UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA	PROOF OF CLAIM
In re: **WATTSHealth Foundation, Inc., dba UHP Healthcare, a California not-for-profit corporation**	Case Number: **LA 05-22627-TD**

FILED
JAN 31 2006
CLERK, U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
BY Deputy Clerk

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address:

Good Samaritan Hospital
FILE 53289
Los Angeles, CA 90074-3289

Fed. Tax I.D.#95-1656366

Creditor Telephone Number (213) 977-2910

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated:

1. BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (Fill out below)
Last four digits of SS #:
Unpaid compensation for services performed from: (date) to (date)

2. DATE DEBT WAS INCURRED: 5/31/2005

3. IF COURT JUDGMENT, DATE OBTAINED:

4. Total Amount of Claim at Time Case Filed.

	(unsecured)	(secured)	(priority)	(Total)
Amount of Claim Listed on Debtor's Schedules: (Excludes any contingent, unliquidated and disputed amount)	$ N/A	N/A	N/A	N/A
Amount of Claim Asserted by Creditor: (To be completed if creditor disputes scheduled amount)	$ 995,814.30			$ 995,814.30

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.

5. SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other

Value of Collateral: $

Amount of arrearage and other charges at time case filed included in secured claim, if any: $

6. UNSECURED NONPRIORITY CLAIM $

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to $2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

** Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

8. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. DATE-STAMPED COPY: To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim (signed face page only).

The original of this proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 P.M. prevailing Pacific Time on January 31, 2006:

BY MAIL TO: WATTSHealth Foundation, Inc., dba UHP Healthcare
United States Bankruptcy Court
PO Box 53229
Los Angeles, CA 90053-0229

REC'D FEB 08 2006

THIS SPACE FOR COURT USE ONLY

WATTSHealth Foundation, Inc. dba UHP
CLAIM 01068

DATE SIGNED: 1/30/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Alan Ino, CFO

Penalty for presenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

Good Samaritan Hospital
UHP Proof of Claim
Filed on 1/31/2006

Amount per UHP Proof of Claim As Amended on 11/30/2005	$ 134,165.46
Disputed Amount as Filed by Good Samaritan on 1/31/2006	130,123.45
Total Revised Amount Due for Claims on UHP's Schedules	264,288.91
Total New Medical Claim Summary Filed by Good Samaritan	731,525.39
Total Amount of Good Samaritan Proof of Claim Filed on 1/31/2006	**$ 995,814.30**

Medical Claim Summary

Creditor Name : GOOD SAMARITAN HOSPITAL

Facility Name :

Provider Tax ID : 95-1656366

If you disagree with the "Balance Due per UHP" amount for any Medical Claim listed on this Medical Claim Summary, place an "X" or other mark in the "Disagree" column next to each Medical Claim as to which you disagree and complete one or more Medical Claim Dispute Explanation Forms to cover all such Medical Claims.
Please refer to the "Supplemental Instructions For Completing Medical Claim Proof of Claim".

DO NOT MARK THE "DISAGREE" COLUMN FOR MEDICAL CLAIMS THAT LIST THE CORRECT AMOUNT OWED TO YOU IN THE "BALANCE DUE PER UHP" COLUMN.

Medical Claims

Reference Number	Provider Name	Payor Claim Number	Member Number	Plan Type	Patient SSN	Patient Last Name	Patient First Name	Patient Date of Birth	Start DOS	End DOS	Gross Charges	Balance Due Per UHP	Disagree
1	GOOD SAMARITAN HOSPI TAL	03220460828	300207001	M	617337137	CARRASCO	ISAI	05/30/2002	01/01/2004	01/01/2004	$69.88	$0.00	☐
2	GOOD SAMARITAN HOSPI TAL	02220380009	394938	C	607602502	KIM	JUNO	01/02/2003	01/02/2003	01/04/2003	$1,981.74	$0.00	☐
3	GOOD SAMARITAN HOSPI TAL	02200380025	743915	C	607602502	KIM	SUNGMIN	01/12/1970	01/02/2003	01/04/2003	$7,368.19	$0.00	☐
4	GOOD SAMARITAN HOSPI TAL	03040380034	300169160	M	606505716	RODRIGUEZ	JESUS	09/01/1991	01/27/2003	01/27/2003	$1,853.96	$0.00	☐
5	GOOD SAMARITAN HOSPI TAL	02200480003	700004559	S	548887917	TOMIOKA	MITSUTA	03/23/1918	01/28/2004	01/28/2004	$0.00	$1,866.11	☐
6	GOOD SAMARITAN HOSPI TAL	02130460417	300173921	C	610124712	BELLOSO	JUANA GLADIS	01/18/1959	02/01/2003	02/01/2003	$5,120.61	$0.00	☐
7	GOOD SAMARITAN HOSPI TAL	03100380001	419938	C		CHUN	NATHAN	02/02/2003	02/02/2003	02/04/2003	$1,981.74	$0.00	☐
8	GOOD SAMARITAN HOSPI TAL	02190460433	300118454	M	624488732	WILLIAMS	CORRII	02/10/1991	02/03/2004	02/03/2004	$231.48	$0.00	☐
9	GOOD SAMARITAN HOSPI TAL	03030461039	700014480	S	499746291	OHTOMO	HACHIRO	08/29/1936	02/13/2004	02/13/2004	$813.18	$0.00	☐
10	GOOD SAMARITAN HOSPI TAL	03010380018	107915BB	C		JUNG	BABY B	02/14/2003	02/14/2003	02/15/2003	$945.20	$0.00	☐
11	GOOD SAMARITAN HOSPI TAL	03010380019	107915BB	C		JUNG	BABY B	02/14/2003	02/14/2003	02/15/2003	$4,641.61	$0.00	☐

See Glossary For Important Definitions

Medical Claim Summary

12	GOOD SAMARITAN HOSPI TAL	03030380018	107648	M	344642315	DIAZ	BIANCA	01/09/1973	02/17/2003	02/17/2003	$37.81	$0.00	☐
13	GOOD SAMARITAN HOSPI TAL	02270480014	75310	S	437305162	CLARK	BERNICE	02/01/1924	02/17/2004	02/17/2004	$838.76	$0.00	☐
14	GOOD SAMARITAN HOSPI TAL	03040380033	731233	M	563654812	ANDERS	NAKEYA	04/01/1981	02/18/2003	02/18/2003	$154.08	$0.00	☐
15	GOOD SAMARITAN HOSPI TAL	03210360198	414328	S	422036262	CLAUSELL	CLYDE	08/15/1922	02/19/2003	03/06/2003	$27,547.35	$0.00	☐
16	GOOD SAMARITAN HOSPI TAL	03030480027	300142590	M	546823663	CORNEJO	RUSSELL	11/27/1950	02/20/2004	02/20/2004	($3,659.90)	($1,650.00)	☐
17	GOOD SAMARITAN HOSPI TAL	03100360628	300211119	M		AGUILAR	LINDSEY	06/07/2002	02/22/2003	02/22/2003	$352.63	$0.00	☒
18	GOOD SAMARITAN HOSPI TAL	03050480010	923915	C		SONG	HYUN JUNG	03/23/1973	02/23/2004	02/24/2004	($1,000.00)	$0.00	☐
19	GOOD SAMARITAN HOSPI TAL	03100460048	923915	C		SONG	HYUN JUNG	03/23/1973	02/23/2004	02/24/2004	$6,561.52	$0.00	☐
20	GOOD SAMARITAN HOSPI TAL	03060380038	333835	M	554176563	BUCKLEY	DEBRA	04/09/1956	02/24/2003	02/24/2003	$2,485.50	$0.00	☐
21	GOOD SAMARITAN HOSPI TAL	03220460827	700011741	S	476163115	GORDON	LYLE	11/11/1926	02/24/2004	02/25/2004	$32,105.77	$0.00	☐
22	GOOD SAMARITAN HOSPI TAL	05100560278	700016747	S	554374224	PABLO	ROSALINA	06/07/1936	02/24/2005	02/24/2005	$36.00	$0.00	☐
23	GOOD SAMARITAN HOSPI TAL	03090580010	300048545	M	554517286	PEREZ	JOSE	01/17/1958	02/26/2005	03/01/2005	($4,437.50)	$0.00	☐
24	GOOD SAMARITAN HOSPI TAL	03100380010	333835	M	554176563	BUCKLEY	DEBRA	04/09/1956	02/27/2003	03/03/2003	$7,705.60	$0.00	☐
25	GOOD SAMARITAN HOSPI TAL	03140380024	770915	C	001841937	BAEK	EUNICE	02/27/1972	02/27/2003	03/01/2003	$6,196.87	$0.00	☐
26	GOOD SAMARITAN HOSPI TAL	05070580005	700004559	S	548887917	TOMIOKA	MITSUTA	03/23/1918	03/03/2005	03/31/2005	$14,516.38	$11,613.05	☐

Medical Claim Summary

27	GOOD SAMARITAN HOSPI TAL	03140380025	316920	C	144662067	GADSDEN	ERIC	03/23/1965	03/05/2003	03/05/2003	$86.40	$0.00	☐
28	GOOD SAMARITAN HOSPI TAL	11290460018	202262	C	551796110	RODRIGUEZ	ROSA	12/06/1965	03/06/2004	03/06/2004	$290.30	$0.00	☐
29	GOOD SAMARITAN HOSPI TAL	03200380029	300133626	M		QUINTANILLA	MARLENE	09/12/1998	03/07/2003	03/07/2003	$154.08	$0.00	☐
30	GOOD SAMARITAN HOSPI TAL	05050512803	700014491	S	554266247	SAKAI	MASAYOSHI	06/13/1919	03/08/2004	03/08/2004	$172.80	$0.00	☐
31	GOOD SAMARITAN HOSPI TAL	03230480042	700014491	S	554266247	SAKAI	MASAYOSHI	06/13/1919	03/08/2004	03/08/2004	$172.80	$0.00	☐
32	GOOD SAMARITAN HOSPI TAL	04020360454	699731	S	566647432	MOTEN	WILLIAM	09/18/1946	03/10/2003	03/13/2003	$24,606.22	$0.00	☐
33	GOOD SAMARITAN HOSPI TAL	04040380012	300196770	M	624293664	ANDUJO	BRIANNA	10/27/2001	03/23/2003	03/23/2003	$154.08	$0.00	☐
34	GOOD SAMARITAN HOSPI TAL	04150560217	700005650	S	539122833	PAULSON	ROBERT	04/10/1924	03/23/2005	03/23/2005	$1,582.19	$0.00	☐
35	GOOD SAMARITAN HOSPI TAL	05120560139	300171882	M	610147069	RODRIGUEZ	PABLO	07/20/1953	03/28/2005	04/02/2005	$62,690.25	$0.00	☐
36	GOOD SAMARITAN HOSPI TAL	05260560410	300171882	M	610147069	RODRIGUEZ	PABLO	07/20/1953	03/28/2005	04/02/2005	$62,690.25	$7,578.96	☐
37	GOOD SAMARITAN HOSPI TAL	04270580017	700010046	S	421463165	KIZZIAH JR	LESTER	05/11/1937	04/01/2005	04/02/2005	$29,980.92	$3,356.00	☐
38	GOOD SAMARITAN HOSPI TAL	05110580007	700004559	S	548887917	TOMIOKA	MITSUTA	03/23/1918	04/01/2005	04/18/2005	$5,921.86	$4,737.46	☐
39	GOOD SAMARITAN HOSPI TAL	04140580011	21158360	S	466782337	MOSQUERA	JAIME	11/16/1933	04/07/2005	04/07/2005	$9,469.98	$0.00	☐
40	GOOD SAMARITAN HOSPI TAL	04230580019	568916	S	545429536	ELLIOTT	PETER	11/23/1933	04/08/2005	04/13/2005	$29,683.62	$4,480.00	☐
41	GOOD SAMARITAN HOSPI TAL	04290560309	166702	S	426363789	JOHNSON	WILLIE	01/01/1926	04/08/2005	04/20/2005	$53,631.59	$36,400.00	☒

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42	GOOD SAMARITAN HOSPI TAL	05130580006	568916	S	545429536	ELLIOTT	PETER	11/23/1933	04/13/2005	05/01/2005	$38,501.82	$6,570.00	☐
43	GOOD SAMARITAN HOSPI TAL	05060580010	700017136	S	551947348	MOJARRO	FRANCISCO	12/02/1938	04/13/2005	04/13/2005	$8,653.09	$1,990.00	☐
44	GOOD SAMARITAN HOSPI TAL	05040560718	21153100	S	312202317	MILLS	BEVERLY	10/14/1924	04/20/2005	04/21/2005	$43,104.34	$0.00	☐
45	GOOD SAMARITAN HOSPI TAL	04280580010	21153100	S	312202317	MILLS	BEVERLY	10/14/1924	04/20/2005	04/21/2005	$43,104.34	$4,675.70	☒
46	GOOD SAMARITAN HOSPI TAL	03290313801	841536	S	432307030	HALLIBERTON	BEATRIC	06/21/1920	04/25/2002	04/25/2002	$968.07	$0.00	☐
47	GOOD SAMARITAN HOSPI TAL	05260560292	700015093	S	568529364	MATSUISHI	MICHIYE	06/13/1916	04/28/2005	05/05/2005	$47,389.51	$7,875.00	☒
48	GOOD SAMARITAN HOSPI TAL	05040580018	21158360	S	466782337	MOSQUERA	JAIME	11/16/1933	04/28/2005	04/28/2005	$10,284.73	$1,990.00	☐
49	GOOD SAMARITAN HOSPI TAL	05050580010	300237681	M	570992793	GOMEZ	ELIZABETH	05/16/1980	04/29/2005	04/30/2005	$1,497.49	$0.00	☐
50	GOOD SAMARITAN HOSPI TAL	05260560293	700014968	S	567527071	UYENO	GARY	11/20/1933	05/04/2005	05/10/2005	$82,306.59	$21,298.96	☒
51	GOOD SAMARITAN HOSPI TAL	05190580006	700014501	S	409722424	IWASAKI	MIKE	07/05/1935	05/05/2005	05/05/2005	$7,671.36	$1,990.00	☒
52	GOOD SAMARITAN HOSPI TAL	05190580014	631889	C	561558626	KIM	CHARLIE	10/26/1940	05/06/2005	05/06/2005	$8,719.51	$2,101.92	☒
53	GOOD SAMARITAN HOSPI TAL	05180580013	700015093	S	568529364	MATSUISHI	MICHIYE	06/13/1916	05/08/2005	05/10/2005	$10,877.93	$1,792.00	☐
54	GOOD SAMARITAN HOSPI TAL	06010580025	461217	M	572948477	ROSS	PHILINESE	02/12/1950	05/10/2005	05/17/2005	$21,947.80	$7,722.15	☐
55	GOOD SAMARITAN HOSPI TAL	06020580020	568916	S	545429536	ELLIOTT	PETER	11/23/1933	05/11/2005	05/20/2005	$16,337.18	$3,285.00	☐
56	GOOD SAMARITAN HOSPI TAL	05280380037	311916	S	425623023	TOUSSAINT	ANNIE	01/10/1933	05/13/2003	05/13/2003	$136.80	$0.00	☒

Medical Claim Summary

57	GOOD SAMARITAN HOSPI TAL	05300380002	56328	S	464106061	GRAY	GIRTHA	01/01/1907	05/13/2003	05/13/2003	$172.80	$0.00	☐
58	GOOD SAMARITAN HOSPI TAL	05260580007	21158430	S	549700164	TOSTADO	DORA	04/06/1921	05/16/2005	05/16/2005	$9,006.63	$1,990.00	☒
59	GOOD SAMARITAN HOSPI TAL	05290380016	300194926	M	612295995	MIRANDA	KATHY	08/27/2001	05/17/2003	05/17/2003	$159.26	$0.00	☐
60	GOOD SAMARITAN HOSPI TAL	06020580018	300237681	M	570992793	GOMEZ	ELIZABETH	05/16/1980	05/19/2005	05/23/2005	$14,957.49	$3,553.70	☐
61	GOOD SAMARITAN HOSPI TAL	07150580001	700016238	S	586019350	GASPAR	ADRIANO	03/05/1924	05/20/2005	05/20/2005	$23,845.43	$1,990.00	☒
62	GOOD SAMARITAN HOSPI TAL	06020580019	700003396	S	421104754	HUBBARD	JOHN	12/05/1911	05/23/2005	05/26/2005	$9,448.72	$2,688.00	☐
63	GOOD SAMARITAN HOSPI TAL	06080580014	700015093	S	568529364	MATSUISHI	MICHIYE	06/13/1916	05/23/2005	05/30/2005	$27,710.24	$6,272.00	☐
64	GOOD SAMARITAN HOSPI TAL	06020580017	300049566	M	568999819	RUIZ	FLORENCE	06/24/1987	05/24/2005	05/26/2005	$8,154.97	$1,964.99	☐
65	GOOD SAMARITAN HOSPI TAL	06080580015	21113924	S	435205373	SMITH	HILDRED	07/28/1924	05/25/2005	05/31/2005	$33,971.01	$5,760.00	☐
66	GOOD SAMARITAN HOSPI TAL	11300460891	300171882	M	610147069	RODRIGUEZ	PABLO	07/20/1953	06/14/2004	06/18/2004	$52,148.92	$0.00	☐
67	GOOD SAMARITAN HOSPI TAL	03150360139	228423	M	555734694	ZEPEDA	NANCY	04/15/1982	06/28/2002	06/28/2002	$3,837.66	$0.00	☒
68	GOOD SAMARITAN HOSPI TAL	07200460905	21151166	S	555426314	CABADING	J	04/02/1939	06/28/2004	07/03/2004	$0.00	($19,481.00)	☒
69	GOOD SAMARITAN HOSPI TAL	12010480019	964915	C	621502871	YOO	HYE-YOUNG	11/11/1972	07/06/2004	07/06/2004	$1,086.34	$0.00	☒
70	GOOD SAMARITAN HOSPI TAL	11170480023	964915	C	621502871	YOO	HYE-YOUNG	11/11/1972	07/10/2004	07/10/2004	$549.58	$0.00	☒
71	GOOD SAMARITAN HOSPI TAL	03140312814	300205818	M	607152922	MORENO	NANCY	04/28/1980	07/19/2002	07/19/2002	$1,931.04	$0.00	☐

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72	GOOD SAMARITAN HOSPI TAL	09060460111	300172771	M	612040339	ROMERO	MAYRA	01/18/1998	07/27/2004	07/27/2004	$3,731.96	$0.00	☐
73	GOOD SAMARITAN HOSPI TAL	12010480013	8953	C		KIM	SE	10/04/1971	07/29/2004	07/29/2004	$302.40	$0.00	☒
74	GOOD SAMARITAN HOSPI TAL	05050512805	700014491	S	554266247	SAKAI	MASAYOSHI	06/13/1919	07/30/2004	07/30/2004	$172.80	$0.00	☐
75	GOOD SAMARITAN HOSPI TAL	09030480038	469500	M	560475062	WILSON	DIANA	08/15/1976	08/21/2004	08/22/2004	$531.33	$0.00	☐
76	GOOD SAMARITAN HOSPI TAL	10180560621	300200137	M	567212670	ANGULO	MARIA	06/16/1944	08/22/2003	08/22/2003	$6,318.86	$844.06	☐
77	GOOD SAMARITAN HOSPI TAL	11300460890	700002317	S	260384697	WHITE	NEOMIA	01/01/1913	08/27/2004	09/08/2004	$46,387.23	$0.00	☐
78	GOOD SAMARITAN HOSPI TAL	09150480015	594648	M	613407341	LOPEZ	JOSEPH	10/11/1990	09/04/2004	09/04/2004	$1,707.23	$0.00	☒
79	GOOD SAMARITAN HOSPI TAL	03200360314	460660	M	618284298	CACEREZ	LIDIA	03/16/1981	09/05/2002	09/08/2002	$11,909.87	$0.00	☐
80	GOOD SAMARITAN HOSPI TAL	05170580013	3953	C		JANG	WONG	01/22/1975	09/06/2004	09/08/2004	$9,910.48	$2,076.21	☐
81	GOOD SAMARITAN HOSPI TAL	10060461015	700014573	S	566468978	SEKIDO	SHIZUKO	06/04/1917	09/07/2004	09/07/2004	$2,538.85	($3,301.58)	☒
82	GOOD SAMARITAN HOSPI TAL	10110480003	978915BG	C		HWANG	KYLIE	09/08/2004	09/08/2004	09/10/2004	$2,786.00	$0.00	☐
83	GOOD SAMARITAN HOSPI TAL	03240360467	300181362	M	547775272	GIBSIN	ICIE	07/18/1983	09/14/2002	09/14/2002	$2,237.68	$0.00	☐
84	GOOD SAMARITAN HOSPI TAL	03200360312	21132832BB	M		ESCOBAR	BABY BOY	09/15/2002	09/15/2002	09/22/2002	$28,762.39	$0.00	☐
85	GOOD SAMARITAN HOSPI TAL	10180460266	397376	S	278143045	JORDAN	VERA	12/02/1918	09/21/2004	09/27/2004	($3,875.40)	$0.00	☐
86	GOOD SAMARITAN HOSPI TAL	05050512807	700014491	S	554266247	SAKAI	MASAYOSHI	06/13/1919	09/24/2004	09/24/2004	$172.80	$0.00	☐

Medical Claim Summary

87	GOOD SAMARITAN HOSPI TAL	10220360642	300216573	M	572812465	SEQUEIRA	DIANA	09/24/1982	10/05/2003	10/05/2003	($103.68)	$0.00	☐
88	GOOD SAMARITAN HOSPI TAL	03200360317	196889	C	610040879	KIM	HYEKYUNG	06/03/1970	10/06/2002	10/07/2002	$789.23	$0.00	☐
89	GOOD SAMARITAN HOSPI TAL	10150480024	784950	M		MENDOZA	ELVIA	07/13/1971	10/06/2004	10/08/2004	$0.00	$136.77	☐
90	GOOD SAMARITAN HOSPI TAL	11120460364	289379	S	333168780	GAUSLIN	ANTHONY	01/10/1922	10/20/2004	10/23/2004	$54,868.17	$0.00	☐
91	GOOD SAMARITAN HOSPI TAL	10280480018	516944	C	613096602	GUTIERREZ	RAYMUNDO	11/01/1949	10/21/2004	10/22/2004	$32,228.84	$0.00	☐
92	GOOD SAMARITAN HOSPI TAL	11170460871	582334	S	569014889	VALDEZ	PETE	11/25/1915	10/25/2004	10/29/2004	$10,335.63	$0.00	☐
93	GOOD SAMARITAN HOSPI TAL	11220480001	20953BB	C	563999140	PARK	CHRIS	10/29/2004	10/29/2004	10/31/2004	$2,908.01	$0.00	☐
94	GOOD SAMARITAN HOSPI TAL	11100480016	20953	C	563999140	SHIN	MICHELLE	07/21/1973	10/29/2004	10/31/2004	$7,017.01	$0.00	☐
95	GOOD SAMARITAN HOSPI TAL	11260460457	438302	S	374144683	PARK	MARGARET	03/10/1921	11/03/2004	11/04/2004	$15,404.50	$0.00	☐
96	GOOD SAMARITAN HOSPI TAL	11120480013	438302	S	374144683	PARK	MARGARET	03/10/1921	11/03/2004	11/04/2004	$11,244.86	$0.00	☐
97	GOOD SAMARITAN HOSPI TAL	03180360413	300180165	M		PEDEAZA	LUCIA	11/12/1963	11/04/2002	11/07/2002	$8,010.41	$0.00	☐
98	GOOD SAMARITAN HOSPI TAL	11180480022	295409	M	549564983	ROSS	ELLEN	07/05/1941	11/04/2004	11/04/2004	$2,794.43	$0.00	☒
99	GOOD SAMARITAN HOSPI TAL	03180360412	300193537BG	M		PEDRAZA	BABY GIRL	11/05/2002	11/05/2002	11/07/2002	$1,610.20	$0.00	☐
100	GOOD SAMARITAN HOSPI TAL	11170480015	700014598	S	548383961	TAMURA	KIMIYE	07/27/1914	11/08/2004	11/11/2004	$5,473.61	$0.00	☐
101	GOOD SAMARITAN HOSPI TAL	11290480001	238915BB	C		CHUNG	BABY BOY	11/09/2004	11/09/2004	11/11/2004	$2,710.98	$0.00	☐

Medical Claim Summary

102	GOOD SAMARITAN HOSPI TAL	12010480012	295409	M	549564983	ROSS	ELLEN	07/05/1941	11/15/2004	11/15/2004	$689.26	$0.00	☐
103	GOOD SAMARITAN HOSPI TAL	11240480018	876908	S	568565151	YAMAUCHI	MITSUKO	03/27/1932	11/16/2004	11/16/2004	$2,422.05	$0.00	☐
104	GOOD SAMARITAN HOSPI TAL	12020480015	300246749	M	602786298	HERNANDEZ	SARAH	05/11/1994	11/19/2004	11/19/2004	$5,817.87	$0.00	☒
105	GOOD SAMARITAN HOSPI TAL	12010480018	876908	S	568565151	YAMAUCHI	MITSUKO	03/27/1932	11/23/2004	11/23/2004	$4,617.94	$0.00	☒
106	GOOD SAMARITAN HOSPI TAL	01120480003	21156820	S	724164067	ARELLANO	JESUS	04/03/1923	12/14/2003	12/19/2003	$100,026.80	$0.00	☒
											TOTAL	**$134,165.46**	

Detailed List of Claims

Patient Name	Acct Number	Adm/Ser Date	Dis Date	Prim Ins	Ins Grp	PT	Ser/Loc	Total Chg	Total Adj	Total Pmt	Total Ref	Acct Bal per GSH	Balance per UHP POC	Difference	UHP POC Reference #
Disputed Claims:															
AGUILAR,LINDSEY D	V00004595567	2/22/2003	2/22/2003	UHPMC-M	MCL	O	ED	352.63	174.07	-		178.56	-	178.56	17
JOHNSON,WILLIE	V00006811921	4/1/2005	4/21/2005	UNP-H	HMO	I	MED	118,863.61	53,488.62	19,600.00		45,774.99	36,400.00	9,374.99	41
MILLS,BEVERLY J	V00006851091	4/20/2005	4/21/2005	UNP-H	HMO	I	MED	43,104.34	34,769.08	214.56		8,120.70	4,675.70	3,445.00	45
MATSUISHI,MICHIYE	V00006895312	4/28/2005	5/5/2005	UNP-H	HMO	I	MED	47,389.51	38,698.54	192.25		8,498.72	7,875.00	623.72	47
UYENO,GARY	V00006830699	5/4/2005	5/10/2005	UNP-H	HMO	I	MED	82,306.59	57,259.59	244.46		24,802.54	21,298.96	3,503.58	50
IWASAKI,MIKE M	V00006907745	5/5/2005	5/5/2005	UNP-H	HMO	O	POH	7,671.36	1,534.27			6,137.09	1,990.00	4,147.09	51
KIM,CHARLIE C.	V00006853352	5/6/2005	5/6/2005	UNP-H	HMO	O	OPS	8,719.51	1,743.90	15.00		6,960.61	2,101.92	4,858.69	52
TOUSSAINT,ANNIE M	V00004767554	5/13/2003	5/13/2003	UNP-H	HMO	O	MAM	136.80	27.36			109.44	-	109.44	56
TOSTADO,DORA	V00006936207	5/16/2005	5/16/2005	UNP-H	HMO	O	OR	9,004.63	1,800.93			7,203.70	1,990.00	5,213.70	58
GASPAR,ADRIANO	V00006915755	5/20/2005	5/20/2005	UNP-H	HMO	O	POH	23,844.43	4,768.89			19,075.54	1,990.00	17,085.54	61
ZEPEDA,NANCY	V00003836491	6/28/2002	6/28/2002	UNP-H	HMO	O	SUR	3,837.66	767.53	-		3,070.13	-	3,070.13	67
CABADING,JOHN B	V00006022826	6/28/2004	7/3/2004	UNP-H	HMO	I	MED	139,697.76	99,297.76	59,881.00	19,481.00	-	(19,481.00)	19,481.00	68
YOO,HYE YOUNG	V00006046544	7/6/2004	7/6/2004	UNP-H	HMO	O	OBS	1,086.34	217.27	-		869.07	-	869.07	69
YOO,HYE YOUNG	V00006057418	7/10/2004	7/10/2004	UNP-H	HMO	O	OBS	549.58	109.92	-		439.66	-	439.66	70
KIM,SE JUNG	V00006004949	7/29/2004	7/29/2004	UNP-H	HMO	O	OBS	302.40	60.48			241.92	-	241.92	73
LOPEZ,JOSEPH	V00006218093	9/4/2004	9/4/2004	UHPMC-M	MCL	O	ED	1,707.23	341.45			1,365.78	-	1,365.78	78
SEKIDO,SHIZUKO	V00006208003	9/7/2004	9/7/2004	UHPMC-M	MCL	O	OR	6,626.98	4,626.98	5,301.58	3,301.58	-	(3,301.58)	3,301.58	81
ROSS,ELLEN	V00006390942	11/4/2004	11/4/2004	UNP-H	HMO	O	ED	2,794.43	558.89			2,235.54	-	2,235.54	98
HERNANDEZ,SARAH	V00006434120	11/19/2004	11/19/2004	UNP-H	HMO	O	ED	5,817.87	1,163.57			4,654.30	-	4,654.30	104
YAMAUCHI,MITSUKO	V00006431175	11/23/2004	11/23/2004	UNP-H	HMO	O	MED	5,934.98	1,187.00	4,127.82		620.16	-	620.16	105
ARELLANO,JESUS	V00005487814	12/14/2003	12/19/2003	UNP-H	HMO	I	MED	107,826.80	48,522.06	14,000.74		45,304.00	-	45,304.00	106
Agreed Upon Claims:															
CARRASCO,ISAI	V00005532304	1/1/2004	1/1/2004	UHPMC-M	MCL	O	ED	254.78	50.96	203.82		-	-	-	1
KIM,BABY BOY	V00004440491	1/2/2003	1/4/2003	UNP-H	HMO	I	NBN	1,981.74	1,981.74			-	-	-	2
KIM,SUNGMIN	V00004355087	1/2/2003	1/4/2003	UNP-H	HMO	I	OBS	9,368.19	7,394.19	1,974.00		-	-	-	3
TOMIOKA,MITSUTARO	V00005597877	1/28/2004	1/28/2004	UNP-H	HMO	O	MED	2,345.14	479.03			1,866.11	1,866.11	-	5
BELLOSO,JUANA	V00004530523	2/1/2003	2/1/2003	UNP-H	HMO	O	MED	5,120.61	2,961.16	2,159.45		-	-	-	6
HAN,BABY BOY	V00004531802	2/2/2003	2/4/2003	UNP-H	HMO	I	NBN	1,981.74	1,981.74			-	-	-	7
WILLIAMS,CORRII	V00005620943	2/3/2004	2/3/2004	UHPMC-M	MCL	O	ED	231.48	194.11	37.37		-	-	-	8
OHTOMO,HACHIRO	V00005648548	2/13/2004	2/13/2004	UNP-H	HMO	O	NEU	813.18	243.96	569.22		-	-	-	9
JUNG,BABY BOY	V00004571592	2/14/2003	2/15/2003	UNP-H	HMO	I	NBN	945.20	945.20			-	-	-	10
JUNG,HYE Y	V00004526208	2/14/2003	2/15/2003	UNP-H	HMO	I	OBS	7,596.75	6,252.75	1,344.00		-	-	-	11
CLAUSELL,CLYDE	V00004585733	2/19/2003	3/6/2003	UNP-H	HMO	I	MED	61,632.31	25,618.90	36,013.41		-	-	-	15
CORNEJO,RUSSELL S	V00005663331	2/20/2004	2/20/2004	UNP-H	HMO	O	CAR	14,214.19	10,405.63	5,458.56		(1,650.00)	(1,650.00)	0.00	16
SONG,KATIE JIMIN	V00005673421	2/23/2004	2/24/2004	UNP-H	HMO	I	NBN	1,364.09	1,364.09	-		-	-	-	18
SONG,HYUN JUNG	V00005671508	2/23/2004	2/24/2004	UNP-H	HMO	I	OBS	6,561.52	5,107.06	1,454.46		-	-	-	19
GORDON,LYLE H	V00005671268	2/24/2004	2/25/2004	UNP-H	HMO	I	SUR	32,105.77	20,193.13	11,912.64		-	-	-	21
PEREZ,JOSE	V00006712871	2/26/2005	3/1/2005	UNP-H	HMO	I	MED	15,712.29	11,740.05	3,972.24		-	-	-	23
BUCKLEY,DEBRA	V00004608352	2/27/2003	3/3/2003	UNP-H	HMO	I	MED	11,705.60	8,225.60	3,480.00		-	-	-	24
BAEK,EUNICE Y	V00004462990	2/27/2003	3/1/2003	UNP-H	HMO	I	OBS	8,196.87	6,222.87	1,974.00		-	-	-	25
TOMIOKA,MITSUTARO	V00006721039	3/3/2005	3/31/2005	UNP-H	HMO	O	RAD	14,516.38	2,903.33	-		11,613.05	11,613.05	-	26
QUINTANILLA,MARLENE	V00004636486	3/7/2003	3/7/2003	UNP-H	HMO	O	ED	154.08	138.90	15.18		-	-	-	29
SAKAI,MASAYOSHI	V00005714589	3/8/2004	3/8/2004	UNP-H	HMO	O	PAC	172.80	43.12	129.68		-	-	-	30,31
MOTEN,WILLIAM	V00004632733	3/10/2003	3/13/2003	UNP-H	HMO	I	SUR	24,315.71	19,290.71	5,490.00	465.00	-	-	-	32
ANDUJO,BRIANNA I	V00004683579	3/23/2003	3/23/2003	UNP-H	HMO	O	ED	154.08	119.50	34.58		-	-	-	33
RODRIGUEZ,PABLO	V00006765309	3/28/2005	4/2/2005	UNP-H	HMO	I	SUR	62,690.25	41,111.29	14,000.00		7,578.96	7,578.96	-	35,36
KIZZIAH,LESTER	V00006800981	4/1/2005	4/2/2005	UNP-H	HMO	I	MED	29,980.92	26,522.20	102.72		3,356.00	3,356.00	-	37
TOMIOKA,MITSUTARO	V00006814198	4/1/2005	4/30/2005	UNP-H	HMO	O	RAD	5,921.86	1,184.40			4,737.46	4,737.46	-	38
MOSQUERA,JAIME	V00006832026	4/7/2005	4/7/2005	UNP-H	HMO	O	POH	13,006.37	11,016.37	1,990.00		-	-	-	39
ELLIOT,PETER	V00006838510	4/8/2005	4/13/2005	UNP-H	HMO	I	MED	29,683.62	25,105.21	98.41		4,480.00	4,480.00	-	40
ELLIOT,PETER	V00006852339	4/13/2005	5/1/2005	UNP-H	HMO	I	SNF	38,501.82	31,931.82			6,570.00	6,570.00	-	42
MOJARRO,FRANCISCO	V00006826812	4/13/2005	4/13/2005	UNP-H	HMO	O	OR	8,652.09	6,652.09	10.00		1,990.00	1,990.00	-	43
HALLIBERTON,BEATRICE	V00003680022	4/25/2002	4/25/2002	UNP-H	HMO	O	ED	1,649.67	354.93	1,294.74		-	-	-	46
MOSQUERA,JAIME	V00006891121	4/28/2005	4/28/2005	UNP-H	HMO	O	OR	10,283.73	8,283.73	10.00		1,990.00	1,990.00	-	48
GOMEZ,ELIZABETH	V00006898746	4/29/2005	4/30/2005	UHPMC-M	MCL	I	OBS	2,697.49	1,827.49	870.00		-	-	-	49

Detailed List of Claims

Patient Name	Acct Number	Adm/Ser Date	Dis Date	Prim Ins	Ins Grp	PT	Ser/Loc	Total Chg	Total Adj	Total Pmt	Total Ref	Acct Bal per GSH	Balance per UHP POC	Difference	UHP POC Reference #
MATSUISHI,MICHIYE	V00006923221	5/8/2005	5/10/2005	UNP-H	HMO	I	MED	10,877.93	8,970.72	115.21		1,792.00	1,792.00	-	53
LEE ROSS,PHILIENESE	V00006931109	5/10/2005	5/17/2005	UHPMC-M	MCL	I	MED	21,947.80	14,225.65			7,722.15	7,722.15	-	54
ELLIOT,PETER	V00006934780	5/11/2005	5/20/2005	UNP-H	HMO	I	SNF	16,337.18	13,052.18			3,285.00	3,285.00	-	55
GRAY,GIRTHA T	V00004843371	5/13/2003	5/13/2003	UNP-H	HMO	O	CAR	172.80	143.32	29.48		-	-	-	57
MIRANDA,KATHY Y	V00004859096	5/17/2003	5/17/2003	UNP-H	HMO	O	ED	159.26	124.37	34.89		-	-	-	59
GOMEZ,ELIZABETH	V00006957997	5/19/2005	5/23/2005	UHPMC-M	MCL	I	OBS	14,957.49	11,403.79			3,553.70	3,553.70	-	60
HUBBARD,JOHN O	V00006966287	5/23/2005	5/26/2005	UNP-H	HMO	I	MED	9,448.72	6,714.72	46.00		2,688.00	2,688.00	-	62
MATSUISHI,MICHIYE	V00006967020	5/23/2005	5/30/2005	UNP-H	HMO	I	MED	27,861.44	21,474.23	115.21		6,272.00	6,272.00	-	63
RUIZ,FLORENCE ALEXAN	V00006944201	5/24/2005	5/26/2005	UNP-H	HMO	I	OBS	8,154.97	6,189.98			1,964.99	1,964.99	-	64
SMITH,HILDRED LLOYD	V00006971287	5/25/2005	5/31/2005	UNP-H	HMO	I	MED	34,235.01	28,378.44	96.57		5,760.00	5,760.00	-	65
RODRIGUEZ,PABLO	V00005908983	6/14/2004	6/18/2004	UNP-H	HMO	I	SUR	52,148.92	40,948.92	11,200.00		-	-	-	66
ROMERO,MAYRA	V00006074009	7/27/2004	7/27/2004	UHPMC-M	MCL	O	OPS	5,457.20	3,457.20	2,000.00		-	-	-	72
ANGULO,MARIA	V00005156195	8/22/2003	8/22/2003	MCR	HMO	O	SUR	6,318.86	3,369.35	2,105.45		844.06	844.06	-	76
WHITE,NEOMIA	V00006193072	8/27/2004	9/8/2004	UNP-H	HMO	I	MED	46,387.23	28,929.63	17,457.60		-	-	-	77
CACERES,LIDIA M	V00004081493	9/5/2002	9/8/2002	UNP-H	HMO	I	OBS	12,727.79	10,177.79	2,550.00		-	-	-	79
JANG,WON	V00006181721	9/6/2004	9/8/2004	UNP-H	HMO	I	OBS	9,910.48	7,834.27			2,076.21	2,076.21	-	80
HWANG,KYLIE SUNG-KYI	V00006227102	9/8/2004	9/10/2004	UNP-H	HMO	I	NBN	2,786.00	2,786.00			-	-	-	82
ESCOBAR,BABY BOY	V00004113627	9/15/2002	9/22/2002	UNP-H	HMO	I	NBN	28,762.39	20,850.39	7,912.00		-	-	-	84
JORDAN,VERA J	V00006263271	9/21/2004	9/27/2004	UNP-H	HMO	I	MED	65,295.91	47,285.91	18,010.00		-	-	-	85
SEQUEIRA,DIANA	V00005289186	10/5/2003	10/5/2003	UHPMC-M	MCL	O	ED	103.68	5.74	97.94		-	-	-	87
MENDOZA-LOPEZ,ELVIA	V00006308209	10/6/2004	10/8/2004	UNP-H	HMO	I	OBS	12,766.98	9,830.21	2,800.00		136.77	136.77	0.00	89
GAUSLIN,ANTHONY E	V00006348122	10/20/2004	10/23/2004	UNP-H	HMO	I	MED	69,090.80	57,295.10	11,795.70		-	-	-	90
GUTIERREZ,RAYMUNDO	V00006343529	10/21/2004	10/22/2004	UNP-H	HMO	I	MED	45,100.94	34,779.94	10,321.00		-	-	-	91
VALDEZ,PETE	V00006356810	10/25/2004	10/29/2004	UNP-H	HMO	I	MED	41,714.19	30,216.69	11,497.50		-	-	-	92
PARK,CHRIS Y	V00006377626	10/29/2004	10/31/2004	UNP-H	HMO	I	NBN	2,908.01	2,908.01			-	-	-	93
SHIN,MICHELLE	V00006372031	10/29/2004	10/31/2004	UNP-H	HMO	I	OBS	9,417.01	7,443.01	1,974.00		-	-	-	94
PARK,MARGARET	V00006371959	11/3/2004	11/4/2004	UNP-H	HMO	O	MED	15,404.50	13,764.50	1,640.00		-	-	-	95,96
PEDRAZA,LUCIA	V00004174751	11/4/2002	11/7/2002	UNP-H	HMO	I	OBS	11,010.41	8,530.41	2,480.00		-	-	-	97
ALCAUTER,LUCY J	V00004274296	11/5/2002	11/7/2002	UNP-H	HMO	I	NBN	1,610.20	1,610.20			-	-	-	99
TAMURA,KIMIYE	V00006401616	11/8/2004	11/11/2004	UNP-H	HMO	I	MED	15,901.54	11,813.54	4,088.00		-	-	-	100
KIM,DANIEL MINSOO	V00006406391	11/9/2004	11/11/2004	UNP-H	HMO	I	NBN	2,710.98	2,710.98			-	-	-	101
ROSS,ELLEN	V00006420152	11/15/2004	11/15/2004	UNP-H	HMO	O	ED	689.26	637.79	51.47		-	-	-	102
Total per UHP Proof of Claim												**264,288.91**	**134,165.46**	**130,123.45**	

UHP Healthcare
Medical Claim Dispute Explanation Form

INSTRUCTIONS

- Please complete the below form. All fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF THE DISPUTE.
- Please complete a Medical Claim Dispute Explanation Form(s) for all medical claims you marked as 'Disagree' on the Medical Claim Summary.
- Attach all completed Medical Claim Dispute Explanation Forms to your completed Proof of Claim. Please refer to the "Supplemental Instructions For Completing Medical Claim Proof Of Claim" and the Bar Date Notice for instructions regarding the completion and filing of your Proof of Claim.

