

Claim details



Claim information

Claim type

Inpatient

Claim number

22310702732207CAA

Start date

03/27/2023

End date

04/10/2023

Date of admission

03/27/2023

Type of admission

1 - Emergency

Benefit days used

14

Operating physician name

WOODRUFF, PRESCOTT

Attending physician name

FRETZ, ANNA

Other physician name

NOBLE, JEANNE

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**

Note

Medicare processed the payment of this claim for Inpatient services on 4/19/2023. The payment of \$40,693.53 was for services from 3/27/2023 through 4/10/2023. Please refer to your Medicare

Summary Notice for the amount you are responsible for paying. This amount will include \$1,600.00 that was applied to your Medicare deductible.

Payment summary

Total amount charged

\$481,505.90

Total non-covered charges

\$0.00

Medicare approved

\$481,505.90

Medicare paid you

\$0.00

Medicare paid provider

\$40,693.53

Cash deductible

\$1,600.00

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

Revenue code

0110 - General Classification ROOM-BOARD/PVT

Total units

3

Amount charged

\$29,307.00

Medicare approved

\$29,307.00

Claim line #

2

Revenue code

0200 - General Classification INTENSIVE CARE or (ICU)

Total units

11

Amount charged

\$285,945.00

Medicare approved

\$285,945.00

Claim line #

3

Revenue code

0250 - General Classification PHARMACY

Total units

1

Amount charged

\$20,918.90

Medicare approved

\$20,918.90

Claim line #

4

Revenue code

0270 - General Classification MED-SUR SUPPLIES

Total units

1

Amount charged

\$8,290.00

Medicare approved

\$8,290.00

Claim line #

5

Revenue code

0272 - Sterile Supply STERILE SUPPLY

Total units

1

Amount charged

\$80.00

Medicare approved

\$80.00

Claim line #

6

Revenue code

0300 - General Classification LABORATORY or (LAB)

Total units

1

Amount charged

\$18,172.00

Medicare approved

\$18,172.00

Claim line #

7

Revenue code

0301 - Chemistry LAB/CHEMISTRY

Total units

1

Amount charged

\$15,573.00

Medicare approved

\$15,573.00

Claim line #

8

Revenue code

0305 - Hematology LAB/HEMATOLOGY

Total units

1

Amount charged

\$3,192.00

Medicare approved

\$3,192.00

Claim line #

9

Revenue code

0306 - Bacteriology and Microbiology LAB/BACT-MICRO

Total units

1

Amount charged

\$7,105.00

Medicare approved

\$7,105.00

Claim line #

10

Revenue code

0307 - Urology LAB/UROLOGY

Total units

1

Amount charged

\$211.00

Medicare approved

\$211.00

Claim line #

11

Revenue code

0320 - General Classification DX X-RAY

Total units

1

Amount charged

\$210.00

Medicare approved

\$210.00

Claim line #

12

Revenue code

0324 - Chest X-Ray DX X-RAY/CHEST

Total units

1

Amount charged

\$1,480.00

Medicare approved

\$1,480.00

Claim line #

13

Revenue code

0410 - General Classification RESPIRATORY SVC

Total units

1

Amount charged

\$72,095.00

Medicare approved

\$72,095.00

Claim line #

14

Revenue code

0420 - General Classification PHYSICAL THERP

Total units

1

Amount charged

\$525.00

Medicare approved

\$525.00

Claim line #

15

Revenue code

0424 - Evaluation or Re-evaluation PHYS THERP/EVAL

Total units

1

Amount charged

\$478.00

Medicare approved

\$478.00

Claim line #

16

Revenue code

0444 - Evaluation or Re-evaluation SPEECH PATH/EVAL

Total units

1

Amount charged

\$694.00

Medicare approved

\$694.00

Claim line #

17

Revenue code

0450 - General Classification EMERG ROOM

Total units

1

Amount charged

\$15,988.00

Medicare approved

\$15,988.00

Claim line #

18

Revenue code

0730 - General Classification EKG/ECG

Total units

1

Amount charged

\$405.00

Medicare approved

\$405.00

Claim line #

19

Revenue code

0761 - Treatment Room TREATMENT RM

Total units

1

Amount charged

\$837.00

Medicare approved

\$837.00

Claim line #

20

Revenue code

0001 - Total Charges

Total units

0

Amount charged

\$481,505.90

Medicare approved

\$481,505.90

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

[View Quality Information about this Hospital](#)

The link above will take you to the Medicare.gov Care Compare application where details of the Hospital profile and other related quality information can be viewed and printed.



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U.S. Centers for Medicare and Medicaid Services.
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Medicare.gov