USMD Hospital at Arlington, LLC

SHOPPABLE SERVICES WORKSHEET

For Discharges From 06/01/25 - 06/30/26

Identifier	CPT/HCPCS/DRG	LOCATION	PRIMARY SERVICE	ANCILLARY SERVICE	STANDARD CHARGE	SELF PAY DISCOUNTED RATE	Aetna	AARP Medicare Advantage	Blue Cross PPO	Blue Cross HMO	Blue Cross Marketplace	BCBS Medicare	Cigna PPO	Cigna HMO	United Healthcare PPO	United Healthcare Option	United Healthcare HMO	UHC Medicare	Humana Medicare	HealthSpring	Minimum Rate	Maximum Rate
1	470	HOSPITAL INPATIENT	MAJOR JOINT REPLACEMENT OF LOWER EXTREMITY	**PRIMARY SERVICE TOTAL**	**$ 70,955.69**	**$ 39,025.63**	**$ 42,088.60**	**$ 25,066.38**	**$ 50,537.18**	**$ 45,483.46**	**$ 24,549.11**	**$ 24,944.10**	**$ 63,267.92**	**$ 45,329.15**	**$ 48,378.74**	**$ 63,559.18**	**$ 48,378.74**	**$ 25,066.38**	**$ 27,145.05**	**$ 25,188.65**	**$ 24,549.11**	**$ 63,559.18**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 27,131.00	$ 14,922.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,922.05
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,359.26
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,355.14
				LABORATORY	$ 4,319.00	$ 2,375.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,375.45
				RECOVERY ROOM AND BOARD	$ 3,484.75	$ 1,916.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,916.61
				PHARMACY	$ 3,187.69	$ 1,753.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,753.23
				PHYSICAL THERAPY	$ 625.25	$ 343.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 343.89
2	473	HOSPITAL INPATIENT	CERVICAL SPINE FUSION	**PRIMARY SERVICE TOTAL**	**$ 92,651.29**	**$ 50,958.21**	**$ 53,269.17**	**$ 32,287.50**	**$ 88,292.06**	**$ 79,461.87**	**$ 42,888.52**	**$ 32,130.00**	**$ 76,302.83**	**$ 64,694.45**	**$ 61,230.25**	**$ 80,443.28**	**$ 61,230.25**	**$ 32,287.50**	**$ 34,965.00**	**$ 32,445.00**	**$ 32,130.00**	**$ 88,292.06**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 39,927.25	$ 21,959.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,959.99
				MEDICAL/SURGICAL SUPPLIES	$ 24,443.25	$ 13,443.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,443.79
				ANESTHESIA	$ 12,593.75	$ 6,926.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,926.56
				RECOVERY ROOM AND BOARD	$ 6,295.00	$ 3,462.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,462.25
				PHARMACY	$ 5,543.29	$ 3,048.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,048.81
				LABORATORY	$ 1,667.50	$ 917.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 917.13
				RADIOLOGY - DIAGNOSTIC	$ 1,400.25	$ 770.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 770.14
				CARDIOLOGY	$ 511.25	$ 281.19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 281.19
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 148.36
3	743	HOSPITAL INPATIENT	RESECTION OF UTERUS, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 33,045.25**	**$ 18,174.89**	**$ 27,072.07**	**$ 13,120.00**	**$ 24,301.59**	**$ 21,871.06**	**$ 12,253.15**	**$ 13,056.00**	**$ 51,489.05**	**$ 27,915.75**	**$ 31,118.00**	**$ 40,882.31**	**$ 31,118.00**	**$ 13,120.00**	**$ 14,208.00**	**$ 13,184.00**	**$ 12,253.15**	**$ 51,489.05**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,773.01
				RECOVERY ROOM AND BOARD	$ 6,295.00	$ 3,462.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,462.25
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,355.14
				PHARMACY	$ 2,154.25	$ 1,184.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,184.84
				LABORATORY	$ 1,986.50	$ 1,092.58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,092.58
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 686.68
				MEDICAL/SURGICAL SUPPLIES	$ 1,128.00	$ 620.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 620.40
4	10140	HOSPITAL OUTPATIENT	REMOVE OF DRAIN DEV FROM TRUNK SUBCU/FASCIA, EXTERN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 15,892.64**	**$ 8,740.95**	**$ 8,545.47**	**$ 435.63**	**$ 263.95**	**$ 237.53**	**$ 116.23**	**$ 433.50**	**$ 11,212.26**	**$ 8,891.93**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 435.63**	**$ 471.75**	**$ 437.75**	**$ 116.23**	**$ 11,212.26**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 610.75	$ 335.91	$ 328.40	$ -	$ -	$ -	$ -	$ -	$ 430.88	$ 341.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 430.88
				MEDICAL/SURGICAL SUPPLIES	$ 415.00	$ 228.25	$ 223.15	$ -	$ -	$ -	$ -	$ -	$ 292.78	$ 232.19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 292.78
				PHARMACY	$ 343.39	$ 188.86	$ 184.64	$ -	$ -	$ -	$ -	$ -	$ 242.26	$ 192.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 242.26
5	11042	HOSPITAL OUTPATIENT	EXCISION OF ABD SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 12,326.89**	**$ 6,779.79**	**$ 6,628.17**	**$ 389.50**	**$ 766.18**	**$ 689.50**	**$ 337.40**	**$ 387.60**	**$ 8,696.62**	**$ 6,896.89**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 389.50**	**$ 421.80**	**$ 391.40**	**$ 337.40**	**$ 8,696.62**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				MEDICAL/SURGICAL SUPPLIES	$ 643.00	$ 353.65	$ 345.74	$ -	$ -	$ -	$ -	$ -	$ 453.64	$ 359.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 453.64
				LABORATORY	$ 556.25	$ 305.94	$ 299.10	$ -	$ -	$ -	$ -	$ -	$ 392.43	$ 311.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 392.43
				PHARMACY	$ 413.64	$ 227.50	$ 222.41	$ -	$ -	$ -	$ -	$ -	$ 291.82	$ 231.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 291.82
6	11404	HOSPITAL OUTPATIENT	EXCISION OF BUTTOCK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 11,967.85**	**$ 6,582.32**	**$ 6,435.11**	**$ 533.00**	**$ 3,291.49**	**$ 2,962.07**	**$ 1,449.47**	**$ 530.40**	**$ 8,443.32**	**$ 6,696.01**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 530.40**	**$ 8,443.32**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				PHARMACY	$ 1,091.60	$ 600.38	$ 586.95	$ -	$ -	$ -	$ -	$ -	$ 770.12	$ 610.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 770.12
				MEDICAL/SURGICAL SUPPLIES	$ 663.50	$ 364.93	$ 356.76	$ -	$ -	$ -	$ -	$ -	$ 468.10	$ 371.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 468.10
				LABORATORY	$ 175.00	$ 96.25	$ 94.10	$ -	$ -	$ -	$ -	$ -	$ 123.46	$ 97.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 123.46
7	11422	HOSPITAL OUTPATIENT	EXCISION OF PERINEUM SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 12,911.05**	**$ 7,101.08**	**$ 6,942.27**	**$ 697.00**	**$ 276.95**	**$ 249.23**	**$ 121.96**	**$ 693.60**	**$ 9,108.75**	**$ 7,223.73**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 697.00**	**$ 754.80**	**$ 700.40**	**$ 121.96**	**$ 9,108.75**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,577.25	$ 3,067.49	$ 2,998.89	$ -	$ -	$ -	$ -	$ -	$ 3,934.75	$ 3,120.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,934.75
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 755.05	$ 415.28	$ 405.99	$ -	$ -	$ -	$ -	$ -	$ 532.69	$ 422.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 532.69
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				MEDICAL/SURGICAL SUPPLIES	$ 366.00	$ 201.30	$ 196.80	$ -	$ -	$ -	$ -	$ -	$ 258.21	$ 204.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 258.21
8	11423	HOSPITAL OUTPATIENT	EXCISION OF SCALP SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 17,370.64**	**$ 9,553.85**	**$ 9,340.19**	**$ 871.25**	**$ 300.30**	**$ 270.25**	**$ 132.24**	**$ 867.00**	**$ 12,254.99**	**$ 9,718.87**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 871.25**	**$ 943.50**	**$ 875.50**	**$ 132.24**	**$ 12,254.99**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				MEDICAL/SURGICAL SUPPLIES	$ 2,958.75	$ 1,627.31	$ 1,590.92	$ -	$ -	$ -	$ -	$ -	$ 2,087.40	$ 1,655.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,087.40
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,209.50	$ 665.23	$ 650.35	$ -	$ -	$ -	$ -	$ -	$ 853.30	$ 676.72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 853.30
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 416.14	$ 228.88	$ 223.76	$ -	$ -	$ -	$ -	$ -	$ 293.59	$ 232.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 293.59
9	11424	HOSPITAL OUTPATIENT	EXCISION OF SCALP SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 11,618.70**	**$ 6,390.29**	**$ 6,247.37**	**$ 1,076.25**	**$ 3,291.49**	**$ 2,962.07**	**$ 1,449.47**	**$ 1,071.00**	**$ 8,196.99**	**$ 6,500.66**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 1,076.25**	**$ 1,165.50**	**$ 1,081.50**	**$ 1,071.00**	**$ 8,196.99**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 491.70	$ 270.44	$ 264.39	$ -	$ -	$ -	$ -	$ -	$ 346.89	$ 275.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 346.89
				MEDICAL/SURGICAL SUPPLIES	$ 413.00	$ 227.15	$ 222.07	$ -	$ -	$ -	$ -	$ -	$ 291.37	$ 231.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 291.37
10	11750	HOSPITAL OUTPATIENT	EXCISION OF TOE NAIL, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 9,916.00**	**$ 5,453.80**	**$ 5,331.83**	**$ 666.25**	**$ 238.00**	**$ 214.18**	**$ 104.81**	**$ 663.00**	**$ 6,995.74**	**$ 5,548.00**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 666.25**	**$ 721.50**	**$ 669.50**	**$ 104.81**	**$ 6,995.74**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 312.00	$ 171.60	$ 167.76	$ -	$ -	$ -	$ -	$ -	$ 220.12	$ 174.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 220.12
11	11770	HOSPITAL OUTPATIENT	DRAINAGE OF BUTTOCK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 15,510.75**	**$ 8,530.91**	**$ 8,340.13**	**$ 1,845.00**	**$ 5,560.70**	**$ 5,004.16**	**$ 2,448.75**	**$ 1,836.00**	**$ 10,942.83**	**$ 8,678.26**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,845.00**	**$ 1,998.00**	**$ 1,854.00**	**$ 1,836.00**	**$ 10,942.83**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				MEDICAL/SURGICAL SUPPLIES	$ 601.25	$ 330.69	$ 323.29	$ -	$ -	$ -	$ -	$ -	$ 424.18	$ 336.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 424.18
				PHARMACY	$ 386.00	$ 212.30	$ 207.55	$ -	$ -	$ -	$ -	$ -	$ 272.32	$ 215.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 272.32
12	11771	HOSPITAL OUTPATIENT	EXCISION OF BUTTOCK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 8,442.15**	**$ 4,643.18**	**$ 4,539.34**	**$ 2,152.50**	**$ 5,560.70**	**$ 5,004.16**	**$ 2,448.75**	**$ 2,142.00**	**$ 5,955.94**	**$ 4,723.38**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 2,142.00**	**$ 6,245.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				ANESTHESIA	$ 791.25	$ 435.19	$ 425.46	$ -	$ -	$ -	$ -	$ -	$ 558.23	$ 442.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.23
				MEDICAL/SURGICAL SUPPLIES	$ 316.00	$ 173.80	$ 169.91	$ -	$ -	$ -	$ -	$ -	$ 222.94	$ 176.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 222.94
				PHARMACY	$ 223.65	$ 123.01	$ 120.26	$ -	$ -	$ -	$ -	$ -	$ 157.79	$ 125.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 157.79
13	11772	HOSPITAL OUTPATIENT	EXCISION OF BUTTOCK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 16,767.69**	**$ 9,222.23**	**$ 9,015.99**	**$ 2,460.00**	**$ 5,560.70**	**$ 5,004.16**	**$ 2,448.75**	**$ 2,448.00**	**$ 11,829.61**	**$ 9,381.52**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 11,829.61**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 1,772.69	$ 974.98	$ 953.18	$ -	$ -	$ -	$ -	$ -	$ 1,250.63	$ 991.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,250.63
				MEDICAL/SURGICAL SUPPLIES	$ 471.50	$ 259.33	$ 253.53	$ -	$ -	$ -	$ -	$ -	$ 332.64	$ 263.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 332.64
14	11982	HOSPITAL OUTPATIENT	REMOVE CONTRACEPT DEV FROM UP EXTREM SUBCU/FASCIA, OPEN	**PRIMARY SERVICE TOTAL**	**$ 10,438.65**	**$ 5,741.26**	**$ 5,612.86**	**$ 430.50**	**$ 871.89**	**$ 784.63**	**$ 383.95**	**$ 428.40**	**$ 7,364.47**	**$ 5,840.42**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 430.50**	**$ 466.20**	**$ 432.60**	**$ 383.95**	**$ 7,364.47**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 206.90	$ 113.80	$ 111.25	$ -	$ -	$ -	$ -	$ -	$ 145.97	$ 115.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 145.97
				MEDICAL/SURGICAL SUPPLIES	$ 128.25	$ 70.54	$ 68.96	$ -	$ -	$ -	$ -	$ -	$ 90.48	$ 71.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 90.48
15	13160	HOSPITAL OUTPATIENT	REPAIR INGUINAL SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 18,290.54**	**$ 10,059.80**	**$ 9,834.82**	**$ 1,127.50**	**$ 3,891.33**	**$ 3,501.87**	**$ 1,713.61**	**$ 1,122.00**	**$ 12,903.98**	**$ 10,233.56**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 1,127.50**	**$ 1,221.00**	**$ 1,133.00**	**$ 1,122.00**	**$ 12,903.98**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				MEDICAL/SURGICAL SUPPLIES	$ 940.25	$ 517.14	$ 505.57	$ -	$ -	$ -	$ -	$ -	$ 663.35	$ 526.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 663.35
				PHARMACY	$ 817.29	$ 449.51	$ 439.46	$ -	$ -	$ -	$ -	$ -	$ 576.60	$ 457.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 576.60
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
16	14040	HOSPITAL OUTPATIENT	TRANSFER INGUINAL SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 138.16**	**$ 75.99**	**$ 74.29**	**$ 2,255.00**	**$ 3,891.33**	**$ 3,501.87**	**$ 1,713.61**	**$ 2,244.00**	**$ 97.47**	**$ 77.30**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 2,255.00**	**$ 2,442.00**	**$ 2,266.00**	**$ 74.29**	**$ 3,891.33**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				PHARMACY	$ 138.16	$ 75.99	$ 74.29	$ -	$ -	$ -	$ -	$ -	$ 97.47	$ 77.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 97.47
17	15120	HOSPITAL OUTPATIENT	SUPPLEMENT PENIS WITH AUTOL SUB, EXTERN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 22,462.40**	**$ 12,354.32**	**$ 12,078.03**	**$ 1,691.25**	**$ 7,139.54**	**$ 6,424.99**	**$ 3,144.02**	**$ 1,683.00**	**$ 15,847.22**	**$ 12,567.71**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 1,691.25**	**$ 1,831.50**	**$ 1,699.50**	**$ 1,683.00**	**$ 15,847.22**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				MEDICAL/SURGICAL SUPPLIES	$ 657.25	$ 361.49	$ 353.40	$ -	$ -	$ -	$ -	$ -	$ 463.69	$ 367.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 463.69
				PHARMACY	$ 557.40	$ 306.57	$ 299.71	$ -	$ -	$ -	$ -	$ -	$ 393.25	$ 311.87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 393.25
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 431.00	$ 237.05	$ 231.75	$ -	$ -	$ -	$ -	$ -	$ 304.07	$ 241.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 304.07
18	15734	HOSPITAL OUTPATIENT	TRANSFER LEFT ABDOMEN MUSCLE, TRAM FLAP, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 38,062.70**	**$ 20,934.49**	**$ 20,466.31**	**$ 3,280.00**	**$ 7,139.54**	**$ 6,424.99**	**$ 3,144.02**	**$ 3,264.00**	**$ 26,853.23**	**$ 21,296.08**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,144.02**	**$ 26,853.23**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				MEDICAL/SURGICAL SUPPLIES	$ 3,821.00	$ 2,101.55	$ 2,054.55	$ -	$ -	$ -	$ -	$ -	$ 2,695.72	$ 2,137.85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,695.72
