

Inpatient hospital claim [Print](#) [Learn about Part A claims](#)

Claim #22519902086307CAA

Date of service

06/26/25 - 06/30/25

Provider

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Facility address

**505 PARNASSUS AVE
SAN FRANCISCO, CA**

Claim processed on

07/22/25

Practicing providers

Not available

Services

Service (revenue code)

EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION (0730)

Qty	Provider charged	Medicare approved
1	\$385.00	\$385.00

Applied to deductible	Coinsurance	You may be billed
\$0.00	\$0.00	\$0.00

Service (revenue code)

LABORATORY - HEMATOLOGY (0305)

Qty	Provider charged	Medicare approved
1	\$1,263.00	\$1,263.00

Applied to deductible	Coinsurance	You may be billed
\$0.00	\$0.00	\$0.00

Service (revenue code)

PHARMACY (ALSO SEE 063X, AN EXTENSION OF 025X) - GENERAL CLASSIFICATION (0250)

Qty	Provider charged	Medicare approved
1	\$8,531.93	\$8,531.93

Applied to deductible	Coinsurance	You may be billed
\$0.00	\$0.00	\$0.00

Service (revenue code)

MEDICAL/SURGICAL SUPPLIES AND DEVICES (ALSO SEE 062X, AN EXTENSION OF 027) - GENERAL CLASSIFICATION (0270)

Qty	Provider charged	Medicare approved
1	\$1,742.00	\$1,742.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)
CT SCAN - BODY SCAN (0352)

Qty
1

Provider charged
\$7,425.00

Medicare approved
\$7,425.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)
EMERGENCY ROOM - GENERAL CLASSIFICATION (0450)

Qty
1

Provider charged
\$15,909.00

Medicare approved
\$15,909.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)
LABORATORY - CHEMISTRY (0301)

Qty
1

Provider charged
\$12,398.00

Medicare approved
\$12,398.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)
LABORATORY - IMMUNOLOGY (0302)

Qty
1

Provider charged
\$192.00

Medicare approved
\$192.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)

SPECIALTY SERVICES - TREATMENT ROOM (0761)

Qty
1

Provider charged
\$645.00

Medicare approved
\$645.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)

INTENSIVE CARE UNIT - GENERAL CLASSIFICATION (0200)

Qty
1

Provider charged
\$27,295.00

Medicare approved
\$27,295.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)

OTHER IMAGING SERVICES - ULTRASOUND (0402)

Qty
1

Provider charged
\$546.00

Medicare approved
\$546.00

Applied to deductible
\$0.00

Coinsurance
\$0.00

You may be billed
\$0.00

Service (revenue code)

ROOM & BOARD - PRIVATE (ONE BED) - GENERAL CLASSIFICATION (0110)

Qty

Provider charged

Medicare approved

2	\$20,126.00	\$20,126.00
Applied to deductible \$0.00	Coinsurance \$0.00	You may be billed \$0.00
Service (revenue code) LABORATORY - BACTERIOLOGY & MICROBIOLOGY (0306)		
Qty 1	Provider charged \$2,528.00	Medicare approved \$2,528.00
Applied to deductible \$0.00	Coinsurance \$0.00	You may be billed \$0.00
Service (revenue code) RESPIRATORY SERVICES - GENERAL CLASSIFICATION (0410)		
Qty 1	Provider charged \$27,985.00	Medicare approved \$27,985.00
Applied to deductible \$0.00	Coinsurance \$0.00	You may be billed \$0.00
Service (revenue code) RADIOLOGY - DIAGNOSTIC - CHEST X-RAY (0324)		
Qty 1	Provider charged \$444.00	Medicare approved \$444.00
Applied to deductible \$0.00	Coinsurance \$0.00	You may be billed \$0.00

Summary

Total benefit days used

3

The number of covered benefit days you used during your inpatient stay.

Total amount charged

\$127,414.93

The amount your provider charged Medicare.

Total Medicare approved

\$127,414.93

The amount Medicare agreed to pay your provider for the services provided.

Total Medicare paid you

\$0.00

The amount Medicare paid you directly for the services you got because the provider didn't accept Medicare's approved amount.

Total Medicare paid the facility

\$17,894.07

The amount Medicare paid the facility.

Total applied to deductible ⓘ

\$1,676.00

For each Part A benefit period in 2025, you must pay a deductible before Medicare begins to pay.

+

Total copay / coinsurance ⓘ

\$0.00

Depending on the length of your inpatient hospital stay, you may have copayments after meeting your deductible for the Part A benefit period. You may also have other coinsurance costs.

You have no copayment or coinsurance for this claim.



Total charges Medicare doesn't cover ⓘ

\$0.00

What you owe for anything Medicare doesn't cover.

You don't have any charges that Medicare doesn't cover.



Total you may be billed ⓘ

\$1,676.00

The amount you need to pay. This typically includes deductibles, copayments, coinsurance, and any charges Medicare doesn't cover that you're responsible for.

[Learn more about Medicare costs.](#)

Your claim information will be available in your account before you get your Medicare Summary Notice (MSN). Your claims might not be fully processed yet, so there could be differences in the amounts here and the claim summary when you get your MSN.

Explanation of benefits

The Medicare Summary Notice (MSN) is the official summary of your Medicare claims.

What's included in your MSN:

- The final costs for this claim
- Other claims from the same period
- How to handle denied services or file an appeal

What's the deadline to appeal this claim:

120 days after you get your MSN



Your electronic MSN for this claim isn't ready yet. When it's available, you'll get an email notification.

Helpful resources

[File a claim, appeal, or complaint](#)

[Report fraud and abuse](#)

[What's the Medicare Summary Notice \(MSN\)?](#)

Talk to someone

Need help beyond what's on Medicare.gov?

You can talk or live chat with a real person, 24 hours a day, 7 days a week (except some federal holidays).

Call us at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

[Start a Live Chat](#)

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