

Centers for Medicare & Medicaid Services
Proposed Changes to the Hospital Outpatient PPS
and CY 2007 Rates CMS-1506-P

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Supporting Documents:

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CASA GRANDE REGIONAL MED		D ASG 2222 MCDO REGULAR		3 PATIENT CONTROL NO.		131	
PO BOX 11890		5 FED. TAX NO. 0000		6 STATEMENT COVERS PERIOD FROM		7 COVD	
CASA GRANDE AZ 85230-1890		860427850		021405		021405	
5204266300							
12 PATIENT NAME				13 PATIENT ADDRESS			
				AZ 85631			
14 BIRTH DATE		15 SEX		16 MS		17 DATE	
021405		07		3		1 07 01	
18 ADMISSION		19 TYPE		20 SRC		21 0 HR	
021405		07		3		1 07 01	
22 STAT		23 MEDICAL RECORD NO.		24		25	
26		27		28		29	
30		31					
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE	
36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE		39 OCCURRENCE DATE	
40 VALUE CODES		41 VALUE CODES		42 VALUE CODES		43 VALUE CODES	
44		45		46		47	
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CASA GRANDE REGIONAL MED 2 PO BOX 11890 CASA GRANDE AZ 85230-1890 5204266300										D ASG 2222 MCDO REGULAR 5 FED. TAX NO. 0000 860427850										3 PATIENT CONTROL NO. [REDACTED] 6 STATEMENT COVERS PERIOD FROM 062205 THROUGH 062705										4 TYPE OF BILL 131																																																																																																																																																																																																									
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42 REV. CD	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49																																																																																																																																																																																																																																
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50 PAYER AHCCCS COMMUNITY CONNECT-										51 PROVIDER NO. 02040401										52 REL 37 ASG Y Y										53 PRIOR PAYMENTS										54 EST. AMOUNT DUE										55																																																																																																																																																																																					
57 DUE FROM PATIENT >>																																																																																																																																																																																																																																							
58 INSURED'S NAME [REDACTED]										59 P. FILE 18										60 CERT. - SSN - HIC - ID NO. [REDACTED]										61 GROUP NAME ACC										62 INSURANCE GROUP NO.																																																																																																																																																																																															
63 TREATMENT AUTHORIZATION CODES 00306113										64 EBC 3										65 EMPLOYER NAME DISABLED										66 EMPLOYER LOCATION																																																																																																																																																																																																									
67 PRIN. DIAG. CD 34551										68 CODE										69 CODE										70 CODE										71 CODE										72 CODE										73 CODE										74 CODE										75 CODE										76 ADM. DIAG. CD 34551										77 E-CODE										78																																																																																																																									
79 P.C. 9										80 PRINCIPAL PROCEDURE DATE 0492 062705										81 CODE										82 OTHER PROCEDURE DATE 8696 062705										83 CODE										84 OTHER PROCEDURE DATE										85 ATTENDING PHYS ID 10691										86 OTHER PHYS ID 0691										87 ADM. DIAG. CD D00350										88 E-CODE S00D										89																																																																																																																																			
84 REMARKS AHCCCS COMMUNITY CONNECT PO BOX 853928 RICHARDSON TX 75085-3928																																																																																																																																																																																																																																							
85 PROVIDER REPRESENTATIVE NELLIE CARDONA																				86 DATE 071405																																																																																																																																																																																																																			

PAGE 37 * RCVD AT 11/2006 8:54:58 AM [Central Daylight Time] * SVR: CYBERFAX0 * DNS: 5472 * CSID: * DURATION (mm-ss): 02:00

US-92 HCPA-1410
OCRO/ORIGINAL
PAGE 17 * RCVD AT 8/1/2006 8:54:58 AM [Central Daylight Time] * SVR: CYBERFAX0 * DNS: 5472 * CSID: * DURATION (mm-ss): 02-00

U.S. OF HCA-1450

1 SUTTER GENERAL HOSPITAL P O BOX 160100 SACRAMENTO CA 95816 (916) 978-8850		2		3 PATIENT CONTROL NO.		4 TYPE OF BILL 131	
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD		7 COVD.		8 NCD.	
94-1156621		060605 060605					
12 PATIENT NAME				13 PATIENT ADDRESS			
				FOLSOM CA 95630			
14 BIRTHDATE		15 SEX		16 MED. RECORD NO.		17 CONDITION CODE	
060605 05/11/12		12 01 004 84 12		61			
18 OCCURRENCE DATE		19 OCCURRENCE CODE		20 OCCURRENCE FROM		21 OCCURRENCE TO	
50 072105							
22 VALUE CODES		23 VALUE CODES		24 VALUE CODES		25 VALUE CODES	
A2 620 72							
26 REV. CD.		27 DESCRIPTION		28 HPCS / RATES		29 SERV. DATE	
1		PHARMACY		060605		10	
2		STERILE SUPPLY		060605		17	
3		STERILE SUPPLY		C1751		1	
4		PACE MAKER		G1778		1	
5		SUPPLY/IMPLANTS		C1767		1	
6		OR SERVICES		G4575		1	
7		ANESTHESIA		060605		1	
8		RECOVERY ROOM		060605		1	
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22							
23		001 TOTAL CHARGES				47817 78	
30 PAYER		31 PROVIDER NO		32 PRIOR PAYMENTS		33 EST. AMOUNT DUE	
A MEDICARE PART A AND B		050108		Y Y 4190 38		47817 78	
B O/P MEDI-CAL		HSP40108F		Y Y		620 72	
34		35		36		37	
47		DUE FROM					
38 INSURED'S NAME		39 P REL		40 CERT. - SN - HC - ID NO		41 GROUP NAME	
A		01		01		11101999	
B		01					
C							
42 TREATMENT AUTHORIZATION CODES		43 EMPLOYER NAME		44 EMPLOYER LOCATION			
A							
B							
C							
45 PRN DIAG CD		46 OTHER DIAG CODES		47 ADM. DIAG CD		48 E-CODE	
34590				34590			
49 P C		50 PRINCIPAL PROCEDURE		51 OTHER PROCEDURE		52 ATTENDING PHYSICIAN	
9		A		B		G019193	
53 OTHER PROCEDURE		54 OTHER PROCEDURE		55 OTHER PROCEDURE		56 OTHER PROCEDURE	
C		D		E		G019193	
57 REMARKS		58 PROVIDER REPRESENTATIVE		59 DATE			
OF MEDICAL 5 EDS FEDERAL CORP PO BOX 13029 SACRAMENTO, CA 95813-4029		X J NASCA		20050707			

