

120 5th Ave Place Suite P3103
Pittsburgh, PA 15222**ELECTRONIC CLAIM ATTACHMENT COVER SHEET**Date: 3/12/2021 Number of Pages (including cover sheet) 9**Attention: Payment Integrity, Host High Dollar Review: Kelly Rizor****Fax Number: (855) 329-8191**

Highmark
120 5th Ave Place Suite P3103
Attention Integrity/Host-High Dollar review/Kelly Rizor
Pittsburg, PA 15222

From: Charleston Area Medical Center**Fax number: 304-388-3570****Office Contact Name: Kathy H.****Phone number: 304-388-3728****Please check one of the following:** **This is a first time submitted electronic claim with the PWK indicator reported****On the claim. Patient account number:** _____**This information is for a claim already received by Highmark WV:****Patient Name:** Dana Keen**Subscriber ID:** YRP 508M 863108**Service Date:** 2/12/2021 - 2/18/2021 **Total Charges:** \$206,727.15**Provider NPI:** 195 239 0239**Attachment Control Number:** _____**Claim Number:** _____
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ITEMIZED BILL				PAGE	1
DATE	03/12/2021	CHARLESTON AREA MEDICAL C		PATIENT CONTROL NUMBER	
TIME	02:08:05 PM	501 MORRIS ST		10982145	
PATIENT NAME		CHARLESTON	WV 253011325	MEDICAL RECORD NUMBER	
KEEN, DANA		3043887530		256557	
BEGINNING DATE OF SERVICE	021221	ENDING DATE OF SERVICE	021821		

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0200	ROOM/BED: INTENSIVE CARE	5518.00	021221	1	5518.00	
0200	ROOM/BED: INTENSIVE CARE	5518.00	021321	1	5518.00	
0200	ROOM/BED: INTENSIVE CARE	5518.00	021421	1	5518.00	
0214	ROOM/BED: TELEMETRY	3720.00	021521	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	021621	1	3720.00	
0214	ROOM/BED: TELEMETRY	3720.00	021721	1	3720.00	
0250	AMIODARONE 500 MG/D5W 25		021221	1	16.81	
0250	EPINEPHRINE 4 MG/D5W 250		021221	1	71.32	
0250	INSULIN REGULAR 100 UNIT		021221	1	31.74	
0250	NOREpinephrine (LEVOPHED		021221	1	18.68	
0250	DNU DEXMEDETOMIDINE 400		021221	1	23.27	
0250	METOPROLOL TARTRATE 25 M		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	LIDOCAINE 2% PF 5 ML VIA		021221	1	6.40	
0250	ROCURONIUM 10 MG/ML 5 ML		021221	2	20.01	
0250	PROPOFOL 10 MG/ML 20 ML		021221	1	4.57	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	1.00	
0250	ANES EPHEDRINE 50 MG/10		021221	1	6.20	
0250	CEFAZOLIN 1 G/10 ML SWI		021221	1	18.60	
0250	ANES EPHEDRINE 50 MG/10		021221	2	5.84	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	NITROGLYCERIN 4MG/D5W 20		021221	1	12.40	
0250	CEFAZOLIN 1 G/10 ML SWI		021221	1	1.00	
0250	HEPARIN 1,000 UNITS/ML 1		021221	1	2.92	
0250	PAPAVERINE 30 MG/ML 2 ML		021221	1	7.10	
0250	ALBUMIN HUMAN 5% 250 ML		021221	5	442.04	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	METHADONE 10 MG TABLET		021221	1	102.48	
0250	APREPITANT 40 MG CAPSULE		021221	2	1.56	
0250	ANES EPHEDRINE 50 MG/10		021221	1	195.59	
0250	ANES TRANEXAMIC ACID 100		021221	1	18.60	
0250	ANES TRANEXAMIC ACID 100		021221	1	46.03	
0250	PHENYLEPHRINE 1000 MCG/1		021221	1	46.03	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.00	
0250	ROCURONIUM 10 MG/ML 5 ML		021221	1	1.96	
0250	ANES EPHEDRINE 50 MG/10		021221	1	10.01	
0001	PAGE 1 OF 8			1	18.60	
				47	28978.00	

ITEMIZED BILL

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DATE 03/12/2021
 TIME 02:08:05 PM
 PATIENT NAME KEEN, DANA

