



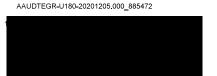
ITEMIZED COPY OF YOUR BILL TOTAL CHARGES

ACCOUNT NUMBER: 287455489

Page 1 of 2

December 4, 2020

THIS IS NOT A BILL



SERVICE PROVIDED

PATIENT NAME: ACCOUNT NUMBER: SERVICE:

DATE: PHYSICIAN:



INSURANCE INFORMATION

COMM NON CONTRACT

ACCOUNT SUMMARY	
TOTAL CHARGES	49,709.65
TOTAL PAYMENTS	0.00
TOTAL ADJUSTMENTS	0.00
CURRENT BALANCE	<u>\$49,709.65</u>

SERVICE CODE	REVENUE CODE	DESCRIPTION OF SERVICE	<u>QTY</u>	UNIT PRICE	<u>TOTAL</u> <u>CHARGE</u>
63090013	120	M3S SEMI-PVT RATE	1	2,004.00	2,004.00
66021932	270	XI FORCEP BIPOLAR	1	1,083.00	1,083.00
66021940	270	XI NDL DRIVER/GRAPTOR RETRACT	1	963.00	963.00
66021940	270	XI NDL DRIVER/GRAPTOR RETRACT	1	963.00	963.00
66021965	270	XI OBTURATOR/CANNULA REDUCE 8M	1	111.00	111.00
66021965	270	XI OBTURATOR/CANNULA REDUCE 8M	1	111.00	111.00
66021973	270	XI SEALER VESSEL	1	2,385.00	2,385.00
66021973	270	XI SEALER VESSEL	1	2,385.00	2,385.00
66022013	270	XI DRAPE COLUMN	4	656.00	2,624.00
66025487	270	STAPER XI SUREFORM 60	1	1,060.00	1,060.00
66025495	270	RELOAD XI SUREFORM 60	4	920.00	3,680.00
66025495	270	RELOAD XI SUREFORM 60	1	920.00	920.00
66050337	270	COVER INTUIT HOT SHEAR TIP ACC	1	92.00	92.00
66077256	270	SUT QUILL/STRATAFIX WOUNDCLOSE	1	116.00	116.00
66079054	270	KIT D-HELP LAPAROSCOPIC CARE	1	196.00	196.00
66079104	270	DERMAFLEX ADH SKIN TOPICAL	1	157.00	157.00
66097510	270	SLEEVE COMPR KNEE MED	1	96.00	96.00
70763362	300	PLATELET COUNT/LAB	1	61.00	61.00
70826268	300	PREGNANCY TEST,URINE/LAB	1	87.00	87.00
70881123	300	POCT GLUCOSE/LAB	1	6.00	6.00

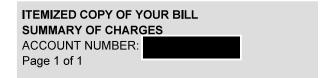




SERVICE CODE	<u>REVENUE</u> CODE	DESCRIPTION OF SERVICE	QTY	UNIT PRICE	<u>TOTAL</u> CHARGE
70881123	300	POCT GLUCOSE/LAB	1	6.00	6.00
70881123	300	POCT GLUCOSE/LAB	1	6.00	6.00
70370747	310	IMMUNOCYTOCHEMISTRY, FIRST	1	414.00	414.00
70350079	314	SURG PATH LEVEL 5	1	423.00	423.00
66076860	360	SURGERY PCH-INPATIENT	6	1,602.00	9,612.00
73552010	370	BASIC ANES GEN 1ST 30 MIN	1	1,160.00	1,160.00
73552028	370	BASIC ANES GEN ADD'L 30 MIN	3	348.00	1,044.00
73004350	636	ACETAMINOPHEN 10MG INJ	100	3.24	324.00
73004350	636	ACETAMINOPHEN 10MG INJ	100	3.24	324.00
73004350	636	ACETAMINOPHEN 10MG INJ	100	3.24	324.00
73040271	636	APREPITANT 5MG ORAL	8	54.67	437.36
73048803	636	PANTOPRAZOLE 40MG INJ	1	44.11	44.11
73055642	636	HEPARIN 1,000 UNITS INJ	5	6.91	34.55
73099517	636	HYDROMORPHONE 1 MG CARPUJECT	1	35.82	35.82
66555210	710	RECVRY RM IP ASA 3 0-30 MIN	1	2,794.00	2,794.00
66555244	710	RECVRY RM IP ASA 3 ADD 15MIN	8	198.00	1,584.00
74507385	960	LAP SLEEVE GASTRECTOMY	1	4,545.00	4,545.00
74507393	960	LAP SLEEVE GASTRECTOMY-ASST	1	1,091.00	1,091.00
73613226	963	ANESTHESIA BASE UNIT 11	1	1,767.00	1,767.00
73613333	963	APS INTRAPER UPR ABD GAST REST	108	10.00	1,080.00
73615155	964	CRNA INTRAPER UPR ABD GAST RST	108	10.00	1,080.00
73617250	964	CRNA ANESTHESIA BASE UNIT 11	1	1,767.00	1,767.00
		SUBTOTALS FOR 11/24/2020			\$48,996.84
73019473	250	ESCITALOPRAM 10MG TAB	1	14.70	14.70
70881123	300	POCT GLUCOSE/LAB	1	6.00	6.00
73004350	636	ACETAMINOPHEN 10MG INJ	100	3.24	324.00
73004350	636	ACETAMINOPHEN 10MG INJ	100	3.24	324.00
73048803	636	PANTOPRAZOLE 40MG INJ	1	44.11	44.11
		SUBTOTALS FOR 11/25/2020			\$712.81
		TOTAL CHARGES			\$49,709.65







December 4, 2020

THIS IS NOT A BILL



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SERV	/ICE	PRO	VIDED

PATIENT NAME: ACCOUNT NUMBER: SERVICE: DATE: PHYSICIAN:



INSURANCE INFORMATION

COMM NON CONTRACT

SUMMARY OF CHARGES

DESCRIPTION OF CHARGE	REVENUE CODE	TOTAL CHARGE
ROOM AND BOARD	120	2,004.00
MEDICAL SURGICAL SUPPLIES	270	16,942.00
LABORATORY (LAB)	300	172.00
PATHOLOGY LAB	310	414.00
PATHOLOGY-BIOPSY	314	423.00
OPERATING ROOM SERVICES	360	9,612.00
ANESTHESIA	370	2,204.00
DRUGS WITH DETAIL CODING	636	2,215.95
RECOVERY ROOM	710	4,378.00
PROFESSIONAL FEES	960	5,636.00
PROFES. FEES-ANESTHESIOLGIST	963	2,847.00
PROFESSIONAL FEES-CRNA	964	2,847.00
PHARMACY	250	14.70
TOTAL CHARGES		<u>\$49,709.65</u>