UB-92 HCFA-1490

PAYER COPY

COPY THE INFORMATION ON THE REVERSE ONLY TO THE BILL AND MAKE A PAID REPLY

7

1 SUTTER GENERAL HOSPITAL PO BOX 160100 SACRAMENTO CA 95816 (916) 978-8850		2 1001		3 PATIENT CONTROL NO. 63015564		4 TYPE 131	
5 FED. TAX NO. 94-1156621		6 STATEMENT COVERS PERIOD 101705 101705		7 COVD.		8 W-C.D.	
9 D.D.		10 L.R.D.		11			
12 PATIENT NAME [REDACTED]				13 PATIENT ADDRESS FAIR OAKS CA 95628			
14 BIRTH DATE 101705 05 31		15 SEX / MAR. M / [REDACTED]		16 DNR 22 STAT 14 01		17 MEDICAL RECORD NO. 062 03 20	
18 OCCURRENCE [REDACTED]		19 OCCURRENCE [REDACTED]		20 OCCURRENCE [REDACTED]		21 OCCURRENCE [REDACTED]	
22 OCCURRENCE [REDACTED]		23 OCCURRENCE [REDACTED]		24 OCCURRENCE [REDACTED]		25 OCCURRENCE [REDACTED]	
26 OCCURRENCE [REDACTED]		27 OCCURRENCE [REDACTED]		28 OCCURRENCE [REDACTED]		29 OCCURRENCE [REDACTED]	
30 OCCURRENCE [REDACTED]		31 OCCURRENCE [REDACTED]		32 OCCURRENCE [REDACTED]		33 OCCURRENCE [REDACTED]	
34 OCCURRENCE [REDACTED]		35 OCCURRENCE [REDACTED]		36 OCCURRENCE [REDACTED]		37 OCCURRENCE [REDACTED]	
38 OCCURRENCE [REDACTED]		39 OCCURRENCE [REDACTED]		40 OCCURRENCE [REDACTED]		41 OCCURRENCE [REDACTED]	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
250 PHARMACY		101705		10		931.78	
272 STERILE SUPPLY		101705		11		1699.00	
275 PACE MMAKER		101705		1		10110.00	
278 SUPPLY/IMPLANTS		101705		1		19802.00	
360 OR SERVICES		101705		1		12187.00	
370 ANESTHESIA		101705		1		3024.00	
710 RECOVERY ROOM		101705		1		3978.00	
001 TOTAL CHARGES						51731.78	
50 PAYER MEDICARE PART A AND B O/F MEDICAL		51 PROVIDER NO.		52 PRIOR PAYMENTS		53 EST. AMOUNT DUE	
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1 SUTTER GENERAL HOSPITAL P O BOX 160100 SACRAMENTO CA 95816 (916) 978-8850		2		3 PATIENT CONTROL NO.		APPROVED DMD NO. 131	
4 FED. TAX NO.		5 STATEMENT COVER PERIOD		7 DCD D.		8 N-CD.	
94-1156621		022505 030205					
12 PATIENT NAME				13 PATIENT ADDRESS			
				RANCHO CORDOV CA 95670			
14 BIRTH DATE		15 SEX		16 AGE		17 MEDICAL RECORD NO.	
022505 11 3		1		18 01		067 46 41	
19 OCCURRENCE		20 OCCURRENCE		21 OCCURRENCE		22 OCCURRENCE	
50 041305							
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1 SUTTER GENERAL HOSPITAL P O BOX 160100 SACRAMENTO CA 95816 (916) 978-8850		2 G-SUR-1001-MCRO-REGULAR		3 PATIENT CONTROL NO 62533153		4 TYPE 131	
5 FED. TAX NO.		6 STATEMENT COVERS PERIOD		7 COVD		8 MCOD	
94-1156621		013105 013105				9 CJOHNSON 008	
12 PATIENT NAME				13 PATIENT ADDRESS			
				CLEARLAKE OAK CA 95423			
14 BIRTHDATE		15 SEX		16 AGE		17 DATE OF ADMISSION	
013105 05 3 1		21 DNR 22 STAT		23 MEDICAL RECORD NO.		24 EDICTION CODES	
		23 01 122 32 10		61			
25 OCCURRENCE DATE		26 OCCURRENCE DATE		27 OCCURRENCE DATE		28 OCCURRENCE DATE	
29 CODE		30 CODE		31 CODE		32 CODE	
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MEDICARE - POST OFFICE BOX 2711; JACKSONVILLE FL 32231

ORLANDO REG HEALTHCARE

PO BOX 620000 STOP 936
ORLANDO 328919936

4078415111 4076499646

12 PATIENT NAME

13 PATIENT ADDRESS

MELBOURNE FL 32901

14 BIRTH DATE

15 SEX 16 MO

21 D HR

22 STAT

23 MEDICAL RECORD NO.

102705

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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0251	PHARM/GENERIC		102705	50	1657.00	
0271	NON-STER SUPPLY		102705	2	623.00	
0278	OTHER IMPLANTS	C1767	102705	1	35839.00	
0301	LAB/CHEMISTRY	80053	102705	1	311.00	
0302	LAB/IMMUNOLOGY	86900	102705	1	12.00	
0305	LAB/HEMATOLOGY	85025	102705	1	188.00	
0305	LAB/HEMATOLOGY	85730	102705	1	110.00	
0380	OR SERVICES	64573	102705	1	4345.00	
0370	ANESTHESIA		102705	43	997.00	
0730	EKG/ECG	93005	102705	1	302.00	

