

Claim details

Claim information

Claim Number

Claim Type

Inpatient

Start Date

09/03/2020

End Date

09/10/2020

Date of Admission

09/03/2020

Type of Admission

1 - Emergency

Benefit Days Used

7

Operating Physician Name

RUSSELL, MATTHEW

Attending Physician Name

REDDY, SANJAY

Other Physician Name

Provider Billing Address

505 PARNASSUS AVE**BOX 0810,****SAN FRANCISCO, CA****94143-0810**

Provider Street Address

UNIVERSITY OF**CALIFORNIA SAN FR****505 PARNASSUS AVE,****SAN FRANCISCO, CA****94143-0824**

Medicare processed the payment of this claim for Inpatient services on 9/16/2020. The payment of \$27,440.77 was for services from 9/3/2020 through 9/10/2020. 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

\$314221.05

Total Non-Covered Charges

\$0.00

Medicare Approved

\$314221.05

Medicare Paid You

\$0.00

Medicare Paid Provider

\$27440.77

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 detailsClaim Line # **1** Procedure CodeTotal Units **1**

Start Date

Revenue Code **0110 -
General Classification
ROOM-BOARD/PVT**Amount Charged **\$9484.00**Medicare Approved
\$9484.00Claim Line # **2** Procedure CodeTotal Units **6**

Start Date

Revenue Code **0200 -
General Classification
INTENSIVE CARE or (ICU)**

Amount Charged

\$155970.00
Medicare Approved
\$155970.00Claim Line # **3** Procedure CodeTotal Units **1**

Start Date

Revenue Code **0250 -
General Classification
PHARMACY**Amount Charged **\$20822.14**Medicare Approved
\$20822.14Claim Line # **4** Procedure CodeTotal Units **1**

Start Date

Revenue Code **0270 -
General Classification
MED-SUR SUPPLIES**Amount Charged **\$2415.00**Medicare Approved
\$2415.00

Claim Line # **5** Procedure Code
Total Units **1**

Start Date
Revenue Code **0271 - Non-sterile Supply NONSTER SUPPLY**

Amount Charged **\$67.21**
Medicare Approved **\$67.21**

Claim Line # **6** Procedure Code
Total Units **1**

Start Date
Revenue Code **0272 - Sterile Supply STERILE SUPPLY**

Amount Charged **\$3381.70**
Medicare Approved **\$3381.70**

Claim Line # **7** Procedure Code
Total Units **1**

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

Amount Charged **\$17982.00**
Medicare Approved **\$17982.00**

Claim Line # **8** Procedure Code
Total Units **1**

Start Date
Revenue Code **0301 - Chemistry LAB/CHEMISTRY**

Amount Charged **\$5248.00**
Medicare Approved **\$5248.00**

Claim Line # **9** Procedure Code
Total Units **1**

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

Amount Charged **\$1852.00**
Medicare Approved **\$1852.00**

Claim Line # **10** Procedure Code
Total Units **1**

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

Amount Charged **\$3128.00**
Medicare Approved **\$3128.00**

Claim Line # **11** Procedure Code
Total Units **1**

Start Date
Revenue Code **0307 - Urology LAB/UROLOGY**

Amount Charged **\$144.00**
Medicare Approved **\$144.00**

Claim Line # 12 Procedure Code	Start Date Revenue Code 0324 - Chest X-Ray DX X-RAY/CHEST	Amount Charged \$1288.00 Medicare Approved \$1288.00
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Claim Line # 13 Procedure Code	Start Date Revenue Code 0360 - General Classification OR SERVICES	Amount Charged \$18538.00 Medicare Approved \$18538.00
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Claim Line # 14 Procedure Code	Start Date Revenue Code 0370 - General Classification ANESTHESIA	Amount Charged \$4204.00 Medicare Approved \$4204.00
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Claim Line # 15 Procedure Code	Start Date Revenue Code 0410 - General Classification RESPIRATORY SVC	Amount Charged \$46245.00 Medicare Approved \$46245.00
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Claim Line # 16 Procedure Code	Start Date Revenue Code 0420 - General Classification PHYSICAL THERP	Amount Charged \$278.00 Medicare Approved \$278.00
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Claim Line # 17 Procedure Code	Start Date Revenue Code 0424 - Evaluation or Re-evaluation PHYS THERP/EVAL	Amount Charged \$512.00 Medicare Approved \$512.00
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Claim Line # 18 Procedure Code	Start Date Revenue Code 0450 - General Classification EMERG ROOM	Amount Charged \$13108.00 Medicare Approved \$13108.00
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Claim Line # 19 Procedure Code	Start Date	Amount Charged \$2367.00
Total Units 1	Revenue Code 0460 - General Classification PULMONARY FUNC	Medicare Approved \$2367.00

Claim Line # 20 Procedure Code	Start Date	Amount Charged \$3602.00
Total Units 1	Revenue Code 0510 - General Classification CLINIC	Medicare Approved \$3602.00

Claim Line # 21 Procedure Code	Start Date	Amount Charged \$2430.00
Total Units 1	Revenue Code 0730 - General Classification EKG/ECG	Medicare Approved \$2430.00

Claim Line # 22 Procedure Code	Start Date	Amount Charged \$1155.00
Total Units 1	Revenue Code 0761 - Treatment Room TREATMENT RM	Medicare Approved \$1155.00

Claim Line # 23 Procedure Code	Start Date	Amount Charged \$314221.05
Total Units 0	Revenue Code 0001 - Total Charges	Medicare Approved \$314221.05

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