Internal Use Only-UHP
PCP ID# *Grp#*

Provider Name: Good Samaritan Hospital	Provider Tax ID # License #: 95-1656366	Group Name:
Provider Address: File 53289		
City:: Los Angeles	State: CA	Zip Code: 90074-3289

* TYPE OF PRODUCT ☐ Comm ☒ Medi-Cal ☐ Medicare ☐ HF

*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #17

* UHP Member ID Number: 300211119	Patient Account Number:	Claim ID Number: 031003606 28
*Service "From/To" Date: 2/22/03 - 2/22/03	Original Claim Amount Billed: 352.63	Balance Due: 178.56

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

UHP Healthcare
Medical Claim Dispute Explanation Form

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Internal Use Only-UHP
PCP ID# *Grp#*

Provider Name: Good Samaritan Hospital	Provider Tax ID # License #: 95-1656366	Group Name:
Provider Address: File 53289		
City:: Los Angeles	State: CA	Zip Code: 90074-3289

* TYPE OF PRODUCT ☐ Comm ☐ Medi-Cal ☒ Medicare ☐ HF

*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___

Reference #41

* UHP Member ID Number: 166702	Patient Account Number:	Claim ID Number: 04290560309
*Service "From/To" Date: 4/8/2005-4/20/2005	Original Claim Amount Billed: 118863.61	Balance Due: 45774.99

Description of Dispute: (In Detail)

Claim is subject to stoploss @ 55% of charges.
Claim is underpaid by $45,774.99 as opposed to UHP's amount of $36,400.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

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Medical Claim Dispute Explanation Form

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #45

* UHP Member ID Number: 21153100	Patient Account Number:	Claim ID Number: 04280580010
*Service "From/To" Date: 4/20/2005-4/21/2005	Original Claim Amount Billed: 43104.34	Balance Due: 8120.70

Description of Dispute: (In Detail) See our calculated amount due, below

CONTRACT ADJUST/UNITED
HEALTH PLAN

ANGIOPLASTY W/1-2 DAYS = $
4,725.00
COR. STENT DEV. @ COST +10%
= $ 3,135.00
ANGIOASEAL @ COST +10% = $
260.70

[ ] CHI TOTAL = $ 8,120.70 :D

382178v1

Account is Unpaid

UHP Healthcare
Medical Claim Dispute Explanation Form

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*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #47

* UHP Member ID Number: 700015093	Patient Account Number:	Claim ID Number: 05260560292
*Service "From/To" Date: 4/28/2005-5/5/2005	Original Claim Amount Billed: 47389.51	Balance Due: 8498.72

Description of Dispute: (In Detail) See calculation of amount due, below

CONTRACT ADJUSTMENTS

CONTRACT ADJUST/UNITED
HEALTH PLAN

7 DAYS @ $ 1,125.00 = $
7,875.00
1 BOTHER DRUG(EPOTIN)@ COST
+10% = $ 227.72
CATH HEMOSPLIT @ COST +10%
= $ 396.00

TOTAL = $ 8,498.72

[ ] CH ED

382178v1

Account is unpaid

UHP Healthcare
Medical Claim Dispute Explanation Form

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #50

* UHP Member ID Number: 700014968	Patient Account Number:	Claim ID Number: 052605602 93
*Service "From/To" Date: 5/4/2005-5/10/2005	Original Claim Amount Billed: 82,306.59	Balance Due: 24,802.54
Description of Dispute: (In Detail) See calculation of amount due, below		

S/L Expected:$16.800.00
(6 X 2800.00)

IMPLANTS:
FIBREN SEALANT @ COST +10%
= $451.00

DURAGEN @ COST +10% =
$394.90

4 MED SOFAMOR SCREWS
(7540000) @ COST +10% =
$726.00

4 MED. SOFAMOR SCREWS
(7546550) @ COST +10% =
$5975.20

[ ] CHEC ATTACHED

2 BIO THER. DRUGS (EPOTIN)
@ COST +10% = $455.44

TOTAL XR: $24.802.54

382178v1

Account is unpaid.

UHP Healthcare
Medical Claim Dispute Explanation Form

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #51

* UHP Member ID Number: 700014501	Patient Account Number:	Claim ID Number: 0590580006
*Service "From/To" Date: 5/5/2005 - 5/5/2005	Original Claim Amount Billed: 767.36	Balance Due: 637.09

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #52

* UHP Member ID Number: 631889	Patient Account Number:	Claim ID Number: 05190580014
*Service "From/To" Date: 5/6/2005-5/6/2005	Original Claim Amount Billed: 8719.51	Balance Due: 6960.61

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #56

* UHP Member ID Number: 311916	Patient Account Number:	Claim ID Number: 060205800020
*Service "From/To" Date: 5/13/2003 - 5/13/2003	Original Claim Amount Billed: 136.80	Balance Due: 109.44

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #58

* UHP Member ID Number: 21158430	Patient Account Number:	Claim ID Number: 05260580007
*Service "From/To" Date: 5/16/2005 - 5/16/2005	Original Claim Amount Billed: 9004.63	Balance Due: 7203.70

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #61

* UHP Member ID Number: 100016238	Patient Account Number:	Claim ID Number: 07150580001
*Service "From/To" Date: 5/20/2005-5/20/2005	Original Claim Amount Billed: 23844.43	Balance Due: 19075.54

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #67

* UHP Member ID Number: 228423	Patient Account Number:	Claim ID Number: 03150360139
*Service "From/To" Date: 6/28/2002-6/28/2002	Original Claim Amount Billed: 3837.66	Balance Due: 3070.13

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #6B

* UHP Member ID Number: 21151166	Patient Account Number:	Claim ID Number: 07200460905
*Service "From/To" Date: 6/28/2004 - 7/3/2004	Original Claim Amount Billed: 139697.76	Balance Due: -0-

Description of Dispute: (In Detail)

Overpayment of $19,481.00 was already refunded:

05/23/05	PFS.LODBE	C-263		REFUND APPROVED. DOC ATT'D SUPPORTS REFUND DUE.	
05/26/05	PFS.CUSMA	C-264		COLLECTIONS: REC CALL FROM SHARON @ ORPS (615)778-3879 REG REFUND I SD ITS BEEN APPROVED TO CALL BACK NXT WK FOR CHK#	
05/26/05	PFS.MIRDA	RUNP-H	1	UNITED HEALTH PLAN REF	19481.00
05/26/05	PFS.CASCA	C-266		REFUND PROCESSING DATE OF REFUND: 05/26/05 CHECK NUMBER : 125501 AMT OF REFUND : $19481.00 REFUND PYBLE : UHP HC	

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #69

* UHP Member ID Number: 964915	Patient Account Number:	Claim ID Number: 12010480019
*Service "From/To" Date: 7/6/2004 - 7/6/2004	Original Claim Amount Billed: 1086.34	Balance Due: 869.07

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___

Reference #70

* UHP Member ID Number: 964915	Patient Account Number:	Claim ID Number: 11170480023
*Service "From/To" Date: 7/10/2004 - 7/10/2004	Original Claim Amount Billed: 549.58	Balance Due: 439.66

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

382178v1

UHP Healthcare
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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #73

* UHP Member ID Number: 8453	Patient Account Number:	Claim ID Number: 12010480013
*Service "From/To" Date: 7/29/2004-7/29/2004	Original Claim Amount Billed: 302.40	Balance Due: 241.92

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___

Reference #78

* UHP Member ID Number: 594648	Patient Account Number:	Claim ID Number: 09150480015
*Service "From/To" Date: 9/4/2004 - 9/4/2004	Original Claim Amount Billed: 1707.23	Balance Due: 1365.78

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

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382178v1

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* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #81

* UHP Member ID Number: 700014573	Patient Account Number:	Claim ID Number: 10060461015
*Service "From/To" Date: 9/7/2004- 9/7/2004	Original Claim Amount Billed: 6626.98	Balance Due: 0

Description of Dispute: (In Detail) Overpayment of $3301.58 was already refunded.

05/23/05	PFS.LODBE	C-91		REFUND APPROVED. DOC ATT'D SUPPORTS REFUND DUE.	
05/25/05	PFS.ARRAV	EDIT		COLLECTOR: REP30 to REP22	
05/26/05	PFS.CUSMA	C-93		COLLECTIONS: REC CALL FROM SHARON @ ORSP (615)778-3879 I SD APPROVED TO CALL BACK NEXT WK 4 CH#	
05/26/05	PFS.MIRDA	RUHPMC-M	1	UHP MEDI-CAL REF	3301.58
05/26/05	PFS.CASCA	C-95		REFUND PROCESSING DATE OF REFUND: 05/26/05 CHECK NUMBER : 125500 AMT OF REFUND : $3301.58 REFUND PYBLE : UHP HC	

UHP Healthcare
Medical Claim Dispute Explanation Form

INSTRUCTIONS

- Please complete the below form. All fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF THE DISPUTE.
- Please complete a Medical Claim Dispute Explanation Form(s) for all medical claims you marked as 'Disagree' on the Medical Claim Summary.
- Attach all completed Medical Claim Dispute Explanation Forms to your completed Proof of Claim. Please refer to the "Supplemental Instructions For Completing Medical Claim Proof Of Claim" and the Bar Date Notice for instructions regarding the completion and filing of your Proof of Claim.

Internal Use Only-UHP
PCP ID# *Grp#*

Provider Name: Good Samaritan Hospital	Provider Tax ID # License #: 95-1656366	Group Name:
Provider Address: File 53289		
City:: Los Angeles	State: CA	Zip Code: 90074-3289

* TYPE OF PRODUCT ☐ Comm ☒ Medi-Cal ☐ Medicare ☐ HF

*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___

Reference #98

* UHP Member ID Number: 295409	Patient Account Number:	Claim ID Number: 11180480022
*Service "From/To" Date: 11/4/2004 - 11/4/2004	Original Claim Amount Billed: 2794.43	Balance Due: 2235.54

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

382178v1

UHP Healthcare
Medical Claim Dispute Explanation Form

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PCP ID# *Grp#*

Provider Name: Good Samaritan Hospital	Provider Tax ID # License #: 95-1656366	Group Name:
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City:: Los Angeles	State: CA	Zip Code: 90074-3289

* TYPE OF PRODUCT ☐ Comm ☒ Medi-Cal ☐ Medicare ☐ HF

*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___

Reference #104

* UHP Member ID Number: 300246749	Patient Account Number:	Claim ID Number: 12020480015
*Service "From/To" Date: 11/19/2004 - 11/19/2004	Original Claim Amount Billed: 5817.87	Balance Due: 2235.54

Description of Dispute: (In Detail)

Contract Rate of 80% of charges.
No payment has been received.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

382178v1

UHP Healthcare
Medical Claim Dispute Explanation Form

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PCP ID# *Grp#*

Provider Name: Good Samaritan Hospital	Provider Tax ID # License #: 95-1656366	Group Name:
Provider Address: File 53289		
City:: Los Angeles	State: CA	Zip Code: 90074-3289

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*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___ Reference #105

* UHP Member ID Number: 876908	Patient Account Number:	Claim ID Number: 12010480018
*Service "From/To" Date: 11/23/2004- 11/23/2004	Original Claim Amount Billed: 5394.98	Balance Due: 620.16

Description of Dispute: (In Detail)

Claim payable at 80%, claim is underpaid.

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

382178v1

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Internal Use Only-UHP
PCP ID# *Grp#*

Provider Name: Good Samaritan Hospital	Provider Tax ID # License #: 95-1656366	Group Name:
Provider Address: File 53289		
City:: Los Angeles	State: CA	Zip Code: 90074-3289

* TYPE OF PRODUCT ☐ Comm ☐ Medi-Cal ☒ Medicare ☐ HF

*TYPE OF SERVICE ☐ MD ☐ Mental Health ☒ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other

* CLAIM INFORMATION ☒ Single ☐ Multiple "LIKE" Claims (attach listing of Claim ID #'s) Number of claims:___

Reference #106

* UHP Member ID Number: 21156820	Patient Account Number:	Claim ID Number: 01120480003
*Service "From/To" Date: 12/14/2003-12/19/2003	Original Claim Amount Billed: 107,826.80	Balance Due: 45,304.00
Description of Dispute: (In Detail) Account is underpaid, see below.		

CONTRACT ADJUST/UHP

***STOP LOSS**
55% OF $ 107.826.80 = $
59.304.74

Less Payments 14,000.74

$45,304.00 Amount underpaid

[ ] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED

382178v1

New Medical Claim Summary

Creditor Name: Good Samaritan Hospital
Facility Name: Good Samaritan Hospital
Provider Tax ID: 95-1656366

If you believe that the Medical Claim Summary provided to you omits any Medical Claim(s) for which the Debtor is liable to you (each, a "New Medical Claim"), fill in the requested information below for each New Medical Claim and prepare and provide supporting documentation in the standard CMS 1500 and/or UB 92 form, as applicable. An electronic version of this form is available for download at www.bmcgroup.com/uhp. Please refer to the "Supplemental Instructions For Completing Medical Claim Proof of Claim".

New Medical Claims

Reference Number	Provider Name	Provider Claim Number	Member Number	Plan Type	Patient SSN	Patient Last Name	Patient First Name	Patient Date of Birth	Service Type	Service Level	Service Description	Start DOS	End DOS	Gross Charges - Provider	Amount Paid - Provider	Contractual Allowances per Provider	Balance Due per Provider	Notes
1	Good Samaritan Hospital	VAI80157	700000885	C	556047819	RAMIRES,LUIS	LUIS	11/4/1939	Inpatient	MED	MED	12/14/2004	1/21/2005	486,331.05	175,995.97	218,176.51	92,158.57	Underpaid
2	Good Samaritan Hospital	VAI86674	21169140	M	417404540	BRAXTON,JIMMIE	JIMMIE	7/4/1934	Inpatient	MED	MED	2/4/2005	2/16/2005	232,918.30	31,401.15	112,487.72	89,029.43	Underpaid
3	Good Samaritan Hospital	VAI59309	700001451	C	562532216	ANSELMO,VALEN	VALENTIN	11/3/1928	Inpatient	MED	MED	12/10/2004	12/20/2004	154,045.73	20,972.00	69,320.58	63,753.15	Underpaid
4	Good Samaritan Hospital	VAJ49395	568916	C	545429536	ELLIOT,PETER	PETER	11/23/1933	Inpatient	MED	MED	5/1/2005	5/11/2005	112,179.70	147.28	50,480.86	61,551.56	Underpaid
5	Good Samaritan Hospital	VAI87439	104223	C	545183582	GILLETT,GERTRU	GERTRUDE	5/30/1915	Inpatient	MED	MED	2/10/2005	2/20/2005	135,654.75	20,962.00	61,089.63	53,603.12	Underpaid
6	Good Samaritan Hospital	VAI34693	289379	C	333168740	GAUSLIN,ANTHOI	ANTHONY E	1/10/1922	Inpatient	MED	MED	11/16/2004	11/22/2004	164,130.37	30,871.00	80,142.42	53,116.95	Underpaid
7	Good Samaritan Hospital	VAI84768	516944	C	613096602	GUTIERREZ,RAYI	RAYMUNDO	11/1/1949	Inpatient	MED	MED	1/22/2005	1/28/2005	111,332.62	16,462.00	50,099.68	44,770.94	Underpaid
8	Good Samaritan Hospital	VAI23293	458448835	C	458448835	VELASQUEZ,MAN	MANUEL	4/16/1926	Inpatient	MED	MED	8/9/2004	10/13/2004	532,138.26	227,170.31	274,977.20	29,990.75	Underpaid
9	Good Samaritan Hospital	VAK93655	562478681	M	n/a	AUGUSTINE,SABI	SABRINA	5/21/2004	Inpatient	NIC	NIC	6/22/2004	7/11/2004	80,169.85	24,320.00	32,067.94	23,781.91	Underpaid
10	Good Samaritan Hospital	VAJ19828	166702	S	426363789	JOHNSON,WILLIE	WILLIE	1/1/1926	Inpatient	SUR	SUR	3/6/2005	3/25/2005	139,617.39	52,812.90	63,115.78	23,688.71	Underpaid
11	Good Samaritan Hospital	VAJ07260	813733	C	547259294	HUGHES,PAULINE	PAULINE	5/3/1911	Inpatient	MED	MED	3/10/2005	3/23/2005	51,827.03	11,743.75	20,730.81	19,352.47	Underpaid
12	Good Samaritan Hospital	VAG82256	57297	C	525093451	ARMIJO,HIPOLITC	HIPOLITO	4/5/1919	Inpatient	MED	MED	12/19/2003	1/12/2004	169,119.18	83,000.00	77,288.31	8,830.87	Underpaid
13	Good Samaritan Hospital	VAH95370	295409	C	549564983	ROSS,ELLEN	ELLEN	7/5/1941	Inpatient	SUR	SUR	9/15/2004	9/21/2004	51,465.48		43,633.18	7,832.30	Unpaid
14	Good Samaritan Hospital	VAK93666	407383754	C	407383754	RACE,WILLIAM	WILLIAM	4/19/1931	Inpatient	MED	MED	3/28/2003	4/3/2003	142,237.07	40,720.86	94,775.21	6,741.00	Underpaid
15	Good Samaritan Hospital	VAG51477	534514	C	571106510	BARTON,FRANK E	FRANK	6/8/1917	Inpatient	SUR	SUR	1/12/2004	1/14/2004	32,301.95	6,012.63	21,492.95	4,796.37	Underpaid
16	Good Samaritan Hospital	VAG98090	21159410	S	436402107	PORCHE,LEON M	LEON	10/25/1930	Inpatient	MED	MED	1/16/2004	1/21/2004	12,885.09	4,880.00	3,637.79	4,367.30	Underpaid
17	Good Samaritan Hospital	VAK93656	69579216A	M	616185600	CIPRES,JESUS	JESUS	6/1/1946	Inpatient	MED	MED	5/10/2005	5/11/2005	22,814.91		18,729.21	4,085.70	Unpaid
18	Good Samaritan Hospital	VAG53501	434166564	C	434166564	ELIE,T.J.	T.J.	4/1/1917	Inpatient	MED	MED	1/23/2004	1/27/2004	13,607.09		9,639.09	3,968.00	Unpaid
19	Good Samaritan Hospital	VAG98017	21104876	C	550839029	LUK,ELIZABETH	ELIZABETH	4/20/1960	Inpatient	SUR	SUR	4/9/2004	4/10/2004	27,781.93	3,763.00	21,377.93	2,641.00	Underpaid
20	Good Samaritan Hospital	VAJ40812	300250753	C	617435731	KANYINDA,BEATR	BEATRICE	3/25/1978	Inpatient	OBS	OBS	5/19/2005	5/21/2005	8,673.90	-	6,699.90	1,974.00	Unpaid
21	Good Samaritan Hospital	VAG27009	120472	C	368200594	CUCUIAT,ANDREV	ANDREW	11/24/1922	Inpatient	MED	MED	3/22/2003	3/26/2003	44,749.56	8,509.80	34,338.56	1,901.20	Underpaid
22	Good Samaritan Hospital	VAH26055	554266247	C	554266247	SAKAI,MASAYOSH	MASAYOSHI	6/13/1919	Inpatient	SUR	SUR	4/12/2004	5/1/2004	85,674.94	51,404.90	32,474.94	1,795.10	Underpaid
23	Good Samaritan Hospital	VAK93658	626585719	C	626585719	FUENTES,MARIA	MARIA	3/10/1951	Inpatient	SUR	SUR	2/4/2004	2/6/2004	10,321.08	-	8,581.08	1,740.00	Unpaid
24	Good Samaritan Hospital	VAH11611	547643675	C	547643675	KURATA,YOSHIO	YOSHIO	4/3/1924	Inpatient	MED	MED	3/24/2004	3/26/2004	52,543.92	8,225.20	42,697.72	1,621.00	Underpaid
25	Good Samaritan Hospital	VAK93662	469241	C	439168867	FREEMAN,ALVIN	ALVIN	12/9/1919	Inpatient	SUR	SUR	2/17/2003	3/4/2003	94,866.86	49,277.41	44,066.86	1,522.59	Underpaid
26	Good Samaritan Hospital	VAG27013	77262	C	561415405	DELGADO,SUSAN	SUSAN	10/21/1953	Inpatient	MED	MED	6/13/2002	6/15/2002	32,023.43	7,186.00	23,557.43	1,280.00	Underpaid
27	Good Samaritan Hospital	VAK93665	613181399	M	613181399	PENA,PAULA	PAULA	7/24/1929	Inpatient	MED	MED	12/20/2002	12/24/2002	25,792.07	5,862.23	18,659.57	1,270.27	Underpaid
28	Good Samaritan Hospital	VAK93669	443784	C	563992090	YANG,SUNG MO	SUNG MO	11/18/1942	Inpatient	MED	MED	9/20/2002	9/24/2002	22,729.19	4,408.00	17,219.19	1,102.00	Underpaid
29	Good Samaritan Hospital	VAK93661	862883	C	619869252	CALLES,ANABELL	ANABELL	11/14/1966	Inpatient	OBS	OBS	1/5/2002	1/11/2002	13,022.67	4,300.80	7,646.67	1,075.20	Underpaid
30	Good Samaritan Hospital	VAK93668	613149766	C	613149766	VASQUEZ,NORMA	NORMA	1/8/1966	Inpatient	OBS	OBS	6/22/2002	6/23/2002	8,141.29	-	7,245.29	896.00	Unpaid
31	Good Samaritan Hospital	VAK93657	300219246	M	326809034	FLORES,ALMA D	ALMA	12/30/1970	Inpatient	MED	MED	1/30/2005	1/30/2005	5,268.84	-	4,398.84	870.00	Unpaid
32	Good Samaritan Hospital	VAH88411	163642	C	565816851	LEE,MYONG	MYONG	5/21/1960	Inpatient	MED	MED	8/10/2004	8/18/2004	56,664.90	21,560.00	34,264.90	840.00	Underpaid
33	Good Samaritan Hospital	VAG73917	392944	C	607286037	SANTOS,NIMFA	NIMFA	6/27/1969	Inpatient	OBS	OBS	2/25/2004	2/29/2004	12,878.85	2,587.20	9,644.85	646.80	Underpaid
34	Good Samaritan Hospital	VAH50474	623821744	C	623821744	THONG,TEKHOAN	TEKHOANG	5/28/1974	Inpatient	OBS	OBS	7/4/2004	7/6/2004	8,471.74	1,404.00	6,497.74	570.00	Underpaid
35	Good Samaritan Hospital	VAI28113	700014539	C	572580099	TERASHITA,YUKII	YUKIKO	10/16/1914	Inpatient	MED	MED	7/25/2003	7/29/2003	15,827.98	4,515.00	10,843.98	469.00	Underpaid
36	Good Samaritan Hospital	VAK93654	698143-BB2	M	n/a	ANTHONY,SAMUE	SAMUEL JOHN	6/30/2004	Inpatient	NIC	NIC	6/30/2004	7/1/2004	25,839.79	1,150.00	24,227.79	462.00	Underpaid
37	Good Samaritan Hospital	VAK93660	571081	M	451528873	REYES,ANITA	ANITA	12/29/1933	Inpatient	MED	MED	6/25/2004	6/29/2004	34,013.97	5,616.00	27,938.97	459.00	Underpaid
38	Good Samaritan Hospital	VAF91950	700014497	C	547476285	KOYAMA,TERUO	TERUO	1/31/1941	Inpatient	MED	MED	10/11/2003	10/17/2003	28,648.20	5,376.00	22,866.05	406.15	Underpaid
39	Good Samaritan Hospital	VAI05923	7616	C	552775702	MOK,EUN KYUNG	EUN KYUNG	7/9/1964	Inpatient	OBS	OBS	9/29/2004	10/1/2004	9,394.85	1,579.20	7,420.85	394.80	Underpaid
40	Good Samaritan Hospital	VAK93659	52214	M	546476783	MADERO,TERESA	TERESA	4/23/1969	Inpatient	SUR	SUR	4/2/2004	4/6/2004	33,526.43	3,890.00	29,264.91	371.52	Underpaid
41	Good Samaritan Hospital	VAK93663	813889	C	593345176	IBRAHIM,RAMADA	RAMADAN	6/18/1952	Inpatient	MED	MED	12/9/2002	12/11/2002	41,932.91	7,359.50	34,211.91	361.50	Underpaid
42	Good Samaritan Hospital	VAK93667	304143331	C	304143331	ROBERTSON,FRE	FREDRICK	6/28/1915	Inpatient	MED	MED	7/30/2002	8/1/2002	33,376.84	9,866.00	23,225.84	285.00	Underpaid
43	Good Samaritan Hospital	VAG32944	903915	C	612064339	LEE,SUNNY EUNS	SUNNY	8/29/1971	Inpatient	OBS	OBS	12/15/2003	12/18/2003	11,749.09	2,688.00	8,809.09	252.00	Underpaid
44	Good Samaritan Hospital	VAG92038	300128128	C	570419384	BISCARRA,GUAD	GUADALUPE	12/12/1964	Inpatient	RHB	RHB	3/15/2004	3/29/2004	47,303.52	12,070.01	34,999.15	234.36	Underpaid
45	Good Samaritan Hospital	VAH54433	334608	C	459323240	SHIELDS,DELL	DELL	7/12/1931	Inpatient	MED	MED	7/8/2004	7/10/2004	8,006.44	2,698.80	5,221.44	86.20	Underpaid
46	Good Samaritan Hospital	VAG69210	300232923	C	602121453	TORRES,GRACIE	GRACIELA	3/8/1951	Inpatient	MED	MED	2/11/2004	2/12/2004	17,195.57	3,303.32	13,829.57	62.68	Underpaid
47	Good Samaritan Hospital	VAK93664	5659095650	C	565909565	JIMENEZ,RAMON	RAMONA	7/13/1943	Inpatient	MED	MED	2/9/2003	2/9/2003	5,149.91	870.00	4,253.91	26.00	Underpaid
48	Good Samaritan Hospital	VAH80011	700016007	C	383783833	NISHIOKA,FRANC	FRANCIS	2/4/1939	Outpatient	MED	MED	8/12/2004	8/13/2004	9,105.21	1,821.04	7,105.21	178.96	Case Rate - Underpaid
49	Good Samaritan Hospital	VAH85150	700014405	C	566586891	CLARK,YAEKO	YAEKO	10/18/1924	Outpatient	OPS	OPS	8/26/2004	8/26/2004	6,049.43	780.11	4,049.43	1,219.89	Case Rate - Underpaid
50	Good Samaritan Hospital	VAG13828	300214721	C	551891089	RIOS,MARGARITA	MARGARITA	5/16/1970	Outpatient	OR	OR	11/12/2003	11/12/2003	5,615.20	1,445.76	3,615.20	554.24	Case Rate - Underpaid
51	Good Samaritan Hospital	VAH63689	334608	C	459323240	SHIELDS,DELL	DELL	7/12/1931	Outpatient	CAR	CAR	7/22/2004	7/22/2004	10,588.04	3,763.00	2,117.61	4,707.43	Underpaid
52	Good Samaritan Hospital	VAK94751	21131921	C	617204196	SORIA,JOSE	JOSE	4/24/1931	Outpatient	CAR	CAR	12/2/2002	12/2/2002	1,100.40	559.35	220.08	320.97	Underpaid
53	Good Samaritan Hospital	VAG94659	068244952A	M	978077194	ORDOOKHANIAN,	CLARA	6/26/1930	Outpatient	ED	ED	3/26/2004	3/26/2004	894.49	3.56	178.90	712.03	Underpaid
54	Good Samaritan Hospital	VAI85813	931437	M	155466273	ROQUE,RENEE A	RENEE	9/29/1961	Outpatient	FL	FL	12/28/2004	12/28/2004	276.48	22.85	55.30	198.33	Underpaid
55	Good Samaritan Hospital	VAJ13531	862-128	M	563198290	GORDON,LYDIA	LYDIA	9/16/1959	Outpatient	LIT	LIT	3/30/2005	3/30/2005	292.91	13.51	58.58	220.82	Underpaid
56	Good Samaritan Hospital	VAG47176	557191405	C	557191405	OLMOS-TALAMO,	JUANITA	10/16/1963	Outpatient	OBS	OBS	5/6/2003	5/7/2003	1,696.67	14.42	339.33	1,342.92	Underpaid

Creditor Name: Good Samaritan Hospital
Facility Name: Good Samaritan Hospital
Provider Tax ID: 95-1656366

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New Medical Claims

Reference Number	Provider Name	Provider Claim Number	Member Number	Plan Type	Patient SSN	Patient Last Name	Patient First Name	Patient Date of Birth	Service Type	Service Level	Service Description	Start DOS	End DOS	Gross Charges - Provider	Amount Paid - Provider	Contractual Allowances per Provider	Balance Due per Provider	Notes
57	Good Samaritan Hospital	VAJ42382	563654812	M	563654812	ANDERS,NAKEYA	NAKEYA	4/1/1981	Outpatient	OBS	OBS	5/12/2005	5/12/2005	433.92	63.95	86.78	283.19	Underpaid
58	Good Samaritan Hospital	VAJ33396	865916	C	555349765	CRENSHAW,ALBE	ALBERTA	11/12/1912	Outpatient	MED	MED	4/26/2002	4/27/2002	11,878.48	2,000.00	2,391.09	7,487.39	Payment Retracted
59	Good Samaritan Hospital	VAI70797	700004559	C	548887917	TOMIOKA,MITSUT	MITSUTARO	3/23/1918	Outpatient	MED	MED	1/7/2005	1/8/2005	8,631.78		6,631.78	2,000.00	Case Rate - Unpaid
60	Good Samaritan Hospital	VAK94752	21100791	C	555759188	KIM,JAE B	JAE B	2/10/1939	Outpatient	MED	MED	11/29/2001	11/30/2001	6,960.26		4,960.26	2,000.00	Case Rate - Unpaid
61	Good Samaritan Hospital	VAI90320	300186103	M	557452888	CLARK,LASHANN	LASHANN	1/24/1971	Outpatient	OPS	OPS	2/25/2005	2/25/2005	6,764.19	-	4,764.19	2,000.00	Case Rate - Unpaid
62	Good Samaritan Hospital	VAK94753	919142754	C	919142754	LOPEZ,MARIBEL	MARIBEL	7/3/1971	Outpatient	SUR	SUR	10/7/2002	10/7/2002	9,108.44	-	7,108.44	2,000.00	Case Rate - Unpaid
63	Good Samaritan Hospital	VAG64942	700003181	C	545961151	RUIZ,RAMON	RAMON	8/2/1930	Outpatient	MED	MED	2/9/2004	2/10/2004	9,530.25		1,906.05	7,624.20	Unpaid
64	Good Samaritan Hospital	VAK56060	292184780	C	292184780	IBOS,DOROTHY	DOROTHY	12/13/1924	Outpatient	SUR	SUR	11/12/2003	11/12/2003	4,094.50	-	818.90	3,275.60	Unpaid
65	Good Samaritan Hospital	VAK94754	700005915	C	554699848	MANNES,JEANNE	JEANNE	9/10/1924	Outpatient	CT	CT	10/21/2002	10/21/2002	3,086.20		617.24	2,468.96	Unpaid
66	Good Samaritan Hospital	VAK61202	700001951	C	418325201	BROWN,FREDDIE	FREDDIE	7/19/1931	Outpatient	CAR	CAR	5/16/2005	5/16/2005	186.62		37.32	149.30	Unpaid
67	Good Samaritan Hospital	VAG09954	967842	C	466606549	YOAKUM,BEULAH	BEULAH	4/11/1932	Outpatient	CAR	CAR	6/13/2003	6/13/2003	172.80	-	34.56	138.24	Unpaid
68	Good Samaritan Hospital	VAK94733	835661	C	436341792	MANNING,WESLE	WESLEY	6/16/1928	Outpatient	CAR	CAR	7/9/2003	7/9/2003	172.80	-	34.56	138.24	Unpaid
69	Good Samaritan Hospital	VAG61504	555810414	C	555810414	BAQUIRAN,LORE	LORENZO	5/4/1920	Outpatient	CAR	CAR	8/26/2003	8/26/2003	172.80	-	34.56	138.24	Unpaid
70	Good Samaritan Hospital	VAK94719	557469135	M	557469135	ARIAS,MARTIN	MARTIN	3/26/1937	Outpatient	DIS	DIS	4/28/2003	4/28/2003	241.92	-	48.38	193.54	Unpaid
71	Good Samaritan Hospital	VAK94728	96247005C35053	M	567690181	TELLERY,WESLE	WESLEY	4/23/1980	Outpatient	ED	ED	2/10/2005	2/10/2005	4,899.27		979.85	3,919.42	Unpaid
72	Good Samaritan Hospital	VAI60884	206608	S	525462249	JINSO,MARGARE	MARGARET	6/10/1927	Outpatient	ED	ED	1/9/2005	1/9/2005	4,868.80	-	973.76	3,895.04	Unpaid
73	Good Samaritan Hospital	VAI45788	300207652	C	570652369	LOYOLA,LILLIAN	LILLIAN	10/15/1974	Outpatient	ED	ED	12/13/2004	12/13/2004	4,099.88	-	819.98	3,279.90	Unpaid
74	Good Samaritan Hospital	VAK94726	5629957629	M	562995762	SALAZAR,MARIA	MARIA	5/18/1951	Outpatient	ED	ED	9/24/2004	9/24/2004	3,919.01		783.81	3,135.20	Unpaid
75	Good Samaritan Hospital	VAI38913	615291107	C	615291107	GARCIA DIAZ,AID	AIDEE	10/13/1985	Outpatient	ED	ED	12/1/2004	12/1/2004	3,673.66		734.73	2,938.93	Unpaid
76	Good Samaritan Hospital	VAJ33285	434013506	C	434013506	CARSTON,JOSEP	JOSEPH JR	11/5/1916	Outpatient	ED	ED	4/22/2005	4/22/2005	2,738.20		547.64	2,190.56	Unpaid
77	Good Samaritan Hospital	VAK94730	573957259	M	573957259	WHITE,KALINDA	KALINDA	12/11/1983	Outpatient	ED	ED	3/20/2005	3/21/2005	2,638.77		527.75	2,111.02	Unpaid
78	Good Samaritan Hospital	VAI80106	567690181	C	567690181	TELLERY,WESLE	WESLEY	4/23/1980	Outpatient	ED	ED	3/21/2005	3/21/2005	2,376.40		475.28	1,901.12	Unpaid
79	Good Samaritan Hospital	VAK94727	5577709062	M	577770906	SPEIGHTS,QUANI	QUANISHA	8/31/1983	Outpatient	ED	ED	4/19/2003	4/19/2003	1,979.75		395.95	1,583.80	Unpaid
80	Good Samaritan Hospital	VAG79883	700003396	C	421104754	HUBBARD,JOHN	JOHN	12/5/1916	Outpatient	ED	ED	7/28/2003	7/28/2003	1,948.89		389.78	1,559.11	Unpaid
81	Good Samaritan Hospital	VAG27033	6131454693	C	613145469	GONZALEZ,RUFIN	RUFINO	9/9/1962	Outpatient	ED	ED	7/2/2003	7/2/2003	1,749.40		349.88	1,399.52	Unpaid
82	Good Samaritan Hospital	VAG47330	889915	C	569791661	YI,HELENA HEER	HELENA	6/27/1966	Outpatient	ED	ED	8/1/2003	8/1/2003	1,692.35	-	338.47	1,353.88	Unpaid
83	Good Samaritan Hospital	VAG27029	94538796A	C	624165542	GARCIA,RICARDO	RICARDO	10/16/1988	Outpatient	ED	ED	6/7/2003	6/7/2003	1,644.93		328.99	1,315.94	Unpaid
84	Good Samaritan Hospital	VAK94722	95214119C0	M	n/a	CRUZ,DEYSY	DEYSY	2/5/1992	Outpatient	ED	ED	7/26/2004	7/26/2004	1,404.00	-	280.80	1,123.20	Unpaid
85	Good Samaritan Hospital	VAJ42394	568529664	C	568529364	MATSUISHI,MICHI	MICHIYE	6/13/1916	Outpatient	ED	ED	5/18/2005	5/18/2005	1,297.02	-	259.40	1,037.62	Unpaid
86	Good Samaritan Hospital	VAK94732	837400	C	570514013	CHAPARRO,SERG	SERGIO	3/6/1964	Outpatient	ED	ED	7/20/2003	7/20/2003	1,078.22	-	215.64	862.58	Unpaid
87	Good Samaritan Hospital	VAK94721	92764541A0	M	570198936	CERVANTES,ENE	ENEDINA	2/9/1963	Outpatient	ED	ED	8/28/2004	8/28/2004	886.61	-	177.32	709.29	Unpaid
88	Good Samaritan Hospital	VAK94729	566377338	M	566377338	WESLEY,NANETT	NANETTE	6/10/1972	Outpatient	ED	ED	7/29/2004	7/29/2004	854.95		170.99	683.96	Unpaid
89	Good Samaritan Hospital	VAK94736	300125012	C	607865869	ROMERO,JOVAN	JOVANY	11/17/1995	Outpatient	ED	ED	11/29/2002	11/29/2002	768.37	-	153.67	614.70	Unpaid
90	Good Samaritan Hospital	VAG79884	700003396	C	421104754	HUBBARD,JOHN	JOHN	12/5/1916	Outpatient	ED	ED	8/14/2003	8/14/2003	504.25	-	100.85	403.40	Unpaid
91	Good Samaritan Hospital	VAI54548	546024215	C	546024215	MILLER,ANNIE	ANNIE	2/27/1955	Outpatient	ED	ED	12/29/2004	12/29/2004	494.16	-	98.83	395.33	Unpaid
92	Good Samaritan Hospital	VAG47148	96885100E7	C	563770866	MEJIA,ROSA	ROSA	7/14/1980	Outpatient	ED	ED	8/9/2003	8/9/2003	347.20	-	69.44	277.76	Unpaid
93	Good Samaritan Hospital	VAK94734	625801881	C	625801881	MARTINEZ,NANC	NANCY	3/19/1995	Outpatient	ED	ED	1/15/2003	1/15/2003	319.88		63.98	255.90	Unpaid
94	Good Samaritan Hospital	VAK94724	96301620E3	M	612392248	GAYTON,RACHAE	RACHAEL	4/11/2003	Outpatient	ED	ED	12/20/2003	12/20/2003	309.77		61.95	247.82	Unpaid
95	Good Samaritan Hospital	VAJ49766	574097089A	C	574097089	TARR,EUGENE	EUGENE	3/7/1929	Outpatient	ED	ED	5/24/2005	5/24/2005	255.43		51.09	204.34	Unpaid
96	Good Samaritan Hospital	VAI61393	104950	C	622146937	MENDEZ,ARNULF	ARNULFO	5/10/1964	Outpatient	ED	ED	1/12/2005	1/12/2005	221.88	-	44.38	177.50	Unpaid
97	Good Samaritan Hospital	VAI52180	565672147	C	n/a	WILSON,RYAN	RYAN	8/10/2001	Outpatient	ED	ED	12/24/2004	12/24/2004	221.88		44.38	177.50	Unpaid
98	Good Samaritan Hospital	VAJ10992	568916	C	545429536	ELLIOT,PETER	PETER	11/23/1933	Outpatient	ED	ED	3/29/2005	3/29/2005	221.88		44.38	177.50	Unpaid
99	Good Samaritan Hospital	VAK94723	344642315	M	344642315	DIAZ,BIANCA	BIANCA	1/9/1973	Outpatient	ED	ED	1/25/2004	1/25/2004	194.05		38.81	155.24	Unpaid
100	Good Samaritan Hospital	VAK94720	570778406	M	570778406	BARAHONA,LIZEN	LIZENIA	1/22/1975	Outpatient	ED	ED	12/13/2003	12/13/2003	187.55		37.51	150.04	Unpaid
101	Good Samaritan Hospital	VAK94731	6214406517	M	621440651	YI,UN A	UN A	1/11/1974	Outpatient	ED	ED	2/16/2004	2/16/2004	184.90		36.98	147.92	Unpaid
102	Good Samaritan Hospital	VAG06847	607865869	C	607865869	ROMERO,JOVAN	JOVANY	11/17/1995	Outpatient	ED	ED	5/27/2003	5/27/2003	171.94	-	34.39	137.55	Unpaid
103	Good Samaritan Hospital	VAJ48576	574097089A	C	574097089	TARR,EUGENE	EUGENE	3/7/1929	Outpatient	ED	ED	5/23/2005	5/23/2005	124.42		24.88	99.54	Unpaid
104	Good Samaritan Hospital	VAK94735	223936	C	n/a	RAFAELANO,FRA	FRANCISCO JR	9/26/2001	Outpatient	ED	ED	5/26/2002	5/26/2002	108.00		21.60	86.40	Unpaid
105	Good Samaritan Hospital	VAG06846	607865869	C	607865869	ROMERO,JOVAN	JOVANY	11/17/1995	Outpatient	ED	ED	4/24/2003	4/24/2003	95.33	-	19.07	76.26	Unpaid
106	Good Samaritan Hospital	VAF99756	21103526	C	549533357	CHANG,SANDY	SANDY	11/21/1964	Outpatient	ED	ED	8/22/2003	8/22/2003	86.40	-	17.28	69.12	Unpaid
107	Good Samaritan Hospital	VAG89892	901524843	C	571882294	WEINBERG,SHER	SHERRY	4/2/1968	Outpatient	FL	FL	3/24/2004	3/24/2004	896.15		179.23	716.92	Unpaid
108	Good Samaritan Hospital	VAG01339	700014577	C	550554150	WATANABE,TOM	TOM	1/17/1930	Outpatient	GI	GI	8/4/2003	8/4/2003	1,462.83	-	292.57	1,170.26	Unpaid
109	Good Samaritan Hospital	VAG26979	300169179	C	621149191	ANDRADE,JULIA	JULIA	5/22/1952	Outpatient	LAB	LAB	12/12/2002	12/12/2002	401.52	-	80.30	321.22	Unpaid
110	Good Samaritan Hospital	VAI70796	700015853	C	556648126	ACEVEDO,JESUS	JESUS	7/10/1939	Outpatient	LAB	LAB	1/21/2005	1/21/2005	184.32		36.86	147.46	Unpaid
111	Good Samaritan Hospital	VAK94725	97184848D	M	605598331	MARTINEZ,EDUA	EDUARDO	10/16/1963	Outpatient	LAB	LAB	1/6/2005	1/6/2005	158.80	-	31.76	127.04	Unpaid
112	Good Samaritan Hospital	VAG69124	164642	C	607481244	LEE,DAL YONG	DAL YONG	6/11/1957	Outpatient	LAB	LAB	2/13/2004	2/13/2004	141.60		28.32	113.28	Unpaid
113	Good Samaritan Hospital	VAG44995	568594472	C	568594472	TERRISSE,KIERN	KIERNA	6/21/1969	Outpatient	LAB	LAB	1/6/2004	1/6/2004	138.02		27.60	110.42	Unpaid

Creditor Name: Good Samaritan Hospital
Facility Name: Good Samaritan Hospital
Provider Tax ID: 95-1656366

If you believe that the Medical Claim Summary provided to you omits any Medical Claim(s) for which the Debtor is liable to you (each, a "New Medical Claim"), fill in the requested information below for each New Medical Claim and prepare and provide supporting documentation in the standard CMS 1500 and/or UB 92 form, as applicable . An electronic version of this form is available for download at www.bmcgroup.com/uhp. Please refer to the "Supplemental Instructions For Completing Medical Claim Proof of Claim".

