

**PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS (continued)**

46803  
0005

Dates of Service	Services Provided	Amount Charged	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Control number 21115904549902CAA						
City Of Alameda Health Care Dis						
2070 Clinton Ave						
Alameda, CA 94501-4320						
Referred by: Gary Cecchi						
05/27/11	Pharmacy	\$39.75	\$0.00	\$0.00	\$0.00	c
	IV Solutions	680.30	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	52.60	0.00	0.00	0.00	c
	Cath, inf, per/cent/midline (C1751)	48.00	0.00	0.00	0.00	c
	Urinalysis auto w/o scope (81003)	73.00	0.00	0.00	0.00	d
	Chemo iv infusion 1 hr (96413)	815.00	0.00	56.44	56.44	
	Chemo iv infusion addl hr (96415)	658.00	0.00	20.22	20.22	
	Dexamethasone sodium phos (J1100)	40.75	0.00	0.00	0.00	c
	Fosaprepitant injection (J1453)	725.75	0.00	47.63	47.63	
	Palonosetron hcl (J2469)	1,034.75	0.00	34.32	34.32	
	Bevacizumab injection (J9035)	10,982.35	0.00	761.85	761.85	
	Carboplatin injection (J9045)	172.50	0.00	0.00	0.00	c
	Docetaxel injection (J9171)	2,767.85	0.00	231.77	231.77	
	Ther/proph/diag inj iv push (96374)	240.00	0.00	10.11	10.11	
	<b>Claim Total</b>	<b>\$18,904.70</b>	<b>\$0.00</b>	<b>\$1,172.45</b>	<b>\$1,172.45</b>	
Control number 21116604119902CAA						
City Of Alameda Health Care Dis						
2070 Clinton Ave						
Alameda, CA 94501-4320						
Referred by: Gary Cecchi						

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