (SQ)	P9011	072420	1	628.00	
0402	US CRANIUM	7650626GC	073120	1	524.00	
0402	US CRANIUM	7650626GC	081420	1	524.00	
0402	US CRANIUM	7650626GC	082820	1	524.00	
0402	US CRANIUM	76506	091120	1	524.00	
0410	VENTILATOR DAY INITIAL	94002	072220	1	2171.00	
0410	SURFACTANT TX	94610	072220	1	841.00	
0410	VENTILATOR DAY INITIAL	94002	072320	1	2171.00	
0410	SURFACTANT TX	94610	072320	1	841.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	072420	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	072520	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	072620	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	072720	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	072820	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	072920	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	073020	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	073120	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	080120	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	080220	1	2171.00	
0410	VENTILATOR DAY SUBSEQUEN	94003	080320	1	2171.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	072520	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	072920	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	072920	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	080320	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	080320	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	081120	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	081120	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	081820	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	081820	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	082520	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	082520	1	185.00	
0001	PAGE 13 OF 15			40	37821.00	

ITEMIZED BILL

PAGE 14

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360
7175315218

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0420	THER EXERCISES 15 MIN	97110GP	090120	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	090120	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	090320	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	090320	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	090920	1	145.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	090920	1	185.00	
0420	THER EXERCISES 15 MIN	97110GP	091120	1	145.00	
0420	NEUROMUSCULAR RE-ED 15MI	97112GP	091120	1	166.00	
0420	THERAPEUTIC ACTIV 15 MIN	97530GP	091120	1	185.00	
0424	PT EVAL HIGH COMPLEX 45	97163GP	072520	1	403.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	072720	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	072720	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	073020	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	073020	1	241.00	
0430	ACTIV DAILY LIVING 15MIN	97535GO	073020	1	161.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	080420	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	080420	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	080620	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	080620	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	081220	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	081220	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	081720	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	081720	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	082620	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	082620	1	241.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	090220	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	090420	1	166.00	
0430	SENSORY INTEGRAT TX 15MI	97533GO	090420	1	241.00	
0430	NEUROMUSCULAR RE-ED 15MI	97112GO	091120	1	166.00	
0434	OT EVAL MOD COMPLEX 45 M	97166GO	072420	1	426.00	
0460	CPAP DAY INITIAL	94660	080520	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	080620	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	080720	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	080820	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	080920	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081020	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081120	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081220	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081320	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081420	1	841.00	
0001	PAGE 14 OF 15			40	14549.00	

ITEMIZED BILL

PAGE 15

DATE 11/24/2020
TIME 07:26:15 AM

MS HERSHEY MEDICAL CENTER
500 UNIVERSITY DRIVE
HERSHEY PA 170332360

PATIENT CONTROL NUMBER
5102205630

PATIENT NAME
SMITH, SILLAS

7175315218

MEDICAL RECORD NUMBER
410012059;2000133780

BEGINNING DATE OF SERVICE
072220

ENDING DATE OF SERVICE
091220

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0460	CPAP DAY SUBSEQUENT	94660	081520	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081620	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	081920	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	082020	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	082120	1	841.00	
0460	CPAP DAY SUBSEQUENT	94660	082220	1	841.00	
0761	INS PICC W/O SUBQ PORT<5	36568	072320	1	2946.00	
0761	CIRCUMCISION W/ CLAMP OR	54150	091120	1	8278.00	
0771	ADMIN HEP B VACCINE	G0010	090220	1	178.00	
0942	NUTR TX INITIAL 15 MIN	97802	072720	3	480.00	
0942	NUTR TX REASSES 15 MIN	97803	080520	3	405.00	
0942	NUTR TX REASSES 15 MIN	97803	082020	4	540.00	
0942	LACTATION CHARGE 16-45	89443	090320	1	135.00	
0942	NUTR TX REASSES 15 MIN	97803	090420	3	405.00	
0001	PAGE 15 OF 15			23	18413.00	
0001	TOTAL			1954	607127.69	