

Claim details



Claim information

Claim Number 21914101581207CAA	Date of Admission 05/07/2019	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 05/07/2019	Benefit Days Used 9	Order MSN
End Date 05/16/2019	Operating Physician Name RUSSELL, MATTHEW	
	Attending Physician Name SHARPE, BRADLEY	
	Other Physician Name KOLE, ABHISAKE	

- Medicare processed the payment of this claim for Inpatient services on 5/23/2019.
- The payment of \$45,847.50 was for services from 5/7/2019 through 5/16/2019.

Payment summary

Total Amount Charged \$409469.03
Total Non-Covered Charges \$0.00
Medicare Approved \$409469.03
Medicare Paid You \$0.00
Medicare Paid Provider \$45847.50
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 \$246267.00
Procedure Code	Revenue Code 0200 - General Classification INTENSIVE CARE or (ICU)	Medicare Approved \$246267.00
Total Units 9		

Claim Line # 2	Start Date	Amount Charged \$31226.03
Procedure Code	Revenue Code 0250 - General Classification PHARMACY	Medicare Approved \$31226.03
Total Units 1		

Claim Line # 3	Start Date	Amount Charged \$732.00
Procedure Code	Revenue Code 0270 - General Classification MED-SUR SUPPLIES	Medicare Approved \$732.00
Total Units 1		

Claim Line # 4	Start Date	Amount Charged \$1613.00
Procedure Code	Revenue Code 0272 - Sterile Supply STERILE SUPPLY	Medicare Approved \$1613.00
Total Units 1		

FEEDBACK

Claim Line # 5	Start Date	Amount Charged \$17912.00
Procedure Code	Revenue Code 0300 - General Classification LABORATORY or (LAB)	Medicare Approved \$17912.00
Total Units 1		

Claim Line # 6	Start Date	Amount Charged \$11516.00
Procedure Code	Revenue Code 0301 - Chemistry LAB/CHEMISTRY	Medicare Approved \$11516.00
Total Units 1		

Claim Line # 7	Start Date	Amount Charged \$139.00
Procedure Code	Revenue Code 0302 - Immunology LAB/IMMUNOLOGY	Medicare Approved \$139.00
Total Units 1		

Claim Line # 8	Start Date	Amount Charged \$1922.00
Procedure Code	Revenue Code 0305 - Hematology LAB/HEMATOLOGY	Medicare Approved \$1922.00
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 \$462.00
Procedure Code	Revenue Code 0320 - General Classification DX X-RAY	Medicare Approved \$462.00
Total Units 1		

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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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