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 1,364.45	$ 750.45	$ 733.66	$ -	$ -	$ -	$ -	$ -	$ 962.62	$ 763.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 962.62
				LABORATORY	$ 991.00	$ 545.05	$ 532.86	$ -	$ -	$ -	$ -	$ -	$ 699.15	$ 554.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 699.15
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
19	15830	HOSPITAL OUTPATIENT	EXCISION OF ABDOMEN SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 31,937.89**	**$ 17,565.84**	**$ 17,173.00**	**$ 3,895.00**	**$ 12,559.02**	**$ 11,302.07**	**$ 5,530.58**	**$ 3,876.00**	**$ 22,532.18**	**$ 17,869.25**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 22,532.18**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ 7,599.18	$ -	$ -	$ -	$ -	$ -	$ 9,970.66	$ 7,907.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,970.66
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				RESPIRATORY SERVICES	$ 2,262.00	$ 1,244.10	$ 1,216.28	$ -	$ -	$ -	$ -	$ -	$ 1,595.84	$ 1,265.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,595.84

				PHARMACY	1,580.39	869.21	849.78	-	-	-	-	-	1,114.97	884.23	-	-	-	-	-	-	-	1,114.97
				MEDICAL/SURGICAL SUPPLIES	1,392.50	765.88	748.75	-	-	-	-	-	982.41	779.10	-	-	-	-	-	-	-	982.41
				CARDIOLOGY	1,022.50	562.38	549.80	-	-	-	-	-	721.37	572.09	-	-	-	-	-	-	-	721.37
20	19120	HOSPITAL OUTPATIENT	EXCISION OF RIGHT BREAST, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**15,728.14**	**8,650.48**	**8,457.02**	**2,152.50**	**7,264.86**	**6,537.77**	**3,199.20**	**2,142.00**	**11,096.20**	**8,799.89**	**4,781.00**	**6,245.00**	**4,781.00**	**2,152.50**	**2,331.00**	**2,163.00**	**2,142.00**	**11,096.20**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				MEDICAL/SURGICAL SUPPLIES	2,571.75	1,414.46	1,382.83	-	-	-	-	-	1,814.37	1,438.89	-	-	-	-	-	-	-	1,814.37
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	1,089.25	599.09	585.69	-	-	-	-	-	768.47	609.44	-	-	-	-	-	-	-	768.47
				PHARMACY	742.64	408.45	399.32	-	-	-	-	-	523.93	415.51	-	-	-	-	-	-	-	523.93
21	20550	HOSPITAL OUTPATIENT	INTRODUCTION OF ANESTHETIC INTO SPINAL CANAL, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**6,775.50**	**3,726.53**	**3,643.19**	**189.63**	**62.30**	**56.06**	**27.43**	**188.70**	**4,780.12**	**3,790.89**	**1,187.00**	**1,551.00**	**1,187.00**	**189.63**	**205.35**	**190.55**	**27.43**	**4,780.12**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	3,196.25	1,757.94	1,718.62	-	-	-	-	-	2,254.95	1,788.30	-	-	-	-	-	-	-	2,254.95
				ANESTHESIA	2,078.75	1,143.31	1,117.74	-	-	-	-	-	1,466.56	1,163.06	-	-	-	-	-	-	-	1,466.56
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	131.50	72.33	70.71	-	-	-	-	-	92.77	73.57	-	-	-	-	-	-	-	92.77
				MEDICAL/SURGICAL SUPPLIES	84.00	46.20	45.17	-	-	-	-	-	59.26	47.00	-	-	-	-	-	-	-	59.26
22	20610	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAMMATORY INTO JOINTS, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**4,686.45**	**2,577.55**	**2,519.90**	**179.38**	**74.43**	**66.98**	**32.78**	**178.50**	**3,306.29**	**2,622.07**	**1,187.00**	**1,551.00**	**1,187.00**	**179.38**	**194.25**	**180.25**	**32.78**	**3,306.29**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	3,196.25	1,757.94	1,718.62	-	-	-	-	-	2,254.95	1,788.30	-	-	-	-	-	-	-	2,254.95
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				MEDICAL/SURGICAL SUPPLIES	124.00	68.20	66.67	-	-	-	-	-	87.48	69.38	-	-	-	-	-	-	-	87.48
				PHARMACY	81.20	44.66	43.66	-	-	-	-	-	57.29	45.43	-	-	-	-	-	-	-	57.29
23	20680	HOSPITAL OUTPATIENT	REMOVAL OF INT FIX FROM L METATARSAL, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**14,037.29**	**7,720.51**	**7,547.85**	**1,486.25**	**5,560.70**	**5,004.16**	**2,448.75**	**1,479.00**	**9,903.31**	**7,853.86**	**4,781.00**	**6,245.00**	**4,781.00**	**1,486.25**	**1,609.50**	**1,493.50**	**1,479.00**	**9,903.31**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PHARMACY	1,471.04	809.07	790.98	-	-	-	-	-	1,037.82	823.05	-	-	-	-	-	-	-	1,037.82
				MEDICAL/SURGICAL SUPPLIES	702.25	386.24	377.60	-	-	-	-	-	495.44	392.91	-	-	-	-	-	-	-	495.44
				LABORATORY	638.75	351.31	343.46	-	-	-	-	-	450.64	357.38	-	-	-	-	-	-	-	450.64
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
24	21012	HOSPITAL OUTPATIENT	EXCISION OF SCALP SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**11,232.84**	**6,178.06**	**6,039.90**	**1,896.25**	**1,382.18**	**1,243.85**	**608.67**	**1,887.00**	**7,924.77**	**6,284.77**	**2,265.00**	**2,958.00**	**2,265.00**	**1,896.25**	**2,053.50**	**1,905.50**	**608.67**	**7,924.77**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PHARMACY	518.09	284.95	278.58	-	-	-	-	-	365.51	289.87	-	-	-	-	-	-	-	365.51
				MEDICAL/SURGICAL SUPPLIES	500.25	275.14	268.98	-	-	-	-	-	352.93	279.89	-	-	-	-	-	-	-	352.93
25	21206	HOSPITAL OUTPATIENT	REPOSITION MAXILLA WITH INT FIX, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**72,805.84**	**40,043.21**	**39,147.70**	**2,870.00**	**11,631.57**	**10,467.44**	**5,122.16**	**2,856.00**	**51,364.52**	**40,734.87**	**13,172.00**	**16,929.00**	**13,172.00**	**2,870.00**	**3,108.00**	**2,884.00**	**2,856.00**	**51,364.52**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	35,696.50	19,633.08	19,194.01	-	-	-	-	-	25,183.88	19,972.19	-	-	-	-	-	-	-	25,183.88
				OPERATING ROOM SERVICES	18,415.75	10,128.66	9,902.15	-	-	-	-	-	12,992.31	10,303.61	-	-	-	-	-	-	-	12,992.31
				ANESTHESIA	9,596.75	5,278.21	5,160.17	-	-	-	-	-	6,770.51	5,369.38	-	-	-	-	-	-	-	6,770.51
				RECOVERY ROOM AND BOARD	6,779.50	3,728.73	3,645.34	-	-	-	-	-	4,782.94	3,793.13	-	-	-	-	-	-	-	4,782.94
				PHARMACY	1,418.59	780.22	762.78	-	-	-	-	-	1,000.82	793.70	-	-	-	-	-	-	-	1,000.82
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	387.50	213.13	208.36	-	-	-	-	-	273.38	216.81	-	-	-	-	-	-	-	273.38
26	21320	HOSPITAL OUTPATIENT	REPOSITION NASAL BONE, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**13,040.04**	**7,172.02**	**7,011.63**	**1,230.00**	**6,281.06**	**5,652.43**	**2,765.97**	**1,224.00**	**9,199.75**	**7,295.90**	**2,761.00**	**3,607.00**	**2,761.00**	**1,230.00**	**1,332.00**	**1,236.00**	**1,224.00**	**9,199.75**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	948.54	521.70	510.03	-	-	-	-	-	669.19	530.71	-	-	-	-	-	-	-	669.19
				MEDICAL/SURGICAL SUPPLIES	316.00	173.80	169.91	-	-	-	-	-	222.94	176.80	-	-	-	-	-	-	-	222.94
27	21555	HOSPITAL OUTPATIENT	EXCISION OF NECK SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**6,384.75**	**3,511.61**	**3,433.08**	**1,691.25**	**3,291.49**	**2,962.07**	**1,449.47**	**1,683.00**	**4,504.44**	**3,572.27**	**2,761.00**	**3,607.00**	**2,761.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,449.47**	**4,504.44**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				RECOVERY ROOM AND BOARD	610.50	335.78	328.27	-	-	-	-	-	430.71	341.57	-	-	-	-	-	-	-	430.71
				MEDICAL/SURGICAL SUPPLIES	441.25	242.69	237.26	-	-	-	-	-	311.30	246.88	-	-	-	-	-	-	-	311.30
				PHARMACY	73.75	40.56	39.66	-	-	-	-	-	52.03	41.26	-	-	-	-	-	-	-	52.03
				LABORATORY	43.50	23.93	23.39	-	-	-	-	-	30.69	24.34	-	-	-	-	-	-	-	30.69
28	21931	HOSPITAL OUTPATIENT	EXCISION OF BACK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**15,694.19**	**8,631.80**	**8,438.77**	**1,896.25**	**3,291.49**	**2,962.07**	**1,449.47**	**1,887.00**	**11,072.25**	**8,780.90**	**4,781.00**	**6,245.00**	**4,781.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,449.47**	**11,072.25**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	1,389.94	764.47	747.37	-	-	-	-	-	980.60	777.67	-	-	-	-	-	-	-	980.60
				LABORATORY	1,365.25	750.89	734.09	-	-	-	-	-	963.18	763.86	-	-	-	-	-	-	-	963.18
				MEDICAL/SURGICAL SUPPLIES	603.75	332.06	324.64	-	-	-	-	-	425.95	337.80	-	-	-	-	-	-	-	425.95
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
29	21932	HOSPITAL OUTPATIENT	EXCISION OF BACK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**17,561.22**	**9,658.67**	**9,442.67**	**2,255.00**	**5,560.70**	**5,004.16**	**2,448.75**	**2,244.00**	**12,389.44**	**9,825.50**	**2,761.00**	**3,607.00**	**2,761.00**	**2,255.00**	**2,442.00**	**2,266.00**	**2,244.00**	**12,389.44**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				LABORATORY	802.75	441.51	431.64	-	-	-	-	-	566.34	449.14	-	-	-	-	-	-	-	566.34
				MEDICAL/SURGICAL SUPPLIES	514.75	283.11	276.78	-	-	-	-	-	363.16	288.00	-	-	-	-	-	-	-	363.16
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	487.47	268.11	262.11	-	-	-	-	-	343.91	272.74	-	-	-	-	-	-	-	343.91
30	22551	HOSPITAL OUTPATIENT	FUSION CERV JT W INTBD FUS DEV, ANT APPR A COL, OPEN	**PRIMARY SERVICE TOTAL**	**85,704.26**	**47,137.34**	**46,083.18**	**8,712.50**	**28,537.90**	**25,681.73**	**12,567.15**	**8,670.00**	**60,464.36**	**47,951.53**	**16,164.00**	**20,777.00**	**16,164.00**	**8,712.50**	**9,435.00**	**8,755.00**	**8,670.00**	**60,464.36**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	36,383.00	20,010.65	19,563.14	-	-	-	-	-	25,668.21	20,356.29	-	-	-	-	-	-	-	25,668.21
				MEDICAL/SURGICAL SUPPLIES	27,285.50	15,007.03	14,671.41	-	-	-	-	-	19,249.92	15,266.24	-	-	-	-	-	-	-	19,249.92
				ANESTHESIA	11,594.75	6,377.11	6,234.50	-	-	-	-	-	8,180.10	6,487.26	-	-	-	-	-	-	-	8,180.10
				PHARMACY	3,393.51	1,866.43	1,824.69	-	-	-	-	-	2,394.12	1,898.67	-	-	-	-	-	-	-	2,394.12
				LABORATORY	2,630.00	1,446.50	1,414.15	-	-	-	-	-	1,855.47	1,471.49	-	-	-	-	-	-	-	1,855.47
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				RADIOLOGY - DIAGNOSTIC	1,400.25	770.14	752.91	-	-	-	-	-	987.88	783.44	-	-	-	-	-	-	-	987.88
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
31	22633	HOSPITAL OUTPATIENT	FUSION LUM JT W INTBD FUS DEV, POST APPR A COL, OPEN	**PRIMARY SERVICE TOTAL**	**156,359.06**	**85,997.48**	**84,074.27**	**9,430.00**	**28,537.90**	**25,681.73**	**12,567.15**	**9,384.00**	**110,311.32**	**87,482.89**	**14,075.00**	**18,091.00**	**14,075.00**	**9,430.00**	**10,212.00**	**9,476.00**	**9,384.00**	**110,311.32**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	67,147.75	36,931.26	36,105.35	-	-	-	-	-	47,372.74	37,569.17	-	-	-	-	-	-	-	47,372.74
				MEDICAL/SURGICAL SUPPLIES	59,299.00	32,614.45	31,885.07	-	-	-	-	-	41,835.44	33,177.79	-	-	-	-	-	-	-	41,835.44
				ANESTHESIA	15,590.75	8,574.91	8,383.15	-	-	-	-	-	10,999.27	8,723.02	-	-	-	-	-	-	-	10,999.27
				PHARMACY	4,399.31	2,419.62	2,365.51	-	-	-	-	-	3,103.71	2,461.41	-	-	-	-	-	-	-	3,103.71
				LABORATORY	3,000.00	1,650.00	1,613.10	-	-	-	-	-	2,116.50	1,678.50	-	-	-	-	-	-	-	2,116.50
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				RADIOLOGY - DIAGNOSTIC	1,666.25	916.44	895.94	-	-	-	-	-	1,175.54	932.27	-	-	-	-	-	-	-	1,175.54
				RESPIRATORY SERVICES	1,616.25	888.94	869.06	-	-	-	-	-	1,140.26	904.29	-	-	-	-	-	-	-	1,140.26
				PHYSICAL THERAPY	622.50	342.38	334.72	-	-	-	-	-	439.17	348.29	-	-	-	-	-	-	-	439.17
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
32	22830	HOSPITAL OUTPATIENT	INSPECTION OF LUMBAR VERTEBRAL JOINT, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**145,602.61**	**80,081.44**	**78,290.52**	**4,920.00**	**2,041.27**	**1,836.98**	**898.91**	**4,896.00**	**102,722.64**	**81,464.66**	**16,164.00**	**20,777.00**	**16,164.00**	**4,920.00**	**5,328.00**	**4,944.00**	**898.91**	**102,722.64**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	58,027.75	31,915.26	31,201.52	-	-	-	-	-	40,938.58	32,466.53	-	-	-	-	-	-	-	40,938.58
				MEDICAL/SURGICAL SUPPLIES	56,232.00	30,927.60	30,235.95	-	-	-	-	-	39,671.68	31,461.80	-	-	-	-	-	-	-	39,671.68
				ANESTHESIA	13,093.25	7,201.29	7,040.24	-	-	-	-	-	9,237.29	7,325.67	-	-	-	-	-	-	-	9,237.29
				PHARMACY	5,220.86	2,871.47	2,807.26	-	-	-	-	-	3,683.32	2,921.07	-	-	-	-	-	-	-	3,683.32
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				RESPIRATORY SERVICES	3,232.50	1,777.88	1,738.12	-	-	-	-	-	2,280.53	1,808.58	-	-	-	-	-	-	-	2,280.53
				LABORATORY	3,194.00	1,756.70	1,717.41	-	-	-	-	-	2,253.37	1,787.04	-	-	-	-	-	-	-	2,253.37
				RADIOLOGY - DIAGNOSTIC	1,131.00	622.05	608.14	-	-	-	-	-	797.92	632.79	-	-	-	-	-	-	-	797.92
				PHYSICAL THERAPY	622.50	342.38	334.72	-	-	-	-	-	439.17	348.29	-	-	-	-	-	-	-	439.17
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
33	22852	HOSPITAL OUTPATIENT	REMOVAL OF INT FIX FROM LUM JT, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**32,705.04**	**17,987.77**	**17,585.50**	**5,330.00**	**1,746.58**	**1,571.78**	**769.14**	**5,304.00**	**23,073.41**	**18,298.47**	**16,164.00**	**20,777.00**	**16,164.00**	**5,330.00**	**5,772.00**	**5,356.00**	**769.14**	**23,073.41**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				MEDICAL/SURGICAL SUPPLIES	3,188.00	1,753.40	1,714.19	-	-	-	-	-	2,249.13	1,783.69	-	-	-	-	-	-	-	2,249.13
				PHARMACY	1,767.79	972.28	950.54	-	-	-	-	-	1,247.18	989.08	-	-	-	-	-	-	-	1,247.18
				LABORATORY	1,390.00	764.50	747.40	-	-	-	-	-	980.65	777.71	-	-	-	-	-	-	-	980.65
				RADIOLOGY - DIAGNOSTIC	792.25	435.74	425.99	-	-	-	-	-	558.93	443.26	-	-	-	-	-	-	-	558.93
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
34	22903	HOSPITAL OUTPATIENT	EXCISION OF ABD SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**13,269.10**	**7,298.01**	**7,134.80**	**3,280.00**	**5,560.70**	**5,004.16**	**2,448.75**	**3,264.00**	**9,361.35**	**7,424.06**	**4,781.00**	**6,245.00**	**4,781.00**	**3,280.00**	**3,552.00**	**3,296.00**	**2,448.75**	**9,361.35**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				LABORATORY	1,233.75	678.56	663.39	-	-	-	-	-	870.41	690.28	-	-	-	-	-	-	-	870.41
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	416.25	228.94	223.82	-	-	-	-	-	293.66	232.89	-	-	-	-	-	-	-	293.66
				PHARMACY	393.85	216.62	211.77	-	-	-	-	-	277.86	220.36	-	-	-	-	-	-	-	277.86
35	23700	HOSPITAL OUTPATIENT	RELEASE LEFT SHOULDER JOINT, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**10,646.05**	**5,855.33**	**5,724.38**	**1,127.50**	**3,250.23**	**2,924.93**	**1,431.29**	**1,122.00**	**7,510.79**	**5,956.46**	**2,761.00**	**3,607.00**	**2,761.00**	**1,127.50**	**1,221.00**	**1,133.00**	**1,122.00**	**7,510.79**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	3,196.25	1,757.94	1,718.62	-	-	-	-	-	2,254.95	1,788.30	-	-	-	-	-	-	-	2,254.95
				ANESTHESIA	2,603.75	1,432.06	1,400.04	-	-	-	-	-	1,836.95	1,456.80	-	-	-	-	-	-	-	1,836.95
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	1,190.25	654.64	640.00	-	-	-	-	-	839.72	665.94	-	-	-	-	-	-	-	839.72
				PHARMACY	591.55	325.35	318.08	-	-	-	-	-	417.34	330.97	-	-	-	-	-	-	-	417.34
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	47.00	25.85	25.27	-	-	-	-	-	33.16	26.30	-	-	-	-	-	-	-	33.16
