

PATIENT NO: 7806761243 SOVAH HEALTH
 MED REC NO: 370912 320 HOSPITAL DR
 GUARANTOR NO:
 PATIENT: MARTINSVILLE
 HILL BRIAN D

BILLING DATE PAGE 1 02781
 07/14/22

VA 241121900 ADMITTED DISCHARGED
 09/21/18 09/21/18

PAY TO ADDRESS: SOVAH HEALTH
 PO BOX 742401
 ATLANTA
 GA 303742401

BILL TO:
 HILL BRIAN D
 310 FOREST ST
 APT 2
 MARTINSVILLE VA 24112

EMERGENCY FC=09
 INFORMATION BILL, SPECIFIED PERIOD OF TIME
 FROM 09/21/18 THRU 09/21/18

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES	
258-IV SOLUTIONS								
092118	21B597	0715	170363	J7030	1	IV NAACL .9% 1000ML	157.00	
							SUBTOTAL:	157.00
260-IV THERAPY								
092118	23B781	0780	800397	96360	1	IV HYDRATION 1ST HR	585.00	
							SUBTOTAL:	585.00
270-MED SURG SUPPLY								
092118	22B696	0718	232334		1	SENSOR FETAL O2	130.00	
092118	22B696	0718	230760		1	CUFF B/P DISP	50.00	
092118	22B696	0718	232781		1	OXISENSOR DISP	198.00	
092118	22B696	0718	232295		1	TUBING HEPLOCK	32.00	
092118	22B696	0718	230633		1	CATH IV	66.00	
092118	22B696	0718	232137		1	TUBING SECONDARY	21.00	
							SUBTOTAL:	497.00
272-MED SURG SUPPLY/STERILE								
092118	22B696	0718	232646		1	KIT IV LATEX FREE	56.00	
							SUBTOTAL:	56.00
450-EMERG ROOM								
092118	22B696	0780	800388	9928525	1	ER VISIT LEVEL V	2555.00	
							SUBTOTAL:	2555.00

THANK YOU FOR CHOOSING SOVAH
 MARTINSVILLE FOR YOUR HEALTHCARE NEEDS

PATIENT NO:	7806761243	SOVAH HEALTH	BILLING DATE	PAGE	2	02781
MED REC NO:	370912	320 HOSPITAL DR	07/14/22			
GUARANTOR NO:						
PATIENT:		MARTINSVILLE	VA 241121900	ADMITTED		DISCHARGED
HILL BRIAN D				09/21/18		09/21/18

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
636-DRUGS/DETAIL CODE							
092118	21B597	0712	123638	90714	1	TET\DIPHTOXOID PF J	137.00
SUBTOTAL:							137.00
771-VACCINE ADMIN							
092118	23B781	0780	800230	90471	1	IMMUNIZATION ADMIN	120.00
SUBTOTAL:							120.00
TOTAL ANCILLARY CHARGES							4107.00
TOTAL CHARGES							4107.00
PAYMENTS							.00
ADJUSTMENTS							.00
BALANCE							4107.00

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PATIENT NO:	7806761243	SOVAH HEALTH	BILLING DATE	PAGE	3	02781
MED REC NO:	370912	320 HOSPITAL DR	07/14/22			
GUARANTOR NO:						
PATIENT:		MARTINSVILLE	VA 241121900	ADMITTED		DISCHARGED
HILL BRIAN D				09/21/18		09/21/18

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	137.00
0715	IV SOLUTIONS - ADMIN	157.00
0718	MEDICAL SERVICES	553.00
0780	EMERGENCY SERVICES	3,260.00

REVENUE CHARGE SUMMARY

REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0258	IV SOLUTIONS	157.00	.00	157.00
0260	IV THERAPY	585.00	.00	585.00
0270	MED SURG SUPPLY	497.00	.00	497.00
0272	MED SURG SUPPLY/STERILE	56.00	.00	56.00
0450	EMERG ROOM	2,555.00	.00	2,555.00
0636	DRUGS/DETAIL CODE	137.00	.00	137.00
0771	VACCINE ADMIN	120.00	.00	120.00

TOTAL CHARGES: 4,107.00

TOTAL PAYMENTS: .00

TOTAL ADJUST: .00

SOVAH HEALTH		SOVAH HEALTH		3a PAT. CNTL #	7806761243	4 TYPE OF BILL	0131
320 HOSPITAL DR		PO BOX 742401		b. MED. REC. #	000000370912		
MARTINSVILLE VA 241121900		ATLANTA		GA30374	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	7 THROUGH
8042673700					20-2028539	092118	092118

8 PATIENT NAME	a	9 PATIENT ADDRESS	a	B10 FOREST ST, APT 2			
b	HILL, BRIAN D.		b	MARTINSVILLE		c	VA
d	24112		e				

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
05261990	M			1	1		21													

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37
11	092118	A1	052690			

38	VIRGINIA PREM ELITE PLUSZ			39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
	PO BOX 4369			a	A3		410700		
	RICHMOND, VA 23220			b					
				c					
				d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0450 ER VISIT LEVEL V	99285 25	092118	1	385000		
2	0636 N449281021588ML1	90714	092118	1	13700		
3	0771 IMMUNIZATION ADMIN	90471	092118	1	12000		
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23	0001	PAGE 001 OF 001	CREATION DATE	092618	TOTALS	410700
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50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1154419737
A	VIRGINIA PREM ELITE PLU		Y	Y	000	57 OTHER PRV ID	

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	HILL, BRIAN D.	18	690024628015	

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		

66 DX	S80211A	S20319A	F840	E119	F429	Z888	68
0							

69 ADMIT DX	70 PATIENT REASON DX	M25562	S80211A	71 PPS CODE	72 ECI	73	
74	PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c.	OTHER PROCEDURE CODE	DATE	d.	OTHER PROCEDURE CODE	DATE	e.	OTHER PROCEDURE CODE

80 REMARKS	81 CC a	B3282N00000X	76 ATTENDING	NPI	154673895	QUAL	
	b	B1W	LAST	FINCHMAN		FIRST	BRANT
	c	U	77 OPERATING	NPI		QUAL	
	d		LAST			FIRST	
			78 OTHER	NPI		QUAL	
			LAST			FIRST	
			79 OTHER	NPI		QUAL	
			LAST			FIRST	