

FAX

To: highmark blue shield - attn:payment integrity- kelly rizor
Company:
Fax: 1-855-329-8191
Phone:

From: KAREN MATUCZINSKI
Fax: 833-238-2571
Phone: 484 - 526 - 3670
E-mail: Karen.Matuczinski@sluhn.org

NOTES:

please see attached itemized bill requested for review and processing

markbior mayom - dob 9/1/2020 - id# DUS100102344 - claim# 21648816099

Date and time of transmission: Friday, December 18, 2020 8:34:28 AM
Number of pages including this cover sheet: 28



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Akech Yuot Makauch
157 S 5TH ST
SOUDERTON, PA 18964-
1205

Account #: 14101299688

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

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

Visit Coverages:

Blue Cross - Misc Blue Cross
Keystone First - Keystone First

Charges

Service Date	Rev	Service Code	Description	Qty	Amount
09/04/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/04/2020	0250	135000002	PHYTONADIONE 1 MG/0.5 ML SOLN	1	105.42
09/04/2020	0250	135000002	PORACTANT ALFA 240 MG/3ML SUSP	1	4,370.60
09/04/2020	0250	135000002	SODIUM ACETATE 2 MEQ/ML SOLN 20 ML VIAL	1	19.83
09/04/2020	0250	135000002	STERILE WATER SOLN 500 ML FLEX CONT	1	8.29
09/04/2020	0250	135000002	VANILLA TPN W/ 125 UNITS HEPARIN	1	223.51
09/04/2020	0250	135000003	ERYTHROMYCIN 0.5 % OINT 1 G TUBE	1	27.20
09/04/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/04/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/04/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/04/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/04/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/04/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/04/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/04/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/04/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/04/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/04/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/04/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/04/2020	0320	255990088	HB X-RAY EXAM OF ABDOMEN (SINGLE ANTEROPOSTERIOR VIEW)	1	635.00
09/04/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
09/04/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
09/04/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	1	2,053.00
09/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 1 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/04/2020	0460	235000046	HB ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	1	1,639.00
09/04/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	5	11.57
09/04/2020	0636	135000001	HEPARIN LOCK FLUSH 10 UNITS/ML SOLN 5 ML SYRINGE	1	0.95
09/05/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/05/2020	0250	135000002	FAT EMULSION 20 % EMUL 250 ML FLEX CONT	1	1.23
09/05/2020	0250	135000002	NEONATAL 2-IN-1 TPN (LESS THAN OR EQUAL TO 35 WEEKS)	1	345.90
09/05/2020	0250	135000002	SODIUM ACETATE 2 MEQ/ML SOLN 20 ML VIAL	1	19.83
09/05/2020	0250	135000002	SODIUM ACETATE 2 MEQ/ML SOLN 20 ML VIAL	1	19.83
09/05/2020	0250	135000002	STERILE WATER SOLN 500 ML FLEX CONT	1	8.29
09/05/2020	0250	135000002	STERILE WATER SOLN 500 ML FLEX CONT	1	8.29
09/05/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/05/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/05/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/05/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/05/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/05/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/05/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
09/05/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
09/05/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/05/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/05/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/05/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
09/05/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/05/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/05/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/05/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/05/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/05/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
09/05/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/05/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/05/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/05/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/05/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00

