

358000.12803



# Universal Lead Sheet

(instructions on back)

(Attach one lead sheet per claim form. Please use Form #4391 to route inquiries.)

## DO NOT DETACH

To: Document Preparation, Sorting  
Ctr St CH 1B, LL

(717) 302-3702  
FAX # for PRIORITY requests (717) 635-4237

Date of Request (mm/dd/yyyy): 10/25/2020	Requestor Full Name: Nilima.Rajalreddy
Phone #/Extension:	*INSINQ Inquiry #: 20289369310
Reason: Please re key new claim with medical , please Waive timely filling . Thank you	

### From:

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

### PROCESS USING RECEIPT DATE INDICATED BELOW

Receipt Date (MMDDYY): 10/15/20

(Receipt Date Must be on Claim and Lead Sheet)

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ASD Rx Mandate (T7)                               | <input type="checkbox"/> Foreign                                      | <input type="checkbox"/> Medigap Member-Submitted:                    |
| <input type="checkbox"/> Batch Cat N2 - Concurrent OOS                     | <input type="checkbox"/> FPLIC Inst                                   | <input type="checkbox"/> Prof (2J) <input type="checkbox"/> Inst (1Z) |
| <input type="checkbox"/> Batch Cat OO - Prof OOS                           | <input type="checkbox"/> FPLIC Prof                                   | <input type="checkbox"/> Medigap NEPA (R1)                            |
| <input type="checkbox"/> Batch Cat O4 - Inst OOS                           | <input type="checkbox"/> General Claim                                | <input type="checkbox"/> Member -Submitted:                           |
| <input type="checkbox"/> BlueCard Host Professional                        | <input type="checkbox"/> Highmark Institutional                       | <input type="checkbox"/> Prof (2J) <input type="checkbox"/> Inst (1Z) |
| <input checked="" type="checkbox"/> BlueCard Host Fac/Inst (Q8):           | <input type="checkbox"/> Medicaid/DPW                                 | <input type="checkbox"/> MM Prof Precoded T9                          |
| <input checked="" type="checkbox"/> Highmark <input type="checkbox"/> NEPA | <input type="checkbox"/> Medicare Advantage Inst                      | <input type="checkbox"/> MM Inst Precoded S3                          |
| <input type="checkbox"/> Central MM Prof Batch 46                          | <input type="checkbox"/> Medicare Advantage Prof                      | <input type="checkbox"/> NEPA Inst                                    |
| <input type="checkbox"/> Central MM Inst Batch U3                          | <input type="checkbox"/> Medicare Advantage                           | <input type="checkbox"/> Oral Surgery - Batch as Pre-coded N          |
| <input type="checkbox"/> Concurrent - IBC                                  | Member -Submitted   | <input type="checkbox"/> Professional Medical/Surgical                |
| <input type="checkbox"/> Diabetic Mandate - Batch O4                       | <input type="checkbox"/> Prof (2J) <input type="checkbox"/> Inst (1Z) | <input type="checkbox"/> Send To IBC (Black Box)                      |
| <input type="checkbox"/> FEP Highmark                                      | <input type="checkbox"/> Medigap Highmark Prof                        | <input type="checkbox"/> West Major Medical:                          |
| <input type="checkbox"/> FEP NEPA (X8)                                     | <input type="checkbox"/> Medigap Highmark Inst                        | <input type="checkbox"/> Prof (T7) <input type="checkbox"/> Inst (S2) |
|  |   | <input type="checkbox"/> UCCI Dental                                  |
|  |   | <input type="checkbox"/> Zostavax                                     |

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### Instructions

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Before sending a paper claim to process you should always:

- Adjust the claim if possible
- If you cannot adjust the claim, reprocess/reenter the claim on-line
- Build void the claim if the member/provider is stating that this is the second, third or fourth request

**Use ONE lead sheet per claim.** Complete and staple the Universal Lead Sheet paper form (4594) to the front of the claim form. Staple bills or receipts to the back of the claim form. Do not use a paper clip. **Note:** If using a pre-coded status form, the order should be: Lead Sheet, Pre-coded status form, Claim form, receipts and/or bills.

**Date of Request:** Use the date you are sending the claim to Document Preparation, Scanning.

**Requestor Full Name:** Fill in your first and last name.

**Phone Number/Extension:** Fill in your phone number or extension. If you do not have a phone number, use your Supervisors/TA's phone number or extension.

**\* INSINQ Inquiry Number:** Fill in the INSINQ inquiry number. If no INSINQ inquiry number, go to Reason field.

**Reason:** In no INSINQ inquiry number, identify the reason for processing the claim.

**From:** Check the appropriate box. If your area is not referenced, select Other and specify your department name.

**Receipt Date:** Use the following to determine the receipt date based on how the claim was received:

**Walk-In/Lobby Call** - Use the date of the walk-in/lobby call.

**FAX** - Use the date the fax was sent and received at Highmark.

**Personal and Confidential Mail** - Use the receipt date stamped on the envelope.

**Claim received from other Blue Plan** - If claims are received from other Blue Plans and were never processed, the Other Plan's original receipt date should be used if provided.

**Inquiry:**

- a) If the claim has previously processed and finalized, use the date the inquiry is closed/finalized.
- b) If the claim has not previously processed, use the receipt date of the inquiry.

**BlueCard Host Inquiries/Claim -**

- No claim on file.
  - o Claim attached to a Correspondence inquiry.
    - Inquiry Received from a provider, - use inquiry receipt date
    - Inquiry received from another Blue Plan-use Blue Plan's Receipt Date; if NOT available- use inquiry receipt date
  - o Claim attached to a FAX
    - Fax is from a provider-use FAX date
    - Fax is from another Blue Plan - use Blue Plan's Receipt Date; if NOT available - use FAX date.
- Claim is on File - No SCCF
  - o Provider reporting error- use current receipt date
  - o Highmark keying/processing error- use original receipt date
- Claim is on File - SCCF created
  - o Use current receipt date

**Type of Claim Enclosed:** Check the appropriate box that indicates the type of claim you are sending to process. Refer to guidelines for assistance determining type of claim.

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SUBMITTER NAME: NEBO SYSTEMS INC  
PAGE 01 LAYOUT: SUBMITTER SOURCE NUMBER: 00V148018

## 2000A-2010AA BILLING PROVIDER LOOPS:

NM108: XX NM109: 1013933175 TAXONOMY: 282N00000X  
NAME: ST LUKES HOSPITAL BETHLEHEM CAMPUS  
ADDRESS1: 801 OSTRUM STREET  
ADDRESS2:  
CITY: BETHLEHEM STATE: PA ZIP CODE: 180151065  
COUNTRY CD: COUNTRY SUBDIVISION CD: 2010AB PAY-TO ADDRESS: COUNTRY: SUB:  
TAX ID QUAL: EI TAX ID: 231352213 ADD1: PO BOX 784161  
ADD2:  
BILLING PROVIDER CONTACT INFORMATION: CITY: PHILADELPHIA ST: PA Z: 191784161  
CONTACT NAME: PATIENT ACCOUNTS  
QUAL: TE INFO: 4845263150

## 2010AC PAY-TO-PLAN LOOP:

NM108: NM109: TAX ID:  
NAME:  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP CODE:  
QUAL: SECONDARY ID:

## 2000B-2010BA SUBSCRIBER LOOPS:

PAYER RESP: P CLAIM FILE IND: BL GROUP NBR: 72047102M  
NM109: C6R611N83962 REL CD: SEX CD: DOB:  
NAME: CAHILL TITLE:  
FIRST: BRIAN  
MIDDLE: R SECONDARY ID:  
ADDRESS1: COUNTRY CD:  
ADDRESS2: COUNTRY SUB:  
CITY: STATE: ZIP CODE:

## 2010CA PATIENT LOOP:

REL CD: 01 SEX CD: F DOB: 19521109  
NAME: CAHILL TITLE:  
FIRST: VICTORIA  
MIDDLE:  
ADDRESS1: 7650 ROUTE 309 COUNTRY CD:  
ADDRESS2: COUNTRY SUB:  
CITY: COOPERSBURG STATE: PA ZIP CODE: 18036

## 2010BC PAYER LOOP:

PAYER NAME: HIGHMARK  
PAYER CODE: 54771C  
ADDRESS1:  
ADDRESS2:  
CITY: STATE: ZIP CODE:

## BILLING PROVIDER SECONDARY INFO:

QUAL: SECONDARY ID:

ISA DATE: 20200926 VERSION CODE: 005010X223A2  
ISA CONTROL NBR: 011104789 BHT CODE: 11104789N137 BHT06: CH  
EDI CONTROL NBR: 404187901000000000010022020092607339266997136284070

2300 CLAIM LEVEL INFORMATION LOOP:

PATIENT ACCOUNT NBR: 10102386943000 CLAIM TOTAL CHARGE: 954627.57 TYPE OF BILL: 111  
PAAC: A BENEFITS ASG CD: Y RELEASE INFO CD: Y DELAY REASON CD:

DISCHARGE HOUR: 21 ADMISSION DT: 20200728 ADMISSION TYPE CD: 2  
STATEMENT BEGIN DT: 20200728 ADMISSION HR: 15 ADMISSION SOURCE CD: 4  
STATEMENT END DT: 20200908 ADMISSION MIN: 20 PATIENT STATUS CD: 03

PRINCIPAL DIAGNOSIS QUAL: ABK CD: E1152 POA: Y REPRICER RECEIPT DT:  
ADMITTING DIAGNOSIS QUAL: ABJ CD: A419  
REASON FOR VISIT NONE

EXTERNAL CAUSE OF INJURY (QUAL, CODE, POA. CAN OCCUR UP TO 12 TIMES):  
ABN Y835 N

OTHER DIAGNOSIS INFO (QUAL, CODE, POA. CAN OCCUR UP TO 24 TIMES):

ABF N186 Y	ABF I70261 Y	ABF F1120 Y	ABF I70262 N	ABF I1132 Y
ABF I442 N	ABF I452 N	ABF Z515 N	ABF L03115 Y	ABF Z6842
ABF D62 N	ABF Z1624 Y	ABF I313 N	ABF M2581 Y	ABF I5032 Y
ABF E872 N	ABF E1122 Y	ABF G546 N	ABF I959 N	ABF E1165 Y
ABF R001 N	ABF I350 Y	ABF F419 Y	ABF F329 Y	