New Medical Claims

Reference Number	Provider Name	Provider Claim Number	Member Number	Plan Type	Patient SSN	Patient Last Name	Patient First Name	Patient Date of Birth	Service Type	Service Level	Service Description	Start DOS	End DOS	Gross Charges - Provider	Amount Paid - Provider	Contractual Allowances per Provider	Balance Due per Provider	Notes
114	Good Samaritan Hospital	VAJ44616	568529664	C	568529364	MATSUISHI,MICHI	MICHIYE	6/13/1916	Outpatient	LAB	LAB	5/23/2005	5/23/2005	129.20		25.84	103.36	Unpaid
115	Good Samaritan Hospital	VAH37003	7000005264	C	545063002	REDMOND,ERNE	ERNEST	6/5/1956	Outpatient	LAB	LAB	7/4/2003	7/4/2003	118.80	-	23.76	95.04	Unpaid
116	Good Samaritan Hospital	VAK94743	570477289	C	570477289	PANG,YOUNG,SO	YOUNG,SOOK	2/4/1945	Outpatient	LAB	LAB	3/21/2003	3/21/2003	109.20	-	21.84	87.36	Unpaid
117	Good Samaritan Hospital	VAG06819	557697157	C	557697157	PARK,ROY	ROY	8/1/1940	Outpatient	LAB	LAB	4/24/2003	4/24/2003	109.20		21.84	87.36	Unpaid
118	Good Samaritan Hospital	VAJ44023	805211324	C	567793076	GRUBB,CARRI	CARRI	4/11/1970	Outpatient	LAB	LAB	5/18/2005	5/18/2005	98.40		19.68	78.72	Unpaid
119	Good Samaritan Hospital	VAH02850	5200340102396370	C	610785381	MENDEZ,DORIS E	DORIS	5/10/1973	Outpatient	LAB	LAB	4/6/2004	4/6/2004	87.97		17.59	70.38	Unpaid
120	Good Samaritan Hospital	VAG35092	528567262	C	7/29/1943	PIKULA,PAULA	PAULA	7/29/1943	Outpatient	LAB	LAB	12/24/2003	12/24/2003	77.76		15.55	62.21	Unpaid
121	Good Samaritan Hospital	VAK94749	616560382	C	616560382	TORRES,ALMA E	ALMA	8/20/1972	Outpatient	LAB	LAB	10/21/2002	10/21/2002	67.20	-	13.44	53.76	Unpaid
122	Good Samaritan Hospital	VAK94739	6168003589	C	n/a	ALVARADO,GABR	GABRIELA	12/20/2002	Outpatient	LAB	LAB	12/23/2002	12/23/2002	48.00		9.60	38.40	Unpaid
123	Good Samaritan Hospital	VAJ30596	572903550	C	572903550	GRANVOLD,JUDY	JUDY	4/18/1951	Outpatient	LAB	LAB	4/26/2005	4/26/2005	25.20		5.04	20.16	Unpaid
124	Good Samaritan Hospital	VAG03275	607031961	M	607031961	MEJIA,JOSE	JOSE	5/27/1952	Outpatient	LIT	LIT	4/30/2003	4/30/2003	207.36		41.47	165.89	Unpaid
125	Good Samaritan Hospital	VAK94750	550925433	C	550925433	SALINAS,CARMEN	CARMEN	7/8/1921	Outpatient	NM	NM	5/29/2002	5/29/2002	2,738.28	-	547.66	2,190.62	Unpaid
126	Good Samaritan Hospital	VAI23230	20953	C	563999140	SHIN,MICHELLE	MICHELLE	7/21/1973	Outpatient	OBS	OBS	10/26/2004	10/26/2004	311.04	-	62.21	248.83	Unpaid
127	Good Samaritan Hospital	VAG46953	881915	C	618064316	KIM,JUNG A	JUNG	8/9/1974	Outpatient	OBS	OBS	1/16/2004	1/16/2004	302.40	-	60.48	241.92	Unpaid
128	Good Samaritan Hospital	VAK94741	196889	C	610040879	KIM,HYE KYUNG	HYE KYUNG	6/3/1970	Outpatient	OBS	OBS	10/23/2002	10/23/2002	288.00	-	57.60	230.40	Unpaid
129	Good Samaritan Hospital	VAJ52522	700015853	C	556648126	ACEVEDO,JESUS	JESUS	7101939	Outpatient	PAC	PAC	3/25/2005	3/25/2005	1,011.56		202.31	809.25	Unpaid
130	Good Samaritan Hospital	VAG07831	967842	C	466606549	YOAKUM,BEULAH	BEULAH	4/11/1932	Outpatient	PAC	PAC	3/21/2003	3/21/2003	698.97		139.79	559.18	Unpaid
131	Good Samaritan Hospital	VAK94747	967842	C	466606549	YOAKUM,BEULAH	BEULAH	4/11/1932	Outpatient	PAC	PAC	2/20/2003	2/20/2003	184.32	-	36.86	147.46	Unpaid
132	Good Samaritan Hospital	VAK94746	566387838A	C	566387838	RANEY,OTTO	OTTO	12/11/1919	Outpatient	PAC	PAC	2/18/2003	2/18/2003	172.80	-	34.56	138.24	Unpaid
133	Good Samaritan Hospital	VAK94740	555810414	C	555810414	BAQUIRAN,LORE	LORENZO	5/4/1920	Outpatient	PAC	PAC	7/1/2003	7/1/2003	172.80	-	34.56	138.24	Unpaid
134	Good Samaritan Hospital	VAG79875	440-076	C	451079137	HARDIN,JOHN	JOHN	10/4/1911	Outpatient	PAC	PAC	7/30/2003	7/30/2003	172.80	-	34.56	138.24	Unpaid
135	Good Samaritan Hospital	VAG27872	700014526	C	563202424	FUJII,AKI	AKI	8/22/1919	Outpatient	PAC	PAC	12/9/2003	12/9/2003	172.80	-	34.56	138.24	Unpaid
136	Good Samaritan Hospital	VAI09843	700003857	C	564181667	ROBLES,SOLEDA	SOLEDAD	6/26/1907	Outpatient	PAC	PAC	12/20/2001	12/20/2001	144.00	-	28.80	115.20	Unpaid
137	Good Samaritan Hospital	VAK94742	000-955-370	C	556347984	MOORE,MYRTLE	MYRTLE	10/23/1917	Outpatient	PAC	PAC	9/13/2001	9/13/2001	120.00	-	24.00	96.00	Unpaid
138	Good Samaritan Hospital	VAG07844	000-067-200	C	458129525	CLAY,JAMES L	JAMES	1/4/1920	Outpatient	PPR	PPR	2/11/2003	2/11/2003	934.96	-	186.99	747.97	Unpaid
139	Good Samaritan Hospital	VAG75101	631249211	C	631249211	AGUILAR,GREGO	GREGORIA	5/29/1929	Outpatient	PT	PT	8/1/2003	8/31/2003	1,241.52	-	248.30	993.22	Unpaid
140	Good Samaritan Hospital	VAK94738	631249211	C	631249211	AGUILAR,GREGO	GREGORIA	5/29/1929	Outpatient	PT	PT	7/22/2003	7/31/2003	603.92		120.78	483.14	Unpaid
141	Good Samaritan Hospital	VAG47172	547048127	C	547048127	NOVELO,MIGUEL	MIGUEL	10/16/1930	Outpatient	RAD	RAD	6/2/2003	6/30/2003	497.67	-	99.53	398.14	Unpaid
142	Good Samaritan Hospital	VAG74435	310938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	1/22/2003	1/22/2003	4,331.73	-	866.35	3,465.38	Unpaid
143	Good Samaritan Hospital	VAG56263	301938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	2/19/2003	2/19/2003	4,331.73	-	866.35	3,465.38	Unpaid
144	Good Samaritan Hospital	VAG56262	301938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	3/19/2003	3/19/2003	4,331.73	-	866.35	3,465.38	Unpaid
145	Good Samaritan Hospital	VAK94745	301938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	4/23/2003	4/23/2003	4,331.73	-	866.35	3,465.38	Unpaid
146	Good Samaritan Hospital	VAF77396	310938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	10/9/2002	10/9/2002	2,791.51	-	558.30	2,233.21	Unpaid
147	Good Samaritan Hospital	VAG74434	310938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	11/6/2002	11/6/2002	2,791.51	-	558.30	2,233.21	Unpaid
148	Good Samaritan Hospital	VAK94744	310938	C	620333617	PARK,KIMBERLY	KIMBERLY	6/9/2002	Outpatient	SAM	SAM	12/11/2002	12/11/2002	2,791.51	-	558.30	2,233.21	Unpaid
149	Good Samaritan Hospital	VAJ48025	700014434	C	054480620	FUJIWARA,SHIZU	SHIZUYE	3/13/1923	Outpatient	SP	SP	5/12/2005	5/12/2005	900.24		180.05	720.19	Unpaid
150	Good Samaritan Hospital	VAG09915	565415545	C	565415545	KIM,SHIN OAK	SHIN OAK	12/25/1951	Outpatient	US	US	6/2/2003	6/2/2003	432.00	-	86.40	345.60	Unpaid
151	Good Samaritan Hospital	VAH80010	464366753	C	464366753	HAYNES,FAY R	FAY	12/28/1916	Outpatient	PAC	PAC	8/19/2004	8/19/2004	172.80	574.22	34.56	(435.98)	Overpaid
152	Good Samaritan Hospital	VAK94770	458448835	C	458448835	VELASQUEZ,MAN	MANUEL	4/16/1926	Outpatient	PPR	PPR	8/9/2004	8/9/2004	1,440.00	1,330.45	288.00	(178.45)	Overpaid
153	Good Samaritan Hospital	VAH28051	300164516	C	614484868	SIERRA,ANNA	ANNA	7/14/1980	Outpatient	ED	ED	5/21/2004	5/22/2004	1,874.04	1,610.75	374.81	(111.52)	Overpaid
	Grand Total																731,525.39	

Inpatient
Claims

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006501894
556-04-7819

3 PATIENT CONTROL NO. VAI80157

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121404	012105	38	0			

12 PATIENT NAME: RAMIRES,LUIS

13 PATIENT ADDRESS: 4966 TEMPLETON ST;LOS ANGELES;CA;90032

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
11041939	M	M	121404	16	2	1	16	03	M000482348					541

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	121404						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	1320 00		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	111	ROOM & BOARD MED/SURG	1200.00		2	2400 00		
2	200	ROOM BOARD ICU GENERAL	4300.00		30	12900 00		
3	201	ROOM BOARD ICU SURGICAL	3600.00		3	10800 00		
4	201	ROOM BOARD ICU SURGICAL	4700.00		3	14100 00		
5	250	PHARMACY GENERAL			460	2475 76		
6	251	PHARMACY GENERIC DRUGS			421	1345 31		
7	252	PHARM NONGENERIC DRUGS			138	1423 61		
8	258	PHARMACY IV SOLUTIONS			13	160 06		
9	259	PHARMACY OTHER			496	480 47		
10	270	MED SURG SUPPLIES			839	6177 05		
11	271	MED/SRG SUPP NONSTERILE			3	237 10		
12	272	MED/SRG STERILE SUPPLY			89	3904 10		
13	278	MED/SRG SUPP OTHER IMP			4	2847 35		
14	300	LABORATORY GENERAL			102	9285 51		
15	301	LAB CHEMISTRY			113	2339 56		
16	305	LAB HEMATOLOGY			62	4141 16		
17	306	LAB BACTERIOLOGY			24	3358 59		
18	310	LAB PATHOLOGICAL GEN			2	307 58		
19	320	DIAGNOSTIC RADIOLOGY			25	6471 68		
20	341	NUCLEAR MEDICINE/DX			2	2224 51		
21	351	CT SCAN/HEAD			5	8315 15		
22	360	OR SVCS GENERAL			3	1536 64		
23	370	ANESTHESIA GENERAL			602	6450 80		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	1759 95 97	9215 8 57	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	RAMIREZ,LUIS	01	700000885		
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	114440-01			
B				
C				

67 PRIN. DIAG. CD.	68 CODE		70 CODE		OTHER DIAG. CODES 72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
2273	4254	4280	2532	2535	70719	6826	99702	431	2273	E9320	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	0761	121604	311	122804	4311	011005
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	9672	121804	3893	010305		

82 ATTENDING PHYS. ID AA24184
D87572 FARINHA,JOSE B MD

83 OTHER PHYS. ID C28810
A87298 PITTS,FREDERICK W MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006501894
556-04-7819

3 PATIENT CONTROL NO. VAI80157

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121404	012105	38	0			

12 PATIENT NAME: RAMIRES,LUIS

13 PATIENT ADDRESS: 4966 TEMPLETON ST;LOS ANGELES;CA;90032

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
11041939	M	M	121404	16	2	1	16	03	M000482348					CO 541

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	121404						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	1320 00		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	390	BLOOD STORAGE/PROCESS			9	3133 00		
2	410	RESPIRATORY THERAPY			67	11268 75		
3	460	PULMONARY FUNCTION GEN			2	311 04		
4	480	CARDIOLOGY GENERAL			6	2640 96		
5	621	M/S SUPP INCID TO RAD			3	655 47		
6	636	RX REQ DETAILED CODING			12	211 02		
7	730	EKG/ECG GENERAL			1	186 62		
8	740	EEG GENERAL			8	2205 12		
9	921	PERIPHERAL VASCULAR LAB			1	1054 08		
23	001	TOTAL CHARGE				48633 05	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	17599597	9215857	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A RAMIREZ,LUIS	01	700000885		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 14440-01			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
2273	4254	4280	2532	2535	70719	6826	99702	431	2273	E9320	

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	0761	121604	311	122804	4311	011005
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	9672	121804	3893	010305		

82 ATTENDING PHYS. ID AA24184
D87572 FARINHA,JOSE B MD

83 OTHER PHYS. ID C28810
A87298 PITTS,FREDERICK W MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 APPROVED OMB NO 0938-0279 OCR:ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006619001
417-40-4540

3 PATIENT CONTROL NO. VAI86674

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	020405	021605	12	0			

12 PATIENT NAME: BRAXTON,JIMMIE

13 PATIENT ADDRESS: 3429 MERCED ST;LOS ANGELES;CA;90065

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	23	28	30	31 CO
07041934	M	M	020405	18	3	1	14	06	M001039899					107

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	020405						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	201	ROOM BOARD ICU SURGICAL	4700.00		1	470000		
2	201	ROOM BOARD ICU SURGICAL	3600.00		6	2160000		
3	214	RM BRD CCU- POST CCU	2400.00		3	720000		
4	219	RM BRD DOU OTHER	2400.00		2	480000		
5	250	PHARMACY GENERAL			136	619031		
6	251	PHARMACY GENERIC DRUGS			42	280881		
7	252	PHARM NONGENERIC DRUGS			5	189189		
8	255	PHARM INCID TO RAD SERV			1	57600		
9	258	PHARMACY IV SOLUTIONS			15	142352		
10	259	PHARMACY OTHER			151	215268		
11	270	MED SURG SUPPLIES			255	1521951		
12	272	MED/SRG STERILE SUPPLY			820	4206357		
13	275	MED/SRG SUPP PACEMAKER			1	2500200		
14	278	MED/SRG SUPP OTHER IMP			5	613314		
15	300	LABORATORY GENERAL			53	379108		
16	301	LAB CHEMISTRY			32	642611		
17	305	LAB HEMATOLOGY			27	293102		
18	306	LAB BACTERIOLOGY			8	62900		
19	320	DIAGNOSTIC RADIOLOGY			15	571377		
20	351	CT SCAN/HEAD			1	166303		
21	360	OR SVCS GENERAL			3	2201832		
22	370	ANESTHESIA GENERAL			791	962550		
23	390	BLOOD STORAGE/PROCESS			15	274009		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	3086229	8902943	
B	MEDI-CAL/RISARC		Y	Y		0	
C							
57		DUE FROM PATIENT ▷			53886	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	BRAXTON,JIMMIE	01	21169140	EMPLOYEE HEALT	900
B	BRAXTON,JIMMIE		417404540		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	116444-1			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4260	4111	30560	496	41401	25000	4439	60000	5939	4260		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3613	020705	3722	020405	3615	020705
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3775	021305	8856	020405	8853	020405

82 ATTENDING PHYS. ID G39905
A48008 LEE,FAYE MD

83 OTHER PHYS. ID C50460
ARCIDI,JOSEPH M MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB 92 HCFA 1450 APPROVED OMB NO 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006619001
417-40-4540

3 PATIENT CONTROL NO. VAI86674

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	020405	021605	12	0			

12 PATIENT NAME: BRAXTON,JIMMIE

13 PATIENT ADDRESS: 3429 MERCED ST;LOS ANGELES;CA;90065

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
07041934	M	M	020405	18	3	1	14	06	M001039899					CO 107

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	020405						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	410	RESPIRATORY THERAPY			74	1150042		
2	460	PULMONARY FUNCTION GEN			2	35552		
3	481	CARDIAC CATH LAB			5	1160801		
4	489	CARDIOLOGY OTHER			9	79137		
5	636	RX REQ DETAILED CODING			55	672791		
6	710	RECOVERY ROOM GENERAL			11	314462		
7	730	EKG/ECG GENERAL			5	93310		
8	921	PERIPHERAL VASCULAR LAB			2	55800		
23	001	TOTAL CHARGE				23291830	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	3086229	8902943	
B MEDI-CAL/RISARC		Y	Y		0	
57		DUE FROM PATIENT ▷		53886	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A BRAXTON,JIMMIE	01	21169140	EMPLOYEE HEALT	900
B BRAXTON,JIMMIE		417404540		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 116444-1			

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
4260	4111	30560	496	41401	25000	4439	60000	5939	4260		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3613	020705	3722	020405	3615	020705
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3775	021305	8856	020405	8853	020405

82 ATTENDING PHYS. ID G39905
A48008 LEE,FAYE MD

83 OTHER PHYS. ID C50460
ARCIDI,JOSEPH M MD

OTHER PHYS. ID

84 REMARKS
MI

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V000006471619
562-53-2216

3 PATIENT CONTROL NO. VAI59309

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121004	122004	10	0			

12 PATIENT NAME: ANSELMO,VALENTIN

13 PATIENT ADDRESS: 20023 ALBURTIS AVE;LAKEWOOD;CA;90715

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
11031928	M	M	121004	11	2	1	13	06	M001035465					108

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	121004						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	201	ROOM BOARD ICU SURGICAL	3600.00		2	720000		
2	201	ROOM BOARD ICU SURGICAL	4700.00		1	470000		
3	214	RM BRD CCU- POST CCU	2700.00		4	1080000		
4	219	RM BRD DOU OTHER	2400.00		3	720000		
5	250	PHARMACY GENERAL			95	428488		
6	251	PHARMACY GENERIC DRUGS			29	268566		
7	252	PHARM NONGENERIC DRUGS			9	104835		
8	255	PHARM INCID TO RAD SERV			1	57600		
9	258	PHARMACY IV SOLUTIONS			15	121291		
10	259	PHARMACY OTHER			79	125046		
11	270	MED SURG SUPPLIES			193	1003048		
12	272	MED/SRG STERILE SUPPLY			661	3824435		
13	278	MED/SRG SUPP OTHER IMP			5	145908		
14	300	LABORATORY GENERAL			86	729944		
15	301	LAB CHEMISTRY			24	474391		
16	302	LAB IMMUNOLOGY			1	4666		
17	305	LAB HEMATOLOGY			42	480421		
18	306	LAB BACTERIOLOGY			2	10368		
19	320	DIAGNOSTIC RADIOLOGY			8	403417		
20	360	OR SVCS GENERAL			1	1207860		
21	370	ANESTHESIA GENERAL			410	526030		
22	390	BLOOD STORAGE/PROCESS			21	298660		
23	410	RESPIRATORY THERAPY			11	579197		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	2096200	6375315	
B							
C							
57		DUE FROM PATIENT ▷			1000	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	ANSELMO,VALENTIN	01	700001451	GLOBALCARE MED	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	2004120104400028	5		
B				
C				

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	4019	2724		41411	4422			4139		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3691	121604	3614	121604	3615	121604
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3961	121604	3722	121004	8856	121004

82 ATTENDING PHYS. ID AC28338
a A32618 HOFFMAN,RICHARD L MD
b

83 OTHER PHYS. ID C50460
a ARCIDI,JOSEPH M MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006471619
562-53-2216

3 PATIENT CONTROL NO. VAI59309

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121004	122004	10	0			

12 PATIENT NAME: ANSELMO,VALENTIN

13 PATIENT ADDRESS: 20023 ALBURTIS AVE;LAKEWOOD;CA;90715

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
11031928	M	M	121004	11	2	1	13	06	M001035465					108

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	121004						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	481	CARDIAC CATH LAB			4	948257		
2	489	CARDIOLOGY OTHER			12	113244		
3	636	RX REQ DETAILED CODING			6	376613		
4	710	RECOVERY ROOM GENERAL			2	51840		
5	730	EKG/ECG GENERAL			4	74648		
6	921	PERIPHERAL VASCULAR LAB			1	55800		
23	001	TOTAL CHARGE				15404573	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	2096200	6375315	
B						
C						
57		DUE FROM PATIENT ▷		1000	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ANSELMO,VALENTIN	01	700001451	GLOBALCARE MED	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 2004120104400028	5		
B			
C			

67 PRIN. DIAG. CD.	68 CODE		70 CODE	OTHER DIAG. CODES 72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	4019	2724	41411	4422			4139		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3691	121604	3614	121604	3615	121604
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3961	121604	3722	121004	8856	121004

82 ATTENDING PHYS. ID AC28338
a
A32618 HOFFMAN,RICHARD L MD
b

83 OTHER PHYS. ID C50460
a
ARCIDI,JOSEPH M MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE: X

86 DATE: 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

U.B. 92 HCFA 1450 APPROVAL OMB NO. 0938-0279 OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006905384
545-42-9536

3 PATIENT CONTROL NO. VAJ49395

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	050105	051105	10	0			

12 PATIENT NAME: ELLIOT,PETER

13 PATIENT ADDRESS: 245 S HILL ST;LOS ANGELES;CA;90012

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 HMO
11231933	M	S	050105	21	2	5	20	03	M001042223								416

	32 OCCURRENCE CODE	DATE			34 OCCURRENCE CODE	DATE			36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	050105										A
b												B
												C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	200	ROOM BOARD ICU GENERAL	4300.00		6	2580000		
2	214	RM BRD CCU- POST CCU	2400.00		4	960000		
3	250	PHARMACY GENERAL			104	790797		
4	251	PHARMACY GENERIC DRUGS			54	870541		
5	252	PHARM NONGENERIC DRUGS			29	489718		
6	255	PHARM INCID TO RAD SERV			1	36979		
7	258	PHARMACY IV SOLUTIONS			35	348395		
8	259	PHARMACY OTHER			35	143016		
9	270	MED SURG SUPPLIES			416	1876983		
10	272	MED/SRG STERILE SUPPLY			6	147255		
11	300	LABORATORY GENERAL			45	291848		
12	301	LAB CHEMISTRY			29	532117		
13	305	LAB HEMATOLOGY			23	307933		
14	306	LAB BACTERIOLOGY			14	184477		
15	320	DIAGNOSTIC RADIOLOGY			6	193775		
16	352	CT SCAN/BODY			1	166303		
17	359	CT SCAN/OTHER			1	197712		
18	390	BLOOD STORAGE/PROCESS			3	99625		
19	402	OTHER IMAG ULTRASOUND			1	79834		
20	410	RESPIRATORY THERAPY			51	501553		
21	420	PT GENERAL			5	31814		
22	424	PT EVALUATION			1	20160		
23	430	OT			4	30024		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	0	6155156	
B							
C							
57		DUE FROM PATIENT ▷			14728	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	ELLIOT,PETER	01	568916	GLOBAL CARE ME	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	2005050206300014			
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
389	78552	51882	5750	6826	2762	42731	5180	5119	4589		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	8964	050205	5101	050305				

82 ATTENDING PHYS. ID A87543
RICE,JOSHUA L MD

83 OTHER PHYS. ID 20A7450
ABRISHAMI,BABAK B DO

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 APPROVED OMB NO 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006905384
545-42-9536

3 PATIENT CONTROL NO. VAJ49395

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	050105	051105	10	0			

12 PATIENT NAME: ELLIOT, PETER

13 PATIENT ADDRESS: 245 S HILL ST;LOS ANGELES;CA;90012

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 HMO
11231933	M	S	050105	21	2	5	20	03	M001042223					416

32 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a 11	050105						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	480	CARDIOLOGY GENERAL			3	132048		
2	621	M/S SUPP INCID TO RAD			1	24883		
3	636	RX REQ DETAILED CODING			44	105718		
4	730	EKG/ECG GENERAL			1	18662		
5	921	PERIPHERAL VASCULAR LAB			1	55800		
23	001	TOTAL CHARGE				11217970	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	6155156	
57		DUE FROM PATIENT ▷		14728	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ELLIOT, PETER	01	568916	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 2005050206300014			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
0389	78552	51882	5750	6826	2762	42731	5180	5119	4589		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	8964	050205	5101	050305				

82 ATTENDING PHYS. ID A87543
RICE, JOSHUA L MD

83 OTHER PHYS. ID 20A7450
ABRISHAMI, BABAK B DO

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006665335
545-18-3582

3 PATIENT CONTROL NO. VA187439

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021005	022005	10	0			

12 PATIENT NAME: GILLETT,GERTRUDE

13 PATIENT ADDRESS: 1919 CARMEN ST;LOS ANGELES;CA;90068

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
05301915	F	W	021005	04	2	1	17	20	M001040546								107

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	021005						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
201	ROOM BOARD ICU SURGICAL	4700.00		2	940000		
219	RM BRD DOU OTHER	2400.00		8	1920000		
250	PHARMACY GENERAL			79	304223		
251	PHARMACY GENERIC DRUGS			28	193142		
252	PHARM NONGENERIC DRUGS			9	31302		
255	PHARM INCID TO RAD SERV			2	115200		
258	PHARMACY IV SOLUTIONS			13	92484		
259	PHARMACY OTHER			75	107986		
270	MED SURG SUPPLIES			203	1183815		
272	MED/SRG STERILE SUPPLY			427	2545767		
278	MED/SRG SUPP OTHER IMP			3	8181		
300	LABORATORY GENERAL			58	377068		
301	LAB CHEMISTRY			35	643438		
305	LAB HEMATOLOGY			29	322118		
306	LAB BACTERIOLOGY			2	15137		
320	DIAGNOSTIC RADIOLOGY			9	513767		
360	OR SVCS GENERAL			1	692310		
370	ANESTHESIA GENERAL			235	301505		
390	BLOOD STORAGE/PROCESS			13	356535		
410	RESPIRATORY THERAPY			28	715934		
430	OT			3	20904		
450	EMERGENCY ROOM			1	66148		
480	CARDIOLOGY GENERAL			3	132048		

50 PAYER	51 PROVIDER NO.	52	53	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	2096200	5360312	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GILLETT,GERTRUDE	01	104223		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
117526-1	5		

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	5939	4019	4439	4549	V1251	V1041	V4577	78650	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3615	021605	3722	021105	8853	021105
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	021105	8848	021105	8844	021405

82 ATTENDING PHYS. ID AC28338
A32618 HOFFMAN,RICHARD L MD

83 OTHER PHYS. ID G070336
HOM,SOPHIA S MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006665335
545-18-3582

3 PATIENT CONTROL NO. VAI87439

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021005	022005	10	0			

12 PATIENT NAME: GILLETT,GERTRUDE

13 PATIENT ADDRESS: 1919 CARMEN ST;LOS ANGELES;CA;90068

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
05301915	F	W	021005	04	2	1	17	20	M001040546								107

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	021005						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	481	CARDIAC CATH LAB			6	1160801		
2	489	CARDIOLOGY OTHER			6	45030		
3	636	RX REQ DETAILED CODING			5	252541		
4	710	RECOVERY ROOM GENERAL			8	164955		
5	730	EKG/ECG GENERAL			4	74648		
6	761	TREAT/OBSERV RM- TRTMNT			1	18000		
7	921	PERIPHERAL VASCULAR LAB			3	250488		
23	001	TOTAL CHARGE				13565475	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	2096200	5360312	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GILLETT,GERTRUDE	01	104223		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
117526-1	5		

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	5939	4019	4439	4549	V1251	V1041	V4577	78650		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3615	021605	3722	021105	8853	021105
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	021105	8848	021105	8844	021405

82 ATTENDING PHYS. ID AC28338
A32618 HOFFMAN,RICHARD L MD

83 OTHER PHYS. ID G070336
HOM,SOPHIA S MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006418891
333-16-8740

3 PATIENT CONTROL NO. VAI34693

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	111604	112204	6	0			

12 PATIENT NAME: GAUSLIN,ANTHONY E

13 PATIENT ADDRESS: 14318 CARNELL ST;WHITTIER;CA;90603

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	23	30	31 CO
01101922	M	M	111604	16	3	2	09	20	M001031571					110

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	111604						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	5600.00		4	2240000		
2	210	ROOM BOARD CCU GENERAL	4300.00		2	860000		
3	250	PHARMACY GENERAL			59	436832		
4	251	PHARMACY GENERIC DRUGS			44	424206		
5	252	PHARM NONGENERIC DRUGS			3	190982		
6	255	PHARM INCID TO RAD SERV			1	115200		
7	258	PHARMACY IV SOLUTIONS			14	108800		
8	259	PHARMACY OTHER			41	100208		
9	270	MED SURG SUPPLIES			215	1853474		
10	272	MED/SRG STERILE SUPPLY			32	2048386		
11	278	MED/SRG SUPP OTHER IMP			3	2392500		
12	300	LABORATORY GENERAL			17	130984		
13	301	LAB CHEMISTRY			30	461451		
14	305	LAB HEMATOLOGY			18	207212		
15	306	LAB BACTERIOLOGY			5	78106		
16	320	DIAGNOSTIC RADIOLOGY			5	189733		
17	360	OR SVCS GENERAL			1	498271		
18	390	BLOOD STORAGE/PROCESS			1	37960		
19	410	RESPIRATORY THERAPY			31	1964730		
20	420	PT GENERAL			2	13680		
21	421	PT VISIT			2	11760		
22	424	PT EVALUATION			1	15120		
23	480	CARDIOLOGY GENERAL			3	132048		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	3087100	5311695	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A GAUSLIN,ANTHONY E	01	289379	ALLIED PHYSICI	900
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 113272-1	5		
B			
C			

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
41401	4254	42741	4271	42731	51881	4275	5070	0389	41401		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3761	111604	3721	111604	3601	111604
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3607	111604	8856	111604	3778	111604

82 ATTENDING PHYS. ID A49135
a F52935 JAFARI,ALIREZA MD
b

83 OTHER PHYS. ID A49135
a F52935 JAFARI,ALIREZA MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR/ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006418891
333-16-8740

3 PATIENT CONTROL NO. VAI34693

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	111604	112204	6	0			

12 PATIENT NAME: GAUSLIN,ANTHONY E

13 PATIENT ADDRESS: 14318 CARNELL ST;WHITTIER;CA;90603

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
01101922	M	M	111604	16	3	2	09	20	M001031571								110

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	111604						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	481	CARDIAC CATH LAB			5	1794389		
2	636	RX REQ DETAILED CODING			11	13695		
3	730	EKG/ECG GENERAL			5	93310		
23	001	TOTAL CHARGE				16413037	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	3087100	5311695	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GAUSLIN,ANTHONY E	01	289379	ALLIED PHYSICI	900

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
113272-1	5		

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
41401	4254	42741	4271	42731	51881	4275	5070	0389	41401		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3761	111604	3721	111604	3601	111604
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3607	111604	8856	111604	3778	111604

82 ATTENDING PHYS. ID A49135
F52935 JAFARI,ALIREZA MD

83 OTHER PHYS. ID A49135
F52935 JAFARI,ALIREZA MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006607279
613-09-6602

3 PATIENT CONTROL NO. VAI84768

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	012205	012805	6	0			

12 PATIENT NAME: GUTIERREZ,RAYMUNDO

13 PATIENT ADDRESS: 2052 STOCKWELL ST;COMPTON;CA;90222

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
11011949	M	M	012205	10	3	4	13	01	M001031608					CO 107

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	012205						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	201	ROOM BOARD ICU SURGICAL	3600.00		1	360000		
2	210	ROOM BOARD CCU GENERAL	4300.00		2	860000		
3	219	RM BRD DOU OTHER	2400.00		3	720000		
4	250	PHARMACY GENERAL			69	287250		
5	251	PHARMACY GENERIC DRUGS			17	161179		
6	252	PHARM NONGENERIC DRUGS			4	8623		
7	255	PHARM INCID TO RAD SERV			1	57600		
8	258	PHARMACY IV SOLUTIONS			11	103987		
9	259	PHARMACY OTHER			53	68167		
10	270	MED SURG SUPPLIES			166	794390		
11	272	MED/SRG STERILE SUPPLY			510	2493788		
12	278	MED/SRG SUPP OTHER IMP			2	5454		
13	300	LABORATORY GENERAL			51	585216		
14	301	LAB CHEMISTRY			19	367915		
15	305	LAB HEMATOLOGY			18	205995		
16	306	LAB BACTERIOLOGY			2	10368		
17	310	LAB PATHOLOGICAL GEN			1	10714		
18	320	DIAGNOSTIC RADIOLOGY			6	220422		
19	360	OR SVCS GENERAL			1	869070		
20	370	ANESTHESIA GENERAL			295	378485		
21	390	BLOOD STORAGE/PROCESS			4	183800		
22	410	RESPIRATORY THERAPY			16	620496		
23	480	CARDIOLOGY GENERAL			3	132048		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	1646200	4477094	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	GUTIERREZ,RAYMUNDO	01	516944	EXEPTIONAL CAR	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	116406-3	5		
B				
C				

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41071	41401	2720	27800	V1581	V1582	41071	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3611	012405	3615	012405	3961	012405
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3722	012205	8853	012205	8856	012205

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID C50460
ARCIDI,JOSEPH M MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006607279
613-09-6602

3 PATIENT CONTROL NO. VAI84768

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	012205	012805	6	0			

12 PATIENT NAME: GUTIERREZ,RAYMUNDO

13 PATIENT ADDRESS: 2052 STOCKWELL ST;COMPTON;CA;90222

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
11011949	M	M	012205	10	3	4	13	01	M001031608					107

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	012205						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
481	CARDIAC CATH LAB			4	948257		
489	CARDIOLOGY OTHER			11	101875		
636	RX REQ DETAILED CODING			10	410391		
730	EKG/ECG GENERAL			6	111972		
921	PERIPHERAL VASCULAR LAB			1	55800		
001	TOTAL CHARGE				11133262	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	1646200	4477094	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GUTIERREZ,RAYMUNDO	01	516944	EXEPTIONAL CAR	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
116406-3	5		

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41071	41401	2720	27800	V1581	V1582	41071	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3611	012405	3615	012405	3961	012405
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3722	012205	8853	012205	8856	012205

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID C50460
ARCIDI,JOSEPH M MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006143093
458-44-8835

3 PATIENT CONTROL NO. VA123293

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	080904	101304	65	0			

12 PATIENT NAME: VELASQUEZ,MANUEL

13 PATIENT ADDRESS: 12427 RUSH STREET;SOUTH EL MONTE;CA;91733

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
04161926	M	S	080904	19	2	4	12	06	M001025687					536

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	080904						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	111	ROOM & BOARD MED/SURG	1200.00		15	1800000		
2	200	ROOM BOARD ICU GENERAL	3600.00		9	3240000		
3	201	ROOM BOARD ICU SURGICAL	3600.00		1	360000		
4	214	RM BRD CCU- POST CCU	2000.00		12	2400000		
5	214	RM BRD CCU- POST CCU	2400.00		13	3120000		
6	219	RM BRD DOU OTHER	2000.00		2	400000		
7	219	RM BRD DOU OTHER	2400.00		13	3120000		
8	250	PHARMACY GENERAL			387	1437774		
9	251	PHARMACY GENERIC DRUGS			190	1004155		
10	252	PHARM NONGENERIC DRUGS			53	592509		
11	255	PHARM INCID TO RAD SERV			2	73958		
12	258	PHARMACY IV SOLUTIONS			95	857165		
13	259	PHARMACY OTHER			842	1028016		
14	270	MED SURG SUPPLIES			532	3599129		
15	271	MED/SRG SUPP NONSTERILE			9	55746		
16	272	MED/SRG STERILE SUPPLY			234	1978776		
17	275	MED/SRG SUPP PACEMAKER			1	297000		
18	278	MED/SRG SUPP OTHER IMP			5	11932500		
19	300	LABORATORY GENERAL			182	784279		
20	301	LAB CHEMISTRY			112	2118055		
21	305	LAB HEMATOLOGY			135	1504686		
22	306	LAB BACTERIOLOGY			39	473340		
23	310	LAB PATHOLOGICAL GEN			7	110013		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	2271703 1	2999075	
B	MEDI-CAL	HSC30471F	Y	Y		0	
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	VELASQUEZ,MANUEL	01	458448835		
B	VELASQUEZ,MANUEL	01	458448835		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	107832-2	5		
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4280 4271	5997 4255	2874 99672	42731 42732	41401	E9342	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3794	081304	8856	081104	3605	081104
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3607	081104	3722	080904	8856	080904

