

P.O. BOX101757  
 ATLANTA, GEORGIA30392-1757  
 (404)851-6500

**NORTHSIDEHOSPITAL**  
 1000 JOHNSON FERRY ROAD, N.E., ATLANTA, GA 30309

ADMISSION DATE 10/10/14  
 DISCHARGE DATE 10/19/14  
 ACCOUNT NUMBER 123456789  
 FIC M PT. TYPE I/P DATE OF BILL 10/23/14 PAGE NO. 1

PATIENT NAME

ADMISSION DATE 10/10/14  
 DISCHARGE DATE 10/19/14  
 ACCOUNT NUMBER 123456789

John Doe

INSURANCE COMPANY NAME(S)

556200 MEDICARE PART A ANDB  
 301800 UNITED AMERICAN INSURANCE COMPANY

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AE  
R&  
AA  
ND  
TD  
OR  
RES

John W. Doe  
 1234 Harmony St  
 Amarillo, TX 79109

DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
10/10/14	RC 1603	99	ROOM 312Y	9	12,906.00
		***111	MED-SUR-GY/PVT		12,906.00
10/0/14	HMM 116	98	ACETAMINOPHEN 650MG/20.3MLUD	1	18.50
10/10/14	HMM 120	22	TYLENOL 325MG TABLET	2	13.00
10/10/14	HMM 120	66	TYLENOL 325MG TABLET	2	13.00
10/10/14	HMM 1322	36	COMBIVENTRESPIMAT 20-100MCG	1	1,172.00
10/10/14	HMM 2281	19	METRONIDAZOLE 500MG/100ML IV	2	369.00
10/10/14	HMM 2281	26	METRONIDAZOLE 500MG/100ML IV	2	369.00
10/10/14	HMM 2281	147	METRONIDAZOLE 500MG/100ML IV	-1	-184.50
10/10/14	HMM 2281	148	METRONIDAZOLE 500MG/100ML IV	-1	-184.50
10/10/14	HMM 2281	274	METRONIDAZOLE 500MG/100ML IV	-1	-184.50
10/10/14	HMM 2590	17	HUMIBID LA 600MG TABLET	1	18.50
10/10/14	HMM 28	33	SODIUM CHLOR 0.4Si 1000ML IV	1	170.00
10/10/14	HMM 3101	21	LIPITOR 10MG TABLET	1	29.50
10/10/14	HMM 3101	86	LIPITOR 10MG TABLET	1	29.50
10/10/14	HMM 3525	35	IBUPROFEN 800MG/40ML LIQUID	1	18.50
10/10/14	HMM 3948	54	SODIUM CHLORIDE 0.9% 3ML INHA	1	18.50
10/10/14	HMM 3948	78	SODIUM CHLORIDE 0.9% 3ML INHA	1	18.50
10/10/14	HMM 4845	16	ROBITUSSIN DM EQ 5ML CUP	2	37.00
10/10/14	HMM 586	88	ASPIRIN 81MG CHEWABLE TABLET	1	6.50
10/10/14	HMM 6025	87	VASOTEC 2.5MG/2ML VIAL	1	77.00
10/10/14	HMM 6203	58	ALPRAZOLAM 0.25MG TABLET	1	22.00
10/10/14	HMM 7284	55	XOPENEX (LEVALBUTEROL) 1.25MG/O	1	33.00
10/10/14	HMM 7284	79	XOPENEX (LEVALBUTEROL) 1.25MG/O	1	33.00
10/11/14	HMM 1065	194	CARDURA 4MG TABLET	2	37.00
10/11/14	HMM 116	131	ACETAMINOPHEN 650MG/20.3MLUD	1	18.50
10/11/14	HMM 116	174	ACETAMINOPHEN 650MG/20.3MLUD	1	18.50
10/11/14	HMM 3003	162	LACTINEX TABLET	1	18.50
10/11/14	HMM 3003	182	LACTINEX TABLET	3	55.50
10/11/14	HMM 3095	186	LOPRESSOR 25MG TABLET	1	18.50
10/11/14	HMM 3095	196	LOPRESSOR 25MG TABLET	1	18.50

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THANK YOU



Please see tile reverse  
 side for information regarding your  
 hospital bill.