36	24071	HOSPITAL OUTPATIENT	EXCISION OF R UP ARM SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**11,763.70**	**6,470.04**	**6,325.34**	**1,691.25**	**5,560.70**	**5,004.16**	**2,448.75**	**1,683.00**	**8,299.29**	**6,581.79**	**4,781.00**	**6,245.00**	**4,781.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**8,299.29**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	2,078.75	1,143.31	1,117.74	-	-	-	-	-	1,466.56	1,163.06	-	-	-	-	-	-	-	1,466.56
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				LABORATORY	1,408.75	774.81	757.48	-	-	-	-	-	993.87	788.20	-	-	-	-	-	-	-	993.87
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	441.25	242.69	237.26	-	-	-	-	-	311.30	246.88	-	-	-	-	-	-	-	311.30
				PHARMACY	212.45	116.85	114.23	-	-	-	-	-	149.88	118.87	-	-	-	-	-	-	-	149.88
				PRIMARY SERVICE TOTAL	**12,889.60**	**7,089.28**	**6,930.74**	**1,486.25**	**3,250.23**	**2,924.93**	**1,431.29**	**1,479.00**	**9,093.61**	**7,211.73**	**2,761.00**	**3,607.00**	**2,761.00**	**1,486.25**	**1,609.50**	**1,493.50**	**1,431.29**	**9,093.61**

37	26055	HOSPITAL OUTPATIENT	RELEASE RIGHT HAND TENDON, PERCUTANEOUS APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				MEDICAL/SURGICAL SUPPLIES	$ 608.75	$ 334.81	$ 327.32	$ -	$ -	$ -	$ -	$ -	$ 429.47	$ 340.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 429.47
				PHARMACY	$ 234.85	$ 129.17	$ 126.28	$ -	$ -	$ -	$ -	$ -	$ 165.69	$ 131.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 165.69
38	27095	HOSPITAL OUTPATIENT	PLAIN RADIOGRAPHY OF RIGHT HIP USING OTHER CONTRAST	PRIMARY SERVICE TOTAL	$ 8,815.25	$ 4,848.39	$ 4,739.96	$ 871.25	$ 1,187.00	$ 1,187.00	$ 1,187.00	$ 867.00	$ 6,219.16	$ 4,932.13	$ 1,187.00	$ 1,551.00	$ 1,187.00	$ 871.25	$ 943.50	$ 875.50	$ 867.00	$ 6,219.16
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 1,841.50	$ 1,012.83	$ 990.17	$ -	$ -	$ -	$ -	$ -	$ 1,299.18	$ 1,030.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,299.18
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 414.25	$ 227.84	$ 222.74	$ -	$ -	$ -	$ -	$ -	$ 292.25	$ 231.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 292.25
				LABORATORY	$ 35.25	$ 19.39	$ 18.95	$ -	$ -	$ -	$ -	$ -	$ 24.87	$ 19.72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24.87
				MEDICAL/SURGICAL SUPPLIES	$ 23.50	$ 12.93	$ 12.64	$ -	$ -	$ -	$ -	$ -	$ 16.58	$ 13.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 16.58
39	27096	HOSPITAL OUTPATIENT	INTRODUCTION OF ANESTHETIC AGENT INTO JOINTS, PERC APPROACH	PRIMARY SERVICE TOTAL	$ 9,009.35	$ 4,955.14	$ 4,844.33	$ 430.50	$ 205.68	$ 185.09	$ 90.57	$ 428.40	$ 6,356.10	$ 5,040.73	$ 1,187.00	$ 1,551.00	$ 1,187.00	$ 430.50	$ 466.20	$ 432.60	$ 90.57	$ 6,356.10
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 945.10	$ 519.81	$ 508.18	$ -	$ -	$ -	$ -	$ -	$ 666.77	$ 528.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 666.77
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				MEDICAL/SURGICAL SUPPLIES	$ 117.50	$ 64.63	$ 63.18	$ -	$ -	$ -	$ -	$ -	$ 82.90	$ 65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 82.90
				LABORATORY	$ 43.50	$ 23.93	$ 23.39	$ -	$ -	$ -	$ -	$ -	$ 30.69	$ 24.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30.69
40	27130	HOSPITAL OUTPATIENT	REPLACEMENT OF LEFT HIP JOINT WITH SYNTH SUB, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 55,910.33	$ 30,750.68	$ 30,062.98	$ 12,812.50	$ 28,537.90	$ 25,681.73	$ 12,567.15	$ 12,750.00	$ 39,444.74	$ 31,281.83	$ 18,558.00	$ 23,854.00	$ 18,558.00	$ 12,812.50	$ 13,875.00	$ 12,875.00	$ 12,567.15	$ 39,444.74
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 21,209.75	$ 11,665.36	$ 11,404.48	$ -	$ -	$ -	$ -	$ -	$ 14,963.48	$ 11,866.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,963.48
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 1,948.33	$ 1,071.58	$ 1,047.62	$ -	$ -	$ -	$ -	$ -	$ 1,374.55	$ 1,090.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,374.55
				RADIOLOGY - DIAGNOSTIC	$ 1,301.50	$ 715.83	$ 699.82	$ -	$ -	$ -	$ -	$ -	$ 918.21	$ 728.19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 918.21
				ANESTHESIA	$ 1,234.25	$ 678.84	$ 663.66	$ -	$ -	$ -	$ -	$ -	$ 870.76	$ 690.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 870.76
				LABORATORY	$ 1,184.00	$ 651.20	$ 636.64	$ -	$ -	$ -	$ -	$ -	$ 835.31	$ 662.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 835.31
				PHYSICAL THERAPY	$ 418.75	$ 230.31	$ 225.16	$ -	$ -	$ -	$ -	$ -	$ 295.43	$ 234.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 295.43
41	27337	HOSPITAL OUTPATIENT	EXCISION OF R UP LEG SUBCU/FASCIA, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 13,197.34	$ 7,258.54	$ 7,096.21	$ 1,691.25	$ 5,560.70	$ 5,004.16	$ 2,448.75	$ 1,683.00	$ 9,310.72	$ 7,383.91	$ 4,781.00	$ 6,245.00	$ 4,781.00	$ 1,691.25	$ 1,831.50	$ 1,699.50	$ 1,683.00	$ 9,310.72
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 986.00	$ 542.30	$ 530.17	$ -	$ -	$ -	$ -	$ -	$ 695.62	$ 551.67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 695.62
				PHARMACY	$ 544.84	$ 299.66	$ 292.96	$ -	$ -	$ -	$ -	$ -	$ 384.38	$ 304.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 384.38
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				MEDICAL/SURGICAL SUPPLIES	$ 441.25	$ 242.69	$ 237.26	$ -	$ -	$ -	$ -	$ -	$ 311.30	$ 246.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 311.30
42	27447	HOSPITAL OUTPATIENT	REPLACEMENT OF LEFT KNEE JOINT WITH SYNTH SUB, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 69,285.69	$ 38,107.13	$ 37,254.92	$ 12,812.50	$ 28,537.90	$ 25,681.73	$ 12,567.15	$ 12,750.00	$ 48,881.05	$ 38,765.34	$ 18,558.00	$ 23,854.00	$ 18,558.00	$ 12,812.50	$ 13,875.00	$ 12,875.00	$ 12,567.15	$ 48,881.05
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 24,336.25	$ 13,384.94	$ 13,085.60	$ -	$ -	$ -	$ -	$ -	$ 17,169.22	$ 13,616.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,169.22
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				LABORATORY	$ 3,601.00	$ 1,980.55	$ 1,936.26	$ -	$ -	$ -	$ -	$ -	$ 2,540.51	$ 2,014.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,540.51
				PHARMACY	$ 3,449.69	$ 1,897.33	$ 1,854.90	$ -	$ -	$ -	$ -	$ -	$ 2,433.76	$ 1,930.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,433.76
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				PHYSICAL THERAPY	$ 826.25	$ 454.44	$ 444.27	$ -	$ -	$ -	$ -	$ -	$ 582.92	$ 462.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 582.92
43	27570	HOSPITAL OUTPATIENT	OSTEOPATHIC TREATMENT OF LOWER EXTREMITIES USING OTH METHOD	PRIMARY SERVICE TOTAL	$ 7,561.45	$ 4,158.80	$ 4,065.79	$ 1,127.50	$ 3,250.23	$ 2,924.93	$ 1,431.29	$ 1,122.00	$ 5,334.60	$ 4,230.63	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 1,127.50	$ 1,221.00	$ 1,133.00	$ 1,122.00	$ 5,334.60
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 3,196.25	$ 1,757.94	$ 1,718.62	$ -	$ -	$ -	$ -	$ -	$ 2,254.95	$ 1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,254.95
				ANESTHESIA	$ 2,603.75	$ 1,432.06	$ 1,400.04	$ -	$ -	$ -	$ -	$ -	$ 1,836.95	$ 1,456.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,836.95
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 432.95	$ 238.12	$ 232.80	$ -	$ -	$ -	$ -	$ -	$ 305.45	$ 242.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 305.45
				LABORATORY	$ 43.50	$ 23.93	$ 23.39	$ -	$ -	$ -	$ -	$ -	$ 30.69	$ 24.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30.69
44	27654	HOSPITAL OUTPATIENT	REPAIR RIGHT LOWER LEG TENDON, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 53,845.25	$ 29,614.89	$ 28,952.59	$ 1,896.25	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 1,887.00	$ 37,987.82	$ 30,126.42	$ 13,172.00	$ 16,929.00	$ 13,172.00	$ 1,896.25	$ 2,053.50	$ 1,905.50	$ 1,887.00	$ 37,987.82
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 33,258.50	$ 18,292.18	$ 17,883.10	$ -	$ -	$ -	$ -	$ -	$ 23,463.87	$ 18,608.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23,463.87
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 392.25	$ 215.74	$ 210.91	$ -	$ -	$ -	$ -	$ -	$ 276.73	$ 219.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 276.73
45	27829	HOSPITAL OUTPATIENT	REPAIR LEFT ANKLE BURSA AND LIGAMENT, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 59,446.89	$ 32,695.79	$ 31,964.59	$ 2,870.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 2,856.00	$ 41,939.78	$ 33,260.53	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 2,870.00	$ 3,108.00	$ 2,884.00	$ 2,856.00	$ 41,939.78
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 29,975.25	$ 16,486.39	$ 16,117.69	$ -	$ -	$ -	$ -	$ -	$ 21,147.54	$ 16,771.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,147.54
				OPERATING ROOM SERVICES	$ 18,661.75	$ 10,263.96	$ 10,034.42	$ -	$ -	$ -	$ -	$ -	$ 13,165.86	$ 10,441.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,165.86
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 394.89	$ 217.19	$ 212.33	$ -	$ -	$ -	$ -	$ -	$ 278.59	$ 220.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 278.59
				LABORATORY	$ 199.25	$ 109.59	$ 107.14	$ -	$ -	$ -	$ -	$ -	$ 140.57	$ 111.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 140.57
46	28200	HOSPITAL OUTPATIENT	EXCISION OF LEFT ANKLE TENDON, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 29,380.30	$ 16,159.17	$ 15,797.79	$ 1,486.25	$ 6,564.41	$ 5,907.42	$ 2,890.75	$ 1,479.00	$ 20,727.80	$ 16,438.28	$ 4,781.00	$ 6,245.00	$ 4,781.00	$ 1,486.25	$ 1,609.50	$ 1,493.50	$ 1,479.00	$ 20,727.80
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ 7,599.18	$ -	$ -	$ -	$ -	$ -	$ 9,970.66	$ 7,907.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,970.66
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				RECOVERY ROOM AND BOARD	$ 6,169.00	$ 3,392.95	$ 3,317.07	$ -	$ -	$ -	$ -	$ -	$ 4,352.23	$ 3,451.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,352.23
				PHARMACY	$ 1,037.55	$ 570.65	$ 557.89	$ -	$ -	$ -	$ -	$ -	$ 731.99	$ 580.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 731.99
				MEDICAL/SURGICAL SUPPLIES	$ 777.50	$ 427.63	$ 418.06	$ -	$ -	$ -	$ -	$ -	$ 548.53	$ 435.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 548.53
				LABORATORY	$ 164.25	$ 90.34	$ 88.32	$ -	$ -	$ -	$ -	$ -	$ 115.88	$ 91.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 115.88
47	28285	HOSPITAL OUTPATIENT	FUSION OF L TOE PHALANX JT WITH INT FIX, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 41,598.59	$ 22,879.22	$ 22,367.56	$ 2,255.00	$ 6,564.41	$ 5,907.42	$ 2,890.75	$ 2,244.00	$ 29,347.81	$ 23,274.41	$ 4,781.00	$ 6,245.00	$ 4,781.00	$ 2,255.00	$ 2,442.00	$ 2,266.00	$ 2,244.00	$ 29,347.81
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 19,071.75	$ 10,489.46	$ 10,254.88	$ -	$ -	$ -	$ -	$ -	$ 13,455.12	$ 10,670.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,455.12
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				LABORATORY	$ 802.75	$ 441.51	$ 431.64	$ -	$ -	$ -	$ -	$ -	$ 566.34	$ 449.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 566.34
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 491.34	$ 270.24	$ 264.19	$ -	$ -	$ -	$ -	$ -	$ 346.64	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 346.64
48	28291	HOSPITAL OUTPATIENT	EXCISION OF LEFT METATARSAL, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 83,203.04	$ 45,761.67	$ 44,738.27	$ 2,460.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 2,448.00	$ 58,699.74	$ 46,552.10	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 2,460.00	$ 2,664.00	$ 2,472.00	$ 2,448.00	$ 58,699.74
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 51,593.75	$ 28,376.56	$ 27,741.96	$ -	$ -	$ -	$ -	$ -	$ 36,399.39	$ 28,866.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 36,399.39
				OPERATING ROOM SERVICES	$ 16,215.75	$ 8,918.66	$ 8,719.21	$ -	$ -	$ -	$ -	$ -	$ 11,440.21	$ 9,072.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,440.21
				ANESTHESIA	$ 8,098.25	$ 4,454.04	$ 4,354.43	$ -	$ -	$ -	$ -	$ -	$ 5,713.32	$ 4,530.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,713.32
				RECOVERY ROOM AND BOARD	$ 5,558.50	$ 3,057.18	$ 2,988.81	$ -	$ -	$ -	$ -	$ -	$ 3,921.52	$ 3,109.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,921.52
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				PHARMACY	$ 546.54	$ 300.60	$ 293.87	$ -	$ -	$ -	$ -	$ -	$ 385.58	$ 305.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 385.58
49	28297	HOSPITAL OUTPATIENT	FUSION OF R TARSOMETATARS JT WITH INT FIX, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 53,503.60	$ 29,426.98	$ 28,768.89	$ 2,665.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 2,652.00	$ 37,746.79	$ 29,935.26	$ 9,098.00	$ 11,871.00	$ 9,098.00	$ 2,665.00	$ 2,886.00	$ 2,678.00	$ 2,652.00	$ 37,746.79
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 29,753.00	$ 16,364.15	$ 15,998.19	$ -	$ -	$ -	$ -	$ -	$ 20,990.74	$ 16,646.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,990.74
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ 7,599.18	$ -	$ -	$ -	$ -	$ -	$ 9,970.66	$ 7,907.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,970.66
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 401.10	$ 220.61	$ 215.67	$ -	$ -	$ -	$ -	$ -	$ 282.98	$ 224.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 282.98
50	28298	HOSPITAL OUTPATIENT	EXCISION OF LEFT TOE PHALANX, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 51,050.59	$ 28,077.82	$ 27,449.90	$ 2,870.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 2,856.00	$ 36,016.19	$ 28,562.81	$ 9,098.00	$ 11,871.00	$ 9,098.00	$ 2,870.00	$ 3,108.00	$ 2,884.00	$ 2,856.00	$ 36,016.19
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 29,825.00	$ 16,403.75	$ 16,036.90	$ -	$ -	$ -	$ -	$ -	$ 21,041.54	$ 16,687.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,041.54
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				PHARMACY	$ 340.34	$ 187.19	$ 183.00	$ -	$ -	$ -	$ -	$ -	$ 240.11	$ 190.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 240.11
51	28299	HOSPITAL OUTPATIENT	REPOSITION RIGHT METATARSAL WITH INT FIX, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 39,083.39	$ 21,495.86	$ 21,015.14	$ 3,075.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 3,060.00	$ 27,573.33	$ 21,867.16	$ 9,098.00	$ 11,871.00	$ 9,098.00	$ 3,075.00	$ 3,330.00	$ 3,090.00	$ 3,060.00	$ 27,573.33
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 18,207.25	$ 10,013.99	$ 9,790.04	$ -	$ -	$ -	$ -	$ -	$ 12,845.21	$ 10,186.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,845.21
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 904.64	$ 497.55	$ 486.42	$ -	$ -	$ -	$ -	$ -	$ 638.22	$ 506.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 638.22
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
52	28308	HOSPITAL OUTPATIENT	EXCISION OF LEFT METATARSAL, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 88,549.64	$ 48,702.30	$ 47,613.14	$ 2,255.00	$ 6,564.41	$ 5,907.42	$ 2,890.75	$ 2,244.00	$ 62,471.77	$ 49,543.52	$ 4,781.00	$ 6,245.00	$ 4,781.00	$ 2,255.00	$ 2,442.00	$ 2,266.00	$ 2,244.00	$ 62,471.77
