



Sentara

Sentara Health
824 N Military Hwy #100
Norfolk, VA 23502

www.sentara.com



Date of Birth: [Redacted]
SSN: [Redacted]

PATIENT NAME	ACCOUNT NO.	ADMISSION DATE	DISCHARGE DATE	PRINT DATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Account Class: Emergency Dept

Attending Physician: [Redacted]

Primary Coverage: [Redacted]

Chief Complaint: [Redacted]

[S01.81XA]

Other amnesia [Redacted]

Final Diagnoses [Redacted]

initial encounter

G93.6 - [Redacted]

T71.194A - [Redacted]

R55 - [Redacted]

H53.8

J32.2 [Redacted]

R11.10 - [Redacted]

IP Coded Procedures:

CPT Procedures:

Final DRG:

Rev Code	Revenue Code	CPT(R)/HCPCS Description Code	CDM Code	Charge Description	Service Date	Price	Qty
0250	Pharmacy	J3490	60257585	[Redacted]	[Redacted]	27.50	1
0250	Pharmacy	J3490	50257739	[Redacted]	[Redacted]	1.00	1
0360	CT Scan	70486	74000040	[Redacted]	[Redacted]	1,609.00	1
0360	CT Scan	72125	74000087	[Redacted]	[Redacted]	2,203.00	1



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Rev Code	Revenue Code	CPT(R)/HCPCS Code	CDM Code	Charge Description	Service Date	Price	Qty
0351	CT Scan	70450	74000034	[REDACTED]	[REDACTED]	1,691.00	1
0359	CT Scan	G1004	HBG1004	[REDACTED]	[REDACTED]	0.01	1
0359	CT Scan	G1004	HBG1004	[REDACTED]	[REDACTED]	0.01	1
0359	CT Scan	G1004	HBG1004	[REDACTED]	[REDACTED]	0.01	1
0450	Emergency Room	12011	73200524	[REDACTED]	[REDACTED]	773.00	1
0450	Emergency Room	99284	73200018	[REDACTED]	[REDACTED]	954.00	1
						7,258.53	

Date	Description	Amount
Fri 12/22/2023	[REDACTED] Payments	-1,958.25
Fri 12/22/2023	[REDACTED] Adjustments	-5,300.28
	Total Insurance Payments and Adjustments	-7,258.53

This is not a bill, it is a statement of Detailed Hospital Transactions. Only charges posted to the account prior to the print date are included. This statement does not include fees for professional services rendered by a physician.

== ANTHEM HEALTH PLANS OF VIRGINIA
 SENTARA RMH MEDICAL CENTE
 PO BOX 744799
 ATLANTA GA 30374
 NPI: [REDACTED]
 CLM#: [REDACTED]

FPE: [REDACTED] ANTHEM HEALTH PLANS OF VIRGINIA
 PAID: [REDACTED] PO BOX 7368 / [REDACTED]
 TOB: [REDACTED] COLUMBUS GA 31908
 FTN: [REDACTED] TE: [REDACTED]
 CHECK/EFT: [REDACTED]
 CHECK AMT: [REDACTED]

CHARGES: 7258.50=REPORTED
 0.00=NCVD/DENIED
 0.00=CLAIM ADJS
 0.00=COVERED
 DAYS/VISITS:
 =COST REPT
 0=COVD/UTIL
 0=NON-COVERED
 0=COVD VISITS
 0=NCOV VISITS

PAYMENT DATA: =DRG
 0.00=DRG AMOUNT
 0.00=DRG/OPER/CAP
 5572.76=LINE ADJ AMT
 0.00=OUTLIER
 0.00=CAP OUTLIER
 0.00=CASH DEDUCT
 0.00=BLOOD DEDUCT
 0.00=COINSURANCE
 0.00=PAT REFUND
 0.00=PBP REDUCT
 0.00=DISC PEN AMT

=DRG 0.000=REIM RATE
 0.00=MSP PRIM PAYER
 0.00=PROF COMPONENT
 0.00=ESRD AMOUNT
 0.00=PROC CD AMOUNT
 1958.25=ALLOW/REIM
 0.00=SEQUESTRATN
 0.00=INTEREST
 0.00=CONTRACT ADJ
 0.00=PER DIEM AMT
 0.00=PA REDUCT
 1958.25=NET REIM AMT

ADJ REASON CODES:

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK	CODES
LICN			HCPI									
SVC Desc												
0450	11/09	99284		25	1	954.00	1226.51	0A	94	-272.51		
0250	11/10				1	1.00	0.00	CO	97	1.00		
0250	11/10				1	27.50	0.00	CO	97	27.50		
0350	11/10	70486		ME	1	1609.00	731.74	CO	45	877.26		
0350	11/10	72125		ME	1	2203.00	0.00	CO	97	2203.00		
0351	11/10	70450		ME	1	1691.00	0.00	CO	97	1691.00		
0450	11/10	12011			1	773.00	0.00	CO	97	773.00		

GLOSSARY

- 0A Other adjustments
- CO Contractual obligations. The patient may not be billed for this amount
- 94 Processed in Excess of charges.
- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)