50 PRIOR

51 PROVIDER NO.

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

A MEDICARE

100006

Y

Y

55738.00

57

DUE FROM PATIENT

58 INSURED'S NAME

59 P. REL.

60 CERT. - SSN - HIC - ID NO.

61 GROUP NAME

62 INSURANCE WORK UP NO.

A

18

63 TREATMENT AUTHORIZATION CODES

64 ESC

65 EMPLOYER NAME

66 EMPLOYER LOCATION

A NR

67 PRIN. DIAG. CD.

311

4240

70 ADM. CHG. CD.

311

71 CODE

70 PC.

80

PRINCIPAL PROCEDURE DATE

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B

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E

64 REMARKS MEDICARE

POST OFFICE BOX 2711

JACKSONVILLE FL 32231

G62923 TRUMBLE ERIC

G62923 TRUMBLE ERIC

[illegible]

ST LUKES HOSPITAL OF KC
PO BOX 503698
SAINT LOUIS MO 63150-3698
(314) 232-5678

A OL M

BERRY

5 REG. TAX NO

6 STATEMENT COVERS PERIOD

7 COV D.

8 NCD

9 DCL

10 L-R-E

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44-0545297 060905 061005

12 PATIENT NAME

13 PATIENT ADDRESS

HAMILTON MO 64644

14 BIRTHDATE

15 SEX

16 AGE

17 DATE

ADMISSION

18 RE

19 TYPE

20 ICD

21 DMR

22 STAT

23 MEDICAL RECORD NO.

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ST LUKES HOSPITAL OF KC		2A 5L M		3 PATIENT CONTINUING NO.		13	
PO BOX 303698		SMITH		5 FED. TAX NO.		6 STATEMENT COVERED PERIOD	
SAINT LOUIS MO 63150-3698		64-0545297		031705		032405	
PATIENT NAME		PATIENT ADDRESS		LYNDON		KS 66601	
14 BIRTH DATE		15 SEX		16 AGE		17 DATE	
031705		M		11		031705	
11 031705							
KANSAS MEDICAID OFFICE OF FISCAL AGENT PO BOX 3571 TOPEKA				KS 66601-3571			
43 MEDICARE				44 MEDICARE			
45 DESCRIPTION				46 HPOS / RATES			
0250 PHARMACY				032405			
0258 PHARMACY IV SOLUTIONS				032405			
0270 MED/SURG SUPPLIES				032405			
0278 MED/SURG SUPPLIES OTHER				032405			
0278 MED/SURG SUPPLIES OTHER				032405			
0300 LABORATORY				032405			
0300 LABORATORY				032405			
0300 LABORATORY				032405			
0310 PATHOLOGY LAB				032405			
0360 DR SERVICES				032405			
0360 DR SERVICES				032405			
0360 DR SERVICES				032405			
0370 ANESTHESIA				032405			
0510 CLINIC				031705			
0636 PHARMACY DETAILED CODING				032405			
0636 PHARMACY DETAILED CODING				032405			
0710 RECOVERY ROOM				032405			
0730 EKG/ECG				031705			
001 TOTAL CHARGES				6234925			
30 PAYER		31 PROVIDER NO.		32 PRIOR PAYMENTS		33 EST. AMOUNT DUE	
MEDICARE MO OMAHA		260138		Y Y		6234925	
ANSAS MEDICAID		100099590A		Y Y		100000FM0000	
28 INSURED'S NAME		29 PUBL.		30 CERT. BEN. INC. TO NO.		31 GROUP NAME	
INDIVIDUAL		18		18			
36 TREATMENT AUTHORIZATION CODES		37 EMPLOYER NAME		38 EMPLOYER LOCATION			
3		3					
39 NEW DIAG. CD.		40 CODE		41 CODE		42 CODE	
78039		7856		565		25001	
43 P.C. 80		44 PRINCIPAL PROCEDURE		45 OTHER PROCEDURE		46 OTHER PROCEDURE	
S		031705		031705		031705	
47 ATTENDING PHYS. ID		48 OTHER PHYS. ID		49 OTHER PHYS. ID		50 OTHER PHYS. ID	
OTH000 WALLACE DERRICK I		OTH000 WALLACE DERRICK I		OTH000 WALLACE DERRICK I		OTH000 WALLACE DERRICK I	
51 PROVIDER REPRESENTATIVE		52 DATE		53 SIGNATURE		54 DATE	
X HANSEN, HENRIETTA S		040705					

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ST LUKES HOSPITAL OF MO PO BOX 503698 SAINT LOUIS MO 63150-3698 (816) 938-5678		PA OL M ALLWIN		3 PATIENT CONTROL NO. 131	
12 PATIENT NAME		13 PATIENT ADDRESS		LIBERTY MO 64068	
14 BIRTHDATE	15 SEX	16 MBO	17 DATE	18 ADMISSION	19 TYPE
042105	13	3	1	11	01
20 OCCURRENCE DATE		21 OCCURRENCE DATE		22 OCCURRENCE DATE	
11 042105					
MISSOURI MEDICAID INFOCROSSING HEALTHCARE S PO BOX 5100 JEFFERSON CITY MO 65102		23 MEDICAL RECORD NO. 0001453432		24 CONDUCTOR CODE	
25 VALUE CODES		26 VALUE CODES		27 VALUE CODES	
A3 6313185					
40 REV. CD.		41 DESCRIPTION		42 HPOS / RATES	
0250		PHARMACY		042805	
0250		PHARMACY		042905	
0258		PHARMACY IV SOLUTIONS		042805	
0260		IV THERAPY		042805	
0270		MED/SURG SUPPLIES		042805	
0278		MED/SURG SUPPLIES OTHER		042805	
0278		MED/SURG SUPPLIES OTHER		042805	
0360		OR SERVICES		042805	
0360		OR SERVICES		042805	
0360		OR SERVICES		042805	
0370		ANESTHESIA		042805	
0510		CLINIC		042105	
0636		PHARMACY DETAILED CODING		042805	
0636		PHARMACY DETAILED CODING		042905	
0710		RECOVERY ROOM		042805	
0710		RECOVERY ROOM		042905	
0730		EKG/ECG		042105	
0940		THERAPEUTIC SERVICES		042905	
0940		THERAPEUTIC SERVICES		042905	
001		TOTAL CHARGES		6313185	
43 PAYER		44 PROVIDER NO.		45 PRIOR PAYMENTS	
MEDICARE MO DRAHA		260138		Y Y	
MISSOURI MEDICAID		010326106		Y Y	
46 EST. AMOUNT DUE		47 NON-COVERED CHARGES		48	
6313185					
49 INSURED'S NAME		50 CERT - SSN - HIC - IC NO.		51 GROUP NAME	
18		18		INDIVIDUAL	
18				N/A	
52 TREATMENT AUTHORIZATION CODES		53 EMPLOYER NAME		54 EMPLOYER LOCATION	
33					
55 PRN DIAG. CD.		56 ICD-9 CODE		57 ICD-9 CODE	
34591		34290		1390	
58 PC		59 OTHER PROCEDURE		60 OTHER PROCEDURE	
S1					
61 ATTENDING PHYS. ID		62 OTHER PHYS. ID		63 OTHER PHYS. ID	
0TH000 WALLACE DERRICK J		0TH000 WALLACE DERRICK J		0TH000 WALLACE DERRICK J	
64 PROVIDER REPRESENTATIVE		65 DATE		66	
XREGGS, JOAN C		051105			

