

BILLING

FACILITY	CODE	TOTAL BILLING	ADJ. TOTAL
John O, M.D. Office Visit Arthroscopy Arthrocentesis	99203 29826 20610	<u>\$9809.50</u> \$142.00 \$3056.00 \$158.00	<u>\$9409.50</u> \$129.00 \$2680.00 \$147.00
South Miami Cxxxxxx (p. 48)		<u>\$223.00</u>	No CPT codes or itemized bill provided for review
Freeman Hospital Arthrography shoulder, no CPT code provided.		<u>\$483.00</u>	<u>\$292.00</u>
Freeman Physician Group		<u>\$118.00</u>	<u>\$118.00</u>
Freeman Hospital Admission 07/17/03		<u>\$3891.58</u>	<u>\$3891.58</u>
Freeman Hospital Admission 10/31/03		<u>\$2986.58</u>	<u>\$2986.58</u>
Physical Therapy Electrical Stimulation Physical Therapy Reevaluation Ultrasound Physical Therapy Initial Evaluation Iontophoresis		<u>\$8550.00</u> \$51.00 \$44.00 \$53.00 \$105.00 \$81.00	<u>\$7996.00</u> \$46.00 \$00.00 \$43.00 \$00.00 \$61.00