PRINCIPAL PROCEDURE QUAL: BBR CD: 02H03MZ DATE: 20200731 ORG CODE: 228

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

BBQ 0Y6H02Z 20200729	BBQ 0KBS02Z 20200822	BBQ 0LBN02Z 20200825	BBQ 0Y6C02Z 20200828
BBQ 047U32Z 20200827	BBQ 04CN32Z 20200827	BBQ 04CU32Z 20200827	BBQ 0JH63XZ 20200825
BBQ 02H633Z 20200825	BBQ B41D12Z 20200827	BBQ B41C12Z 20200827	BBQ 3E05317 20200827
BBQ 30233N1 20200731	BBQ 30233N1 20200731	BBQ SA1D70Z 20200730	BBQ SA1D70Z 20200801

REFERRAL NO:

PRIOR AUTH NO: UN10791460

ORIG CLAIM NO:

CLEARINGHOUSE TRACE NO: 11104789N137

AUTO ACCIDENT STATE:

MEDICAL RECORD NO: 50005026040

DEMONSTRATION PROJ ID:

K3 FILE INFO:

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

EPSDT QUAL:

COND CODE:

COND IND:

CLAIM NOTE INFO (NOTE REFERENCE CODE, NOTE):

BILLING NOTE INFO (NOTE REFERENCE CODE, NOTE):



PAYER RESP: S REL CD: 16 GROUP NBR: CLAIM FILE IND CD: NA

LAST NAME: CAHILL  
FIRST: VICTORIA  
MIDDLE:

CONTACT/HIC: 3AE2N55UN08

**OTHER PAYER CLAIM LEVEL ADJUSTMENTS:**

[illegible][illegible][illegible]

**OTHER PAYER CLAIM LEVEL AMOUNTS:**

COB PAYER PAID QUAL:	ANT:	.00
REMAINING PATIENT LIABILITY QUAL:	ANT:	.00
TOTAL NON-COVERED QUAL:	ANT:	.00

MEDICARE INPATIENT ADJUDICATION REMARK CODES: MEDICARE OUTPATIENT ADJUDICATION REMARK CODES:

OTHER PAYER NAME: MEDICARE  
NM109: 12N60

OTHER PAYER ADJUDICATION DATE:

OTHER PAYER ADJUSTMENT IND:

OTHER PAYER CLAIM NBR:

2400 SERVICE LINE LOOP, 1 OF 29 OCCURRENCES:

**THIRD PARTY ORG NOTE:**

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:     NN109:</b>	<b>QUAL:     ID:</b>

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LINE NBR: 2          REVENUE CD: 0214
PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHRG: 11932.00  UNITS OF SVC QUAL: DA  UNITS OF SVC: 1.000
NON-COVRD: .00

```

**THIRD PARTY ORG NOTE:**

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

2420A OPERATING PHYSICIAN LOOP:	OPERATING REF SEGMENT:
NM108:    NM109:	QUAL:    ID:
2420B OTHER OPERATING PHYSICIAN LOOP:	OTHER OPERATING REF SEGMENT:
NM108:    NM109:	QUAL:    ID:
2420C RENDERING PROVIDER LOOP:	RENDERING REF SEGMENT:
NM108:    NM109:	QUAL:    ID:



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2400 SERVICE LINE LOOP, 3 OF 29 OCCURRENCES:

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-3  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

**THIRD PARTY ORG NOTE:**

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:      NN109:</b>	<b>QUAL:      ID:</b>

10/25/2020 9:26AM (GMT-04:00)

837A 2044 2101. 20000 2110 2120/2130 2140 2150 2160 2170 2180 2190 2200 2210 2220 2230 2240 2250 2260 2270 2280 2290 2300 2310 2320 2330 2340 2350 2360 2370 2380 2390 2400 2410 2420 2430 2440 2450 2460 2470 2480 2490 2500 2510 2520 2530 2540 2550 2560 2570 2580 2590 2600 2610 2620 2630 2640 2650 2660 2670 2680 2690 2700 2710 2720 2730 2740 2750 2760 2770 2780 2790 2800 2810 2820 2830 2840 2850 2860 2870 2880 2890 2900 2910 2920 2930 2940 2950 2960 2970 2980 2990 3000 3010 3020 3030 3040 3050 3060 3070 3080 3090 3100 3110 3120 3130 3140 3150 3160 3170 3180 3190 3200 3210 3220 3230 3240 3250 3260 3270 3280 3290 3300 3310 3320 3330 3340 3350 3360 3370 3380 3390 3400 3410 3420 3430 3440 3450 3460 3470 3480 3490 3500 3510 3520 3530 3540 3550 3560 3570 3580 3590 3600 3610 3620 3630 3640 3650 3660 3670 3680 3690 3700 3710 3720 3730 3740 3750 3760 3770 3780 3790 3800 3810 3820 3830 3840 3850 3860 3870 3880 3890 3900 3910 3920 3930 3940 3950 3960 3970 3980 3990 4000 4010 4020 4030 4040 4050 4060 4070 4080 4090 4100 4110 4120 4130 4140 4150 4160 4170 4180 4190 4200 4210 4220 4230 4240 4250 4260 4270 4280 4290 4300 4310 4320 4330 4340 4350 4360 4370 4380 4390 4400 4410 4420 4430 4440 4450 4460 4470 4480 4490 4500 4510 4520 4530 4540 4550 4560 4570 4580 4590 4600 4610 4620 4630 4640 4650 4660 4670 4680 4690 4700 4710 4720 4730 4740 4750 4760 4770 4780 4790 4800 4810 4820 4830 4840 4850 4860 4870 4880 4890 4900 4910 4920 4930 4940 4950 4960 4970 4980 4990 5000 5010 5020 5030 5040 5050 5060 5070 5080 5090 5100 5110 5120 5130 5140 5150 5160 5170 5180 5190 5200 5210 5220 5230 5240 5250 5260 5270 5280 5290 5300 5310 5320 5330 5340 5350 5360 5370 5380 5390 5400 5410 5420 5430 5440 5450 5460 5470 5480 5490 5500 5510 5520 5530 5540 5550 5560 5570 5580 5590 5600 5610 5620 5630 5640 5650 5660 5670 5680 5690 5700 5710 5720 5730 5740 5750 5760 5770 5780 5790 5800 5810 5820 5830 5840 5850 5860 5870 5880 5890 5900 5910 5920 5930 5940 5950 5960 5970 5980 5990 6000 6010 6020 6030 6040 6050 6060 6070 6080 6090 6100 6110 6120 6130 6140 6150 6160 6170 6180 6190 6200 6210 6220 6230 6240 6250 6260 6270 6280 6290 6300 6310 6320 6330 6340 6350 6360 6370 6380 6390 6400 6410 6420 6430 6440 6450 6460 6470 6480 6490 6500 6510 6520 6530 6540 6550 6560 6570 6580 6590 6600 6610 6620 6630 6640 6650 6660 6670 6680 6690 6700 6710 6720 6730 6740 6750 6760 6770 6780 6790 6800 6810 6820 6830 6840 6850 6860 6870 6880 6890 6900 6910 6920 6930 6940 6950 6960 6970 6980 6990 7000 7010 7020 7030 7040 7050 7060 7070 7080 7090 7100 7110 7120 7130 7140 7150 7160 7170 7180 7190 7200 7210 7220 7230 7240 7250 7260 7270 7280 7290 7300 7310 7320 7330 7340 7350 7360 7370 7380 7390 7400 7410 7420 7430 7440 7450 7460 7470 7480 7490 7500 7510 7520 7530 7540 7550 7560 7570 7580 7590 7600 7610 7620 7630 7640 7650 7660 7670 7680 7690 7700 7710 7720 7730 7740 7750 7760 7770 7780 7790 7800 7810 7820 7830 7840 7850 7860 7870 7880 7890 7900 7910 7920 7930 7940 7950 7960 7970 7980 7990 8000 8010 8020 8030 8040 8050 8060 8070 8080 8090 8100 8110 8120 8130 8140 8150 8160 8170 8180 8190 8200 8210 8220 8230 8240 8250 8260 8270 8280 8290 8300 8310 8320 8330 8340 8350 8360 8370 8380 8390 8400 8410 8420 8430 8440 8450 8460 8470 8480 8490 8500 8510 8520 8530 8540 8550 8560 8570 8580 8590 8600 8610 8620 8630 8640 8650 8660 8670 8680 8690 8700 8710 8720 8730 8740 8750 8760 8770 8780 8790 8800 8810 8820 8830 8840 8850 8860 8870 8880 8890 8900 8910 8920 8930 8940 8950 8960 8970 8980 8990 9000 9010 9020 9030 9040 9050 9060 9070 9080 9090 9100 9110 9120 9130 9140 9150 9160 9170 9180 9190 9200 9210 9220 9230 9240 9250 9260 9270 9280 9290 9300 9310 9320 9330 9340 9350 9360 9370 9380 9390 9400 9410 9420 9430 9440 9450 9460 9470 9480 9490 9500 9510 9520 9530 9540 9550 9560 9570 9580 9590 9600 9610 9620 9630 9640 9650 9660 9670 9680 9690 9700 9710 9720 9730 9740 9750 9760 9770 9780 9790 9800 9810 9820 9830 9840 9850 9860 9870 9880 9890 9900 9910 9920 9930 9940 9950 9960 9970 9980 9990 10000 10010 10020 10030 10040 10050 10060 10070 10080 10090 10100 10110 10120 10130 10140 10150 10160 10170 10180 10190 10200 1

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2400 SERVICE LINE LOOP, 4 OF 29 OCCURRENCES:

THIRD PARTY ORG NOTE:

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NM108: NM109:</b>	<b>QUAL: ID:</b>

10/25/2020 9:26AM (GMT-04:00)

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2400 SERVICE LINE LOOP, 5 OF 29 OCCURRENCES:

BEGIN DATE OF SVC:	LINE ITEM CONTROL NO: 10102386943000-5
END DATE OF SVC:	SALES TAX QUAL:    AMT:           .00

**THIRD PARTY ORG NOTE:**

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NM108: NM109:</b>	<b>QUAL: ID:</b>

10/25/2020 9:26AM (GMT-04:00)

2400 SERVICE LINE LOOP, 6 OF 29 OCCURRENCES:

THIRD PARTY ORG NOTE:

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:      NN109:</b>	<b>QUAL:      ID:</b>

2400 SERVICE LINE LOOP, 7 OF 29 OCCURRENCES:

LINE NBR: 7 REVENUE CD: 0278  
PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:  
PROCEDURE DESC:  
LINE CHRG: 2137.50 UNITS OF SVC QUAL: UN UNITS OF SVC: 1.000  
NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-7  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

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

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2400 SERVICE LINE LOOP, 8 OF 29 OCCURRENCES:

LINE NBR: 8 REVENUE CD: 0300

PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 15786.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 86.000

NON-COVRD: .00

BEGIN DATE OF SVC:

LINE ITEM CONTROL NO: 10102386943000-8

END DATE OF SVC:

SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

OTHER OPERATING REF SEGMENT:

NM108: NM109:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

RENDERING REF SEGMENT:

NM108: NM109:

QUAL: ID:

10/25/2020 9:26:18 AM -0400 FAXCOM

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2400 SERVICE LINE LOOP, 9 OF 29 OCCURRENCES:

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LINE NBR: 9          REVENUE CD: 0301
PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHR: 4471.00    UNITS OF SVC QUAL: UN    UNITS OF SVC:      38.000
NON-COVRD:          .00