CHARLESTON AREA MEDICAL C
 501 MORRIS ST
 CHARLESTON WV 253011326
 3043887530

PATIENT CONTROL NUMBER
 10982145
 MEDICAL RECORD NUMBER
 256557

BEGINNING DATE OF SERVICE
 021221

ENDING DATE OF SERVICE
 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	NOREpinephrine (LEVOPHED)		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	LIDOCAINE 2% PF 5 ML VIA		021221	1	6.40	
0250	ROCURONIUM 10 MG/ML 5 ML		021221	1	10.01	
0250	AMIODARONE 500 MG/D5W 25		021221	1	12.10	
0250	MAGNESIUM SULFATE 500 MG		021221	2	6.75	
0250	HEPARIN 1,000 UNITS/ML 3		021221	1	13.52	
0250	CEFAZOLIN 1 G/10 ML SWI		021221	2	5.84	
0250	CALCIUM CHLORIDE 1G/10 M		021221	1	41.26	
0250	EPINEPHRINE 4 MG/D5W 250		021221	1	2.39	
0250	PROTAMINE 10 MG/ML 25 ML		021221	1	40.92	
0250	BUDESONIDE-FORMOTEROL 16		021221	1	528.61	
0250	ACETAMINOPHEN (OFIRMEV)		021221	1	101.13	
0250	TIOTROPIUM 2.5 MCg/INH A		021221	1	160.12	
0250	PROTAMINE 10 MG/ML 25 ML		021221	1	15.74	
0250	SODIUM BICARBONATE 8.4%		021221	1	22.54	
0250	POTASSIUM CHLORIDE IN ST		021221	1	6.95	
0250	MUPIRCIN 2 % OINTMENT 2		021221	1	76.06	
0250	NOREpinephrine (LEVOPHED)		021221	1	1.00	
0250	MIDAZOLAM PF 1 MG/ML 2 M		021221	1	1.96	
0250	ANES EPHEDRINE 50 MG/10		021221	1	12.40	
0250	EPINEPHRINE 4 MG/D5W 250		021221	1	2.26	
0250	FENTANYL 50 MCg/ML 20 ML		021221	1	13.56	
0250	PANTOPRAZOLE 40 MG VIAL		021221	1	15.12	
0250	AMIODARONE 200 MG TABLET		021221	2	28.27	
0250	ASPIRIN 81 MG CHEWABLE T		021221	1	1.00	
0250	AMIODARONE 500 MG/D5W 25		021221	1	16.81	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	ALBUMIN HUMAN 5% 250 ML		021221	1	102.48	
0250	CEFAZOLIN 2 G/20 ML SWI		021221	1	5.84	
0250	SODIUM BICARBONATE 8.4%		021221	1	20.69	
0250	AMIODARONE 200 MG TABLET		021221	2	28.27	
0250	CARDIOPLEGIA-HEPARIN CEL		021221	1	16.35	
0250	CARDIOPLEGIA-HIGH K+		021221	517	27.88	
0250	CARDIOPLEGIA-LOW K+ 516.		021221	517	27.48	
0250	SODIUM BICARBONATE 8.4%		021221	1	20.69	
0250	PLASMA-LYTE A SOLUTION		021221	1	27.11	
0250	MANNITOL 25% 12.5 G/50 M		021221	1	4.67	
0250	MORPHINE 2 MG/ML 1 ML SY		021321	1	4.39	
0250	CEFAZOLIN 2 G/20 ML SWI		021321	1	5.84	
0001	PAGE 2 OF 8			1076	1539.95	

ITEMIZED BILL

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DATE 03/12/2021
 TIME 02:08:05 PM
 PATIENT NAME
 KEEN, DANA