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

Page: 2 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/05/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/05/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW	1	527.00
09/05/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW	1	527.00
09/05/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/05/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/05/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	2	4.63
09/05/2020	0636	135000001	FENTANYL PER 0.1 MG	1	3.28
09/05/2020	0636	135000001	HEPARIN LOCK FLUSH 10 UNITS/ML SOLN 5 ML SYRINGE	1	0.95
09/05/2020	0636	135000001	HEPARIN LOCK FLUSH 10 UNITS/ML SOLN 5 ML SYRINGE	1	0.95
09/05/2020	0761	165000118	HB INSERT EMERGENCY AIRWAY	1	2,475.00
09/06/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/06/2020	0250	135000002	FAT EMULSION 20 % EMUL 250 ML FLEX CONT	1	2.42
09/06/2020	0250	135000002	NEONATAL 2-IN-1 TPN (LESS THAN OR EQUAL TO 35 WEEKS)	1	345.90
09/06/2020	0250	135000002	SODIUM ACETATE 2 MEQ/ML SOLN 50 ML VIAL	1	0.19
09/06/2020	0250	135000002	SODIUM CHLORIDE 0.9 % NEBU	1	1.25
09/06/2020	0250	135000002	STERILE WATER SOLN 1,000 ML FLEX CONT	1	8.29
09/06/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/06/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/06/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/06/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/06/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
09/06/2020	0300	275000231	HB ASSAY OF TRIGLYCERIDES	1	123.00
09/06/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/06/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/06/2020	0300	275001071	HB PKU/NB SUPPLEMENTAL SCREEN	1	215.00
09/06/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/06/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/06/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00

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

Page: 3 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/06/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/06/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
09/06/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/06/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/06/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/06/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/06/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW	1	527.00
09/06/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/06/2020	0460	235000022	HB VITAL CAPACITY TEST	1	441.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/06/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	2	4.63
09/06/2020	0636	135000001	HEPARIN LOCK FLUSH 10 UNITS/ML SOLN 5 ML SYRINGE	1	0.95
09/07/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/07/2020	0250	135000002	FAT EMULSION 20 % EMUL 250 ML FLEX CONT	1	3.64
09/07/2020	0250	135000002	NEONATAL 2-IN-1 TPN (LESS THAN OR EQUAL TO 35 WEEKS)	1	345.90
09/07/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/07/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/07/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/07/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/07/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
09/07/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/07/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/07/2020	0300	275000253	HB AUTOMATED PLATELET COUNT	1	147.00
09/07/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00

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

Page: 4 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/07/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/07/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/07/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/07/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
09/07/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/07/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/07/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/07/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/07/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW	1	527.00
09/07/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW (PORTABLE)	1	850.50
09/07/2020	0410	235000001	HB VENT MGMT INPAT INIT DAY	1	2,053.00
09/07/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/07/2020	0460	235000022	HB VITAL CAPACITY TEST	1	441.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/07/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	2	4.63
09/08/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/08/2020	0250	135000002	FAT EMULSION 20 % EMUL 250 ML FLEX CONT	1	3.64
09/08/2020	0250	135000002	GLYCERIN (PEDIATRIC) 1 G SUPP	1	1.25
09/08/2020	0250	135000002	NEONATAL 2-IN-1 TPN (LESS THAN OR EQUAL TO 35 WEEKS)	1	345.90
09/08/2020	0250	135000002	SODIUM ACETATE 2 MEQ/ML SOLN 20 ML VIAL	1	19.83
09/08/2020	0250	135000002	STERILE WATER SOLN 500 ML FLEX CONT	1	8.29
09/08/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
09/08/2020	0300	275000231	HB ASSAY OF TRIGLYCERIDES	1	123.00
09/08/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00