```

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-9  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

**THIRD PARTY ORG NOTE:**

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

<b>2420A OPERATING PHYSICIAN LOOP:</b>	<b>OPERATING REF SEGMENT:</b>
<b>NM108: NM109:</b>	<b>QUAL: ID:</b>

2420B OTHER OPERATING PHYSICIAN LOOP:		OTHER OPERATING REF SEGMENT:	
MM108:	MM109:	QUAL:	ID:

<b>Z420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:      NN109:</b>	<b>QUAL:      ID:</b>

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10/25/2020 9:26:18 AM -0400 FAXCOM

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2400 SERVICE LINE LOOP, 10 OF 29 OCCURRENCES:

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LINE NBR: 10          REVENUE CD: 0302
PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHR9:      4729.00  UNITS OF SVC QUAL:  UN  UNITS OF SVC:      18.000
NON-COVRD:      .00

```

BEGIN DATE OF SVC:	LINE ITEM CONTROL NO: 10102386943000-10
END DATE OF SVC:	SALES TAX QUAL:    AMT:           .00

THIRD PARTY ORG NOTE:

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

<b>2420A OPERATING PHYSICIAN LOOP:</b>	<b>OPERATING REF SEGMENT:</b>
<b>NN108:      NN109:</b>	<b>QUAL:      ID:</b>

2420B OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NM108: NM109:</b>	<b>QUAL: ID:</b>

10/25/2020 9:26AM (GMT-04:00)



[illegible]

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2400 SERVICE LINE LOOP, 11 OF 29 OCCURRENCES:

**THIRD PARTY ORG NOTE:**

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NM108: NM109:</b>	<b>QUAL: ID:</b>

10/25/2020 9:26AM (GMT-04:00)

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2400 SERVICE LINE LOOP, 12 OF 29 OCCURRENCES:

```

LINE NBR: 12          REVENUE CD: 0312
PROCEDURE QUAL:       PROCEDURE CD:       MODIFIERS:
PROCEDURE DESC:
LINE CHR6:            262.00  UNITS OF SVC QUAL: UN  UNITS OF SVC:            2.000
NON-COVRD:            .00

```

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-12  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

<b>2420A OPERATING PHYSICIAN LOOP:</b>	<b>OPERATING REF SEGMENT:</b>
MM108: MM109:	QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:		OTHER OPERATING REF SEGMENT:	
NM108:	NM109:	QUAL:	ID:

Z420C RENDERING PROVIDER LOOP:	RENDERING REF SEGMENT:
NN108:    NN109:	QUAL:     ID:

2400 SERVICE LINE LOOP, 13 OF 29 OCCURRENCES:

**THIRD PARTY ORG NOTE:**

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

Z4Z0C RENDERING PROVIDER LOOP:	RENDERING REF SEGMENT:
NN108:    NN109:	QUAL:     ID:

837

358000.12803

2400 SERVICE LINE LOOP, 14 OF 29 OCCURRENCES:

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-14  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

**THIRD PARTY ORG NOTE:**

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:    NN109:</b>	<b>QUAL:     ID:</b>

837

PAGE 22 OF 83

**PAGE #5 LAYOUT:**

358000.12803

2400 SERVICE LINE LOOP, 15 OF 29 OCCURRENCES:

LINE NBR: 15                      REVENUE CD: 0360

PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:

**PROCEDURE DESC:**

LINE CHRG: 90000.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 400.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-15

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

**THIRD PARTY ORG NOTE:**

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

**2420A OPERATING PHYSICIAN LOOP:**

**NM108: NM109:**

**OPERATING REF SEGMENT:**

**QUAL: ID:**

2420B OTHER OPERATING PHYSICIAN LOOP:

NM108: NM109:

OTHER OPERATING REF SEGMENT:

QUAL: ID:

2420C RENDERING PROVIDER LOOP:

MM108:      MM109:

RENDERING REF SEGMENT:

QUAL: ID:

10/25/2020 9:26AM (GMT-04:00)

PAGE 85 LAYOUT:

358000.12803

2400 SERVICE LINE LOOP, 16 OF 29 OCCURRENCES:

LINE NBR: 16 REVENUE CD: 0361  
PROCEDURE QUAL: PROCEDURE CD: MODIFIERS:  
PROCEDURE DESC:  
LINE CHRG: 82021.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 4.000  
NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-16  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

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

10/25/2020 9:26AM (GMT-04:00)

837A JUAN ANTONIO GONZALEZ GARCIA, BORN 01/15/1945, 10000 10TH AVE, NEW YORK, NY 10026, TEL 212-866-1111, FAX 212-866-1111, E-MAIL JGARCIA@NYC.EDU, WWW.JGARCIA.NYC.EDU

358000.12803

2400 SERVICE LINE LOOP, 18 OF 29 OCCURRENCES:

**THIRD PARTY ORG NOTE:**

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

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:    NN109:</b>	<b>QUAL:     ID:</b>

10/25/2020 9:26AM (GMT-04:00)



10/25/2020 9:26AM (GMT-04:00)

837

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**PAGE #5 LAYOUT:**

358000.12803

2400 SERVICE LINE LOOP, 20 OF 29 OCCURRENCES:

LINE NBR: 20 REVENUE CD: 0420

PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:

PROCEDURE DESC:

LINE CHRG: 12244.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 41.000

NDN-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-20

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

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:

NH108:            NH109:

OPERATING REF SEGMENT:

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

NM108: NM109:

**OTHER OPERATING REF SEGMENT:**

QUAL: ID:

**2420C RENDERING PROVIDER LOOP:**

NM108: NM109:

RENDERING REF SEGMENT:

QUAL: ID:

10/25/2020 9:26AM (GMT-04:00)

2400 SERVICE LINE LOOP, 21 OF 29 OCCURRENCES:

THIRD PARTY ORG NOTE:

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

<b>Z4ZOC RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:    NN109:</b>	<b>QUAL:     ID:</b>

358000.12803

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

Z420A OPERATING PHYSICIAN LOOP:	OPERATING REF SEGMENT:
NM108: NM109:	QUAL: ID:

<b>2420B OTHER OPERATING PHYSICIAN LOOP:</b>		<b>OTHER OPERATING REF SEGMENT:</b>	
<b>NM108:</b>	<b>NM109:</b>	<b>QUAL:</b>	<b>ID:</b>

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

2400 SERVICE LINE LOOP, 23 OF 29 OCCURRENCES:

**THIRD PARTY ORG NOTE:**

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

<b>Z420C RENDERING PROVIDER LOOP:</b>		<b>RENDERING REF SEGMENT:</b>
<b>NN108:</b>	<b>NN109:</b>	<b>QUAL: ID:</b>

837

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**PAGE #5 LAYOUT:**

358000.12803

2400 SERVICE LINE LOOP, 24 OF 29 OCCURRENCES:

```

LINE NBR: 24          REVENUE CD: 0480
PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHRG:    1308.00  UNITS OF SVC QUAL:  UN  UNITS OF SVC:    1.000
NON-COVRD:      .00

```

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-24  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

**THIRD PARTY ORG NOTE:**

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

2420A OPERATING PHYSICIAN LOOP: OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

```

2420B OTHER OPERATING PHYSICIAN LOOP:      OTHER OPERATING REF SEGMENT:
      NM108:      NM109:                  QUAL:      ID:

```

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NNI08:    NNI09:</b>	<b>QUAL:     ID:</b>

2400 SERVICE LINE LOOP, 25 OF 29 OCCURRENCES:

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

10/25/2020 9:26AM (GMT-04:00)

2400 SERVICE LINE LOOP, 26 OF 29 OCCURRENCES:

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

10/25/2020 9:26AM (GMT-04:00)



[illegible]

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**PAGE #5 LAYOUT:**

358000, 12803

2400 SERVICE LINE LOOP, 27 OF 29 OCCURRENCES:

LINE NBR: 27                      REVENUE CD: 0730

PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:

**PROCEDURE DESC:**

LINE CHRG: 1020.00 UNITS OF SVC QUAL: UN UNITS OF SVC: 3.000

NON-COVRD: .00

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-27

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

**THIRD PARTY ORG NOTE:**

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

**2420A OPERATING PHYSICIAN LOOP:**

**NM108:**            **NM109:**

**OPERATING REF SEGMENT:**

QUAL: ID:

2420B OTHER OPERATING PHYSICIAN LOOP:

**NM108: NM109:**

OTHER OPERATING REF SEGMENT:

**QUAL:**           **ID:**

2420C RENDERING PROVIDER LOOP:

**NM108:**            **NM109:**

RENDERING REF SEGMENT:

QUAL: ID:

10/25/2020 9:26AM (GMT-04:00)

358000.12803

2400 SERVICE LINE LOOP, 28 OF 29 OCCURRENCES:

```

LINE NBR: 28          REVENUE CD: 0801
PROCEDURE QUAL:      PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHRG: 53190.00  UNITS OF SVC QUAL: UN  UNITS OF SVC:      18.000
NON-COVRD:      .00

```

BEGIN DATE OF SVC: LINE ITEM CONTROL NO: 10102386943000-28  
END DATE OF SVC: SALES TAX QUAL: AMT: .00

THIRD PARTY ORG NOTE:

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

2420A OPERATING PHYSICIAN LOOP:                      OPERATING REF SEGMENT:  
NM108:       NM109:                                      QUAL:       ID:

24208 OTHER OPERATING PHYSICIAN LOOP: OTHER OPERATING REF SEGMENT:  
NM108: NM109: QUAL: ID:

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NM108: NM109:</b>	<b>QUAL: ID:</b>

2400 SERVICE LINE LOOP, 29 OF 29 OCCURRENCES:

