

CARLE HOSPITAL SERVICE AREA

Carle Foundation Hospital
611 W Park St
Urbana, IL 61801
PH: 888-712-2753

3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
2191 COUNTY ROAD 2500 E
SAINT JOSEPH, IL 61873-9534

Account Number

96814571

Guarantor Number

1642404

Patient Name: James F Osterbur
Account Class: Outpatient
Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 03/17/2022

Discharge Date: 03/17/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
03/17/22	73610	ANKLE XRAY 3/> VIEWS	1	580.00
03/17/22	G0463	OFFICE/OP VISIT, EST, BRIE	1	300.00
Total for 2 Charges				880.00

Payments

Post Date	Recd. From	Amount	
Total for 0 Payments			0.00

Adjustments

Post Date	Adj. For	Amount
03/21/22	HEALTH ALLIANCE MEDICAL PLAN	-300.00
Total for 1 Adjustments		-300.00

Balance

580.00

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611 W Park St
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3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
2191 COUNTY ROAD 2500 E
SAINT JOSEPH, IL 61873-9534

Account Number

96795583

Guarantor Number

1642404

Patient Name: James F Osterbur
Account Class: Outpatient
Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 02/24/2022
Discharge Date: 02/24/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
02/24/22	73610	ANKLE XRAY 3/> VIEWS	1	580.00
02/24/22	G0463	OFFICE/OP VISIT, EST, BRIE	1	300.00
Total for 2 Charges				880.00

Payments

Post Date	Recd. From	Amount
03/16/22	HEALTH ALLIANCE MEDICAL PLAN	-53.54
Total for 1 Payments		-53.54

Adjustments

Post Date	Adj. For	Amount
03/01/22	HEALTH ALLIANCE MEDICAL PLAN	-300.00
03/16/22	HEALTH ALLIANCE MEDICAL PLAN	-514.28
03/16/22	HEALTH ALLIANCE MEDICAL PLAN	1.20
Total for 3 Adjustments		-813.08

Balance	13.38
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Carle Foundation Hospital
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3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
2191 COUNTY ROAD 2500 E
SAINT JOSEPH, IL 61873-9534

Account Number

96647694

Guarantor Number

1642404

Patient Name: James F Osterbur
Account Class: Outpatient
Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 02/09/2022

Discharge Date: 02/09/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
02/09/22	Q4038	CAST SUPPLY SHRT LEG AD F	1	154.00
02/09/22	73610	ANKLE XRAY 3/> VIEWS	1	580.00
02/09/22	29405	APPLY SHORT LEG CAST	1	1,010.00
Total for 3 Charges				1,744.00

Payments

Post Date	Recd. From	Amount	
Total for 0 Payments			0.00

Adjustments

Post Date	Adj. For	Amount	
Total for 0 Adjustments			0.00

Balance

1,744.00

01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	3	2,416.50
01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	2	1,611.00
01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	1	679.50
01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	1	679.50
01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	1	679.50
01/18/22		CASC L2 BASE OPERATING ROO	1	1,250.00
01/18/22		CASC L2 PER MINUTE OPERATI	59	6,490.00
01/18/22		LACTATED RINGERS SOLP	1	91.73
01/18/22		ACETAMINOPHEN 1,000 MG/100	100	274.97
01/18/22		MIDAZOLAM 1 MG/ML SOLN	4	46.48
01/18/22		MIDAZOLAM 1 MG/ML SOLN	1	46.48
01/18/22		BUPIVACAINE LIPOSOME PF 1.	266	2,527.36
01/18/22		CEFAZOLIN 1 GRAM SOLR	4	91.73
01/18/22		FENTANYL PF 50 MCG/ML SOLN	1	46.48
01/18/22		PROPOFOL 10 MG/ML EMUL	51	89.47
01/18/22		ONDANSETRON HCL (PF) 4 MG/	4	46.48
01/18/22		PROPOFOL 10 MG/ML EMUL	9	14.14
01/18/22		EPINEPHRINE PF 1 MG/ML (1	10	110.61
01/18/22		CASC BASE RECOVERY - PHASE	1	405.00
01/18/22		CASC PER 15 MIN RECOVERY -	1	12.00

Total for 55 Charges

39,334.47

Payments

Post Date	Recd. From	Amount
02/07/22	HEALTH ALLIANCE MEDICAL PLAN	-6,001.75

Total for 1 Payments

-6,001.75

Adjustments

Post Date	Adj. For	Amount
02/07/22	HEALTH ALLIANCE MEDICAL PLAN	-31,832.30

Total for 1 Adjustments

-31,832.30

Balance

1,500.42

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3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
 2191 COUNTY ROAD 2500 E
 SAINT JOSEPH, IL 61873-9534

Account Number

96563538

Guarantor Number

1642404

Patient Name: James F Osterbur
 Account Class: Ambulatory Surgery
 Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 01/18/2022

