

Claim details



Claim information

Claim Number 21928901156108CAA	Date of Admission 07/29/2019	Provider Billing Address 505 PARNASSUS AVE BOX 0810, SAN FRANCISCO, CA 94143-0810
Claim Type Inpatient	Type of Admission 1 - Emergency	Provider Street Address UNIVERSITY OF CALIFORNIA SAN FR 505 PARNASSUS AVE, SAN FRANCISCO, CA 94143-0824
Start Date 07/28/2019	Benefit Days Used 6	Order MSN
End Date 08/04/2019	Operating Physician Name TOBLER, DIANA	
	Attending Physician Name MOURAD, MICHELLE	
	Other Physician Name GORDON, ERIN	

Claim Number 21928901156108CAA is for Inpatient services received from 7/28/2019 through 8/4/2019.

Payment summary

Total Amount Charged \$292960.28
Total Non-Covered Charges \$0.00
Medicare Approved \$292960.28
Medicare Paid You \$0.00
Medicare Paid Provider \$29364.07
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	Start Date	Amount Charged \$9983.00
Procedure Code	Revenue Code 0110 - General Classification ROOM-BOARD/PVT	Medicare Approved \$9983.00
Total Units 1		

Claim Line # 2	Start Date	Amount Charged \$136815.00
Procedure Code	Revenue Code 0200 - General Classification INTENSIVE CARE or (ICU)	Medicare Approved \$136815.00
Total Units 5		

Claim Line # 3	Start Date	Amount Charged \$21618.28
Procedure Code	Revenue Code 0250 - General Classification PHARMACY	Medicare Approved \$21618.28
Total Units 1		

Claim Line # 4	Start Date	Amount Charged \$732.00
Procedure Code	Revenue Code 0270 - General Classification MED-SUR SUPPLIES	Medicare Approved \$732.00
Total Units 1		

FEEDBACK

Claim Line # 5	Start Date	Amount Charged \$40.00
Procedure Code	Revenue Code 0272 - Sterile Supply STERILE SUPPLY	Medicare Approved \$40.00
Total Units 1		
Claim Line # 6	Start Date	Amount Charged \$32680.00
Procedure Code	Revenue Code 0300 - General Classification LABORATORY or (LAB)	Medicare Approved \$32680.00
Total Units 1		
Claim Line # 7	Start Date	Amount Charged \$22749.00
Procedure Code	Revenue Code 0301 - Chemistry LAB/CHEMISTRY	Medicare Approved \$22749.00
Total Units 1		
Claim Line # 8	Start Date	Amount Charged \$3070.00
Procedure Code	Revenue Code 0305 - Hematology LAB/HEMATOLOGY	Medicare Approved \$3070.00
Total Units 1		
Claim Line # 9	Start Date	Amount Charged \$5406.00
Procedure Code	Revenue Code 0306 - Bacteriology and Microbiology LAB/BACT-MICRO	Medicare Approved \$5406.00
Total Units 1		
Claim Line # 10	Start Date	Amount Charged \$118.00
Procedure Code	Revenue Code 0307 - Urology LAB/UROLOGY	Medicare Approved \$118.00
Total Units 1		

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