

Northern Illinois Medical Center

4201 Medical Center Dr
McHenry, IL 60050
(815) 338-2544

F/C:LI P/T:EDB

DULBERG, PAUL R

11179-00323

06/28/11 06/28/11 1

APIWAT W FORD

PAUL R DULBERG
4606 HAYDEN CT
MCHEHRY IL

60051-7918

601067 PAUL DULBERG/ACCIDENT

99999 999999999 12/08/11

	CODE	DESCRIPTION	QTY	
	***250	PHARMACY		
06/28	000196	CEFADROXIL MONOH 500MG, CAPSUL	1	19.00
06/28	002870	HYDROCODONE-AC 10-325MG, TABLE	1	7.50
06/28	000630	BUPIVACAINE HCL 0.025%, 30 M	1	26.50
		AREA TOTAL ***		53.00
	***258	PHARMACY IV SOLUTIONS		
06/28	012251	SODIUM CHLORIDE 0.9% 1000ML IRRIG	2	184.00
		AREA TOTAL ***		184.00
	***272	STERILE SUPPLIES		
06/28	012458	TRAY LACERATION	1	125.00
		AREA TOTAL ***		125.00
	***320	RADIOLOGY		
06/28	010135	FOREARM XR	1	225.00
		AREA TOTAL ***		225.00
	***450	EMERGENCY DEPARTMENT		
06/28	012004	REPAIR SIMPLE 12.5 CM	1	271.25
06/28	019283	ED LEVEL III	1	310.00
		AREA TOTAL ***		581.25
	***636	QUANTIFIED DRUGS		
06/28	003507	DIPHThERIA-PERTUSSIS-TE, .5 ML	1	155.50
		AREA TOTAL ***		155.50

TOTAL CHARGES 1,323.75

TOTAL PAYMENTS/ADJUSTMENTS 0.00

1,323.75

1,323.75

0.00

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TOTAL PAYMENTS/ADJUSTMENTS			0.00

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	636 QUANTIFIED DRUGS	155.50

Insurance Benefits	601067	
	COB. 1	
Total Charges	1,323.75	
Non-Covered Chgs	0.00	
Deductibles/Co-Ins	0.00	Patient
COB/Plan Amt Due	1,323.75	0.00
Payments	0.00	0.00
Adjs/Refunds	0.00	0.00
Balance Transfers	0.00	0.00
Balance Due	1,323.75	0.00
Third Party Excess	0.00	
Account Balance	1,323.75	

1,323.75

1,323.75

0.00