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 59,548.25	$ 32,751.54	$ 32,019.09	$ -	$ -	$ -	$ -	$ -	$ 42,011.29	$ 33,317.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 42,011.29
				OPERATING ROOM SERVICES	$ 16,788.25	$ 9,233.54	$ 9,027.04	$ -	$ -	$ -	$ -	$ -	$ 11,844.11	$ 9,393.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,844.11
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 295.89	$ 162.74	$ 159.10	$ -	$ -	$ -	$ -	$ -	$ 208.75	$ 165.55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 208.75
53	28322	HOSPITAL OUTPATIENT	INSERTION OF INT FIX INTO R METATARSAL, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 31,153.28	$ 17,134.30	$ 16,751.12	$ 2,460.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 2,448.00	$ 21,978.64	$ 17,430.26	$ 4,781.00	$ 6,245.00	$ 4,781.00	$ 2,460.00	$ 2,664.00	$ 2,472.00	$ 2,448.00	$ 21,978.64
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				MEDICAL/SURGICAL SUPPLIES	$ 10,821.25	$ 5,951.69	$ 5,818.59	$ -	$ -	$ -	$ -	$ -	$ 7,634.39	$ 6,054.49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,634.39
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,034.50	$ 568.98	$ 556.25	$ -	$ -	$ -	$ -	$ -	$ 729.84	$ 578.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 729.84
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 312.28	$ 171.75	$ 167.91	$ -	$ -	$ -	$ -	$ -	$ 220.31	$ 174.72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 220.31
54	28415	HOSPITAL OUTPATIENT	REPOSITION RIGHT TARSAL WITH INT FIX, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 70,290.89	$ 38,659.99	$ 37,795.41	$ 3,280.00	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 3,264.00	$ 49,590.22	$ 39,327.75	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 3,280.00	$ 3,552.00	$ 3,296.00	$ 3,264.00	$ 49,590.22
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 37,700.50	$ 20,735.28	$ 20,271.56	$ -	$ -	$ -	$ -	$ -	$ 26,597.70	$ 21,093.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 26,597.70
				OPERATING ROOM SERVICES	$ 19,443.75	$ 10,694.06	$ 10,454.90	$ -	$ -	$ -	$ -	$ -	$ 13,717.57	$ 10,878.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,717.57
				ANESTHESIA	$ 8,597.75	$ 4,728.76	$ 4,623.01	$ -	$ -	$ -	$ -	$ -	$ 6,065.71	$ 4,810.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,065.71
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 1,216.14	$ 668.88	$ 653.92	$ -	$ -	$ -	$ -	$ -	$ 857.99	$ 680.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 857.99
				LABORATORY	$ 826.75	$ 454.71	$ 444.54	$ -	$ -	$ -	$ -	$ -	$ 583.27	$ 462.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 583.27
55	28740	HOSPITAL OUTPATIENT	FUSION OF L TARSOMETATARS JT WITH INT FIX, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 34,669.39	$ 19,068.16	$ 18,641.73	$ 1,691.25	$ 14,344.72	$ 12,909.05	$ 6,316.94	$ 1,683.00	$ 24,459.25	$ 19,397.52	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 1,691.25	$ 1,831.50	$ 1,699.50	$ 1,683.00	$ 24,459.25
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 16,494.75	$ 9,072.11	$ 8,869.23	$ -	$ -	$ -	$ -	$ -	$ 11,637.05	$ 9,228.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,637.05

55	28740	HOSPITAL OUTPATIENT	FUSION OF L TARSOMETATARS JT WITH INT FIX, OPEN APPROACH	OPERATING ROOM SERVICES	9,615.75	5,288.66	5,170.39	-	-	-	-	-	6,783.91	5,380.01	-	-	-	-	-	-	-	6,783.91
				ANESTHESIA	6,100.25	3,355.14	3,280.10	-	-	-	-	-	4,303.73	3,413.09	-	-	-	-	-	-	-	4,303.73
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PHARMACY	563.14	309.73	302.80	-	-	-	-	-	397.30	315.08	-	-	-	-	-	-	-	397.30
				PRIMARY SERVICE TOTAL	**42,327.80**	**23,280.29**	**22,759.66**	**1,896.25**	**14,344.72**	**12,909.05**	**6,316.94**	**1,887.00**	**29,862.26**	**23,682.40**	**16,164.00**	**20,777.00**	**16,164.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,887.00**	**29,862.26**
56	28750	HOSPITAL OUTPATIENT	FUSION OF L METATARSOPHAL JT WITH INT FIX, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	19,484.75	10,716.61	10,476.95	-	-	-	-	-	13,746.49	10,901.72	-	-	-	-	-	-	-	13,746.49
				OPERATING ROOM SERVICES	14,015.75	7,708.66	7,536.27	-	-	-	-	-	9,888.11	7,841.81	-	-	-	-	-	-	-	9,888.11
				ANESTHESIA	5,955.00	3,275.25	3,202.00	-	-	-	-	-	4,201.25	3,331.82	-	-	-	-	-	-	-	4,201.25
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	465.55	256.05	250.33	-	-	-	-	-	328.45	260.48	-	-	-	-	-	-	-	328.45
				PRIMARY SERVICE TOTAL	**28,819.34**	**15,850.64**	**15,496.16**	**2,152.50**	**14,344.72**	**12,909.05**	**6,316.94**	**2,142.00**	**20,332.04**	**16,124.42**	**16,164.00**	**20,777.00**	**16,164.00**	**2,152.50**	**2,331.00**	**2,163.00**	**2,142.00**	**20,777.00**
57	28760	HOSPITAL OUTPATIENT	FUSION OF R TOE PHALANX JT WITH INT FIX, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	14,132.75	7,773.01	7,599.18	-	-	-	-	-	9,970.66	7,907.27	-	-	-	-	-	-	-	9,970.66
				ANESTHESIA	7,099.25	3,904.59	3,817.27	-	-	-	-	-	5,008.52	3,972.03	-	-	-	-	-	-	-	5,008.52
				MEDICAL/SURGICAL SUPPLIES	3,264.25	1,795.34	1,755.19	-	-	-	-	-	2,302.93	1,826.35	-	-	-	-	-	-	-	2,302.93
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	719.09	395.50	386.65	-	-	-	-	-	507.32	402.33	-	-	-	-	-	-	-	507.32
				LABORATORY	586.75	322.71	315.50	-	-	-	-	-	413.95	328.29	-	-	-	-	-	-	-	413.95
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**12,317.65**	**6,774.71**	**6,623.20**	**2,460.00**	**6,564.41**	**5,907.42**	**2,890.75**	**2,448.00**	**8,690.10**	**6,891.73**	**4,781.00**	**6,245.00**	**4,781.00**	**2,460.00**	**2,664.00**	**2,472.00**	**2,448.00**	**8,690.10**
58	28820	HOSPITAL OUTPATIENT	DETACHMENT AT LEFT 5TH TOE, COMPLETE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,582.00	1,970.10	1,926.04	-	-	-	-	-	2,527.10	2,004.13	-	-	-	-	-	-	-	2,527.10
				LABORATORY	1,409.25	775.09	757.75	-	-	-	-	-	994.23	788.48	-	-	-	-	-	-	-	994.23
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				MEDICAL/SURGICAL SUPPLIES	595.75	327.66	320.33	-	-	-	-	-	420.30	333.32	-	-	-	-	-	-	-	420.30
				PHARMACY	229.90	126.45	123.62	-	-	-	-	-	162.19	128.63	-	-	-	-	-	-	-	162.19
				PRIMARY SERVICE TOTAL	**45,113.35**	**24,812.34**	**24,257.45**	**4,305.00**	**14,344.72**	**12,909.05**	**6,316.94**	**4,284.00**	**31,827.47**	**25,240.92**	**16,164.00**	**20,777.00**	**16,164.00**	**4,305.00**	**4,662.00**	**4,326.00**	**4,284.00**	**31,827.47**
59	29807	HOSPITAL OUTPATIENT	EXCISION OF RIGHT SHOULDER JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	18,661.75	10,263.96	10,034.42	-	-	-	-	-	13,165.86	10,441.25	-	-	-	-	-	-	-	13,165.86
				MEDICAL/SURGICAL SUPPLIES	15,129.00	8,320.95	8,134.86	-	-	-	-	-	10,673.51	8,464.68	-	-	-	-	-	-	-	10,673.51
				ANESTHESIA	6,100.25	3,355.14	3,280.10	-	-	-	-	-	4,303.73	3,413.09	-	-	-	-	-	-	-	4,303.73
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				PHARMACY	884.85	486.67	475.78	-	-	-	-	-	624.26	495.07	-	-	-	-	-	-	-	624.26
				PRIMARY SERVICE TOTAL	**26,888.44**	**14,788.64**	**14,457.91**	**3,280.00**	**6,564.41**	**5,907.42**	**2,890.75**	**3,264.00**	**18,969.79**	**15,044.08**	**9,098.00**	**11,871.00**	**9,098.00**	**3,280.00**	**3,552.00**	**3,296.00**	**2,890.75**	**18,969.79**
60	29822	HOSPITAL OUTPATIENT	RELEASE LEFT SHOULDER JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				MEDICAL/SURGICAL SUPPLIES	6,036.25	3,319.94	3,245.69	-	-	-	-	-	4,258.57	3,377.28	-	-	-	-	-	-	-	4,258.57
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				PHARMACY	1,560.69	858.38	839.18	-	-	-	-	-	1,101.07	873.21	-	-	-	-	-	-	-	1,101.07
				PRIMARY SERVICE TOTAL	**29,754.84**	**16,365.16**	**15,999.18**	**3,895.00**	**6,564.41**	**5,907.42**	**2,890.75**	**3,876.00**	**20,992.04**	**16,647.83**	**16,164.00**	**20,777.00**	**16,164.00**	**3,895.00**	**4,218.00**	**3,914.00**	**2,890.75**	**20,992.04**
61	29823	HOSPITAL OUTPATIENT	EXCISION OF LEFT CLAVICLE, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				MEDICAL/SURGICAL SUPPLIES	8,565.25	4,710.89	4,605.53	-	-	-	-	-	6,042.78	4,792.26	-	-	-	-	-	-	-	6,042.78
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	1,672.59	919.92	899.35	-	-	-	-	-	1,180.01	935.81	-	-	-	-	-	-	-	1,180.01
				OTHER IMAGING SERVICES: ULTRASOUND	1,248.50	686.68	671.32	-	-	-	-	-	880.82	698.54	-	-	-	-	-	-	-	880.82
				LABORATORY	87.00	47.85	46.78	-	-	-	-	-	61.38	48.68	-	-	-	-	-	-	-	61.38
				PRIMARY SERVICE TOTAL	**31,285.73**	**17,207.15**	**16,822.34**	**4,612.50**	**6,564.41**	**5,907.42**	**2,890.75**	**4,590.00**	**22,072.08**	**17,504.37**	**16,164.00**	**20,777.00**	**16,164.00**	**4,612.50**	**4,995.00**	**4,635.00**	**2,890.75**	**22,072.08**
62	29824	HOSPITAL OUTPATIENT	EXCISION OF LEFT CLAVICLE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				MEDICAL/SURGICAL SUPPLIES	7,529.00	4,140.95	4,048.34	-	-	-	-	-	5,311.71	4,212.48	-	-	-	-	-	-	-	5,311.71
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	1,456.75	801.21	783.29	-	-	-	-	-	1,027.74	815.05	-	-	-	-	-	-	-	1,027.74
				OTHER IMAGING SERVICES: ULTRASOUND	1,248.50	686.68	671.32	-	-	-	-	-	880.82	698.54	-	-	-	-	-	-	-	880.82
				PHARMACY	1,066.98	586.84	573.72	-	-	-	-	-	752.75	596.98	-	-	-	-	-	-	-	752.75
				RADIOLOGY - DIAGNOSTIC	792.25	435.74	425.99	-	-	-	-	-	558.93	443.26	-	-	-	-	-	-	-	558.93
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**38,115.85**	**20,963.72**	**20,494.89**	**4,920.00**	**1,187.00**	**1,187.00**	**1,187.00**	**4,896.00**	**26,890.73**	**21,325.82**	**1,187.00**	**1,551.00**	**1,187.00**	**4,920.00**	**5,328.00**	**4,944.00**	**1,187.00**	**26,890.73**
63	29826	HOSPITAL OUTPATIENT	RELEASE LEFT SHOULDER JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				MEDICAL/SURGICAL SUPPLIES	12,861.00	7,073.55	6,915.36	-	-	-	-	-	9,073.44	7,195.73	-	-	-	-	-	-	-	9,073.44
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				PHARMACY	1,032.60	567.93	555.23	-	-	-	-	-	728.50	577.74	-	-	-	-	-	-	-	728.50
				LABORATORY	387.50	213.13	208.36	-	-	-	-	-	273.38	216.81	-	-	-	-	-	-	-	273.38
				PRIMARY SERVICE TOTAL	**37,715.79**	**20,743.68**	**20,279.78**	**5,330.00**	**14,344.72**	**12,909.05**	**6,316.94**	**5,304.00**	**26,608.49**	**21,101.98**	**16,164.00**	**20,777.00**	**16,164.00**	**5,330.00**	**5,772.00**	**5,356.00**	**5,304.00**	**26,608.49**
64	29827	HOSPITAL OUTPATIENT	EXCISION OF RIGHT SHOULDER JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	18,661.75	10,263.96	10,034.42	-	-	-	-	-	13,165.86	10,441.25	-	-	-	-	-	-	-	13,165.86
				MEDICAL/SURGICAL SUPPLIES	6,166.50	3,391.58	3,315.73	-	-	-	-	-	4,350.47	3,450.16	-	-	-	-	-	-	-	4,350.47
				ANESTHESIA	6,100.25	3,355.14	3,280.10	-	-	-	-	-	4,303.73	3,413.09	-	-	-	-	-	-	-	4,303.73
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				OTHER IMAGING SERVICES: ULTRASOUND	1,248.50	686.68	671.32	-	-	-	-	-	880.82	698.54	-	-	-	-	-	-	-	880.82
				PHARMACY	1,108.29	609.56	595.93	-	-	-	-	-	781.90	620.09	-	-	-	-	-	-	-	781.90
				LABORATORY	802.75	441.51	431.64	-	-	-	-	-	566.34	449.14	-	-	-	-	-	-	-	566.34
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**23,319.50**	**12,825.73**	**12,538.90**	**2,870.00**	**6,564.41**	**5,907.42**	**2,890.75**	**2,856.00**	**16,451.91**	**13,047.26**	**9,098.00**	**11,871.00**	**9,098.00**	**2,870.00**	**3,108.00**	**2,884.00**	**2,856.00**	**16,451.91**
65	29880	HOSPITAL OUTPATIENT	EXCISION OF RIGHT KNEE JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				MEDICAL/SURGICAL SUPPLIES	3,067.50	1,687.13	1,649.39	-	-	-	-	-	2,164.12	1,716.27	-	-	-	-	-	-	-	2,164.12
				LABORATORY	431.00	237.05	231.75	-	-	-	-	-	304.07	241.14	-	-	-	-	-	-	-	304.07
				PHARMACY	418.50	230.18	225.03	-	-	-	-	-	295.25	234.15	-	-	-	-	-	-	-	295.25
				PRIMARY SERVICE TOTAL	**21,459.34**	**11,802.64**	**11,538.69**	**3,280.00**	**6,564.41**	**5,907.42**	**2,890.75**	**3,264.00**	**15,139.56**	**12,006.50**	**9,098.00**	**11,871.00**	**9,098.00**	**3,280.00**	**3,552.00**	**3,296.00**	**2,890.75**	**15,139.56**
66	29881	HOSPITAL OUTPATIENT	EXCISION OF LEFT KNEE JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				MEDICAL/SURGICAL SUPPLIES	2,801.75	1,540.96	1,506.50	-	-	-	-	-	1,976.63	1,567.58	-	-	-	-	-	-	-	1,976.63
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	476.09	261.85	255.99	-	-	-	-	-	335.88	266.37	-	-	-	-	-	-	-	335.88
				PRIMARY SERVICE TOTAL	**89,968.44**	**49,482.64**	**48,376.03**	**3,690.00**	**6,564.41**	**5,907.42**	**2,890.75**	**3,672.00**	**63,472.73**	**50,337.34**	**16,164.00**	**20,777.00**	**16,164.00**	**3,690.00**	**3,996.00**	**3,708.00**	**2,890.75**	**63,472.73**
67	29891	HOSPITAL OUTPATIENT	EXCISION OF LEFT TARSAL, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	54,122.25	29,767.24	29,101.53	-	-	-	-	-	38,183.25	30,281.40	-	-	-	-	-	-	-	38,183.25
				OPERATING ROOM SERVICES	22,206.00	12,213.30	11,940.17	-	-	-	-	-	15,666.33	12,424.26	-	-	-	-	-	-	-	15,666.33
				ANESTHESIA	7,099.25	3,904.59	3,817.27	-	-	-	-	-	5,008.52	3,972.03	-	-	-	-	-	-	-	5,008.52
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				OTHER IMAGING SERVICES: ULTRASOUND	1,248.50	686.68	671.32	-	-	-	-	-	880.82	698.54	-	-	-	-	-	-	-	880.82
				LABORATORY	1,078.00	592.90	579.64	-	-	-	-	-	760.53	603.14	-	-	-	-	-	-	-	760.53
				PHARMACY	586.69	322.68	315.46	-	-	-	-	-	413.91	328.25	-	-	-	-	-	-	-	413.91
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**36,603.29**	**20,131.81**	**19,681.59**	**3,485.00**	**6,564.41**	**5,907.42**	**2,890.75**	**3,468.00**	**25,823.62**	**20,479.54**	**9,098.00**	**11,871.00**	**9,098.00**	**3,485.00**	**3,774.00**	**3,502.00**	**2,890.75**	**25,823.62**
68	29898	HOSPITAL OUTPATIENT	EXCISION OF LEFT ANKLE JOINT, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				MEDICAL/SURGICAL SUPPLIES	11,830.75	6,506.91	6,361.39	-	-	-	-	-	8,346.59	6,619.30	-	-	-	-	-	-	-	8,346.59
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	426.54	234.60	229.35	-	-	-	-	-	300.92	238.65	-	-	-	-	-	-	-	300.92
				PRIMARY SERVICE TOTAL	**19,315.54**	**10,623.55**	**10,385.97**	**2,255.00**	**6,281.06**	**5,652.43**	**2,765.97**	**2,244.00**	**13,627.11**	**10,807.04**	**4,781.00**	**6,245.00**	**4,781.00**	**2,255.00**	**2,442.00**	**2,266.00**	**2,244.00**	**13,627.11**
69	30520	HOSPITAL OUTPATIENT	REPAIR NASAL SEPTUM, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				PHARMACY	1,751.04	963.07	941.53	-	-	-	-	-	1,235.36	979.71	-	-	-	-	-	-	-	1,235.36
				MEDICAL/SURGICAL SUPPLIES	414.00	227.70	222.61	-	-	-	-	-	292.08	231.63	-	-	-	-	-	-	-	292.08
				PRIMARY SERVICE TOTAL	**13,962.49**	**7,679.37**	**7,507.63**	**1,537.50**	**488.33**	**439.46**	**215.04**	**1,530.00**	**9,850.54**	**7,812.01**	**1,187.00**	**1,551.00**	**1,187.00**	**1,537.50**	**1,665.00**	**1,545.00**	**215.04**	**9,850.54**
70	30999	HOSPITAL OUTPATIENT	EXCISION OF NASAL MUCOSA AND SOFT TISSUE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	669.24	368.08	359.85	-	-	-	-	-	472.15	374.44	-	-	-	-	-	-	-	472.15