```

LINE NBR: 29          REVENUE CD: 0921
PROCEDURE QUAL:       PROCEDURE CD:      MODIFIERS:
PROCEDURE DESC:
LINE CHRG:    6117.00  UNITS OF SVC QUAL: UN  UNITS OF SVC:      2.000
NON-COVRD:      .00

```

BEGIN DATE OF SVC:	LINE ITEM CONTROL NO: 10102386943000-29
END DATE OF SVC:	SALES TAX QUAL: AMT: .00

**THIRD PARTY ORG NOTE:**

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

<b>2420A OPERATING PHYSICIAN LOOP:</b>	<b>OPERATING REF SEGMENT:</b>
MM108:    MM109:	QUAL:    ID:

2420B OTHER OPERATING PHYSICIAN LOOP:	OTHER OPERATING REF SEGMENT:
MM108: MM109:	QUAL: ID:

<b>2420C RENDERING PROVIDER LOOP:</b>	<b>RENDERING REF SEGMENT:</b>
<b>NN108:    NN109:</b>	<b>QUAL:     ID:</b>



358000.12803

**INSINQ HIGH SPEED SCAN REQUEST FORM**

To: Document Preparation  
Sorting  
1B - LL

From: \_\_\_\_\_

Dept: BLUECARD HOST MEDICAL RECORDS

Ext: 717 302 4322

Date: \_\_\_\_\_

---

**HIGH SPEED SCAN REQUEST**

---

1. Directions for image (A field **MUST** be checked to ensure entry into correct batch.):

- ☐ BCNEPA Adjustment Request
- ☐ CSS-Special Entry
- ☒ Highmark Inquiries
- ☐ Authorization for Disclosure of Health Information
- ☐ OPL Inquiries
- ☐ OPL Negative Response Letters
- ☐ OPL - UFCW

2. Directions for Data Entry:

- ☐ Specific instructions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Indicators: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_

**This form should be used only for inquiry entry.  
Do not use when sending claims to Document Preparation Claims Sorting for entry.**

10/09/2020 07:30 Business Office Billing

358000.12803  
(FAX)4845263165 P.001/044

St. Luke's University Health Network  
Business Office  
801 Ostrum Street  
Bethlehem, PA 18018

FACSIMILE TRANSMITTAL

- DATE: October 9, 2020
- DIRECT TO: Blue Card Department
- FIRM'S NAME: Highmark Blue Shield
- FIRM'S FACSIMILE #: 866-251-9601
- FROM: Kathy
- SENDERS PHONE: 484-526-3153
- SENDERS FAX: 833-221-4797
- TOTAL NUMBER OF PAGES (INCLUDES COVER SHEET): 44
- MESSAGE:

Per your request itemized statement for claim # 21845573931

If there is a problem with this transmission,  
Please call us as soon as possible

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND  
CONFIDENTIAL USE OF THE DESIGNATED RECIPIENT NAMED ABOVE.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS  
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL AND EXEMPT  
FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED  
RECIPIENT, YOU ARE HERBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT  
ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THE MESSAGE IS STRICTLY PROHIBITED.

IF YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY SO  
THAT WE CAN ARRANGE FOR THE RETURN OF THE DOCUMENTS TO US AT NO CHARGE(S) TO YOU.

10/09/2020 07:31 Business Office Billing

(FAX) 484-5263165 358000 12803  
P.002/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Victoria Cahill  
7650 ROUTE 309  
COOPERSBURG, PA  
18036

Account #: 10102386943

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Services provided at: St. Luke's University Hospital - Bethlehem Campus

Visit Coverages:

Blue Cross - Empire Bcbs Bc Plan 303

Medicare - Medicare A And B

Charges

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/28/2020	0214	105000016	HB INTERMEDIATE CCU/TELEMETRY	1	11,932.00
07/28/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
07/28/2020	0250	135000003	BUMETANIDE 1 MG TABS	1	1.54
07/28/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/28/2020	0250	135000003	CHLORHEXIDINE 0.12% SOLN	1	7.31
07/28/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
07/28/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/28/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/28/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
07/28/2020	0302	275000564	HB BLOOD TYPING ABO	1	496.00
07/28/2020	0302	275000565	HB BLOOD TYPING RH (D)	1	257.00
07/28/2020	0302	275000589	HB COMPATIBILITY TEST SPIN	1	188.00
07/28/2020	0302	275000589	HB COMPATIBILITY TEST SPIN	1	188.00
07/28/2020	0302	275000589	HB COMPATIBILITY TEST SPIN	1	188.00
07/28/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/28/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/28/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
07/29/2020	0250	135000802	ALBUMIN HUMAN 5% PER 50 ML	1	190.80
07/29/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	43.44
07/29/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	18.62
07/29/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.85
07/29/2020	0250	135000002	LIDOCAINE (PF) 1% SOLN	1	4.53
07/29/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
07/29/2020	0250	135000002	STERILE WATER SOLN	1	18.87
07/29/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
07/29/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
07/29/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
07/29/2020	0250	135000003	BUMETANIDE 1 MG TABS	1	1.54

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

Page: 1 Of 43

10/09/2020 07:31 Business Office Billing

358000.12803  
(FAX)4845263165 P.003/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/29/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
07/29/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
07/29/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	12.95
07/29/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	36.58
07/29/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
07/29/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
07/29/2020	0250	135000003	OXYCODONE 5 MG TABS	1	1.25
07/29/2020	0250	135000003	OXYCODONE 5 MG TABS	1	1.25
07/29/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/29/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
07/29/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
07/29/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
07/29/2020	0300	275000247	HB HEMATOCRIT	1	49.00
07/29/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
07/29/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
07/29/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
07/29/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
07/29/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
07/29/2020	0312	275990023	HB SURGICAL PATH GROSS	1	131.00
07/29/2020	0360	165000790	HB OR TIME PER MINUTE	153	34,425.00
07/29/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,718.00
07/29/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	4	4,652.00
07/29/2020	0480	245000014	HB TTE F-UP OR LMTD	1	1,308.00
07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	2	12.61
07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
07/29/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
07/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/29/2020	0636	135000001	LACTATED RINGERS SOLN	1	8.29
07/29/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
07/29/2020	0636	135000001	ONDANSETRON PER 1 MG	4	5.17
07/29/2020	0636	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
07/29/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/29/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/29/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/29/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	5	3.51

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

Page: 2 Of 43



10/09/2020 07:32 Business Office Billing

358000.12803  
(FAX)4845263165 P.004/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/29/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	15	10.51
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0636	136000001	SODIUM CHLORIDE PER 500 ML	1	13.68
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
07/29/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/29/2020	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
07/30/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
07/30/2020	0250	135000002	ALBUMIN HUMAN 25% PER 60 ML	1	263.80
07/30/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
07/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
07/30/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
07/30/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
07/30/2020	0250	135000003	B-COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
07/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/30/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
07/30/2020	0250	135000003	GABAPENTIN 100 MG CAPS	1	1.25
07/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
07/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	36.68
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	13.69
07/30/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
07/30/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
07/30/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.28
07/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/30/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/30/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/30/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
07/30/2020	0300	275000247	HB HEMATOCRIT	1	49.00
07/30/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
07/30/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
07/30/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
07/30/2020	0370	145000010	HB IV REGIONAL	1	1,201.00
07/30/2020	0424	185000170424	HB PT EVAL-HIGH COMPLEX 45 MIN	1	566.00

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

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10/09/2020 07:32 Business Office Billing

358000.12803  
(FAX) 484-5263165 P.005/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/30/2020	0434	185000174434	HB OT EVAL HIGH COMPLEX 60 MIN	1	568.00
07/30/2020	0636	135000001	BUPIVACAINE LIPOSOMAL 1.3 % SUSP	286	1,770.82
07/30/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.31
07/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
07/30/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	1	2.32
07/30/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	1	2.32
07/30/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/30/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
07/30/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.82
07/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/30/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/30/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
07/31/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
07/31/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/31/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/31/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/31/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/31/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	263.80
07/31/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	4.53
07/31/2020	0250	135000002	LIDOCAINE-EPINEPHRINE 1 %-1:100,000 SOLN	1	16.23
07/31/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
07/31/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
07/31/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
07/31/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
07/31/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
07/31/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
07/31/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.16
07/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
07/31/2020	0250	135000003	DOCUSATE-SODIUM 100 MG CAPS	1	1.25
07/31/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
07/31/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	4	8.70
07/31/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
07/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
07/31/2020	0250	325000001	IOHEXOL PER 1 ML	14	9.99
07/31/2020	0270	38281	SORIN DILATOR GUIDEWIRE 18 GA	1	1,015.74

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10/09/2020 07:33 Business Office Billing

358000.12803  
P.006/044  
(FAX)4845263165

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/31/2020	0272	35403	INTRO SHEATH PINNACLE 6FR 10CM	1	75.53
07/31/2020	0272	35403	INTRO SHEATH PINNACLE 6FR 10CM	1	75.53
07/31/2020	0272	81389	INTRODUCER SHEATH 23FR 55.7CM W/HYDROPHILIC COATING MICRA	1	5,700.00
07/31/2020	0272	72614	CATH EP ABLAT SUPREME 5FR QUADPOLAR CRD	1	339.44
07/31/2020	0275	84276	PACING SYS TRANSCATH MICRA AV	1	106,875.00
07/31/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
07/31/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
07/31/2020	0300	276000246	HB BL SMEAR W/DIFF WBC COUNT	1	60.00
07/31/2020	0300	275000247	HB HEMATOCRIT	1	49.00
07/31/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
07/31/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
07/31/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
07/31/2020	0301	275000442	HB COMPREHEN METABOLIC PANEL	1	153.00
07/31/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
07/31/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
07/31/2020	0370	145000008	HB ANESTHESIA IV SEDATION (MODERATE) 1ST HOUR	1	2,352.00
07/31/2020	0370	145000012	HB ANESTHESIA IV SEDATION (MODERATE) EA ADDTL HOUR	1	1,040.00
07/31/2020	0390	275990084	HB RBC LEUKOCYTES REDUCED	1	1,687.00
07/31/2020	0402	255970041	HB US GUIDE VASCULAR ACCESS	1	143.00
07/31/2020	0481	245000125	HB TCAT INSJ/RPL PERM LDL5 PM	1	15,754.00
07/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
07/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	14.80
07/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	14.80
07/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
07/31/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
07/31/2020	0636	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
07/31/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
07/31/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
07/31/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
07/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	33	51.97
07/31/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	67	105.51
07/31/2020	0636	135000001	SODIUM CHLORIDE 0.9 % SOLN	1	6.97
07/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
07/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
07/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	13.58
07/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
07/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50

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10/09/2020 07:34 Business Office Billing

358000.12803  
(FAX) 4845263165 P.007/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231362213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
07/31/2020	0636	135000001	VANCOMYCIN HCL 10 G SOLR 1 EACH VIAL	3	21.13
07/31/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
07/31/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
08/01/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/01/2020	0250	135000002	MULTI-ELECTROLYTE SOLN	1	13.50
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/01/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/01/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/01/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/01/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/01/2020	0250	135000003	GABAPENTIN 100 MG CAPS	2	1.25
08/01/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/01/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/01/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/01/2020	0300	275000165	HB ASSAY OF LACTIC ACID	1	290.00
08/01/2020	0300	275000247	HB HEMATOCRIT	1	49.00
08/01/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
08/01/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/01/2020	0300	275000365	HB BLOOD CULTURE FOR BACTERIA	1	301.00
08/01/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/01/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/01/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
08/01/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/01/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
08/01/2020	0302	275000564	HB BLOOD TYPING ABO	1	496.00
08/01/2020	0302	276000586	HB BLOOD TYPING RH(D)	1	257.00
08/01/2020	0390	275990084	HB RBC LEUKOCYTES REDUCED	1	1,687.00
08/01/2020	0390	275990064	HB RBC LEUKOCYTES REDUCED	1	1,687.00
08/01/2020	0638	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50

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10/09/2020 07:34 Business Office Billing

(FAX) 484-5263165 0000 12803  
P:008/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/01/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/01/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/01/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
08/01/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.62
08/01/2020	0638	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
08/01/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
08/01/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
08/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
08/01/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,956.00
08/02/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	2	1.25
08/02/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/02/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/02/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.26
08/02/2020	0250	135000003	B. COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/02/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/02/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/02/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/02/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/02/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/02/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	4.71
08/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/02/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/02/2020	0300	275000372	HB CULTURE SCREEN ONLY	1	93.00
08/02/2020	0300	275001131	HB PROCALCITONIN (PCT)	1	1,653.00
08/02/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/02/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/02/2020	0636	135000001	PIPERACILLIN SOD-TAZOBACTAM PER 1 G	2	11.57
08/02/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.50
08/03/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/03/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25

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

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10/09/2020 07:35 Business Office Billing

FAX 484 526 3165 P.009/0443



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/03/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/03/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/03/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/03/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/03/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/03/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
08/03/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/03/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/03/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/03/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/03/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/03/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/03/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/03/2020	0120	105000082	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/04/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/04/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/04/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/04/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/04/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/04/2020	0250	135000003	GABAPENTIN 100 MG CAPS	2	1.25
08/04/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/04/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/04/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/04/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/04/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/04/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/04/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/04/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00