PHYSICIANS PROVIDING SERVICES TO PATIENTS AT NORTH SIDE HOSPITAL ARE NOT AGENTS OR EMPLOYEES OF THE HOSPITAL BUT ARE INDEPENDENT PRACTITIONERS IN THE PRIVATE PRACTICE OF MEDICINE. AS SUCH, THEY USE THEIR OWN PROFESSIONAL JUDGEMENT IN DIAGNOSIS AND TREATMENT DECISIONS. THE HOSPITAL DOES NOT EXERCISE CONTROL OVER THEIR INDEPENDENT MEDICAL JUDGEMENT.

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**NORTHSIDE HOSPITAL**

F/C I P T TYPE TYPE OF BILL DATE OF BILL PAGE NO.  
 M I / P D 1 10/23/14 j

PATIENT NAME: John Doe  
 ADMISSION DATE: /10/14  
 DISCHARGE DATE: 10/19/14  
 ACCOUNT NUMBER: 10123456789

INSURANCE COMPANY NAME(S):  
 .556200 MEDICARE PARTA AND8  
 301800 UNITED AMERICAN INSURANCE COMPANY

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John W.  
 Doe1234  
 Harmony  
 Amarillo, Tx 79109

POSTING DATE	SERVICE CODE	ORDER NUMBER	SERVICE DESCRIPTION	QUANTITY	TOTAL CHARGE
10/11/14	HMM 3095	338	LOPRESSOR	-1	-18.50
10/11/14	HMM 3095	455	25MG TABLET LOPRESSOR	-1	-18.50
10/11/14	HMM 3101	179	LIPITOR 10MG TABLET	1	29.50
10/11/14	HMM 3948	118	SODIUM CHLORIDE 0.9% 3MLINHA	1	18.50
10/11/14	HMM 3948	142	SODIUM CHLORIDE 0.9i	1	18.50
10/11/14	HMM 4435	163	3MLINHA POTASSIUM CHLORIDE	2	37.00
10/11/14	HMM 4555	187	PROCARDIA XL	1	18.50
10/11/14	HMM 4555	195	90MG CAPSULE PROCARDIA XL	1	18.50
10/11/14	HMM 455	337	90MG CAPSULE	-1	-18.50
10/11/14	HMM 4641	149	PROTONIX	1	18.50
10/11/14	HMM 492	185	40MG TABLET HYDRALAZINE HCL	2	37.00
10/11/14	HMM 492	193	25MG TABLET HYDRALAZINE HCL	2	37.00
10/11/14	HMM 5497	155	TESSALON PERLES 100MG CAPSULE	6	111.00
10/11/14	HMM 5497	180	TESSALON PERLES 100MG CAPSULE	6	111.00
10/11/14	HMM 5720	158	TOBRAMYCIN INHAL SOLN 300MG/5	2	836.00
10/11/14	HMM 5720	181	TOBRAMYCIN INHAL SOLN 300MG/5	2	836.00
10/11/14	HMM 586	197	ASPIRIN 81MG CHEWABLE TABLET	1	6.50
10/11/14	HMM 6025	130	VASOTEC 2.5MG/2ML VIAL	1	77.00
10/11/14	HMM 6025	173	VASOTEC 2.5MG/2ML	1	77.00
10/11/14	HMM 647	169	VIAL ATROVENT INH SOLN	1	21.50
10/11/14	HMM 647	183	0.02% 2.5ML ATROVENT INH SOLN 0.02	1	21.50
10/11/14	HMM 7284	119	XOPENEX (LEVALBUTEROL) 1.25MG/O	1	33.00
10/11/14	HMM 7284	141	XOPENEX (LEVALBUTEROL) 1.25MG/O	1	33.00
10/11/14	HMM 7284	168	XOPENEX (LEVALBUTEROL) 1.25MG/O	1	33.00
10/11/14	HMM 7284	184	XOPENEX (LEVALBUTEROL) 1.25MG/O	1	33.00
10/12/14	HMM 1065	285	CARDURA 4MG TABLET	2	37.00
10/12/14	HMM 116	275	ACETAMINOPHEN	1	18.50
10/12/14	HMM 1970	251	650MG/20.3ML UDDURAGESIC	1	64.00
10/12/14	HMM 2646	225	HYDROCODONE-ACETAMIN 10-325MG	1	22.00
10/12/14	HMM 2646	263	HYDROCODONE-ACETAMIN 10-325MG	1	22.00
10/12/14	HMM 3003	283	LACTINEX TABLET	3	55.50
10/12/14	HMM 3095	286	LOPRESSOR 25MG TABLET	1	18.50

Continued

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