Discharge Date: 01/18/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
01/18/22		BUPIVACAINE 0.5% (5 MG/ML)	1	46.48
01/18/22		0.9% SODIUM CHLORIDE FOR I	1	91.73
01/18/22		PERIPHERAL NERVE BLOCK TRA	1	230.00
01/18/22		CASC ANESTHESIA SUPPLIES 3	1	29.00
01/18/22		LEGGING ATHROMBIC REGULAR	1	45.18
01/18/22		BLADE ONLY SCALPEL #15 DIS	1	1.12
01/18/22		GLOVE PROTEXIS PI LF 7.5 S	1	6.14
01/18/22		APPLICATOR CHLORAPREP ORG	1	27.50
01/18/22		SPLINT PLASTER 5 X 30 IN	10	12.42
01/18/22		SPONGE GAUZE 4 X 4 TRAY 8-	1	1.63
01/18/22		SPONGE RAY-TEC 4 X 4 10 TR	1	2.40
01/18/22		PAD ABDOMINAL SURGIPAD 8X7	1	0.58
01/18/22		BANDAGE ESMARK 4IN STERLE	1	18.75
01/18/22		WRAP COBAN 4IN STERILE TAN	1	8.15
01/18/22		WRAP COBAN 4IN STERILE TAN	1	8.15
01/18/22		CUFF TOURNIQUET 30IN 10/BX	1	112.18
01/18/22		SUTURE 0 VICRYL CT-1 18IN	1	41.59
01/18/22		SUTURE 3-0 ETHILON PS-1 18	2	32.39
01/18/22		PADDING UNDERCAST 6IN WEBR	3	17.80
01/18/22		DRAPE FLUROSCAN CASC MINI	1	36.90
01/18/22		PACK EXTREMITY CASC 4/CA	1	278.24
01/18/22		MANIFOLD NEPTUNE 2 4 PORT	1	141.75
01/18/22		BANDAGE ACE 6IN X 10YD BX/	1	5.77
01/18/22		GOWN AAMI 4 XXL PLUS XLONG	1	19.65
01/18/22		SUTURE 3-0 VICRYL CT-1 18I	1	41.25
01/18/22		HANDLE LIGHT CAMERA COVER	1	362.79
01/18/22		MEDLINE 2.6MM STANDARD SUT	1	630.00
01/18/22		MEDLINE T15 RETAINING DRIV	1	2,002.50
01/18/22		MEDLINE 1.1 X 15MM NON THR	1	405.00
01/18/22		MEDLINE 2.8MM DRILL	1	630.00
01/18/22		MEDLINE 3.5MM OVER-DRILL	1	630.00
01/18/22		CASC ORTHO IMPLANTS	1	9,000.00
01/18/22		CASC ORTHO IMPLANTS	1	3,960.00
01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	1	1,237.50
01/18/22	C1713	BONE ANCHOR/SCREW, IMPLANT	2	1,611.00

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3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
2191 COUNTY ROAD 2500 E
SAINT JOSEPH, IL 61873-9534

Account Number

96564148

Guarantor Number

1642404

Patient Name: James F Osterbur
Account Class: Outpatient
Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 01/26/2022

Discharge Date: 01/26/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
01/26/22	Q4038	CAST SUPPLY SHRT LEG AD F	1	154.00
01/26/22	29405	APPLY SHORT LEG CAST	1	1,010.00
Total for 2 Charges				1,164.00

Payments

Post Date	Recd. From	Amount
03/22/22	HEALTH ALLIANCE MEDICAL PLAN	-199.58
Total for 1 Payments		-199.58

Adjustments

Post Date	Adj. For	Amount
03/22/22	HEALTH ALLIANCE MEDICAL PLAN	-810.42
Total for 1 Adjustments		-810.42

Balance

154.00

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3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
2191 COUNTY ROAD 2500 E
SAINT JOSEPH, IL 61873-9534

Account Number
96527726

Guarantor Number
1642404

Patient Name: James F Osterbur
Account Class: Outpatient
Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 01/08/2022
Discharge Date: 01/08/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
01/08/22	73610	ANKLE XRAY 3/> VIEWS	1	580.00
01/08/22	G0463	OFFICE/OP VISIT, EST, BRIE	1	300.00
Total for 2 Charges				880.00

Payments

Post Date	Recd. From	Amount
01/31/22	HEALTH ALLIANCE MEDICAL PLAN	-53.54
Total for 1 Payments		-53.54

Adjustments

Post Date	Adj. For	Amount
01/12/22	HEALTH ALLIANCE MEDICAL PLAN	-300.00
01/31/22	HEALTH ALLIANCE MEDICAL PLAN	-514.28
01/31/22	HEALTH ALLIANCE MEDICAL PLAN	1.20
Total for 3 Adjustments		-813.08

Balance

13.38

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3/24/2022

Guarantor Name & Address

OSTERBUR, JAMES F
2191 COUNTY ROAD 2500 E
SAINT JOSEPH, IL 61873-9534

Account Number
96562757

Guarantor Number
1642404

Patient Name: James F Osterbur
Account Class: Outpatient
Primary Coverage: HEALTH ALLIANCE MED

Admission Date: 01/14/2022
Discharge Date: 01/14/2022

Charges

Service Date	Proc. Code	Description	Qty.	Amount
01/14/22	36415	VENIPUNCTURE FOR LAB SPECI	1	41.00
01/14/22	80048	BASIC METABOLIC PANEL	1	130.00
01/14/22	82306	25 OH VITAMIN D TOTAL	1	460.00
01/14/22	85025	CBC W/AUTOMATED DIFFERENTI	1	215.00
01/14/22	G0463	OFFICE/OP VISIT, EST, BRIE	1	300.00
01/14/22	80048	PROF SVC BASIC METABOLIC P	1	36.00
01/14/22	85025	PROF SVC CBC W/AUTOMATED D	1	24.00
01/14/22	82306	PROF SVC 25 OH VITAMIN D T	1	59.00
Total for 8 Charges				1,265.00

Payments

Post Date	Recd. From	Amount
01/31/22	HEALTH ALLIANCE MEDICAL PLAN	-22.67
Total for 1 Payments		-22.67

Adjustments

Post Date	Adj. For	Amount
01/18/22	HEALTH ALLIANCE MEDICAL PLAN	-119.00
01/18/22	HEALTH ALLIANCE MEDICAL PLAN	-300.00
01/31/22	HEALTH ALLIANCE MEDICAL PLAN	-803.33
Total for 3 Adjustments		-1,222.33

Balance

20.00