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006143093
458-44-8835

3 PATIENT CONTROL NO. VAI23293

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	080904	101304	65	0			

12 PATIENT NAME: VELASQUEZ,MANUEL

13 PATIENT ADDRESS: 12427 RUSH STREET;SOUTH EL MONTE;CA;91733

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
C4161926	M	S	080904	19	2	4	12	06	M001025687					536

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	080904						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	320	DIAGNOSTIC RADIOLOGY			18	890177		
2	341	NUCLEAR MEDICINE/DX			4	559860		
3	350	CAT SCAN GENERAL			1	107620		
4	351	CT SCAN/HEAD			1	188490		
5	352	CT SCAN/BODY			4	721822		
6	360	OR SVCS GENERAL			7	1330126		
7	370	ANESTHESIA GENERAL			504	416772		
8	390	BLOOD STORAGE/PROCESS			23	592948		
9	402	OTHER IMAG ULTRASOUND			3	128218		
10	420	PT GENERAL			73	465450		
11	421	PT VISIT			2	5880		
12	424	PT EVALUATION			1	15120		
13	430	OT			17	100704		
14	480	CARDIOLOGY GENERAL			15	714240		
15	481	CARDIAC CATH LAB			8	2297998		
16	482	CARDIOLOGY STRESS TEST			1	48384		
17	489	CARDIOLOGY OTHER			15	133559		
18	543	AMBULANCE HEART MOBILE			1	44880		
19	610	MRI GENERAL			1	332813		
20	621	M/S SUPP INCID TO RAD			4	103287		
21	635	ERYTHROPOIETIN <10000 U			12	528000		
22	636	RX REQ DETAILED CODING			65	470967		
23	710	RECOVERY ROOM GENERAL			24	387388		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	2271703 1	2999075	
B	MEDI-CAL	HSC30471F	Y	Y		0	
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	VELASQUEZ,MANUEL	01	458448835		
B	VELASQUEZ,MANUEL	01	458448835		

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	107832-2	5		

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4280	4271	5997	4255	2874	99672	42731	42732	41401	E9342	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3794	081304	8856	081104	3605	081104
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3607	081104	3722	080904	8856	080904

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE - 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006143093
458-44-8835

3 PATIENT CONTROL NO. VAI23293

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	080904	101304	65	0			

12 PATIENT NAME: VELASQUEZ,MANUEL

13 PATIENT ADDRESS: 12427 RUSH STREET;SOUTH EL MONTE;CA;91733

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
04161926	M	S	080904	19	2	4	12	06	M001025687					536

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	080904						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	730	EKG/ECG GENERAL			17	317254		
23	001	TOTAL CHARGE				53189058	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	2271703 1	2999075	
B	MEDI-CAL	HSC30471F	Y	Y		0	
C							
57		DUE FROM PATIENT				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	VELASQUEZ,MANUEL	01	458448835		
B	VELASQUEZ,MANUEL	01	458448835		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	107832-2	5		
B				
C				

67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4280	4271	5997	4255	2874	99672	42731	42732	41401	E9342	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3794	081304	8856	081104	3605	081104
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3607	081104	3722	080904	8856	080904

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006007660
000-00-0001

3 PATIENT CONTROL NO. VAK93655

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	062204	071104	19	0			

12 PATIENT NAME: AUGUSTINE,SABRINA ANN

13 PATIENT ADDRESS: 2915 HALL DALE AVE;LOS ANGELES;CA;90018

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 MCD
05212004	M	S	062204	18	3	2	11	01	M001022087					190

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	062204						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	173	NEONATAL LEVEL 3	3480.00		19	6612000		
2	250	PHARMACY GENERAL			71	39342		
3	251	PHARMACY GENERIC DRUGS			19	14395		
4	252	PHARM NONGENERIC DRUGS			16	3360		
5	259	PHARMACY OTHER			1	1999		
6	270	MED SURG SUPPLIES			157	856350		
7	272	MED/SRG STERILE SUPPLY			14	25332		
8	300	LABORATORY GENERAL			9	10284		
9	301	LAB CHEMISTRY			34	237568		
10	305	LAB HEMATOLOGY			7	95879		
11	306	LAB BACTERIOLOGY			4	95593		
12	320	DIAGNOSTIC RADIOLOGY			1	24883		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				8016985	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UHP MEDI-CAL	951656366	Y	Y	2432000	2378191	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SMITH,TONISHA	03	562478681		
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	P04224-3			
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7513	0389	7795	6910	7766	7824	7513		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3893	062204				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A44319
F56432 SARDESAI,SMEETA MD

83 OTHER PHYS. ID A44319
F56432 SARDESAI,SMEETA MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006739064
426-36-3789

3 PATIENT CONTROL NO. VAJ19828

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	030605	032505	19	0			

12 PATIENT NAME: JOHNSON,WILLIE

13 PATIENT ADDRESS: 4036 BRIGHTON AVE;LOS ANGELES;CA;90062

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
01011926	M	M	030605	23	2	7	17	03	M001042663								1

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	030605										

38 UNITED HEALTH PLAN/ SENIORS
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	40		41 VALUE CODES CODE	AMOUNT
01	132000				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	111	ROOM & BOARD MED/SURG	1200.00		13	1560000		
2	200	ROOM BOARD ICU GENERAL	4300.00		6	2580000		
3	250	PHARMACY GENERAL			214	671952		
4	251	PHARMACY GENERIC DRUGS			68	631353		
5	252	PHARM NONGENERIC DRUGS			32	455182		
6	258	PHARMACY IV SOLUTIONS			22	188111		
7	259	PHARMACY OTHER			249	334821		
8	270	MED SURG SUPPLIES			358	1421052		
9	272	MED/SRG STERILE SUPPLY			49	314518		
10	278	MED/SRG SUPP OTHER IMP			4	134662		
11	300	LABORATORY GENERAL			43	425567		
12	301	LAB CHEMISTRY			26	581619		
13	305	LAB HEMATOLOGY			17	184745		
14	306	LAB BACTERIOLOGY			30	459151		
15	320	DIAGNOSTIC RADIOLOGY			9	223947		
16	351	CT SCAN/HEAD			2	332606		
17	360	OR SVCS GENERAL			1	354140		
18	370	ANESTHESIA GENERAL			120	130800		
19	390	BLOOD STORAGE/PROCESS			2	49800		
20	410	RESPIRATORY THERAPY			51	2040222		
21	420	PT GENERAL			32	221844		
22	421	PT VISIT			12	70560		
23	424	PT EVALUATION			1	15120		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN/ SENIO	951656366	Y	Y	5281290	2368871	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
JOHNSON,WILLIE	01	166702		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
118898-1	5		

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES		70		72		74		76 ADM. DIAG. CD.	77 E-CODE	78
85221	3314	4280	5990		51881	48241	34982	34292	4019	85221	E8849

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	0131	030705	0206	030705	9604	030605
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID CAA066211
GUZMAN,JULIO V.

83 OTHER PHYS. ID A85370
XIE,SEAN X MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006739064
426-36-3789

3 PATIENT CONTROL NO. VAJ19828

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	030605	032505	19	0			

12 PATIENT NAME: JOHNSON,WILLIE

13 PATIENT ADDRESS: 4036 BRIGHTON AVE;LOS ANGELES;CA;90062

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	28	29	30	31 CO
01011926	M	M	030605	23	2	7	17	03	M001042663					1

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	030605						A
b							B
							C

38 UNITED HEALTH PLAN/ SENIORS
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	430	OT			6	50894		
2	450	EMERGENCY ROOM			12	356823		
3	480	CARDIOLOGY GENERAL			3	132048		
4	636	RX REQ DETAILED CODING			11	21540		
5	730	EKG/ECG GENERAL			1	18662		
23	001	TOTAL CHARGE				13961739	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN/ SENIO	951656366	Y	Y	528129 0	236887 1	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A JOHNSON,WILLIE	01	166702		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 118898-1	5		
B			
C			

67 PRIN. DIAG. CD.	68 CODE		70 CODE		OTHER DIAG. CODES 72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
85221	3314	4280	5990		51881	48241	34982	34292	4019	85221	E8849

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
	0131	030705	0206	030705	9604	030605
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID CAA066211
GUZMAN,JULIO V.

83 OTHER PHYS. ID A85370
XIE,SEAN X MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006749345
547-25-9294

3 PATIENT CONTROL NO. VAJ07260

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	031005	032305	13	0			

12 PATIENT NAME: HUGHES, PAULINE

13 PATIENT ADDRESS: 4724 S BUDLONG AVENUE;LOS ANGELES;CA;90037

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
05031911	F	W	031005	00	2	1	22	01	M000933840					127

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	031005						A
b							B
							C

38 UNITED HEALTH PLAN
2405 W IMPERIAL HWY #510
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	117	ROOM & BOARD ONCOLOGY	1200.00		5	600000		
2	219	RM BRD DOU OTHER	2400.00		8	1920000		
3	250	PHARMACY GENERAL			130	573608		
4	251	PHARMACY GENERIC DRUGS			11	25740		
5	258	PHARMACY IV SOLUTIONS			2	15330		
6	259	PHARMACY OTHER			95	97785		
7	270	MED SURG SUPPLIES			167	406394		
8	272	MED/SRG STERILE SUPPLY			2	37280		
9	300	LABORATORY GENERAL			6	5760		
10	301	LAB CHEMISTRY			21	409505		
11	305	LAB HEMATOLOGY			8	94351		
12	320	DIAGNOSTIC RADIOLOGY			3	78796		
13	410	RESPIRATORY THERAPY			48	456192		
14	450	EMERGENCY ROOM			3	110985		
15	480	CARDIOLOGY GENERAL			6	264096		
16	536	RX REQ DETAILED CODING			25	31125		
17	730	EKG/ECG GENERAL			2	37324		
18	921	PERIPHERAL VASCULAR LAB			1	18432		
19								
20								
21								
22								
23	001	TOTAL CHARGE				5182703	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	1164800	1935247	
B							
C							
57		DUE FROM PATIENT ▷			9575	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	HUGHES, PAULINE	01	000813733	UHP HEALTHCARE	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	119201-1			
B				
C				

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4280	49122	41401	4019	2859	2948	2724	412	V4501	78605		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID A33928
a
A84540 PITTOKOPITIS, KYRIACOS MD
b

83 OTHER PHYS. ID
a
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005504220
525-09-3451

3 PATIENT CONTROL NO. VAG82256

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121903	011204	24	0			

12 PATIENT NAME: ARMIJO,HIPOLITO

13 PATIENT ADDRESS: 653 S TAYLOR AVE;MONTEBELLO;CA;90640

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CONDITION CODES
04051919	M	M	121903	17	3	4	18	03	M000473755								CO 517

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	121903										

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	40		41 VALUE CODES CODE	AMOUNT
01	132000				

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
210	ROOM BOARD CCU GENERAL	3600.00		8	2880000		
214	RM BRD CCU- POST CCU	2000.00		16	3200000		
250	PHARMACY GENERAL			193	398690		
251	PHARMACY GENERIC DRUGS			158	709674		
255	PHARM INCID TO RAD SERV			2	115200		
258	PHARMACY IV SOLUTIONS			16	124924		
259	PHARMACY OTHER			381	432564		
270	MED SURG SUPPLIES			131	1154712		
272	MED/SRG STERILE SUPPLY			47	1374757		
278	MED/SRG SUPP OTHER IMP			1	485395		
300	LABORATORY GENERAL			61	97402		
301	LAB CHEMISTRY			58	1158077		
305	LAB HEMATOLOGY			47	565114		
306	LAB BACTERIOLOGY			1	4032		
320	DIAGNOSTIC RADIOLOGY			5	269567		
360	OR SVCS GENERAL			1	111240		
370	ANESTHESIA GENERAL			45	36630		
390	BLOOD STORAGE/PROCESS			4	191142		
402	OTHER IMAG ULTRASOUND			1	79834		
420	PT GENERAL			22	140936		
424	PT EVALUATION			1	15120		
480	CARDIOLOGY GENERAL			6	351216		
481	CARDIAC CATH LAB			8	2262591		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	8300000	883087	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ARMIJO,HIPOLITO	01	57297	CENTRAL HLT/PH	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2003121903800004			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES		70		72		74		76 ADM. DIAG. CD.	77 E-CODE	78
41402	4280	2875	42732	40391	42731	99673	9975	5845	41071	E8798	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3601	122303	3606	122303	8856	122303
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3722	122203	8856	122203	9962	010204

82 ATTENDING PHYS. ID G54794
A52797 MATTHEWS,RAY V MD

83 OTHER PHYS. ID A49626
E96946 BURSTEIN,STEVEN MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005504220
525-09-3451

3 PATIENT CONTROL NO. VAG82256

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121903	011204	24	0			

12 PATIENT NAME: ARMIJO,HIPOLITO

13 PATIENT ADDRESS: 653 S TAYLOR AVE;MONTEBELLO;CA;90640

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
04051919	M	M	121903	17	3	4	18	03	M000473755					CO 517

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	121903						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	543	AMBULANCE HEART MOBILE			1	44880		
2	635	ERYTHROPOIETIN <10000 U			5	220000		
3	636	RX REQ DETAILED CODING			4	22219		
4	710	RECOVERY ROOM GENERAL			5	79920		
5	730	EKG/ECG GENERAL			11	205282		
6	801	I/P RENAL HEMODIALYSIS			3	180800		
23	001	TOTAL CHARGE				16911918	0	

50 PAYER	51 PROVIDER NO.	RF	AF	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	8300000	883087	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ARMIJO,HIPOLITO	01	57297	CENTRAL HLT/PH	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 2003121903800004			

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
41402	4280	2875	42732	40391	42731	99673	9975	5845	41071	E8798	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3601	122303	3606	122303	8856	122303
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3722	122203	8856	122203	9962	010204

82 ATTENDING PHYS. ID G54794
A52797 MATTHEWS,RAY V MD

83 OTHER PHYS. ID A49626
E96946 BURSTEIN,STEVEN MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB 92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006221501
549-56-4983

3 PATIENT CONTROL NO. VAH95370

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	091504	092104	6	0			

12 PATIENT NAME: ROSS,ELLEN

13 PATIENT ADDRESS: 2907 W FLORENCE AVE;LOS ANGELES;CA;90043

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
07051941	F	M	091504	11	3	2	16	06	M001021493					478

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	091504						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	201	ROOM BOARD ICU SURGICAL	3600.00		1	360000		
2	214	RM BRD CCU- POST CCU	2400.00		1	240000		
3	219	RM BRD DOU OTHER	2400.00		4	960000		
4	250	PHARMACY GENERAL			47	206169		
5	251	PHARMACY GENERIC DRUGS			9	82400		
6	252	PHARM NONGENERIC DRUGS			9	25713		
7	258	PHARMACY IV SOLUTIONS			5	49816		
8	259	PHARMACY OTHER			98	124569		
9	270	MED SURG SUPPLIES			64	348175		
10	272	MED/SRG STERILE SUPPLY			84	463189		
11	278	MED/SRG SUPP OTHER IMP			1	477000		
12	300	LABORATORY GENERAL			22	152502		
13	301	LAB CHEMISTRY			14	309926		
14	305	LAB HEMATOLOGY			12	133749		
15	306	LAB BACTERIOLOGY			2	15552		
16	320	DIAGNOSTIC RADIOLOGY			4	106444		
17	360	OR SVCS GENERAL			1	642720		
18	370	ANESTHESIA GENERAL			260	283400		
19	420	PT GENERAL			8	61030		
20	421	PT VISIT			4	23520		
21	424	PT EVALUATION			1	15120		
22	636	RX REQ DETAILED CODING			4	9568		
23	730	EKG/ECG GENERAL			3	55986		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		783230	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ROSS,ELLEN	01	295409	CRENSHAW COMMU	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
107794-1			

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
44422	496	5990	4471	25050	36201	4019	2720	71690	4439		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3929	091604				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

83 OTHER PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR/ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006221501
549-56-4983

3 PATIENT CONTROL NO. VAH95370

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	091504	092104	6	0			

12 PATIENT NAME: ROSS,ELLEN

13 PATIENT ADDRESS: 2907 W FLORENCE AVE;LOS ANGELES;CA;90043

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
07051941	F	M	091504	11	3	2	16	06	M001021493					478

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	091504						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
23	001	TOTAL CHARGE				5146548	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		783230	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ROSS,ELLEN	01	295409	CRENSHAW COMMU	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
107794-1			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
44422	496	5990	4471	25050	36201	4019	2720	71690	4439		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3929	091604				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

83 OTHER PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004702312
407-38-3754

3 PATIENT CONTROL NO. VAK93666

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032803	040303	6	0			

12 PATIENT NAME: RACE,WILLIAM

13 PATIENT ADDRESS: PO BOX 564;DOWNEY;CA;90241

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
04191931	M	U	032803	22	2	2	16	01	M000980511					CO 514

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	032803						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	214	RM BRD CCU- POST CCU	2000.00		6	12000 00		
2	250	PHARMACY GENERAL			52	3154 32		
3	251	PHARMACY GENERIC DRUGS			5	252 32		
4	252	PHARM NONGENERIC DRUGS			8	254 62		
5	255	PHARM INCID TO RAD SERV			1	480 00		
6	258	PHARMACY IV SOLUTIONS			5	375 52		
7	259	PHARMACY OTHER			9	139 06		
8	270	MED SURG SUPPLIES			23	1589 89		
9	272	MED/SRG STERILE SUPPLY			58	2424 13		
10	275	MED/SRG SUPP PACEMAKER			1	2700 00		
11	278	MED/SRG SUPP OTHER IMP			2	9900 00		
12	301	LAB CHEMISTRY			11	1802 21		
13	305	LAB HEMATOLOGY			8	760 32		
14	306	LAB BACTERIOLOGY			1	82 94		
15	320	DIAGNOSTIC RADIOLOGY			4	1956 09		
16	360	OR SVCS GENERAL			1	2678 00		
17	370	ANESTHESIA GENERAL			130	984 10		
18	410	RESPIRATORY THERAPY			2	103 68		
19	480	CARDIOLOGY GENERAL			3	1100 40		
20	481	CARDIAC CATH LAB			5	9056 74		
21	636	RX REQ DETAILED CODING			3	280 97		
22	710	RECOVERY ROOM GENERAL			4	595 20		
23	730	EKG/ECG GENERAL			3	466 56		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	4047086	699100	
57		DUE FROM PATIENT ▷		25000	25000-	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
RACE,WILLIAM	01	407383754		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
41548-3			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
4271	42731	4148	41401	4019	49390	2720	V4581	V4582	4271		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3794	040203	3722	033103	3726	040203
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	033103	8853	033103		

82 ATTENDING PHYS. ID A60669
ARTAL,ROY MD

83 OTHER PHYS. ID G62204
F36709 LERMAN,ROBERT D MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V000047023 12
407-38-3754

3 PATIENT CONTROL NO. VAK93666

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032803	040303	6	0			

12 PATIENT NAME: RACE,WILLIAM

13 PATIENT ADDRESS: PO BOX 564;DOWNEY;CA;90241

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
4191931	M	U	032803	22	2	2	16	01	M000980511								514

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	032803						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
001	TOTAL CHARGE				14223707	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	4047086	699100	
57		DUE FROM PATIENT		25000	25000-	

58 INSURED'S NAME	59 P.REL.	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
RACE,WILLIAM	01	407383754		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
81548-3			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4271	42731	4148	41401	4019	49390	2720	V4581	V4582	4271		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3794	040203	3722	033103	3726	040203
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	033103	8853	033103		

82 ATTENDING PHYS. ID A60669
ARTAL,ROY MD

83 OTHER PHYS. ID G62204
F36709 LERMAN,ROBERT D MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005558150
571-10-6510

3 PATIENT CONTROL NO. VAG51477

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	011204	011404	2	0			

12 PATIENT NAME: BARTON,FRANK E

13 PATIENT ADDRESS: 10151 STANFORD AVE;SOUTH GATE;CA;90280

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
06081917	M	M	011204	17	2	2	20	03	M000667639								118

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	011204						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	219	RM BRD DOU OTHER	2000.00		2	400000		
2	250	PHARMACY GENERAL			8	22826		
3	251	PHARMACY GENERIC DRUGS			2	12700		
4	252	PHARM NONGENERIC DRUGS			2	4393		
5	258	PHARMACY IV SOLUTIONS			1	13693		
6	259	PHARMACY OTHER			13	18669		
7	270	MED SURG SUPPLIES			19	58563		
8	272	MED/SRG STERILE SUPPLY			30	88559		
9	275	MED/SRG SUPP PACEMAKER			1	1854000		
10	301	LAB CHEMISTRY			3	52762		
11	305	LAB HEMATOLOGY			3	35252		
12	306	LAB BACTERIOLOGY			2	51840		
13	320	DIAGNOSTIC RADIOLOGY			2	53913		
14	360	OR SVCS GENERAL			1	247200		
15	370	ANESTHESIA GENERAL			100	81400		
16	480	CARDIOLOGY GENERAL			3	132048		
17	636	RX REQ DETAILED CODING			1	3133		
18	710	RECOVERY ROOM GENERAL			3	44640		
19	730	EKG/ECG GENERAL			2	37324		
20	921	PERIPHERAL VASCULAR LAB			2	17280		
21								
22								
23	001	TOTAL CHARGE				3230195	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	571263	479637	
B						
C						
57	DUE FROM PATIENT ▷			30000	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A BARTON,FRANK E	01	000534514	CROWN CITY MED	571106510
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 970511-1	5		
B			
C			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
V5331	41400	4019	2449	3310	29410	V4581			V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3785	011304				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A39656
A28938 BHANDARI,ANIL K MD

83 OTHER PHYS. ID G62204
F36709 LERMAN,ROBERT D MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005570569
436-40-2107

3 PATIENT CONTROL NO. VAG98090

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	011604	012104	5	0			

12 PATIENT NAME: PORCHE,LEON M

13 PATIENT ADDRESS: 1807 W. 36TH ST;LOS ANGELES;CA;90018

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
10251930	M	M	011604	21	2	7	16	01	M001010150					14

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	011604						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
117	ROOM & BOARD ONCOLOGY	1000.00		5	500000		
250	PHARMACY GENERAL			3	6924		
259	PHARMACY OTHER			23	21132		
270	MED SURG SUPPLIES			11	22021		
301	LAB CHEMISTRY			4	59570		
305	LAB HEMATOLOGY			3	36507		
320	DIAGNOSTIC RADIOLOGY			1	24883		
351	CT SCAN/HEAD			1	166303		
420	PT GENERAL			2	11760		
424	PT EVALUATION			1	15120		
450	EMERGENCY ROOM			2	84154		
610	MRI GENERAL			1	221875		
730	EKG/ECG GENERAL			2	37740		
740	EEG GENERAL			1	24720		
921	PERIPHERAL VASCULAR LAB			1	55800		
001	TOTAL CHARGE				1288509	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	488000	0	
MEDICARE PART A	050471	Y	Y	0	436730	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
PORCHE,LEON	01	021159410		
PORCHE,LEON	01	436402107A		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
431	3051	30503	V1259		431		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A29921
C35367 LEMAILEWILLIAMS,ROBERT L

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006930457
616-18-5600

3 PATIENT CONTROL NO. VAK93656

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	051005	051105	1	0			

12 PATIENT NAME: CIPRES,JESUS

13 PATIENT ADDRESS: 9227 KLINGERMAN;SOUTH EL MONTE;CA;91733

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	28	29	30	31 MCD
06011946	M	M	051005	16	2	2	16	01	M000818309					124

CONDITION CODES

	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	051005						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	4300.00		1	430000		
2	250	PHARMACY GENERAL			10	26540		
3	251	PHARMACY GENERIC DRUGS			4	13894		
4	255	PHARM INCID TO RAD SERV			1	57600		
5	258	PHARMACY IV SOLUTIONS			1	7011		
6	259	PHARMACY OTHER			6	11596		
7	270	MED SURG SUPPLIES			23	143651		
8	272	MED/SRG STERILE SUPPLY			5	148294		
9	278	MED/SRG SUPP OTHER IMP			1	66013		
10	300	LABORATORY GENERAL			4	3840		
11	301	LAB CHEMISTRY			6	118619		
12	305	LAB HEMATOLOGY			7	75688		
13	306	LAB BACTERIOLOGY			2	16313		
14	320	DIAGNOSTIC RADIOLOGY			3	137479		
15	481	CARDIAC CATH LAB			4	948257		
16	543	AMBULANCE HEART MOBILE			1	53856		
17	636	RX REQ DETAILED CODING			2	4178		
18	730	EKG/ECG GENERAL			1	18662		
19								
20								
21								
22								
23	001	TOTAL CHARGE				2281491	0	

	50 PAYER	51 PROVIDER NO.	52	53	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UHP MEDI-CAL	951656366	Y	Y		408570	
B							
C							
57		DUE FROM PATIENT				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	CIPRES,JESUS	01	69579216A	CROWN CITY IPA	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	2005051000200001			
B				
C				

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES	70	72	74	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	70706	40391	412	25000	490	2749	V1582	78650		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3722	051105	8856	051105	8853	051105
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID AC28338
A32618 HOFFMAN,RICHARD L MD

83 OTHER PHYS. ID AC28338
A32618 HOFFMAN,RICHARD L MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

HCFA-1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL

COOD SAMARITAN HOSPITAL FILE 53289 LOS ANGELES CA 900743289 2134822700 2134822721 US	2 V00005590294 434-16-6564	3 PATIENT CONTROL NO. VAG53501	4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	012304	012704	4	0			

12 PATIENT NAME	13 PATIENT ADDRESS
ELIE,T.J.	1247 MLK BLVD;LOS ANGELES;CA;90011

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
04011917	M	S	012304	21	2	2	15	01	M001010689					88

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	012304						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	110	ROOM BOARD	1000.00		3	300000		
2	210	ROOM BOARD CCU GENERAL	3600.00		1	360000		
3	250	PHARMACY GENERAL			6	23973		
4	252	PHARM NONGENERIC DRUGS			1	38585		
5	259	PHARMACY OTHER			33	39769		
6	270	MED SURG SUPPLIES			21	175627		
7	272	MED/SRG STERILE SUPPLY			1	21436		
8	300	LABORATORY GENERAL			9	70549		
9	301	LAB CHEMISTRY			3	108000		
10	302	LAB IMMUNOLOGY			1	4666		
11	305	LAB HEMATOLOGY			4	45620		
12	306	LAB BACTERIOLOGY			1	9953		
13	320	DIAGNOSTIC RADIOLOGY			1	24883		
14	410	RESPIRATORY THERAPY			10	92106		
15	420	PT GENERAL			2	11760		
16	424	PT EVALUATION			1	15120		
17	730	EKG/ECG GENERAL			1	18662		
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				1360709	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y		396800	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	ELIE,T.J.	01	434166564	GLOBAL CARE IP	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A				
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
49121	5997	515	2859	2948	4019	5939	2888	7906	78605	E9320	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID AG82009
a E99424 KIM,SUCHA MD
b

83 OTHER PHYS. ID
a
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE
X

86 DATE
012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005784830
550-83-9029

3 PATIENT CONTROL NO. VAG98017

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	040904	041004	1	0			

12 PATIENT NAME: LUK,ELIZABETH

13 PATIENT ADDRESS: 9141 E. FAIRVIEW AVE;SAN GABRIEL;CA;91775

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
4201960	F	M	040904	06	2	2	10	01	M001016541					518

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	040904						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	214	RM BRD CCU- POST CCU	2000.00		1	200000		
2	250	PHARMACY GENERAL			7	27487		
3	258	PHARMACY IV SOLUTIONS			1	8259		
4	259	PHARMACY OTHER			2	1566		
5	270	MED SURG SUPPLIES			6	26178		
6	272	MED/SRG STERILE SUPPLY			13	728690		
7	301	LAB CHEMISTRY			1	36000		
8	305	LAB HEMATOLOGY			3	35252		
9	320	DIAGNOSTIC RADIOLOGY			1	34704		
10	480	CARDIOLOGY GENERAL			3	1597536		
11	636	RX REQ DETAILED CODING			2	5799		
12	710	RECOVERY ROOM GENERAL			3	58060		
13	730	EKG/ECG GENERAL			1	18662		
14–22								
23	001	TOTAL CHARGE				2778193	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	301100	264100	
B						
C						
57		DUE FROM PATIENT ▷		75200	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A LUK,ELIZABETH	01	21104876	PACIFIC IPA	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 2004122300800001			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4270					4270		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3734	040904	3726	040904	3729	040904
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3727	040904				

82 ATTENDING PHYS. ID G62204
a F36709 LERMAN,ROBERT D MD
b

83 OTHER PHYS. ID G62204
a F36709 LERMAN,ROBERT D MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006958193
617-43-5731

3 PATIENT CONTROL NO. VAJ40812

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	051905	052105	2	0			

12 PATIENT NAME: KANYINDA,BEATRICE

13 PATIENT ADDRESS: 746 S. CORONADO STREET;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 HMO
03251978	F	S	051905	20	3	2	11	01	M001049115					373

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	051905						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	1320.00		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1200.00		2	2400.00		
2	250	PHARMACY GENERAL			5	138.46		
3	259	PHARMACY OTHER			6	238.11		
4	270	MED SURG SUPPLIES			11	956.05		
5	272	MED/SRG STERILE SUPPLY			1	323.59		
6	300	LABORATORY GENERAL			5	247.30		
7	305	LAB HEMATOLOGY			2	161.62		
8	361	OR SVCS MINOR SURGERY			1	559.20		
9	370	ANESTHESIA GENERAL			1	433.20		
10	636	RX REQ DETAILED CODING			1	66.37		
11	710	RECOVERY ROOM GENERAL			1	276.00		
12	720	LABOR ROOM/DEL GENERAL			3	2874.00		
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				8673.90	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	0	1974.00	
B	BECKA ASSOC., DR. BETHEL		Y	Y		0	
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	KANYINDA,BEATRICE	01	300250753	EMPLOYEE HEALT	
B	KANYINDA,BEATRICE	01	617435731		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	122376776			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
66431	64511	V270			V232		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	7359	052005	7562	052005	7534	051905
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	7309	051905				

82 ATTENDING PHYS. ID A31955
BARNES,DAVID A MD

83 OTHER PHYS. ID A31955
BARNES,DAVID A MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004682480
368-20-0594

3 PATIENT CONTROL NO. VAG27009

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032203	032603	4	0			

12 PATIENT NAME: CUCUIAT,ANDREW

13 PATIENT ADDRESS: 1 CEDARWOOD DR;POMONA;CA;91766

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
11241922	M	M	032203	16	2	4	11	01	M000979959					CO 518

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	032203						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	3600.00		2	720000		
2	214	RM BRD CCU- POST CCU	2000.00		1	200000		
3	219	RM BRD DOU OTHER	2000.00		1	200000		
4	250	PHARMACY GENERAL			24	51659		
5	251	PHARMACY GENERIC DRUGS			9	31509		
6	252	PHARM NONGENERIC DRUGS			8	40498		
7	255	PHARM INCID TO RAD SERV			2	96000		
8	259	PHARMACY OTHER			35	36309		
9	270	MED SURG SUPPLIES			22	217241		
10	272	MED/SRG STERILE SUPPLY			15	520292		
11	300	LABORATORY GENERAL			1	5200		
12	320	DIAGNOSTIC RADIOLOGY			2	146188		
13	410	RESPIRATORY THERAPY			2	13306		
14	481	CARDIAC CATH LAB			9	1891047		
15	543	AMBULANCE HEART MOBILE			1	44880		
16	636	RX REQ DETAILED CODING			14	260827		
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				4474956	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	850980	190120	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
CUCUIAT,ANDREW	01	120472	EASTLAND MED G	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
41402	4139	4019	49390	2720	2859	71590	V4582		4139		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3601	032503	3722	032303	8856	032303
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8853	032303				

82 ATTENDING PHYS. ID A30496
A26127 SCHEELE,WOLFGANG MD

83 OTHER PHYS. ID A30496
A26127 SCHEELE,WOLFGANG MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005812789
554-26-6247

3 PATIENT CONTROL NO. VAH26055

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	041204	050104	19	0			

12 PATIENT NAME: SAKAI,MASAYOSHI

13 PATIENT ADDRESS: 455 E. 3RD STREET;LOS ANGELES;CA;90013

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
06131919	M	W	041204	18	2	1	23	03	M000722091					415

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	041204						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NB 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	117	ROOM & BOARD ONCOLOGY	1000.00		19	1900000		
2	250	PHARMACY GENERAL			25	263380		
3	251	PHARMACY GENERIC DRUGS			86	612771		
4	252	PHARM NONGENERIC DRUGS			28	765937		
5	258	PHARMACY IV SOLUTIONS			7	51296		
6	259	PHARMACY OTHER			43	21341		
7	270	MED SURG SUPPLIES			126	726053		
8	272	MED/SRG STERILE SUPPLY			155	529802		
9	300	LABORATORY GENERAL			37	90432		
10	301	LAB CHEMISTRY			29	707277		
11	305	LAB HEMATOLOGY			24	276924		
12	306	LAB BACTERIOLOGY			25	327772		
13	310	LAB PATHOLOGICAL GEN			6	54376		
14	320	DIAGNOSTIC RADIOLOGY			7	168168		
15	360	OR SVCS GENERAL			3	1255776		
16	370	ANESTHESIA GENERAL			508	461264		
17	390	BLOOD STORAGE/PROCESS			2	48742		
18	420	PT GENERAL			9	74646		
19	424	PT EVALUATION			1	20160		
20	430	OT			5	32304		
21	636	RX REQ DETAILED CODING			1	2429		
22	710	RECOVERY ROOM GENERAL			5	79920		
23	730	EKG/ECG GENERAL			2	37324		

	50 PAYER	51 PROVIDER NO.	NP	PR	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	5140490	179510	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SAKAI,MASAYOSHI	01	554266247	TOTAL MED CARE	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	000S00000935			
B				
C				

67 PRIN. DIAG. CD.	68 CODE		70 CODE		OTHER DIAG. CODES 72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
0389	7070	5180	2639	00845	3441	4019	73028	2859	7806		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	4611	041604	7789	042204	8674	042204
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8604	041404	7789	041404		

82 ATTENDING PHYS. ID G37835
E50474 CHALISON,JOHN R MD

83 OTHER PHYS. ID A79276
HEARTFIELD,WESLEY R MD

OTHER PHYS. ID G37835
E50474 CHALISON,JOHN R MD

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005812789
554-26-6247

3 PATIENT CONTROL NO. VAH26055

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	041204	050104	19	0			

12 PATIENT NAME: SAKAI,MASAYOSHI

13 PATIENT ADDRESS: 455 E. 3RD STREET;LOS ANGELES;CA;90013

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
06131919	M	W	041204	18	2	1	23	03	M000722091					415

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	041204						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NB 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	947	OTH THER COMP EQP ANC			11	59400		
23	001	TOTAL CHARGE				8567494	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	5140490	179510	
57.	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
SAKAI,MASAYOSHI	01	554266247	TOTAL MED CARE	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
000S00000935			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
0389	7070	5180	2639	00845	3441	4019	73028	2859	7806		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	4611	041604	7789	042204	8674	042204
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8604	041404	7789	041404		

82 ATTENDING PHYS. ID G37835
E50474 CHALISON,JOHN R MD

83 OTHER PHYS. ID A79276
HEARTFIELD,WESLEY R MD

OTHER PHYS. ID G37835
E50474 CHALISON,JOHN R MD

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005616644
626-58-5719

3 PATIENT CONTROL NO. VAK93658

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	020404	020604	2	0			

12 PATIENT NAME: FUENTES,MARIA D

13 PATIENT ADDRESS: 200 N.BIXEL ST;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 MCD
03101951	F	M	020404	08	3	2	15	01	M000979770								359

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	020404						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	111	ROOM & BOARD MED/SURG	1000.00		2	200000		
2	250	PHARMACY GENERAL			13	64372		
3	251	PHARMACY GENERIC DRUGS			2	12700		
4	252	PHARM NONGENERIC DRUGS			2	11148		
5	258	PHARMACY IV SOLUTIONS			2	27386		
6	259	PHARMACY OTHER			2	2710		
7	270	MED SURG SUPPLIES			19	145454		
8	272	MED/SRG STERILE SUPPLY			42	71780		
9	300	LABORATORY GENERAL			4	19008		
10	305	LAB HEMATOLOGY			2	8294		
11	310	LAB PATHOLOGICAL GEN			1	22440		
12	360	OR SVCS GENERAL			1	284280		
13	370	ANESTHESIA GENERAL			115	104420		
14	636	RX REQ DETAILED CODING			1	8292		
15	710	RECOVERY ROOM GENERAL			3	49824		
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				1032108	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y	0	174000	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
FUENTES,MARIA D	01	626585719	GLOBAL CARE	60000

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
97142-1			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
2180	2181	2182	6268	2859	6202	6262	6259	6268		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	684	020404	6561	020404	8606	020404
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID CAG45159
A92554 BETHEL,MYRON W

83 OTHER PHYS. ID CAG45159
A92554 BETHEL,MYRON W

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005760681
547-64-3675

3 PATIENT CONTROL NO. VAH11611

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032404	032604	2	0			

12 PATIENT NAME: KURATA,YOSHIO

13 PATIENT ADDRESS: 611N BAILEY ST;LOS ANGELES;CA;90033

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
04031924	M	W	032404	14	2	1	15	01	M000694605					527

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	032404						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	3600.00		1	360000		
2	214	RM BRD CCU- POST CCU	2000.00		1	200000		
3	250	PHARMACY GENERAL			19	45672		
4	251	PHARMACY GENERIC DRUGS			9	19842		
5	252	PHARM NONGENERIC DRUGS			1	26539		
6	255	PHARM INCID TO RAD SERV			1	57600		
7	258	PHARMACY IV SOLUTIONS			2	16243		
8	259	PHARMACY OTHER			9	37234		
9	270	MED SURG SUPPLIES			15	156786		
10	272	MED/SRG STERILE SUPPLY			14	586482		
11	278	MED/SRG SUPP OTHER IMP			1	1145500		
12	300	LABORATORY GENERAL			3	6240		
13	301	LAB CHEMISTRY			14	225836		
14	305	LAB HEMATOLOGY			4	47694		
15	320	DIAGNOSTIC RADIOLOGY			2	112596		
16	480	CARDIOLOGY GENERAL			3	132048		
17	481	CARDIAC CATH LAB			8	1917281		
18	536	RX REQ DETAILED CODING			3	104813		
19	730	EKG/ECG GENERAL			3	55986		
20								
21								
22								
23	001	TOTAL CHARGE				5254392	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	822520	162100	
B							
C							

57 DUE FROM PATIENT ▷ 0

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	KURATA,YOSHIO		547643675		
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A				
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 69 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	3051	V4582		4111		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3601	032504	3607	032504	3722	032504
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	032504	8853	032504	3778	032504

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID G67048
E64813 MAYEDA,GUY S MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

1 CERTIFY THE CLARIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCH ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004571022
439-16-8867

3 PATIENT CONTROL NO. VAK93662

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021703	030403	15	0			

12 PATIENT NAME: FREEMAN,ALVIN

13 PATIENT ADDRESS: 4118 EDGEHILL DR;LOS ANGELES;CA;90008

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
12091919	M	M	021703	07	3	2	15	05	M000977040								116

32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	021703										A B C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	110	ROOM BOARD	1000.00		8	800000		
2	214	RM BRD CCU- POST CCU	2000.00		7	1400000		
3	250	PHARMACY GENERAL			55	137731		
4	251	PHARMACY GENERIC DRUGS			50	247766		
5	255	PHARM INCID TO RAD SERV			1	48000		
6	258	PHARMACY IV SOLUTIONS			8	29327		
7	259	PHARMACY OTHER			92	147557		
8	270	MED SURG SUPPLIES			64	440739		
9	271	MED/SRG SUPP NONSTERILE			4	18174		
10	272	MED/SRG STERILE SUPPLY			50	608729		
11	275	MED/SRG SUPP PACEMAKER			3	2556000		
12	278	MED/SRG SUPP OTHER IMP			1	184450		
13	300	LABORATORY GENERAL			40	121207		
14	301	LAB CHEMISTRY			22	363874		
15	305	LAB HEMATOLOGY			17	153494		
16	306	LAB BACTERIOLOGY			3	12096		
17	310	LAB PATHOLOGICAL GEN			4	54432		
18	320	DIAGNOSTIC RADIOLOGY			7	749822		
19	360	OR SVCS GENERAL			2	398222		
20	370	ANESTHESIA GENERAL			95	64410		
21	390	BLOOD STORAGE/PROCESS			4	91600		
22	420	PT GENERAL			25	154242		
23	424	PT EVALUATION			1	15120		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	492741	152259	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
FREEMAN,ALVIN	01	469241	CRENSHAW MED G	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
44389	4280	4538	42613	40391	3970	9971	5939	53550	44389		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3772	022103	3783	022103	4516	021903
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	4542	021903	8848	021703	8847	021703

