

Beaumont**William Beaumont Hospital**

Business Center
750 Stephenson Highway
PO Box 5042
Troy, MI 48007 -5042

To Contact Us:
www.beaumont-hospitals.com
248.577.9600

Detailed Bill For:

Guarantor:
CHUBANYUK,ELENA
42843 POTOMAC
NOVI, MI 48375-1769

Patient: CHUBANYUK,DENIS YURIEVICH
Patient DOB: 10/28/2010
Account #: 48688992013
Account Class: Outpatient - Clinic
Service Date 08/23/2012
From:
Service Date To: 08/23/2012

Federal Tax ID: 381459362

Coverages on file: NONE

Charges

Svc Date	Dx	Proc Code	Description	Qty	Amount
Professional Charges					
08/23/12	755.55	99205	E&M, NEW, COMPREHENSIVE HIGH	1	252.00
<i>Total professional charges:</i>					252.00

Adjustments

Post Date	Description	Amount
Patient Adjustments		
08/27/12	UNINSURED DISCOUNT	-100.80
<i>Total patient adjustments:</i>		-100.80

Balance Summary

Total charges:	252.00
Total payments/adjustments:	-100.80
Total balance:	151.20
Insurance balance:	0.00
Patient balance:	151.20

AN

Beaumont

William Beaumont Hospital

Business Center
 750 Stephenson Highway
 PO Box 5042
 Troy, MI 48007 -5042

To Contact Us:
 www.beaumont-hospitals.com
 248.577.9600

Detailed Bill For:

Guarantor:
 CHUBANYUK,ELENA
 42843 POTOMAC
 NOVI, MI 48375-1769

Patient: CHUBANYUK,DENIS YURIEVICH
Patient DOB: 10/28/2010
Account #: 48688992018
Account Class: Inpatient
Admission Date: 08/31/2012
Discharge Date: 09/05/2012
Attending Physician: CHAIYASATE, KONGKRIT
NPI #: 1467574467
Diagnoses: 755.55, 518.51, 745.5, 276.2, 285.1

Federal Tax ID: 381459362

Coverages on file: NONE

Charges

Svc Date	Rev Code	Proc Code	Description	Qty	Amount
Hospital Charges					
08/30/12	0300	36415	VENIPUNCTURE SPEC COLLECT	1	35.00
08/30/12	0300	86850	COOMBS INDIRECT	1	57.00
08/30/12	0300	86900	TYPING ABO	1	48.00
08/30/12	0300	86901	TYPING RHO (D)	1	35.00
08/31/12	0203		INTENSIVE CARE UNIT PEDIATRICS	1	3,294.00
08/31/12	0250		BACITRACIN 50000 UNITS SOLR 1 EACH VI	1	64.54
08/31/12	0250		BACITRACIN 50000 UNITS SOLR 1 EACH VI	1	64.54
08/31/12	0250		BUPIVACAINE-EPINEPHRINE 0.25 % SOLN 3	1	35.93
08/31/12	0250		DEXTROSE 5% IN 0.45% NACL WITH KCL 20	1	39.36
08/31/12	0250		FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	17.86
08/31/12	0250		LIDOCAINE 0.5 % SOLN 50 ML VIAL	1	42.17
08/31/12	0250		METHYLENE BLUE 1 % SOLN 1 ML VIAL	2	109.19
08/31/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
08/31/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
08/31/12	0250		SODIUM CHLORIDE 0.9 % SOLN 1,000 ML F	2	45.07
08/31/12	0250		THROMBIN (HUMAN) 800-1200 UNIT/ML SOL	4	1,914.75
08/31/12	0270		BANDAGE,KERLIX BULKY 8 PLY FLEXIBLE P	1	3.00
08/31/12	0270		BASIN SINGLE	1	4.08
08/31/12	0270		BATTERY PACK,BOS DRIVER,508000204	2	122.00
08/31/12	0270		BLADE, RECIPROCATING, LONG, 510013711, S	1	40.00
08/31/12	0270		BLADE, AVERAGE MEDIUM,, 22963111	1	40.00
08/31/12	0270		BOWL, PLASTIC, 35 OZ, 61200, STRL, NLATX	3	2.82
08/31/12	0270		CANNISTER, SUCTION (INCL SPEC TRAP & T	1	3.06
08/31/12	0270		CATHETER, FOLEY, 16FR, 10CC, STRL, NLAT	1	3.78
08/31/12	0270		CAUTERY TIP, COLORADO,, E1650, NSTRL, NLA	1	80.00
08/31/12	0270		CORD, DISPOSABLE BIPOLAR, 12", 301538, S	1	15.76
08/31/12	0270		COVER, BACK TABLE, 44" X 88", 89611, STRL	3	10.02
08/31/12	0270		COVER, LIGHT HANDLE, CHROMOVISION, 10007	1	15.60
08/31/12	0270		DRAIN, SUCTION FLAT SILICONE, 7MM WIDE	1	9.20
08/31/12	0270		DRAPE, IMPERVIOUS SPLIT,, 89331, STRL, NL	1	3.62
08/31/12	0270		DRAPE, STERI IRRIGATION POUCH,, 1016, S	1	9.02
08/31/12	0270		DRILL, TWIST, 2.1 X 5MM, 5261605	1	256.00
Svc Date	Rev Code	Proc Code	Description	Qty	Amount

