

Claim details

Claim information

Claim Number 21924201188907CAA	Date of Admission 08/22/2019	Provider Billing Address 505 PARNASSUS AVE BOX 0810, SAN FRANCISCO, CA 94143-0810
Claim Type Inpatient	Type of Admission 2 - Urgent	Provider Street Address UNIVERSITY OF CALIFORNIA SAN FR 505 PARNASSUS AVE, SAN FRANCISCO, CA 94143-0824
Start Date 08/19/2019	Benefit Days Used 4	
End Date 08/26/2019	Operating Physician Name SUNDARAM, APARNA	Order MSN
	Attending Physician Name DZUNDZA, JOHN	
	Other Physician Name	

Claim Number 21924201188907CAA is for Inpatient services received from 8/19/2019 through 8/26/2019.

Payment summary

Total Amount Charged \$148067.16
Total Non-Covered Charges \$0.00
Medicare Approved \$148067.16
Medicare Paid You \$0.00
Medicare Paid Provider \$16277.51
Cash Deductible \$0.00
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 \$19966.00
Procedure Code	Revenue Code 0110 - General Classification ROOM-BOARD/PVT	Medicare Approved \$19966.00
Total Units 2		

Claim Line # 2	Start Date	Amount Charged \$54726.00
Procedure Code	Revenue Code 0200 - General Classification INTENSIVE CARE or (ICU)	Medicare Approved \$54726.00
Total Units 2		

Claim Line # 3	Start Date	Amount Charged \$10090.16
Procedure Code	Revenue Code 0250 - General Classification PHARMACY	Medicare Approved \$10090.16
Total Units 1		

Claim Line # 4	Start Date	Amount Charged \$80.00
Procedure Code	Revenue Code 0272 - Sterile Supply STERILE SUPPLY	Medicare Approved \$80.00

Total Units
1

Claim Line #
5

Start Date

Amount Charged
\$14760.00

Procedure Code

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

Medicare Approved
\$14760.00

Total Units
1

Claim Line #
6

Start Date

Amount Charged
\$13079.00

Procedure Code

Revenue Code
0301 - Chemistry LAB/CHEMISTRY

Medicare Approved
\$13079.00

Total Units
1

Claim Line #
7

Start Date

Amount Charged
\$1748.00

Procedure Code

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

Medicare Approved
\$1748.00

Total Units
1

Claim Line #
8

Start Date

Amount Charged
\$216.00

Procedure Code

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

Medicare Approved
\$216.00

Total Units
1

Claim Line #
9

Start Date

Amount Charged
\$161.00

Procedure Code

Revenue Code
0307 - Urology LAB/UROLOGY

Medicare Approved
\$161.00

Total Units
1

Claim Line #
10

Start Date

Amount Charged
\$247.00

Procedure Code

Revenue Code
**0320 - General Classification DX
X-RAY**

Medicare Approved
\$247.00

Total Units
1

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

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[View what Medicare typically pays to this hospital for this procedure and compare it to other hospitals in your area](#)

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