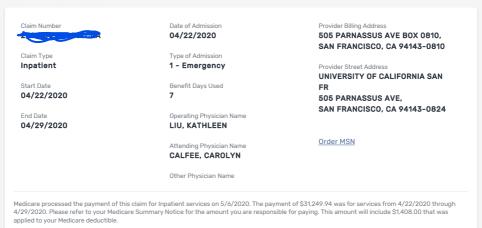
Claim details

Claim information



Payment summary

Total Amount Charged \$337132.85 \$0.00 \$337132.85 \$0.00 Medicare Paid Provider \$31249.94 \$1408.00 \$0.00 Total Amount You May Be Billed Information not available, please call 1-800-Medicare (1-800-633-4227) for more details.

Total Units

ocedure details					
Claim Line #	Start Date	Amount Charged \$191541.00			
Procedure Code	Revenue Code 0200 - General Classification	Medicare Approved \$191541.00			
Total Units 7	INTENSIVE CARE or (ICU)				
Claim Line #	Start Date	Amount Charged \$18930.85			
Procedure Code	Revenue Code 0250 - General Classification	Medicare Approved \$18930.85			
Total Units 1	PHARMACY				
Claim Line #	Start Date	Amount Charged \$2196.00			
Procedure Code	Revenue Code 0270 - General Classification MED-SUR SUPPLIES	Medicare Approved \$2196.00			
Total Units 1	MED-SON SOFFEED				
Claim Line #	Start Date	Amount Charged \$60.00			
Procedure Code	Revenue Code 0272 - Sterile Supply STERILE SUPPLY	Medicare Approved \$60.00			

Claim Line # 5 Procedure Code Total Units 1	Start Date Revenue Code 0300 - General Classification LABORATORY or (LAB)	Amount Charged \$28136.00 Medicare Approved \$28136.00
Claim Line # 6 Procedure Code Total Units 1	Start Date Revenue Code 0301 - Chemistry LAB/CHEMISTRY	Amount Charged \$15534.00 Medicare Approved \$15534.00
Claim Line # 7 Procedure Code Total Units	Start Date Revenue Code 0302 - Immunology LAB/IMMUNOLOGY	Amount Charged \$146.00 Medicare Approved \$146.00
Claim Line # 8 Procedure Code Total Units	Start Date Revenue Code 0305 - Hematology LAB/HEMATOLOGY	Amount Charged \$2589.00 Medicare Approved \$2589.00
Claim Line # 9 Procedure Code Total Units 1	Start Date Revenue Code 0306 - Bacteriology and Microbiology LAB/BACT-MICRO	Amount Charged \$4012.00 Medicare Approved \$4012.00
Claim Line # 10 Procedure Code Total Units	Start Date Revenue Code 0307 - Urology LAB/UROLOGY	Amount Charged \$169.00 Medicare Approved \$169.00
Claim Line # 11 Procedure Code Total Units 1	Start Date Revenue Code 0320 - General Classification DX X-RAY	Amount Charged \$247.00 Medicare Approved \$247.00
Claim Line # 12 Procedure Code Total Units 1	Start Date Revenue Code 0324 - Chest X-Ray DX X-RAY/CHEST	Amount Charged \$1120.00 Medicare Approved \$1120.00
Claim Line # 13 Procedure Code Total Units 1	Start Date Revenue Code 0410 - General Classification RESPIRATORY SVC	Amount Charged \$52420.00 Medicare Approved \$52420.00
Claim Line # 14 Procedure Code Total Units 1	Start Date Revenue Code 0420 - General Classification PHYSICAL THERP	Amount Charged \$967.00 Medicare Approved \$967.00
Claim Line #	Start Date	Amount Charged \$562.00

Procedure Code	Revenue Code 0424 - Evaluation or Re- evaluation PHYS THERP/EVAL	Medicare Approved \$562.00
Total Units 1		
Claim Line #	Start Date	Amount Charged \$15159.00
10		\$15159.00
Procedure Code	Revenue Code 0450 - General Classification EMERG ROOM	Medicare Approved \$15159.00
Total Units 1	EMERG ROOM	
Claim Line #	Start Date	Amount Charged
17		\$2008.00
Procedure Code	Revenue Code 0510 - General Classification CLINIC	Medicare Approved \$2008.00
Total Units 1	OLINIO .	
Claim Line #	Start Date	Amount Charged
18		\$476.00
Procedure Code	Revenue Code 0730 - General Classification EKG/ECG	Medicare Approved \$476.00
Total Units 1	ek6/eC6	
Claim Line #	Start Date	Amount Charged
19		\$860.00
Procedure Code	Revenue Code 0761 - Treatment Room TREATMENT RM	Medicare Approved \$860.00
Total Units 1	IREAIMENI KM	
Claim Line #	Start Date	Amount Charged
20		\$337132.85
Procedure Code	Revenue Code 0001 - Total Charges	Medicare Approved \$337132.85
Total Units 0		

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

View Quality Information about this Hospital
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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