

## Claim details

### Claim information

Claim Number

**22000601986607CAA**

Claim Type

**Inpatient**

Start Date

**12/26/2019**

End Date

**01/02/2020**

Date of Admission

**12/26/2019**

Type of Admission

**1 - Emergency**

Benefit Days Used

**7**

Operating Physician Name

**RAFFEL, KATIE**

Attending Physician Name

**RAFFEL, KATIE**

Other Physician Name

Provider Billing Address

**505 PARNASSUS AVE****BOX 0810,****SAN FRANCISCO, CA****94143-0810**

Provider Street Address

**UNIVERSITY OF****CALIFORNIA SAN FR****505 PARNASSUS AVE,****SAN FRANCISCO, CA****94143-0824**

Medicare processed the payment of this claim for Inpatient services on 1/23/2020. The payment of \$31,289.98 was for services from 12/26/2019 through 1/2/2020. Please refer to your Medicare Summary Notice for the amount you are responsible for paying. This amount will include \$1,364.00 that was applied to your Medicare deductible.

### Payment summary

Total Amount Charged

**\$306789.06**

Total Non-Covered Charges

**\$0.00**

Medicare Approved

**\$306789.06**

Medicare Paid You

**\$0.00**

Medicare Paid Provider

**\$31289.98**

Cash Deductible

**\$1364.00**

Co-Insurance

**\$0.00****Total Amount You May Be Billed**

\* Information not available, please call 1-800-Medicare (1-800-633-4227) for more details.

**Procedure details**Claim Line # **1** Procedure CodeTotal Units **7**

Start Date

Revenue Code **0200 -****General Classification****INTENSIVE CARE or (ICU)**

Amount Charged

**\$191541.00**

Medicare Approved

**\$191541.00**Claim Line # **2** Procedure CodeTotal Units **1**

Start Date

Revenue Code **0250 -****General Classification****PHARMACY**Amount Charged **\$18936.06**

Medicare Approved

**\$18936.06**Claim Line # **3** Procedure CodeTotal Units **1**

Start Date

Revenue Code **0270 -****General Classification****MED-SUR SUPPLIES**Amount Charged **\$2196.00**

Medicare Approved

**\$2196.00**Claim Line # **4** Procedure CodeTotal Units **1**

Start Date

Revenue Code **0272 -****Sterile Supply STERILE****SUPPLY**Amount Charged **\$20.00**Medicare Approved **\$20.00**

Claim Line # **5** Procedure Code  
Total Units **1**

Start Date  
Revenue Code **0300 -  
General Classification  
LABORATORY or (LAB)**

Amount Charged **\$12332.00**  
Medicare Approved  
**\$12332.00**

Claim Line # **6** Procedure Code  
Total Units **1**

Start Date  
Revenue Code **0301 -  
Chemistry  
LAB/CHEMISTRY**

Amount Charged **\$11247.00**  
Medicare Approved  
**\$11247.00**

Claim Line # **7** Procedure Code  
Total Units **1**

Start Date  
Revenue Code **0305 -  
Hematology  
LAB/HEMATOLOGY**

Amount Charged **\$1854.00**  
Medicare Approved  
**\$1854.00**

Claim Line # **8** Procedure Code  
Total Units **1**

Start Date  
Revenue Code **0306 -  
Bacteriology and  
Microbiology LAB/BACT-  
MICRO**

Amount Charged **\$5243.00**  
Medicare Approved  
**\$5243.00**

Claim Line # **9** Procedure Code  
Total Units **1**

Start Date  
Revenue Code **0324 - Chest  
X-Ray DX X-RAY/CHEST**

Amount Charged **\$560.00**  
Medicare Approved **\$560.00**

Claim Line # **10** Procedure  
Code  
Total Units **1**

Start Date  
Revenue Code **0410 -  
General Classification  
RESPIRATORY SVC**

Amount Charged  
**\$43930.00**  
Medicare Approved  
**\$43930.00**

\* Information not available, please call 1-800-Medicare (1-800-633-4227) for more details.