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

Page: 5 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/08/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/08/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
09/08/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/08/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/08/2020	0480	245000012	HB TTE W/DOPPLER COMPLETE	1	3,753.00
09/08/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	2	4.63
09/08/2020	0636	135000001	HEPARIN LOCK FLUSH 10 UNITS/ML SOLN 5 ML SYRINGE	1	0.95
09/09/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/09/2020	0250	135000002	FAT EMULSION 20 % EMUL 250 ML FLEX CONT	1	2.42
09/09/2020	0250	135000002	GLYCERIN (PEDIATRIC) 1 G SUPP	1	1.25
09/09/2020	0250	135000002	NEONATAL 2-IN-1 TPN (LESS THAN OR EQUAL TO 35 WEEKS)	1	345.90
09/09/2020	0250	135000002	SODIUM ACETATE 2 MEQ/ML SOLN 50 ML VIAL	1	0.19
09/09/2020	0250	135000002	STERILE WATER SOLN 500 ML FLEX CONT	1	8.29
09/09/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/09/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/09/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/09/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
09/09/2020	0424	185000169424	HB PT EVAL MOD COMPLEX 30 MIN	1	541.00
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 6 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/09/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/09/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	3	6.94
09/09/2020	0636	135000001	HEPARIN LOCK FLUSH 10 UNITS/ML SOLN 5 ML SYRINGE	1	0.95
09/10/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/10/2020	0300	275000253	HB AUTOMATED PLATELET COUNT	1	147.00
09/10/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/10/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/10/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/10/2020	0636	135000001	CAFFEINE CITRATE PER 5 MG	3	6.94
09/11/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/11/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/11/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/11/2020	0301	275000470	HB BILIRUBIN DIRECT	1	49.00
09/11/2020	0402	255970003	HB ECHO EXAM OF HEAD	1	1,357.00
09/11/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/11/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
09/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 7 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/11/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/12/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/12/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/12/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/13/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/13/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/13/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/13/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/13/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/13/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/13/2020	0301	275000469	HB BILIRUBIN TOTAL	1	88.00
09/13/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 8 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/13/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/14/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/14/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/14/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/14/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/14/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/14/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/14/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/14/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/14/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/14/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/14/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/14/2020	0300	275001071	HB PKU/NB SUPPLEMENTAL SCREEN	1	215.00
09/14/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/14/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/14/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/14/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/14/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/15/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/15/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/15/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/15/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13

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

Page: 9 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/15/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/15/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/15/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/15/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/15/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
09/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/15/2020	0480	245000014	HB TTE F-UP OR LMTD	1	1,308.00
09/16/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/16/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/16/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/16/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/16/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/16/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/16/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/16/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 10 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/16/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/17/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/17/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/17/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/17/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/17/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/17/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/17/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/17/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/17/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
09/17/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/17/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/17/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/18/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/18/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/18/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/18/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/18/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/18/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25

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

Page: 11 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/18/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/18/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/18/2020	0460	235000046	HB ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	1	1,639.00
09/19/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/19/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/19/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/19/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/19/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/19/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/19/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/19/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/19/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/19/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/19/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/19/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/19/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/19/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/20/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/20/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13

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

Page: 12 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/20/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/20/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/20/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/20/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/20/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/20/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/20/2020	0300	275000249	HB COMPLETE CBC W/AUTO DIFF WBC	1	149.00
09/20/2020	0324	255990194	HB X-RAY EXAM CHEST 1 VIEW	1	527.00
09/20/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/20/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/21/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/21/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/21/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/21/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/21/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/21/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/21/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/21/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/21/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/21/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/21/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/21/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/21/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/21/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/21/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00

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

Page: 13 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/21/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/22/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/22/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/22/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/22/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/22/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/22/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/22/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/22/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/22/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/22/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/22/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/23/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/23/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/23/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/23/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	4.13
09/23/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/23/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00

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

Page: 14 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/23/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/23/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	4	1,208.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/23/2020	0460	235000046	HB ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	1	1,639.00
09/23/2020	0460	235000046	HB ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	1	1,639.00
09/24/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/24/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/24/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/24/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/24/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/24/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/24/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/24/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/24/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/24/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

Please call Customer Service at 1-800-218-7359
Page: 15 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/24/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/25/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/25/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/25/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/25/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/25/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/25/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/25/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/25/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/26/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/26/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/26/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/26/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/26/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/26/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/26/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/26/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/26/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/26/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00

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

Page: 16 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/26/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/27/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/27/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/27/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/27/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/27/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/27/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/27/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/27/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/27/2020	0460	235000035	HB MEASURE BLOOD OXYGEN LEVEL (CONTINUOUS OVERNIGHT MONITORING)	1	507.00
09/28/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/28/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/28/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/28/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13