				LABORATORY	603.50	331.93	324.50	-	-	-	-	-	425.77	337.66	-	-	-	-	-	-	-	425.77
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	403.00	221.65	216.69	-	-	-	-	-	284.32	225.48	-	-	-	-	-	-	-	284.32
				PRIMARY SERVICE TOTAL	**12,014.30**	**6,607.87**	**6,460.09**	**1,845.00**	**3,430.60**	**3,087.26**	**1,510.72**	**1,836.00**	**8,476.09**	**6,722.00**	**2,761.00**	**3,607.00**	**2,761.00**	**1,845.00**	**1,998.00**	**1,854.00**	**1,510.72**	**8,476.09**
71	31237	HOSPITAL OUTPATIENT	INSPECTION OF NASAL MUCOSA AND SOFT TISSUE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	682.30	375.27	366.87	-	-	-	-	-	481.36	381.75	-	-	-	-	-	-	-	481.36
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	266.25	146.44	143.16	-	-	-	-	-	187.84	148.97	-	-	-	-	-	-	-	187.84
				PRIMARY SERVICE TOTAL	**23,975.24**	**13,186.38**	**12,891.49**	**2,460.00**	**13,045.98**	**11,740.30**	**5,745.02**	**2,448.00**	**16,914.53**	**13,414.15**	**9,098.00**	**11,871.00**	**9,098.00**	**2,460.00**	**2,664.00**	**2,472.00**	**2,448.00**	**16,914.53**
72	31253	HOSPITAL OUTPATIENT	EXCISION OF LEFT FRONTAL SINUS, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				MEDICAL/SURGICAL SUPPLIES	1,969.25	1,083.09	1,058.87	-	-	-	-	-	1,389.31	1,101.80	-	-	-	-	-	-	-	1,389.31
				LABORATORY	1,034.50	568.98	556.25	-	-	-	-	-	729.84	578.80	-	-	-	-	-	-	-	729.84
				PHARMACY	765.24	420.88	411.47	-	-	-	-	-	539.88	428.15	-	-	-	-	-	-	-	539.88
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**18,545.25**	**10,199.89**	**9,971.78**	**2,870.00**	**13,045.98**	**11,740.30**	**5,745.02**	**2,856.00**	**13,083.67**	**10,376.07**	**9,098.00**	**11,871.00**	**9,098.00**	**2,870.00**	**3,108.00**	**2,884.00**	**2,856.00**	**13,083.67**
73	31257	HOSPITAL OUTPATIENT	DRAINAGE OF LEFT MAXILLARY SINUS, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	3,977.50	2,187.63	2,138.70	-	-	-	-	-	2,806.13	2,225.41	-	-	-	-	-	-	-	2,806.13
				PHARMACY	2,154.25	1,184.84	1,158.34	-	-	-	-	-	1,519.82	1,205.30	-	-	-	-	-	-	-	1,519.82

				MEDICAL/SURGICAL SUPPLIES	$ 2,011.25	$ 1,106.19	$ 1,081.45	$ -	$ -	$ -	$ -	$ -	$ 1,418.94	$ 1,125.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,418.94
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
74	31298	HOSPITAL OUTPATIENT	DRAINAGE OF RIGHT FRONTAL SINUS, ENDO	**PRIMARY SERVICE TOTAL**	**$ 29,905.49**	**$ 16,448.02**	**$ 16,080.18**	**$ 3,280.00**	**$ 4,546.34**	**$ 4,091.33**	**$ 2,002.06**	**$ 3,264.00**	**$ 21,098.32**	**$ 16,732.12**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 2,002.06**	**$ 21,098.32**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 9,787.50	$ 5,383.13	$ 5,262.74	$ -	$ -	$ -	$ -	$ -	$ 6,905.08	$ 5,476.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,905.08
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				LABORATORY	$ 3,408.50	$ 1,874.68	$ 1,832.75	$ -	$ -	$ -	$ -	$ -	$ 2,404.70	$ 1,907.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,404.70
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 1,378.74	$ 758.31	$ 741.35	$ -	$ -	$ -	$ -	$ -	$ 972.70	$ 771.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 972.70
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
75	31535	HOSPITAL OUTPATIENT	EXCISION OF LARYNX, ENDO, DIAGN	**PRIMARY SERVICE TOTAL**	**$ 16,388.40**	**$ 9,013.62**	**$ 8,812.04**	**$ 1,230.00**	**$ 7,042.71**	**$ 6,337.85**	**$ 3,101.38**	**$ 1,224.00**	**$ 11,562.02**	**$ 9,169.31**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,230.00**	**$ 1,332.00**	**$ 1,236.00**	**$ 1,224.00**	**$ 11,562.02**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				MEDICAL/SURGICAL SUPPLIES	$ 471.25	$ 259.19	$ 253.39	$ -	$ -	$ -	$ -	$ -	$ 332.47	$ 263.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 332.47
				PHARMACY	$ 167.90	$ 92.35	$ 90.28	$ -	$ -	$ -	$ -	$ -	$ 118.45	$ 93.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 118.45
76	31536	HOSPITAL OUTPATIENT	EXCISION OF LEFT VOCAL CORD, ENDO, DIAGN	**PRIMARY SERVICE TOTAL**	**$ 15,631.65**	**$ 8,597.41**	**$ 8,405.14**	**$ 1,435.00**	**$ 7,042.71**	**$ 6,337.85**	**$ 3,101.38**	**$ 1,428.00**	**$ 11,028.13**	**$ 8,745.91**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,435.00**	**$ 1,554.00**	**$ 1,442.00**	**$ 1,428.00**	**$ 11,028.13**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				LABORATORY	$ 2,800.25	$ 1,540.14	$ 1,505.69	$ -	$ -	$ -	$ -	$ -	$ 1,975.58	$ 1,566.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,975.58
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				RESPIRATORY SERVICES	$ 538.75	$ 296.31	$ 289.69	$ -	$ -	$ -	$ -	$ -	$ 380.09	$ 301.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 380.09
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 164.15	$ 90.28	$ 88.26	$ -	$ -	$ -	$ -	$ -	$ 115.81	$ 91.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 115.81
77	31591	HOSPITAL OUTPATIENT	SUPPLEMENT RIGHT VOCAL CORD WITH SYNTH SUB, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 22,862.83**	**$ 12,574.56**	**$ 12,293.34**	**$ 2,870.00**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 2,856.00**	**$ 16,129.73**	**$ 12,791.75**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 16,929.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 5,006.00	$ 2,753.30	$ 2,691.73	$ -	$ -	$ -	$ -	$ -	$ 3,531.73	$ 2,800.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,531.73
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 225.83	$ 124.21	$ 121.43	$ -	$ -	$ -	$ -	$ -	$ 159.32	$ 126.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 159.32
78	36561	HOSPITAL OUTPATIENT	INSERTION OF TIVAD INTO CHEST SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 16,089.64**	**$ 8,849.30**	**$ 8,651.40**	**$ 1,691.25**	**$ 6,645.53**	**$ 5,980.42**	**$ 2,926.47**	**$ 1,683.00**	**$ 11,351.24**	**$ 9,002.15**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 1,691.25**	**$ 1,831.50**	**$ 1,699.50**	**$ 1,683.00**	**$ 11,871.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				MEDICAL/SURGICAL SUPPLIES	$ 2,576.75	$ 1,417.21	$ 1,385.52	$ -	$ -	$ -	$ -	$ -	$ 1,817.90	$ 1,441.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,817.90
				RADIOLOGY - DIAGNOSTIC	$ 932.50	$ 512.88	$ 501.41	$ -	$ -	$ -	$ -	$ -	$ 657.88	$ 521.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 657.88
				PHARMACY	$ 645.39	$ 354.96	$ 347.03	$ -	$ -	$ -	$ -	$ -	$ 455.32	$ 361.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 455.32
79	36590	HOSPITAL OUTPATIENT	REMOVAL OF TIVAD FROM TRUNK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 11,353.58**	**$ 6,244.47**	**$ 6,104.82**	**$ 871.25**	**$ 1,511.96**	**$ 1,360.64**	**$ 665.82**	**$ 867.00**	**$ 8,009.95**	**$ 6,352.33**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 871.25**	**$ 943.50**	**$ 875.50**	**$ 665.82**	**$ 8,009.95**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 943.75	$ 519.06	$ 507.45	$ -	$ -	$ -	$ -	$ -	$ 665.82	$ 528.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 665.82
				MEDICAL/SURGICAL SUPPLIES	$ 465.25	$ 255.89	$ 250.16	$ -	$ -	$ -	$ -	$ -	$ 328.23	$ 260.31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 328.23
				PHARMACY	$ 280.08	$ 154.04	$ 150.60	$ -	$ -	$ -	$ -	$ -	$ 197.60	$ 156.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 197.60
80	38531	HOSPITAL OUTPATIENT	EXCISION OF RIGHT INGUINAL LYMPHATIC, OPEN APPROACH, DIAGN	**PRIMARY SERVICE TOTAL**	**$ 11,807.99**	**$ 6,494.39**	**$ 6,349.16**	**$ 3,280.00**	**$ 7,264.86**	**$ 6,537.77**	**$ 3,199.20**	**$ 3,264.00**	**$ 8,330.54**	**$ 6,606.57**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,199.20**	**$ 11,871.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				MEDICAL/SURGICAL SUPPLIES	$ 670.75	$ 368.91	$ 360.66	$ -	$ -	$ -	$ -	$ -	$ 473.21	$ 375.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 473.21
				PHARMACY	$ 423.24	$ 232.78	$ 227.58	$ -	$ -	$ -	$ -	$ -	$ 298.60	$ 236.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 298.60
81	38571	HOSPITAL OUTPATIENT	RESECTION OF PROSTATE, PERCUTANEOUS ENDOSCOPIC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 64,135.09**	**$ 35,274.30**	**$ 34,485.44**	**$ 4,612.50**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 4,590.00**	**$ 45,247.31**	**$ 35,883.58**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 45,247.31**
				OPERATING ROOM SERVICES	$ 39,787.75	$ 21,883.26	$ 21,393.87	$ -	$ -	$ -	$ -	$ -	$ 28,070.26	$ 22,261.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,070.26
				ANESTHESIA	$ 9,097.25	$ 5,003.49	$ 4,891.59	$ -	$ -	$ -	$ -	$ -	$ 6,418.11	$ 5,089.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,418.11
				MEDICAL/SURGICAL SUPPLIES	$ 6,320.75	$ 3,476.41	$ 3,398.67	$ -	$ -	$ -	$ -	$ -	$ 4,459.29	$ 3,536.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,459.29
				LABORATORY	$ 3,262.50	$ 1,794.38	$ 1,754.25	$ -	$ -	$ -	$ -	$ -	$ 2,301.69	$ 1,825.37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,301.69
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 1,644.59	$ 904.52	$ 884.30	$ -	$ -	$ -	$ -	$ -	$ 1,160.26	$ 920.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,160.26
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
82	42410	HOSPITAL OUTPATIENT	EXCISION OF RIGHT PAROTID GLAND, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 20,060.99**	**$ 11,033.54**	**$ 10,786.79**	**$ 2,870.00**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 2,856.00**	**$ 14,153.03**	**$ 11,224.12**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 16,929.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				MEDICAL/SURGICAL SUPPLIES	$ 4,187.25	$ 2,302.99	$ 2,251.48	$ -	$ -	$ -	$ -	$ -	$ 2,954.10	$ 2,342.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,954.10
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,829.75	$ 1,006.36	$ 983.86	$ -	$ -	$ -	$ -	$ -	$ 1,290.89	$ 1,023.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,290.89
				PHARMACY	$ 758.24	$ 417.03	$ 407.71	$ -	$ -	$ -	$ -	$ -	$ 534.94	$ 424.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 534.94
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
83	42415	HOSPITAL OUTPATIENT	RESECTION OF LEFT PAROTID GLAND, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 26,231.30**	**$ 14,427.22**	**$ 14,104.57**	**$ 3,280.00**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 3,264.00**	**$ 18,506.18**	**$ 14,676.41**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,264.00**	**$ 18,506.18**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				MEDICAL/SURGICAL SUPPLIES	$ 4,205.00	$ 2,312.75	$ 2,261.03	$ -	$ -	$ -	$ -	$ -	$ 2,966.63	$ 2,352.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,966.63
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,786.25	$ 982.44	$ 960.47	$ -	$ -	$ -	$ -	$ -	$ 1,260.20	$ 999.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,260.20
				PHARMACY	$ 755.30	$ 415.42	$ 406.12	$ -	$ -	$ -	$ -	$ -	$ 532.86	$ 422.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 532.86
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
84	42440	HOSPITAL OUTPATIENT	EXCISION OF HEAD LYMPHATIC, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 24,609.19**	**$ 13,535.05**	**$ 13,232.36**	**$ 2,460.00**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 2,448.00**	**$ 17,361.78**	**$ 13,768.84**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 17,361.78**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				MEDICAL/SURGICAL SUPPLIES	$ 2,940.00	$ 1,617.00	$ 1,580.84	$ -	$ -	$ -	$ -	$ -	$ 2,074.17	$ 1,644.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,074.17
				LABORATORY	$ 1,786.25	$ 982.44	$ 960.47	$ -	$ -	$ -	$ -	$ -	$ 1,260.20	$ 999.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,260.20
				PHARMACY	$ 1,499.69	$ 824.83	$ 806.38	$ -	$ -	$ -	$ -	$ -	$ 1,058.03	$ 839.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,058.03
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
85	42820	HOSPITAL OUTPATIENT	RESECTION OF TONSILS, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 11,697.05**	**$ 6,433.38**	**$ 6,289.50**	**$ 1,896.25**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 1,887.00**	**$ 8,252.27**	**$ 6,544.50**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,896.25**	**$ 2,053.50**	**$ 1,905.50**	**$ 1,887.00**	**$ 11,631.57**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				MEDICAL/SURGICAL SUPPLIES	$ 1,739.00	$ 956.45	$ 935.06	$ -	$ -	$ -	$ -	$ -	$ 1,226.86	$ 972.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,226.86
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 354.05	$ 194.73	$ 190.37	$ -	$ -	$ -	$ -	$ -	$ 249.78	$ 198.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 249.78
86	42826	HOSPITAL OUTPATIENT	RESECTION OF TONSILS, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 13,636.79**	**$ 7,500.23**	**$ 7,332.50**	**$ 2,152.50**	**$ 6,281.06**	**$ 5,652.43**	**$ 2,765.97**	**$ 2,142.00**	**$ 9,620.76**	**$ 7,629.78**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 2,142.00**	**$ 9,620.76**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				MEDICAL/SURGICAL SUPPLIES	$ 1,764.00	$ 970.20	$ 948.50	$ -	$ -	$ -	$ -	$ -	$ 1,244.50	$ 986.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,244.50
				PHARMACY	$ 1,158.79	$ 637.33	$ 623.08	$ -	$ -	$ -	$ -	$ -	$ 817.53	$ 648.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 817.53
87	42975	HOSPITAL OUTPATIENT	MONITORING OF SLEEP, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$ 11,018.15**	**$ 6,059.98**	**$ 5,924.46**	**$ 973.75**	**$ 204.45**	**$ 183.99**	**$ 183.99**	**$ 969.00**	**$ 7,773.30**	**$ 6,164.65**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 973.75**	**$ 1,054.50**	**$ 978.50**	**$ 183.99**	**$ 7,773.30**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				MEDICAL/SURGICAL SUPPLIES	$ 615.00	$ 338.25	$ 330.69	$ -	$ -	$ -	$ -	$ -	$ 433.88	$ 344.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 433.88
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 98.40	$ 54.12	$ 52.91	$ -	$ -	$ -	$ -	$ -	$ 69.42	$ 55.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69.42
88	43200	HOSPITAL OUTPATIENT	INSPECTION OF UPPER INTESINAL TRACT, ENDO	**PRIMARY SERVICE TOTAL**	**$ 5,863.10**	**$ 3,224.71**	**$ 3,152.59**	**$ 533.00**	**$ 1,884.64**	**$ 1,696.02**	**$ 829.93**	**$ 530.40**	**$ 4,136.42**	**$ 3,280.40**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 530.40**	**$ 4,136.42**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 2,577.00	$ 1,417.35	$ 1,385.65	$ -	$ -	$ -	$ -	$ -	$ 1,818.07	$ 1,441.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,818.07
				ANESTHESIA	$ 1,841.50	$ 1,012.83	$ 990.17	$ -	$ -	$ -	$ -	$ -	$ 1,299.18	$ 1,030.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,299.18
