

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
This Claim was continued from the previous page.						
06/03/11	Pharmacy	\$39.75	\$0.00	\$0.00	\$0.00	c
	IV Solutions	495.15	0.00	0.00	0.00	c
	Tx/proph/dg addl seq iv inf (96367)	460.00	0.00	10.11	10.11	
	Med-Sur Supplies	85.10	0.00	0.00	0.00	c
	Non-Ster Supply	29.00	0.00	0.00	0.00	c
	Sterile Supply	31.70	0.00	0.00	0.00	c
	Cath, inf, per/cent/midline (C1751)	48.00	0.00	0.00	0.00	c
	Chemo iv infusion 1 hr (96413)	815.00	0.00	56.44	56.44	
	Chemo iv infusion addl hr (96415)	329.00	0.00	10.11	10.11	
	Dexamethasone sodium phos (J1100)	40.75	0.00	0.00	0.00	c
	Fosaprepitant injection (J1453)	725.75	0.00	51.90	51.90	
	Palonosetron hcl (J2469)	1,034.75	0.00	37.38	37.38	
	Carboplatin injection (J9045)	172.50	0.00	0.00	0.00	c
	Docetaxel injection (J9171)	2,767.85	0.00	252.48	252.48	
	Ther/proph/diag inj iv push (96374)	240.00	0.00	10.11	10.11	
	Claim Total	\$7,314.30	\$0.00	\$428.53	\$428.53	