CHARLESTON AREA MEDICAL C
 501 MORRIS ST
 CHARLESTON WV 253011326
 3043887530

PATIENT CONTROL NUMBER
 10982145
 MEDICAL RECORD NUMBER
 256557

BEGINNING DATE OF SERVICE
 021221

ENDING DATE OF SERVICE
 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	AMIODARONE 500 MG/D5W 25		021321	1	16.81	
0250	PANTOPRAZOLE 40 MG VIAL		021321	1	15.12	
0250	AMIODARONE 200 MG TABLET		021321	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021321	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021321	1	10.06	
0250	MULTIVITAMIN WITH MINERA		021321	1	1.00	
0250	OXYCODONE-ACETAMINOPHEN		021321	2	4.87	
0250	ATORVASTATIN 40 MG TABLE		021321	1	1.23	
0250	OXYCODONE-ACETAMINOPHEN		021321	2	4.87	
0250	AMIODARONE 200 MG TABLET		021321	2	11.58	
0250	METOPROLOL TARTRATE 25 M		021321	2	4.87	
0250	AMIODARONE 200 MG TABLET		021321	1	1.00	
0250	OXYCODONE-ACETAMINOPHEN		021421	2	28.27	
0250	AMIODARONE 500 MG/D5W 25		021421	2	4.87	
0250	OXYCODONE-ACETAMINOPHEN		021421	1	16.81	
0250	MUPIROCIN 2 % OINTMENT 2		021421	2	4.87	
0250	AMIODARONE 200 MG TABLET		021421	1	76.06	
0250	ASPIRIN 81 MG CHEWABLE T		021421	2	11.58	
0250	ATORVASTATIN 40 MG TABLE		021421	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021421	1	10.27	
0250	MONTELUKAST 10 MG TABLET		021421	1	1.00	
0250	MULTIVITAMIN WITH MINERA		021421	1	10.06	
0250	PANTOPRAZOLE 40 MG VIAL		021421	1	1.00	
0250	MAGNESIUM SULFATE 2 G/50		021421	1	15.12	
0250	FUROSEMIDE 10 MG/ML 4 ML		021421	1	3.07	
0250	AMIODARONE 500 MG/D5W 25		021421	1	6.17	
0250	AMIODARONE 200 MG TABLET		021421	2	16.81	
0250	FUROSEMIDE 10 MG/ML 2 ML		021421	1	11.58	
0250	ALBUMIN HUMAN 5% 250 ML		021421	1	8.80	
0250	AMIODARONE 200 MG TABLET		021421	1	102.48	
0250	CALCIUM GLUCONATE 2 G/NS		021521	2	28.27	
0250	AMIODARONE 200 MG TABLET		021521	1	19.21	
0250	ASPIRIN 81 MG CHEWABLE T		021521	2	11.58	
0250	ATORVASTATIN 40 MG TABLE		021521	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021521	1	10.27	
0250	MULTIVITAMIN WITH MINERA		021521	1	10.06	
0250	PANTOPRAZOLE 40 MG VIAL		021521	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021521	1	15.12	
0250	AMIODARONE 200 MG TABLET		021521	2	1.00	
0001	PAGE 3 OF 8			53	11.58	
					522.90	

DATE 03/12/2021
 TIME 02:08:05 PM
 PATIENT NAME KEEN, DANA

ITEMIZED BILL
 CHARLESTON AREA MEDICAL C
 501 MORRIS ST
 CHARLESTON WV 253011326
 3043887530

PAGE 4
 PATIENT CONTROL NUMBER
 1C982145
 MEDICAL RECORD NUMBER
 256557

BEGINNING DATE OF SERVICE
 021221

ENDING DATE OF SERVICE
 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	ACETAMINOPHEN-CODEINE 30		021521	1	1.09	
0250	METOPROLOL TARTRATE 25 M		021521	1	1.00	
0250	AMIODARONE 200 MG TABLET		021521	2	11.58	
0250	ACETAMINOPHEN-CODEINE 30		021621	1	1.09	
0250	AMIODARONE 200 MG TABLET		021621	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021621	1	1.00	
0250	ATORVASTATIN 40 MG TABLE		021621	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021621	1	10.27	
0250	MONTELUKAST 10 MG TABLET		021621	1	1.00	
0250	MULTIVITAMIN WITH MINERA		021621	1	10.06	
0250	POTASSIUM CHLORIDE 10 ME		021621	1	1.00	
0250	AMIODARONE 200 MG TABLET		021621	2	1.39	
0250	ACETAMINOPHEN-CODEINE 30		021621	2	11.58	
0250	POTASSIUM CHLORIDE 10 ME		021621	1	1.09	
0250	FUROSEMIDE 20 MG TABLET		021621	2	1.39	
0250	POTASSIUM CHLORIDE 10 ME		021621	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021621	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021621	1	1.00	
0250	AMIODARONE 200 MG TABLET		021721	1	1.09	
0250	AMIODARONE 200 MG TABLET		021721	2	11.58	
0250	ASPIRIN 81 MG CHEWABLE T		021721	2	11.58	
0250	ATORVASTATIN 40 MG TABLE		021721	1	1.00	
0250	FUROSEMIDE 20 MG TABLET		021721	1	10.27	
0250	METOPROLOL TARTRATE 25 M		021721	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021721	1	1.00	
0250	MULTIVITAMIN WITH MINERA		021721	1	10.06	
0250	POTASSIUM CHLORIDE 10 ME		021721	1	1.00	
0250	METOPROLOL TARTRATE 25 M		021721	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021721	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021721	1	1.09	
0250	ASPIRIN 81 MG CHEWABLE T		021821	1	1.09	
0250	ATORVASTATIN 40 MG TABLE		021821	1	1.00	
0250	FUROSEMIDE 20 MG TABLET		021821	1	10.27	
0250	METOPROLOL TARTRATE 25 M		021821	1	1.00	
0250	MONTELUKAST 10 MG TABLET		021821	1	1.00	
0250	MULTIVITAMIN WITH MINERA		021821	1	10.06	
0250	POTASSIUM CHLORIDE 10 ME		021821	1	1.00	
0250	ACETAMINOPHEN-CODEINE 30		021821	1	1.00	
0270	SET MONITORING PRESSURE		021821	1	1.09	
0272	TRAY FOLEY 16F TEMPERATU		021221	1	391.00	
0001	PAGE 4 OF 8	A4315	021221	1	278.00	
				47	816.30	