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID A53382
SELLAMI,MOHAMED MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V000004571022
439-16-8867

3 PATIENT CONTROL NO. VAK93662

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021703	030403	15	0			

12 PATIENT NAME: FREEMAN,ALVIN

13 PATIENT ADDRESS: 4118 EDGEHILL DR;LOS ANGELES;CA;90008

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	28	23	30	31 CONDITION CODES
12091919	M	M	021703	07	3	2	15	05	M000977040					CO 116

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	021703						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	480	CARDIOLOGY GENERAL			3	110040		
2	636	RX REQ DETAILED CODING			5	328014		
3	710	RECOVERY ROOM GENERAL			8	115704		
4	730	EKG/ECG GENERAL			3	46656		
5	921	PERIPHERAL VASCULAR LAB			1	89280		
23	001	TOTAL CHARGE				9486686	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	4927741	152259	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
FREEMAN,ALVIN	01	469241	CRENSHAW MED G	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
44389	4280	4538	42613	40391	3970	9971	5939	53550	44389		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
	3772	022103	3783	022103	4516	021903
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	4542	021903	8848	021703	8847	021703

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID A53382
SELLAMI,MOHAMED MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

HCFA-1450 APPROV. OMB NO. 0938-0279 OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003828134
561-41-5405

3 PATIENT CONTROL NO. VAG27013

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	061302	061502	2	0			

12 PATIENT NAME: DELGADO,SUSAN T

13 PATIENT ADDRESS: 13204 S MAIN STREET;LOS ANGELES;CA;90061

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
10211953	F	X	061302	17	2	1	16	01	M000719671					518

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	061302						A
b							B
							C

38 UNITED HEALTH PLAN
P O BOX 90759
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	3600.00		1	360000		
2	214	RM BRD CCU- POST CCU	2000.00		1	200000		
3	250	PHARMACY GENERAL			14	41056		
4	251	PHARMACY GENERIC DRUGS			1	10833		
5	255	PHARM INCID TO RAD SERV			1	48000		
6	258	PHARMACY IV SOLUTIONS			4	8023		
7	259	PHARMACY OTHER			13	15727		
8	270	MED SURG SUPPLIES			25	226892		
9	272	MED/SRG STERILE SUPPLY			12	568992		
10	300	LABORATORY GENERAL			7	21040		
11	301	LAB CHEMISTRY			14	152808		
12	305	LAB HEMATOLOGY			5	41760		
13	320	DIAGNOSTIC RADIOLOGY			2	78192		
14	450	EMERGENCY ROOM			1	58440		
15	481	CARDIAC CATH LAB			5	1012272		
16	636	RX REQ DETAILED CODING			7	280668		
17	710	RECOVERY ROOM GENERAL			2	25800		
18	730	EKG/ECG GENERAL			4	51840		
19								
20								
21								
22								
23	001	TOTAL CHARGE				3202343	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	718600	128000	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A DELGADO,SUSAN T	01	77262	ALLIED PHYSICI	561415405
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 62856-1	1		
B			
C			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4111	412	2720	4019	6256	30000		4111		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3601	061402	3722	061402	8856	061402
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8853	061402				

82 ATTENDING PHYS. ID G54794
a A52797 MATTHEWS,RAY V MD
b

83 OTHER PHYS. ID G54794
a A52797 MATTHEWS,RAY V MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE
X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004410189
613-18-1399

3 PATIENT CONTROL NO. VAK93665

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	122002	122402	4	0			

12 PATIENT NAME: PENA, PAULA

13 PATIENT ADDRESS: 1533 3/4 6TH STREET;LOS ANGELES;CA;90019

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
07241929	F	M	122002	15	2	4	11	01	M000972359								124

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	122002						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
200	ROOM BOARD ICU GENERAL	3600.00		1	360000		
214	RM BRD CCU- POST CCU	2000.00		3	600000		
250	PHARMACY GENERAL			28	52897		
252	PHARM NONGENERIC DRUGS			9	91560		
255	PHARM INCID TO RAD SERV			1	48000		
258	PHARMACY IV SOLUTIONS			1	8259		
259	PHARMACY OTHER			26	29726		
270	MED SURG SUPPLIES			12	61101		
272	MED/SRG STERILE SUPPLY			4	93921		
278	MED/SRG SUPP OTHER IMP			1	55011		
301	LAB CHEMISTRY			10	144542		
305	LAB HEMATOLOGY			8	70157		
320	DIAGNOSTIC RADIOLOGY			2	93830		
481	CARDIAC CATH LAB			4	790215		
636	RX REQ DETAILED CODING			1	2636		
710	RECOVERY ROOM GENERAL			2	25800		
730	EKG/ECG GENERAL			1	15552		
761	TREAT/OBSERV RM- TRTMNT			2	36000		
001	TOTAL CHARGE				2579207	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	586223	127027	
MEDI-CAL	HSC30471F	Y	Y	0	0	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
PENA, PAULA	01	613181399	TOTAL MEDICAL	
PENA, PAULA	01	613181399		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES	70	72	74	76 ADM. DIAG. CD.	77 E-CODE	78
4111	4280	42731	4019		4111		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3722	122302	8856	122302	8853	122302
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G37835
E50474 CHALISON,JOHN R MD

83 OTHER PHYS. ID G37835
E50474 CHALISON,JOHN R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 (HCFA-1450) APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004132288
563-99-2090

3 PATIENT CONTROL NO. VAK93669

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	092002	092402	4	0			

12 PATIENT NAME: YANG,SUNG MO

13 PATIENT ADDRESS: 13154 PALM PL;CERRITOS;CA;90703

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
11181942	M	M	092002	19	2	7	11	01	M000741012					14

32 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
11	092002						

38 UNITED HEALTH PLAN
P O BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009

39 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
201	ROOM BOARD ICU SURGICAL	3900.00		2	780000		
219	RM BRD DOU OTHER	2000.00		2	400000		
250	PHARMACY GENERAL			5	12628		
251	PHARMACY GENERIC DRUGS			2	4564		
252	PHARM NONGENERIC DRUGS			4	8832		
259	PHARMACY OTHER			18	20869		
270	MED SURG SUPPLIES			14	148530		
300	LABORATORY GENERAL			5	560		
301	LAB CHEMISTRY			16	205087		
305	LAB HEMATOLOGY			4	35597		
351	CT SCAN/HEAD			1	138586		
444	SPEECH PATH EVALUATION			3	23760		
450	EMERGENCY ROOM			1	81792		
480	CARDIOLOGY GENERAL			3	110040		
610	MRI GENERAL			1	184896		
636	RX REQ DETAILED CODING			2	29928		
730	EKG/ECG GENERAL			2	31450		
921	PERIPHERAL VASCULAR LAB			1	55800		
001	TOTAL CHARGE				2272919	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	440800	110200	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
YANG,SUNG MO	01	443784	LA VIDA MED.GR	563992090

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	4		

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
43401	4010	72989	2724	41400	V4581	2948	V1582	436	

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID A35341
A84762 RANAVAT,AMRITLAL C MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003341773
619-86-9252

3 PATIENT CONTROL NO. VAK93661

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	010502	011102	6	0			

12 PATIENT NAME: CALLES,ANABELL

13 PATIENT ADDRESS: 2817 SAN MARINO ST #14;LOS ANGELES;CA;90006

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
11141966	F	M	010502	09	3	2	15	01	M000944356					379

CONDITION CODES

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	010502						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1000.00		6	600000		
2	250	PHARMACY GENERAL			4	66774		
3	251	PHARMACY GENERIC DRUGS			15	108267		
4	258	PHARMACY IV SOLUTIONS			14	10563		
5	259	PHARMACY OTHER			15	48859		
6	270	MED SURG SUPPLIES			30	175704		
7	271	MED/SRG SUPP NONSTERILE			1	11520		
8	272	MED/SRG STERILE SUPPLY			2	13188		
9	300	LABORATORY GENERAL			15	39440		
10	301	LAB CHEMISTRY			4	38352		
11	305	LAB HEMATOLOGY			4	28080		
12	306	LAB BACTERIOLOGY			4	22560		
13	320	DIAGNOSTIC RADIOLOGY			1	17280		
14	410	RESPIRATORY THERAPY			13	121680		
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				1302267	0	

	50 PAYER	51 PROVIDER NO.	Rel.	Ass.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	430080	0	
B	MEDI-CAL	HSC30471F	Y	Y	0	0	
C							
57		DUE FROM PATIENT ▷			40000	107520	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	CALLES,ANABELL	01	862883		1001
B	CALLES,ANABELL	01	619869252		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	52714-1			LOS ANGELES
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
64403	486	64783	65223		64403		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A048495
F58714 WING,DEBORAH A MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR-ORIGINAL

GOOD SAMARITAN HOSPITAL
PILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003854676
613-14-9766

3 PATIENT CONTROL NO. VAK93668

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-H D.	10 L-R D.	11
95-1656366	062202	062302	1	0			

12 PATIENT NAME: VASQUEZ,NORMA PALACIOS

13 PATIENT ADDRESS: 523 S RAMPART BL #113;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
01081966	F	X	062202	15	2	7	11	01	M000854674					CO 381

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	062202						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1000.00		1	100000		
2	250	PHARMACY GENERAL			7	22449		
3	251	PHARMACY GENERIC DRUGS			5	72379		
4	259	PHARMACY OTHER			9	7307		
5	270	MED SURG SUPPLIES			15	51641		
6	272	MED/SRG STERILE SUPPLY			21	46155		
7	300	LABORATORY GENERAL			7	29520		
8	301	LAB CHEMISTRY			2	42072		
9	305	LAB HEMATOLOGY			6	43920		
10	306	LAB BACTERIOLOGY			2	19296		
11	310	LAB PATHOLOGICAL GEN			1	19296		
12	320	DIAGNOSTIC RADIOLOGY			1	17280		
13	360	OR SVCS GENERAL			1	128775		
14	370	ANESTHESIA GENERAL			75	47325		
15	402	OTHER IMAG ULTRASOUND			1	57744		
16	450	EMERGENCY ROOM			1	68160		
17	636	RX REQ DETAILED CODING			2	6250		
18	710	RECOVERY ROOM GENERAL			1	21600		
19	730	EKG/ECG GENERAL			1	12960		
20								
21								
22								
23	001	TOTAL CHARGE				814129	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	89600	
57	DUE FROM PATIENT ▷			0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
PALACIOS,NORMA V	01	613149766		300025262

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
53511	V433				63511		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
5	6902	062202				

82 ATTENDING PHYS. ID G51234
E8570 KJOS,SIRI L MD

83 OTHER PHYS. ID A51981
E89389 STEK,ALICE M MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006628333
326-80-9034

3 PATIENT CONTROL NO. VAK93657

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	013005	013005	1	0			

12 PATIENT NAME: FLORES,ALMA D

13 PATIENT ADDRESS: 1330 INGRAHAM ST;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 MCD
12301970	F	S	013005	04	2	1	10	07	M001039619								380

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	013005						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	117	ROOM & BOARD ONCOLOGY	1200.00		1	120000		
2	258	PHARMACY IV SOLUTIONS			3	26749		
3	259	PHARMACY OTHER			4	5152		
4	270	MED SURG SUPPLIES			12	46327		
5	300	LABORATORY GENERAL			4	23770		
6	301	LAB CHEMISTRY			4	68888		
7	305	LAB HEMATOLOGY			4	43546		
8	402	OTHER IMAG ULTRASOUND			1	91467		
9	450	EMERGENCY ROOM			1	100985		
23	001	TOTAL CHARGE				526884	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y	0	87000	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
FLORES,ALMA D	01	300219246	AKM MEDICAL GR	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
117141-1			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
63491					64093		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID A31955
BARNES,DAVID A MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006143507
565-81-6851

3 PATIENT CONTROL NO. VAH88411

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	081004	081804	8	0			

12 PATIENT NAME: LEE,MYONG

13 PATIENT ADDRESS: 17404 PAMELA COURT;ROWLAND HEIGHTS;CA;91748

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
05211960	F	S	081004	09	2	7	21	03	M001025817					148

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	081004						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
110	ROOM BOARD	1000.00		2	200000		
111	ROOM & BOARD MED/SURG	1000.00		6	600000		
250	PHARMACY GENERAL			40	165574		
251	PHARMACY GENERIC DRUGS			14	123126		
252	PHARM NONGENERIC DRUGS			28	521558		
255	PHARM INCID TO RAD SERV			1	36979		
258	PHARMACY IV SOLUTIONS			16	148242		
259	PHARMACY OTHER			29	61022		
270	MED SURG SUPPLIES			75	405072		
271	MED/SRG SUPP NONSTERILE			3	19758		
272	MED/SRG STERILE SUPPLY			63	432250		
300	LABORATORY GENERAL			19	63845		
301	LAB CHEMISTRY			14	396093		
305	LAB HEMATOLOGY			14	165073		
306	LAB BACTERIOLOGY			6	98082		
310	LAB PATHOLOGICAL GEN			3	76190		
320	DIAGNOSTIC RADIOLOGY			3	74649		
352	CT SCAN/BODY			6	1035556		
360	OR SVCS GENERAL			2	517354		
370	ANESTHESIA GENERAL			205	169970		
402	OTHER IMAG ULTRASOUND			1	79834		
450	EMERGENCY ROOM			9	123294		
636	RX REQ DETAILED CODING			22	89309		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	2040000	84000	
57	DUE FROM PATIENT ▷			116000	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
LEE,MYONG	01	163642	LA VIDA MED GR	SEE CARD

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
108612-1	4		

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	69 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
1533	1962	99859				78906	E8782	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	458	081204	403	081204	4525	081104
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	4516	081104				

82 ATTENDING PHYS. ID CAA61923
G66424 EL ASMAR,IMAD MD

83 OTHER PHYS. ID A79276
HEARTFIELD,WESLEY R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006143507
565-81-6851

3 PATIENT CONTROL NO. VAH88411

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	081004	081804	8	0			

12 PATIENT NAME: LEE,MYONG

13 PATIENT ADDRESS: 17404 PAMELA COURT;ROWLAND HEIGHTS;CA;91748

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
05211960	F	S	081004	09	2	7	21	03	M001025817								148

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	081004						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	710	RECOVERY ROOM GENERAL			1	25920		
2	730	EKG/ECG GENERAL			2	37740		
23	001	TOTAL CHARGE				5666490	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	2040000	84000	
B						
C						
57	DUE FROM PATIENT ▷			116000	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A LEE,MYONG	01	163642	LA VIDA MED GR	SEE CARD
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 108612-1	4		
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
1533	1962	99859			78906	E8782	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
	458	081204	403	081204	4525	081104
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	4516	081104				

82 ATTENDING PHYS. ID CAA61923
G66424 EL ASMAR,IMAD MD

83 OTHER PHYS. ID A79276
HEARTFIELD,WESLEY R MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB 92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005607353
607-28-6037

3 PATIENT CONTROL NO. VAG73917

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	022504	022904	4	0			

12 PATIENT NAME: SANTOS,NIMFA

13 PATIENT ADDRESS: 2347 MEADOWDALE AVE;LOS ANGELES;CA;90031

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
06271969	F	M	022504	20	3	2	17	01	M000989530								373

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	022504						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1000.00		4	400000		
2	250	PHARMACY GENERAL			13	65952		
3	252	PHARM NONGENERIC DRUGS			1	66537		
4	258	PHARMACY IV SOLUTIONS			3	26231		
5	259	PHARMACY OTHER			13	46795		
6	270	MED SURG SUPPLIES			31	166251		
7	272	MED/SRG STERILE SUPPLY			10	119005		
8	300	LABORATORY GENERAL			5	19008		
9	305	LAB HEMATOLOGY			3	20736		
10	361	OR SVCS MINOR SURGERY			1	46600		
11	370	ANESTHESIA GENERAL			1	36100		
12	636	RX REQ DETAILED CODING			2	9770		
13	710	RECOVERY ROOM GENERAL			1	23000		
14	720	LABOR ROOM/DEL GENERAL			3	241900		
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				1287885	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	258720	0	
B							
C							
57		DUE FROM PATIENT ▷				64680	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SANTOS,NIMFA	01	392944	AKM MED GRP	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	99700-1			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5411	65981	5768	V270		V221		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
3	7359	022704	7569	022704	7309	022704
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	7534	022704	9649	022704	734	022704

82 ATTENDING PHYS. ID A65006
DUONG,THINH H MD

83 OTHER PHYS. ID A65006
DUONG,THINH H MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006041198
623-82-1744

3 PATIENT CONTROL NO. VAH50474

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	070404	070604	2	0			

12 PATIENT NAME: THONG,TEKHOANG

13 PATIENT ADDRESS: 21011 OSTERMAN ROAD;LAKE FOREST;CA;92630

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
05281974	F	M	070404	12	3	2	16	01	M001022945					374

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	070404						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1000.00		2	200000		
2	250	PHARMACY GENERAL			5	22915		
3	258	PHARMACY IV SOLUTIONS			2	8551		
4	259	PHARMACY OTHER			7	6889		
5	270	MED SURG SUPPLIES			19	147879		
6	272	MED/SRG STERILE SUPPLY			8	65640		
7	300	LABORATORY GENERAL			4	19008		
8	305	LAB HEMATOLOGY			1	12442		
9	310	LAB PATHOLOGICAL GEN			2	8880		
10	361	OR SVCS MINOR SURGERY			1	46600		
11	370	ANESTHESIA GENERAL			1	36100		
12	636	RX REQ DETAILED CODING			2	9770		
13	710	RECOVERY ROOM GENERAL			1	23000		
14	720	LABOR ROOM/DEL GENERAL			3	239500		
15–22								
23	001	TOTAL CHARGE				847174	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	140400	57000	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A THONG,TEKHOANG	01	623821744 / 981-850		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 106769-1	3		
B			
C			

67 PRIN. DIAG. CD.	68 CODE		70 CODE	OTHER DIAG. CODES 72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
66551	65971	V252	V270					V221		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	7279	070404	7561	070404	6632	070504
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G77252
PARK,KERRY MD

83 OTHER PHYS. ID G77252
PARK,KERRY MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005073069
572-58-0099

3 PATIENT CONTROL NO. VAI28113

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	072503	072903	4	0			

12 PATIENT NAME: TERASHITA,YUKIKO

13 PATIENT ADDRESS: 2221 LINCOLN PARK;LOS ANGELES;CA;90031

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
10161914	F	W	072503	10	1	1	22	03	M000850214					236

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	072503						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	110	ROOM BOARD	1000.00		4	400000		
2	250	PHARMACY GENERAL			2	5452		
3	251	PHARMACY GENERIC DRUGS			6	5742		
4	252	PHARM NONGENERIC DRUGS			1	15616		
5	258	PHARMACY IV SOLUTIONS			1	7300		
6	259	PHARMACY OTHER			58	68434		
7	270	MED SURG SUPPLIES			10	25448		
8	301	LAB CHEMISTRY			7	100062		
9	305	LAB HEMATOLOGY			2	12960		
10	320	DIAGNOSTIC RADIOLOGY			5	115776		
11	341	NUCLEAR MEDICINE/DX			1	66120		
12	420	PT GENERAL			6	37200		
13	424	PT EVALUATION			1	15120		
14	430	OT			6	38004		
15	450	EMERGENCY ROOM			2	74128		
16	460	PULMONARY FUNCTION GEN			3	68602		
17	480	CARDIOLOGY GENERAL			3	110040		
18	610	MRI GENERAL			2	369792		
19	730	EKG/ECG GENERAL			3	47002		
20								
21								
22								
23	001	TOTAL CHARGE				1582798	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	403400	46900	
B							
C							
57		DUE FROM PATIENT ▷			48100	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	TERASHITA,YUKIKO	01	700014539	TOTAL CARE MED	SEE CARD
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	87981-1	5		
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
8082	4168	2449	42789	56400	7830	53390	71945	E8889

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID G44744
A92523 FISHMANN,ANDREW J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006026561
000-00-0001

3 PATIENT CONTROL NO. VAK93654

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	063004	070104	1	0			

12 PATIENT NAME: ANTHONY,SAMUEL JOHN

13 PATIENT ADDRESS: 1325 76TH STREET;LOS ANGELES;CA;90002

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 MCD
06302004	M	S	063004	01	4	1	18	20	M001022631								385

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	063004						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	174	NEONATAL LEVEL 4	5520.00		1	552000		
2	250	PHARMACY GENERAL			45	130801		
3	251	PHARMACY GENERIC DRUGS			6	7854		
4	252	PHARM NONGENERIC DRUGS			7	212406		
5	258	PHARMACY IV SOLUTIONS			19	156382		
6	259	PHARMACY OTHER			1	5623		
7	270	MED SURG SUPPLIES			77	461187		
8	272	MED/SRG STERILE SUPPLY			49	42297		
9	300	LABORATORY GENERAL			17	60908		
10	301	LAB CHEMISTRY			18	173274		
11	305	LAB HEMATOLOGY			4	50204		
12	306	LAB BACTERIOLOGY			3	42233		
13	320	DIAGNOSTIC RADIOLOGY			5	124415		
14	361	OR SVCS MINOR SURGERY			1	5000		
15	390	BLOOD STORAGE/PROCESS			18	194339		
16	410	RESPIRATORY THERAPY			11	230042		
17	480	CARDIOLOGY GENERAL			3	132048		
18	636	RX REQ DETAILED CODING			2	2966		
19								
20								
21								
22								
23	001	TOTAL CHARGE				2583979	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UHP MEDI-CAL	951656366	Y	Y	115000	115000-	
B	BECKA ASSOC., DR. BETHEL		Y	Y		161200	
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	WASHINGTON,SHAUNDA	03	698143-BB2		
B	WASHINGTON,SHAUNDA	03	571493764		BECKA PROTOCOL
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	106672-1			
B				
C				

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
V3301	76502	769	7756	2762	77181	7742	2875	2760	V3301		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
	9960	070104	9983	070104	3891	063004
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	3893	063004	9604	063004	9671	063004

82 ATTENDING PHYS. ID A22396
A82611 SIASSI,BIJAN MD

83 OTHER PHYS. ID A41002
RAMANATHAN,RANGASAMY MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006012454
451-52-8873

3 PATIENT CONTROL NO. VAK93660

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	062504	062904	4	0			

12 PATIENT NAME: REYES,ANITA

13 PATIENT ADDRESS: 938 E. 25TH STREET;LOS ANGELES;CA;90011

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 MCD
12291933	F	W	062504	12	3	4	16	01	M001010741								125

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	062504						A B C
b							

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	214	RM BRD CCU- POST CCU	2000.00		4	800000		
2	250	PHARMACY GENERAL			21	45587		
3	255	PHARM INCID TO RAD SERV			1	57600		
4	259	PHARMACY OTHER			36	68838		
5	270	MED SURG SUPPLIES			12	88448		
6	271	MED/SRG SUPP NONSTERILE			7	41567		
7	272	MED/SRG STERILE SUPPLY			5	132898		
8	300	LABORATORY GENERAL			5	15671		
9	301	LAB CHEMISTRY			2	42783		
10	305	LAB HEMATOLOGY			1	12442		
11	310	LAB PATHOLOGICAL GEN			3	31277		
12	320	DIAGNOSTIC RADIOLOGY			1	87713		
13	360	OR SVCS GENERAL			2	202522		
14	370	ANESTHESIA GENERAL			30	13380		
15	481	CARDIAC CATH LAB			5	1311759		
16	543	AMBULANCE HEART MOBILE			1	44880		
17	635	ERYTHROPOIETIN <10000 U			3	208272		
18	636	RX REQ DETAILED CODING			2	5964		
19	710	RECOVERY ROOM GENERAL			2	44582		
20	730	EKG/ECG GENERAL			1	18662		
21	801	I/P RENAL HEMODIALYSIS			2	111000		
22								
23	001	TOTAL CHARGE				3385845	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y	561600	45900	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
REYES,ANITA	01	000571081	UHP MEDI-CAL	005900

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
105747-3			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	3942	40391	25001	53510	53789	56210	2809	1101	78650		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3723	062504	8856	062504	8853	062504
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8842	062504	8844	062504	4516	062704

82 ATTENDING PHYS. ID G39905
A48008 LEE,FAYE MD

83 OTHER PHYS. ID G39905
A48008 LEE,FAYE MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005308424
547-47-6285

3 PATIENT CONTROL NO. VAF91950

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	101103	101703	6	0			

12 PATIENT NAME: KOYAMA,TERUO

13 PATIENT ADDRESS: 23217 VILLAGE;CAMARILLO;CA;93012

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
1311941	M	M	101103	16	3	4	17	05	M000876020								211

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	101103						
b							

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	111	ROOM & BOARD MED/SURG	1000.00		6	600000		
2	250	PHARMACY GENERAL			10	57104		
3	251	PHARMACY GENERIC DRUGS			8	50800		
4	252	PHARM NONGENERIC DRUGS			5	74028		
5	258	PHARMACY IV SOLUTIONS			6	57354		
6	259	PHARMACY OTHER			23	24821		
7	270	MED SURG SUPPLIES			32	264153		
8	272	MED/SRG STERILE SUPPLY			42	249042		
9	278	MED/SRG SUPP OTHER IMP			12	139482		
10	301	LAB CHEMISTRY			4	140000		
11	305	LAB HEMATOLOGY			7	80872		
12	306	LAB BACTERIOLOGY			3	61793		
13	320	DIAGNOSTIC RADIOLOGY			6	220632		
14	360	OR SVCS GENERAL			1	395520		
15	370	ANESTHESIA GENERAL			160	96320		
16	420	PT GENERAL			6	49764		
17	424	PT EVALUATION			1	15120		
18	430	OT			6	38004		
19	636	RX REQ DETAILED CODING			5	10683		
20	710	RECOVERY ROOM GENERAL			3	44640		
21	921	PERIPHERAL VASCULAR LAB			2	194688		
22								
23	001	TOTAL CHARGE				2864820	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	537600	40615	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	KOYAMA,TERUO	01	700014497	TTOTAL CARE ME	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	92059-1			
B				
C				

67 PRIN. DIAG. CD.	69 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
82101	43820	25000			82101	E8889	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	7935	101403				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G37835
E50474 CHALISON,JOHN R MD

83 OTHER PHYS. ID G27855
A43519 MATTA,JOEL M MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HERE OF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006249759
552-77-5702

3 PATIENT CONTROL NO. VAI05923

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	092904	100104	2	0			

12 PATIENT NAME: MOK,EUN KYUNG

13 PATIENT ADDRESS: 3555 SANTA CARLOTTA ST;LA CRESCEATA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
07091964	F	M	092904	08	3	1	11	01	M000792455								373

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	092904										A
b											B
											C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY

INGLEWOOD, CA 90303

	39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT
a	01	132000				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1200.00		2	240000		
2	250	PHARMACY GENERAL			5	31479		
3	258	PHARMACY IV SOLUTIONS			1	8551		
4	259	PHARMACY OTHER			12	45088		
5	270	MED SURG SUPPLIES			9	64707		
6	272	MED/SRG STERILE SUPPLY			2	75851		
7	300	LABORATORY GENERAL			5	24730		
8	305	LAB HEMATOLOGY			3	21565		
9	361	OR SVCS MINOR SURGERY			1	55920		
10	370	ANESTHESIA GENERAL			1	43320		
11	636	RX REQ DETAILED CODING			2	13274		
12	710	RECOVERY ROOM GENERAL			1	27600		
13	720	LABOR ROOM/DEL GENERAL			3	287400		
14–22								
23	001	TOTAL CHARGE				939485	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	157920	39480	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A MOK,EUN KYUNG	01	000007616	LA VIDA MED GR	150
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 111019-1			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
35961	66311	V270			V221		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	7359	092904				

82 ATTENDING PHYS. ID A42333
a A29558 PARK,SANG H MD
b

83 OTHER PHYS. ID A42333
a A29558 PARK,SANG H MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005784863
546-47-6783

3 PATIENT CONTROL NO. VAK93659

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	040204	040604	4	0			

12 PATIENT NAME: MADERO,TERESA

13 PATIENT ADDRESS: 826 1/2 WATERLOO ST;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	28	29	30	31 MCD
04231969	F	S	040204	06	3	2	12	06	M001016034					500

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	040204						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	117	ROOM & BOARD ONCOLOGY	1000.00		3	300000		
2	200	ROOM BOARD ICU GENERAL	3600.00		1	360000		
3	250	PHARMACY GENERAL			31	137515		
4	251	PHARMACY GENERIC DRUGS			16	180035		
5	252	PHARM NONGENERIC DRUGS			1	84984		
6	258	PHARMACY IV SOLUTIONS			4	49856		
7	259	PHARMACY OTHER			48	70742		
8	270	MED SURG SUPPLIES			44	521840		
9	272	MED/SRG STERILE SUPPLY			49	196362		
10	278	MED/SRG SUPP OTHER IMP			1	61920		
11	301	LAB CHEMISTRY			4	59842		
12	305	LAB HEMATOLOGY			2	24884		
13	310	LAB PATHOLOGICAL GEN			3	27188		
14	320	DIAGNOSTIC RADIOLOGY			2	42508		
15	360	OR SVCS GENERAL			1	667440		
16	370	ANESTHESIA GENERAL			270	245160		
17	420	PT GENERAL			6	35280		
18	424	PT EVALUATION			1	15120		
19	430	OT			6	38004		
20	636	RX REQ DETAILED CODING			1	12203		
21	710	RECOVERY ROOM GENERAL			5	63360		
22	922	OTH DX ELECTROMYELOGRAM			2	158400		
23	001	TOTAL CHARGE				3352643	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UHP MEDI-CAL	951656366	Y	Y	389000	0	
B							
C							
57		DUE FROM PATIENT				37152	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	MADERO,TERESA	01	52214	CITIZENS MED G	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	2004032304200001			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7213	72210	V452	V1085		72402		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	0309	040204	0309	040204	0309	040204
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C34121
F18942 CARTER,THOMAS E MD

83 OTHER PHYS. ID C34121
F18942 CARTER,THOMAS E MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA 1450 AHA HOW D 0000 NO. 0333-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004361259
593-34-5176

3 PATIENT CONTROL NO. VAK93663

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	120902	121102	2	0			

12 PATIENT NAME: IBRAHIM,RAMADAN

13 PATIENT ADDRESS: 3031 JOY ST;WEST COVINA;CA;91791

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	28	29	30	31 CONDITION CODES
06181952	M	M	120902	14	3	2	12	01	M000971102					CO 517

32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	120902										A
b											B
											C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000				
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	3600.00		1	360000		
2	214	RM BRD CCU- POST CCU	2000.00		1	200000		
3	250	PHARMACY GENERAL			21	49306		
4	251	PHARMACY GENERIC DRUGS			6	22570		
5	252	PHARM NONGENERIC DRUGS			3	4650		
6	255	PHARM INCID TO RAD SERV			2	96000		
7	258	PHARMACY IV SOLUTIONS			8	24284		
8	259	PHARMACY OTHER			16	18144		
9	270	MED SURG SUPPLIES			22	247806		
10	272	MED/SRG STERILE SUPPLY			11	259137		
11	278	MED/SRG SUPP OTHER IMP			1	322950		
12	301	LAB CHEMISTRY			5	101261		
13	305	LAB HEMATOLOGY			5	50112		
14	320	DIAGNOSTIC RADIOLOGY			2	146188		
15	481	CARDIAC CATH LAB			8	1786599		
16	636	RX REQ DETAILED CODING			11	367004		
17	710	RECOVERY ROOM GENERAL			4	59520		
18	730	EKG/ECG GENERAL			5	77760		
19								
20								
21								
22								
23	001	TOTAL CHARGE				4193291	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	735150	36150	
B						
C						
57	DUE FROM PATIENT ▷			800	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A IBRAHIM,RAMADAN	01	813889	DOC'S MEDICAL	28149
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	69	70	71	72	73	74	75	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4139	4019	25000	43889	78079				4139		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	82 OTHER PROCEDURE CODE	DATE
9	3601	121002	3606	121002	3722	120902
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	120902	8853	120902		

82 ATTENDING PHYS. ID AC28338
a A32618 HOFFMAN,RICHARD L MD
83 OTHER PHYS. ID G70286
a A55660 COHEN,DAVID I MD
OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003968575
304-14-3331

3 PATIENT CONTROL NO. VAK93667

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	073002	080102	2	0			

12 PATIENT NAME: ROBERTSON,FREDRICK S

13 PATIENT ADDRESS: 425 ELLEN DR;WEST COVINA;CA;91790

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
06281915	M	W	073002	19	2	2	11	01	M000943939								517

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	073002						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	210	ROOM BOARD CCU GENERAL	3600.00		1	360000		
2	219	RM BRD DOU OTHER	2000.00		1	200000		
3	251	PHARMACY GENERIC DRUGS			2	4448		
4	255	PHARM INCID TO RAD SERV			1	48000		
5	259	PHARMACY OTHER			2	1720		
6	270	MED SURG SUPPLIES			14	155912		
7	272	MED/SRG STERILE SUPPLY			15	992912		
8	278	MED/SRG SUPP OTHER IMP			1	299400		
9	300	LABORATORY GENERAL			1	5200		
10	320	DIAGNOSTIC RADIOLOGY			1	60912		
11	481	CARDIAC CATH LAB			5	1012272		
12	543	AMBULANCE HEART MOBILE			1	44880		
13	636	RX REQ DETAILED CODING			2	110628		
14	710	RECOVERY ROOM GENERAL			4	41400		
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				3337684	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	986600	28500	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ROBERTSON,FREDRICK S	01	304143331	EASTLAND MED G	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
1401	25000	2724	71590	V4582	78650		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3602	073102	3606	073102	3722	073102
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	8856	073102	9919	073102		

82 ATTENDING PHYS. ID A30496
a
A26127 SCHEELE,WOLFGANG MD
b

83 OTHER PHYS. ID A30496
a
A26127 SCHEELE,WOLFGANG MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE
X

86 DATE 012706

UB 82 REV. 1489 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005299151
612-06-4339

3 PATIENT CONTROL NO. VAG32944

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121503	121803	3	0			

12 PATIENT NAME: LEE,SUNNY EUNSUN

13 PATIENT ADDRESS: 9160 EAST FLORENCE AVENUE;DOWNEY;CA;90019

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	28	29	30	31 CO
08291971	F	M	121503	15	3	2	10	01	M000951807					371

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	121503						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 1561
MERIDIAN HLTH CARE MGMT
BELLEVUE, NB 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	112	ROOM & BOARD OB	1000.00		3	300000		
2	250	PHARMACY GENERAL			6	30266		
3	251	PHARMACY GENERIC DRUGS			11	10610		
4	258	PHARMACY IV SOLUTIONS			10	82641		
5	259	PHARMACY OTHER			2	3106		
6	270	MED SURG SUPPLIES			23	172822		
7	272	MED/SRG STERILE SUPPLY			10	89192		
8	300	LABORATORY GENERAL			5	19008		
9	305	LAB HEMATOLOGY			2	24884		
10	310	LAB PATHOLOGICAL GEN			2	8880		
11	370	ANESTHESIA GENERAL			1	36100		
12	636	RX REQ DETAILED CODING			3	24300		
13	710	RECOVERY ROOM GENERAL			1	36000		
14	720	LABOR ROOM/DEL GENERAL			1	337100		
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				1174909	0	

	50 PAYER	51 PROVIDER NO.	NPI	SPC	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	268800	25200	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	LEE,SUNNY EUNSUN	01	903915	AIM PROGRAM	112
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	35338-1			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
65421	V252	V270			V221		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9	741	121503	6632	121503

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G10882
A90094 HAHN,YOUNG I MD

83 OTHER PHYS. ID G10882
A90094 HAHN,YOUNG I MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

LB 92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005735766
570-41-9384

3 PATIENT CONTROL NO. VAG92038

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	031504	032904	14	0			

12 PATIENT NAME: BISCARRA,GUADALUPE

13 PATIENT ADDRESS: 561 CLIFTON AVE;LOS ANGELES;CA;90031

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
12121964	F	M	031504	19	2	4	10	06	M001014661								461

32 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
11	031504						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
118	ROOM & BOARD REHAB	1000.00		14	1400000		
250	PHARMACY GENERAL			82	140902		
251	PHARMACY GENERIC DRUGS			23	22195		
255	PHARM INCID TO RAD SERV			1	57600		
259	PHARMACY OTHER			128	184146		
270	MED SURG SUPPLIES			14	127834		
272	MED/SRG STERILE SUPPLY			2	34793		
278	MED/SRG SUPP OTHER IMP			1	207672		
300	LABORATORY GENERAL			1	17000		
301	LAB CHEMISTRY			5	87682		
305	LAB HEMATOLOGY			2	15552		
320	DIAGNOSTIC RADIOLOGY			4	620916		
351	CT SCAN/HEAD			1	166303		
410	RESPIRATORY THERAPY			59	579726		
420	PT GENERAL			41	267510		
424	PT EVALUATION			5	47520		
430	OT			36	200124		
440	SPEECH LANGUAGE PATH			7	182000		
444	SPEECH PATH EVALUATION			1	26400		
480	CARDIOLOGY GENERAL			5	153648		
636	RX REQ DETAILED CODING			7	85421		
921	PERIPHERAL VASCULAR LAB			1	105408		
001	TOTAL CHARGE				4730352	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	1207001	23436	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
BISCARRA,GUADALUPE	01	300128128		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
59734-3			

67 PRIN. DIAG. CD.	68 CODE		70 CODE		72 CODE		74 CODE		76 ADM. DIAG. CD.	77 E-CODE	78
V5789	7812	4538	78039	412	34690	V1259	V452		V5789		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	387	031804	8851	031804				

82 ATTENDING PHYS. ID A25377
A24411 LORBER,PETER MD

83 OTHER PHYS. ID G54794
A52797 MATTHEWS,RAY V MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR/ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006053839
459-32-3240

3 PATIENT CONTROL NO. VAH54433

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	070804	071004	2	0			

12 PATIENT NAME: SHIELDS,DELL

13 PATIENT ADDRESS: 13704 BENBROOK DR;LA PUENTE;CA;91746

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
07121931	M	M	070804	21	2	4	13	01	M001014164					138

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	070804						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	01	132000		
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	214	RM BRD CCU- POST CCU	2000.00		2	400000		
2	250	PHARMACY GENERAL			4	9232		
3	251	PHARMACY GENERIC DRUGS			2	5020		
4	259	PHARMACY OTHER			15	20973		
5	270	MED SURG SUPPLIES			4	40867		
6	301	LAB CHEMISTRY			4	71897		
7	305	LAB HEMATOLOGY			2	22810		
8	351	CT SCAN/HEAD			1	166303		
9	543	AMBULANCE HEART MOBILE			1	44880		
10	730	EKG/ECG GENERAL			1	18662		
23	001	TOTAL CHARGE				800644	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	269880	8620	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
SHIELDS,DELL	01	334608	DOCTORS MEDIC	900

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
106757-1			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4271	4254	4321	4019	2749	4271		

OTHER DIAG. CODES: V4501

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C33466
A35289 CANNOM,DAVID S MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005638499
602-12-1453

3 PATIENT CONTROL NO. VAG69210

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021104	021204	1	0			

12 PATIENT NAME: TORRES,GRACIELA

13 PATIENT ADDRESS: 8984 CYPRESS AVE;SOUTH GATE;CA;90280

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
03081951	F	M	021104	14	3	4	18	01	M001011964					124

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	021104						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
01	132000		

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
219	RM BRD DOU OTHER	2000.00		1	200000		
250	PHARMACY GENERAL			12	79925		
251	PHARMACY GENERIC DRUGS			2	7334		
252	PHARM NONGENERIC DRUGS			2	5714		
255	PHARM INCID TO RAD SERV			1	57600		
258	PHARMACY IV SOLUTIONS			1	8259		
259	PHARMACY OTHER			8	9165		
270	MED SURG SUPPLIES			5	59543		
272	MED/SRG STERILE SUPPLY			9	179609		
302	LAB IMMUNOLOGY			1	4666		
320	DIAGNOSTIC RADIOLOGY			1	87713		
341	NUCLEAR MEDICINE/DX			1	193709		
480	CARDIOLOGY GENERAL			5	256176		
481	CARDIAC CATH LAB			3	400464		
482	CARDIOLOGY STRESS TEST			1	48384		
636	RX REQ DETAILED CODING			2	5320		
710	RECOVERY ROOM GENERAL			7	115976		
001	TOTAL CHARGE				1719557	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	330332	6268	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TORRES,GRACIELA	01	300232923 (SEE ADMI		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2004021011100004	3		

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4280	4148	412	V433	V4581	41401	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3722	021104	8856	021104	8842	021104
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A29529
A83973 ZAMBRANO,OSCAR G MD