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 119.35	$ 65.64	$ 64.17	$ -	$ -	$ -	$ -	$ -	$ 84.20	$ 66.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 84.20
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40
89	43235	HOSPITAL OUTPATIENT	INSPECTION OF UPPER INTESINAL TRACT, ENDO	**PRIMARY SERVICE TOTAL**	**$ 9,391.15**	**$ 5,165.13**	**$ 5,049.62**	**$ 635.50**	**$ 1,884.64**	**$ 1,696.02**	**$ 829.93**	**$ 632.40**	**$ 6,625.46**	**$ 5,254.35**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 635.50**	**$ 688.20**	**$ 638.60**	**$ 632.40**	**$ 6,625.46**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 160.90	$ 88.50	$ 86.52	$ -	$ -	$ -	$ -	$ -	$ 113.51	$ 90.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 113.51
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40
90	43239	HOSPITAL OUTPATIENT	EXCISION OF DUODENUM, ENDO, DIAGN	**PRIMARY SERVICE TOTAL**	**$ 10,526.30**	**$ 5,789.47**	**$ 5,659.99**	**$ 738.00**	**$ 1,884.64**	**$ 1,696.02**	**$ 829.93**	**$ 734.40**	**$ 7,426.30**	**$ 5,889.46**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 738.00**	**$ 799.20**	**$ 741.60**	**$ 734.40**	**$ 7,426.30**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				LABORATORY	$ 2,486.50	$ 1,367.58	$ 1,336.99	$ -	$ -	$ -	$ -	$ -	$ 1,754.23	$ 1,391.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,754.23
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				ANESTHESIA	$ 1,188.00	$ 653.40	$ 638.79	$ -	$ -	$ -	$ -	$ -	$ 838.13	$ 664.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 838.13
				MEDICAL/SURGICAL SUPPLIES	$ 187.25	$ 102.99	$ 100.68	$ -	$ -	$ -	$ -	$ -	$ 132.10	$ 104.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 132.10
				PHARMACY	$ 163.80	$ 90.09	$ 88.08	$ -	$ -	$ -	$ -	$ -	$ 115.56	$ 91.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 115.56
91	43244	HOSPITAL OUTPATIENT	OCCLUSION OF ESOPHAGEAL VEIN WITH EXTRALUMINAL DEVICE, ENDO	**PRIMARY SERVICE TOTAL**	**$ 10,804.40**	**$ 5,942.42**	**$ 5,809.53**	**$ 871.25**	**$ 3,734.65**	**$ 3,360.87**	**$ 1,644.61**	**$ 867.00**	**$ 7,622.50**	**$ 6,045.06**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 871.25**	**$ 943.50**	**$ 875.50**	**$ 867.00**	**$ 7,622.50**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 1,135.25	$ 624.39	$ 610.42	$ -	$ -	$ -	$ -	$ -	$ 800.92	$ 635.17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 800.92
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 242.75	$ 133.51	$ 130.53	$ -	$ -	$ -	$ -	$ -	$ 171.26	$ 135.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 171.26
				PHARMACY	$ 98.40	$ 54.12	$ 52.91	$ -	$ -	$ -	$ -	$ -	$ 69.42	$ 55.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69.42

92	43245	HOSPITAL OUTPATIENT	DILATION OF STOMACH, ENDO	PRIMARY SERVICE TOTAL	$ 9,864.90	$ 5,425.70	$ 5,304.36	$ 943.00	$ 3,734.65	$ 3,360.87	$ 1,644.61	$ 938.40	$ 6,959.69	$ 5,519.41	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 943.00	$ 1,021.20	$ 947.60	$ 938.40	$ 6,959.69
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 966.25	$ 531.44	$ 519.55	$ -	$ -	$ -	$ -	$ -	$ 681.69	$ 540.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 681.69
				PHARMACY	$ 81.90	$ 45.05	$ 44.04	$ -	$ -	$ -	$ -	$ -	$ 57.78	$ 45.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 57.78
93	43247	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM STOMACH, ENDO	PRIMARY SERVICE TOTAL	$ 11,056.35	$ 6,080.99	$ 5,945.00	$ 1,004.50	$ 1,884.64	$ 1,696.02	$ 829.93	$ 999.60	$ 7,800.25	$ 6,186.03	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 1,004.50	$ 1,087.80	$ 1,009.40	$ 829.93	$ 7,800.25
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 918.25	$ 505.04	$ 493.74	$ -	$ -	$ -	$ -	$ -	$ 647.83	$ 513.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 647.83
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 436.50	$ 240.08	$ 234.71	$ -	$ -	$ -	$ -	$ -	$ 307.95	$ 244.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 307.95
				PHARMACY	$ 136.35	$ 74.99	$ 73.32	$ -	$ -	$ -	$ -	$ -	$ 96.19	$ 76.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 96.19
94	43248	HOSPITAL OUTPATIENT	DILATION OF ESOPHAGUS, ENDO	PRIMARY SERVICE TOTAL	$ 9,240.35	$ 5,082.19	$ 4,968.54	$ 871.25	$ 1,884.64	$ 1,696.02	$ 829.93	$ 867.00	$ 6,519.07	$ 5,169.98	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 871.25	$ 943.50	$ 875.50	$ 829.93	$ 6,519.07
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 109.35	$ 60.14	$ 58.80	$ -	$ -	$ -	$ -	$ -	$ 77.15	$ 61.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 77.15
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40
95	43249	HOSPITAL OUTPATIENT	DILATION OF ESOPHAGOGASTRIC JUNCTION, ENDO	PRIMARY SERVICE TOTAL	$ 9,770.05	$ 5,373.53	$ 5,253.36	$ 943.00	$ 3,734.65	$ 3,360.87	$ 1,644.61	$ 938.40	$ 6,892.77	$ 5,466.34	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 943.00	$ 1,021.20	$ 947.60	$ 938.40	$ 6,892.77
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 964.25	$ 530.34	$ 518.48	$ -	$ -	$ -	$ -	$ -	$ 680.28	$ 539.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 680.28
				PHARMACY	$ 226.30	$ 124.47	$ 121.68	$ -	$ -	$ -	$ -	$ -	$ 159.65	$ 126.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 159.65
96	43251	HOSPITAL OUTPATIENT	EXCISION OF STOMACH, ENDO, DIAGN	PRIMARY SERVICE TOTAL	$ 11,701.35	$ 6,435.74	$ 6,291.82	$ 1,076.25	$ 3,734.65	$ 3,360.87	$ 1,644.61	$ 1,071.00	$ 8,255.30	$ 6,546.91	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 1,076.25	$ 1,165.50	$ 1,081.50	$ 1,071.00	$ 8,255.30
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				LABORATORY	$ 2,312.00	$ 1,271.60	$ 1,243.16	$ -	$ -	$ -	$ -	$ -	$ 1,631.12	$ 1,293.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,631.12
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 196.25	$ 107.94	$ 105.52	$ -	$ -	$ -	$ -	$ -	$ 138.45	$ 109.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 138.45
				PHARMACY	$ 139.10	$ 76.51	$ 74.79	$ -	$ -	$ -	$ -	$ -	$ 98.14	$ 77.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 98.14
97	43255	HOSPITAL OUTPATIENT	CONTROL BLEEDING IN GASTROINTESTINAL TRACT, ENDO	PRIMARY SERVICE TOTAL	$ 12,831.60	$ 7,057.38	$ 6,899.55	$ 1,230.00	$ 3,734.65	$ 3,360.87	$ 1,644.61	$ 1,224.00	$ 9,052.69	$ 7,179.28	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 1,230.00	$ 1,332.00	$ 1,236.00	$ 1,224.00	$ 9,052.69
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				MEDICAL/SURGICAL SUPPLIES	$ 3,064.25	$ 1,685.34	$ 1,647.65	$ -	$ -	$ -	$ -	$ -	$ 2,161.83	$ 1,714.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,161.83
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 102.85	$ 56.57	$ 55.30	$ -	$ -	$ -	$ -	$ -	$ 72.56	$ 57.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 72.56
98	43281	HOSPITAL OUTPATIENT	BYPASS DUODENUM TO ILEUM, PERCUTANEOUS ENDOSCOPIC APPROACH	PRIMARY SERVICE TOTAL	$ 63,463.32	$ 34,904.83	$ 34,124.23	$ 2,870.00	$ 20,174.64	$ 18,155.49	$ 8,884.24	$ 2,856.00	$ 44,773.37	$ 35,507.73	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 2,870.00	$ 3,108.00	$ 2,884.00	$ 2,856.00	$ 44,773.37
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 35,227.75	$ 19,375.26	$ 18,941.96	$ -	$ -	$ -	$ -	$ -	$ 24,853.18	$ 19,709.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,853.18
				MEDICAL/SURGICAL SUPPLIES	$ 12,836.25	$ 7,059.94	$ 6,902.05	$ -	$ -	$ -	$ -	$ -	$ 9,055.97	$ 7,181.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,055.97
				ANESTHESIA	$ 8,597.75	$ 4,728.76	$ 4,623.01	$ -	$ -	$ -	$ -	$ -	$ 6,065.71	$ 4,810.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,065.71
				PHARMACY	$ 3,610.32	$ 1,985.68	$ 1,941.27	$ -	$ -	$ -	$ -	$ -	$ 2,547.08	$ 2,019.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,547.08
				LABORATORY	$ 1,395.00	$ 767.25	$ 750.09	$ -	$ -	$ -	$ -	$ -	$ 984.17	$ 780.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 984.17
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
99	43282	HOSPITAL OUTPATIENT	REPAIR DIAPHRAGM, PERCUTANEOUS ENDOSCOPIC APPROACH	PRIMARY SERVICE TOTAL	$ 73,332.12	$ 40,332.67	$ 39,430.68	$ 3,280.00	$ 20,174.64	$ 18,155.49	$ 8,884.24	$ 3,264.00	$ 51,735.81	$ 41,029.32	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 3,280.00	$ 3,552.00	$ 3,296.00	$ 3,264.00	$ 51,735.81
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 38,464.00	$ 21,155.20	$ 20,682.09	$ -	$ -	$ -	$ -	$ -	$ 27,136.35	$ 21,520.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 27,136.35
				OPERATING ROOM SERVICES	$ 22,206.00	$ 12,213.30	$ 11,940.17	$ -	$ -	$ -	$ -	$ -	$ 15,666.33	$ 12,424.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,666.33
				ANESTHESIA	$ 8,098.25	$ 4,454.04	$ 4,354.43	$ -	$ -	$ -	$ -	$ -	$ 5,713.32	$ 4,530.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,713.32
				PHARMACY	$ 2,157.12	$ 1,186.42	$ 1,159.88	$ -	$ -	$ -	$ -	$ -	$ 1,521.85	$ 1,206.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,521.85
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
100	43644	HOSPITAL OUTPATIENT	BYPASS STOMACH TO JEJUNUM, PERCUTANEOUS ENDOSCOPIC APPROACH	PRIMARY SERVICE TOTAL	$ 68,912.33	$ 37,901.78	$ 37,054.16	$ 8,712.50	$ 4,341.82	$ 3,907.27	$ 1,911.99	$ 8,670.00	$ 48,617.65	$ 38,556.45	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 8,712.50	$ 9,435.00	$ 8,755.00	$ 1,911.99	$ 48,617.65
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 35,192.00	$ 19,355.60	$ 18,922.74	$ -	$ -	$ -	$ -	$ -	$ 24,827.96	$ 19,689.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,827.96
				OPERATING ROOM SERVICES	$ 18,661.75	$ 10,263.96	$ 10,034.42	$ -	$ -	$ -	$ -	$ -	$ 13,165.86	$ 10,441.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,165.86
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				PHARMACY	$ 3,491.08	$ 1,920.09	$ 1,877.15	$ -	$ -	$ -	$ -	$ -	$ 2,462.96	$ 1,953.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,462.96
				LABORATORY	$ 2,010.25	$ 1,105.64	$ 1,080.91	$ -	$ -	$ -	$ -	$ -	$ 1,418.23	$ 1,124.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,418.23
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ 145.04	$ -	$ -	$ -	$ -	$ -	$ 190.31	$ 150.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 190.31
101	43659	HOSPITAL OUTPATIENT	EXCISION OF STOMACH, PERCUTANEOUS ENDOSCOPIC APPROACH, VERT	PRIMARY SERVICE TOTAL	$ 68,366.79	$ 37,601.73	$ 36,760.82	$ 7,380.00	$ 11,591.24	$ 10,431.15	$ 5,104.40	$ 7,344.00	$ 48,232.77	$ 38,251.22	$ 13,172.00	$ 16,929.00	$ 13,172.00	$ 7,380.00	$ 7,992.00	$ 7,416.00	$ 5,104.40	$ 48,232.77
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 35,227.75	$ 19,375.26	$ 18,941.96	$ -	$ -	$ -	$ -	$ -	$ 24,853.18	$ 19,709.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,853.18
				MEDICAL/SURGICAL SUPPLIES	$ 17,521.00	$ 9,636.55	$ 9,421.04	$ -	$ -	$ -	$ -	$ -	$ 12,361.07	$ 9,803.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,361.07
				ANESTHESIA	$ 8,597.75	$ 4,728.76	$ 4,623.01	$ -	$ -	$ -	$ -	$ -	$ 6,065.71	$ 4,810.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,065.71
				PHARMACY	$ 2,880.04	$ 1,584.02	$ 1,548.60	$ -	$ -	$ -	$ -	$ -	$ 2,031.87	$ 1,611.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,031.87
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 853.25	$ 469.29	$ 458.79	$ -	$ -	$ -	$ -	$ -	$ 601.97	$ 477.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 601.97
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ 145.04	$ -	$ -	$ -	$ -	$ -	$ 190.31	$ 150.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 190.31
102	43770	HOSPITAL OUTPATIENT	RESTRICTION OF STOMACH WITH EXTRALUM DEV, PERC ENDO APPROACH	PRIMARY SERVICE TOTAL	$ 46,625.31	$ 25,643.92	$ 25,070.43	$ 6,662.50	$ 20,174.64	$ 18,155.49	$ 8,884.24	$ 6,630.00	$ 32,894.16	$ 26,086.86	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 6,662.50	$ 7,215.00	$ 6,695.00	$ 6,630.00	$ 32,894.16
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 24,472.75	$ 13,460.01	$ 13,159.00	$ -	$ -	$ -	$ -	$ -	$ 17,265.53	$ 13,692.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,265.53
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 1,802.56	$ 991.41	$ 969.24	$ -	$ -	$ -	$ -	$ -	$ 1,271.71	$ 1,008.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,271.71
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				LABORATORY	$ 627.50	$ 345.13	$ 337.41	$ -	$ -	$ -	$ -	$ -	$ 442.70	$ 351.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 442.70
103	43774	HOSPITAL OUTPATIENT	REMOVAL OF EXTRALUM DEV FROM STOMACH, PERC ENDO APPROACH	PRIMARY SERVICE TOTAL	$ 34,070.68	$ 18,738.87	$ 18,319.80	$ 3,895.00	$ 7,191.79	$ 6,472.01	$ 3,167.03	$ 3,876.00	$ 24,036.86	$ 19,062.55	$ 18,558.00	$ 23,854.00	$ 18,558.00	$ 3,895.00	$ 4,218.00	$ 3,914.00	$ 3,167.03	$ 24,036.86
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 15,117.50	$ 8,314.63	$ 8,128.68	$ -	$ -	$ -	$ -	$ -	$ 10,665.40	$ 8,458.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,665.40
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				MEDICAL/SURGICAL SUPPLIES	$ 5,022.50	$ 2,762.38	$ 2,700.60	$ -	$ -	$ -	$ -	$ -	$ 3,543.37	$ 2,810.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,543.37
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				PHARMACY	$ 1,878.18	$ 1,033.00	$ 1,009.90	$ -	$ -	$ -	$ -	$ -	$ 1,325.06	$ 1,050.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,325.06
				LABORATORY	$ 1,492.00	$ 820.60	$ 802.25	$ -	$ -	$ -	$ -	$ -	$ 1,052.61	$ 834.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,052.61
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
104	43775	HOSPITAL OUTPATIENT	EXCISION OF STOMACH, PERCUTANEOUS ENDOSCOPIC APPROACH, VERT	PRIMARY SERVICE TOTAL	$ 59,510.39	$ 32,730.71	$ 31,998.74	$ 4,305.00	$ 2,796.62	$ 2,516.72	$ 1,231.54	$ 4,284.00	$ 41,984.58	$ 33,296.06	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 4,305.00	$ 4,662.00	$ 4,326.00	$ 1,231.54	$ 41,984.58
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 16,081.50	$ 8,844.83	$ 8,647.02	$ -	$ -	$ -	$ -	$ -	$ 11,345.50	$ 8,997.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,345.50
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				PHARMACY	$ 3,487.64	$ 1,918.20	$ 1,875.30	$ -	$ -	$ -	$ -	$ -	$ 2,460.53	$ 1,951.33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,460.53
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 2,440.75	$ 1,342.41	$ 1,312.39	$ -	$ -	$ -	$ -	$ -	$ 1,721.95	$ 1,365.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,721.95
				RADIOLOGY - DIAGNOSTIC	$ 1,177.00	$ 647.35	$ 632.87	$ -	$ -	$ -	$ -	$ -	$ 830.37	$ 658.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 830.37
105	43846	HOSPITAL OUTPATIENT	BYPASS STOMACH TO JEJUNUM, PERCUTANEOUS ENDOSCOPIC APPROACH	PRIMARY SERVICE TOTAL	$ 54,032.42	$ 29,717.83	$ 29,053.23	$ 9,737.50	$ 4,062.69	$ 3,656.08	$ 1,789.08	$ 9,690.00	$ 38,119.87	$ 30,231.14	$ 9,124.00	$ 11,727.00	$ 9,124.00	$ 9,737.50	$ 10,545.00	$ 9,785.00	$ 1,789.08	$ 38,119.87