3 PATIENT CONTROL NO.										111																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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14 BIRTH-DATE										15 SEX/16 MS		17 DATE		18 ADMISSION		19 TYPE		20 HR		21 D-HR		22 STAT		23 MEDICAL RECORD NO.		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100		101		102		103		104		105		106		107		108		109		110		111		112		113		114		115		116		117		118		119		120		121		122		123		124		125		126		127		128		129		130		131		132		133		134		135		136		137		138		139		140		141		142		143		144		145		146		147		148		149		150		151		152		153		154		155		156		157		158		159		160		161		162		163		164		165		166		167		168		169		170		171		172		173		174		175		176		177		178		179		180		181		182		183		184		185		186		187		188		189		190		191		192		193		194		195		196		197		198		199		200		201		202		203		204		205		206		207		208		209		210		211		212		213		214		215		216		217		218		219		220		221		222		223		224		225		226		227		228		229		230		231		232		233		234		235		236		237		238		239		240		241		242		243		244		245		246		247		248		249		250		251		252		253		254		255		256		257		258		259		260		261		262		263		264		265		266		267		268		269		270		271		272		273		274		275		276		277		278		279		280		281		282		283		284		285		286		287		288		289		290		291		292		293		294		295		296		297		298		299		300		301		302		303		304		305		306		307		308		309		310		311		312		313		314		315		316		317		318		319		320		321		322		323		324		325		326		327		328		329		330		331		332		333		334		335		336		337		338		339		340		341		342		343		344		345		346		347		348		349		350		351		352		353		354		355		356		357		358		359		360		361		362		363		364		365		366		367		368		369		37	

COOPER HOSPITAL/U.M.C
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A2 03/01/1998 B2 10/27/2005 C2 05/01/2005

A3 77597.00

250	PHARMACY		10/27/2005	10	319.00	0.00
258	IV SOLUTIONS		10/27/2005	2	61.00	0.00
259	DRUGS/OTHER		10/27/2005	1	48.00	0.00
270	MED-SURG SUPPLIES		10/27/2005	5	127.00	0.00
272	STERILE SUPPLY		10/27/2005	27	1,802.00	0.00
278	SUPPLY-IMPLANTS	C1767	10/27/2005	1	50,843.00	0.00
278	SUPPLY-IMPLANTS	C1778	10/27/2005	1	11,568.00	0.00
279	OTHER MED-SUR SUPPLIES		10/27/2005	7	738.00	0.00
300	LABORATORY	36415	10/25/2005	1	154.00	0.00
301	LAB/CHEMISTRY	80053	10/25/2005	1	80.00	0.00
301	LAB/CHEMISTRY	81025	10/25/2005	1	60.00	0.00
301	LAB/CHEMISTRY	81025	10/27/2005	1	60.00	0.00
305	LAB/HEMATOLOGY	85730	10/25/2005	1	45.00	0.00
305	LAB/HEMATOLOGY	85610	10/25/2005	1	45.00	0.00
305	LAB/HEMATOLOGY	85027	10/25/2005	1	53.00	0.00
307	LAB/UROLOGY	81001	10/25/2005	1	112.00	0.00
307	LAB/UROLOGY	81001	10/27/2005	1	112.00	0.00
324	DX X-RAY/CHEST	71020	10/25/2005	1	531.00	0.00
360	OR SERVICES	64590	10/27/2005	1	10,429.00	0.00
360	OR SERVICES	6457359	10/27/2005	1	1.00	0.00
636	METOCLOPRAMIDE 10MG/2ML	J2765	10/27/2005	1	18.00	0.00
636	GRANISETRON 0.1MG/ML 1ML	J1626	10/27/2005	2	184.00	0.00

Page 1 of 2

015 MEDICARE B..... & 015	310014	Y	Y	-75,751.44	1,845.56
014 TRICARE..... U 014	310014	Y	Y	0.00	0.00 ALQ
093 MERCY HLTH CAID V M12	49067	Y	Y	0.00	0.00