Beaumont[®]**William Beaumont Hospital**

Business Center
750 Stephenson Highway
PO Box 5042
Troy, MI 48007 -5042

To Contact Us:
www.beaumont-hospitals.com
248.577.9600

Patient: CHUBANYUK, DENIS YURIEVICH
Admission Date: 08/31/2012
Discharge Date: 09/05/2012

Date	Code				
08/31/12	0270		ELECTRODES, POLYHESIVE, PEDIATRIC (6LBS	1	9.40
08/31/12	0270		EVACUATOR, SUCTION CLOSED WOUND SILICO	1	8.20
08/31/12	0270		GLOVE, BIOGEL, SURGEON, SIZE 7.5, 30475	4	7.04
08/31/12	0270		GOWN, SURGICAL, EXTRA LARGE, 90142/95121	4	22.64
08/31/12	0270		HEMOSTAT, SURGICEL ABSORBABLE, 2" X 14"	1	98.62
08/31/12	0270		IRRIGATION SOLUTION, STERILE WATER, 150	1	4.20
08/31/12	0270		MARKERS, SURGICAL SKIN W/LABELS, PINK, 3	4	7.44
08/31/12	0270		NEEDLE, YALE, 25GA 1-1/2", BF305127, STRL	1	0.08
08/31/12	0270		NEURO, ST NEURO BASIC EQUIPMENT & INS	1	706.00
08/31/12	0270		PACK, CENTER GENERAL, 395757, STRL, NLAT	1	67.52
08/31/12	0270		PACK, CRANIOTOMY, 393205, STRL, NLATX	1	220.00
08/31/12	0270		PACK, U BAR II, 88321, STRL, NLATX	1	29.76
08/31/12	0270		PACK, WILLIAM BEAUMONT PLASTIC SURGERY	1	70.88
08/31/12	0270		PAD, ARM BOARD CONVOLUTED, 31143467	1	4.00
08/31/12	0270		PEN MARKING SURGEONS, FINE TIP W/ PAP	1	1.18
08/31/12	0270		PENCIL ELECTROSURGICAL, WITH BLADE AND	1	5.80
08/31/12	0270		PLASTIC, ST NEURO BASIC EQUIPMENT & I	1	377.00
08/31/12	0270		ROLL, POSITIONING, 6" X 17", 8705/SP2660	1	6.12
08/31/12	0270		SLEEVE, SEQUENTIAL, MEDIUM, KENDALL, 9529	1	34.00
08/31/12	0270		SOLUTION, DURAPREP, 26ML, 8630, NSTRL, NLA	1	9.02
08/31/12	0270		SPLINT KIT, THERMOPLASTIC NASAL, MED, 15	1	55.74
08/31/12	0270		SPONGE GAUZE X-RAY DETECTABLE, 16 PLY	2	0.20
08/31/12	0270		SPONGE, LAP X-RAY 5""S, 18" X 18", 232	4	9.44