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

Page: 17 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/28/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/28/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/28/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/28/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/28/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
09/28/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
09/28/2020	0300	275000247	HB HEMATOCRIT	1	49.00
09/28/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
09/28/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
09/28/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
09/28/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/28/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
09/28/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
09/28/2020	0444	185000128444	HB EVALUATE SWALLOWING FUNCTION	1	1,139.00
09/28/2020	0460	2350000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/28/2020	0460	2350000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/28/2020	0460	2350000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/28/2020	0460	2350000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/28/2020	0460	2350000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/28/2020	0460	2350000035	HB MEASURE BLOOD OXYGEN LEVEL (CONTINUOUS OVERNIGHT MONITORING)	1	507.00
09/29/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/29/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/29/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/29/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/29/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/29/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/29/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/29/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/29/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
09/29/2020	0460	2350000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 18 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
09/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/29/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/30/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
09/30/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/30/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/30/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/30/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
09/30/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
09/30/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
09/30/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
09/30/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
09/30/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
09/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
09/30/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/01/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
10/01/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/01/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13

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

Page: 19 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/01/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/01/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/01/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/01/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	38.62
10/01/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/01/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/01/2020	0402	255970003	HB ECHO EXAM OF HEAD	1	1,357.00
10/01/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
10/01/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/01/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/02/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
10/02/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/02/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/02/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/02/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/02/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
10/02/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/02/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/02/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
10/02/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/02/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/02/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 20 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/02/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/03/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
10/03/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/03/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/03/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/03/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
10/03/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/03/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/03/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
10/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/03/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/04/2020	0174	105000011	HB NURSERY NEWBORN-LEVEL IV	1	17,235.00
10/04/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/04/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/04/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/04/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/04/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
10/04/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/04/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/04/2020	0410	235000002	HB VENT MGMT INPAT SUBQ DAY	1	1,478.00
10/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00

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

Page: 21 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/04/2020	0460	235000033	HB MEASURE BLOOD OXYGEN LEVEL (SINGLE DETERMINATION)	1	67.00
10/05/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/05/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/05/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/05/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/05/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/05/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/05/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	6.19
10/05/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/05/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/05/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
10/05/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
10/05/2020	0300	275000247	HB HEMATOCRIT	1	49.00
10/05/2020	0300	275000247	HB HEMATOCRIT	1	49.00
10/05/2020	0300	275000248	HB HEMOGLOBIN	1	49.00
10/05/2020	0300	275000252	HB RETICYTE/HGB CONCENTRATE	1	80.00
10/05/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
10/05/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
10/05/2020	0301	275000511	HB ASSAY ALKALINE PHOSPHATASE	1	106.00
10/05/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
10/05/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
10/05/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
10/05/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/05/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/06/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/06/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/06/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/06/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/06/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/06/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26

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

Page: 22 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/06/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/06/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/06/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/07/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/07/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/07/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/07/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/07/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/07/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/07/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/07/2020	0250	135000003	CYCLOPENTOLATE-PHENYLEPHRINE 0.2-1 % SOLN 2 ML BOTTLE	1	136.96
10/07/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/07/2020	0250	135000003	TETRACAINE 0.5 % SOLN 4 ML PLAS CONT	1	51.85
10/07/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/07/2020	0960	295970176	HB PRO INPATIENT CONSULTATION (MODERATE TO HIGH SEVERITY)	1	937.00
10/08/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/08/2020	0250	135000002	SODIUM CHLORIDE (CONCENTRATED) 4 MEQ/ML SOLN	1	17.13
10/08/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/08/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/08/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/09/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/09/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/09/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/09/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/09/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/09/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/09/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/10/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/10/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/10/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/10/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/11/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/11/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/11/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/11/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00

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

Page: 23 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/12/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/12/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/12/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/12/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/12/2020	0300	275000134	HB BLOOD GASES ANY COMBINATION	1	265.00
10/12/2020	0300	275000138	HB ASSAY GLUCOSE BLOOD QUANT	1	35.00
10/12/2020	0300	275000247	HB HEMATOOCRIT	1	49.00
10/12/2020	0301	275000473	HB ASSAY OF CALCIUM (IONIZED)	1	102.00
10/12/2020	0301	275000515	HB ASSAY OF SERUM POTASSIUM	1	67.00
10/12/2020	0301	275000524	HB ASSAY OF SERUM SODIUM	1	70.00
10/12/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/13/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/13/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/13/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/13/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/13/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/13/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/13/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/14/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/14/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/14/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/14/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/14/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/15/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/15/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/15/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/15/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/15/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/15/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/15/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/16/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/16/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26
10/16/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/16/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/16/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/17/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/17/2020	0250	135000003	CAFFEINE CITRATE 20 MG/ML SOLN	1	8.26

