

PATIENT NO: [REDACTED] MEDICAL CENTER OF AURORA BILLING DATE PAGE 1 27400
 HED REC NO: [REDACTED] 1501 S POTOMAC STREET 04/11/16
 GUARANTOR NO:
 PATIENT: AURORA CO 800125411 ADMITTED DISCHARGED
 [REDACTED] 04/07/16 04/07/16

PAY TO ADDRESS: MEDICAL CENTER OF AURORA
 PO BOX 403150
 ATLANTA
 GA 303843150

BILL TO:

EMERGENCY
 ADMIT THRU DISCHARGE CLAIM

FC=13

DATE OF SERVICE	BATCH REF	F DEPT S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
250-PHARMACY					
040716	07B679	0712	884375	1 SOD CHL 0.9% 1000ML BA	129.10
040716	07B679	0712	907952	1 FENTANYL 2ML AMP	174.02
040716	07B679	0712	884375	1 SOD CHL 0.9% 1000ML BA	129.10
SUBTOTAL:					432.22
450-EMERG ROOM					
040716	09B016	0781	950206 96361	1 IV HYDRAT EA ADD HR	167.01
040716	09B016	0781	950327 96374	1 IVP SINGLE/INITIAL DRU	242.42
040716	09B016	0781	950351 96375	1 IVP EA ADD SEQ NEW DRU	242.42
040716	09B016	0781	936645 99284	1 EMER DEPT LEVEL 4	4478.86
SUBTOTAL:					5130.71
636-DRUGS REQUIRING DET CODE					
040716	07B679	0712	950894 J2405	1 ONDANSETRON 4 MG VL	344.84
SUBTOTAL:					344.84
TOTAL ANCILLARY CHARGES					5907.77
TOTAL CHARGES					5907.77
PAYMENTS					.00
ADJUSTMENTS					.00
BALANCE					5907.77

INSURANCE BENEFITS ASSIGNED TO MEDICAL CENTER OF AURORA. PLEASE RETAIN FOR YOUR RECORDS.