

New procedure details has been appended

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Medicare.gov

Claim details

Claim information

Claim Number	Date of Admission	Provider Billing Address
22111603084407CAA	04/15/2021	505 PARNASSUS AVE
Claim Type	Type of Admission	BOX 0810,
Inpatient	1 - Emergency	SAN FRANCISCO, CA
Start Date	Benefit Days Used	94143-0810
04/14/2021	7	Provider Street Address
End Date	Operating Physician Name	UNIVERSITY OF
04/22/2021	VU, THANH GIA	CALIFORNIA SAN FR
	Attending Physician Name	505 PARNASSUS AVE,
	ARBOLEDA, DAVID	SAN FRANCISCO, CA
	Other Physician Name	94143-0824

Medicare processed the payment of this claim for Inpatient services on 4/28/2021. The payment of \$34,065.09 was for services from 4/14/2021 through 4/22/2021. Please refer to your Medicare Summary Notice for the amount you are responsible for paying. This amount will include \$1,484.00 that was applied to your Medicare deductible.

Payment summary

Total Amount Charged

\$295546.15

Total Non-Covered Charges

\$0.00

Medicare Approved

\$295546.15

Medicare Paid You

\$0.00

Medicare Paid Provider

\$34065.09

Cash Deductible

\$1484.00

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** Procedure Code

Total Units **1**

Start Date

Revenue Code **0120 -
General Classification
ROOM-BOARD/SEMI**

Amount Charged **\$9484.00**

Medicare Approved
\$9484.00

Claim Line # **2** Procedure Code

Total Units **6**

Start Date

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

Amount Charged

\$155970.00
Medicare Approved
\$155970.00

Claim Line # **3** Procedure Code

Total Units **1**

Start Date

Revenue Code **0250 -
General Classification
PHARMACY**

Amount Charged **\$21057.15**

Medicare Approved
\$21057.15

Claim Line # **4** Procedure Code

Total Units **1**

Start Date

Revenue Code **0270 -
General Classification
MED-SUR SUPPLIES**

Amount Charged **\$4025.00**

Medicare Approved
\$4025.00

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

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

Amount Charged **\$40.00**
Medicare Approved **\$40.00**

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

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

Amount Charged **\$17230.00**
Medicare Approved
\$17230.00

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

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

Amount Charged **\$6021.00**
Medicare Approved
\$6021.00

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

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

Amount Charged **\$1868.00**
Medicare Approved
\$1868.00

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

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

Amount Charged **\$6383.00**
Medicare Approved
\$6383.00

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

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

Amount Charged **\$249.00**
Medicare Approved **\$249.00**

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

Start Date
Revenue Code **0324 - Chest
X-Ray DX X-RAY/CHEST**

Amount Charged **\$644.00**
Medicare Approved **\$644.00**

Claim Line # **12** Procedure
Code
Total Units **1**

Start Date
Revenue Code **0410 -**
General Classification
RESPIRATORY SVC

Amount Charged **\$50407.00**
Medicare Approved
\$50407.00

Claim Line # **13** Procedure
Code
Total Units **1**

Start Date
Revenue Code **0450 -**
General Classification
EMERG ROOM

Amount Charged **\$13896.00**
Medicare Approved
\$13896.00

Claim Line # **14** Procedure
Code
Total Units **1**

Start Date
Revenue Code **0510 -**
General Classification
CLINIC

Amount Charged **\$2312.00**
Medicare Approved
\$2312.00

Claim Line # **15** Procedure
Code
Total Units **1**

Start Date
Revenue Code **0730 -**
General Classification
EKG/ECG

Amount Charged **\$405.00**
Medicare Approved **\$405.00**

Claim Line # **16** Procedure
Code
Total Units **1**

Start Date
Revenue Code **0761 -**
Treatment Room
TREATMENT RM

Amount Charged **\$5555.00**
Medicare Approved
\$5555.00

Claim Line # **17** Procedure
Code
Total Units **0**

Start Date
Revenue Code **0001 - Total**
Charges

Amount Charged
\$295546.15
Medicare Approved
\$295546.15

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