

AVERA MCKENNAN HOSPITAL **AVERA MCKENNAN HOSPITAL** **MKAK3921**
800 E 21ST ST **PO BOX 9191** **b. MED. REC. # MK00808186** **0131**
SIOUX FALLS SD 57105 **MINNEAPOLIS MN 55480** **5 FED. TAX NO. 460224743** **8 STATEMENT COVERS PERIOD FROM 040808 THROUGH 040808** **7**
6053226400

8 PATIENT NAME a **9 PATIENT ADDRESS a** **606 3 ST SW** **c MN d 56164 e**

b NICKEL, CATHY A **b PIPESTONE**

10 BIRTHDATE **11 SEX** **12 DATE** **ADMISSION 13 HR** **14 TYPE** **15 SRC** **16 DHR** **17 STAT** **18** **19** **20** **21** **CONDITION CODES 22** **23** **24** **25** **26** **27** **28** **29 ACCT STATE** **30**

31 OCCURRENCE CODE **32 OCCURRENCE DATE** **33 OCCURRENCE CODE** **34 OCCURRENCE DATE** **35 OCCURRENCE CODE** **36 OCCURRENCE DATE** **37 OCCURRENCE CODE** **38 OCCURRENCE DATE**

04 032807

39 VALUE CODES CODE **40 VALUE CODES AMOUNT** **41 VALUE CODES CODE** **42 VALUE CODES AMOUNT**

32 NICKEL, CATHY A
606 3 ST SW
PIPESTONE, MN 56164

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0612	MRI SPINAL CORD INCL SP	72158	040808	1	238100		
0636	RX REQ DETAILED CODING	A9579	040808	20	58000		
					TOTALS	296100	0

0001 PAGE 1 OF 1 **CREATION DATE 041608**

50 PAYER NAME **51 HEALTH PLAN ID** **52 REL INFO** **53 ASIG BEN.** **54 PRIOR PAYMENTS** **55 EST. AMOUNT DUE** **56 NPI** **57 OTHER PRV ID**

COMMERCE AND INDUSTRY I **Y** **Y** **296100** **460224743**

58 INSURED'S NAME **59 P.REL** **60 INSURED'S UNIQUE ID** **61 GROUP NAME** **62 INSURANCE GROUP NO.**

NICKEL, CATHY A **18** **CL#709485628**

63 TREATMENT AUTHORIZATION CODES **64 DOCUMENT CONTROL NUMBER** **65 EMPLOYER NAME**

COMMERCE MANAGEMENT INS

66 DX **67** **68** **69**

69 ADMIT DX **70 PATIENT REASON DX** **71 PPS CODE** **72 ECI** **73**

74 PRINCIPAL PROCEDURE CODE **75** **76 ATTENDING** **77 OPERATING** **78 OTHER** **79 OTHER**

7245 **7245** **75** **76** **77** **78** **79**

80 REMARKS **81 CC** **82** **83** **84**