

Claim details



Claim information

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|--|--|---|
| Claim Number 21915501636307CAA | Date of Admission 05/26/2019 | 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 05/26/2019 | Benefit Days Used 2 | |
| End Date 05/28/2019 | Operating Physician Name RAFFEL, KATIE | Order MSN |
| | Attending Physician Name RAFFEL, KATIE | |
| | Other Physician Name | |

- Medicare processed the payment of this claim for Inpatient services on 6/6/2019.
- The payment of \$12,696.37 was for services from 5/26/2019 through 5/28/2019.

Payment summary

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|---|
| Total Amount Charged \$106436.95 |
| Total Non-Covered Charges \$0.00 |
| Medicare Approved \$106436.95 |
| Medicare Paid You \$0.00 |
| Medicare Paid Provider \$12696.37 |
| 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 \$54726.00 |
| Procedure Code | Revenue Code 0200 - General Classification INTENSIVE CARE or (ICU) | Medicare Approved \$54726.00 |
| Total Units 2 | | |

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|--------------------------|---|---------------------------------------|
| Claim Line # 2 | Start Date | Amount Charged \$7258.95 |
| Procedure Code | Revenue Code 0250 - General Classification PHARMACY | Medicare Approved \$7258.95 |
| Total Units 1 | | |

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|--------------------------|---|---------------------------------------|
| Claim Line # 3 | Start Date | Amount Charged \$1464.00 |
| Procedure Code | Revenue Code 0270 - General Classification MED-SUR SUPPLIES | Medicare Approved \$1464.00 |
| Total Units 1 | | |

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|--------------------------|---|-------------------------------------|
| Claim Line # 4 | Start Date | Amount Charged \$20.00 |
| Procedure Code | Revenue Code 0272 - Sterile Supply STERILE SUPPLY | Medicare Approved \$20.00 |
| Total Units 1 | | |

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|--------------------------|--|---------------------------------------|
| Claim Line # 5 | Start Date | Amount Charged \$4216.00 |
| Procedure Code | Revenue Code 0300 - General Classification LABORATORY or (LAB) | Medicare Approved \$4216.00 |
| Total Units 1 | | |

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|--------------------------|---|---------------------------------------|
| Claim Line # 6 | Start Date | Amount Charged \$5723.00 |
| Procedure Code | Revenue Code 0301 - Chemistry LAB/CHEMISTRY | Medicare Approved \$5723.00 |
| Total Units 1 | | |

| | | |
|--------------------------|---|--------------------------------------|
| Claim Line # 7 | Start Date | Amount Charged \$514.00 |
| Procedure Code | Revenue Code 0305 - Hematology LAB/HEMATOLOGY | Medicare Approved \$514.00 |
| Total Units 1 | | |

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|--------------------------|--|---------------------------------------|
| Claim Line # 8 | Start Date | Amount Charged \$5981.00 |
| Procedure Code | Revenue Code 0306 - Bacteriology and Microbiology LAB/BACT-MICRO | Medicare Approved \$5981.00 |
| Total Units 1 | | |

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|--------------------------|---|--------------------------------------|
| Claim Line # 9 | Start Date | Amount Charged \$224.00 |
| Procedure Code | Revenue Code 0324 - Chest X-Ray DX X- RAY/CHEST | Medicare Approved \$224.00 |
| Total Units 1 | | |

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|---------------------------|--|--|
| Claim Line # 10 | Start Date | Amount Charged \$14852.00 |
| Procedure Code | Revenue Code 0410 - General Classification RESPIRATORY SVC | Medicare Approved \$14852.00 |
| Total Units 1 | | |

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The link above will take you to the Medicare.gov Hospital Compare application where details of the Hospital profile and other related quality information can be viewed and printed

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

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