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				MEDICAL/SURGICAL SUPPLIES	$ 19,083.00	$ 10,495.65	$ 10,260.93	$ -	$ -	$ -	$ -	$ -	$ 13,463.06	$ 10,676.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,463.06
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				PHARMACY	$ 2,876.42	$ 1,582.03	$ 1,546.65	$ -	$ -	$ -	$ -	$ -	$ 2,029.31	$ 1,609.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,029.31
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				RADIOLOGY - DIAGNOSTIC	$ 701.00	$ 385.55	$ 376.93	$ -	$ -	$ -	$ -	$ -	$ 494.56	$ 392.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 494.56
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ 145.04	$ -	$ -	$ -	$ -	$ -	$ 190.31	$ 150.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 190.31
				LABORATORY	$ 199.25	$ 109.59	$ 107.14	$ -	$ -	$ -	$ -	$ -	$ 140.57	$ 111.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 140.57
106	43888	HOSPITAL OUTPATIENT	REMOVAL OF OTH DEV FROM TRUNK SUBCU/FASCIA, OPEN APPROACH	PRIMARY SERVICE TOTAL	$ 24,997.29	$ 13,748.51	$ 13,441.04	$ 6,970.00	$ 7,139.54	$ 6,424.99	$ 3,144.02	$ 6,936.00	$ 17,635.59	$ 13,985.98	$ 9,098.00	$ 11,871.00	$ 9,098.00	$ 6,970.00	$ 7,548.00	$ 7,004.00	$ 3,144.02	$ 17,635.59
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 6,798.00	$ 3,738.90	$ 3,655.28	$ -	$ -	$ -	$ -	$ -	$ 4,795.99	$ 3,803.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,795.99
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 1,647.54	$ 906.15	$ 885.88	$ -	$ -	$ -	$ -	$ -	$ 1,162.34	$ 921.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,162.34
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
107	44180	HOSPITAL OUTPATIENT	INSPECTION OF PERITONEAL CAVITY, PERC ENDO APPROACH	PRIMARY SERVICE TOTAL	$ 27,918.48	$ 15,355.16	$ 15,011.77	$ 4,612.50	$ 11,591.24	$ 10,431.15	$ 5,104.40	$ 4,590.00	$ 19,696.49	$ 15,620.39	$ 16,164.00	$ 20,777.00	$ 16,164.00	$ 4,612.50	$ 4,995.00	$ 4,635.00	$ 4,590.00	$ 20,777.00
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 12,427.75	$ 6,835.26	$ 6,682.40	$ -	$ -	$ -	$ -	$ -	$ 8,767.78	$ 6,953.33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,767.78
				MEDICAL/SURGICAL SUPPLIES	$ 5,936.50	$ 3,265.08	$ 3,192.06	$ -	$ -	$ -	$ -	$ -	$ 4,188.20	$ 3,321.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,188.20
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 1,769.23	$ 973.08	$ 951.31	$ -	$ -	$ -	$ -	$ -	$ 1,248.19	$ 989.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,248.19
				LABORATORY	$ 802.75	$ 441.51	$ 431.64	$ -	$ -	$ -	$ -	$ -	$ 566.34	$ 449.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 566.34
108	44238	HOSPITAL OUTPATIENT	BYPASS STOMACH TO ILEUM, PERCUTANEOUS ENDOSCOPIC APPROACH	PRIMARY SERVICE TOTAL	$ 45,795.87	$ 25,187.73	$ 24,624.44	$ 8,712.50	$ 11,591.24	$ 10,431.15	$ 5,104.40	$ 8,670.00	$ 32,308.99	$ 25,622.79	$ 13,172.00	$ 16,929.00	$ 13,172.00	$ 8,712.50	$ 9,435.00	$ 8,755.00	$ 5,104.40	$ 32,308.99
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				MEDICAL/SURGICAL SUPPLIES	$ 13,643.50	$ 7,503.93	$ 7,336.11	$ -	$ -	$ -	$ -	$ -	$ 9,625.49	$ 7,633.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,625.49
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 2,405.12	$ 1,322.82	$ 1,293.23	$ -	$ -	$ -	$ -	$ -	$ 1,696.81	$ 1,345.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,696.81
				LABORATORY	$ 592.25	$ 325.74	$ 318.45	$ -	$ -	$ -	$ -	$ -	$ 417.83	$ 331.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 417.83
109	44385	HOSPITAL OUTPATIENT	INSPECTION OF LOWER INTESTINAL TRACT, ENDO	PRIMARY SERVICE TOTAL	$ 8,718.15	$ 4,794.98	$ 4,687.75	$ 1,896.25	$ 1,831.78	$ 1,648.45	$ 806.66	$ 1,887.00	$ 6,150.65	$ 4,877.80	$ 2,761.00	$ 3,607.00	$ 2,761.00	$ 1,896.25	$ 2,053.50	$ 1,905.50	$ 806.66	$ 6,150.65
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 98.40	$ 54.12	$ 52.91	$ -	$ -	$ -	$ -	$ -	$ 69.42	$ 55.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69.42
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40

110	**44388**	**HOSPITAL OUTPATIENT**	**INSPECTION OF LOWER INTESTINAL TRACT, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 9,549.40**	**$ 5,252.17**	**$ 5,134.71**	**$ 738.00**	**$ 1,831.78**	**$ 1,648.45**	**$ 806.66**	**$ 734.40**	**$ 6,737.10**	**$ 5,342.89**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 738.00**	**$ 799.20**	**$ 741.60**	**$ 734.40**	**$ 6,737.10**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 81.90	$ 45.05	$ 44.04	$ -	$ -	$ -	$ -	$ -	$ 57.78	$ 45.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 57.78
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40
111	**44389**	**HOSPITAL OUTPATIENT**	**EXCISION OF RECTUM, ENDO, DIAGN**	**PRIMARY SERVICE TOTAL**	**$ 10,760.70**	**$ 5,918.39**	**$ 5,786.03**	**$ 871.25**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 867.00**	**$ 7,591.67**	**$ 6,020.61**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 871.25**	**$ 943.50**	**$ 875.50**	**$ 867.00**	**$ 7,591.67**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				LABORATORY	$ 1,112.50	$ 611.88	$ 598.19	$ -	$ -	$ -	$ -	$ -	$ 784.87	$ 622.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 784.87
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 217.95	$ 119.87	$ 117.19	$ -	$ -	$ -	$ -	$ -	$ 153.76	$ 121.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 153.76
				MEDICAL/SURGICAL SUPPLIES	$ 102.25	$ 56.24	$ 54.98	$ -	$ -	$ -	$ -	$ -	$ 72.14	$ 57.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 72.14
112	**44394**	**HOSPITAL OUTPATIENT**	**EXCISION OF TRANSVERSE COLON, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 11,583.85**	**$ 6,371.12**	**$ 6,228.64**	**$ 1,230.00**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 1,224.00**	**$ 8,172.41**	**$ 6,481.16**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 1,230.00**	**$ 1,332.00**	**$ 1,236.00**	**$ 1,060.46**	**$ 8,172.41**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				LABORATORY	$ 1,112.50	$ 611.88	$ 598.19	$ -	$ -	$ -	$ -	$ -	$ 784.87	$ 622.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 784.87
				MEDICAL/SURGICAL SUPPLIES	$ 304.25	$ 167.34	$ 163.60	$ -	$ -	$ -	$ -	$ -	$ 214.65	$ 170.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 214.65
				PHARMACY	$ 129.35	$ 71.14	$ 69.55	$ -	$ -	$ -	$ -	$ -	$ 91.26	$ 72.37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 91.26
113	**44970**	**HOSPITAL OUTPATIENT**	**RESECTION OF APPENDIX, PERCUTANEOUS ENDOSCOPIC APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 35,836.64**	**$ 19,710.15**	**$ 19,269.36**	**$ 4,305.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,284.00**	**$ 25,282.75**	**$ 20,050.60**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 25,282.75**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				MEDICAL/SURGICAL SUPPLIES	$ 7,307.00	$ 4,018.85	$ 3,928.97	$ -	$ -	$ -	$ -	$ -	$ 5,155.09	$ 4,088.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,155.09
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 1,501.39	$ 825.76	$ 807.30	$ -	$ -	$ -	$ -	$ -	$ 1,059.23	$ 840.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,059.23
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				LABORATORY	$ 562.50	$ 309.38	$ 302.46	$ -	$ -	$ -	$ -	$ -	$ 396.84	$ 314.72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 396.84
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
114	**45172**	**HOSPITAL OUTPATIENT**	**EXCISION OF RECTUM, PERCUTANEOUS ENDOSCOPIC APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 31,657.69**	**$ 17,411.73**	**$ 17,022.34**	**$ 1,486.25**	**$ 5,621.34**	**$ 5,058.74**	**$ 2,475.45**	**$ 1,479.00**	**$ 22,334.50**	**$ 17,712.48**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 1,486.25**	**$ 1,609.50**	**$ 1,493.50**	**$ 1,479.00**	**$ 22,334.50**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				MEDICAL/SURGICAL SUPPLIES	$ 3,029.00	$ 1,665.95	$ 1,628.69	$ -	$ -	$ -	$ -	$ -	$ 2,136.96	$ 1,694.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,136.96
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,815.50	$ 998.53	$ 976.19	$ -	$ -	$ -	$ -	$ -	$ 1,280.84	$ 1,015.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,280.84
				PHARMACY	$ 1,414.19	$ 777.80	$ 760.41	$ -	$ -	$ -	$ -	$ -	$ 997.71	$ 791.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 997.71
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
115	**45330**	**HOSPITAL OUTPATIENT**	**INSPECTION OF LOWER INTESTINAL TRACT, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 10,213.55**	**$ 5,617.45**	**$ 5,491.83**	**$ 389.50**	**$ 348.77**	**$ 313.86**	**$ 153.58**	**$ 387.60**	**$ 7,205.66**	**$ 5,714.48**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 389.50**	**$ 421.80**	**$ 391.40**	**$ 153.58**	**$ 7,205.66**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				MEDICAL/SURGICAL SUPPLIES	$ 292.25	$ 160.74	$ 157.14	$ -	$ -	$ -	$ -	$ -	$ 206.18	$ 163.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 206.18
				PHARMACY	$ 120.80	$ 66.44	$ 64.95	$ -	$ -	$ -	$ -	$ -	$ 85.22	$ 67.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 85.22
116	**45331**	**HOSPITAL OUTPATIENT**	**EXCISION OF RECTUM, ENDO, DIAGN**	**PRIMARY SERVICE TOTAL**	**$ 9,402.90**	**$ 5,171.60**	**$ 5,055.94**	**$ 461.25**	**$ 1,831.78**	**$ 1,648.45**	**$ 806.66**	**$ 459.00**	**$ 6,633.75**	**$ 5,260.92**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 461.25**	**$ 499.50**	**$ 463.50**	**$ 459.00**	**$ 6,633.75**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				LABORATORY	$ 599.75	$ 329.86	$ 322.49	$ -	$ -	$ -	$ -	$ -	$ 423.12	$ 335.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 423.12
				MEDICAL/SURGICAL SUPPLIES	$ 125.25	$ 68.89	$ 67.35	$ -	$ -	$ -	$ -	$ -	$ 88.36	$ 70.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 88.36
				PHARMACY	$ 98.40	$ 54.12	$ 52.91	$ -	$ -	$ -	$ -	$ -	$ 69.42	$ 55.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69.42
117	**45335**	**HOSPITAL OUTPATIENT**	**INTRODUCTION OF OTHER DIAGNOSTIC SUBSTANCE INTO LOW GI, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 9,017.10**	**$ 4,959.41**	**$ 4,848.49**	**$ 533.00**	**$ 1,831.78**	**$ 1,648.45**	**$ 806.66**	**$ 530.40**	**$ 6,361.56**	**$ 5,045.07**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 530.40**	**$ 6,361.56**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 328.25	$ 180.54	$ 176.50	$ -	$ -	$ -	$ -	$ -	$ 231.58	$ 183.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 231.58
				PHARMACY	$ 109.35	$ 60.14	$ 58.80	$ -	$ -	$ -	$ -	$ -	$ 77.15	$ 61.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 77.15
118	**45338**	**HOSPITAL OUTPATIENT**	**EXCISION OF ANUS, ENDO, DIAGN**	**PRIMARY SERVICE TOTAL**	**$ 10,338.55**	**$ 5,686.20**	**$ 5,559.04**	**$ 635.50**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 632.40**	**$ 7,293.85**	**$ 5,784.42**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 635.50**	**$ 688.20**	**$ 638.60**	**$ 632.40**	**$ 7,293.85**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,603.75	$ 1,432.06	$ 1,400.04	$ -	$ -	$ -	$ -	$ -	$ 1,836.95	$ 1,456.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,836.95
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				LABORATORY	$ 556.25	$ 305.94	$ 299.10	$ -	$ -	$ -	$ -	$ -	$ 392.43	$ 311.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 392.43
				MEDICAL/SURGICAL SUPPLIES	$ 547.50	$ 301.13	$ 294.39	$ -	$ -	$ -	$ -	$ -	$ 386.26	$ 306.33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 386.26
				PHARMACY	$ 130.30	$ 71.67	$ 70.06	$ -	$ -	$ -	$ -	$ -	$ 91.93	$ 72.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 91.93
119	**45378**	**HOSPITAL OUTPATIENT**	**INSPECTION OF LOWER INTESTINAL TRACT, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 9,409.15**	**$ 5,175.03**	**$ 5,059.30**	**$ 594.50**	**$ 1,831.78**	**$ 1,648.45**	**$ 806.66**	**$ 591.60**	**$ 6,638.16**	**$ 5,264.42**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 594.50**	**$ 643.80**	**$ 597.40**	**$ 591.60**	**$ 6,638.16**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 178.90	$ 98.40	$ 96.19	$ -	$ -	$ -	$ -	$ -	$ 126.21	$ 100.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 126.21
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40
120	**45380**	**HOSPITAL OUTPATIENT**	**EXCISION OF ASCENDING COLON, ENDO, DIAGN**	**PRIMARY SERVICE TOTAL**	**$ 10,399.05**	**$ 5,719.48**	**$ 5,591.57**	**$ 697.00**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 693.60**	**$ 7,336.53**	**$ 5,818.27**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 697.00**	**$ 754.80**	**$ 700.40**	**$ 693.60**	**$ 7,336.53**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				LABORATORY	$ 1,112.50	$ 611.88	$ 598.19	$ -	$ -	$ -	$ -	$ -	$ 784.87	$ 622.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 784.87
				PHARMACY	$ 130.30	$ 71.67	$ 70.06	$ -	$ -	$ -	$ -	$ -	$ 91.93	$ 72.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 91.93
				MEDICAL/SURGICAL SUPPLIES	$ 102.25	$ 56.24	$ 54.98	$ -	$ -	$ -	$ -	$ -	$ 72.14	$ 57.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 72.14
121	**45381**	**HOSPITAL OUTPATIENT**	**INTRODUCTION OF OTH THERAP SUBST INTO LOW GI, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 8,983.65**	**$ 4,941.01**	**$ 4,830.51**	**$ 738.00**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 734.40**	**$ 6,337.97**	**$ 5,026.35**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 738.00**	**$ 799.20**	**$ 741.60**	**$ 734.40**	**$ 6,337.97**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 328.25	$ 180.54	$ 176.50	$ -	$ -	$ -	$ -	$ -	$ 231.58	$ 183.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 231.58
				PHARMACY	$ 75.90	$ 41.75	$ 40.81	$ -	$ -	$ -	$ -	$ -	$ 53.55	$ 42.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 53.55
122	**45385**	**HOSPITAL OUTPATIENT**	**EXCISION OF ASCENDING COLON, ENDO, DIAGN**	**PRIMARY SERVICE TOTAL**	**$ 10,087.65**	**$ 5,548.21**	**$ 5,424.13**	**$ 871.25**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 867.00**	**$ 7,116.84**	**$ 5,644.04**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 871.25**	**$ 943.50**	**$ 875.50**	**$ 867.00**	**$ 7,116.84**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 617.25	$ 339.49	$ 331.90	$ -	$ -	$ -	$ -	$ -	$ 435.47	$ 345.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 435.47
				PHARMACY	$ 416.40	$ 229.02	$ 223.90	$ -	$ -	$ -	$ -	$ -	$ 293.77	$ 232.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 293.77
123	**45398**	**HOSPITAL OUTPATIENT**	**OCCLUSION OF HEMORRHOIDAL PLEXUS WITH EXTRALUM DEV, ENDO**	**PRIMARY SERVICE TOTAL**	**$ 8,966.35**	**$ 4,931.49**	**$ 4,821.21**	**$ 1,004.50**	**$ 2,408.12**	**$ 2,167.11**	**$ 1,060.46**	**$ 999.60**	**$ 6,325.76**	**$ 5,016.67**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 1,004.50**	**$ 1,087.80**	**$ 1,009.40**	**$ 999.60**	**$ 6,325.76**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 109.35	$ 60.14	$ 58.80	$ -	$ -	$ -	$ -	$ -	$ 77.15	$ 61.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 77.15
