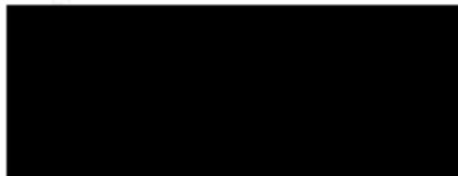




Hudson Hospital & Clinic

HealthPartners

Karli R Kerschneider



HUDSON HOSPITAL & CLINIC
405 STAGELINE ROAD
HUDSON, WI 54016-7848

Visit Coverages:
Medica - Medica Choice

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

Patient:	Kerschneider, Karli R	Admission Date:	12/19/18
Hospital Account:	[REDACTED]	Discharge Date:	12/21/18
Guarantor Number:	[REDACTED]	Attending Physician:	Brown, Sara R, APRN, CNM
Account Class:	Inpatient		

Current Hospital Account Balance: 6,663.38

Account Summary

Rev Code	Description	Amount
0122	ROOM & BOARD - SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - OB	\$3,560.00
0250	PHARMACY - GENERAL CLASSIFICATION	\$129.00
0270	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION	\$101.00
0300	LABORATORY - GENERAL CLASSIFICATION	\$184.00
0301	LABORATORY - CHEMISTRY	\$298.00
0305	LABORATORY - HEMATOLOGY	\$121.00
0370	ANESTHESIA - GENERAL CLASSIFICATION	\$4,836.00
0720	LABOR ROOM/DELIVERY - GENERAL CLASSIFICATION	\$28.00
0722	LABOR ROOM/DELIVERY - DELIVERY ROOM	\$2,633.00

Detailed Itemization Charges

Service Date	Description	QTY	Amount
12/19/18	01960 ANESTH VAGINAL DELIVERY Nitrous	39	\$4,836.00
12/19/18	AMNIOTOMY	1	\$28.00
12/19/18	BENZOCAINE 20 % AERO 57 G CAN	1	\$13.00
12/19/18	DELIVERY CARE LEVEL 2	1	\$2,633.00
12/19/18	IBUPROFEN 400 MG TABS	2	\$11.00
12/19/18	O2 PARTIAL DAY	1	\$101.00
12/19/18	R&B SEMI-PRIVATE OB	1	\$1,780.00
12/19/18	WITCH HAZEL-GLYCERIN PADS 40 EACH JAR	1	\$8.00
12/20/18	36415 ROUTINE VENIPUNCTURE	1	\$42.00
12/20/18	82565 CREATININE, SERUM LEVEL	1	\$43.00
12/20/18	82570 CREATININE, OTHER SOURCE	1	\$99.00
12/20/18	84156 PROTEIN, QUANT. URINE LEVEL	1	\$31.00



Guarantor Name

Guarantor Number

Statement Date

Payment Due Date

Payment Due

Karli R Kerrschneider

1/9/2019

2/3/2019

\$3,635.38

Your previous account balance	\$0.00
Amount on payment plan	\$0.00
New charges	\$10,193.00
Insurance payments/adjustments	-\$6,557.62

Payments in the last 30 days	\$0.00
Monthly payment plan amount due	\$0.00
Amount not on a payment plan	\$3,635.38
Payment due/balance due	\$3,635.38

Date of Service	Description	Charges	Insurance Payments/Adjustments	Patient Payments/Adjustments	Balance
	Kerrschneider, Karli R Inpatient HUDSON HOSPITAL & CLINICS HH OB			<i>Billed Ins 7550.00</i>	
12/19/2018 to 12/21/2018	Room and Board - Semi Private Pharmacy Medical/Surgical Supplies and Devices Laboratory Anesthesia Labor Room/Delivery Medica Payments Deductible: 1,500.00 Copay: 823.38 Medica Adjustments <u>Patient Balance</u>	\$3,560.00 \$129.00 \$101.00 \$603.00 <u>\$496.00</u> \$2,661.00 <i>10,193.00</i>	\$3,293.51 ✓ \$1,933.11 ✓		<u>\$2,323.38</u>
	Kerrschneider, Leviathan C Inpatient HUDSON HOSPITAL & CLINICS HH Nursery				
12/19/2018 to 12/21/2018	Nursery Pharmacy Laboratory Audiology Medica Payments Deductible: 1,312.00 Medica Adjustments <u>Patient Balance</u>	\$2,016.00 ✓ \$138.00 ✓ \$379.00 ✓ \$110.00 ✓ <i>2643.00</i>	\$0.00 \$1,331.00		<u>\$1,312.00</u>

	0-30 Days	31-60 Days	61-90 Days	Over 90 Days
Account Balance	3,635.38	0.00	0.00	0.00

Messages

Thank you for using Hudson Hospital & Clinic for your services. We expect payment in full now, unless you call 715-531-6220 to make other arrangements. If you have effective Health Insurance coverage that was not billed for the services listed above, please contact our Patient Accounting Department at 715-531-6200.

PAYMENT DUE:

\$3,635.38