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

Page: 24 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/17/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/17/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/18/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/18/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/18/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/19/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/19/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/19/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/19/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/20/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/20/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/20/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/20/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/20/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/20/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/20/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/20/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/21/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/21/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/21/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/22/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/22/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/22/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/22/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/23/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/23/2020	0250	135000002	LIDOCAINE (PF) 1 % SOLN	1	10.62
10/23/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/23/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/23/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/23/2020	0636	135000001	HEPATITIS B VACCINE 10 MCG/0.5 ML SUSP	1	47.12
10/23/2020	0723	165000775	HB CIRCUMCISION W/REGIONL BLOCK	1	874.00
10/24/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/24/2020	0250	135000002	PALIVIZUMAB 50 MG/0.5 ML SOLN	1	8,325.34
10/24/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/24/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/25/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/25/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25

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

Page: 25 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
10/25/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/26/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/26/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/26/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/26/2020	0420	185000023420	HB MASSAGE THERAPY	1	236.00
10/26/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/26/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/27/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/27/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/27/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/27/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	1	302.00
10/28/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/28/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/28/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/28/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
10/29/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/29/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/29/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/29/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
10/30/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/30/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/30/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
10/31/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
10/31/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
10/31/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
11/01/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
11/01/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
11/01/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
11/02/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
11/02/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
11/02/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
11/02/2020	0420	185000026420	HB THERAPEUTIC ACTIVITIES	2	604.00
11/02/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
11/03/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
11/03/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
11/03/2020	0440	185000094440	HB ORAL FUNCTION THERAPY	1	630.00
11/04/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00

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

Page: 26 Of 27



St. Luke's Anderson Campus
1872 St. Luke's Boulevard
Easton, PA 18045
TAX ID: 454394739

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

Patient:	MAYOM, MARKBIOR AREM	Admission Date:	09/04/20
Hospital Account:	14101299688	Discharge Date:	11/07/20

Service Date	Rev Cd	Service Code	Description	Qty	Amount
11/04/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
11/04/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
11/04/2020	0300	275000174	HB ASSAY OF MAGNESIUM	1	145.00
11/04/2020	0300	275000231	HB ASSAY OF TRIGLYCERIDES	1	123.00
11/04/2020	0300	275000246	HB BL SMEAR W/DIFF WBC COUNT	1	50.00
11/04/2020	0300	275000250	HB COMPLETE CBC AUTOMATED	1	105.00
11/04/2020	0300	275000252	HB RETICYTE/HGB CONCENTRATE	1	80.00
11/04/2020	0301	275000440	HB METABOLIC PANEL TOTAL CA	1	124.00
11/04/2020	0301	275000446	HB HEPATIC FUNCTION PANEL	1	271.00
11/04/2020	0301	275000504	HB LACTATE (LD) (LDH) ENZYME	1	105.00
11/04/2020	0301	275000513	HB ASSAY OF PHOSPHORUS	1	99.00
11/05/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
11/05/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
11/05/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
11/05/2020	0480	245000012	HB TTE W/DOPPLER COMPLETE	1	3,753.00
11/06/2020	0173	105000010	HB NURSERY NEWBORN-LEVEL III	1	9,235.00
11/06/2020	0250	135000003	CHOLECALCIFEROL 400 UNITS/1 ML LIQD	1	1.25
11/06/2020	0250	135000003	FERROUS SULFATE 75 (15 FE) MG/ML SOLN	1	1.00
Total charges:					984,622.13

Payments and Adjustments

Date	Description	Amount
11/14/20	Blue Cross NON-BILLABLE SVCS WRITE OFF	-10,251.00
Total payments and adjustments:		-10,251.00

Account Balance: 974,371.13

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

Page: 27 Of 27