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TOTAL DISABLED



WAKEMED PO BOX 751847 CHARLOTTE, NC 28275-1847 919-350-0212		1 W		3 PATIENT CONTIN. NO. 131		APPROVED DATE NO. 0030-0270	
5 FED. TAX NO. 566017737		6 STATEMENT DURING PERIOD 120105 120905		7 COV. B.		8 INC. D.	
12 PATIENT NAME [REDACTED]		13 PATIENT ADDRESS [REDACTED], RALEIGH NC 27609					
14 BIRTHDATE 120105		15 SEX M		16 RACE W		17 MEDICAL RECORD NO. [REDACTED]	
18 DATE OF SERVICE 120105		19 TIME OF SERVICE 11		20 DAY OF SERVICE 2		21 MONTH OF SERVICE 1	
22 YEAR OF SERVICE 12		23 DAY OF SERVICE 01		24 MONTH OF SERVICE 01		25 YEAR OF SERVICE 01	
26 DATE OF SERVICE 120105		27 TIME OF SERVICE 11		28 DAY OF SERVICE 2		29 MONTH OF SERVICE 1	
30 YEAR OF SERVICE 12		31 DAY OF SERVICE 01		32 MONTH OF SERVICE 01		33 YEAR OF SERVICE 01	
34 DATE OF SERVICE 120105		35 TIME OF SERVICE 11		36 DAY OF SERVICE 2		37 MONTH OF SERVICE 1	
38 YEAR OF SERVICE 12		39 DAY OF SERVICE 01		40 MONTH OF SERVICE 01		41 YEAR OF SERVICE 01	
42 REV. CH.		43 DESCRIPTION		44 CPT/HCPCS		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1	250	ADV-CEFAZOLIN INJ 1GM		120805	1	1965	
2	270	NEB-SUB SUPPLIES		120805	9	122700	
3	275	PACE MAKER	C1767	120805	1	3780600	
4	275	PACE MAKER	C1778	120805	1	772700	
5	300	ROUTINE PHLEBOTOMY	36415	120105	1	1825	
6	300	CARBAMAZEPINE TEGRETOL	80155	120905	1	8575	
7	301	BASIC METABOLIC PANEL	80048	120905	1	14100	
8	305	CBC - AUTOMATED	85027	120105	1	5300	
9	305	CBC - AUTOMATED	85027	120905	1	5300	
10	370	LEVEL 3 - ANES SUPPLY		120805	1	247750	
11	636	ANZEMET 12.5M 20MG/ML	J1260	120805	1	8548	
12	686	LIDOCAINE 1% W/SPR 20M	J2001	120805	1	1323	
13	636	ATIVAN 2MG/ML SINGLE D	J2060	120805	1	3464	
14	686	PENTANYL AMP 0.05MG/ML	J3010	120805	1	2118	
15	762	OBSERVATION RM		120805	18	58694	
23	001	TOTAL CHARGES				5034962	
50 PAYER MEDICARE		51 PROVIDER NO. M0000		52 PAYOR Y		53 PAYOR Y	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56		57	
58 INSURANCE NAME [REDACTED]		59 CERT. NO. INC. ID NO. 18		60 GROUP NAME DISABLED		61 INSURANCE GROUP NO.	
62 TREATMENT AUTHORIZATION CODES		63 EMPLOYER NAME NONE		64 EMPLOYER LOCATION		65	
66 PRIOR DIA. CO. 34581		67 DIA. CO. 34510		68 DIA. CO. 34510		69 DIA. CO. OS1	
70 DIA. CO. 9		71 DIA. CO. A		72 DIA. CO. B		73 DIA. CO. C	
74 DIA. CO. C		75 DIA. CO. D		76 DIA. CO. E		77 DIA. CO. F	
78 DIA. CO. H57596		79 DIA. CO. FERGUSON MD		80 DIA. CO. MICHAEL		81 DIA. CO.	
82 DIA. CO. H57596		83 DIA. CO. FERGUSON MD		84 DIA. CO. MICHAEL		85 DIA. CO.	
86 DIA. CO. B		87 DIA. CO.		88 DIA. CO.		89 DIA. CO.	
90 DIA. CO. X		91 DIA. CO.		92 DIA. CO.		93 DIA. CO.	
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JUL. 25. 2006_12:48PM

MEDICAL RECORDS

NO. 493

APP. 2

AULTMAN HOSPITAL
2600 SIXTH ST SW

CANTON OH 44710

PATIENT NAME

BIRTH DATE

OCCURRENCE

CODE

B2 01/01/2003

MEDICARE PART B

PO BOX 145452

CINCINNATI

OH

45250

42 REV. CD.	43 DESCRIPTION	44 MGPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY		12/30/2005	10	189.71		
0260	IV THERAPY	90780	12/30/2005	1	185.00		
0270	SUPPLIES		12/30/2005	1	123.00		
0272	SURGICAL SUPPLIES		12/30/2005	12	36819.58		
0360	OR SERVICES	64573	12/30/2005	1	2785.00		
0360	OR SERVICES	61885	12/30/2005	1	0.00		
0360	OR SERVICES	00300	12/30/2005	1	0.00		
0636	AMPICILLIN SODIUM	J0295	12/30/2005	1	47.40		
0636	CEFAZOLIN	J0690	12/30/2005	2	13.70		
0001	TOTALS				40143.39	0.00	

50 PAYER	51 PROVIDER NO.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
500 MEDICARE PART B MEDICAID	360084 0318758	Y Y Y Y		

57	58 INSURED'S NAME	59 F.REL.	60 CERT. - 99N - KIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
					502157225

63 TREATMENT AUTHORIZATION CODES	64 EOC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
3 3		UNEMPLOYED UNEMPLOYED	

67 PRIN. DIAG. CD.	68 CODE	69 OTHER DIAG. CODES	70 CODE	71 CODE	72 CODE	73 ADM. DIAG. CD.	74 E-CODE	75
29633						29633		
76 P.C.	80	81	82 ATTENDING PHYS. ID	83 OTHER PHYS. ID	84 OTHER PHYS. ID	85 PROVIDER REPRESENTATIVE	86 DATE	

84 REMARKS	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
MEDICAID PO BOX 2645 COLUMBUS OH 43215																

HOSP UNIV OF PA
PO BOX 7777-W9500
PHILADELPHIA PA 19175
(877) 433-5299

3 PATIENT CONTROL NO.		4 TYPE OF BILL
[REDACTED]		131
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 COV D.
23-1352685	102705 102705	

12 PATIENT NAME										13 PATIENT ADDRESS									
[REDACTED]										[REDACTED]									
14 BIRTHDATE	15 SEX	16 MS	17 DATE	18 HR	19 TYPE	20 SRC	21 D.H.R.	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30			
[REDACTED]			102705	12	3	1		01	[REDACTED]										
32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE CODE	37 OCCURRENCE DATE	38 OCCURRENCE CODE	39 OCCURRENCE DATE	40 OCCURRENCE CODE	41 OCCURRENCE DATE	42 OCCURRENCE CODE	43 OCCURRENCE DATE	44 OCCURRENCE CODE	45 OCCURRENCE DATE	46 OCCURRENCE CODE	47 OCCURRENCE DATE	48 OCCURRENCE CODE			
11	101905																		