83 OTHER PHYS. ID A29529
A83973 ZAMBRANO,OSCAR G MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004553137
565-90-9565

3 PATIENT CONTROL NO. VAK93664

4 TYPE OF BILL 111

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	020903	020903	1	0			

12 PATIENT NAME: JIMENEZ,RAMONA

13 PATIENT ADDRESS: 1616 W 53RD STREET;LOS ANGELES;CA;90062

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	28	29	30	31 CO
07131943	F	M	020903	05	1	7	16	02	M000976449					320

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	020903						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 01	132000		
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	110	ROOM BOARD	1000.00		1	100000		
2	250	PHARMACY GENERAL			3	26500		
3	252	PHARM NONGENERIC DRUGS			1	2610		
4	258	PHARMACY IV SOLUTIONS			3	7800		
5	259	PHARMACY OTHER			9	12023		
6	270	MED SURG SUPPLIES			13	78278		
7	272	MED/SRG STERILE SUPPLY			1	3976		
8	301	LAB CHEMISTRY			5	66144		
9	305	LAB HEMATOLOGY			3	22166		
10	306	LAB BACTERIOLOGY			3	51494		
11	320	DIAGNOSTIC RADIOLOGY			2	49421		
12	450	EMERGENCY ROOM			3	93792		
13	636	RX REQ DETAILED CODING			1	787		
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				514991	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	87000	2600	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
JIMINEZ,RAMONA	01	5659095650	UHP	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5990	5997	5715	5609	2848	25002	2761	2768	5997		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID 20A7262
H43430 BAHRAMI,POUYA DO

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 012706

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Outpatient
Claims

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006147722
383-78-3833

3 PATIENT CONTROL NO. VAH80011

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	081204	081304					

12 PATIENT NAME: NISHIOKA,FRANCIS

13 PATIENT ADDRESS: 611 N. BAILEY STREET;LOS ANGELES;CA;90033

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
02041939	M	M	081204	07	3	2		01	M001023519					CO AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	081204						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		081204	3	12082		
2	250	PHARMACY GENERAL		081304	6	35855		
3	250	PHARMACY GENERAL	J7051	081304	1	2308		
4	251	PHARMACY GENERIC DRUGS		081204	1	6350		
5	251	PHARMACY GENERIC DRUGS		081304	4	19142		
6	252	PHARM NONGENERIC DRUGS		081304	1	90879		
7	258	PHARMACY IV SOLUTIONS		081204	1	8496		
8	258	PHARMACY IV SOLUTIONS		081304	1	8496		
9	270	MED SURG SUPPLIES		081204	11	38028		
10	270	MED SURG SUPPLIES		081304	3	29015		
11	272	MED/SRG STERILE SUPPLY		081204	37	80474		
12	300	LABORATORY GENERAL	86850	081204	1	7776		
13	300	LABORATORY GENERAL	86900	081204	1	6048		
14	300	LABORATORY GENERAL	86901	081204	1	5184		
15	300	LABORATORY GENERAL	86920	081204	1	8208		
16	310	LAB PATHOLOGICAL GEN	88307	081204	2	20640		
17	360	OR SVCS GENERAL	38571	081204	1	252144		
18	370	ANESTHESIA GENERAL		081204	102	92616		
19	636	RX REQ DETAILED CODING	J1260	081204	1	12203		
20	636	RX REQ DETAILED CODING	J2275	081204	1	2446		
21	636	RX REQ DETAILED CODING	J3010	081204	1	3133		
22	710	RECOVERY ROOM GENERAL		081204	3	168998		
23	001	TOTAL CHARGE				910521	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	182104	16896	
B							
C							
57		DUE FROM PATIENT ▷				1000	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	NISHIOKA,FRANCIS	01	700016007	TOTAL CARE	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	107803-1			
B				
C				

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
185					185		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	4053	081204						

82 ATTENDING PHYS. ID G21222
A41212 BOGAARD,THOMAS T MD

83 OTHER PHYS. ID G51567
A93080 THOMAS,EDGAR L MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVAL OMB NO. 0938-0279 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006173280
566-58-6891

3 PATIENT CONTROL NO. VAH85150

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	082604	082604					

12 PATIENT NAME: CLARK,YAEKO

13 PATIENT ADDRESS: 325 S BOYLE AVENUE;LOS ANGELES;CA;90033

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
10181924	F	W	082604	07	3	2		01	M000784349								AS

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE			36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	082604										A
b												B
												C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		082604	2	162 93		
2	250	PHARMACY GENERAL	J3470	082604	1	147 00		
3	251	PHARMACY GENERIC DRUGS		082604	2	301 18		
4	252	PHARM NONGENERIC DRUGS		082604	1	207 70		
5	258	PHARMACY IV SOLUTIONS		082604	2	201 44		
6	272	MED/SRG STERILE SUPPLY		082604	16	1898 40		
7	276	SUPP- INTEROCCULAR LENS		082604	1	493 16		
8	360	OR SVCS GENERAL	66984RT	082604	1	1725 24		
9	370	ANESTHESIA GENERAL		082604	1	466 56		
10	710	RECOVERY ROOM GENERAL		082604	2	445 82		
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				6049 43	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	7701 1	1219 89	
B							
C							
57		DUE FROM PATIENT ▷			10 00	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	CLARK,YAEKO	01	700014405	TOTAL MEDICAL	900
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	000500V01199		RETIRED	
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 69 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
3668	3669				3669		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	1341	082604	1371	082604		
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A21690
A82479 JANES,CHARLES L MD

83 OTHER PHYS. ID A21690
A82479 JANES,CHARLES L MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005396270
551-89-1089

3 PATIENT CONTROL NO. VAG13828

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	111203	111203					

12 PATIENT NAME: RIOS,MARGARITA

13 PATIENT ADDRESS: 901 N KODAK DRIVE;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
05161970	F	M	111203	11	3	2		01	M000829027					CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	111203						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		111203	4	17708		
2	251	PHARMACY GENERIC DRUGS		111203	3	17677		
3	252	PHARM NONGENERIC DRUGS		111203	1	84984		
4	258	PHARMACY IV SOLUTIONS		111203	1	13693		
5	259	PHARMACY OTHER		111203	1	4602		
6	270	MED SURG SUPPLIES		111203	7	16377		
7	272	MED/SRG STERILE SUPPLY		111203	36	66848		
8	310	LAB PATHOLOGICAL GEN	88304	111203	2	7680		
9	360	OR SVCS GENERAL	11406	111203	1	173040		
10	360	OR SVCS GENERAL	11406	111203		0		
11	360	OR SVCS GENERAL	12032	111203		0		
12	360	OR SVCS GENERAL	12032	111203		0		
13	370	ANESTHESIA GENERAL		111203	70	63560		
14	636	RX REQ DETAILED CODING	J1260	111203	1	12203		
15	636	RX REQ DETAILED CODING	J2765	111203	1	3293		
16	636	RX REQ DETAILED CODING	J3010	111203	1	3133		
17	710	RECOVERY ROOM GENERAL		111203	3	58060		
18	730	EKG/ECG GENERAL	93005	111103	1	18662		
19								
20								
21								
22								
23	001	TOTAL CHARGE				561520	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	144576	55424	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	RIOS,MARGARITA	01	300214721	GLOBAL CARE ME	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	2003103104400080			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
2141					7822		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9	863	111203		

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G32025
A91389 FITZGIBBONS,TERRENCE J M

83 OTHER PHYS. ID G32025
A91389 FITZGIBBONS,TERRENCE J M

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006064844
459-32-3240

3 PATIENT CONTROL NO. VAH63689

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 072204 THROUGH 072204

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: SHIELDS,DELL

13 PATIENT ADDRESS: 13704 BENBROOK DR;LA PUENTE;CA;91746

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
07121931	M	M	072204	06	3	2		01	M001014164					CO AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	072204						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		072204	3	15719		
2	250	PHARMACY GENERAL	J2250	072204	1	4266		
3	258	PHARMACY IV SOLUTIONS		072204	1	8259		
4	270	MED SURG SUPPLIES		072204	8	62575		
5	272	MED/SRG STERILE SUPPLY		072204	6	146784		
6	272	MED/SRG STERILE SUPPLY	C1730	072204	2	199440		
7	300	LABORATORY GENERAL	36415	072204	1	960		
8	301	LAB CHEMISTRY	80048	072204	1	4340		
9	301	LAB CHEMISTRY	83735	072204	1	2160		
10	305	LAB HEMATOLOGY	85025	072204	1	2600		
11	305	LAB HEMATOLOGY	85610	072204	1	2640		
12	305	LAB HEMATOLOGY	85730	072204	1	2640		
13	320	DIAGNOSTIC RADIOLOGY	76000	072204	1	34704		
14	480	CARDIOLOGY GENERAL	93620	072204	1	462240		
15	636	RX REQ DETAILED CODING	J3010	072204	1	3133		
16	636	RX REQ DETAILED CODING	Q0163	072204	1	2666		
17	710	RECOVERY ROOM GENERAL		072204	5	85016		
18	730	EKG/ECG GENERAL	93005	072204	1	18662		
19								
20								
21								
22								
23	001	TOTAL CHARGE				1058804	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	37530 0	470743	
B							
C							
57		DUE FROM PATIENT ▷			1000	0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SHIELDS,DELL	01	334608	DOCTORS MEDIC	900
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	143165			
B				
C				

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7802	4271	4019	V4589		7802		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3726	072204	3729	072204		

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G54794
a A52797 MATTHEWS,RAY V MD
b

83 OTHER PHYS. ID C33466
a A35289 CANNOM,DAVID S MD
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004328951
617-20-4196

3 PATIENT CONTROL NO. VAK94751

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	120202	120202					

12 PATIENT NAME: SORIA,JOSE

13 PATIENT ADDRESS: 11825 WASHINGTON BLVD;WHITTIER;CA;90606

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	23	30	31 CO
04241931	M	W	120202	10	3	2		01	M000948599					OT

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	120202						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	480	CARDIOLOGY GENERAL	93307	120202	1	648 00		
2	480	CARDIOLOGY GENERAL	93320	120202	1	222 00		
3	480	CARDIOLOGY GENERAL	93325	120202	1	230 40		
23	001	TOTAL CHARGE				1100 40	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	559 35	320 97	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A SORIA,JOSE	01	021131921	ALTA MED HEALT	617204196/5014
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4241					4241		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	
3					
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE / DATE

82 ATTENDING PHYS. ID C40849
a A88209 KAY,GREGORY L MD
b

83 OTHER PHYS. ID
a
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005768593
978-07-7194

3 PATIENT CONTROL NO. VAG94659

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032604	032604					

12 PATIENT NAME: ORDOOKHANIAN,CLARA

13 PATIENT ADDRESS: 4255 W. 5TH ST APT 206;LOS ANGELES;CA;90020

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 MCD
06261930	F	U	032604	16	1	7	17	01	M000553726					CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a A1	062630						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	J1885	032604	1	7214		
2	320	DIAGNOSTIC RADIOLOGY	72070TC	032604	1	2154		
3	320	DIAGNOSTIC RADIOLOGY	72100TC	032604	1	2786		
4	450	EMERGENCY ROOM	90782	032604	1	3128		
5	450	EMERGENCY ROOM	Z7502	032604	1	30067		
23	001	TOTAL CHARGE				89449	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL		Y	Y	356	71203	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ORDOOKHANIAN,CLARA	01	068244952A		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
95215					7245	E8859	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C32505
A34963 FAGAN JR.,PHILIP MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006526032
155-46-6273

3 PATIENT CONTROL NO. VA185813

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 122804 THROUGH 122804

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: ROQUE,RENEE A

13 PATIENT ADDRESS: 4001 N MISSION RD;LOS ANGELES;CA;90032

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.
09291961	F	S	122804	07	3	2	99	01	M000977190

CONDITION CODES 24 26 28 30

31 MCD CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a A1	092961						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	320	DIAGNOSTIC RADIOLOGY	74220TC	122804	1	27648		
23	001	TOTAL CHARGE				27648	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL		Y	Y	2285	19833	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ROQUE,RENEE A	01	931437	GLOBAL CARE	UHP MEDICAL

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
DIRECT REFERRAL			

67 PRIN. DIAG. CD.: 7372

OTHER DIAG. CODES: 68 CODE | 70 CODE | 72 CODE | 74 CODE

76 ADM. DIAG. CD.: 7872 | 77 E-CODE | 78

70 P.C.: 9

80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID: A29921
C35367 LEMAILEWILLIAMS,ROBERT L

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA 1450 APPROVED OMB NO 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL FILE 53289 LOS ANGELES CA 900743289 2134822700 2134822721 US	2 V00006782494 563-19-8290	3 PATIENT CONTROL NO. VAJ13531	4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	033005	033005					

12 PATIENT NAME	13 PATIENT ADDRESS
GORDON,LYDIA	857 E 112TH ST.;LOS ANGELES;CA;90059

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 MCD
09161959	F	S	033005	10	3	1	99	01	M001044636								CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a A1	091659						
b							

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	305	LAB HEMATOLOGY	81003TC	033005	1	1920		
2	320	DIAGNOSTIC RADIOLOGY	74000TC	033005	1	27371		
23	001	TOTAL CHARGE				29291	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL		Y	Y	1351	22082	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GORDON,LYDIA	01	ID# 862-128		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
ATTACHED			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5920					5920		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID	83 OTHER PHYS. ID	OTHER PHYS. ID
G30255 A91273 BRAGIN,STEPHEN D MD		

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA-1450 APPROVED OMB NO 0938-0279 OCR-ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004729810
557-19-1405

3 PATIENT CONTROL NO. VAG47176

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 050603 THROUGH 050703

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: OLMOS-TALAMO,JUANITA

13 PATIENT ADDRESS: 1454 SUNSET AVE;PASADENA;CA;91103

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	28	29	30	31 CO
10161963	F	M	050603	20	2	2		01	M000981214					CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	050603						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	270	MED SURG SUPPLIES		050603	1	36243		
2	270	MED SURG SUPPLIES		050703	4	39764		
3	300	LABORATORY GENERAL	G0001	050603	1	960		
4	305	LAB HEMATOLOGY	81015	050603	1	2500		
5	305	LAB HEMATOLOGY	85025	050603	1	2600		
6	306	LAB BACTERIOLOGY	87088	050603	1	4800		
7	762	TREAT/OBSERV RM OBSERV	99218	050603	23	82800		
23	001	TOTAL CHARGE				169667	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	1442	134292	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
OLMOS-TALAMO,JUANITA	01	557191405	STEWART MED GR	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4403	64663	5990	65103		64403		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
	7535	050603	7534	050603

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G66193
F11385 DWIGHT,MARK A MD

83 OTHER PHYS. ID G66193
F11385 DWIGHT,MARK A MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVAL PENDING NCC 1333-0270 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006936470
563-65-4812

3 PATIENT CONTROL NO. VAJ42382

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	051205	051205					

12 PATIENT NAME: ANDERS,NAKEYA

13 PATIENT ADDRESS: 345 S COLUMBIA AVE;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
04011981	F	S	051205	11	3	2	15	01	M000977299					MCD AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a A1	040181						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	305	LAB HEMATOLOGY	81003TC	051205	1	1920		
2	361	OR SVCS MINOR SURGERY	59025	051205	1	25920		
3	762	TREAT/OBSERV RM OBSERV	Z7500	051205	3	15552		
23	001	TOTAL CHARGE				43392	0	

50 PAYER	51 PROVIDER NO.	N	P	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL		Y	Y	6395	28319	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ANDERS,NAKEYA	01	563654812	TOTAL MED GRP	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A NO AUTH REQ			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78909					V288		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	7534	051205				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G86496
ABRAHAMS,ARIEL E MD

83 OTHER PHYS. ID G86496
ABRAHAMS,ARIEL E MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 REV. 4-14-92 APPROVED OMB NO. 0938-0270 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003682218
555-34-9765

3 PATIENT CONTROL NO. VAJ33396

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	042602	042702					

12 PATIENT NAME: CRENSHAW,ALBERTA

13 PATIENT ADDRESS: 7310 S. HOBART AVE;LOS ANGELES;CA;90006

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
11121912	F	W	042602	16	3	2		01	M000897974					CO AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	042602						A
b								B
								C

38 UNITED HEALTH PLAN
P O BOX 90579

LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		042702	2	1539		
2	251	PHARMACY GENERIC DRUGS		042602	1	7345		
3	255	PHARM INCID TO RAD SERV		042602	1	4800		
4	270	MED SURG SUPPLIES		042602	10	6079 2		
5	270	MED SURG SUPPLIES		042702	1	2304		
6	272	MED/SRG STERILE SUPPLY		042602	3	326940		
7	272	MED/SRG STERILE SUPPLY		042702	1	11808		
8	300	LABORATORY GENERAL	86850	042602	1	6480		
9	300	LABORATORY GENERAL	86900	042602	1	6600		
10	300	LABORATORY GENERAL	86901	042602	1	4320		
11	300	LABORATORY GENERAL	86920	042602	3	20520		
12	300	LABORATORY GENERAL	G0001	042602	2	1920		
13	300	LABORATORY GENERAL	G0001	042702	1	960		
14	300	LABORATORY GENERAL	86900	042802	3	22320		
15	301	LAB CHEMISTRY	80048	042602	1	4340		
16	301	LAB CHEMISTRY	80048	042702	1	4340		
17	301	LAB CHEMISTRY	80076	042702	1	4320		
18	301	LAB CHEMISTRY	83735	042702	1	2160		
19	301	LAB CHEMISTRY	84100	042702	1	1920		
20	305	LAB HEMATOLOGY	85023	042602	1	3720		
21	305	LAB HEMATOLOGY	85610	042602	1	2640		
22	305	LAB HEMATOLOGY	85730	042602	1	2640		
23	305	LAB HEMATOLOGY	85025	042702	1	2640		

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	200000	748739	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	RENSHAW,ALBERTA	01	865916	GLOBAL CARE ME	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	58764-2		RETIRED	
B				
C				

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
99673	40391	25000	42731	2819	44024	V1259	99673

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	3950	042602	8860	042602		

	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G44744
A92523 FISHMANN,ANDREW J MD

83 OTHER PHYS. ID A49626
E96946 BURSTEIN,STEVEN MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

U.S. HCFA 1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
134822700 2134822721 US

2 V00003682218
555-34-9765

3 PATIENT CONTROL NO. VAJ33396

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	042602	042702					

12 PATIENT NAME: CRENSHAW,ALBERTA

13 PATIENT ADDRESS: 7310 S. HOBART AVE;LOS ANGELES;CA;90006

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
11121912	F	W	042602	16	3	2		01	M000897974								AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	042602						A
b								B
								C

38 UNITED HEALTH PLAN
P O BOX 90579

LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	306	LAB BACTERIOLOGY	87040	042602	2	12240		
2	306	LAB BACTERIOLOGY	87088	042702	1	4800		
3	320	DIAGNOSTIC RADIOLOGY	71010	042602	1	17280		
4	320	DIAGNOSTIC RADIOLOGY	75790	042602	1	177120		
5	320	DIAGNOSTIC RADIOLOGY	75962	042602	1	192600		
6	320	DIAGNOSTIC RADIOLOGY	76000	042602	1	35280		
7	390	BLOOD STORAGE/PROCESS	P9016	042802	3	62400		
8	635	ERYTHROPOIETIN <10000 U	Q9930	042602	1	39200		
9	730	EKG/ECG GENERAL	93005	042602	1	12960		
10	801	I/P RENAL HEMODIALYSIS		042602	1	83400		
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				1187848	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	200000	748739	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	CRENSHAW,ALBERTA	01	865916	GLOBAL CARE ME	
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	58764-2		RETIRED	
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
99673	40391	25000	42731	2819	99673		
			44024	V1259			

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
	3950	042602	8860	042602

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G44744
A92523 FISHMANN,ANDREW J MD

83 OTHER PHYS. ID A49626
E96946 BURSTEIN,STEVEN MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
TILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006504666
548-88-7917

3 PATIENT CONTROL NO. VAI70797

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	010705	010805					

12 PATIENT NAME: TOMIOKA,MITSUTARO

13 PATIENT ADDRESS: 714-2 W. 168TH STREET;GARDENA;CA;90247

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	CONDITION CODES 25	26	27	28	29	30	31 CO
03231918	M	W	010705	21	3	2		01	M000897168								AS

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	010705										

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	PHARMACY GENERAL		010705	2	6415		
250	PHARMACY GENERAL	J7051	010705	1	2308		
250	PHARMACY GENERAL		010805	5	68748		
251	PHARMACY GENERIC DRUGS		010805	1	9348		
258	PHARMACY IV SOLUTIONS		010705	2	18532		
258	PHARMACY IV SOLUTIONS		010805	3	31889		
259	PHARMACY OTHER		010705	1	26028		
271	MED/SRG SUPP NONSTERILE		010705	1	272		
272	MED/SRG STERILE SUPPLY		010705	23	104448		
310	LAB PATHOLOGICAL GEN	88305	010705	5	115775		
360	OR SVCS GENERAL	31536	010705	1	296524		
360	OR SVCS GENERAL	31625	010705		0		
360	OR SVCS GENERAL	43202	010705		0		
710	RECOVERY ROOM GENERAL		010705	10	182891		
001	TOTAL CHARGE				863178	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		200000	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TOMIOKA,MITSUTARO	01	700004559	TOTAL MEDICAL	548887917

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
20041109		RETIRED	

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
189	2300	7872							7872		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
3	4224	010705	3324	010705	3143	010705
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE
	2912	010705				

82 ATTENDING PHYS. ID G36062
A46560 SILBERSTEIN,SOL MD

83 OTHER PHYS. ID G36062
A46560 SILBERSTEIN,SOL MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003226560
555-75-9188

3 PATIENT CONTROL NO. VAK94752

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	112901	113001					

12 PATIENT NAME: KIM,JAE B

13 PATIENT ADDRESS: 12750 CENTTALIA STREET;CITY OF INDUSTRY;CA;91715

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
02101939	M	M	112901	16	3	2		01	M000941591								AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	112901						

38 UNITED HEALTH PLAN
P.O. BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		112901	5	14574		
2	250	PHARMACY GENERAL		113001	6	44920		
3	251	PHARMACY GENERIC DRUGS		113001	2	11258		
4	252	PHARM NONGENERIC DRUGS		113001	1	70950		
5	258	PHARMACY IV SOLUTIONS		112901	2	7200		
6	258	PHARMACY IV SOLUTIONS		113001	3	21147		
7	259	PHARMACY OTHER		113001	4	7264		
8	270	MED SURG SUPPLIES		112901	2	4400		
9	270	MED SURG SUPPLIES		113001	5	22320		
10	272	MED/SRG STERILE SUPPLY		112901	9	71304		
11	300	LABORATORY GENERAL	G0001	112901	1	960		
12	300	LABORATORY GENERAL	G0001	113001	1	960		
13	301	LAB CHEMISTRY	80048	112901	1	4340		
14	301	LAB CHEMISTRY	82310	113001	1	1920		
15	305	LAB HEMATOLOGY	85025	112901	1	2640		
16	310	LAB PATHOLOGICAL GEN	88305	112901	3	21240		
17	310	LAB PATHOLOGICAL GEN	88314	112901	1	3840		
18	320	DIAGNOSTIC RADIOLOGY	71010	112901	1	17280		
19	360	OR SVCS GENERAL	60500	112901	1	155688		
20	370	ANESTHESIA GENERAL		112901	2	76128		
21	636	RX REQ DETAILED CODING		113001	1	3734		
22	636	RX REQ DETAILED CODING	J2765	113001	1	3199		
23	710	RECOVERY ROOM GENERAL		112901	3	115800		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		200000	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
KIM,JAE B	01	21100791	USC AFFILIATE	1383

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2001112813900012			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
2520	2271				2520		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	0689	112901				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A45633
E50407 AHN,YEONG K MD

83 OTHER PHYS. ID A45633
E50407 AHN,YEONG K MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

U.S. HCFA-1450 APPROVED OMB NO. 0938-0279 OCR:ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003226560
555-75-9188

3 PATIENT CONTROL NO. VAK94752

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	112901	113001					

12 PATIENT NAME: KIM,JAE B

13 PATIENT ADDRESS: 12750 CENTTALIA STREET;CITY OF INDUSTRY;CA;91715

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
02101939	M	M	112901	16	3	2		01	M000941591					AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	112901						A
b							B
							C

38 UNITED HEALTH PLAN
P.O. BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	730	EKG/ECG GENERAL	93005	112901	1	12960		
23	001	TOTAL CHARGE				696026	0	

50 PAYER	51 PROVIDER NO.	NP	HP	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		200000	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A KIM,JAE B	01	21100791	USC AFFILIATE	1383
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 2001112813900012			
B			
C			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
2520	2271				2520		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	0689	112901				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A45633
E50407 AHN,YEONG K MD

83 OTHER PHYS. ID A45633
E50407 AHN,YEONG K MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006655955
557-45-2888

3 PATIENT CONTROL NO. VA190320

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 022505 THROUGH 022505

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: CLARK,LASHANN

13 PATIENT ADDRESS: 700 W. 41ST STREET;LOS ANGELES;CA;90037

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
01241971	F	S	022505	06	3	2	99	01	M001041767								MCD AA

CONDITION CODES

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	A1	012471										A
b												B
												C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	40		41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		022505	3	9988		
2	250	PHARMACY GENERAL	J1885	022505	2	11788		
3	250	PHARMACY GENERAL	X5608	022505	1	3848		
4	250	PHARMACY GENERAL	X6258	022505	1	2765		
5	250	PHARMACY GENERAL	X6496	022505	1	3617		
6	250	PHARMACY GENERAL	X6634	022505	1	6813		
7	251	PHARMACY GENERIC DRUGS		022505	2	11827		
8	252	PHARM NONGENERIC DRUGS		022505	1	90879		
9	258	PHARMACY IV SOLUTIONS	X7700	022505	2	21012		
10	258	PHARMACY IV SOLUTIONS	X7704	022505	1	13133		
11	259	PHARMACY OTHER		022505	2	9214		
12	270	MED SURG SUPPLIES		022505	2	3356		
13	271	MED/SRG SUPP NONSTERILE		022505	1	272		
14	272	MED/SRG STERILE SUPPLY		022505	20	84746		
15	272	MED/SRG STERILE SUPPLY	X7700	022505	3	14508		
16	272	MED/SRG STERILE SUPPLY	X7704	022505	1	346		
17	300	LABORATORY GENERAL	36415	022505	1	960		
18	305	LAB HEMATOLOGY	81003TC	022505	1	1920		
19	305	LAB HEMATOLOGY	81025TC	022505	1	1560		
20	305	LAB HEMATOLOGY	85025TC	022505	1	2600		
21	310	LAB PATHOLOGICAL GEN	88302TC	022505	2	5040		
22	360	OR SVCS GENERAL	58600	022505	1	172524		
23	370	ANESTHESIA GENERAL		022505	1	102520		

50 PAYER	51 PROVIDER NO.	52 RELEASE INFO	53 ASSIGN BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL		Y	Y	0	200000	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A CLARK,LASHANN	01	300186103	PREFERRED IPA	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A RF04CV0008		UNEMPLOYED	
B			
C			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V252	V615								V252		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	6632	022505						

82 ATTENDING PHYS. ID C37254
ROBINSON,PETER J MD

83 OTHER PHYS. ID C37254
ROBINSON,PETER J MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006655955
557-45-2888

3 PATIENT CONTROL NO. VAI90320

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 022505 THROUGH 022505

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: CLARK,LASHANN

13 PATIENT ADDRESS: 700 W. 41ST STREET;LOS ANGELES;CA;90037

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24–30 CONDITION CODES	31
01241971	F	S	022505	06	3	2	99	01	M001041767		MCD AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a A1	012471						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	636	RX REQ DETAILED CODING	X6206	022505	1	3133		
2	636	RX REQ DETAILED CODING	X7479	022505	1	12203		
3	710	RECOVERY ROOM GENERAL	Z7500	022505	3	48522		
4	710	RECOVERY ROOM GENERAL	Z7512	022505	1	37325		
23	001	TOTAL CHARGE				676419	0	

50 PAYER	51 PROVIDER NO.	52 REL.	53 ASG.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL		Y	Y	0	200000	
B						
C						
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A CLARK,LASHANN	01	300186103	PREFERRED IPA	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A PRF04CV0008		UNEMPLOYED	
B			
C			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V252	V615				V252		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	6632	022505				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C37254
ROBINSON,PETER J MD

83 OTHER PHYS. ID C37254
ROBINSON,PETER J MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVAL OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
PILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V000041770 85
619-14-2754

3 PATIENT CONTROL NO. VAK94753

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	100702	100702					

12 PATIENT NAME: LOPEZ,MARIBEL

13 PATIENT ADDRESS: 4331 147TH STREET;LAWNDALE;CA;90260

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
07031971	F	S	100702	17	3	2		01	M000966036								CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	100702						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		100702	11	140241		
2	250	PHARMACY GENERAL	J2250	100702	1	4184		
3	250	PHARMACY GENERAL	J3470	100702	1	14238		
4	251	PHARMACY GENERIC DRUGS		100702	6	23235		
5	252	PHARM NONGENERIC DRUGS		100702	2	19978		
6	258	PHARMACY IV SOLUTIONS		100702	1	13268		
7	259	PHARMACY OTHER		100702	6	53787		
8	270	MED SURG SUPPLIES		100702	4	6225		
9	272	MED/SRG STERILE SUPPLY		100702	33	253028		
10	278	MED/SRG SUPP OTHER IMP		100702	1	89400		
11	360	OR SVCS GENERAL	67108	100702	1	156560		
12	360	OR SVCS GENERAL	67038	100702		0		
13	370	ANESTHESIA GENERAL		100702	76	51528		
14	636	RX REQ DETAILED CODING	J3010	100702	1	3092		
15	710	RECOVERY ROOM GENERAL		100702	6	82080		
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				910844	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	200000	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
LOPEZ,MARIBEL	01	619142754	OMNICARE MED G	60000

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
25050	36202	36100	36181		25050		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
	1459	100702	1474	100702	149	100702
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G78240
G30650 GALLEMORE,RON MD

83 OTHER PHYS. ID G78240
G30650 GALLEMORE,RON MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA-1450 APPROVED OMB NO 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005629738
545-96-1151

3 PATIENT CONTROL NO. VAG64942

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 020904 THROUGH 021004

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: RUIZ,RAMON

13 PATIENT ADDRESS: 1753 W 48TH ST;LOS ANGELES;CA;90062

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
08021930	M	M	020904	18	3	1		01	M001011754					CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 1	020904						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		020904	1	52501		
2	250	PHARMACY GENERAL		021004	3	5315		
3	255	PHARM INCID TO RAD SERV	A4644	020904	1	5700		
4	258	PHARMACY IV SOLUTIONS		020904	1	8259		
5	270	MED SURG SUPPLIES		020904	8	67320		
6	272	MED/SRG STERILE SUPPLY		020904	2	30755		
7	272	MED/SRG STERILE SUPPLY	C1769	020904	2	56383		
8	272	MED/SRG STERILE SUPPLY	C1887	020904	1	34560		
9	300	LABORATORY GENERAL	36415	020904	1	960		
10	300	LABORATORY GENERAL	86850	020904	1	7776		
11	300	LABORATORY GENERAL	86900	020904	1	6600		
12	300	LABORATORY GENERAL	86901	020904	1	5184		
13	301	LAB CHEMISTRY	80048	020904	1	4340		
14	305	LAB HEMATOLOGY	85025	020904	1	2600		
15	305	LAB HEMATOLOGY	85610	020904	1	2640		
16	305	LAB HEMATOLOGY	85730	020904	1	2640		
17	320	DIAGNOSTIC RADIOLOGY	75625	020904	1	166406		
18	320	DIAGNOSTIC RADIOLOGY	76000	020904	1	42336		
19	480	CARDIOLOGY GENERAL	93320	020904	1	26640		
20	480	CARDIOLOGY GENERAL	93325	020904	1	27648		
21	480	CARDIOLOGY GENERAL	93350	020904	1	95040		
22	482	CARDIOLOGY STRESS TEST	93017	020904	1	48384		
23	710	RECOVERY ROOM GENERAL		020904	4	182476		

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		762420	
57 DUE FROM PATIENT ▷					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
RUIZ,RAMON	01	700003181	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2004020304400003			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4414	4241	3051			4414		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	8842	020904				

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID G67048
E64813 MAYEDA,GUY S MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OOD SAMARITAN HOSPITAL
ILE 53289
OS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005629738
545-96-1151

3 PATIENT CONTROL NO. VAG64942

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	020904	021004					

12 PATIENT NAME: RUIZ,RAMON

13 PATIENT ADDRESS: 1753 W 48TH ST;LOS ANGELES;CA;90062

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
08021930	M	M	020904	18	3	1		01	M001011754					CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	020904						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
730	EKG/ECG GENERAL	93005	020904	1	186 62		
001	TOTAL CHARGE				953 025	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		762 420	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
RUIZ,RAMON	01	700003181	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2004020304400003			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES	70	72	74	76 ADM. DIAG. CD.	77 E-CODE	78
414	4241 3051				4414		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	8842	020904						

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID G67048
E64813 MAYEDA,GUY S MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005398656
292-18-4780

3 PATIENT CONTROL NO. VAK56060

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 111203 THROUGH 111203

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: IBOS,DOROTHY

13 PATIENT ADDRESS: 10303 VALLEY VIEW AVE;WHITTIER;CA;90604

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	31 CO
12131924	F	M	111203	13	2	4		01	M001005269	CA

CONDITION CODES 24 26 28 30

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	111203						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		111203	2	5765 7		
2	258	PHARMACY IV SOLUTIONS		111203	1	825 9		
3	270	MED SURG SUPPLIES		111203	4	4387 9		
4	272	MED/SRG STERILE SUPPLY		111203	1	1553 3		
5	301	LAB CHEMISTRY	80048	111203	1	3600 0		
6	305	LAB HEMATOLOGY	85025	111203	1	1244 2		
7	305	LAB HEMATOLOGY	85610	111203	1	1036 8		
8	305	LAB HEMATOLOGY	85730	111203	1	1244 2		
9	480	CARDIOLOGY GENERAL	93320	111203	1	2664 0		
10	480	CARDIOLOGY GENERAL	93325	111203	1	2764 8		
11	480	CARDIOLOGY GENERAL	93350	111203	1	9504 0		
12	543	AMBULANCE HEART MOBILE		111203	1	4488 0		
13	730	EKG/ECG GENERAL	93005	111203	1	1866 2		
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				4094 5 0	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	327 5 60	
57 DUE FROM PATIENT ▷					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
IBOS,DOROTHY	01	292184780		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
93537-2			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	2724	4019	V4589		4111		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A49135
F52935 JAFARI,ALIREZA MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004178232
554-69-9848

3 PATIENT CONTROL NO. VAK94754

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	102102	102102					

12 PATIENT NAME: MANNES, JEANNE

13 PATIENT ADDRESS: 2700 SEVERANCE ST;LOS ANGELES;CA;90007

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 HMO
09101924	F	M	102102	15	3	2		01	M000961239					CA

	32 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a	11	102102						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	350	CAT SCAN GENERAL	70491	102102	1	1543 10		
2	352	CT SCAN/BODY	71260	102102	1	1543 10		
23	001	TOTAL CHARGE				3086 20	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y		2468 96	
B	LATINO HEALTH CARE		Y	Y		0	
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	MANNES, JEANNE	01			
B	MANNES, JEANNE	01	700005915		
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			RETIRED	
B				
C				

67 PRIN. DIAG. CD.	68 CODE	OTHER DIAG. CODES 70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
20280					20280		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID CAC38037
A36824 KENNEDY, PETER

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006946438
418-32-5201

3 PATIENT CONTROL NO. VAK61202

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	051605	051605					

12 PATIENT NAME: BROWN,FREDDIE L

13 PATIENT ADDRESS: 14517 S CASWELL AVENUE;COMPTON;CA;90220

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 HMO
07191931	M	M	051605	13	3	2		01	M000511371								AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	051605						A
b								B
								C

38 GLOBAL CARE MED GRP
PO BOX 571420

TARZANA, CA 91357

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	730	EKG/ECG GENERAL	93005	051605	1	18662		
23	001	TOTAL CHARGE				18662	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A GLOBAL CARE MED GRP	951656366	Y	Y		14930	
57		DUE FROM PATIENT ▷			0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A BROWN,FREDDIE	01	700001951	GLOBAL CARE/UN	900

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 2005050907100060		RETIRED	LOS ANGELES

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4292					4292		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A29921
C35367 LEMAILEWILLIAMS,ROBERT L

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-14 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004942157
466-60-6549

3 PATIENT CONTROL NO. VAG09954

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 061303 THROUGH 061303

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: YOAKUM,BEULAH M

13 PATIENT ADDRESS: 145 E. 71ST STREET;LOS ANGELES;CA;90003

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
04111932	F	W	061303	08	3	2		01	M000969143								AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	061303						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93733	061303	1	172 80		
23	001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	138 24	
57	DUE FROM PATIENT ▷			0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
YOAKUM,BEULAH M	01	967842 / 466606549		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2003053006900045			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCH/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005022801
436-34-1792

3 PATIENT CONTROL NO. VAK94733

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 070903 THROUGH 070903

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: MANNING,WESLEY

13 PATIENT ADDRESS: 819 EAST CENTURY BLVD;LOS ANGELES;CA;90002

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
06161928	M	S	070903	12	3	2		01	M000867584								AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	070903						

38 UHP HEALTHCARE
P O BOX 90579

LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
921	PERIPHERAL VASCULAR LAB	93731	070903	1	172 80		
001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP HEALTHCARE	951656366	Y	Y	0	138 24	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MANNING,WESLEY	01	000835661	WATTS HEALTH C	000835661

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2003062703700013	5	RETIRED	

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA 1450 APPROV. OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005169578
555-81-0414

3 PATIENT CONTROL NO. VAG61504

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 082603 THROUGH 082603

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: BAQUIRAN,LORENZO E.

