

Location: LVH POCONO  
Katipalli, Himabindu

February 4, 2022

Himabindu Katipalli  
60Q Reading Road  
EDISON, NJ 08817

Guarantor ID: 1408452

Visit Coverages:  
United Healthcare - United Healthcare Choice Plus

This is not a bill. This is an itemization of your hospital services for:

Patient: Katipalli, Himabindu Admission Date: 04/13/21  
MRN: 11151822  
Hospital Account: 632067566 Discharge Date: 04/17/21

Diagnosis Code: O48.0  
O98.513  
Z37.0  
B00.89  
B00.2  
Z3A.40  
O26.86  
M06.9  
O70.1  
L29.9  
O76

**Hospital Charges**

Svc Dt	Rev Code	Description	Quantity	Service Code	Amt
04/13/2021	0112	HB OB/GYN LOW LEVEL BED	1	110000005110000005	3,670.00
04/13/2021	0300	HB ABO TYPE	1	300000537300000537	160.00
04/13/2021	0300	HB DRUG TEST PRSMV CHEM ANALYZR	1	300000962300000962	1,190.00
04/13/2021	0300	HB HEPATITIS B SURFACE AG	1	300000600300000600	245.00
04/13/2021	0300	HB RH TYPE	1	300000538300000538	160.00
04/13/2021	0302	HB ANTIBODY SCREEN	1	300000533300000533	290.00
04/13/2021	0302	HB TREPONEMA PALLIDUM	1	300000514300000514	305.00
04/13/2021	0302	HB COMPLETE BLOOD COUNT	1	300000358300000358	210.00
04/13/2021	0305	HB HIV ANTIGEN W/HIV ANTIBODIES	1	300000858300000858	325.00
04/13/2021	0306	HB OP URINE CULTURE	1	300000562300000562	210.00
04/13/2021	0306	HB URINALYSIS (WITH MICROSCOPIC)	1	300000052300000052	80.00
04/13/2021	0307	LACTATED RINGERS IV BOLUS	1	250000015RXXR400296	70.00
04/13/2021	0636				

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Svc Dt	Rev Code	Description	Quantity	Service Code	Amt
04/13/2021	0636	LACTATED RINGERS PER 1000 ML	1	250000015RXX4318	70.00
04/13/2021	0637	DINOPROSTONE 10 MG INER	1	250000008RXX27467	1,546.92
04/14/2021	0112	HB OB/GYN LOW LEVEL BED	1	11000000511000005	3,670.00
04/14/2021	0250	BUPIVACAINE (PF) 0.25 % SOLN	1	250000001RXX1222	83.10
04/14/2021	0250	LIDOCAINE-EPINEPHRINE (PF) 1.5 %- 1:200,000 SOLN	1	250000001RXX2001042900	14.85
04/14/2021	0370	HB ANES EACH ADDITIONAL 15 MINUTES	2	370000002370000002	640.00
04/14/2021	0370	HB ANES 1 - 15 MINUTES	1	370000001370000001	345.00
04/14/2021	0636	BUTORPHANOL PER 1 MG	2	250000007RXX9334	107.39
04/14/2021	0636	FENTANYL-ROPIVACAINE-NACL (PF) 2- 0.2 MCG/ML-% SOLN	2	250000007RXX34272	219.63
04/14/2021	0636	LACTATED RINGERS IV BOLUS	1	250000015RXX400296	70.00
04/14/2021	0636	LACTATED RINGERS PER 1000 ML	1	250000015RXX4318	70.00
04/14/2021	0636	LACTATED RINGERS PER 1000 ML	1	250000015RXX4318	70.00
04/14/2021	0636	ONDANSETRON PER 1 MG	4	250000007RXX106348	82.45
04/14/2021	0636	OXYTOCIN IN 0.9 % SOD CHLORIDE 30 UNIT/500 ML SOLN	3	250000007RXX126791	78.79
04/14/2021	0637	ACETAMINOPHEN 500 MG TAB	1	250000008RXX102	2.50
04/14/2021	0637	DIPHENHYDRAMINE 25MG	1	250000008RXX2509	2.50
04/14/2021	0637	MISOPROSTOL 25 MCG TAB	1	250000008RXX400620	27.40
04/15/2021	0112	HB OB/GYN PRIVATE BED	1	11000000411000004	2,535.00
04/15/2021	0312	HB TISSUE PROCESSING - LEVEL V	1	30000067730000677	1,035.00
04/15/2021	0636	FENTANYL-ROPIVACAINE-NACL (PF) 2- 0.2 MCG/ML-% SOLN	2	250000007RXX34272	219.63
04/15/2021	0636	LACTATED RINGERS PER 1000 ML	1	250000015RXX4318	70.00
04/15/2021	0637	ACETAMINOPHEN 500 MG TAB	2	250000008RXX102	5.00
04/15/2021	0720	HB DELIVERY ROOM	1	720000035720000035	7,780.00
04/15/2021	0720	HB FETAL MONITORING PER HOUR	45	720000062720000062	8,550.00
04/16/2021	0112	HB OB/GYN PRIVATE BED	1	11000000411000004	2,535.00
04/16/2021	0305	HB COMPLETE BLOOD COUNT(W/O DIFFERENTIAL)	1	300000359300000359	180.00
04/16/2021	0637	ACETAMINOPHEN 500 MG TAB	2	250000008RXX102	5.00
04/16/2021	0637	DOCUSATE SODIUM 100 MG CAP	1	250000008RXX2566	2.50
04/16/2021	0637	FUROSEMIDE 20 MG TAB	1	250000008RXX3294	13.70
04/16/2021	0637	HYDROCORTISONE 1 % CREA 28 G TUBE	1	250000008RXX14190	6.29
04/16/2021	0637	IBUPROFEN 600 MG TAB	1	250000008RXX3844	13.70
04/16/2021	0637	IBUPROFEN 600 MG TAB	1	250000008RXX3844	13.70
04/16/2021	0637	IBUPROFEN 600 MG TAB	1	250000008RXX3844	13.70
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04/16/2021	0637	IBUPROFEN 600 MG TAB	1	250000008RXX3844	13.70
04/16/2021	0637	POLYETHYLENE GLYCOL 17 GRAM PWPK	1	250000008RXX25424	13.70
		<b>Total Charges</b>			<b>37,075.95</b>

**Hospital Payments and Adjustments**

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