

Claim details



Claim information

Claim Number [REDACTED]	Date of Admission 04/22/2020	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 04/22/2020	Benefit Days Used 7	Order MSN
End Date 04/29/2020	Operating Physician Name LIU, KATHLEEN	
	Attending Physician Name CALFEE, CAROLYN	
	Other Physician Name	

Medicare processed the payment of this claim for Inpatient services on 5/6/2020. The payment of \$31,249.94 was for services from 4/22/2020 through 4/29/2020. Please refer to your Medicare Summary Notice for the amount you are responsible for paying. This amount will include \$1,408.00 that was applied to your Medicare deductible.

Payment summary

Total Amount Charged \$337132.85
Total Non-Covered Charges \$0.00
Medicare Approved \$337132.85
Medicare Paid You \$0.00
Medicare Paid Provider \$31249.94
Cash Deductible \$1408.00
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 \$191541.00
Procedure Code	Revenue Code 0200 - General Classification INTENSIVE CARE or (ICU)	Medicare Approved \$191541.00
Total Units 7		

Claim Line # 2	Start Date	Amount Charged \$18930.85
Procedure Code	Revenue Code 0250 - General Classification PHARMACY	Medicare Approved \$18930.85
Total Units 1		

Claim Line # 3	Start Date	Amount Charged \$2196.00
Procedure Code	Revenue Code 0270 - General Classification MED-SUR SUPPLIES	Medicare Approved \$2196.00
Total Units 1		

Claim Line # 4	Start Date	Amount Charged \$60.00
Procedure Code	Revenue Code 0272 - Sterile Supply STERILE SUPPLY	Medicare Approved \$60.00
Total Units 1		

Claim Line # 5	Start Date	Amount Charged \$28136.00
Procedure Code	Revenue Code 0300 - General Classification LABORATORY or (LAB)	Medicare Approved \$28136.00
Total Units 1		

Claim Line # 6	Start Date	Amount Charged \$15534.00
Procedure Code	Revenue Code 0301 - Chemistry LAB/CHEMISTRY	Medicare Approved \$15534.00
Total Units 1		

Claim Line # 7	Start Date	Amount Charged \$146.00
Procedure Code	Revenue Code 0302 - Immunology LAB/IMMUNOLOGY	Medicare Approved \$146.00
Total Units 1		

Claim Line # 8	Start Date	Amount Charged \$2589.00
Procedure Code	Revenue Code 0305 - Hematology LAB/HEMATOLOGY	Medicare Approved \$2589.00
Total Units 1		

Claim Line # 9	Start Date	Amount Charged \$4012.00
Procedure Code	Revenue Code 0306 - Bacteriology and Microbiology LAB/BACT-MICRO	Medicare Approved \$4012.00
Total Units 1		

Claim Line # 10	Start Date	Amount Charged \$169.00
Procedure Code	Revenue Code 0307 - Urology LAB/UROLOGY	Medicare Approved \$169.00
Total Units 1		

Claim Line # 11	Start Date	Amount Charged \$247.00
Procedure Code	Revenue Code 0320 - General Classification DX X-RAY	Medicare Approved \$247.00
Total Units 1		

Claim Line # 12	Start Date	Amount Charged \$1120.00
Procedure Code	Revenue Code 0324 - Chest X-Ray DX X- RAY/CHEST	Medicare Approved \$1120.00
Total Units 1		

Claim Line # 13	Start Date	Amount Charged \$52420.00
Procedure Code	Revenue Code 0410 - General Classification RESPIRATORY SVC	Medicare Approved \$52420.00
Total Units 1		

Claim Line # 14	Start Date	Amount Charged \$967.00
Procedure Code	Revenue Code 0420 - General Classification PHYSICAL THERP	Medicare Approved \$967.00
Total Units 1		

Claim Line # 15	Start Date	Amount Charged \$562.00
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Procedure Code	Revenue Code	Medicare Approved
	0424 - Evaluation or Re-evaluation PHYS THERP/EVAL	\$562.00
Total Units		
1		

Claim Line #	Start Date	Amount Charged
16		\$15159.00
Procedure Code	Revenue Code	Medicare Approved
	0450 - General Classification EMERG ROOM	\$15159.00
Total Units		
1		

Claim Line #	Start Date	Amount Charged
17		\$2008.00
Procedure Code	Revenue Code	Medicare Approved
	0510 - General Classification CLINIC	\$2008.00
Total Units		
1		

Claim Line #	Start Date	Amount Charged
18		\$476.00
Procedure Code	Revenue Code	Medicare Approved
	0730 - General Classification EKG/ECG	\$476.00
Total Units		
1		

Claim Line #	Start Date	Amount Charged
19		\$860.00
Procedure Code	Revenue Code	Medicare Approved
	0761 - Treatment Room TREATMENT RM	\$860.00
Total Units		
1		

Claim Line #	Start Date	Amount Charged
20		\$337132.85
Procedure Code	Revenue Code	Medicare Approved
	0001 - Total Charges	\$337132.85
Total Units		
0		

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[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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