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

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10/09/2020 07:35 Business Office Billing

358000.12803  
(FAX) 484-5263165 P.010/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/04/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	15	1,278.52
08/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/04/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/05/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/05/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/05/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/05/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/05/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/05/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/05/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	5	10.54
08/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/05/2020	0420	185000019420	HB THERAPEUTIC EXERCISES	1	297.00
08/05/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/05/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/06/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/06/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/06/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/06/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/06/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/06/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/06/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/06/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/06/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25

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

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10/09/2020 07:36 Business Office Billing

358000.12803  
(FAX) 4845263165 P.011/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/06/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/06/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/06/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/06/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/06/2020	0300	275000127	HB ASSAY OF FERRITIN	1	370.00
08/06/2020	0300	275000163	HB IRON BINDING TEST	1	126.00
08/06/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
08/06/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/06/2020	0301	275000502	HB ASSAY OF IRON	1	137.00
08/06/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
08/06/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	15	1,278.52
08/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/06/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/06/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/06/2020	0638	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/06/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/07/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/07/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/07/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/07/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/07/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/07/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1-MG CAPS	1	2.16
08/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.88
08/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.88
08/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.88
08/07/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/07/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/07/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/07/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/07/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/07/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/07/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18

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

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10/09/2020 07:37 Business Office Billing

358000.12803  
FAX04845263165 P.012/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/07/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/07/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/07/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/07/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/07/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/07/2020	0420	185000019420	HB THERAPEUTIC EXERCISES	1	297.00
08/07/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/07/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	1	302.00
08/07/2020	0636	136000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/08/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/08/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/08/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/08/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/08/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/08/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/08/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/08/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/08/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/08/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/08/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/08/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/08/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/08/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/08/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/08/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/08/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	15	1,278.52
08/08/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/08/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/08/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/08/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/09/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00

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

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10/09/2020 07:37 Business Office Billing

358000.12803  
(FAX) 484-526-165 P.013/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/09/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/09/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/09/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/09/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/09/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/09/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/09/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/09/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/09/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/09/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/09/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/09/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/09/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/09/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/09/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
08/09/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
08/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/09/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/10/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/10/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/10/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/10/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/10/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/10/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/10/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/10/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/10/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/10/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	2	2.86
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/10/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18

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

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10/09/2020 07:38 Business Office Billing

(FAX) 484-5263165 000 . 1p.014/044



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/10/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/10/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/10/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
08/10/2020	0250	136000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/10/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
08/10/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/10/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
08/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/10/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/11/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/11/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/11/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/11/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/11/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/11/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/11/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/11/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/11/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/11/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/11/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/11/2020	0250	135000003	LIDOCAINE 2% GEL 5 ML TUBE	1	32.72
08/11/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/11/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/11/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	1.70
08/11/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/11/2020	0300	275000345	HB HEP B CORE ANTIBODY TOTAL	1	179.00
08/11/2020	0300	275000346	HB HEP B CORE ANTIBODY IGM	1	171.00
08/11/2020	0300	275000347	HB HEP B SURFACE ANTIBODY	1	156.00
08/11/2020	0300	275000361	HB HEPATITIS C AB TEST	1	198.00
08/11/2020	0300	275000396	HB HEPATITIS B SURFACE AG EIA	1	150.00
08/11/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/11/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	1	302.00
08/11/2020	0430	185000028430	HB SELF CARE MNGMENT TRAINING	1	265.00
08/11/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	15	1,278.52
08/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50

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

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10/09/2020 07:38 Business Office Billing

(FAX) 484-526-165 758000.12803 P.015/044



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/11/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/11/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/11/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/11/2020	0801	205000008	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/12/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/12/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/12/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/12/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/12/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/12/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/12/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/12/2020	0250	135000003	DICLOFENAC SODIUM 1 % GEL 100 G TUBE	1	54.49
08/12/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/12/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/12/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/12/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/12/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/12/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/12/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/12/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/12/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/12/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/13/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/13/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/13/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/13/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/13/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/13/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/13/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/13/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/13/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/13/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/13/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25

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

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10/09/2020 07:39 Business Office Billing

358000 12803  
P.016/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/13/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/13/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/13/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/13/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/13/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/13/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/13/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/13/2020	0300	276000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/13/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/13/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	89.00
08/13/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/13/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/13/2020	0636	135000001	EPOETIN-ALFA PER 1000 UNITS	15	1,278.52
08/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/13/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/13/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/13/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE MAINTENANCE	1	2,955.00
08/14/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/14/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/14/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/14/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/14/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/14/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/14/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/14/2020	0250	135000003	B-COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/14/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/14/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/14/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/14/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/14/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/14/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/14/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/14/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/14/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/14/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/14/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74

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

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10/09/2020 07:39 Business Office Billing

358000.12803  
(FAX) 4845263165 P.017/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/14/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/14/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
08/14/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/14/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/14/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/15/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/15/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/15/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/15/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/15/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/15/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/15/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/15/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/15/2020	0250	135000003	B COMPLEX-VITAMIN G-FOLIC ACID 1 MG CAPS	1	2.15
08/15/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/15/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/15/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/15/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/15/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/15/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/15/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/15/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	13.09
08/15/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	6	13.18
08/15/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/15/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/15/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/15/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/16/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/15/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/15/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/15/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
08/15/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	15	1,278.52
08/16/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/15/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/15/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/15/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/15/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24

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

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10/09/2020 07:40 Business Office Billing

358000.12803  
(FAX) 4845263165 P.018/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/15/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/16/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/16/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/16/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/16/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/16/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/16/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/16/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/16/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/16/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/16/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/16/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/16/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/16/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/16/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/16/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/16/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
08/16/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	4	8.79
08/16/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/16/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/16/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/16/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/16/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/16/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/16/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/16/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/16/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/16/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/16/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/16/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/17/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/17/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/17/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/17/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/17/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/17/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/17/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/17/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/17/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43

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

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10/09/2020 07:41 Business Office Billing

358000 12803  
(FAX)4845263165 P.019/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/17/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/17/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/17/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/17/2020	0250	135000003	FENTANYL 12 MCG/HR PT72	1	14.61