13 PATIENT ADDRESS: 259 N UNION AVENUE;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
05041920	M	M	082603	09	3	2		01	M000881884					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	082603						A B C
b							

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93733	082603	1	17280		
23	001	TOTAL CHARGE				17280	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	13824	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A BAQUIRAN,LORENZO	01	555810414		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9				
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004794988
557-46-9135

3 PATIENT CONTROL NO. VAK94719

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 042803 THROUGH 042803

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: ARIAS,MARTIN

13 PATIENT ADDRESS: 1155 CALLADA ST;LOS ANGELES;CA;90023

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
03261937	M	S	042803	12	3	2		01	M000982980					MCD CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	042803						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	320	DIAGNOSTIC RADIOLOGY	71020	042803	1	24192		
23	001	TOTAL CHARGE				24192	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y	0	19354	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ARIAS,MARTIN	01	557469135		7000010463

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V725					V725		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A56264
MADRID,ROBERTO MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006781033
567-69-0181

3 PATIENT CONTROL NO. VAK94728

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032105	032105					

12 PATIENT NAME: TELLERY,WESLEY

13 PATIENT ADDRESS: 231 WITMER #201;LOS ANGELES;CA;90027

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
04231980	M	S	032105	04	2	7		01	M001040563								MCD AA

CONDITION CODES

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	032105										A B C
b											

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		032105	1	3315		
2	258	PHARMACY IV SOLUTIONS		032105	1	7300		
3	259	PHARMACY OTHER		032105	1	4607		
4	301	LAB CHEMISTRY	80048	032105	1	36000		
5	301	LAB CHEMISTRY	80076	032105	1	20944		
6	301	LAB CHEMISTRY	82150	032105	1	12192		
7	301	LAB CHEMISTRY	83690	032105	1	12192		
8	305	LAB HEMATOLOGY	85025	032105	1	12442		
9	450	EMERGENCY ROOM	90780	032105	1	32500		
10	450	EMERGENCY ROOM	90784	032105	3	30000		
11	450	EMERGENCY ROOM	99283	032105	1	66148		
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				237640	0	

50 PAYER	51 PROVIDER NO.	RF	OPR	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y		190112	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TELLERY,WESLEY	01	96247005C35053	LACARE HEALTH	NO CARE AVA

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5589	56489				78906		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID A82770
CHIU,PAO Y MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 (Rev. 1-1-92) APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006568885
525-46-2249

3 PATIENT CONTROL NO. VAI60884

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	010905	010905					

12 PATIENT NAME: JINSO,MARGARET B

13 PATIENT ADDRESS: 880 W.1ST STREET;LOS ANGELES;CA;90012

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
06101927	F	W	010905	20	2	7		01	M001006158					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	010905						

38 UNITED HEALTH PLAN FOR SENIORS
3405 W.IMPERIAL HWY

INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	PHARMACY GENERAL		010905	3	53 81		
258	PHARMACY IV SOLUTIONS		010905	1	75 00		
270	MED SURG SUPPLIES		010905	2	67 46		
300	LABORATORY GENERAL	36415	010905	1	9 60		
301	LAB CHEMISTRY	80048	010905	1	360 00		
301	LAB CHEMISTRY	82150	010905	1	121 92		
301	LAB CHEMISTRY	82550	010905	1	74 65		
301	LAB CHEMISTRY	83615	010905	1	74 65		
301	LAB CHEMISTRY	83690	010905	1	121 92		
301	LAB CHEMISTRY	84484	010905	1	86 40		
305	LAB HEMATOLOGY	85025	010905	1	124 42		
305	LAB HEMATOLOGY	85610	010905	1	103 68		
305	LAB HEMATOLOGY	85730	010905	1	124 42		
320	DIAGNOSTIC RADIOLOGY	71010	010905	1	248 83		
351	CT SCAN/HEAD	70450	010905	1	1663 03		
450	EMERGENCY ROOM	90780	010905	1	325 00		
450	EMERGENCY ROOM	90784	010905	1	37 54		
450	EMERGENCY ROOM	99284	010905	1	1009 85		
730	EKG/ECG GENERAL	93005	010905	1	186 62		
001	TOTAL CHARGE				4868 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN FOR SE	951656366	Y	Y	0	3895 04	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
JINSO,MARGARET B	01	206608	PACIFIC IPA ME	SEE CARD

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	5		

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7804	4263 4414	4019 41400	V433 V103	V4571	7804		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G38677
KERNS,ROBERT F MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006496046
570-65-2369

3 PATIENT CONTROL NO. VAI45788

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121304	121304					

12 PATIENT NAME: LOYOLA,LILLIAN

13 PATIENT ADDRESS: 3717 1/2 HALLDALE AVE;LOS ANGELES;CA;90018

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
10151974	F	S	121304	08	2	7		01	M001035738					CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	121304						A
b							B
							C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HIGHWAY
PO BOX 1561
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	J1885	121304	1	58 94		
2	250	PHARMACY GENERAL	J2060	121304	1	89 69		
3	259	PHARMACY OTHER		121304	2	22 48		
4	272	MED/SRG STERILE SUPPLY		121304	1	57 25		
5	300	LABORATORY GENERAL	36415	121304	1	9 60		
6	301	LAB CHEMISTRY	80048	121304	1	360 00		
7	301	LAB CHEMISTRY	84702	121304	1	194 09		
8	305	LAB HEMATOLOGY	85025	121304	1	124 42		
9	320	DIAGNOSTIC RADIOLOGY	71010	121304	1	248 83		
10	351	CT SCAN/HEAD	70450	121304	1	1663 03		
11	450	EMERGENCY ROOM	90784	121304	2	75 08		
12	450	EMERGENCY ROOM	99284	121304	1	1009 85		
13	730	EKG/ECG GENERAL	93005	121304	1	186 62		
14–22								
23	001	TOTAL CHARGE				4099 88	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	3279 90	
57		DUE FROM PATIENT ▷			0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A LOYOLA,LILLIAN	01	300207652	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	OTHER DIAG. CODES 70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
30781	2768				7840		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G38156
A47377 KUHN,NANCY J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006270383
562-99-5762

3 PATIENT CONTROL NO. VAK94726

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 092404 THROUGH 092404

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: SALAZAR,MARIA C

13 PATIENT ADDRESS: 1818 BELLEVUE AVENUE;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
05181951	F	D	092404	02	2	7		01	M001029393					MCD CA

CONDITION CODES

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	092404						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		092404	2	5073		
2	250	PHARMACY GENERAL	J1885	092404	1	5894		
3	270	MED SURG SUPPLIES		092404	3	22365		
4	300	LABORATORY GENERAL	86850	092404	1	9331		
5	300	LABORATORY GENERAL	86900	092404	1	7258		
6	300	LABORATORY GENERAL	86901	092404	1	6221		
7	301	LAB CHEMISTRY	80048	092404	1	36000		
8	301	LAB CHEMISTRY	80076	092404	1	20944		
9	301	LAB CHEMISTRY	82150	092404	1	12192		
10	301	LAB CHEMISTRY	82550	092404	1	7465		
11	301	LAB CHEMISTRY	83615	092404	1	7465		
12	301	LAB CHEMISTRY	84484	092404	1	8640		
13	305	LAB HEMATOLOGY	85025	092404	1	12442		
14	305	LAB HEMATOLOGY	85610	092404	1	10368		
15	305	LAB HEMATOLOGY	85730	092404	1	12442		
16	320	DIAGNOSTIC RADIOLOGY	71010	092404	1	24883		
17	320	DIAGNOSTIC RADIOLOGY	72170RT	092404	1	21898		
18	320	DIAGNOSTIC RADIOLOGY	73550	092404	1	24407		
19	450	EMERGENCY ROOM	90784	092404	6	22524		
20	450	EMERGENCY ROOM	99284	092404	1	100985		
21	730	EKG/ECG GENERAL	93005	092404	1	13104		
22								
23	001	TOTAL CHARGE				391901	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL	951656366	Y	Y		313520	
B						
C						
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A SALAZAR,MARIA C	01	5629957629		SEE CARD
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
82021	1985	1749			7295	E8844	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006463871
615-29-1107

3 PATIENT CONTROL NO. VAI38913

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	120104	120104					

12 PATIENT NAME: GARCIA DIAZ,AIDEE S

13 PATIENT ADDRESS: 727 S. MARIPOS AVE;LOS ANGELES;CA;90005

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
10131985	F	S	120104	09	1	7		01	M001034776								CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	120104						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	258	PHARMACY IV SOLUTIONS		120104	1	7300		
2	259	PHARMACY OTHER		120104	1	1031		
3	270	MED SURG SUPPLIES		120104	1	3578		
4	272	MED/SRG STERILE SUPPLY		120104	1	18640		
5	300	LABORATORY GENERAL	86850	120104	1	9331		
6	300	LABORATORY GENERAL	86900	120104	1	7258		
7	300	LABORATORY GENERAL	86901	120104	1	6221		
8	300	LABORATORY GENERAL	87490	120104	1	675		
9	301	LAB CHEMISTRY	80048	120104	1	36000		
10	301	LAB CHEMISTRY	84702	120104	1	19409		
11	305	LAB HEMATOLOGY	81001	120104	1	8294		
12	305	LAB HEMATOLOGY	85025	120104	1	12442		
13	306	LAB BACTERIOLOGY	87070	120104	1	8916		
14	306	LAB BACTERIOLOGY	87210	120104	2	12442		
15	402	OTHER IMAG ULTRASOUND	76856	120104	1	91467		
16	450	EMERGENCY ROOM	90780	120104	1	32500		
17	450	EMERGENCY ROOM	90784	120104	1	3754		
18	450	EMERGENCY ROOM	99283	120104	1	66148		
19	636	RX REQ DETAILED CODING	J2765	120104	1	3298		
20	730	EKG/ECG GENERAL	93005	120104	1	18662		
21								
22								
23	001	TOTAL CHARGE				367366	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		293893	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A GARCIA DIAZ,AIDEE S	01	615291107		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
66923					66923		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID A82770
CHIU,PAO Y MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006878409
434-01-3506

3 PATIENT CONTROL NO. VAJ33285

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	042205	042205					

12 PATIENT NAME: CARSTON,JOSEPH JR

13 PATIENT ADDRESS: 258 S CORONADO ST;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
11051916	M	S	042205	15	2	1		01	M001046750					HMO AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	042205						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	PHARMACY GENERAL	J7051	042205	1	2308		
258	PHARMACY IV SOLUTIONS		042205	1	7300		
259	PHARMACY OTHER		042205	2	27559		
270	MED SURG SUPPLIES		042205	1	3578		
301	LAB CHEMISTRY	80048	042205	1	36000		
301	LAB CHEMISTRY	82550	042205	1	7465		
301	LAB CHEMISTRY	83615	042205	1	7465		
301	LAB CHEMISTRY	84484	042205	1	8640		
305	LAB HEMATOLOGY	81003	042205	1	3110		
305	LAB HEMATOLOGY	85025	042205	1	12442		
320	DIAGNOSTIC RADIOLOGY	71010	042205	1	24883		
320	DIAGNOSTIC RADIOLOGY	74022	042205	1	34422		
450	EMERGENCY ROOM	90780	042205	1	32500		
450	EMERGENCY ROOM	99283	042205	1	66148		
001	TOTAL CHARGE				273820	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		219056	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
CARSTON,JOSEPH JR		434013506		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78900	7906	41400	4019		78909		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OGR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006780720
573-95-7259

3 PATIENT CONTROL NO. VAK94730

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032005	032105					

12 PATIENT NAME: WHITE,KALINDA

13 PATIENT ADDRESS: 1682 W 12TH PL;LOS ANGELES;CA;90015

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
12111983	F	S	032005	20	2	7		01	M001030223					MCD AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	032005						A B C
b							

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		032005	3	1823 9		
2	258	PHARMACY IV SOLUTIONS		032005	1	73 00		
3	270	MED SURG SUPPLIES		032005	3	71 20		
4	270	MED SURG SUPPLIES		032105	1	73 81		
5	300	LABORATORY GENERAL	36415	032005	1	9 60		
6	301	LAB CHEMISTRY	80048	032005	1	360 00		
7	301	LAB CHEMISTRY	84132	032005	1	116 95		
8	305	LAB HEMATOLOGY	81001	032005	1	82 94		
9	305	LAB HEMATOLOGY	85025	032005	1	124 42		
10	450	EMERGENCY ROOM	90780	032005	2	650 00		
11	450	EMERGENCY ROOM	90784	032005	2	200 00		
12	450	EMERGENCY ROOM	99283	032005	1	661 48		
13	636	RX REQ DETAILED CODING	J2765	032005	1	32 98		
14–22								
23	001	TOTAL CHARGE				2638 77	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL	951656366	Y	Y		2111 02	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A WHITE,KALINDA	01	573957259		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
64303	7806	462			64303		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A83884
LIEBERMAN,RONALD E MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006665665
567-69-0181

3 PATIENT CONTROL NO. VAI80106

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021005	021005					

12 PATIENT NAME: TELLERY,WESLEY

13 PATIENT ADDRESS: 231 WITMER #201;LOS ANGELES;CA;90027

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
04231980	M	S	021005	07	2	7		01	M001040563					AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	021005						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		021005	1	2517		
2	258	PHARMACY IV SOLUTIONS		021005	1	12384		
3	259	PHARMACY OTHER		021005	5	9759		
4	270	MED SURG SUPPLIES		021005	8	32959		
5	270	MED SURG SUPPLIES	A4606	021005	1	22591		
6	300	LABORATORY GENERAL	36415	021005	1	960		
7	300	LABORATORY GENERAL	86850	021005	1	9331		
8	300	LABORATORY GENERAL	86900	021005	1	7258		
9	300	LABORATORY GENERAL	86901	021005	1	6221		
10	301	LAB CHEMISTRY	80048	021005	1	36000		
11	301	LAB CHEMISTRY	80076	021005	1	20944		
12	301	LAB CHEMISTRY	80101	021005	7	85347		
13	301	LAB CHEMISTRY	80196	021005	1	13436		
14	301	LAB CHEMISTRY	82003	021005	1	13436		
15	301	LAB CHEMISTRY	82055	021005	1	11695		
16	301	LAB CHEMISTRY	82150	021005	1	12192		
17	301	LAB CHEMISTRY	83690	021005	1	12192		
18	305	LAB HEMATOLOGY	85025	021005	1	12442		
19	305	LAB HEMATOLOGY	85610	021005	1	10368		
20	305	LAB HEMATOLOGY	85730	021005	1	12442		
21	320	DIAGNOSTIC RADIOLOGY	71010	021005	1	24883		
22	320	DIAGNOSTIC RADIOLOGY	74022	021005	1	34422		
23	450	EMERGENCY ROOM	90784	021005	2	20000		

50 PAYER	51 PROVIDER NO.	52 REL. INFO	53 ASSIGN. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		391942	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TELLERY,WESLEY	01	567690181	LACARE HEALTH	NO CARE AVA

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
3551					78906		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID G38156
A47377 KUHN,NANCY J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006665665
567-69-0181

3 PATIENT CONTROL NO. VAI80106

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021005	021005					

12 PATIENT NAME: TELLERY,WESLEY

13 PATIENT ADDRESS: 231 WITMER #201;LOS ANGELES;CA;90027

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
04231980	M	S	021005	07	2	7		01	M001040563					AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	021005						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	450	EMERGENCY ROOM	99283	021005	1	66148		
23	001	TOTAL CHARGE				489927	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		391942	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TELLERY,WESLEY	01	567690181	LACARE HEALTH	NO CARE AVA

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
53551					78906		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G38156
A47377 KUHN,NANCY J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCALORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004770657
577-77-0906

3 PATIENT CONTROL NO. VAK94727

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	041903	041903					

12 PATIENT NAME: SPEIGHTS,QUANISHA

13 PATIENT ADDRESS: 846 W 42ND PLACE;LOS ANGELES;CA;90037

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
08311983	F	S	041903	20	2	7		01	M000982311								MCD AA

CONDITION CODES

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	041903										A
b												B
												C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	270	MED SURG SUPPLIES		041903	2	6148		
2	300	LABORATORY GENERAL	86850	041903	1	6480		
3	300	LABORATORY GENERAL	86900	041903	1	5040		
4	300	LABORATORY GENERAL	86901	041903	1	4320		
5	301	LAB CHEMISTRY	80048	041903	1	30000		
6	301	LAB CHEMISTRY	84702	041903	1	13478		
7	305	LAB HEMATOLOGY	81015	041903	1	6912		
8	305	LAB HEMATOLOGY	85025	041903	1	10368		
9	402	OTHER IMAG ULTRASOUND	76856	041903	1	69293		
10	450	EMERGENCY ROOM	9928225	041903	1	45936		
11–22								
23	001	TOTAL CHARGE				197975	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UHP MEDI-CAL	951656366	Y	Y		158380	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	SPEIGHTS,QUANISHA	01	5577709062		SEE CARD
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A				
B				
C				

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
64663	5990								64003		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A61240
BRENNER,FRED J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005080585
421-10-4754

3 PATIENT CONTROL NO. VAG79883

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	072803	072803					

12 PATIENT NAME: HUBBARD,JOHN O

13 PATIENT ADDRESS: 2529 3RD AVE;LOS ANGELES;CA;90018-1817

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
12051916	M	W	072803	11	2	7		01	M000429895					AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	072803						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	PHARMACY GENERAL		072803	1	6124		
258	PHARMACY IV SOLUTIONS		072803	1	6828		
270	MED SURG SUPPLIES		072803	4	10951		
272	MED/SRG STERILE SUPPLY		072803	1	12944		
301	LAB CHEMISTRY	80048	072803	1	30000		
305	LAB HEMATOLOGY	81015	072803	1	6912		
305	LAB HEMATOLOGY	85025	072803	1	10368		
320	DIAGNOSTIC RADIOLOGY	71010	072803	1	20736		
450	EMERGENCY ROOM	90799	072803	1	4000		
450	EMERGENCY ROOM	9928325	072803	1	70128		
730	EKG/ECG GENERAL	93041	072803	1	15898		
001	TOTAL CHARGE				194889	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		155911	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
HUBBARO,JOHN O	01	700003396	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78820	5989				78909		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9				
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005004015
613-14-5469

3 PATIENT CONTROL NO. VAG27033

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	070203	070203					

12 PATIENT NAME: GONZALEZ,RUFINO

13 PATIENT ADDRESS: 117 1/2 S WESTLAKE AVE;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31
09091962	M	M	070203	12	1	7		01	M000988085								CO CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	070203						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	J1885	070203	2	11504		
2	450	EMERGENCY ROOM	90782	070203	1	2640		
3	450	EMERGENCY ROOM	99281	070203	1	25056		
4	921	PERIPHERAL VASCULAR LAB	93926	070203	1	47900		
5	921	PERIPHERAL VASCULAR LAB	93970	070203	1	87840		
23	001	TOTAL CHARGE				174940	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		139952	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A GONZALEZ,RUFINO	01	6131454693		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
9588					7295		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005100185
569-79-1661

3 PATIENT CONTROL NO. VAG47330

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	080103	080103					

12 PATIENT NAME: YI,HELENA HEERAN

13 PATIENT ADDRESS: 6980 CATALINA ST;LOS ANGELES;CA;90005

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
06271966	F	M	080103	16	1	7		01	M000990833					AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	080103						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NB 68005-1561

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	258	PHARMACY IV SOLUTIONS		080103	1	10320		
2	300	LABORATORY GENERAL	86850	080103	1	6480		
3	300	LABORATORY GENERAL	86900	080103	1	5040		
4	300	LABORATORY GENERAL	86901	080103	1	4320		
5	301	LAB CHEMISTRY	84702	080103	1	13478		
6	305	LAB HEMATOLOGY	85025	080103	1	10368		
7	402	OTHER IMAG ULTRASOUND	76856	080103	1	69293		
8	450	EMERGENCY ROOM	90799	080103	1	4000		
9	450	EMERGENCY ROOM	9928225	080103	1	45936		
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				169235	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	135388	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A YI,HELENA HEERAN	01	889915	LA VIDA MED GR	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A		UNEMPLOYED	
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
632					64000		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A43111
E99338 OBLITAS,DANIEL H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V000004924460
624-16-5542

3 PATIENT CONTROL NO. VAG27029

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 060703 THROUGH 060703

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: GARCIA,RICARDO I

13 PATIENT ADDRESS: 337 N CARMELITA AVE;LOS ANGELES;CA;90063

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
10161988	M	S	060703	01	1	7		01	M000978456								CO CA

32 CODE	32 DATE	34 CODE	34 DATE	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
11	060703						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	259	PHARMACY OTHER		060703	1	851		
2	351	CT SCAN/HEAD	70450	060703	1	138586		
3	450	EMERGENCY ROOM	99281	060703	1	25056		
23	001	TOTAL CHARGE				164493	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		131594	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GARCIA,RICARDO J	01	94538796A	UHP W/HLT FAMI	SEE CARD

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
AFTER HRS.			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
920					95901	E8880	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A43111
E99338 OBLITAS,DANIEL H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V000006099865
000-00-0001

3 PATIENT CONTROL NO. VAK94722

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 072604 THROUGH 072604

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: CRUZ,DEYSY

13 PATIENT ADDRESS: 1558 W 2ND ST;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31
02051992	F	S	072604	13	2	7		01	M001024673								MCD CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	072604						A
b							B
							C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		072604	1	3705		
2	258	PHARMACY IV SOLUTIONS		072604	1	7300		
3	259	PHARMACY OTHER		072604	1	1504		
4	270	MED SURG SUPPLIES		072604	4	11649		
5	301	LAB CHEMISTRY	80048	072604	1	36000		
6	305	LAB HEMATOLOGY	81015	072604	1	8294		
7	305	LAB HEMATOLOGY	85007	072604	1	13697		
8	450	EMERGENCY ROOM	90784	072604	1	3128		
9	450	EMERGENCY ROOM	99283	072604	1	55123		
23	001	TOTAL CHARGE				140400	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y	0	112320	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
CRUZ,DEYSY	01	95214119C0		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5589					78701		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID A82770
CHIU,PAO Y MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006954184
568-52-9364

3 PATIENT CONTROL NO. VAJ42394

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 051805 THROUGH 051805

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: MATSUISHI,MICHIYE

13 PATIENT ADDRESS: 2221 LINCOLN PARK AVENUE;LOS ANGELES;CA;90031

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 HMO
06131916	F	W	051805	15	1	7		01	M001047292					AS

CONDITION CODES

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	051805						A B C
b							

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	251	PHARMACY GENERIC DRUGS		051805	1	1410		
2	259	PHARMACY OTHER		051805	1	871		
3	270	MED SURG SUPPLIES		051805	5	15135		
4	300	LABORATORY GENERAL	36415	051805	1	960		
5	301	LAB CHEMISTRY	80048	051805	1	36000		
6	305	LAB HEMATOLOGY	85025	051805	1	16436		
7	305	LAB HEMATOLOGY	85610	051805	1	10368		
8	305	LAB HEMATOLOGY	85730	051805	1	12442		
9	450	EMERGENCY ROOM	99282	051805	1	36080		
23	001	TOTAL CHARGE				129702	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		66262	
57	DUE FROM PATIENT ▷			37500	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MATSUISHI,MICHIYE	01	568529664	TOTAL CARE IPA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
99674	40391	25040	V5867		99674		

OTHER DIAG. CODES

79 PIC.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID A83884
LIEBERMAN,RONALD E MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005056536
570-51-4013

3 PATIENT CONTROL NO. VAK94732

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	072003	072003					

12 PATIENT NAME: CHAPARRO,SERGIO

13 PATIENT ADDRESS: 10856 WOLCOTT PLACE;MISSION HILLS;CA;91345

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
03061964	M	M	072003	03	1	7		01	M000989707					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	072003						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	PHARMACY GENERAL		072003	1	2498		
259	PHARMACY OTHER		072003	2	1596		
320	DIAGNOSTIC RADIOLOGY	72040	072003	1	23155		
320	DIAGNOSTIC RADIOLOGY	72100	072003	1	36979		
450	EMERGENCY ROOM	90782	072003	1	2640		
450	EMERGENCY ROOM	99281	072003	1	25056		
730	EKG/ECG GENERAL	93041	072003	1	15898		
001	TOTAL CHARGE				107822	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		86258	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
CHAPARRO,SERGIO	01	837400	SAN FERNANDO M	20000501

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	1	US POST OFFICE	VAN NUYS

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
8472	8470				7242	E8121	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A61240
BRENNER,FRED J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006195192
570-19-8936

3 PATIENT CONTROL NO. VAK94721

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	082804	082804					

12 PATIENT NAME: CERVANTES,ENEDINA A

13 PATIENT ADDRESS: 528 S PARKVIEW ST;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 MCD
02091963	F	W	082804	20	2	7		01	M001027338								CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	082804						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	J1885	082804	1	7214		
2	259	PHARMACY OTHER		082804	2	1600		
3	270	MED SURG SUPPLIES		083004	1	18826		
4	320	DIAGNOSTIC RADIOLOGY	72040	082804	1	27786		
5	450	EMERGENCY ROOM	90782	082804	1	3168		
6	450	EMERGENCY ROOM	99282	082804	1	30067		
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				88661	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UHP MEDI-CAL	951656366	Y	Y	0	70929	
B							
C							
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	CERVANTES,ENEDINA A	01	92764541A0		
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A				
B				
C				

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
8170	8409				7231	E8121	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A82770
CHIU,PAO Y MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA-1450 APPROVED OMB NO 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006111363
566-37-7338

3 PATIENT CONTROL NO. VAK94729

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 072904 THROUGH 072904

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: WESLEY,NANETTE

13 PATIENT ADDRESS: PO BOX 155;COMPTON;CA;90221

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
06101972	F	S	072904	16	1	7		01	M001024962					MCD AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	072904						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	252	PHARM NONGENERIC DRUGS	90718	072904	1	4943		
2	259	PHARMACY OTHER		072904	1	915		
3	270	MED SURG SUPPLIES		072904	1	4100		
4	320	DIAGNOSTIC RADIOLOGY	73610	072904	1	21151		
5	320	DIAGNOSTIC RADIOLOGY	73630RT	072904	1	21151		
6	450	EMERGENCY ROOM	90471	072904	1	3168		
7	450	EMERGENCY ROOM	99282	072904	1	30067		
23	001	TOTAL CHARGE				85495	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y		68396	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
WESLEY,NANETTE	01	566377338		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68	70	72	74	76 ADM. DIAG. CD.	77 E-CODE	78
84500					71947	E927	

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	9359	072904				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR:ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004344966
607-86-5869

3 PATIENT CONTROL NO. VAK94736

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	112902	112902					

12 PATIENT NAME: ROMERO,JOVANY

13 PATIENT ADDRESS: 13225 1/2 W LLINWOOD AVE;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31
11171995	M	S	112902	13	1	7		01	M000970599								CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	112902						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		112902	3	24829		
2	270	MED SURG SUPPLIES		112902	5	11572		
3	306	LAB BACTERIOLOGY	87070	112902	1	10714		
4	306	LAB BACTERIOLOGY	87205	112902	1	4666		
5	450	EMERGENCY ROOM	99281	112902	1	25056		
23	001	TOTAL CHARGE				76837	0	

50 PAYER	51 PROVIDER NO.	52	53	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	61470	
B						
C						
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ROMERO,JOVANY	01	300125012	AKM MEDICAL GR	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7842					7842		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005137641
421-10-4754

3 PATIENT CONTROL NO. VAG79884

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	081403	081403					

12 PATIENT NAME: HUBBARD,JOHN O

13 PATIENT ADDRESS: 2529 3RD AVE;LOS ANGELES;CA;90018-1817

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
12051916	M	W	081403	11	2	7		01	M000429895								AA

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	081403										A
b												B
												C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		081403	1	6124		
2	270	MED SURG SUPPLIES		081403	1	4039		
3	305	LAB HEMATOLOGY	81015	081403	1	6912		
4	306	LAB BACTERIOLOGY	87088	081403	1	8294		
5	450	EMERGENCY ROOM	99281	081403	1	25056		
23	001	TOTAL CHARGE				50425	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	40340	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
HUBBARD,JOHN O	01	700003396	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
9975	5990				7881		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID C32505
A34963 FAGAN JR.,PHILIP MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006537971
546-02-4215

3 PATIENT CONTROL NO. VAI54548

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	122904	122904					

12 PATIENT NAME: MILLER,ANNIE

13 PATIENT ADDRESS: 734 S VALENCIA ST;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
02271955	F	S	122904	09	1	7		01	M000550954								CO CA

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	122904										A
b											B
											C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	40		41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	J1885	122904	1	7214		
2	251	PHARMACY GENERIC DRUGS		122904	1	965		
3	259	PHARMACY OTHER		122904	1	1355		
4	450	EMERGENCY ROOM	90782	122904	1	3802		
5	450	EMERGENCY ROOM	99282	122904	1	36080		
23	001	TOTAL CHARGE				49416	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	39533	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A MILLER,ANNIE	01	546024215		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
7245	4019								7245		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A83884
LIEBERMAN,RONALD E MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005123260
563-77-0866

3 PATIENT CONTROL NO. VAG47148

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	080903	080903					

12 PATIENT NAME: MEJIA,ROSA

13 PATIENT ADDRESS: 467 3/4 S LUCAS AVENUE;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	23	28	30	31 CO
07141980	F	S	080903	21	1	7		01	M000991480					OT

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	080903						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	J1885	080903	1	7024		
2	450	EMERGENCY ROOM	90782	080903	1	2640		
3	450	EMERGENCY ROOM	99281	080903	1	25056		
23	001	TOTAL CHARGE				34720	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	27776	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MEJIA,ROSA	01	96885100E7		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
462					462		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9				
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A43111
E99338 OBLITAS,DANIEL H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004478061
625-80-1881

3 PATIENT CONTROL NO. VAK94734

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 011503 THROUGH 011503

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: MARTINEZ,NANCY

13 PATIENT ADDRESS: 7155 KINGSLEY DR;LOS ANGELES;CA;90005

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
03191995	F	S	011503	21	3	7		01	M000974284					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	011503						A B C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	251	PHARMACY GENERIC DRUGS		011503	3	5304		
2	259	PHARMACY OTHER		011503	1	11276		
3	450	EMERGENCY ROOM	99281	011503	1	15408		
23	001	TOTAL CHARGE				31988	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN B C	951656366	Y	Y		25590	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A MARTINEZ,NANCY B C	01	625801881		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A B C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
3829					38870		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A43111
E99338 OBLITAS,DANIEL H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL FILE 53289 LOS ANGELES CA 900743289 2134822700 2134822721 US	2 V00005505482 612-39-2248	3 PATIENT CONTROL NO. VAK94724	4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	122003	122003					

12 PATIENT NAME	13 PATIENT ADDRESS
GAYTON,RACHAEL	1029 S. CATALINA ST;LOS ANGELES;CA;90006

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 MCD CA
04112003	F	S	122003	14	1	7		01	M001008344								

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	122003						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL	Q0163	122003	1	910		
2	450	EMERGENCY ROOM	99282	122003	1	30067		
23	001	TOTAL CHARGE				30977	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y		24782	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GAYTON,RACHAEL	01	96301620E3		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5953					4871		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006968929
574-09-7089

3 PATIENT CONTROL NO. VAJ49766

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	052405	052405					

12 PATIENT NAME: TARR,EUGENE

13 PATIENT ADDRESS: 1926 1/2 LAKESHORE AVE;LOS ANGELES;CA;90039

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
03071929	M	W	052405	09	1	7		01	M001049433					HMO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	052405						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
270	MED SURG SUPPLIES		052405	1	3355		
450	EMERGENCY ROOM	99281	052405	1	22188		
001	TOTAL CHARGE				25543	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		20434	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TARR,EUGENE	01	574097089A		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7840	V583				7840		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID C32505
A34963 FAGAN JR.,PHILIP MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA 1450 APPROVED OMB NO 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006578785
622-14-6937

3 PATIENT CONTROL NO. VAI61393

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 011205 THROUGH 011205

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: MENDEZ,ARNULFO

13 PATIENT ADDRESS: 1129 1/2 E 42ND PL;LOS ANGELES;CA;90011

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
05101964	M	M	011205	16	1	7		01	M001038092								CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	011205						A B C
b							

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	450	EMERGENCY ROOM	99281	011205	1	22188		
23	001	TOTAL CHARGE				22188	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	17750	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MENDEZ,ARNULFO	01	104950	LA VIDA MED GR	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
38010					38870		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A83884
LIEBERMAN,RONALD E MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006529507
000-00-0001

3 PATIENT CONTROL NO. VAI52180

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 122404 THROUGH 122404

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: WILSON,RYAN

13 PATIENT ADDRESS: 729 S UNION AVE;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.
08102001	M	S	122404	20	1	7		01	M001036670

CONDITION CODES 24 26 28 30 31 CO AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	122404						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
450	EMERGENCY ROOM	99281	122404	1	22188		
001	TOTAL CHARGE				22188	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		17750	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TYSON,CAMMIE	03	565672147		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. 0783

OTHER DIAG. CODES 68 CODE | 70 CODE | 72 CODE | 74 CODE

76 ADM. DIAG. CD. 6079 | 77 E-CODE E9688 | 78

79 P.C. 3

80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A83884
LIEBERMAN,RONALD E MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006802680
545-42-9536

3 PATIENT CONTROL NO. VAJ10992

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032905	032905					

12 PATIENT NAME: ELLIOT,PETER

13 PATIENT ADDRESS: 245 S HILL ST;LOS ANGELES;CA;90012

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
11231933	M	S	032905	03	2	7		01	M001042223					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	032905						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
450	EMERGENCY ROOM	99281	032905	1	22188		
001	TOTAL CHARGE				22188	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		17750	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ELLIOT,PETER	01	568916	GLOBAL CARE ME	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
8730					8730	E9174	

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	8659	032905				
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A43111
E99338 OBLITAS,DANIEL H MD

83 OTHER PHYS. ID A43111
E99338 OBLITAS,DANIEL H MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

U.S. HCFA 1450 APPROV. OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005592423
344-64-2315

3 PATIENT CONTROL NO. VAK94723

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	012504	012504					

12 PATIENT NAME: DIAZ,BIANCA

13 PATIENT ADDRESS: 4316 W 4TH ST;LOS ANGELES;CA;90020

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 MCD
01091973	F	X	012504	20	1	7		01	M000977278								CA

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	012504										A
b												B
												C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	259	PHARMACY OTHER		012504	1	915		
2	450	EMERGENCY ROOM	99281	012204	1	18490		
23	001	TOTAL CHARGE				19405	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL	951656366	Y	Y		15524	
B						
C						
57	DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	DIAZ,BIANCA	01	344642315	LA VIDA MED GR	SEE BOTH CARDS
B					
C					

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A		9		
B				
C				

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
7062									6821		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G38677
KERNS,ROBERT F MD

83 OTHER PHYS. ID

OTHER PHYS. ID A24218
A82971 KWON,PYOUNG-IL J MD

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005486485
570-77-8406

3 PATIENT CONTROL NO. VAK94720

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 121303 THROUGH 121303

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: BARAHONA,LIZENIA

13 PATIENT ADDRESS: 2300 W.JAMES M WOOD BLVD.;LOS ANGELES;CA;90006

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
01221975	F	M	121303	00	1	7		01	M000984589								MCD CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	121303						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	259	PHARMACY OTHER		121303	3	3075		
2	270	MED SURG SUPPLIES		121303	2	5312		
3	451	EMTALA ER MED SCRN SVCS	99281	121303	1	10368		
23	001	TOTAL CHARGE				18755	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y		15004	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
BARAHONA,LIZENIA	01	570778406		NO CARD AVAIL

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	9		

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
6259					6259		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID A68673
NEWMAN,SIOBHAN D MD

83 OTHER PHYS. ID

84 REMARKS

OTHER PHYS. ID G67513
E61484 PARK,PETER H MD

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB92 (HCFA 1450) APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005654686
621-44-0651

3 PATIENT CONTROL NO. VAK94731

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021604	021604					

12 PATIENT NAME: YI,UN A

13 PATIENT ADDRESS: 404 SHATTO PL #436;LOS ANGELES;CA;90020

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 MCD
01111974	F	M	021604	15	1	7		01	M000699217					AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	021604						

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
450	EMERGENCY ROOM	99281	021604	1	184 90		
001	TOTAL CHARGE				184 90	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y		147 92	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
YI,UN A	01	6214406517	LA CARE HEALTH	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
37230					37991		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G38156
A47377 KUHN,NANCY J MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004886461
607-86-5869

3 PATIENT CONTROL NO. VAG06847

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	052703	052703					

12 PATIENT NAME: ROMERO,JOVANY

13 PATIENT ADDRESS: 13225 1/2 W LLINWOOD AVE;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
11171995	M	S	052703	15	1	7		01	M000970599					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	052703						A B C
b							

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		052703	2	1786		
2	450	EMERGENCY ROOM	99281	052703	1	15408		
23	001	TOTAL CHARGE				17194	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	13755	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ROMERO,JOVANY M	01	607865869	AKM MEDICAL GR	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
53550	78701				78701		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE				

82 ATTENDING PHYS. ID G38677
KERNS,ROBERT F MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006967137
574-09-7089

3 PATIENT CONTROL NO. VAJ48576

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 052305 THROUGH 052305

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: TARR,EUGENE

13 PATIENT ADDRESS: 1926 1/2 LAKESHORE AVE;LOS ANGELES;CA;90039

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
03071929	M	W	052305	16	1	7		01	M001049433					SP CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	052305						A B C
b							

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	451	EMTALA ER MED SCRN SVCS	99281	052305	1	12442		
23	001	TOTAL CHARGE				12442	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		9954	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A TARR,EUGENE		574097089A		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7231					7231		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A82770
CHIU,PAO Y MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003771706
000-00-0001

3 PATIENT CONTROL NO. VAK94735

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 052602 THROUGH 052602

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: RAFAELANO,FRANCISCO JR

13 PATIENT ADDRESS: 325 1/2 S BURLINGTON AVENUE;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
09262001	M	S	052602	19	2	7		01	M000937787					OT

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
01	052602						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
450	EMERGENCY ROOM	99281	052602	1	1080 00		
001	TOTAL CHARGE				1080 00	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		864 0	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
RAFAELANO,FRANCISCO JR	01	223936	HPC3	7149

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
		TAM PRODUCTS	

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
3009					3009		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID G38677
KERNS,ROBERT F MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CHARGES ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004787115
607-86-5869

3 PATIENT CONTROL NO. VAG06846

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 042403 THROUGH 042403

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: ROMERO,JOVANY

13 PATIENT ADDRESS: 13225 1/2 W LLINWOOD AVE;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31
11171995	M	S	042403	19	2	7		01	M000970599					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	042403						A B C
b							

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		042403	1	893		
2	451	EMTALA ER MED SCRN SVCS	99281	042403	1	8640		
23	001	TOTAL CHARGE				9533	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	7626	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ROMERO,JOVANY M	01	607865869	AKM MEDICAL GR	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7840					7840		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G070720
E98412 HARRIS,BRIAN W MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005162714
549-53-3357

3 PATIENT CONTROL NO. VAF99756

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 082203 THROUGH 082203

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: CHANG, SANDY

13 PATIENT ADDRESS: 722 S BIXEL ST;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
11211964	F	S	082203	21	2	7		01	M000973119					AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	082203						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	451	EMTALA ER MED SCRN SVCS	99281	082203	1	8640		
23	001	TOTAL CHARGE				8640	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	6912	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
CHANG, SANDY	01	21103526		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78900					78900		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A43111
E99338 OBLITAS, DANIEL H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005740774
571-88-2294

3 PATIENT CONTROL NO. VAG89892

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032404	032404					

12 PATIENT NAME: WEINBERG,SHERRY

13 PATIENT ADDRESS: 901 CORONADO DR.;GLENDALE;CA;91206

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
04021968	F	M	032404	14	3	2		01	M001015413					CO AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	032404						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	320	DIAGNOSTIC RADIOLOGY	74740	032404	1	475.20		
2	621	M/S SUPP INCID TO RAD		032404	2	420.95		
23	001	TOTAL CHARGE				896.15	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		716.92	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
WEINBERG,SHERRY	01	901524843		213514

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
DOCTORS ORDER			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
6289					6289		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID G44995
PAULSON,RICHARD J MD

83 OTHER PHYS. ID

OTHER PHYS. ID G44995
PAULSON,RICHARD J MD

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005105325
550-55-4150

3 PATIENT CONTROL NO. VAG01339

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	080403	080403					

12 PATIENT NAME: WATANABE,TOM

13 PATIENT ADDRESS: 112 JUDGE JOHN ALISO ST;LOS ANGELES;CA;90012

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
01171930	M	W	080403	14	3	1		01	M000991003					MCRA AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	080403						A
b								B
								C

38 TOTAL MEDICAL GROUP
200 S SAN PEDRO ST

LOS ANGELES, CA 90012

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		080403	3	8390		
2	270	MED SURG SUPPLIES		080403	1	1200		
3	271	MED/SRG SUPP NONSTERILE		080403	3	16465		
4	360	OR SVCS GENERAL	43235	080403	1	92448		
5	370	ANESTHESIA GENERAL		080403	5	1860		
6	710	RECOVERY ROOM GENERAL		080403	1	25920		
23	001	TOTAL CHARGE				146283	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
TOTAL MEDICAL GROUP	951656366	Y	Y	0	117026	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
WATANABE,TOM	01	700014577	TOTAL CARE MED	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
00500000302			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
7871					7871		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9	4513	080403		

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A31532
COHEN,HARTLEY MD

83 OTHER PHYS. ID A31532
COHEN,HARTLEY MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004385811
621-14-9191

3 PATIENT CONTROL NO. VAG26979

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121202	121202					

12 PATIENT NAME: ANDRADE,JULIA

13 PATIENT ADDRESS: 975 1/2 S CATALINA ST;LOS ANGELES;CA;90006

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
05221952	F	X	121202	11	3	2		01	M000971666					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	121202						A B C
b							

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	300	LABORATORY GENERAL	G0001	121202	1	960		
2	301	LAB CHEMISTRY	80053	121202	1	4580		
3	305	LAB HEMATOLOGY	81015	121202	1	2500		
4	305	LAB HEMATOLOGY	85025	121202	1	2640		
5	305	LAB HEMATOLOGY	85610	121202	1	2640		
6	305	LAB HEMATOLOGY	85730	121202	1	2640		
7	320	DIAGNOSTIC RADIOLOGY	71020	121202	1	24192		
23	001	TOTAL CHARGE				40152	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	32122	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ANDRADE,JULIA	01	300169179		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78900					78900		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A65006
DUONG,THINH H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006604805
556-64-8126

3 PATIENT CONTROL NO. VAI70796

4 TYP. OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	012105	012105					

12 PATIENT NAME: ACEVEDO,JESUS

13 PATIENT ADDRESS: 1725 S OAKGREEN AVE;WEST COVINA;CA;91792

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
07101939	M	M	012105	12	3	2		01	M001038888					OT

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	012105						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
3405 W IMPERIAL HIGHWAY
INGLEWOOD, CA 90303

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93734	012105	1	184 32		
23	001	TOTAL CHARGE				184 32	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		147 46	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ACEVEDO,JESUS	01	700015853	BELLE VISTA IP	STND

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2004120706900003			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A29529
A83973 ZAMBRANO,OSCAR G MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006563134
605-59-8331

3 PATIENT CONTROL NO. VAK94725

4 TYPE OF BILL 141

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 010605 THROUGH 010605

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: MARTINEZ,EDUARDO

13 PATIENT ADDRESS: 3323 CAZADOR ST;LOS ANGELES;CA;90065

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
10161963	M	U	010605	18	3	1		01	M001037672								MCD UN

