

Claim Details

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Claim Information

Claim Number: 21715900898504ILA	Claim Type: <u>Inpatient</u>	Start Date: 06/01/2017	End Date: 06/04/2017
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Date of Admission:
06/01/2017

Provider Billing Address:
9730 EAGLE WAY,
CHICAGO, IL 60678-1973

Type of Admission:
3 - Elective

Provider Street Address:
NORTHSHORE UNIVERSITY HEALTHSYS
2650 RIDGE AVE,
EVANSTON, IL 60201-1718

Benefit Days Used:
3

Operating Physician Name:
PURI, LALIT

Medicare processed the payment of this claim for Inpatient services on 6/9/2017. The payment of \$21,804.99 was for services from 6/1/2017 through 6/4/2017. Please refer to your Medicare Summary Notice for the amount you are responsible for paying. This amount will include \$1,316.00 that was applied to your Medicare deductible.

Attending Physician Name:
PURI, LALIT

Other Physician Name:
BLUM, STEVEN L

[Order MSN](#)

Payment Summary

Total Amount Charged:
\$91000.71

Total Non-Covered Charges:
\$0.00

Medicare Approved:
\$91000.71

Medicare Paid You:
\$0.00

Medicare Paid Provider:
\$21804.99

Cash Deductible:
\$1316.00

Co-Insurance:
\$0.00