

MED REC NO
GUARANTOR NO
PATIENT

ST LUCIE MEDICAL CENTER
1800 SE TIFFANY AVENUE
PORT ST LUCIE, FL 34952

BILLING DATE
12/21/06

PAGE 12

00476

ADMITTED
12/07/06

DISCHARGED
12/18/06

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0607	2ND FLOOR ORTHO/NEURO	9,120.00
0600	ED HOLDING	1,200.00
0701	OR SERVICES	34,474.00
0704	RECOVERY ROOM	1,482.00
0712	PHARMACY	2,071.00
0715	IV SOLUTIONS	2,580.00
0718	MED-SUR SUPPLIES	1,305.00
0722	ANESTHESIA	3,723.00
0726	CT SCAN	12,151.00
0728	DX XRAY	4,109.00
0736	LABORATORY	9,117.00
0743	CARDIOLOGY	1,052.00
0744	EKG/ECG	343.00
0754	RESPIRATORY SERVICES	3,517.00
0755	WOUND CARE SERVICES	483.00
0762	PHYSICAL THERAPY	2,108.00
0780	EMERGENCY ROOM	1,123.00

TOTAL CHARGES: 95,694.00
TOTAL PAYMENTS: .00
TOTAL ADJUST: .00

Cell 1

AM
USA.

gave ins. card
ST. Lucie
ST. Lucie
ortho
ST. Lucie

12.07.07
12.11.07
H fold
out of
12.07.07

028538 67312JH
COASTAL ORTHOPAEDIC/SPORTS MED
7710 S US HIGHWAY 1
PORT ST LUCIE FL 34952

2561 N4169 FR16 BNS 006 0520 R

DR
DR
DR
DR
DR
DR
- BEATHER
- ELLEN
- LISA
- MALIKA
- NANETTE

ADDRESS SERVICE REQUESTED

02/15/07

Please
review
the claim
signature of AM

7269.00
PATIENT BALANCE

COASTAL ORTHOPAEDIC/SPORTS MED
7710 S US HIGHWAY 1
PORT ST LUCIE, FL 34952-2320

A
P.O.
14616
Lexington
KY.
40512-
4616

right knee

8760
800

PLEASE RETURN THIS PORTION WITH PAYMENT

011707
011907
011907
011907
011907 MD
011907
012307
020107
020107
020107
020507
020507
020507
020507 MD
020507
021307

BALANCE FORWARD
HUMANA APPLIED TO PT RESPONSE#
N/O HUMANA c#
Deductible 3,000.00 Humana pmt
POST-OP FOLLOW-UP VISIT
XRAY KNEE ONE OR TWO VIEWS
HUMANA # 419965 Filed
HUMANA APPLIED TO DEDUCTIBLE# 4199651
N/O HUMANA c# 4199651
Deductible 70.00
PMT HUMANA c#
N/O HUMANA c#
Deductible 1,264.00
POST-OP FOLLOW-UP VISIT DONALD
XRAY KNEE ONE OR TWO VIEWS
HUMANA # 423537 Filed

8760.00
0.00
0.00
0.00
-15.00
-761.00

DOB. (Disc)

85.00

85.00

***** SEE BACK FOR CREDIT CARD
PAYMENTS *****

02/15/07

CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	INS PENDING
170.00	95.00	7099.00		7364.00	85.00

COASTAL ORTHOPAEDIC/SPORTS MED
7710 S US HIGHWAY 1
PORT ST LUCIE FL 34952
IRS #: 561746429

PAYMENT IS EXPECTED AT TIME OF
SERVICE. PLEASE REMIT PAYMENT
WITHIN 15 DAYS. CALL ABOVE
NUMBER FOR QUESTIONS.

7312.00
PATIENT BALANCE
PAY THIS AMOUNT
7269.00

Who called.
H

Coastal to set appl. w/
bx

Iv
Morphine

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copy

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DATE OF SERVICE	BATCH REF	DEPT	S	F	PROC	NDC/OPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121506	15B550	0762			190244	97110GP	2	THER EXERCISES 15 MIN	150.00
121506	15B550	0762			190211	97530GP	1	THER ACTIV DIR 15 MIN	133.00
121606	16B631	0762			190244	97110GP	1	THER EXERCISES 15 MIN	150.00
121606	16B631	0762			190211	97530GP	1	THER ACTIV DIR 15 MIN	133.00
121806	18B870	0762			190244	97110GP	1	THER EXERCISES 15 MIN	150.00
121806	18B870	0762			190233	97110GP	1	GAIT TRAINING 15 MIN P	124.00
424-PHY'S THERP/EVAL									
121206	12B882	0762			190433	97001GP	1	EVALUATION PT	339.00
450-EMERGENCY ROOM									
120706	11B783	0780			970355	99285	1	EMER DEPT LEVEL 5	1129.00
460-PULMONARY FUNC									
121406	15C359	0754			940232	94799	1	UL PULM SVC OR PROC	185.00
636-DRUGS/DETAIL CODE									
121106	13B154	0712			250009	E J2405	1	EXP ONDANSETRON HCL 1M	62.00
121106	13B154	0712			250009	E J2405	1	EXP ONDANSETRON HCL 1M	62.00
121106	13B154	0712			250009	E J2405	1	EXP ONDANSETRON HCL 1M	62.00
121106	13B154	0712			250009	E J2405	1	EXP ONDANSETRON HCL 1M	62.00
710-RECOVERY ROOM									
121106	14B413	0704			704005		1	PACU LEVEL II 1ST 30 M	891.00
121106	14B413	0704			704006		1	PACU LEVEL II EA ADD 3	591.00
730-GEN EKG/EKG/SVS									
120706	08B338	0744			930005	93005	1	EKG TRACING ONLY	343.00
921-PERIPHERAL VASCULAR LAB									
121406	14B405	0743			930089	93970	1	DIP VEIN UN/LTD	1052.00
999-MISC/OTHER									
121106	13B154	0712			250008	B 173044202	1	EXP ONDANSETRON HCL 4M	.00
TOTAL ANCILLARY CHARGES									85374.00

A FOR PROFIT TAX PAYING HOSPITAL LICENSED BY THE STATE
OF FLORIDA ID 02-1113740