08/17/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/17/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/17/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.30
08/17/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	4	8.79
08/17/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	89.29
08/17/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/17/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/17/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/17/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/17/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/17/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/17/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	4	1,208.00
08/17/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/17/2020	0430	185000026430	HB SELF CARE MNGMENT TRAINING	2	530.00
08/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/17/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/18/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/18/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/18/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/18/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/18/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/18/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/18/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/18/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/18/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/18/2020	0250	136000003	GABAPENTIN 300 MG CAPS	1	1.25
08/18/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/18/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/18/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/18/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49

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

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10/09/2020 07:41 Business Office Billing

358000 12803  
(FAX) 4845263165 P.020/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/18/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/18/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	4	8.79
08/18/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54
08/18/2020	0250	136000003	LANTHANUM 500 MG CHEW	1	38.54
08/18/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/18/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/18/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/18/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/18/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/18/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/18/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/18/2020	0300	275000107	HB TOTAL CORTISOL	1	370.00
08/18/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/18/2020	0301	275000444	HB RENAL FUNCTION PANEL	1	208.00
08/18/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/18/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/18/2020	0636	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/18/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/18/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/18/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/19/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/19/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/19/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/19/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/19/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/19/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1-MG CAPS	1	2.15
08/19/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/19/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/19/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/19/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/19/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/19/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/19/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/19/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/19/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
08/19/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54
08/19/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54

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

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10/09/2020 07:42 Business Office Billing

FAX 484 5263165 000 1p 021/044



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/19/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54
08/19/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/19/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/19/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/19/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/19/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/19/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/19/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/19/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/19/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/19/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/19/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	3	908.00
08/19/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	2	604.00
08/19/2020	0430	185000028430	HB SELF CARE MNGMENT TRAINING	1	265.00
08/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/19/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/20/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/20/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/20/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/20/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/20/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/20/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/20/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1-MG CAPS	1	2.15
08/20/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/20/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/20/2020	0250	135000003	FENTANYL 25 MCG/HR PT72	1	7.46
08/20/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/20/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/20/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/20/2020	0250	135000003	HYDROMORPHONE 2-MG TABS	2	1.47
08/20/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/20/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
08/20/2020	0250	136000003	LANTHANUM 500 MG CHEW	1	38.54
08/20/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54
08/20/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	38.54
08/20/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25

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

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10/09/2020 07:42 Business Office Billing

358000.12803  
(FAX) 4845263165 P.022/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/20/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/20/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/20/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/20/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/20/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/20/2020	0838	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/20/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0838	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/20/2020	0836	135000001	IRON SUCROSE PER 1 MG	100	160.46
08/20/2020	0836	135000001	SODIUM CHLORIDE PER 500 ML	1	7.24
08/20/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/21/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/21/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/21/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/21/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/21/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/21/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/21/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/21/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/21/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/21/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/21/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/21/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/21/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/21/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.28
08/21/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	4.40
08/21/2020	0250	135000003	LANTHANUM 500 MG CHEW	1	36.54
08/21/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/21/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/21/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/21/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/21/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/21/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/21/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/21/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/21/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25

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

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10/09/2020 07:43 Business Office Billing

358000.12803  
P.023/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/21/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/21/2020	0300	275001357	HB NOVEL CORONAVIRUS 2019 (COVID -19); NAA	1	218.00
08/21/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/21/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	89.00
08/21/2020	0420	185000019420	HB THERAPEUTIC EXERCISES	2	594.00
08/21/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	2	576.00
08/21/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
08/21/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
08/21/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/21/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/22/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/22/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	12.41
08/22/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	49.64
08/22/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.85
08/22/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	2	9.05
08/22/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
08/22/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN	2	16.58
08/22/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/22/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/22/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/22/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/22/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	1.25
08/22/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/22/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/22/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/22/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/22/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/22/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/22/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/22/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	4.40
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/22/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/22/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25

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

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10/09/2020 07:44 Business Office Billing

358000.12803  
(FAX) 4845263165 P.024/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/22/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/22/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/22/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/22/2020	0272	26379	VAC DRESSING SENSATRAC MED	1	371.81
08/22/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/22/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	207.00
08/22/2020	0300	275000368	HB CULTURE OTHR SPECIMN AEROBIC	1	207.00
08/22/2020	0300	275000369	HB CULTR BACTERIA EXCEPT BLOOD	1	291.00
08/22/2020	0300	275000369	HB CULTR BACTERIA EXCEPT BLOOD	1	291.00
08/22/2020	0300	275000371	HB CULTURE AEROBIC IDENTIFY	1	93.00
08/22/2020	0300	275000371	HB CULTURE AEROBIC IDENTIFY	1	93.00
08/22/2020	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
08/22/2020	0300	275000386	HB MICROBE SUSCEPTIBLE MIC	1	246.00
08/22/2020	0300	275000387	HB SMEAR GRAM STAIN	1	76.00
08/22/2020	0300	275000387	HB SMEAR GRAM STAIN	1	76.00
08/22/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/22/2020	0306	275000623	HB TISSUE HOMOGENIZATION CULTR	1	83.00
08/22/2020	0306	275000623	HB TISSUE HOMOGENIZATION CULTR	1	83.00
08/22/2020	0360	165000790	HB OR TIME PER MINUTE	61	13,725.00
08/22/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,718.00
08/22/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	1	1,163.00
08/22/2020	0636	135000001	CEFAZOLIN PER 500 MG	4	16.53
08/22/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	10	11.26
08/22/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/22/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
08/22/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/22/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/22/2020	0636	135000001	LACTATED RINGERS PER 1000 ML	1	8.29
08/22/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.83
08/22/2020	0636	135000001	ONDANSETRON PER 1 MG	4	7.13
08/22/2020	0636	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
08/22/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	10	7.01
08/22/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	10	7.01
08/22/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
08/22/2020	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
08/22/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/23/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/23/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/23/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25

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

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10/09/2020 07:44 Business Office Billing

Z58000 12803  
(FAX) 4845263165 P.025/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/23/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/23/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/23/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/23/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/23/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/23/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/23/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/23/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/23/2020	0250	135000003	FENTANYL 25 MCG/HR PTT2	1	7.46
08/23/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/23/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/23/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	5.27
08/23/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/23/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/23/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/23/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/23/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/23/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/23/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/23/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/23/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/23/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/23/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
08/23/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/23/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/23/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/23/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/24/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/24/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/24/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/24/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/24/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/24/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/24/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/24/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/24/2020	0250	135000003	CERHALEXIN 500 MG CAPS	1	1.81
08/24/2020	0250	135000003	CEPHALEXIN 500 MG CAPS	1	1.81
08/24/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/24/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47

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

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10/09/2020 07:45 Business Office Billing

FAX 484 526 3165 000 . 12207 P-026/044



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/24/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/24/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/24/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/24/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/24/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/24/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
08/24/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	5.27
08/24/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/24/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/24/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/24/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/24/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.06
08/24/2020	0250	135000003	MIDODRINE 2.5 MG TABS	1	4.08
08/24/2020	0250	135000003	MIDODRINE 2.5 MG TABS	1	4.08
08/24/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/24/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/24/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/24/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/24/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/24/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
08/24/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/24/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/24/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/24/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/24/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/24/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/24/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
08/24/2020	0302	275000564	HB BLOOD TYPING ABO	1	496.00
08/24/2020	0302	275000565	HB BLOOD TYPING RH (D)	1	257.00
08/24/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
08/24/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/24/2020	0434	185000175434	HB OT RE-EVAL EST PLAN CARE	1	298.00
08/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/24/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/24/2020	0921	245000092	HB LOWER EXTREMITY STUDY (LIMITED/UNILATERAL)	1	3,121.00
08/25/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/25/2020	0250	135000002	BACITRACIN 50,000 UNITS SOLR 1 EACH VIAL	1	26.86
08/25/2020	0250	135000002	KETAMINE HCL 50 MG/5 ML SQSY	1	147.16

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

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10/09/2020 07:45 Business Office Billing

350000.12803  
(FAX) 484-5263165 P.027/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/25/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN.	1	4.53
08/25/2020	0250	135000002	LIDOCAINE-EPINEPHRINE 1 %-1:100,000 SOLN	1	16.23
08/25/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
08/25/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN 3,000 ML FLEX CONT.	1	34.74
08/25/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS.	3	1.25
08/25/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/25/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/25/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/25/2020	0250	135000003	DIPHENHYDRAMINE PER 50 MG	1	1.25
08/25/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/25/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
08/25/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/25/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/25/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/25/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
08/25/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	5.27
08/25/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	79.45
08/25/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/25/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/25/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.06