08/31/12	0270		STAPLER, SKIN, 35W, 054006, STRL, NLATX	1	42.60
08/31/12	0270		STERI DRAPE, LG TOWEL DRAPE, 1010, STRL,	1	2.00
08/31/12	0270		STERISTRIP, SKIN WOUND CLOSURE STRIPS,	1	1.86
08/31/12	0270		SUTURE, CHROMIC GUT, 5-0, SG5687G, STRL, N	5	72.40
08/31/12	0270		SUTURE, GUT CHROMIC, 5-0, ET687G, STRL, NL	2	13.12
08/31/12	0270		SUTURE, MONOCRYL MONO, 4-0, ETY496G, STRL	2	34.68
08/31/12	0270		SUTURE, NUROLON TF 45CM BRAIDED, 4-0, C5	1	21.38
08/31/12	0270		SUTURE, VICRYL COATED BRAID, 2-0, J339H,	1	2.86
08/31/12	0270		SUTURE, VICRYL COATED BRAID, 5-0, J493G,	1	6.56
08/31/12	0270		SUTURE, VICRYL RB-1 NEEDLE, 4-0, ETJ714D	5	95.60
08/31/12	0270		SYRINGE ONLY SAFETY-LOK, PLASTIC LUER	2	0.92
08/31/12	0270		SYRINGE, CONTROL-BULB, 60ML, DYND20125, ST	1	1.12
08/31/12	0270		SYRINGE, CONTROL LUER-LOK TIP, 10ML, 309	1	1.40
08/31/12	0270		TIER 2 GEN'L ANESTH SUPP	1	183.00
08/31/12	0270		TIP, CAUTERY TEFLON, E1450X, STRL, NLATX	2	17.16
08/31/12	0270		TOURNIQUET CYLINDRICAL, CUFF SINGLE BL	2	670.00
08/31/12	0278	C1781	MESH, RESORB X, 51.2X51.2X2MM, SMALL GRI	2	5,568.00
08/31/12	0278	C1781	MESH, RESORB-X 2 HOLE, LONG, 5231011, STR	2	3,276.00
08/31/12	0278	C1781	RESORB X MESH, 0.3/51, 5X51, 2M, 5230350	1	2,784.00
08/31/12	0278		PIN, SWIVEL WATCH, 2.1 X 4MM, 525215404	17	13,430.00
08/31/12	0278		RETAINER, NOSTRIL, SZ 4, 19X26X9MM, 7241	1	312.00
08/31/12	0300	80051	ELECTROLYTES	1	66.00
08/31/12	0300	82330	IONIZED CALCIUM	3	522.00
Svc	Rev	Proc Code	Description	Qty	Amount

Beaumont**William Beaumont Hospital**

Business Center
750 Stephenson Highway
PO Box 5042
Troy, MI 48007 -5042

To Contact Us:
www.beaumont-hospitals.com
248.577.9600

Patient: CHUBANYUK, DENIS YURIEVICH
Admission Date: 08/31/2012
Discharge Date: 09/05/2012