MUTUAL OF OMAHA
MUTUAL OF OMAHA
PO BOX 1602
OMAHA, NE 68101

42 REV. CD	43 DESCRIPTION	44 HCPCS RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY	C1767	102705	6	17000		
0278	SUPPLY/IMPLANTS	C1778	102705	1	3104400		
0278	SUPPLY/IMPLANTS	64573	102705	1	1439600		
0360	OR SERVICES	61885	102705	1	1240300		
0360	OR SERVICES		102705	1	100		
0370	ANESTHESIA	J3010	102705	1	343000		
0636	DRUGS/DETAIL CODE		102705	1	800		
0710	RECOVERY ROOM		102705	8	312800		
0001	TOTALS				6458000		

0001 TOTALS

50 PAYER
MUTUAL OF OMAHA
HEALTH PARTNERS

51 PROVIDER NO.
390111
00038

52 REI INFO
Y
Y

53 ASG BEN
Y
Y

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE
6458000

56 INSURED'S NAME
[REDACTED]

59 P REL
18
18

60 CERT.-SSN-HIC.-ID NO.
[REDACTED]

61 GROUP NAME
MEDICARE
NONGRP

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION

64 EMPLOYER NAME

65 EMPLOYER LOCATION

NPR

67 PRIN DIAG CD	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM DIAG CD	77 E-CODE
296.30									296.30	

79 PC CODE	80 PRINCIPAL PROCEDURE DATE	81 OTHER PROCEDURE CODE	82 OTHER PROCEDURE DATE	83 OTHER PROCEDURE CODE	84 OTHER PROCEDURE DATE	85 OTHER PROCEDURE CODE	86 OTHER PROCEDURE DATE

82 ATTENDING PHYS ID
G32915
BALTUCH, GORDON H

83 OTHER PHYS ID
G32915
BALTUCH, GORDON H

84 OTHER PHYS ID
G32915
BALTUCH, GORDON H

87 REMARKS
PT=Q SER=NSU INS=M64

88 DATE
X Kathleen Dougherty 042720

HOSP UNIV OF PA PO BOX 7777-W9500 PHILADELPHIA PA 19175 (877) 433-5299			3 PATIENT CONTROL NO. 131	
5 FED. TAX NO. 23-1352685		6 STATEMENT COVERS PERIOD FROM 120105		7 COV D. 120105
12 PATIENT NAME [REDACTED]				
13 PATIENT ADDRESS [REDACTED]				
14 BIRTHDATE 11 120105		15 SEX M		16 MS 12
17 DATE 12 3 1		18 TYPE 3		19 SRC 1
20 MEDICAL RECORD NO. 01		21 D.H.R. [REDACTED]		
22 STAT [REDACTED]		23 MEDICAL RECORD NO. [REDACTED]		
24 OCCURRENCE DATE 11 120105		25 OCCURRENCE DATE [REDACTED]		26 OCCURRENCE DATE [REDACTED]
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002/008

002/008

[illegible]

PAGE 2/8 * RCVD AT 8/25/2006 1:25:15 PM (Central Daylight Time) * SVR:CYBERFAX/0 * DMS:2684 * CSID: * DURATION (mm-ss):02-02

10/18/2005 TUE 8:59 FAX

003/006

RHODE ISLAND HOSPITAL PO BOX 373 PROVIDENCE RI 02901 4014446966		2		3 PATIENT CONTROL NO. 116298563		4 TYPE OF BILL 131	
5 FED. TAX NO. 0000		6 STATEMENT COVERS PERIOD FROM 050258954 TO 090705		7 COVD		8 N-CD	
9 C-CD		10 L-R		11			
12 PATIENT NAME				13 PATIENT ADDRESS			
14 BIRTH DATE				15 SEX		16 MS	
17 DATE		18 TYPE		19 SRC		20 D HR	
21 STAT		22 MEDICAL RECORD NO.		23		24	
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006/006

PAGE 66 * RCVD AT 10/18/2005 7:54:09 AM (Central Daylight Time) * SVR:CYBERFAX/0 * DNIS:2684 * CSID: * DURATION (mm:ss):02:26

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008/008

08/25/2006 14:17 FAX

008/008

RHODE ISLAND HOSPITAL PO BOX 373 PROVIDENCE RI 02901 4014446966			2			3 PATIENT CONTROL NO.			4 TYPE OF BILL 131		
5 FED TAX NO. 0000			6 STATEMENT/COVERS PERIOD FROM 050258954 TO 053105			7 COVD 053105			8 NC-D 053105		
12 PATIENT NAME			13 PATIENT ADDRESS 79 LAWTON STR TAUNTON MA 02780								
14 BIRTH DATE 053105			15 SEX M			16 DATE OF ADMISSION 08			17 TYPE 9		
18 MEDICAL RECORD NO. 01			19			20			21		
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004/008

004/008

2						3 PATIENT CONTROL NO.			4 TYPE OF BILL 131				
5 FED TAX NO. 0000		6 STATEMENT COVERS PERIOD FROM		THROUGH		7 COVID		8 IN CD		9 C.D.		10 L.R.D.	
050258954		101805		101805									

14 BIRTH DATE	15 HA SEX	16 MS	17 DATE	18 ADMISSION CLASS	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES									
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50 PAYER		51 PROVIDER NO.	52 REL. STAGE	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
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50 INSURED'S NAME		51 P. REL	50 CERT. - SSN - H.C. - ID NO.	51 GROUP NAME	52 INSURANCE GROUP NO.
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	83 TREATMENT AUTHORIZATION CODES	84 EPG	85 EMPLOYER NAME	86 EMPLOYER LOCATION
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67 PRIN. DIAG. CD		68 CODE		69 CODE		70 CODE		OTHER DIAG. CODES		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD.		77 E-CODE		78	
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79 P.C.		80 CODE		PRINCIPAL PROCEDURE		81 CODE		OTHER PROCEDURE		82 CODE		OTHER PROCEDURE		83 CODE		OTHER PROCEDURE		84 ATTENDING PHYS. ID.		85		86		87	
9																		R18811		F70022		DUNCAN JOHN A.			
																		83 OTHER PHYS. ID.		R18811					