ITEMIZED BILL

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DATE 03/12/2021
 TIME 02:08:05 PM
 PATIENT NAME KEEN, DANA

CHARLESTON AREA MEDICAL C
 501 MORRIS ST
 CHARLESTON WV 253011326
 3043887530

PATIENT CONTROL NUMBER
 1C982145
 MEDICAL RECORD NUMBER
 256557

BEGINNING DATE OF SERVICE
 021221

ENDING DATE OF SERVICE
 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0272	CATH THORACIC SILICONE 2	C1729	021221	1	105.00	
0272	CATH THORACIC SILICONE 3	C1729	021221	1	105.00	
0275	WIRE PACING CARDIAC MEDT		021221	4	632.00	
0278	WIRE FLEXIBLE STERNAL #7		021221	2	252.00	
0278	HEMOSTAT ABSORBENT 4X8 I		021221	1	536.00	
0278	WASHER SUTURING CORONARY	A4648	021221	1	103.00	
0278	CATH MEDIASTINAL 9MM	C1729	021221	2	282.00	
0278	PATCH TEFLON FELT CUSTOM	C1768	021221	1	207.00	
0300	BLOOD COLLECTION VENIPUN	36415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021221	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021221	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021221	1	184.00	
0300	CKMB (CK TOTAL + CKMB)	82553	021221	1	178.00	
0300	CKMB (CK TOTAL + CKMB)	82553	021221	1	178.00	
0300	PERF COAG TIME ACTIVATED	85347	021221	9	1026.00	
0300	COLLECTION: VENOUS DRAW	36415	021321	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021321	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021421	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021421	1	184.00	
0300	CKMB (CK TOTAL + CKMB)	82553	021421	1	178.00	
0300	BB ABO	86900	021421	1	112.00	
0300	BB RH	86901	021421	1	114.00	
0300	COLLECTION: VENOUS DRAW	36415	021521	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021521	1	184.00	
0300	COLLECTION: VENOUS DRAW	36415	021621	1	24.00	
0300	COLLECTION: VENOUS DRAW	36415	021621	1	24.00	
0300	BASIC METABOLIC PANEL	80048	021621	1	184.00	
0001	PAGE 5 OF 8			53	5432.00	

ITEMIZED BILL

PAGE 6

DATE 03/12/2021
 TIME 02:08:05 PM
 PATIENT NAME
 KEEN, DANA

CHARLESTON AREA MEDICAL C
 501 MORRIS ST
 CHARLESTON WV 253011326
 3043887530

PATIENT CONTROL NUMBER
 10982145
 MEDICAL RECORD NUMBER
 256557

BEGINNING DATE OF SERVICE
 021221

ENDING DATE OF SERVICE
 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021221	1	162.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021221	1	162.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021221	1	174.00	
0301	MAGNESIUM	83735	021221	1	174.00	
0301	MAGNESIUM	83735	021221	1	90.00	
0301	POTASSIUM	84132	021221	1	90.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021321	1	74.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	162.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	ARTERIAL BLOOD GASES	82803	021321	1	174.00	
0301	MAGNESIUM	83735	021321	1	174.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021421	1	90.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021421	1	162.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021421	1	162.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021421	1	162.00	
0301	MAGNESIUM	83735	021421	1	162.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	MAGNESIUM	83735	021421	1	90.00	
0301	POTASSIUM	84132	021421	1	90.00	
0301	POTASSIUM	84132	021421	1	74.00	
0301	POTASSIUM	84132	021421	1	74.00	
0301	POTASSIUM	84132	021421	1	74.00	
0301	CALCIUM, IONIZED (WHOLE BLOOD)	82330	021521	1	74.00	
0301	MAGNESIUM	83735	021521	1	162.00	
0301	MAGNESIUM	83735	021521	1	90.00	
0301	POTASSIUM	84132	021621	1	90.00	
0302	BB ABSCG	86850	021421	1	74.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	021421	1	141.00	
0302	SEROLOGICAL IMMEDIATE SP	86920	021421	1	201.00	
0001	PAGE 6 OF 8		021421	1	201.00	
				40	5529.00	

