

New procedure details has been appended

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Claim details

Claim information

Claim Number
22116001472607CAA

Claim Type

Inpatient

Start Date

05/28/2021

End Date

06/05/2021

Date of Admission

05/28/2021

Type of Admission

1 - Emergency

Benefit Days Used

8

Operating Physician Name

MANJUNATH, RASHMI

Attending Physician Name

ENIASIVAM, ARCHNA

Other Physician Name

POORE, TIMOTHY

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 6/16/2021.
- The payment of \$35,549.09 was for services from 5/28/2021 through 6/5/2021.

Payment summary

Total Amount Charged

\$379426.50

Total Non-Covered Charges

\$0.00

Medicare Approved

\$379426.50

Medicare Paid You

\$0.00

Medicare Paid Provider

\$35549.09

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** Procedure Code

Total Units **1**

Start Date

Revenue Code **0110 -**
General Classification
ROOM-BOARD/PVT

Amount Charged **\$9484.00**

Medicare Approved

\$9484.00

Claim Line # **2** Procedure Code

Total Units **7**

Start Date

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

Amount Charged

\$181965.00

Medicare Approved

\$181965.00

Claim Line # **3** Procedure Code

Total Units **1**

Start Date

Revenue Code **0250 -**
General Classification
PHARMACY

Amount Charged **\$32010.50**

Medicare Approved

\$32010.50

Claim Line # **4** Procedure Code

Total Units **1**

Start Date

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

Amount Charged **\$5635.00**

Medicare Approved

\$5635.00

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
\$37000.00
Medicare Approved
\$37000.00

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

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

Amount Charged **\$26474.00**
Medicare Approved
\$26474.00

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

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

Amount Charged **\$3305.00**
Medicare Approved
\$3305.00

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

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

Amount Charged **\$6027.00**
Medicare Approved
\$6027.00

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

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

Amount Charged **\$288.00**
Medicare Approved **\$288.00**

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

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

Amount Charged **\$966.00**
Medicare Approved **\$966.00**

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

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

Amount Charged **\$56859.00**
Medicare Approved
\$56859.00

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

Start Date
Revenue Code **0424 -**
Evaluation or Re-
evaluation PHYS
THERP/EVAL

Amount Charged **\$478.00**
Medicare Approved **\$478.00**

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

Start Date
Revenue Code **0430 -**
General Classification
OCCUPATION THER

Amount Charged **\$272.00**
Medicare Approved **\$272.00**

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

Start Date
Revenue Code **0434 -**
Evaluation or Re-
evaluation OCCUP
THERP/EVAL

Amount Charged **\$514.00**
Medicare Approved **\$514.00**

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

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

Amount Charged **\$10896.00**
Medicare Approved
\$10896.00

Claim Line # **17** Procedure
Code
Total Units **1**

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

Amount Charged **\$2890.00**
Medicare Approved
\$2890.00

Claim Line # **18** Procedure
Code
Total Units **1**

Start Date
Revenue Code **0722 -**
Delivery DELIVERY ROOM

Amount Charged **\$390.00**
Medicare Approved **\$390.00**

Claim Line # **19** Procedure
Code
Total Units **1**

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

Amount Charged **\$810.00**
Medicare Approved **\$810.00**

Claim Line # **20** Procedure
Code
Total Units **1**

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

Amount Charged **\$3123.00**
Medicare Approved
\$3123.00

Claim Line # **21** Procedure
Code
Total Units **0**

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

Amount Charged
\$379426.50
Medicare Approved
\$379426.50

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