84 REMARKS		E70022 DUNCAN JOHN A	
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005/006

RHODE ISLAND HOSPITAL PO BOX 373 PROVIDENCE RI 02901 4014446966		2		3 PATIENT CONTROL NO. 115948689		4 TYPE OF BILL 131																																									
6 FED. TAX NO. 0000		5 STATEMENT COVERS PERIOD FROM 050258954 TO 080305		7 COV D		8 NCD		9 C-1		10 L-R		11																																			
12 PATIENT NAME				13 PATIENT ADDRESS																																											
14 BIRTH DATE				15 SEX		16 DATE		17 TYPE		20 SRC		21 D HR		22 STAT		23 MEDICAL RECORD NO.		24		25		26		27		28		29		30		31															
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE		39 VALUE CODES A2 1824 00		40 VALUE CODES A3 49994 92		41 VALUE CODES		42		43		44		45		46		47		48															
PAWTUCKET RI 02860												49		50		51		52		53		54		55		56		57		58		59															
42 REV. CD. DESCRIPTION				44 HCPCS / RATES				45 SERV. DATE				46 SERV. UNITS				47 TOTAL CHARGES				48 NON-COVERED CHARGES				49																							
1 0250 PHARMACY								080305				7				355 00																															
2 0272 STERILE SUPPLY								080305				12				12162 92																															
3 0278 GENERATOR, NEUROSTIMULA				C1767				080305				1				34081 00																															
4 0360 IMPLANT NEUROELECTRODES				64573				080305				1				3982 00																															
5 0360 IMPLANT NEURORECEIVER				61885				080305				1				0 00																															
6 0710 RECOVERY ROOM								080305				1				1140 00																															
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79 P.C.				80 PRINCIPAL PROCEDURE DATE				81 CODE				82 OTHER PROCEDURE DATE				83 CODE				84 OTHER PROCEDURE DATE				85 ATTENDING PHYS ID				86				87 OTHER PHYS. ID				88											
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RHODE ISLAND HOSPITAL PO BOX 373 PROVIDENCE RI 02901 4014446966										2		3 PATIENT CONTROL NO. 117046698				4 TYPE OF BILL 131																																																																																																							
5 FED. TAX NO. 0000				6 STATEMENT COVERS PERIOD FROM 050258954 THROUGH 100405				7 COVD		8 N-CO		9 C-I-D		10 L-R-D		11																																																																																																							
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62 TREATMENT AUTHORIZATION CODES										63 EMPLOYER NAME										64 EMPLOYER LOCATION																																																																																																			
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65																																																																																																																							
67 PRIN. DIAG. CD										68 CODE										69 CODE										70 CODE										71 CODE										72 CODE										73 CODE										74 CODE										75 CODE										76 ADM. DIAG. CD										77 E-CODE										78									
34581																																																																																																																							
79 P.C.										80 PRINCIPAL PROCEDURE DATE										81 OTHER PROCEDURE DATE										82 ATTENDING PHYS ID										83 OTHER PHYS ID										84																																																																					
9																														RI11839										RI11839																																																																															
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84 REMARKS										85 PROVIDER REPRESENTATIVE										86 DATE																																																																																																			
RI MEDICAID PO BOX 2010 WARWICK RI 02887-2010										OBV OBSERVATION F										CHRISTINE RAWNSLEY 101405																																																																																																			

004/006

PAGE 4/6 * RCVD AT 10/18/2005 7:54:09 AM (Central Daylight Time) * SVR:CYBERFAX/0 * DNIS:2684 * CSID: * DURATION (mm:ss):02:26

08/25/2006 FRI 14:33 FAX

006/008

08/25/2006 14:17 FAX

006/008

RHODE ISLAND HOSPITAL
PO BOX 373
PROVIDENCE RI 02901
4014446966

3 PATIENT CONTROL NO.		4 TYPE OF BILL	
0000		131	
5 FED. TAX NO.	6 STATEMENT COVER PERIOD FROM	7 COVD	8 N-CO
050258954	100405 100405		

12 PATIENT NAME

13 PATIENT ADDRESS

119 PUMGANSETT ST PROVIDENCE RI 02908

14 BIRTH DATE	15 SEX	16 MS	17 DATE	18 ADMISSION	19 TYPE	20 SMC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
100405	06	1	1	01													

32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37 OCCURRENCE DATE	38 OCCURRENCE DATE	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	PHARMACY		100405	6	144.00		
0272	STERILE SUPPLY		100405	8	10710.89		
0278	GENERATOR, NEUROSTIMULA	C1767	100405	1	35786.00		
0360	IMPLANT NEURORECEIVER	64590	100405	1	2057.50		
0360	IMPLANT NEUROELECTRODES	64573	100405	2	2057.50		
0710	RECOVERY ROOM		100405	1	1728.00		
0001	TOTAL CHARGES				52483.89		

50 PAYER	51 PROVIDER NO.	52 REC BY PAYER	53 PRIOR PAYMENT'S	54 EST. AMOUNT DUE	55
RI MEDICAID	OP00007	Y	Y		

56 INSURED'S NAME	57 CERT. - SSN - HIC - ID NO.	58 GROUP NAME	59 INSURANCE GROUP NO.
	18		

63 TREATMENT AUTHORIZATION CODE'S	64 EMPLOYER NAME	65 EMPLOYER LOCATION
200526604575	9	

67 PRIN. DIAG. CD	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD	77 E-CODE	78
34581									34581		
79 P.C.	80 PRINCIPAL PROCEDURE DATE	81 OTHER PROCEDURE DATE	82 OTHER PROCEDURE DATE	83 OTHER PHYS. IO	84 ATTENDING PHYS. IO	85 PROVIDER REPRESENTATIVE	86 DATE				
9					RI11839	CHRISTINE RAWNSLEY	101405				

