



**To:** Kelly Rizor  
Company: Highmark Blue Cross Attn: Payment integrity/Host High -Dol  
Fax: 855-329-8191  
Phone:

**FROM:** Eladia Reyes  
Fax: 904-697-5415  
Phone: 555246

**Date and time of transmission:** Friday, March 12, 2021 4:50:46 PM  
**Number of pages including this cover sheet:** 08

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## **Confidential Patient-Physician Information**

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### **Notes:**

Attached please find the detail bill for  
Landon W Eddy  
ID # MYY819798061  
DOS: 01/28/2021  
CLaim # 21455725150  
Account # 47328110  
NPI : 1467505073

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AIDHC Hospital Billing  
PO Box 404112  
Atlanta, GA 30384-4112  
Ph: (302) 651-4000

**GUARANTOR NUMBER**

51752590

**GUARANTOR NAME & ADDRESS**

Christianna Eddy  
4182 Osborne Rd

HURLOCK, MD 21643

**ACCOUNT NUMBER:**47328110

Detail Bill for :

Patient Name:E ddy,Landon William

Admission Date:01/28/21

Account Class: Inpatient

Discharge Date:02/24/21

Attending Physician:J ay Greenspan,M D,M BA

**Charges**

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0172	01/31/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/01/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/02/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/03/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/04/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/05/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/06/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/07/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/08/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/09/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/10/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/11/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/12/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/13/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/14/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/15/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/16/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/17/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/18/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/19/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/20/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/21/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/22/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0172	02/23/2021	6060	0105353	R&B NICU LEVEL 2	1	10,418.00
0173	01/28/2021	6060	0105361	R&B NICU LEVEL 3	1	10,964.00
0173	01/29/2021	6060	0105361	R&B NICU LEVEL 3	1	10,964.00
0173	01/30/2021	6060	0105361	R&B NICU LEVEL 3	1	10,964.00
0250	01/28/2021	7955	250	DEXTROSE 10 % SOLN 1,000 ML FLEX CONT	2	15.00
0250	01/28/2021	7955	250	TPN-PEDIATRIC (2-IN-1) BKC VIA CENTRAL LINE	1	240.00
0250	01/28/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	10	15.00
0250	01/29/2021	7955	250	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0250	01/29/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	20	15.00
0250	01/29/2021	7955	250	TPN-PEDIATRIC (2-IN-1) VIA PERIPHERAL LINE	1	240.00

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Christianna Eddy  
4182 Osborne Rd

HURLOCK, MD 21643

**ACCOUNT NUMBER:**47328110

Detail Bill for :

Patient Name:E ddy,Landon William

Admission Date:01/28/21

Account Class: Inpatient

Discharge Date:02/24/21

Attending Physician:J ay Greenspan,M D,M BA

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	01/30/2021	7955	250	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0250	01/30/2021	7955	250	GENTAMICIN IN SALINE IV SOLN (BILLING UNIT = 80 MG)	1	15.00
0250	01/30/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	30	19.00
0250	01/30/2021	7955	250	TPN-PEDIATRIC (2-IN-1) VIA PERIPHERAL LINE	1	240.00
0250	01/31/2021	7955	250	FAT EMULSION MIXED-OIL 20 % EMULSION	30	19.00
0250	01/31/2021	7955	250	TPN-PEDIATRIC (2-IN-1) VIA PERIPHERAL LINE	1	240.00
0250	02/01/2021	7955	250	TPN-PEDIATRIC (2-IN-1) VIA PERIPHERAL LINE	1	240.00
0250	02/05/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	2	16.00
0250	02/06/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/07/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/07/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/08/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/09/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/10/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/11/2021	7955	250	CAFFEINE CITRATE 20 MG/ML SOLN	1	15.00
0250	02/16/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/17/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/17/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/17/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/18/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/18/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/18/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/18/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/19/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/19/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/19/2021	7955	250	BACITRACIN 500 UNIT/G OINTMENT	1	15.00
0250	02/20/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00

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Attending Physician:J ay Greenspan,M D,M BA

Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0250	02/21/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/22/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/22/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/22/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/22/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/22/2021	7955	250	BACITRACIN (+/- ZINC) 500 UNIT/G OINTMENT	1	15.00
0250	02/22/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0250	02/23/2021	7955	250	BACITRACIN ZINC 500 UNIT/G OINTMENT	1	15.00
0257	02/04/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/05/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/06/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/07/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/08/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/09/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/10/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/11/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/11/2021	7955	257	ZINC OXIDE 40 % PASTE 113 G TUBE	1	17.00
0257	02/12/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/13/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/14/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/15/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/16/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/16/2021	7955	257	SUCROSE 24 % SOLN	1	15.00
0257	02/17/2021	7955	257	PEDIATRIC MULTIVITAMINS SOLN	1	15.00
0257	02/18/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/19/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/19/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/20/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/20/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/21/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00

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Patient Name:E ddy,Landon William