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	010605										

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

39 VALUE CODES CODE	AMOUNT			41 VALUE CODES CODE	AMOUNT	

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	300	LABORATORY GENERAL	87088	010605	1	40 00		
2	301	LAB CHEMISTRY	80053	010605	1	45 80		
3	305	LAB HEMATOLOGY	81001	010605	1	25 00		
4	306	LAB BACTERIOLOGY	87086	010605	1	48 00		
23	001	TOTAL CHARGE				158 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP MEDI-CAL	951656366	Y	Y	0	12 704	
57	DUE FROM PATIENT ▷			0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MARTINEZ,EDUARDO	01	97184848D		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES	70	72	74	76 ADM. DIAG. CD.	77 E-CODE	78
4019	27800				4019		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID A45044
F57681 ROE,JAMES T MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

M2

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005649397
607-48-1244

3 PATIENT CONTROL NO. VAG69124

4 TYPE OF BILL 141

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 021304 THROUGH 021304

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: LEE,DAL YONG

13 PATIENT ADDRESS: 17404 PAMELA COURT;ROWLAND HEIGHTS;CA;91748

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
06111957	M	M	021304	15	3	1		01	M000655778					CO AS

32 CODE	32 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
11	021304						

38 UNITED HEATH PLAN
3405 W.IMPERIAL HWY

INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
310	LAB PATHOLOGICAL GEN	88305	021304	2	141 60		
001	TOTAL CHARGE				141 60	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEATH PLAN	951656366	Y	Y		113 28	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
LEE,DAL YONG	01	000164642	LA VIDA MED. G	164642

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
20040112T0300055			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
2113	V1005				2113		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
8						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G53608
A93239 LEE,MARTIN H MD

83 OTHER PHYS. ID

OTHER PHYS. ID A40302
A85431 HYUN,MOSES MD

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005542964
568-59-4472

3 PATIENT CONTROL NO. VAG44995

4 TYPE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	010604	010604					

12 PATIENT NAME: TERRISSE,KIERNA KAE

13 PATIENT ADDRESS: 2215 E MOUNTAIN ST;PASADENA;CA;91104

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
06211969	F	U	010604	19	3	1		01	M001000275								CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	010604						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	300	LABORATORY GENERAL	87490	010604	1	1346		
2	306	LAB BACTERIOLOGY	87070	010604	1	4680		
3	310	LAB PATHOLOGICAL GEN	88142	010604	1	7776		
23	001	TOTAL CHARGE				13802	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		11042	
B						
C						
57		DUE FROM PATIENT			0	

58 INSURED'S NAME	59 P.REL.	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A TERRISSE,KIERNA KAE	01	568594472		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
61610	6160				61610		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G66193
F11385 DWIGHT,MARK A MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006967277
568-52-9364

3 PATIENT CONTROL NO. VAJ44616

4 TYPE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	052305	052305					

12 PATIENT NAME: MATSUISHI,MICHIYE

13 PATIENT ADDRESS: 2221 LINCOLN PARK AVENUE;LOS ANGELES;CA;90031

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 HMO
06131916	F	W	052305	17	3	1		01	M001047292					AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	052305						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	300	LABORATORY GENERAL	87147	052305	1	800		
2	306	LAB BACTERIOLOGY	87070	052305	1	4800		
3	306	LAB BACTERIOLOGY	87186	052305	1	5160		
4	306	LAB BACTERIOLOGY	87205	052305	1	2160		
23	001	TOTAL CHARGE				12920	0	

50 PAYER	51 PROVIDER NO.	INT	REL	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		10336	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MATSUISHI,MICHIYE	01	568529664	TOTAL CARE IPA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
6869					6869		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G32025
A91389 FITZGIBBONS,TERRENCE J M

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005010137
545-06-3002

3 PATIENT CONTROL NO. VAH37003

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	070403	070403					

12 PATIENT NAME: REDMOND,ERNEST

13 PATIENT ADDRESS: 4927 AUGUST STREET;LOS ANGELES;CA;90008

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	28	26	30	31
06051956	M	M	070403	10	3	2		01	M000988453					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	070403						

38 UNITED HEALTH PLAN
3405 WEST IMPERIAL HWY
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
306	LAB BACTERIOLOGY	87070	070403	1	48 00		
306	LAB BACTERIOLOGY	87075	070403	1	49 20		
306	LAB BACTERIOLOGY	87205	070403	1	21 60		
001	TOTAL CHARGE				118 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	95 04	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
REDMOND,ERNEST	01	7000005264		69

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
6821					6821		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A26595
B50036 BRENNEISEN,MARIA M MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR/ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004680377
570-47-7289

3 PATIENT CONTROL NO. VAK94743

4 TYPE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032103	032103					

12 PATIENT NAME: PANG,YOUNG,SOOK

13 PATIENT ADDRESS: 943 HILL CREST ST;EL SEGUNDO;CA;90245

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
02041945	F	S	032103	14	3	1		01	M000917341								AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	032103						A
b							B
							C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY #510
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	310	LAB PATHOLOGICAL GEN	88305	032103	1	70 80		
2	310	LAB PATHOLOGICAL GEN	88313	032103	1	38 40		
23	001	TOTAL CHARGE				109 20	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	87 36	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A PANG,YOUNG,SOOK	01	570477289		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A		UNEMPLOYED	
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78900					78900		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G53608
a
A93239 LEE,MARTIN H MD
b

83 OTHER PHYS. ID
a
b

OTHER PHYS. ID
a
b

84 REMARKS
a
b
c
d

85 PROVIDER REPRESENTATIVE
X

86 DATE 013006

UB 92 HCFA-1450 APPROV. OMB NO 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004786331
557-69-7157

3 PATIENT CONTROL NO. VAG06819

4 TYPE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	042403	042403					

12 PATIENT NAME: PARK,ROY

13 PATIENT ADDRESS: 1221 GABRIEL GARCIA MARQUEZ ST;LOS ANGELE;CA;90033

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
08011940	M	M	042403	15	3	1		01	M000903241								AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	042403						A B C
b							

38 UNITED HEALTH
P.O. BOX 9051

OXNARD, CA 93031

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	310	LAB PATHOLOGICAL GEN	88305	042403	1	7080		
2	310	LAB PATHOLOGICAL GEN	88313	042403	1	3840		
23	001	TOTAL CHARGE				10920	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH	951656366	Y	Y		8736	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A PARK,ROY	01	557697157		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
53550					53550		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	
9					
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE / DATE

82 ATTENDING PHYS. ID G53608
A93239 LEE,MARTIN H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006954192
567-79-3076

3 PATIENT CONTROL NO. VAJ44023

4 PAGE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	051805	051805					

12 PATIENT NAME: GRUBB,CARRI

13 PATIENT ADDRESS: 4979 TOWNSEND AVE;LOS ANGELES;CA;90041

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 HMO
04111970	F	U	051805	15	3	1		01	M001048999					UN

CONDITION CODES

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	051805						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	301	LAB CHEMISTRY	80061	051805	1	36 00		
2	301	LAB CHEMISTRY	80076	051805	1	43 20		
3	301	LAB CHEMISTRY	82550	051805	1	19 20		
23	001	TOTAL CHARGE				98 40	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		78 72	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GRUBB,CARRI	01	805211324		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
4019					4019		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G25710
A42767 KANEGAE,THOMAS H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CHARGES ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GH

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005798053
610-78-5381

3 PATIENT CONTROL NO. VAH02850

4 TYPE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	040604	040604					

12 PATIENT NAME: MENDEZ,DORIS E

13 PATIENT ADDRESS: 131 S OCCIDENTAL;LOS ANGELES;CA;90057

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
05101973	F	U	040604	15	3	1		01	M001016393					CO CA

	32 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a	11	040604						A
b								B
								C

38 UNITED HEALTH PLAN
P.O. BOX 740800

ATLANTA, GA 30374

	39 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	300	LABORATORY GENERAL	87490	040604	1	1346		
2	300	LABORATORY GENERAL	87590	040604	1	2771		
3	306	LAB BACTERIOLOGY	87070	040604	1	4680		
23	001	TOTAL CHARGE				8797	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		7038	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MENDEZ,DORIS E	01	5200340102396378		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 69 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
61610					61610		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A62956
PARK,ALANE S MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

MI

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005514567
528-56-7262

3 PATIENT CONTROL NO. VAG35092

4 TYPE OF BILL 141

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 122403 THROUGH 122403

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: PIKULA, PAULA

13 PATIENT ADDRESS: 3522 GREENWOOD AVE;LOS ANGELES;CA;90066

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CO
07291943	F	U	122403	13	3	1		01	M001008624					UN

	32 CODE	32 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
a	11	122403						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 CODE	VALUE CODES AMOUNT		41 CODE	VALUE CODES AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	310	LAB PATHOLOGICAL GEN	88142	122403	1	77 76		
23	001	TOTAL CHARGE				77 76	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		62 21	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
PIKULA, PAULA	01	528567262		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
6160					6160		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	
9					
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE / DATE

82 ATTENDING PHYS. ID A62956
PARK, ALANE S MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004226189
616-56-0382

3 PATIENT CONTROL NO. VAK94749

4 TYPE OF BILL 141

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	102102	102102					

12 PATIENT NAME: TORRES,ALMA E

13 PATIENT ADDRESS: 1243 N GORDON ST;LOS ANGELES;CA;90038

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31
08201972	F	S	102102	19	3	1		01	M000966248								CO CA

	32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE			36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	102102										A
b												B
												C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	305	LAB HEMATOLOGY	81003	102102	1	1920		
2	306	LAB BACTERIOLOGY	87088	102102	1	4800		
23	001	TOTAL CHARGE				6720	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	5376	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
TORRES,ALMA E	01	616560382		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V222					V222		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A048495
F58714 WING,DEBORAH A MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004416376
000-00-0001

3 PATIENT CONTROL NO. VAK94739

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 122302 THROUGH 122302

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: ALVARADO,GABRIELA

13 PATIENT ADDRESS: 4412 E 57 ST;MAYWOOD;CA;90270

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
12202002	F	S	122302	19	3	2		01	M000972324								CA

32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	122302										A
b											B
											C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	300	LABORATORY GENERAL	G0001	122302	1	960		
2	301	LAB CHEMISTRY	82247	122302	1	1920		
3	301	LAB CHEMISTRY	82248	122302	1	1920		
23	001	TOTAL CHARGE				4800	0	

50 PAYER	51 PROVIDER NO.	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		3840	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
REYES,RUTH	03	6168003589	LAVIDA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
V726									V726		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE				

82 ATTENDING PHYS. ID A51157
A51157 MAKABALI,REYNALDO L MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006887046
572-90-3550

3 PATIENT CONTROL NO. VAJ30596

4 TYPE OF BILL 141

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 042605 THROUGH 042605

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: GRANVOLD,JUDY

13 PATIENT ADDRESS: 865 MORRO ST #15;SAN LUIS OBISPO;CA;93401

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 HMO
04181951	F	U	042605	11	3	1		01	M001047054								UN

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	042605						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	310	LAB PATHOLOGICAL GEN	88321	042605	1	2520		
23	001	TOTAL CHARGE				2520	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		2016	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
GRANVOLD,JUDY	01	572903550		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
1748	2330				1748		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID C35803
A36075 ORR,LEO E MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR/ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004788980
607-03-1961

3 PATIENT CONTROL NO. VAG03275

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	043003	043003					

12 PATIENT NAME: MEJIA,JOSE

13 PATIENT ADDRESS: 9618 E EVERS AVE.;LOS ANGELES;CA;90002

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
05271952	M	M	043003	10	3	1	99	01	M000982117					MCD CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	A1	052752						A
b								B
								C

38 UHP MEDI-CAL
C/O MERIDIAN HLTHCARE MNGT
PO BOX 1561
BELLEVUE, NB 68005-1516

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	320	DIAGNOSTIC RADIOLOGY	74000TC	043003	1	20736		
23	001	TOTAL CHARGE				20736	0	

50 PAYER	51 PROVIDER NO.	52 REL. NO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UHP MEDI-CAL		Y	Y		16589	
57		DUE FROM PATIENT ▷			0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A MEJIA,JOSE	01	607031961		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
5920					5920		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G30255
A91273 BRAGIN,STEPHEN D MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA-1450 APPROVED OMB NO 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003768827
550-92-5433

3 PATIENT CONTROL NO. VAK94750

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	052902	052902					

12 PATIENT NAME: SALINAS,CARMEN

13 PATIENT ADDRESS: 6823 SHERMAN WAY;BELL;CA;90201

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
07081921	F	W	052902	09	3	2		01	M000955683					CO CA

	32 OCCURRENCE CODE	DATE			34 OCCURRENCE CODE	DATE			36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	052902										A
b												B
												C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	258	PHARMACY IV SOLUTIONS		052902	1	69 32		
2	340	NUCLEAR MEDICINE GEN	78478	052902	1	150 00		
3	340	NUCLEAR MEDICINE GEN	78990	052902	1	318 24		
4	341	NUCLEAR MEDICINE/DX	78465	052902	1	1614 24		
5	341	NUCLEAR MEDICINE/DX	78480	052902	1	150 00		
6	482	CARDIOLOGY STRESS TEST	93017	052902	1	403 20		
7	636	RX REQ DETAILED CODING	J1245	052902	1	33 28		
8–22								
23	001	TOTAL CHARGE				2738 28	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	2190 62	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
SALINAS,CARMEN	01	550925433	UHP HLTHCARE F	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
582321:2			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
78650					78650		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G30795
E51139 KUMMER,ROBERT D MD

83 OTHER PHYS. ID

84 REMARKS

OTHER PHYS. ID A54502
H42809 ARIMIE,RALUCA B MD

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006241806
563-99-9140

3 PATIENT CONTROL NO. VAI23230

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	102604	102604					

12 PATIENT NAME: SHIN,MICHELLE

13 PATIENT ADDRESS: 330 S. HARVARD BLVD;LOS ANGELES;CA;90020

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	28	29	30	31 CO
07211973	F	M	102604	12	3	2		01	M001028597					AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	102604						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
361	OR SVCS MINOR SURGERY	59025	102604	1	25920		
762	TREAT/OBSERV RM OBSERV	99218	102604	1	5184		
001	TOTAL CHARGE				31104	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	24883	
57 DUE FROM PATIENT					0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
SHIN,MICHELLE	01	20953	LA VIDA MED GR	112

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
BILL W/RECORDS			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
64683	78900				64683		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
	7534	102604				
	OTHER PROCEDURE CODE	DATE				

82 ATTENDING PHYS. ID G76980
F62853 PARK,PATRICK T MD

83 OTHER PHYS. ID G76980
F62853 PARK,PATRICK T MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005434402
618-06-4316

3 PATIENT CONTROL NO. VAG46953

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	011604	011604					

12 PATIENT NAME: KIM,JUNG A

13 PATIENT ADDRESS: 414 S ARDMORE AVE;LOS ANGELES;CA;90020

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
08091974	F	M	011604	06	3	2		01	M001006323								AS

	32 OCCURRENCE CODE	DATE		34 OCCURRENCE CODE	DATE		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	011604								A
b										B
										C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	361	OR SVCS MINOR SURGERY	59025	011604	1	25920		
2	762	TREAT/OBSERV RM OBSERV	99218	011604	1	4320		
23	001	TOTAL CHARGE				30240	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	24192	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
KIM,JUNG A	01	881915	UNIVERSAL MEDI	236

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
0109044316			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
64413	64513				64413		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9	7535	011604		

OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G10882
A90094 HAHN,YOUNG I MD

83 OTHER PHYS. ID G10882
A90094 HAHN,YOUNG I MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004233599
610-04-0879

3 PATIENT CONTROL NO. VAK94741

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 102302 THROUGH 102302

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: KIM,HYE KYUNG

13 PATIENT ADDRESS: 737 S KINGSLEY DR;LOS ANGELES;CA;90005

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
06031970	F	M	102302	21	2	2		01	M000917150					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	102302						A B C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY #510
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	361	OR SVCS MINOR SURGERY	59025	102302	1	216 00		
2	762	TREAT/OBSERV RM OBSERV	99218	102302	2	72 00		
23	001	TOTAL CHARGE				288 00	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		230 40	
57	DUE FROM PATIENT ▷			0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
KIM,HYE KYUNG	01	000196889	LAVIDA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
	9	UNEMPLOYED	

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
64403					64403		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9	7534	102302				
	OTHER PROCEDURE CODE	DATE				

82 ATTENDING PHYS. ID A33357
A27125 CHANG,MOON S MD

83 OTHER PHYS. ID A33357
A27125 CHANG,MOON S MD

84 REMARKS

OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006796361
556-64-8126

3 PATIENT CONTROL NO. VAJ52522

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	032505	032505					

12 PATIENT NAME: ACEVEDO,JESUS

13 PATIENT ADDRESS: 1725 S OAKGREEN AVE;WEST COVINA;CA;91792

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
07101939	M	M	032505	16	3	2		01	M001038888					HMO OT

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	032505						A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
3405 W IMPERIAL HIGHWAY
INGLEWOOD, CA 90303

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	730	EKG/ECG GENERAL	93012	032505	1	838 76		
2	921	PERIPHERAL VASCULAR LAB	93736	032505	1	172 80		
23	001	TOTAL CHARGE				1011 56	0	

50 PAYER	51 PROVIDER NO.	WORK IN PROG.	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		809 25	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
ACEVEDO,JESUS	01	700015853	BELLE VISTA IP	STND

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2005021406500001			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A29529
A83973 ZAMBRANO,OSCAR G MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004680831
466-60-6549

3 PATIENT CONTROL NO. VAG07831

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 032103 THROUGH 032103

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: YOAKUM,BEULAH M

13 PATIENT ADDRESS: 145 E. 71ST STREET;LOS ANGELES;CA;90003

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
04111932	F	W	032103	15	3	2		01	M000969143								CO AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	032103						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	730	EKG/ECG GENERAL	93012	032103	1	698 97		
23	001	TOTAL CHARGE				698 97	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		559 18	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
YOAKUM,BEULAH M	01	967842		466606549

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

OTHER DIAG. CODES

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004588794
466-60-6549

3 PATIENT CONTROL NO. VAK94747

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	022003	022003					

12 PATIENT NAME: YOAKUM,BEULAH M

13 PATIENT ADDRESS: 145 E. 71ST STREET;LOS ANGELES;CA;90003

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
04111932	F	W	022003	11	3	2		01	M000969143								AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	022003						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
921	PERIPHERAL VASCULAR LAB	93731	022003	1	18432		
001	TOTAL CHARGE				18432	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	14746	
57 DUE FROM PATIENT				0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
YOAKUM,BEULAH M	01	967842		466606549

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

OCA-ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004582052
566-38-7838

3 PATIENT CONTROL NO. VAK94746

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 021803 THROUGH 021803

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: RANEY,OTTO

13 PATIENT ADDRESS: 756 S NEW HAMSHIRE AVE;LOS ANGELES;CA;90005

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
12111919	M	S	021803	15	3	2		01	M000950630								AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	021803						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93731	021803	1	172 80		
23	001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	138 24	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
RANEY,OTTO	01	566387838A	EMPLOYEE HEALT	900

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
		RETIRED	

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		82 ATTENDING PHYS. ID
9						G83112
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

GIRSKY,MARC J MD

83 OTHER PHYS. ID

84 REMARKS

OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005000146
555-81-0414

3 PATIENT CONTROL NO. VAK94740

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	070103	070103					

12 PATIENT NAME: BAQUIRAN,LORENZO E.

13 PATIENT ADDRESS: 259 N UNION AVENUE;LOS ANGELES;CA;90026

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
05041920	M	M	070103	12	3	2		01	M000881884					AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	070103						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93733	070103	1	172 80		
23	001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	138 24	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A		555810414		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	
9					
	OTHER PROCEDURE CODE	DATE		OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

U.S. HCFA 1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005089537
451-07-9137

3 PATIENT CONTROL NO. VAG79875

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	073003	073003					

12 PATIENT NAME: HARDIN,JOHN

13 PATIENT ADDRESS: 9718 ZAMORA AVE;LOS ANGELES;CA;90002

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
10041911	M	W	073003	15	3	2		01	M000895259					CO AA

	32 CODE	32 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
a	11	073003						A
b								B
								C

38 UNITED HEALTH PLAN
P O BOX 90579
LOS ANGELES, CA 90007-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93733	073003	1	172 80		
23	001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	138 24	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
HARDIN,JOHN	01	440-076		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
20030630006900007		RETIRED	

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
3						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005474978
563-20-2424

3 PATIENT CONTROL NO. VAG27872

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 120903 THROUGH 120903

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: FUJII,AKI

13 PATIENT ADDRESS: 455 E 3RD ST;LOS ANGELES;CA;90013

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
08221919	F	W	120903	13	3	2		01	M000708816								AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	120903						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93733	120903	1	172 80		
23	001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	138 24	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
FUJII,AKI	01	700014526	TOTAL MED.CARE	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
000000000542			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9				
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A38882
A88476 MITSUOKA,HIROSHI MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00003302403
564-18-1667

3 PATIENT CONTROL NO. VAI09843

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 122001 THROUGH 122001

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: ROBLES,SOLEDAD

13 PATIENT ADDRESS: 5809 VILL SAN DELARRO;LOS ANGELES;CA;90022

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.
06261907	F	W	122001	15	3	2		01	M000597330

24 | 28 | 29 | 30 CONDITION CODES

31 CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	122001						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 1561
ATTN: CLMS OPERATIONS
BELLENUE, NE 68005

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93736	122001	1	14400		
23	001	TOTAL CHARGE				14400	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		11520	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A ROBLES,SOLEDAD	01	700003857		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V4501					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9				
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A29529
A83973 ZAMBRANO,OSCAR G MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00002982247
556-34-7984

3 PATIENT CONTROL NO. VAK94742

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 091301 THROUGH 091301

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: MOORE,MYRTLE R

13 PATIENT ADDRESS: 3333 CARLIN AVE;LYNWOOD;CA;90262

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31 CO
10231917	F	W	091301	15	3	2		01	M000818873								AA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	091301						A
b								B
								C

38 UHP HEALTH CARE
FIRESTONE MEDICAL GROUP
3638 TWEEDY BLVD
SOUTH GATE, CA 90280

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93736	091301	1	120 00		
23	001	TOTAL CHARGE				120 00	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP HEALTH CARE	951656366	Y	Y	0	96 00	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
MOORE,MYRTLE R	01	000-955-370	RETIRED	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
500400966	5		

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V4501					V4501		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
3						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

84 REMARKS

OTHER PHYS. ID

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

HCFA-1450 APPROVED OMB NO. 0938-0279 OCR ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004535605
458-12-9525

3 PATIENT CONTROL NO. VAG07844

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021103	021103					

12 PATIENT NAME: CLAY,JAMES L

13 PATIENT ADDRESS: 13908 HILLFORD AVE;COMPTON;CA;90222

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
01041920	M	W	021103	18	3	2		01	M000904775					CO AA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	021103						

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	250	PHARMACY GENERAL		021103	4	10242		
2	250	PHARMACY GENERAL	J2250	021103	2	8368		
3	270	MED SURG SUPPLIES		021103	1	29046		
4	300	LABORATORY GENERAL	G0001	021103	1	960		
5	301	LAB CHEMISTRY	82565	021103	1	1920		
6	301	LAB CHEMISTRY	84132	021103	1	2160		
7	301	LAB CHEMISTRY	84520	021103	1	1920		
8	305	LAB HEMATOLOGY	85610	021103	1	2640		
9	305	LAB HEMATOLOGY	85730	021103	1	2640		
10	710	RECOVERY ROOM GENERAL		021103	3	33600		
23	001	TOTAL CHARGE				93496	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	74797	
57	DUE FROM PATIENT				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
CLAY,JAMES L	01	000 067 200		901

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
77486-1			

67 PRIN. DIAG. CD.	68 OTHER DIAG. CODES	70	72	74	76 ADM. DIAG. CD.	77 E-CODE	78
4538	7964 V641				4538		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005096375
631-24-9211

3 PATIENT CONTROL NO. VAG75101

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 080103 THROUGH 083103

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: AGUILAR,GREGORIA

13 PATIENT ADDRESS: 1709 W 8TH ST;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
05291929	F	M	080103	13	3	2			M000989883					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a							A
b							B
							C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 50	500		
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	420	PT GENERAL	97110GP	080503	2	1658		
2	420	PT GENERAL	97140	080503	1	820		
3	420	PT GENERAL	97110GP	080703	2	1658		
4	420	PT GENERAL	97140	080703	1	820		
5	420	PT GENERAL	97110GP	081403	2	1658		
6	420	PT GENERAL	97140	081403	1	820		
7	420	PT GENERAL	97110GP	081903	3	2488		
8	420	PT GENERAL	97110GP	082103	3	2488		
23	001	TOTAL CHARGE				12415	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	9932	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A AGUILAR,GREGORIA	01	631249211		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
81380					81380		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE
9				
	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID CAG85170
SHIN,TAE M MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

OCR-ORIGINAL

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005061742
631-24-9211

3 PATIENT CONTROL NO. VAK94738

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	072203	073103					

12 PATIENT NAME: AGUILAR,GREGORIA

13 PATIENT ADDRESS: 1709 W 8TH ST;LOS ANGELES;CA;90017

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	30	31 CO
05291929	F	M	072203	11	3	2		01	M000989883							AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	072203						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NB 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	420	PT GENERAL	97110GP	072203	2	1658		
2	420	PT GENERAL	97110GP	072903	2	1658		
3	420	PT GENERAL	97140	072903	1	820		
4	424	PT EVALUATION	97001GP	072203	2	1908		
23	001	TOTAL CHARGE				6039	2 0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		4831	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
		631249211		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
81380					81380		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						

82 ATTENDING PHYS. ID CAG85170
SHIN,TAE M MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

U.S. DEPT. OF HEALTH AND HUMAN SERVICES HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004907119
547-04-8127

3 PATIENT CONTROL NO. VAG47172

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	060203	063003					

12 PATIENT NAME: NOVELO,MIGUEL

13 PATIENT ADDRESS: 5122 DAHLIA DR.;LOS ANGELES;CA;90041

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
10161930	M	M	060203	12	3	2			M000985825					CO CA

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a							A
b							B
							C

38 UHP HEALTHCARE
3405 WEST IMPERIAL HWY
STE 304
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	333	RAD THERAPY RADIATION	77789	060203	1	16589		
2	333	RAD THERAPY RADIATION	77789	060903	1	16589		
3	333	RAD THERAPY RADIATION	77789	061603	1	16589		
23	001	TOTAL CHARGE				49767	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UHP HEALTHCARE	951656366	Y	Y	0	39814	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
NOVELO,MIGUEL	01	547048127		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
37240					37240		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE: X

86 DATE: 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004498796
620-33-3617

3 PATIENT CONTROL NO. VAG74435

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 012203 THROUGH 012203

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
06092002	F	S	012203	17	4			01	M000956560					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	012203						A
b							B
							C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
636	RX REQ DETAILED CODING	C9003	012203	3	4331 73		
001	TOTAL CHARGE				4331 73	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		3465 38	
57	DUE FROM PATIENT ▷			0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
JOUNG,HYE	03	310938	LA VIDA MEDICA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V058					V058		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A44319
F56432 SARDESAI,SMEETA MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA 1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004586871
620-33-3617

3 PATIENT CONTROL NO. VAG56263

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	021903	021903					

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31 CO
06092002	F	S	021903	17	4			01	M000956560					AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	021903						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	636	RX REQ DETAILED CODING	C9003	021903	3	433173		
23	001	TOTAL CHARGE				433173	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	346538	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A PARK,KIMBERLY	01	301938		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V058					V058		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A41002
RAMANATHAN,RANGASAMY MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004673695
620-33-3617

3 PATIENT CONTROL NO. VAG56262

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	031903	031903					

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
06092002	F	S	031903	16		9		01	M000956560					CO AS

	32 OCCURRENCE CODE	DATE		34 OCCURRENCE CODE	DATE		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	031903								A
b										B
										C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	636	RX REQ DETAILED CODING	C9003	031903	3	4331 73		
23	001	TOTAL CHARGE				4331 73	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	3465 38	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
PARK,KIMBERLY	01	301938		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V058					V058		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A44319
F56432 SARDESAI,SMEETA MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004782702
620-33-3617

3 PATIENT CONTROL NO. VAK94745

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 042303 THROUGH 042303

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.
06092002	F	S	042303	15	4			01	M000956560

24 | 28 | 29 | 30 | 31 CONDITION CODES: CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
11	042303						

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

39 VALUE CODES CODE / AMOUNT | 41 VALUE CODES CODE / AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
636	RX REQ DETAILED CODING	C9003	042303	3	4331 73		
001	TOTAL CHARGE				4331 73	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		3290 39	
57	DUE FROM PATIENT			0	1749 99	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
PARK,KIMBERLY	01	301938		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. V058
OTHER DIAG. CODES: 68 CODE | 70 CODE | 72 CODE | 74 CODE
76 ADM. DIAG. CD. V058 | 77 E-CODE | 78

79 P.C. 9
80 PRINCIPAL PROCEDURE CODE / DATE
81 OTHER PROCEDURE CODE / DATE
OTHER PROCEDURE CODE / DATE
OTHER PROCEDURE CODE / DATE

82 ATTENDING PHYS. ID A44319
F56432 SARDESAI,SMEETA MD
83 OTHER PHYS. ID
OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X
86 DATE 013006

OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004191961
620-33-3617

3 PATIENT CONTROL NO. VAF77396

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 100902 THROUGH 100902

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	26	28	30	31 CONDITION CODES
06092002	F	S	100902	16	4			01	M000956560					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	100902						A
b							B
							C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	636	RX REQ DETAILED CODING	C9003	100902	2	279151		
23	001	TOTAL CHARGE				279151	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	223321	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A JOUNG,HYE	03	310938	LA VIDA MEDICA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V058	0796				V058		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A44319
F56432 SARDESAI,SMEETA MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004278586
620-33-3617

3 PATIENT CONTROL NO. VAG74434

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	110602	110602					

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
06092002	F	S	110602	15	4			01	M000956560					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	110602						A B C
b							

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a			
b			
c			
d			

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	636	RX REQ DETAILED CODING	C9003	110602	2	279151		
23	001	TOTAL CHARGE				279151	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	0	223321	
57		DUE FROM PATIENT ▷		0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A JOUNG,HYE	03	310938	LA VIDA MEDICA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V058					V058		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A44319
F56432 SARDESAI,SMEETA MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004383980
620-33-3617

3 PATIENT CONTROL NO. VAK94744

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	121102	121102					

12 PATIENT NAME: PARK,KIMBERLY

13 PATIENT ADDRESS: 3817 MAYFIELD AVE;LA CRESCENTA;CA;91214

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
06092002	F	S	121102	17	4			01	M000956560					CO AS

32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	121102						A
b							B
							C

38 UNITED HEALTH PLAN
3405 W IMPERIAL HWY
ATTN: CLMS OPERATIONS
INGLEWOOD, CA 90303

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	636	RX REQ DETAILED CODING	C9003	121102	2	279151		
23	001	TOTAL CHARGE				279151	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y		223321	
57	DUE FROM PATIENT ▷			0	0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
JOUNG,HYE	03	310938	LA VIDA MEDICA	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V580					V058		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A56245
H36834 CAYABYAB,ROWENA G MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROV. O.M.B. NO. 0938-0279 OCR ORIGINAL

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006907943
054-48-0620

3 PATIENT CONTROL NO. VAJ48025

4 TYPE OF BILL 831

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	051205	051205					

12 PATIENT NAME: FUJIWARA,SHIZUYE

13 PATIENT ADDRESS: 455 E 3RD STREET;LOS ANGELES;CA;90013

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 HMO
03131923	F	W	051205	13	3	2		01	M001048182								AS

32 OCCURRENCE CODE	DATE	33		34 OCCURRENCE CODE	DATE	35		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 11	051205										A
b											B
											C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT	40		41 VALUE CODES CODE	AMOUNT
a						
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	310	LAB PATHOLOGICAL GEN	88305	051205	1	7080		
2	402	OTHER IMAG ULTRASOUND	76942	051205	1	82944		
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				90024	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y		72019	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A FUJIWARA,SHIZUYE	01	700014434	TOTAL MED IPA	
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A 000S00001745	5	RETIRED	
B			
C			

67 PRIN. DIAG. CD.	68 CODE	69	70 CODE	71	72 CODE	73	74 CODE	75	76 ADM. DIAG. CD.	77 E-CODE	78
1749									61172		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	8511	051205	8873	051205		
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G37042
ROCKOFF,MARK MD

83 OTHER PHYS. ID G37042
ROCKOFF,MARK MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB 92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR/ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00004865556
565-41-5545

3 PATIENT CONTROL NO. VAG09915

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 060203 THROUGH 060203

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: KIM,SHIN OAK

13 PATIENT ADDRESS: 2136 BRIDGE PORT WY;TORRANCE;CA;90503

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	26	28	30	31
12251951	F	M	060203	14	3	2		01	M000891187					CO AS

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	060203						A
b								B
								C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	402	OTHER IMAG ULTRASOUND	76645	060203	1	432 00		
23	001	TOTAL CHARGE				432 00	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	0	345 60	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
KIM,SHIN OAK	01	565415545	UNPO	827601

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2003051549800011			

67 PRIN. DIAG. CD.	OTHER DIAG. CODES 68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
61172					61172		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID A38291
A28585 WHANG,SEON H MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

ORIGINAL

Overpaid
Claims

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006171003
464-36-6753

3 PATIENT CONTROL NO. VAH80010

4 TYPE OF BILL 131

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7 COV D.	8 N-C D.	9 C-I D.	10 L-R D.	11
95-1656366	081904	081904					

12 PATIENT NAME: HAYNES,FAY R

13 PATIENT ADDRESS: 633 E 90TH ST;LOS ANGELES;CA;90002

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
12281916	F	W	081904	13	3	2		01	M000869704								AA

	32 OCCURRENCE CODE	DATE		34 OCCURRENCE CODE	DATE		36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	081904								A
b										B
										C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	921	PERIPHERAL VASCULAR LAB	93731	081904	1	172 80		
23	001	TOTAL CHARGE				172 80	0	

50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
UNITED HEALTH PLAN	951656366	Y	Y	574 22	435 98-	
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
HAYNES,FAY R	01	464366753		021-157-321

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
2004070110000034	5	RETIRED	

67 PRIN. DIAG. CD.	68 CODE	70 CODE	OTHER DIAG. CODES 72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
V5331					V5331		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9						
	OTHER PROCEDURE CODE	DATE				

82 ATTENDING PHYS. ID C42790
C08368 ESTIOKO,MANUEL R MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

UB-92 HCFA-1450 APPROVED OMB NO. 0938-0279 OCR-ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00006139273
458-44-8835

3 PATIENT CONTROL NO. VAK94770

4 TYPE OF BILL 831

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 080904 THROUGH 080904

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: VELASQUEZ,MANUEL

13 PATIENT ADDRESS: 12427 RUSH STREET;SOUTH EL MONTE;CA;91733

14 BIRTHDATE	15 SEX	16 MS	ADMISSION 17 DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	CONDITION CODES 24	25	26	27	28	29	30	31 CO
04161926	M	S	080904	13	2	4		01	M001025687								CA

	32 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	11	080904						A
b								B
								C

38 UNITED HEALTH PLAN
C/O MERIDIAN HLTHCARE MGMT
PO BOX 1561
BELLEVUE, NE 68005-1561

	39 VALUE CODES CODE	AMOUNT		41 VALUE CODES CODE	AMOUNT
a					
b					
c					
d					

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	255	PHARM INCID TO RAD SERV	A4644	080904	1	576:00		
2	636	RX REQ DETAILED CODING		081104	1	864:00		
23	001	TOTAL CHARGE				1440:00	0	

	50 PAYER	51 PROVIDER NO.			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A	UNITED HEALTH PLAN	951656366	Y	Y	1330:45	178:45-	
B	MEDI-CAL	ZZT40471F	Y	Y		0	
57		DUE FROM PATIENT ▷				0	

	58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A	VELASQUEZ,MANUEL	01	458448835		
B	VELASQUEZ,MANUEL	01	458448835		

	63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A	2004080610700006			
B				
C				

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
41401	4254	4019	3051		41401		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE		
9	3722	080904	8856	080904	8853	080904
	OTHER PROCEDURE CODE	DATE			OTHER PROCEDURE CODE	DATE

82 ATTENDING PHYS. ID G67048
E64813 MAYEDA,GUY S MD

83 OTHER PHYS. ID G67048
E64813 MAYEDA,GUY S MD

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

GOOD SAMARITAN HOSPITAL
FILE 53289
LOS ANGELES CA 900743289
2134822700 2134822721 US

2 V00005922695
614-48-4868

3 PATIENT CONTROL NO. VAH28051

4 TYPE OF BILL 131

5 FED. TAX NO. 95-1656366

6 STATEMENT COVERS PERIOD FROM 052104 THROUGH 052204

7 COV D. | 8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME: SIERRA,ANNA

13 PATIENT ADDRESS: 159 W 52ND ST;LOS ANGELES;CA;90037

14 BIRTHDATE	15 SEX	16 MS	17 ADMISSION DATE	18 HR	19 TYPE	20 SRC	21 D HR	22 STAT	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31
07141980	F	M	052104	20	2	7		01	M000948070								CO CA

32 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a 11	052104						A
b							B
							C

38 UNITED HEALTH PLAN
PO BOX 90579
ATTN: CLMS OPERATIONS
LOS ANGELES, CA 90009-0579

	39 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a				
b				
c				
d				

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	258	PHARMACY IV SOLUTIONS		052104	1	12384		
2	270	MED SURG SUPPLIES		052104	6	18849		
3	270	MED SURG SUPPLIES		052204	1	4660		
4	300	LABORATORY GENERAL	86850	052104	1	7776		
5	300	LABORATORY GENERAL	86900	052104	1	6048		
6	300	LABORATORY GENERAL	86901	052104	1	5184		
7	301	LAB CHEMISTRY	84702	052104	1	16174		
8	305	LAB HEMATOLOGY	81003	052104	1	3110		
9	402	OTHER IMAG ULTRASOUND	76856	052204	1	83152		
10	450	EMERGENCY ROOM	99282	052104	1	30067		
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	TOTAL CHARGE				187404	0	

50 PAYER	51 PROVIDER NO.	R	B	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
A UNITED HEALTH PLAN	951656366	Y	Y	16107 5	11152-	
B						
C						
57	DUE FROM PATIENT ▷				0	

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
A SIERRA,ANNA	01	300164516		
B				
C				

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION
A			
B			
C			

67 PRIN. DIAG. CD.	68 CODE	70 CODE	72 CODE	74 CODE	76 ADM. DIAG. CD.	77 E-CODE	78
64003					64000		

79 P.C.	80 PRINCIPAL PROCEDURE CODE	DATE	81 OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE
9								

82 ATTENDING PHYS. ID A82363
ZIDE,ELIZABETH R MD

83 OTHER PHYS. ID

OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE X

86 DATE 013006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Customer: Seal only when using a FedEx Ship or interNetShip document.

Recipient's Copy

FedEx Express US Airbill

FedEx Tracking Number 8474 3274 8099

1 From Date Feb-7-06

BMC GROUP

Sender's Name WATTSHEALTH FOUNDATION, INC Phone 310 321-5555

Company 1330 E FRANKLIN AVE

Address EL SEGUNDO, CA Dept./Floor 90245

City State ZIP

2 Your Internal Billing Reference WATTSHEALTH

3 To Recipient's Name WATTS HEALTH FOUNDATION, INC 310 321-5555

Company BMC CORP – CLAIMS NOTICING AGENT

Recipient's Address 1330 E. FRANKLIN AVE Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address To request a package be held at a specific FedEx location, print FedEx address here.

City EL SEGUNDO State CA ZIP 90245

8474 3274 8099

4a Express Package Service — Packages up to 150 lbs. * To most locations

- [x] FedEx Priority Overnight — Next business morning*
- [ ] FedEx Standard Overnight — Next business afternoon*
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations*
- [ ] FedEx 2Day — Second business day*
- [ ] FedEx Express Saver — Third business day*

FedEx Envelope rate not available. Minimum charge: One-pound rate

4b Express Freight Service — Packages over 150 lbs. ** To most locations

- [ ] FedEx 1Day Freight — Next business day**
- [ ] FedEx 2Day Freight — Second business day**
- [ ] FedEx 3Day Freight — Third business day**

* Call for Confirmation:

5 Packaging — * Declared value limit $500

- [ ] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- [x] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling — Include FedEx address in Section 3.

- [ ] SATURDAY Delivery — Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- [ ] HOLD Weekday at FedEx Location — Not available for FedEx First Overnight
- [ ] HOLD Saturday at FedEx Location — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked.

- [x] No
- [ ] Yes — As per attached Shipper's Declaration
- [ ] Yes — Shipper's Declaration not required
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ___ x ___ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

7 Payment — Bill to: Enter FedEx Acct. No. or Credit Card No. below.

- [ ] Sender Acct. No. in Section 1 will be billed
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Obtain Recip. Acct. No.
- [ ] Cash/Check

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RECEIVED FEB 08 2006

FedEx PRIORITY OVERNIGHT WED

emp: 147605 FEB06

TRK# 0474 3274 8099 FORM 0200

Deliver By: 08FEB06 A1

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