08/25/2020	0250	135000003	MMDODRINE 5 MG TABS	1	2.65
08/25/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/25/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/25/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/25/2020	0278	43213	6FR TUNNELED PICC	1	2,137.50
08/25/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/25/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/25/2020	0320	255990175	HB FLUOROGUIDE FOR VEIN DEVICE	1	1,891.00
08/25/2020	0360	165000790	HB OR TIME PER MINUTE	50	11,250.00
08/25/2020	0361	165000187	HB INSERT TUNNELED CV CATH (AGE 6 YEARS OR OLDER)	1	2,470.00
08/25/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,718.00
08/25/2020	0370	146000002	HB MOD SED SAME PHYS/QHP INTL 15 MINS 5/YRS	1	167.00
08/25/2020	0390	275990084	HB RBC LEUKOCYTES REDUCED	1	1,687.00
08/25/2020	0402	255970041	HB US GUIDE VASCULAR ACCESS	1	143.00
08/25/2020	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
08/25/2020	0636	135000001	CEFAZOLIN PER 500 MG	4	16.53
08/25/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	4	4.51
08/25/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	6	6.76
08/25/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23

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

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10/09/2020 07:46 Business Office Billing

358000.12803  
(FAX) 484-526-1165 P.028/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/25/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
08/25/2020	0636	135000001	FENTANYL PER 0.1 MG	1	6.28
08/25/2020	0636	135000001	GLYCOPYRROLATE 0.4 MG/2 ML SOLN	2	26.92
08/25/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/25/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/25/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/25/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
08/25/2020	0636	135000001	ONDANSETRON PER 1 MG	4	7.13
08/25/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	14	9.81
08/25/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	6	4.21
08/25/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	13.58
08/25/2020	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
08/25/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/26/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/26/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/26/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/26/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/26/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/26/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/26/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/26/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/26/2020	0250	135000003	FENTANYL 25 MCG/HR PT72	1	7.46
08/26/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/26/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.47
08/26/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/26/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/26/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/26/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.28
08/26/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
08/26/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/26/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/26/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/26/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/26/2020	0250	135000003	METHOCARBAMOL 500 MG TABS	1	1.25
08/26/2020	0250	135000003	MIDODRINE 2.5 MG TABS	1	4.08
08/26/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/26/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65

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

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10/09/2020 07:47 Business Office Billing

358000.12803  
(FAX)4845263165 P.029/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/26/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/26/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/26/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	5.40
08/26/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/26/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/26/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/26/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/26/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/26/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
08/26/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
08/26/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/26/2020	0430	185000026430	HB THERAPEUTIC ACTIVITIES	1	302.00
08/26/2020	0430	185000028430	HB SELF CARE MNGMENT TRAINING	1	265.00
08/26/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/26/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/26/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/27/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/27/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1	174.93
08/27/2020	0250	135000002	KETAMINE HCL 50 MG/5 ML SOSY	1	147.16
08/27/2020	0250	135000002	NITROGLYCERIN 25 MCG/ML (CMPD ORDER)	1	43.38
08/27/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/27/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/27/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/27/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/27/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/27/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/27/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/27/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/27/2020	0250	135000003	DIPHENHYDRAMINE PER 50 MG	1	1.25
08/27/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/27/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/27/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/27/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/27/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	13.09
08/27/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	4	7.91
08/27/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
08/27/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/27/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/27/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25

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

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10/09/2020 07:47 Business Office Billing

358000.12803  
(FAX) 4845263165 P.030/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CANILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/27/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/27/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.06
08/27/2020	0250	135000003	METHYLPREDNISOLONE PER 4 MG	8	20.06
08/27/2020	0250	135000003	MIDODRINE 6 MG TABS	1	4.92
08/27/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/27/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/27/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/27/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/27/2020	0250	325000001	IODIXANOL PER 1 ML	122	287.69
08/27/2020	0272	28935	GUIDEWIRE VASC AMPLATZ SUPER STIFF .038 180CM	1	243.80
08/27/2020	0272	35245	GUIDEWIRE BENTSON .035 150CM 15CM	1	122.35
08/27/2020	0272	35404	INTRO SHEATH PINNACLE 5FR 10CM	1	75.53
08/27/2020	0272	56876	THROMBECTOMY INDIGO 6FR 85CM STRT TIP	1	17,785.00
08/27/2020	0272	57682	GUIDEWIRE VASC STIFF 0.035IN 150CM 3CM ANGLE	1	427.50
08/27/2020	0272	60878	GUIDEWIRE ADVANTAGE 0.018IN 300CM ANGL	1	2,992.50
08/27/2020	0272	66130	CATH BAL COYOTE ES OTW 2 X 40MM X 144CM	1	1,662.50
08/27/2020	0272	68192	INTRO SHEATH DESTINATION 5FR X 45CM	1	712.50
08/27/2020	0272	72616	CATH DIAG CXI 2.3FR 2.3FR 0.014IN 150CM ANG	1	1,712.66
08/27/2020	0272	80837	TUBING ASPIRATION INDIGO SYS LRG 140CM	1	18,060.00
08/27/2020	0272	81193	GUIDEWIRE HITORQUE COMMAND ES 0.014IN 300CM	1	1,995.00
08/27/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/27/2020	0300	275000270	HB COAGULATION TIME ACTIVATED	1	62.00
08/27/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/27/2020	0320	255990124	HB CONTRAST EXAM ABDOMINL AORTA	1	12,021.00
08/27/2020	0361	165000158	HB ESTABLISH ACCESS TO ARTERY (EXTREMITY ARTERY)	1	1,211.00
08/27/2020	0361	165000208	HB PRIM ART MECH THROMBECTOMY	1	31,183.00
08/27/2020	0361	165000234	HB TIB/PER REVASC W/TLA	1	47,157.00
08/27/2020	0370	145000008	HB ANESTHESIA IV SEDATION (MODERATE) 1ST HOUR	1	2,352.00
08/27/2020	0370	145000012	HB ANESTHESIA IV SEDATION (MODERATE) EA ADDTL HOUR	4	4,160.00
08/27/2020	0402	255970041	HB US GUIDE VASCULAR ACCESS	1	149.00
08/27/2020	0636	135000001	ALTEPLASE 2 MG SOLR	4	1,576.82
08/27/2020	0636	135000001	ALTEPLASE 2 MG SOLR 1 EACH VIAL	2	788.41
08/27/2020	0636	135000001	ALTEPLASE 2 MG SOLR 1 EACH VIAL	2	788.41
08/27/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/27/2020	0636	135000001	GLYCOPYRROLATE 0.4 MG/2 ML SOLN	2	26.92
08/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/27/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	14.80

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

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10/09/2020 07:48 Business Office Billing

(FAX) 484-526-1650 10/03/2020



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/27/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	4	9.26
08/27/2020	0636	135000001	ONDANSETRON PER 1 MG	4	7.13
08/27/2020	0636	135000001	PROPOFOL 1000 MG/100ML EMUL	100	157.47
08/27/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	21.78
08/27/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	21.78
08/27/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	2	27.16
08/27/2020	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
08/27/2020	0710	155000002	HB PACU EA ADDTL 30MIN	1	1,708.00
08/27/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/28/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/28/2020	0250	135000002	ALBUMIN HUMAN 5% PER 50 ML	1	190.80
08/28/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	12.41
08/28/2020	0250	135000002	EPHEDRINE 50 MG/ML SOLN	1	49.64
08/28/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.85
08/28/2020	0250	135000002	KETAMINE 50 MG/ML SOLN 10 ML VIAL	1	13.85
08/28/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	2	8.05
08/28/2020	0250	135000002	PHENYLEPHRINE 1 ML	1	43.91
08/28/2020	0250	135000002	SODIUM CHLORIDE 0.9 % SOLN 1,000 ML PLAS CONT	1	8.29
08/28/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/28/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/28/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/28/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/28/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/28/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	1	1.25
08/28/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/28/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/28/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/28/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	13.09
08/28/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	13.09
08/28/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	9.75
08/28/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	9.75
08/28/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/28/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	6.59
08/28/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/28/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/28/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/28/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/28/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/28/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65

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

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10/09/2020 07:48 Business Office Billing

FAX 484-526-3165 000 . IP 032/0445



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/28/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/28/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/28/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/28/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/28/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/28/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
08/28/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/28/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
08/28/2020	0302	275000564	HB BLOOD TYPING ABO	1	496.00
08/28/2020	0302	275000565	HB BLOOD TYPING RH (D)	1	257.00
08/28/2020	0312	275990023	HB SURGICAL PATH GROSS	1	131.00
08/28/2020	0360	165000790	HB OR TIME PER MINUTE	136	30,600.00
08/28/2020	0370	145000009	HB ANESTHESIA GENERAL 1ST HOUR	1	8,718.00
08/28/2020	0370	145000013	HB ANESTHESIA GENERAL EA ADDTL 30MIN	3	3,489.00
08/28/2020	0636	135000001	BUPIVACAINE 0.5 % SOLN 50 ML VIAL	50	44.27
08/28/2020	0636	135000001	CEFAZOLIN PER 500 MG	2	7.13
08/28/2020	0636	135000001	CEFAZOLIN PER 500 MG	2	8.27
08/28/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	5	5.63
08/28/2020	0636	135000001	DEXAMETHASONE (PF) 10 MG/ML SOLN	5	5.63
08/28/2020	0636	135000001	FENTANYL PER 0.1 MG	2	12.66
08/28/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/28/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/28/2020	0636	135000001	MIDAZOLAM 2 MG/2 ML SOLN	2	4.63
08/28/2020	0636	135000001	ONDANSETRON PER 1 MG	4	7.13
08/28/2020	0636	135000001	PHENYLEPHRINE HCL 10 MG/ML SOLN 5 ML VIAL	5	64.42
08/28/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	23	16.11
08/28/2020	0636	135000001	PROPOFOL 200 MG/20ML EMUL	17	11.91
08/28/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	2	35.19
08/28/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
08/28/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
08/28/2020	0710	155000001	HB PACU 1ST HOUR	1	3,409.00
08/28/2020	0710	155000002	HB PACU EA ADDTL 30MIN	1	1,708.00
08/29/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/29/2020	0250	135000002	DEXTROSE 5% PER 500 ML	1	7.24
08/29/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/29/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/29/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/29/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
08/29/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25

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

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10/09/2020 07:49 Business Office Billing

Z58000.12803  
FAX04845263165 P.033/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/29/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/29/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/29/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/29/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/29/2020	0250	135000003	DICLOFENAC SODIUM 1 % GEL 100 G TUBE	1	139.13
08/29/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/29/2020	0250	135000003	FENTANYL 50 MCG/HR PT72	1	12.12
08/29/2020	0250	135000003	GABAPENTIN 400 MG CAPS	1	1.25
08/29/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/29/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/29/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/29/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/29/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/29/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
08/29/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	3	5.27
08/29/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	79.45
08/29/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/29/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/29/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/29/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/29/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/29/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/29/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/29/2020	0301	275000440	HB-METABOLIC PANEL TOTAL CA	1	124.00
08/29/2020	0636	135000001	CEFAZOLIN PER 500 MG	6	21.36
08/29/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
08/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	14.11
08/29/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/29/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/29/2020	0801	205000000	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
08/30/2020	0120	105000000	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/30/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/30/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/30/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/30/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/30/2020	0250	135000003	BISACODYL 10 MG SUPP	1	1.25
08/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43

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

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10/09/2020 07:50 Business Office Billing

358000.12803  
(FAX) 484-526-1165 P.034/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/30/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/30/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/30/2020	0250	136000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/30/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/30/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	4.40
08/30/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	10.11
08/30/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/30/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/30/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/30/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/30/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
08/30/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/30/2020	0250	135000003	MINERAL OIL ENEM	1	8.45
08/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/30/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/30/2020	0250	135000003	POLYETHYLENE GLYCOL 17 G PACK	1	5.40
08/30/2020	0250	136000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/30/2020	0250	136000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/30/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
08/30/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/30/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/30/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
08/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/30/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/30/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/30/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/30/2020	0921	245000089	HB UPRLXTR ART STDY 3+ LVLS	1	2,996.00
08/31/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
08/31/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.70
08/31/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/31/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/31/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
08/31/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
08/31/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
08/31/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
08/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43

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

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10/09/2020 07:50 Business Office Billing

358000.12803  
(FAX) 4845263165 P.035/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
08/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/31/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
08/31/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/31/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
08/31/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/31/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/31/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
08/31/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	3.52
08/31/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	10.11
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/31/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
08/31/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/31/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
