


New procedure details has been appended

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Medicare.gov

Claim details

Claim information

Claim Number	Date of Admission	Provider Billing Address
22132802348907CAA	11/09/2021	505 PARNASSUS AVE
Claim Type	Type of Admission	BOX 0810,
Inpatient	1 - Emergency	SAN FRANCISCO, CA
Start Date	Benefit Days Used	94143-0810
11/09/2021	10	Provider Street Address
End Date	Operating Physician Name	UNIVERSITY OF
11/19/2021	TURNBULL, JOHN	CALIFORNIA SAN FR
	Attending Physician Name	505 PARNASSUS AVE,
	RONEN, JOSHUA	SAN FRANCISCO, CA
	Other Physician Name	94143-0824

Medicare processed the payment of this claim for Inpatient services on 11/30/2021. The payment of \$78,684.49 was for services from 11/9/2021 through 11/19/2021. 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

\$457029.59

Total Non-Covered Charges

\$0.00

Medicare Approved

\$457029.59

Medicare Paid You

\$0.00

Medicare Paid Provider

\$78684.49

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 **10**

Start Date

Revenue Code **0200 -**

General Classification

INTENSIVE CARE or (ICU)

Amount Charged

\$259950.00

Medicare Approved

\$259950.00

Claim Line # **2** Procedure Code

Total Units **1**

Start Date

Revenue Code **0250 -**

General Classification

PHARMACY

Amount Charged **\$51713.99**

Medicare Approved

\$51713.99

Claim Line # **3** 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 # **4** Procedure Code

Total Units **1**

Start Date

Revenue Code **0272 -**

Sterile Supply STERILE

SUPPLY

Amount Charged **\$110.60**

Medicare Approved **\$110.60**

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

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

Amount Charged **\$17078.00**
Medicare Approved
\$17078.00

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

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

Amount Charged **\$12568.00**
Medicare Approved
\$12568.00

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

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

Amount Charged **\$168.00**
Medicare Approved **\$168.00**

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

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

Amount Charged **\$2192.00**
Medicare Approved
\$2192.00

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

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

Amount Charged **\$7223.00**
Medicare Approved
\$7223.00

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

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

Amount Charged **\$122.00**
Medicare Approved **\$122.00**

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

Start Date
Revenue Code **0320 -
General Classification DX
X-RAY**

Amount Charged **\$210.00**
Medicare Approved **\$210.00**

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

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

Amount Charged **\$2590.00**
Medicare Approved
\$2590.00

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

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

Amount Charged **\$79565.00**
Medicare Approved
\$79565.00

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

Start Date
Revenue Code **0420 -
General Classification
PHYSICAL THERP**

Amount Charged **\$1365.00**
Medicare Approved
\$1365.00

Claim Line # **15** 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 # **16** Procedure
Code
Total Units **1**

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

Amount Charged **\$10971.00**
Medicare Approved
\$10971.00

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

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

Amount Charged **\$2455.00**
Medicare Approved
\$2455.00

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

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

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

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

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

Amount Charged **\$5378.00**
Medicare Approved
\$5378.00

Claim Line # **20** Procedure
Code
Total Units **0**

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

Amount Charged
\$457029.59
Medicare Approved
\$457029.59

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