

1 CEDARLINE MEDICAL CENTER, S.
2100 HALCYON PARKWAY
SACRAMENTO, CA 95816
(916) 555-0142

Print Form
RESET

3a PAT. CNTL # CMCS-202604-073318
b. MED. REC. # CLH-3358104
4 TYPE OF BILL 111
5 FED. TAX NO. 94-2788907
6 STATEMENT COVERS PERIOD FROM 04142026 THROUGH 04192026
7

8 PATIENT NAME a XEH829104677 9 PATIENT ADDRESS a 3450 LAND PARK DRIVE
b DONNELLY, MARGARET R b SACRAMENTO c CA d 95822 e

10 BIRTHDATE 09121954 11 SEX F 12 DATE 42(19) 1 16 DHR 1 17 STAT 11 06
ADMISSION 13 HR 14 TYPE 15 SRC 16
CONDITION CODES 22 23 24 25 26 27 28 29 ACDT STATE 30
31 OCCURRENCE CODE DATE 32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE SPAN CODE FROM THROUGH 36 OCCURRENCE SPAN CODE FROM THROUGH 37

38 39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT
a 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
0200	INTENSIVE CARE UNIT		0414	2	28400.00	0.00	1
0120	ROOM & BOARD - SEMI-PRIVATE		0416	3	9600.00	0.00	2
0250	PHARMACY		0414	1	9850.00	0.00	3
0258	PHARMACY - IV SOLUTIONS		0414	1	2260.00	0.00	4
0300	LABORATORY		0414	1	12180.00	0.00	5
0305	LABORATORY - HEMATOLOGY		0414	1	2540.00	0.00	6
0320	RADIOLOGY - DIAGNOSTIC	74178	0414	1	4180.00	0.00	7
0450	EMERGENCY ROOM	99285	0414	1	7600.00	0.00	8
0636	PHARMACY - DRUGS REQ DETAIL C		0414	1	9420.00	0.00	9
0730	EKG/ECG	93000	0414	1	430.00	0.00	10
0410	RESPIRATORY SERVICES		0415	1	1860.00	0.00	11
0270	MEDICAL/SURGICAL SUPPLIES		0414	1	6180.00	0.00	12
0001	PAGE 1 OF 1	CREATION DATE	04192026	TOTALS	94500.00	0.00	23

50 PAYER NAME ANTHEM BLUE CROSS 51 HEALTH PLAN ID PPO-CA 52 REL INFO Y 53 ASG BEN. Y 54 PRIOR PAYMENTS 0.00 55 EST. AMOUNT DUE 33420.00 56 NPI 1730345829
57 OTHER PRV ID 1538220017

58 INSURED'S NAME 050108 59 P.REL 01 60 INSURED'S UNIQUE ID XEH829104677 61 GROUP NAME SIERRA PACIFIC PRO 62 INSURANCE GROUP NO. SPP-PPO-2208
DONNELLY, MARGARET R

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 DX 9 A41.51 R65.21 N17.9 N10 N18.3 E11.22 F I10 G A41.9 68

69 ADMIT DX 70 PATIENT REASON DX a b c 71 PPS CODE 72 ECI a b c 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 DATE
76 ATTENDING NPI QUAL 1G
LAST FIRST
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST SIGNATURE ON FILE FIRST 04192026

80 REMARKS 81CC a B3 31400000X b c d
ATTENDING: OKAFOR, DAVID MD
NPI 1538220017