08/31/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/31/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
08/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/31/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
08/31/2020	0250	135000003	SENNA 8.6 MG TABS	1	0.63
08/31/2020	0250	135000003	SENNA 8.6 MG TABS	1	0.63
08/31/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
08/31/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
08/31/2020	0420	18500019420	HB THERAPEUTIC EXERCISES	1	297.00
08/31/2020	0420	18500026420	HB THERAPEUTIC ACTIVITIES	1	302.00
08/31/2020	0424	185000171424	HB PT RE-EVAL EST PLAN CARE	1	298.00
08/31/2020	0430	18500026430	HB THERAPEUTIC ACTIVITIES	1	302.00
08/31/2020	0434	185000175434	HB OT RE-EVAL EST PLAN CARE	1	298.00
08/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/31/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
08/31/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/31/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
08/31/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
09/01/2020	0120	106000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/01/2020	0250	135000002	KETAMINE 50 MG/ML SOLN	1	13.70
09/01/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/01/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/01/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15

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

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10/09/2020 07:51 Business Office Billing

358000.12803  
(FAX) 4845263165 P.036/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/01/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/01/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/01/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/01/2020	0250	135000003	FENTANYL 50 MCG/HR PT72	1	12.12
09/01/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
09/01/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/01/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/01/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	3.52
09/01/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
09/01/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/01/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/01/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/01/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/01/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/01/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/01/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/01/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/01/2020	0300	275000398	HB HEPATITIS B SURFACE AG EIA	1	150.00
09/01/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/01/2020	0636	135000001	CEFAZOLIN 2000 MG SOLR	4	34.59
09/01/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
09/01/2020	0636	135000001	HALOPERIDOL LACTATE PER 5 MG	1	4.29
09/01/2020	0636	135000001	HALOPERIDOL LACTATE PER 5 MG	1	4.29
09/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/01/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/01/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
09/01/2020	0636	135000001	LORAZEPAM PER 2 MG	1	3.11
09/01/2020	0636	135000001	SODIUM CHLORIDE PER 500 ML	1	6.97
09/01/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
09/02/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/02/2020	0250	135000002	DEXTROSE 5% PER 500 ML	1	7.50
09/02/2020	0250	135000002	DEXTROSE 5% PER 500 ML	1	7.50
09/02/2020	0250	135000002	LIDOCAINE 1 % SOLN 30 ML VIAL	2	25.37
09/02/2020	0250	135000002	LIDOCAINE 1 % SOLN 30 ML VIAL	2	25.37
09/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25

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

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10/09/2020 07:51 Business Office Billing

750000.13807  
FAX 4845263165 P.037/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/02/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/02/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
09/02/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/02/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/02/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/02/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/02/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/02/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/02/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/02/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	2.64
09/02/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/02/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/02/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/02/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/02/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/02/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/02/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/02/2020	0250	135000003	NYSTATIN 100000 UNIT/GM POWD 16 G BOTTLE	1	17.22
09/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/02/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/02/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/02/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
09/02/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/02/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
09/02/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/02/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/02/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/02/2020	0730	246000001	HB ELECTROCARDIOGRAM TRACING	1	340.00
09/03/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/03/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	283.80
09/03/2020	0250	135000002	ALBUMIN HUMAN 25% PER 50 ML	1	283.80
09/03/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/03/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/03/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/03/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25

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

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10/09/2020 07:52 Business Office Billing

FAX 4845263165 000 12207  
P.038/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/03/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/03/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/03/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/03/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/03/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/03/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
09/03/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/03/2020	0250	135000003	INSULIN GLARGINE PER 5 UNITS	2	2.64
09/03/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/03/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/03/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/03/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/03/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/03/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/03/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
09/03/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/03/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/03/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/03/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/03/2020	0300	275000174	HB ASSAY OF-MAGNESIUM	1	145.00
09/03/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/03/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/03/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
09/03/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
09/03/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/03/2020	0300	275000474	HB COMPATIBILITY TEST ELECTRIC	1	123.00
09/03/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/03/2020	0302	275000558	HB RBC ANTIBODY SCREEN	1	80.00
09/03/2020	0302	275000564	HB BLOOD TYPING ABO	1	496.00
09/03/2020	0302	275000565	HB BLOOD TYRING RH (D)	1	257.00
09/03/2020	0390	275990064	HB RBC LEUKOCYTES REDUCED	1	1,687.00
09/03/2020	0636	135000001	CEFZOLIN 2000 MG SOLR	4	34.59
09/03/2020	0636	135000001	CEFZOLIN 2000 MG SOLR	4	34.59
09/03/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
09/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50

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

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10/09/2020 07:53 Business Office Billing

358000.12803  
FAX 4845263165 P.039/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/03/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/03/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
09/03/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
09/04/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/04/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/04/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/04/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/04/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/04/2020	0250	136000003	ATORVASTATIN 40 MG TABS	1	1.25
09/04/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/04/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/04/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/04/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/04/2020	0250	135000003	FENTANYL 50 MCG/HR PT72	1	12.12
09/04/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/04/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/04/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/04/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/04/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	19.49
09/04/2020	0250	135000003	INSULIN LISPRO (HUMAN) PER 5 UNITS	60	79.45
09/04/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	37.93
09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/04/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/04/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/04/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/04/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/04/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
09/04/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
09/04/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/04/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/04/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/04/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/04/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/04/2020	0250	135000003	SENNA 8.6 MG TABS	1	1.25
09/04/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25

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

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10/09/2020 07:53 Business Office Billing

358000.12803  
FAX 4845263165 P.040/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/04/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/04/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/04/2020	0420	185000019420	HB THERAPEUTIC EXERCISES	1	297.00
09/04/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
09/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/04/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/04/2020	0636	135000001	HYDROMORPHONE PER 4 MG	1	7.68
09/05/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/05/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/05/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/05/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/05/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/05/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/05/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/05/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/05/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/05/2020	0250	135000003	GABAPENTIN 300 MG CAPS	1	1.25
09/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/05/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/05/2020	0250	135000003	LIDOCAINE 5% PTCH	1	9.94
09/05/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/05/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/05/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/05/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/05/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/05/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/05/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/05/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/05/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/05/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/05/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/05/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
09/05/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25

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

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10/09/2020 07:54 Business Office Billing

750000.12803  
FAX 4845263165 P 041/044

St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/05/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
09/05/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/05/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
09/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/05/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/05/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00
09/06/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/06/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/06/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/06/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/06/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.16
09/06/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/06/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/06/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/06/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/06/2020	0250	135000003	HYDROMORPHONE 2 MG TABS	2	1.43
09/06/2020	0250	135000003	HYDROMORPHONE PER 4 MG	1	18.29
09/06/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/06/2020	0250	135000003	MECLIZINE 25 MG TABS	1	2.23
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/06/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/06/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/06/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/06/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/06/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/06/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/06/2020	0260	135000003	ONDANSETRON PER 8 MG	4	1.25
09/06/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/06/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/06/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74

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

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10/09/2020 07:54 Business Office Billing

(FAX) 484-526-3165 138000 138000 042/044



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/06/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
09/06/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/06/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/06/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/06/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/07/2020	0120	105000002	HB ROOM & BOARD SEMIPRIVATE MED SURG	1	8,528.00
09/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/07/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/07/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
09/07/2020	0280	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/07/2020	0250	135000003	ATORVASTATIN 40 MG TABS	1	1.25
09/07/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/07/2020	0250	135000003	BISACODYL 10 MG SUPP	1	1.25
09/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/07/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/07/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/07/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/07/2020	0250	135000003	FENTANYL 50 MCG/HR PT72	1	12.12
09/07/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/07/2020	0250	135000003	MECLOZINE 25 MG TABS	1	2.23
09/07/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/07/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/07/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/07/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/07/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/07/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/07/2020	0250	135000003	MIDODRINE 5 MG TABS	1	2.65
09/07/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/07/2020	0250	135000003	ONDANSETRON PER 8 MG	4	1.25
09/07/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/07/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/07/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/07/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/07/2020	0250	135000003	SENNA 8.6 MG TABS	2	1.25
09/07/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/07/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/07/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/07/2020	0836	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50

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

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10/09/2020 07:55 Business Office Billing

(FAX) 484-526-3165 0000 IP 043/0443



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO-BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/07/2020	0638	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/07/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/08/2020	0250	135000003	ACETAMINOPHEN 325 MG TABS	3	1.25
09/08/2020	0250	135000003	ALPRAZOLAM 0.5 MG TABS	1	1.25
09/08/2020	0250	135000003	ASPIRIN 81 MG CHEW	1	1.25
09/08/2020	0250	135000003	B COMPLEX-VITAMIN C-FOLIC ACID 1 MG CAPS	1	2.15
09/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/08/2020	0250	135000003	CALCIUM ACETATE 667 MG CAPS	1	1.43
09/08/2020	0250	135000003	DOCUSATE SODIUM 100 MG CAPS	1	1.25
09/08/2020	0250	135000003	LIDOCAINE 5 % PTCH	1	9.94
09/08/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/08/2020	0250	135000003	METHOCARBAMOL 750 MG TABS	1	1.25
09/08/2020	0260	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/08/2020	0250	135000003	MEXILETINE 150 MG CAPS	1	2.45
09/08/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/08/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/08/2020	0250	135000003	MIDODRINE 5 MG TABS	1	4.92
09/08/2020	0250	135000003	NYSTATIN 100000 UNIT/GM POWD 15 G BOTTLE	1	16.67
09/08/2020	0250	135000003	PANTOPRAZOLE 40 MG TBEC	1	1.25
09/08/2020	0250	135000003	SACCHAROMYCES BOULARDII 250 MG CAPS	1	2.74
09/08/2020	0250	135000003	VENLAFAXINE 37.5 MG CP24	1	1.25
09/08/2020	0300	275001357	HB NOVEL CORONAVIRUS 2019 (COVID-19), NAA	1	219.00
09/08/2020	0420	185000019420	HB THERAPEUTIC EXERCISES	2	594.00
09/08/2020	0420	185000020420	HB NEUROMUSCULAR REEDUCATION	1	288.00
09/08/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
09/08/2020	0636	135000001	EPOETIN ALFA PER 1000 UNITS	10	845.23
09/08/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	10	20.50
09/08/2020	0636	135000001	HEPARIN (PORCINE) PER 1000 UNITS	8	15.38
09/08/2020	0801	205000006	HB IP RENAL HEMODIALYSIS ROUTINE/MAINTENANCE	1	2,955.00

Total charges:

954,627.57

Total payments and adjustments:

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

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10/09/2020 07:56 Business Office Billing

FAX 484-526-3165 12:04/044



St. Luke's Bethlehem Campus  
801 Ostrum Street  
Bethlehem, PA 18015  
TAX ID: 231352213

Remit Payments To:  
PO BOX 788187  
Philadelphia, PA 19178-8187

Patient:	CAHILL, VICTORIA	Admission Date:	07/28/20
Hospital Account:	10102386943	Discharge Date:	09/08/20

Account Balance: 954,627.57

Please call Customer Service at 1-800-218-7359.  
Page: 43 Of 43

10/25/2020 9:26AM (GMT-04:00)

358000.12803

*CUSTOMERS*  
are  
Our Business



# Fax

358000.12803

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

From: Rajalreddy, Nilima N  
Fax:  
Voice:

Date: October 25, 2020  
Subject:  
Comments:

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