1 BILLING PROVIDER NAME, ADDRESS, & TELEPHONE
PEAK OF THE MOUNTAIN MEDICAL CENTER
1000 SUMMIT WAY
ALPINE PEAKS, CO 11111

3A PAT. CNTL #: 554432

4 TOB: 0111

5 FED. TAX NO.: 84-1234567

3B MED. REC. #: MRN-998122

6 STATEMENT COVERS PERIOD: 010426 TO 010826

8 PATIENT NAME: DOE, JOHN

10 BIRTHDATE: 05251986

11 SEX: M

9 PATIENT ADDRESS
123 ASPEN LANE
SNOWY RIDGE, CO 11112

12 ADMIT DATE: 010426

13 HR: 14

14 TYPE: 1

15 SRC: 2

16 DHR: 10

17 STAT: 01

42 REV CD	43 DESCRIPTION	44 HCPCS/RATE	45 DATE	46 UNIT	47 TOTALS
0450	EMERGENCY DEPT VISIT - L5	99285	0104	1	2100.00
0120	INITIAL HOSPITAL CARE - L3	99223	0104	1	1250.00
0480	PCI-ACUTE MI W/STENT	92941	0104	1	18400.00
0278	STENT, DRUG-ELUTING	C1874	0104	1	4800.00
0730	ECG-GLOBAL REPORT	93000	0104	1	250.00
0730	ECG-PROF COMPONENT	93010	0104	1	150.00
0300	TROPONIN - QUANTITATIVE	84484	0104	1	315.00
0300	TROPONIN - QUANTITATIVE	84484	0104	1	315.00
0320	RADIOLOGY - CXR 1 VIEW	71045	0104	1	420.00
0300	COMP METABOLIC PANEL	80053	0104	1	185.00
0250	HEPARIN SODIUM/1000U	J1644	0104	10	650.00
0124	ROOM & BOARD - CARDIAC ICU		0105	1	4500.00
0480	ECHOCARDIOGRAM W/ DOPPLER	93306	0105	1	1800.00
0250	BRILINTA 90MG TABLET	S5570	0105	2	170.00
0124	ROOM & BOARD - CARDIAC ICU		0106	1	4500.00
0410	NEBULIZER TREATMENT	94640	0106	2	960.00
0270	NEBULIZER SUPPLY KIT	A4627	0106	1	120.00
0202	ROOM & BOARD - TELEMETRY		0107	1	3200.00
0730	ECG MONITOR 24HR	93224	0107	1	650.00
0200	ROOM & BOARD - DISCHARGE DAY		0108	1	3200.00
0120	HOSPITAL DISCHARGE MGMT	99238	0108	1	450.00
0250	PHARMACY - ASPIRIN 325MG		MISC	4	180.00
0270	SUPPLIES - STERILE GLOVES		MISC	12	3210.00
0001 TOTALS					52175.00

50 PAYER NAME: SELF-PAY

51 HEALTH PLAN ID: 99999

58 INSURED'S NAME: DOE, JOHN

60 INSURED'S UNIQUE ID: 123456789

66 DX: 0

67 PRINCIPAL DX CODE: I21.09

76 ATTENDING PROVIDER
NPI 1234567890
SMITH, JANE

81 CC
FACILITY NPI: 0987654321