

Service Code	Type of Service / Amount Billed	(-) Plan Discounts & Adjustments	Reason Code	(-) Health plan payment	(-) Your Itemized Responsibility to Provider**			
Adjustments that apply to the entire claim:								
	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
U0121	MED-SUR-GY/2 BED \$14,695.50	(\$15,600.81)	A3	\$30,296.31	\$0.00	\$0.00		\$0.00
U0200	INTENSIVE CARE \$114,999.00	\$114,999.00	BQ	\$0.00	\$0.00	\$0.00		\$0.00
U0250	PHARMACY \$12,385.20	\$12,385.20	BQ	\$0.00	\$0.00	\$0.00		\$0.00
U0272	STERILE SUPPLY \$601.00	\$601.00	BQ	\$0.00	\$0.00	\$0.00		\$0.00
U0300	LABORATORY \$6,522.00	\$6,522.00	BQ	\$0.00	\$0.00	\$0.00		\$0.00
U0301	LAB/CHEMISTRY \$12,324.75	\$12,324.75	BQ	\$0.00	\$0.00	\$0.00		\$0.00
U0305	LAB/HEMATOLOGY \$1,365.00	\$1,365.00	BQ	\$0.00	\$0.00	\$0.00		\$0.00

U0636	DRUGS/DETAILED HCPCS CODNG							
	\$38.00	\$38.00	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG							
	\$38.00	\$38.00	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG							
	\$38.00	\$38.00	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG							
	\$52.20	\$52.20	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG							
	\$52.20	\$52.20	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG							
	\$15.60	\$15.60	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG							
	\$4,901.70	\$4,901.70	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0730	EKG/ECG							
	\$354.00	\$354.00	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
U0761	TREATMENT ROOM							
	\$3,198.00	\$3,198.00	BQ	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Claim Total:	\$219,594.95	\$189,298.64		\$30,296.31	\$0.00	\$0.00	\$0.00	\$0.00

**** This total does not reflect any payments/copays you made at the time of service. Please wait for a provider bill before making payment.**

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U0306	LAB/BACT-MICRO	\$495.00	\$495.00	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0324	DX XRAY/CHEST	\$437.50	\$437.50	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0410	RESPIRATORY SVC	\$35,667.50	\$35,667.50	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0420	PHYSICAL THERP	\$951.75	\$951.75	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0450	EMERG ROOM	\$5,549.75	\$5,549.75	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG	\$105.30	\$105.30	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG	\$105.30	\$105.30	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG	\$18.50	\$18.50	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG	\$468.40	\$468.40	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG	\$468.40	\$468.40	BQ	\$0.00	\$0.00	\$0.00	\$0.00
U0636	DRUGS/DETAILED HCPCS CODNG	\$468.40	\$468.40	BQ	\$0.00	\$0.00	\$0.00	\$0.00



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