ITEMIZED BILL

PAGE 7

DATE 03/12/2021
 TIME 02:08:05 PM
 PATIENT NAME
 KEEN, DANA

CHARLESTON AREA MEDICAL C
 501 MORRIS ST
 CHARLESTON WV 253011326
 3043887530

PATIENT CONTROL NUMBER
 10982145
 MEDICAL RECORD NUMBER
 256557

BEGINNING DATE OF SERVICE
 021221

ENDING DATE OF SERVICE
 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0305	CBC WITHOUT DIFF	85027	021221	1	77.00	
0305	CBC WITHOUT DIFF	85027	021221	1	77.00	
0305	FIBRINOGEN	85384	021221	1	117.00	
0305	PERF HEPARIN ASSAY	85520	021221	8	2328.00	
0305	PERF PLATELET	85525	021221	1	83.00	
0305	PROTHROMBIN TIME WITH IN	85610	021221	1	85.00	
0305	PERF PROTHROMBIN TIME (P)	85610	021221	1	85.00	
0305	ACTIVATED PARTIAL THROMB	85730	021221	1	85.00	
0305	PERF PARTIAL THROMOPLAS	85730	021221	1	86.00	
C305	CBC WITHOUT DIFF	85027	021321	1	86.00	
0305	PROTHROMBIN TIME WITH IN	85610	021321	1	77.00	
0305	ACTIVATED PARTIAL THROMB	85730	021321	1	85.00	
0305	CBC WITHOUT DIFF	85027	021421	1	86.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021421	1	77.00	
0305	CBC WITHOUT DIFF	85027	021521	1	77.00	
0320	XR CHEST 2 VIEWS	71046TC	021621	1	77.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021221	1	329.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021321	1	287.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021421	1	287.00	
0324	XR CHEST 1 VIEW FRONTAL	71045TC	021521	1	287.00	
0360	LEVEL 4		021221	440	147400.00	
0370	ANES GENERAL		021221	1	1958.00	
0370	ANES GENERAL		021221	29	1160.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	021221	1	445.00	
0390	E0336 RBC CPD AS1 500 LR	P9016	021221	1	445.00	
0390	E7003 APH PLT ACDA PASC	P9035	021221	1	1160.00	
0390	E7002 APH PLT ACDA PASC	P9035	021221	1	1160.00	
0390	E0181 RBC CPD 500 LR	P9016	021421	1	445.00	
0390	EC336 RBC CPD AS1 500 LR	P9016	021421	1	445.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	021221	1	555.00	
0391	TRANSFUS BLOOD OR BLOOD	36430	021421	1	555.00	
0410	VENTILATOR INITIAL SET-U	94002	021221	1	790.00	
0410	VENTILATOR RESTART, ONGO	94003	021321	1	716.00	
0460	MDI	94640	021421	1	99.00	
0460	MDI	94640	021621	1	99.00	
0460	MDI	94640	021721	1	99.00	
0460	MDI	94640	021821	1	99.00	
0001	PAGE 7 OF 8			514	162841.00	

		ITEMIZED BILL	PAGE 8
DATE	03/12/2021	CHARLESTON AREA MEDICAL C	PATIENT CONTROL NUMBER
TIME	02:08:05 PM	501 MORRIS ST	10982145
PATIENT NAME		CHARLESTON WV 253011326	MEDICAL RECORD NUMBER
	KEEN, DANA	3043887530	256557

BEGINNING DATE OF SERVICE 021221 ENDING DATE OF SERVICE 021821

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0730	CV ELECTROCARDIOGRAM 12	93005	021221	1	356.00	
0730	CV ELECTROCARDIOGRAM 12	93005	021321	1	356.00	
0730	CV ELECTROCARDIOGRAM 12	93005	021421	1	356.00	
0001	PAGE 8 OF 8			3	1068.00	
0001	TOTAL			1833	206727.15	