

Creation Date: 8/11/2022

Patient Name

[REDACTED]

Patient Number

[REDACTED]

Dates of Service

[REDACTED]

Hospital Number

00005

Medical Record Number

[REDACTED]

Patient Type

EMERGENCY SERVICES

Itemization of Hospital Services

[REDACTED]

Attached is a list of hospital services you requested for care you received at LEWIS-GALE MEDICAL CTR on

[REDACTED]

Please note that this is not a bill and does not show the amount you owe. The amount you owe will be sent to you separately on your hospital bill once payments from your insurance company or other adjustments are applied to the total shown here.

This is a list of your hospital services only. Other providers involved with your care who do not work for the hospital such as your physician, a lab, or other specialists, may bill separately for their services.

If you have questions about this list or about statements received from the hospital, please call (844) 974-3800.

Creation Date: 8/11/2022

Patient Name
[REDACTED]

Patient Number
[REDACTED]

Dates of Service
[REDACTED]

Hospital Number
00005

Medical Record Number
[REDACTED]

Patient Type
EMERGENCY SERVICES

Itemization of Hospital Services



Itemization of Hospital Services

REV CODE	DATE	HCPS	UNITS	DESCRIPTION	AMOUNT*
0351 - CT SCAN/HEAD					
	08/06/22	070486	1	[REDACTED]	\$ 4,905.00
	08/06/22	070450	1	[REDACTED]	\$ 3,110.00
				Subtotal:	\$ 8,015.00
0352 - CT SCAN BODY					
	08/06/22	072125	1	[REDACTED]	\$ 5,303.00
				Subtotal:	\$ 5,303.00
0450 - EMERG ROOM					
	08/06/22	099284	1	[REDACTED]	\$ 1,564.00
	08/06/22	096375	1	[REDACTED]	\$ 183.00
	08/06/22	096374	1	[REDACTED]	\$ 360.00
				Subtotal:	\$ 2,107.00
0636 - DRUGS/DETAIL CODE					
	08/06/22	0J2405	4	[REDACTED]	\$ 162.00

Itemization of Hospital Services

REV CODE	DATE	HCPS	UNITS	DESCRIPTION	AMOUNT*
0636 - DRUGS/DETAIL CODE					
	08/06/22	0J1885	2		\$ 157.00
				Subtotal:	\$ 319.00
				Amount Before Adjustments/Discounts:	\$ 15,744.00
				Adjustments/Discounts:	\$ 0.00
				Total Amount for Hospital Services:	\$ 15,744.00

You are not being asked to pay the itemized amounts listed above. The amount you owe after all insurance payments and adjustments will be on your hospital bill.

**This is not a bill and does not reflect what you are being asked to pay. This is an itemization of hospital services, which hospitals are required to provide upon request and includes amounts from the hospital's master list of charges, which every hospital is required to maintain. For more information please call (844) 974-3800.*