84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE
RI MEDICAID PO BOX 2010 WARWICK RI 02887-2010	CHRISTINE RAWNSLEY	101405

OBV OBSERVATION

F

METH AMB SURG HOSP NW
P O BOX 2098
SAN ANTONIO TX 78297
2106918066

SS FALD ELECTRONIC

131

5 FED. TAX NO. 0000 6 STATEMENT COVERS PERIOD FROM 110205 THROUGH 110305 7 COVD 8 N-C-D 9 C-I-D 10 L-R-D 11

12 PATIENT NAME

13 PATIENT ADDRESS

14 BIRTH DATE 15 SEX 16 MS 17 DATE OF ADMISSION 18 HR 19 TYPE 20 SRC 21 D-HR 22 STAT 23 MEDICAL RECORD NO. 24 25 26 27 28 29 30 31

32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE DATE 37 OCCURRENCE DATE 38 OCCURRENCE DATE 39 VALUE CODES 40 VALUE CODES 41 VALUE CODES

42 REV. CD 43 DESCRIPTION 44 HCPCS / RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

0250 PHARMACY 110205 22 924 03
0250 PHARMACY 110305 6 88 94
0258 RINGERS INJECTION, MAX J7120 110205 3 257 79
0258 IV SOLUTIONS 110305 1 93 25
0258 INFUSION, NORMAL SALINE J7030 110205 1 82 03
0258 IV SOLUTIONS 110205 5 154 06
0270 MED-SUR SUPPLIES 110205 7 1698 00
0278 GENERATOR, NEUROSTIMULA C1767 110205 1 35997 00
0278 LEAD, NEUROSTIMULATOR (C1778 110205 1 12812 00
0360 IMPLANT NEUROSTIM ARRAY 61886LT 110205 1 3165 00
0370 ANESTHESIA 110205 1 996 00
0636 INJECTION, ONDANSETRON J2405 110205 12 230 88
0710 RECOVERY ROOM 110205 6 1445 00
0762 OBSERVATION CARE 99218 110305 13 376 48 PA
0762 OBSERVATION CARE 99218 110205 3 144 80 PA
0001 TOTAL CHARGES 58465 26

50 PAYER 51 PROVIDER NO. 52 REL 53 ASG 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56

57 DUE FROM PATIENT >> 58 INSURED'S NAME 59 P. REL 60 CERT. - SSN - HIC - ID NO. 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 EBC 65 EMPLOYER NAME 66 EMPLOYER LOCATION

67 PRIN. DIAG. CD 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD 77 E-CODE 78

79 P.C. 80 PRINCIPAL PROCEDURE CODE 81 OTHER PROCEDURE CODE 82 ATTENDING PHYS ID 83 OTHER PHYS. ID

84 REMARKS 85 PROVIDER REPRESENTATIVE 86 DATE

METH AMB SURG HOSP NW
P O BOX 2098
SAN ANTONIO TX 78297
2106918066

SSPAINLAWTRONIC

BILL NO
131

5 FED. TAX NO. 0000 6 STATEMENT COVERS PERIOD FROM 120705 THROUGH 120705 7 COVD 8 N-C-D 9 C-I-D 10 L-R-D 11

12 PATIENT NAME

13 PATIENT ADDRESS

14 BIRTH DATE 15 SEX 16 MS 17 DATE 18 TYPE 19 SRC 20 D HR 21 STAT 22 MEDICAL RECORD NO. 23 24 25 26 27 28 29 30 31

32 OCCURRENCE DATE 33 OCCURRENCE DATE 34 OCCURRENCE DATE 35 OCCURRENCE DATE 36 OCCURRENCE SPAN FROM TO
11 120705 A1 052053 A2 020104 B1 052053
B2 020104

39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT
A2 879 80 A3 55959 75 B3 879 80

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0250 PHARMACY		120705	10	722 96		1
2	0258 IV SOLUTIONS		120705	1	88 90		2
3	0258 RINGERS INJECTION, MAX	J7120	120705	1	85 93		3
4	0270 MED-SUR SUPPLIES		120705	7	101 00		4
5	0278 GENERATOR, NEUROSTIMULA	C1767	120705	1	35997 00		5
6	0278 LEAD, NEUROSTIMULATOR (C1778	120705	1	12812 00		6
7	0278 LEAD, NEUROSTIMULATOR (C1778	120705	1	1406 00		7
8	0360 IMPLANT NEUROELECTRODES	64573	120705	1	1340 00		8
9	0360 OR SERVICES	61885	120705	1	1340 00		9
10	0370 ANESTHESIA		120705	1	839 00		10
11	0636 INJECTION, ONDANSETRON	J2405	120705	4	76 96		11
12	0710 RECOVERY ROOM		120705	2	940 00		12
13	0730 ELECTROCARDIOGRAM, TRAC	93005	120705	1	210 00		13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23	0001 TOTAL CHARGES				55959 75		23

50 PAYER 51 PROVIDER NO. 52 REL 53 ASG 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56
A MEDICARE A B 450780 Y Y
B AMERICAN PIONEER 742730328 Y Y
C

57 DUE FROM PATIENT >>
58 INSURED'S NAME 59 P. REL 60 CERT. - SSN - HIC - ID NO. 61 GROUP NAME 62 INSURANCE GROUP NO.
A 18
B 18
C

63 TREATMENT AUTHORIZATION CODES 64 EEO 65 EMPLOYER NAME 66 EMPLOYER LOCATION
A NOTREQ 9 DISABLED NONE SAN ANTONIO TX 77777
B NOTREQ 9 DISABLED NONE SAN ANTONIO TX 77777
C

67 PRIN. DIAG. CD 68 CODE 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE 76 ADM. DIAG. CD 77 E-CODE 78
29630 49390
79 P.C. 80 PRINCIPAL PROCEDURE CODE 81 OTHER PROCEDURE CODE 82 ATTENDING PHYS ID
9 F70544 BROWN PATRICK N
83 OTHER PHYS. ID F70544 BROWN PATRICK N

84 REMARKS
MEDICARE

85 PROVIDER REPRESENTATIVE 86 DATE
SAUNDRA RODRIGUEZ 011706

UB-12 (CA-1450)