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0257	02/21/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/22/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/22/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/23/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0257	02/23/2021	7955	257	PEDIATRIC MULTIVITAMINS-IRON 11 MG/ML SOLN	1	15.00
0301	01/28/2021	7110	2111573	ISTAT BLOOD GAS LYTES H&H	1	551.00
0301	01/29/2021	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	334.00
0301	01/29/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/29/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/30/2021	7110	2101608	BILIRUBIN DIRECT	1	186.00
0301	01/30/2021	7110	2104156	COMPREHENSIVE METABOLIC PANEL	1	334.00
0301	01/30/2021	7110	2113991	MAGNESIUM	1	190.00
0301	01/30/2021	7110	2116663	PHOSPHORUS	1	168.00
0301	01/30/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0301	01/31/2021	7110	2101590	BASIC METABOLIC PANEL	1	244.00
0301	01/31/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0301	02/01/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0301	02/02/2021	7110	2101608	BILIRUBIN DIRECT	1	186.00
0301	02/02/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0301	02/03/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0301	02/04/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0301	02/06/2021	7110	2101608	BILIRUBIN DIRECT	1	186.00
0301	02/06/2021	7110	9043464	TOTAL BILIRUBIN	1	147.00
0305	01/29/2021	7115	2301604	CBC WITH DIFFERENTIAL	1	96.00
0306	01/28/2021	7120	3112638	STAPH AUREUS METHICILLIN RESISTANT PCR	1	301.00
0306	02/24/2021	7120	3112638	STAPH AUREUS METHICILLIN RESISTANT PCR	1	301.00
0320	01/28/2021	7615	9038957	RADIOLOGICAL EXAMINATION CHEST SINGLE VIEW	1	137.00
0320	01/28/2021	7615	9038998	RADIOLOGICAL EXAMINATION ABDOMEN 1 VIEW	1	167.00

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0360	02/16/2021	6060	9031067	CIRCUMCISION USING CLAMP/DVC W/REGIONAL DORSAL/PENILE BLOCK	1	7,613.00
0420	02/19/2021	7987	2933901	THERAPEUTIC EXERCISE IP PT	2	306.00
0424	02/10/2021	7987	9034173	PT EVALUATION MODERATE COMPLEXITY IP	1	1,035.00
0430	02/16/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	2	304.00
0430	02/22/2021	7987	2921203	FUNCTIONAL ACTIVITIES IP OT	8	1,216.00
0434	02/10/2021	7987	9034223	OT EVALUATION HIGH COMPLEXITY IP	1	1,314.00
0441	02/04/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/05/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/08/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/09/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/10/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/11/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/12/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/16/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/17/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/18/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/19/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/22/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0441	02/23/2021	7987	9034472	FEEDING THERAPY IP	1	460.00
0444	02/03/2021	7987	9034280	FEEDING EVALUATION IP	1	1,035.00
0460	01/28/2021	7965	0306803	BIPAP/CPAP MANAGEMENT	1	2,143.00
0460	01/29/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0460	02/04/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0460	02/05/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0460	02/06/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0460	02/07/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0460	02/08/2021	7965	9054815	OXYGEN HIGHFLOW/VAPOTHERM THERAPY PER DAY	1	2,143.00
0540	01/28/2021	7925	4500047	SPECIALTY CARE AMBULANCE TRANSPORT	1	5,349.00
0540	01/28/2021	7925	4500070	GROUND MILEAGE PER STATUTE MILE	90	2,700.00

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Rev Code	Svc Dt	Cost Ctr	Procedure Code	Description	Qty	Amount
0636	01/28/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	5	15.00
0636	01/28/2021	7955	636	SODIUM CHLORIDE 0.45 % SOLN 1,000 ML FLEX CONT	1	15.00
0636	01/28/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	5	15.00
0636	01/28/2021	7955	636	CALCIUM GLUCONATE 10 % IV SOLN (BILLING UNIT = 10 ML)	2	62.00
0636	01/28/2021	7955	636	SODIUM CHLORIDE 0.45 % SOLN 500 ML FLEX CONT	1	15.00
0636	01/28/2021	7955	636	HEPARIN SODIUM (PORCINE) 100 UNIT/ML IV SOLN (BILLING UNIT = 10 UNITS)	50	15.00
0636	01/28/2021	7955	636	CAFFEINE CITRATE 20 MG/ML INJ SOLN (BILLING UNIT = 5 MG)	8	15.00
0636	01/29/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONT	1	15.00
0636	01/29/2021	7955	636	AMPICILLIN SODIUM INJ (BILLING UNIT = 500 MG)	1	15.00
0636	01/29/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 100 ML FLEX CONT	1	15.00
0636	01/29/2021	7955	636	CAFFEINE CITRATE 20 MG/ML INJ SOLN (BILLING UNIT = 5 MG)	2	15.00
0636	01/30/2021	7955	636	SODIUM CHLORIDE 0.9 % SOLN 25 ML FLEX CONT	1	15.00
0636	01/30/2021	7955	636	CAFFEINE CITRATE 20 MG/ML INJ SOLN (BILLING UNIT = 5 MG)	2	15.00
0636	02/10/2021	7955	636	HEPATITIS B VAC RECOMBINANT 10 MCG/0.5ML INJ SUSP (BILLING UNIT = 0.5 ML)	1	73.00
0636	02/17/2021	7955	636	LIDOCAINE HCL 1 % INJ SOLN (BILLING UNIT = 10 MG)	1	15.00
<b>Total Charges</b>						<b>332,151.00</b>

**Payments and Adjustments**

Date	Description	Amount
03/11/21	Bcbs Adjustments	-146,943.59

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**ACCOUNT NUMBER:**47328110

Detail Bill for :

Patient Name:E ddy,Landon William      Admission Date:01/28/21  
Account Class: Inpatient      Discharge Date:02/24/21  
Attending Physician:J ay Greenspan,M D,M BA

The guarantor is responsible for payment of all charges for physician or hospital services provided to patients for whom the guarantor has accepted responsibility which are not covered by the guarantor's health insurance plan, or for which the guarantor is responsible under the health insurance plan. You may receive multiple bills, some for physician services and others for hospital services. In the event of overpayment, Nemours will transfer overpaid funds to any of your subaccounts, hospital or physician that has an open balance, or if none, will refund the amount of overpayment to you.

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