

PATIENT NO:
 MED REC NO:
 GUARANTOR NO:
 PATIENT

BILLING DATE
 12/21/06

PAGE 10

00476

PORT ST LUCIE, FL 34952

ADMITTED
 12/07/06

DISCHARGED
 12/18/06

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
121506	15B550	0762	190244	97110GP	1	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	97116GP	1	GAIT TRAINING 15 MIN P	124.00
SUBTOTAL:							1779.00
424-PHYS THERP/EVAL							
121206	12B892	0762	190433	97001GP	1	EVALUATION PT	329.00
SUBTOTAL:							329.00
450-EMERGENCY ROOM							
120706	11B783	0780	970355	99285	1	EMER DEPT LEVEL 5	1129.00
SUBTOTAL:							1129.00
460-PULMONARY FUNC							
121406	15C359	0754	940232	94799	1	UL PULM SVC OR PROC	185.00
SUBTOTAL:							185.00
636-DRUGS/DETAIL CODE							
121106	13B154	0712	250009	E J2405	1	EXP ONDANSETRON HCL 1M	62.00
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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
SUBTOTAL:							248.00
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
SUBTOTAL:							1482.00
730-GEN EKG/ECG/SVS							
120706	08B358	0744	930005	93005	1	EKG TRACING ONLY	340.00
SUBTOTAL:							340.00
921-PERIPHERAL VASCULAR LAB							
121406	14B405	0743	930089	93971	1	DIP VEIN UNL/LTD	1052.00
SUBTOTAL:							1052.00
999-MISC/OTHER							
121106	13B154	0712	250008	B 173044202	1	EXP ONDANSETRON HCL 4M	.00
SUBTOTAL:							.00
TOTAL ANCILLARY CHARGES							85374.00

A FOR PROFIT TAX PAYING HOSPITAL LICENSED BY THE STATE