Date	Code				
08/31/12	0300	82330	IONIZED CALCIUM	1	174.00
08/31/12	0300	82435	CHLORIDE	3	174.00
08/31/12	0300	82435	CHLORIDE	1	58.00
08/31/12	0300	82805	BLD GASES, ANY COMBO, W/02 SAT, DIR MEAS	3	708.00
08/31/12	0300	82805	BLD GASES, ANY COMBO, W/02 SAT, DIR MEAS	1	236.00
08/31/12	0300	82805	GASES BLOOD INCL O2 SAT	1	236.00
08/31/12	0300	82947	GLUCOSE BLOOD SUGAR	4	216.00
08/31/12	0300	84132	POTASSIUM	3	198.00
08/31/12	0300	84132	POTASSIUM	1	66.00
08/31/12	0300	84295	SODIUM	3	201.00
08/31/12	0300	84295	SODIUM	1	67.00
08/31/12	0300	85018	HEMOGLOBIN	1	38.00
08/31/12	0300	85018	HEMOGLOBIN	1	38.00
08/31/12	0300	85027	C W/PLATELET COUNT	1	67.00
08/31/12	0300	86923	COMPATIBILITY TEST EA UNIT ELECTRON	2	88.00
08/31/12	0320	70250	SKULL < 4 VWS	1	116.00
08/31/12	0360		OR 30 MINS ADDL ROYAL OAK CORE C	15	12,225.00
08/31/12	0360		OR 30 MINS ROYAL OAK CORE C	1	1,665.00
08/31/12	0370		ANESTHESIA 15 MINUTES	34	1,871.00
08/31/12	0390		PROC-RBC LR	1	305.00
08/31/12	0410	94002	VENTILATION ASSIST INITIAL DAY	1	1,378.00
08/31/12	0460	94770	C02 EXPIRED BY INFRARED ANALYZER	1	296.00
08/31/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
08/31/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
08/31/12	0636		FENTANYL 0.05 MG/ML SOLN	5	21.97
08/31/12	0636		FENTANYL 0.05 MG/ML SOLN	5	21.97
08/31/12	0636		MIDAZOLAM 10 MG/10ML SOLN	20	38.31
08/31/12	0636		MIDAZOLAM 10 MG/10ML SOLN	20	38.31
08/31/12	0636		MIDAZOLAM 2 MG/2ML SOLN 2 ML VIAL	2	17.44
08/31/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
08/31/12	0637		ACETAMINOPHEN 120 MG SUPP	1	6.68
08/31/12	0637		ACETAMINOPHEN 120 MG SUPP	1	6.68
08/31/12	0637		BACITRACIN 500 UNIT/GM OINT 28.35 G T	1	18.72
08/31/12	0637		BACITRACIN 500 UNIT/GM OINT 28.35 G T	1	18.72
08/31/12	0637		POLYETHYLENE GLYCOL 3350 PACK	17	9.65
09/01/12	0203		INTENSIVE CARE UNIT PEDIATRICS	1	3,294.00
09/01/12	0250		FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	17.86
09/01/12	0250		FAMOTIDINE 10 MG/ML SOLN 2 ML VIAL	1	17.86
09/01/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/01/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/01/12	0250		SODIUM CHLORIDE 0.9 % SOLN 1,000 ML F	1	36.32
09/01/12	0300	80051	ELECTROLYTES	1	66.00
09/01/12	0300	82565	CREATININE BLOOD	1	69.00
09/01/12	0300	82805	GASES BLOOD INCL O2 SAT	1	236.00
09/01/12	0300	84520	UREA NITROGEN BUN	1	54.00
09/01/12	0300	85025	CBC W/DIFF & PLATELET	1	111.00
Svc	Rev	Proc Code	Description	Qty	Amount

Beaumont

William Beaumont Hospital

Business Center
750 Stephenson Highway
PO Box 5042
Troy, MI 48007 -5042

To Contact Us:
www.beaumont-hospitals.com
248.577.9600

Patient: CHUBANYUK, DENIS YURIEVICH
Admission Date: 08/31/2012
Discharge Date: 09/05/2012

