

Medicare.gov

Claim details

Claim information

Claim Number
22121101550107CAA

Claim Type
Inpatient

Start Date
07/20/2021

End Date
07/26/2021

Date of Admission
07/20/2021

Type of Admission
1 - Emergency

Benefit Days Used
6

Operating Physician Name
RUSSELL, MATTHEW

Attending Physician Name
CHOI, NANCY

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 8/3/2021.
 - The payment of \$14,223.96 was for services from 7/20/2021 through 7/26/2021.

Payment summary

Total Amount Charged

\$244859.57

Total Non-Covered Charges

\$0.00

Medicare Approved

\$244859.57

Medicare Paid You

\$0.00

Medicare Paid Provider

\$14223.96

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 **2**

Start Date

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

Amount Charged **\$18968.00**

Medicare Approved
\$18968.00

Claim Line # **2** Procedure Code

Total Units **2**

Start Date

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

Amount Charged **\$51990.00**

Medicare Approved
\$51990.00

Claim Line # **3** Procedure Code

Total Units **2**

Start Date

Revenue Code **0210 -
General Classification
CORONARY CARE or
(CCU)**

Amount Charged

\$54070.00

Medicare Approved
\$54070.00

Claim Line # **4** Procedure Code

Total Units **1**

Start Date

Revenue Code **0250 -
General Classification
PHARMACY**

Amount Charged **\$11428.86**

Medicare Approved
\$11428.86

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

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

Amount Charged **\$2487.00**
Medicare Approved
\$2487.00

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

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

Amount Charged **\$1560.71**
Medicare Approved **\$1560.71**

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

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

Amount Charged **\$12297.00**
Medicare Approved
\$12297.00

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

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

Amount Charged **\$6084.00**
Medicare Approved
\$6084.00

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

Start Date
Revenue Code **0302 -**
Immunology
LAB/IMMUNOLOGY

Amount Charged **\$540.00**
Medicare Approved **\$540.00**

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

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

Amount Charged **\$1338.00**
Medicare Approved
\$1338.00

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