

<b>Line</b>	<b>Service Description</b>	<b>Amount (\$)</b>
1	Room & Board, Semi-Private, 3 nights	4500
2	Routine Nursing Care	3000
3	IV Fluids	1200
4	Laboratory Blood Draw Fee	800
5	Physical Therapy Consultation (1 hour)	400
6	MRI, Brain	2500
7	Standard Medications (daily)	1500