Date	Code				
09/01/12	0300	85384	FIBRINOGEN QUANT	1	109.00
09/01/12	0300	85610	PRO-TIME	1	56.00
09/01/12	0300	85730	PTT-PARTIAL THROMBO TIME	1	86.00
09/01/12	0320	71010	CHEST SINGLE VW	1	86.00
09/01/12	0410	94003	VENTILATOR SUBSEQUENT DAY	1	1,187.00
09/01/12	0460	94770	C02 EXPIRED BY INFRARED ANALYZER	1	296.00
09/01/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/01/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/01/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
09/01/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
09/01/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
09/01/12	0637		BACITRACIN 500 UNIT/GM OINT 28.35 G T	1	18.72
09/01/12	0637		GLYCERIN PEDIATRIC 1.2 G SUPP	1	5.18
09/01/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/01/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/01/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/02/12	0203		INTENSIVE CARE UNIT PEDIATRICS	1	3,294.00
09/02/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/02/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/02/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/02/12	0250		SODIUM CHLORIDE 0.9 % SOLN 1,000 ML F	1	36.32
09/02/12	0270		OXYGEN DAILY	1	190.00
09/02/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/02/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/02/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/02/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
09/02/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
09/02/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/02/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/02/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/03/12	0203		INTENSIVE CARE UNIT PEDIATRICS	1	3,294.00
09/03/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/03/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/03/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/03/12	0250		SODIUM CHLORIDE 0.9 % SOLN 1,000 ML F	1	36.32
09/03/12	0270		OXYGEN DAILY	1	190.00
09/03/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/03/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/03/12	0636		CEFAZOLIN 1 G SOLR	2	20.72
09/03/12	0636		MORPHINE 2 MG/ML SOLN 1 ML CRTRDG-NDL	1	27.86
09/03/12	0637		HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/03/12	0637		POLYETHYLENE GLYCOL 3350 PACK	17	9.65
09/04/12	0203		INTENSIVE CARE UNIT PEDIATRICS	1	3,294.00
09/04/12	0250		DEXTROSE 5% IN 0.9% NA CL WITH KCL 20	1	41.91
09/04/12	0250		SODIUM CHLORIDE 0.9 % SOLN	1	35.79
09/04/12	0270		OXYGEN DAILY	1	190.00
Svc	Rev	Proc Code	Description	Qty	Amount

Beaumont

William Beaumont Hospital

Business Center
750 Stephenson Highway
PO Box 5042
Troy, MI 48007 -5042

To Contact Us:
www.beaumont-hospitals.com
248.577.9600

Patient: CHUBANYUK, DENIS YURIEVICH
Admission Date: 08/31/2012
Discharge Date: 09/05/2012

Date	Code	Description	Quantity	Amount
09/04/12	0636	CEFAZOLIN 1 G SOLR	2	20.72
09/04/12	0637	HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/04/12	0637	HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/04/12	0637	HYDROCODONE-ACETAMINOPHEN 7.5-500 MG/	1	33.61
09/05/12	0270	OXYGEN DAILY	1	190.00

Total hospital charges: 73,583.63

Professional Charges

08/31/12	70250	SKULL < 4 VWS	1	79.00
08/31/12	99471	IP PED CRIT CARE-INITIAL-PER DAY 29D	1	1,237.00
09/01/12	71010	CHEST SINGLE VW	1	55.00
09/01/12	99472	IP PED CRIT CARE-SUB-PER DAY 29D TO 2	1	630.00
09/02/12	99233	SUBSQNT HOSP CARE PER DAY HIGH MDM	1	142.00
09/03/12	99472	IP PED CRIT CARE-SUB-PER DAY 29D TO 2	1	630.00
09/04/12	99472	IP PED CRIT CARE-SUB-PER DAY 29D TO 2	1	630.00
09/05/12	99472	IP PED CRIT CARE-SUB-PER DAY 29D TO 2	1	630.00

Total professional charges: 4,033.00

Adjustments

Post Date	Description	Amount
<i>Patient Adjustments</i>		
08/31/12	UNINSURED DISCOUNT	-31.60
09/01/12	UNINSURED DISCOUNT	-22.00
09/06/12	UNINSURED DISCOUNT	-494.80
09/06/12	UNINSURED DISCOUNT	-252.00
09/14/12	UNINSURED DISCOUNT	-252.00
09/14/12	UNINSURED DISCOUNT	-252.00
09/21/12	UNINSURED DISCOUNT	-29,433.45

Total patient adjustments: -30,737.85

Balance Summary

Total charges:	77,616.63
Total payments/adjustments:	-30,737.85
Total balance:	46,878.78
Insurance balance:	0.00
Patient balance:	46,878.78

AN