				MEDICAL/SURGICAL SUPPLIES	$ 40.25	$ 22.14	$ 21.64	$ -	$ -	$ -	$ -	$ -	$ 28.40	$ 22.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28.40
124	**45400**	**HOSPITAL OUTPATIENT**	**REPAIR RECTUM, VIA NATURAL OR ARTIFICIAL OPENING ENDOSCOPIC**	**PRIMARY SERVICE TOTAL**	**$ 92,573.87**	**$ 50,915.63**	**$ 49,776.97**	**$ 1,076.25**	**$ 2,848.46**	**$ 2,563.38**	**$ 1,254.37**	**$ 1,071.00**	**$ 65,310.87**	**$ 51,795.08**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 1,076.25**	**$ 1,165.50**	**$ 1,081.50**	**$ 1,071.00**	**$ 65,310.87**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 53,467.75	$ 29,407.26	$ 28,749.61	$ -	$ -	$ -	$ -	$ -	$ 37,721.50	$ 29,915.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 37,721.50
				MEDICAL/SURGICAL SUPPLIES	$ 16,527.00	$ 9,089.85	$ 8,886.57	$ -	$ -	$ -	$ -	$ -	$ 11,659.80	$ 9,246.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,659.80
				ANESTHESIA	$ 12,593.75	$ 6,926.56	$ 6,771.66	$ -	$ -	$ -	$ -	$ -	$ 8,884.89	$ 7,046.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,884.89
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 2,585.50	$ 1,422.03	$ 1,390.22	$ -	$ -	$ -	$ -	$ -	$ 1,824.07	$ 1,446.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,824.07
				PHARMACY	$ 2,357.37	$ 1,296.55	$ 1,267.56	$ -	$ -	$ -	$ -	$ -	$ 1,663.12	$ 1,318.95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,663.12
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHYSICAL THERAPY	$ 622.50	$ 342.38	$ 334.72	$ -	$ -	$ -	$ -	$ -	$ 439.17	$ 348.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.17
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
125	**45541**	**HOSPITAL OUTPATIENT**	**REPAIR RECTUM, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 16,299.05**	**$ 8,964.48**	**$ 8,764.00**	**$ 4,305.00**	**$ 5,621.34**	**$ 5,058.74**	**$ 2,475.45**	**$ 4,284.00**	**$ 11,498.98**	**$ 9,119.32**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 2,475.45**	**$ 11,871.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				MEDICAL/SURGICAL SUPPLIES	$ 2,060.00	$ 1,133.00	$ 1,107.66	$ -	$ -	$ -	$ -	$ -	$ 1,453.33	$ 1,152.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,453.33
				LABORATORY	$ 1,336.75	$ 735.21	$ 718.77	$ -	$ -	$ -	$ -	$ -	$ 943.08	$ 747.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 943.08
				PHARMACY	$ 356.80	$ 196.24	$ 191.85	$ -	$ -	$ -	$ -	$ -	$ 251.72	$ 199.63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 251.72
126	**45560**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 34,456.39**	**$ 18,951.01**	**$ 18,527.20**	**$ 3,895.00**	**$ 5,621.34**	**$ 5,058.74**	**$ 2,475.45**	**$ 3,876.00**	**$ 24,308.98**	**$ 19,278.35**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 2,475.45**	**$ 24,308.98**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 15,859.75	$ 8,722.86	$ 8,527.79	$ -	$ -	$ -	$ -	$ -	$ 11,189.05	$ 8,873.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,189.05
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 1,268.89	$ 697.89	$ 682.28	$ -	$ -	$ -	$ -	$ -	$ 895.20	$ 709.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 895.20
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
127	**46020**	**HOSPITAL OUTPATIENT**	**DRAINAGE OF ANUS WITH DRAINAGE DEVICE, EXTERNAL APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 11,460.85**	**$ 6,303.47**	**$ 6,162.50**	**$ 666.25**	**$ 5,621.34**	**$ 5,058.74**	**$ 2,475.45**	**$ 663.00**	**$ 8,085.63**	**$ 6,412.35**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 666.25**	**$ 721.50**	**$ 669.50**	**$ 663.00**	**$ 8,085.63**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 599.75	$ 329.86	$ 322.49	$ -	$ -	$ -	$ -	$ -	$ 423.12	$ 335.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 423.12
				MEDICAL/SURGICAL SUPPLIES	$ 419.00	$ 230.45	$ 225.30	$ -	$ -	$ -	$ -	$ -	$ 295.60	$ 234.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 295.60
				PHARMACY	$ 227.60	$ 125.18	$ 122.38	$ -	$ -	$ -	$ -	$ -	$ 160.57	$ 127.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 160.57
128	**46200**	**HOSPITAL OUTPATIENT**	**INTRODUCTION OF OTH THERAP SUBST INTO LOW GI, PERC APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 16,082.40**	**$ 8,845.32**	**$ 8,647.51**	**$ 430.50**	**$ 5,621.34**	**$ 5,058.74**	**$ 2,475.45**	**$ 428.40**	**$ 11,346.13**	**$ 8,998.10**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 430.50**	**$ 466.20**	**$ 432.60**	**$ 428.40**	**$ 11,346.13**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				MEDICAL/SURGICAL SUPPLIES	$ 2,617.50	$ 1,439.63	$ 1,407.43	$ -	$ -	$ -	$ -	$ -	$ 1,846.65	$ 1,464.49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,846.65

				PHARMACY	2,251.40	1,238.27	1,210.58	-	-	-	-	-	1,588.36	1,259.66	-	-	-	-	-	-	-	1,588.36
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PRIMARY SERVICE TOTAL	**10,201.85**	**5,611.02**	**5,485.53**	**533.00**	**2,408.12**	**2,167.11**	**1,060.46**	**530.40**	**7,197.41**	**5,707.94**	**2,761.00**	**3,607.00**	**2,761.00**	**533.00**	**577.20**	**535.60**	**530.40**	**7,197.41**
129	**46220**	**HOSPITAL OUTPATIENT**	**EXCISION OF ANUS, EXTERNAL APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				MEDICAL/SURGICAL SUPPLIES	2,078.00	1,142.90	1,117.34	-	-	-	-	-	1,466.03	1,162.64	-	-	-	-	-	-	-	1,466.03
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				ANESTHESIA	791.25	435.19	425.46	-	-	-	-	-	558.23	442.70	-	-	-	-	-	-	-	558.23
				PHARMACY	221.35	121.74	119.02	-	-	-	-	-	156.16	123.85	-	-	-	-	-	-	-	156.16
				PRIMARY SERVICE TOTAL	**15,379.05**	**8,458.48**	**8,269.32**	**1,486.25**	**5,621.34**	**5,058.74**	**2,475.45**	**1,479.00**	**10,849.92**	**8,604.58**	**4,781.00**	**6,245.00**	**4,781.00**	**1,486.25**	**1,609.50**	**1,493.50**	**1,479.00**	**10,849.92**
130	**46255**	**HOSPITAL OUTPATIENT**	**OCCLUSION OF HEMORR PLEXUS WITH EXTRALUM DEV, VIA OPENING**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				MEDICAL/SURGICAL SUPPLIES	2,413.00	1,327.15	1,297.47	-	-	-	-	-	1,702.37	1,350.07	-	-	-	-	-	-	-	1,702.37
				PHARMACY	420.55	231.30	226.13	-	-	-	-	-	296.70	235.30	-	-	-	-	-	-	-	296.70
				PRIMARY SERVICE TOTAL	**14,569.09**	**8,013.00**	**7,833.80**	**1,691.25**	**5,621.34**	**5,058.74**	**2,475.45**	**1,683.00**	**10,278.49**	**8,151.41**	**4,781.00**	**6,245.00**	**4,781.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**10,278.49**
131	**46260**	**HOSPITAL OUTPATIENT**	**EXCISION OF HEMORRHOIDAL PLEXUS, OPEN APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				MEDICAL/SURGICAL SUPPLIES	1,996.00	1,097.80	1,073.25	-	-	-	-	-	1,408.18	1,116.76	-	-	-	-	-	-	-	1,408.18
				PHARMACY	527.09	289.90	283.42	-	-	-	-	-	371.86	294.91	-	-	-	-	-	-	-	371.86
				PRIMARY SERVICE TOTAL	**14,798.83**	**8,139.36**	**7,957.33**	**1,896.25**	**5,621.34**	**5,058.74**	**2,475.45**	**1,887.00**	**10,440.57**	**8,279.95**	**4,781.00**	**6,245.00**	**4,781.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,887.00**	**10,440.57**
132	**46261**	**HOSPITAL OUTPATIENT**	**EXCISION OF ANUS, OPEN APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	2,769.00	1,522.95	1,488.89	-	-	-	-	-	1,953.53	1,549.26	-	-	-	-	-	-	-	1,953.53
				MEDICAL/SURGICAL SUPPLIES	2,396.25	1,317.94	1,288.46	-	-	-	-	-	1,690.55	1,340.70	-	-	-	-	-	-	-	1,690.55
				PHARMACY	815.08	448.29	438.27	-	-	-	-	-	575.04	456.04	-	-	-	-	-	-	-	575.04
				PRIMARY SERVICE TOTAL	**13,040.25**	**7,172.14**	**7,011.74**	**1,127.50**	**5,621.34**	**5,058.74**	**2,475.45**	**1,122.00**	**9,199.90**	**7,296.02**	**4,781.00**	**6,245.00**	**4,781.00**	**1,127.50**	**1,221.00**	**1,133.00**	**1,122.00**	**9,199.90**
133	**46270**	**HOSPITAL OUTPATIENT**	**DIVISION OF PERINEUM SKIN, EXTERNAL APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				MEDICAL/SURGICAL SUPPLIES	704.75	387.61	378.94	-	-	-	-	-	497.20	394.31	-	-	-	-	-	-	-	497.20
				LABORATORY	556.25	305.94	299.10	-	-	-	-	-	392.43	311.22	-	-	-	-	-	-	-	392.43
				PHARMACY	454.75	250.11	244.52	-	-	-	-	-	320.83	254.43	-	-	-	-	-	-	-	320.83
				PRIMARY SERVICE TOTAL	**11,247.89**	**6,186.34**	**6,047.99**	**1,691.25**	**5,621.34**	**5,058.74**	**2,475.45**	**1,683.00**	**7,935.39**	**6,293.19**	**4,781.00**	**6,245.00**	**4,781.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**7,935.39**
134	**46275**	**HOSPITAL OUTPATIENT**	**EXCISION OF ANUS, VIA NATURAL OR ARTIFICIAL OPENING**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PHARMACY	636.39	350.01	342.19	-	-	-	-	-	448.97	356.06	-	-	-	-	-	-	-	448.97
				MEDICAL/SURGICAL SUPPLIES	397.00	218.35	213.47	-	-	-	-	-	280.08	222.12	-	-	-	-	-	-	-	280.08
				PRIMARY SERVICE TOTAL	**12,918.19**	**7,105.00**	**6,946.11**	**2,152.50**	**5,621.34**	**5,058.74**	**2,475.45**	**2,142.00**	**9,113.78**	**7,227.73**	**4,781.00**	**6,245.00**	**4,781.00**	**2,152.50**	**2,331.00**	**2,163.00**	**2,142.00**	**9,113.78**
135	**46280**	**HOSPITAL OUTPATIENT**	**DIVISION OF BUTTOCK SKIN, EXTERNAL APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				RECOVERY ROOM AND BOARD	3,379.50	1,858.73	1,817.16	-	-	-	-	-	2,384.24	1,890.83	-	-	-	-	-	-	-	2,384.24
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				PHARMACY	659.44	362.69	354.58	-	-	-	-	-	465.23	368.96	-	-	-	-	-	-	-	465.23
				MEDICAL/SURGICAL SUPPLIES	560.25	308.14	301.25	-	-	-	-	-	395.26	313.46	-	-	-	-	-	-	-	395.26
				PRIMARY SERVICE TOTAL	**20,655.29**	**11,360.41**	**11,106.35**	**1,230.00**	**5,621.34**	**5,058.74**	**2,475.45**	**1,224.00**	**14,572.31**	**11,556.63**	**9,098.00**	**11,871.00**	**9,098.00**	**1,230.00**	**1,332.00**	**1,236.00**	**1,224.00**	**14,572.31**
136	**46288**	**HOSPITAL OUTPATIENT**	**EXCISION OF ANUS, VIA NATURAL OR ARTIFICIAL OPENING**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				RECOVERY ROOM AND BOARD	5,558.50	3,057.18	2,988.81	-	-	-	-	-	3,921.52	3,109.98	-	-	-	-	-	-	-	3,921.52
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				PHARMACY	1,773.54	975.45	953.63	-	-	-	-	-	1,251.23	992.30	-	-	-	-	-	-	-	1,251.23
				MEDICAL/SURGICAL SUPPLIES	719.25	395.59	386.74	-	-	-	-	-	507.43	402.42	-	-	-	-	-	-	-	507.43
				LABORATORY	87.00	47.85	46.78	-	-	-	-	-	61.38	48.68	-	-	-	-	-	-	-	61.38
				PRIMARY SERVICE TOTAL	**13,424.74**	**7,383.61**	**7,218.48**	**871.25**	**2,408.12**	**2,167.11**	**1,060.46**	**867.00**	**9,471.15**	**7,511.14**	**2,761.00**	**3,607.00**	**2,761.00**	**871.25**	**943.50**	**875.50**	**867.00**	**9,471.15**
137	**46505**	**HOSPITAL OUTPATIENT**	**DIVISION OF ANAL SPHINCTER, OPEN APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				PHARMACY	2,343.74	1,289.06	1,260.23	-	-	-	-	-	1,653.51	1,311.32	-	-	-	-	-	-	-	1,653.51
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				MEDICAL/SURGICAL SUPPLIES	367.00	201.85	197.34	-	-	-	-	-	258.92	205.34	-	-	-	-	-	-	-	258.92
				PRIMARY SERVICE TOTAL	**9,889.99**	**5,439.49**	**5,317.85**	**738.00**	**448.28**	**403.42**	**197.41**	**734.40**	**6,977.39**	**5,533.45**	**2,761.00**	**3,607.00**	**2,761.00**	**738.00**	**799.20**	**741.60**	**197.41**	**6,977.39**
138	**46910**	**HOSPITAL OUTPATIENT**	**DESTRUCTION OF ANUS, VIA NATURAL OR ARTIFICIAL OPENING**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	2,316.00	1,273.80	1,245.31	-	-	-	-	-	1,633.94	1,295.80	-	-	-	-	-	-	-	1,633.94
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	624.24	343.33	335.65	-	-	-	-	-	440.40	349.26	-	-	-	-	-	-	-	440.40
				MEDICAL/SURGICAL SUPPLIES	449.00	246.95	241.43	-	-	-	-	-	316.77	251.22	-	-	-	-	-	-	-	316.77
				PRIMARY SERVICE TOTAL	**12,588.79**	**6,923.83**	**6,768.99**	**973.75**	**5,621.34**	**5,058.74**	**2,475.45**	**969.00**	**8,881.39**	**7,043.43**	**4,781.00**	**6,245.00**	**4,781.00**	**973.75**	**1,054.50**	**978.50**	**969.00**	**8,881.39**
139	**46922**	**HOSPITAL OUTPATIENT**	**DESTRUCTION OF PERINEUM SKIN, MULTIPLE, EXTERNAL APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	631.54	347.35	339.58	-	-	-	-	-	445.55	353.35	-	-	-	-	-	-	-	445.55
				MEDICAL/SURGICAL SUPPLIES	576.00	316.80	309.72	-	-	-	-	-	406.37	322.27	-	-	-	-	-	-	-	406.37
				LABORATORY	556.25	305.94	299.10	-	-	-	-	-	392.43	311.22	-	-	-	-	-	-	-	392.43
				PRIMARY SERVICE TOTAL	**15,026.58**	**8,264.62**	**8,079.79**	**1,230.00**	**2,638.28**	**2,374.23**	**1,161.81**	**1,224.00**	**10,601.25**	**8,407.37**	**4,781.00**	**6,245.00**	**4,781.00**	**1,230.00**	**1,332.00**	**1,236.00**	**1,161.81**	**10,601.25**
140	**46945**	**HOSPITAL OUTPATIENT**	**EXCISION OF HEMORRHOIDAL PLEXUS, OPEN APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	3,027.75	1,665.26	1,628.02	-	-	-	-	-	2,136.08	1,694.03	-	-	-	-	-	-	-	2,136.08
				MEDICAL/SURGICAL SUPPLIES	2,397.00	1,318.35	1,288.87	-	-	-	-	-	1,691.08	1,341.12	-	-	-	-	-	-	-	1,691.08
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	901.08	495.59	484.51	-	-	-	-	-	635.71	504.15	-	-	-	-	-	-	-	635.71
				PRIMARY SERVICE TOTAL	**33,685.60**	**18,527.08**	**18,112.75**	**8,712.50**	**5,858.53**	**5,272.19**	**2,579.90**	**8,670.00**	**23,765.19**	**18,847.09**	**9,124.00**	**11,727.00**	**9,124.00**	**8,712.50**	**9,435.00**	**8,755.00**	**2,579.90**	**23,765.19**
141	**47120**	**HOSPITAL OUTPATIENT**	**EXCISION OF LIVER, PERCUTANEOUS ENDOSCOPIC APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				RECOVERY ROOM AND BOARD	7,042.50	3,873.38	3,786.75	-	-	-	-	-	4,968.48	3,940.28	-	-	-	-	-	-	-	4,968.48
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				MEDICAL/SURGICAL SUPPLIES	4,956.50	2,726.08	2,665.11	-	-	-	-	-	3,496.81	2,773.16	-	-	-	-	-	-	-	3,496.81
				PHARMACY	968.35	532.59	520.68	-	-	-	-	-	683.17	541.79	-	-	-	-	-	-	-	683.17
				PRIMARY SERVICE TOTAL	**32,870.31**	**18,078.67**	**17,674.37**	**5,637.50**	**11,591.24**	**10,431.15**	**5,104.40**	**5,610.00**	**23,190.00**	**18,390.94**	**13,172.00**	**16,929.00**	**13,172.00**	**5,637.50**	**6,105.00**	**5,665.00**	**5,104.40**	**23,190.00**
142	**47379**	**HOSPITAL OUTPATIENT**	**EXCISION OF LIVER, PERCUTANEOUS APPROACH, DIAGNOSTIC**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	12,427.75	6,835.26	6,682.40	-	-	-	-	-	8,767.78	6,953.33	-	-	-	-	-	-	-	8,767.78
				MEDICAL/SURGICAL SUPPLIES	9,125.00	5,018.75	4,906.51	-	-	-	-	-	6,437.69	5,105.44	-	-	-	-	-	-	-	6,437.69
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				PHARMACY	2,254.56	1,240.01	1,212.28	-	-	-	-	-	1,590.59	1,261.43	-	-	-	-	-	-	-	1,590.59
				LABORATORY	1,233.75	678.56	663.39	-	-	-	-	-	870.41	690.28	-	-	-	-	-	-	-	870.41
				PRIMARY SERVICE TOTAL	**23,569.69**	**12,963.33**	**12,673.42**	**5,945.00**	**11,591.24**	**10,431.15**	**5,104.40**	**5,916.00**	**16,628.42**	**13,187.24**	**16,164.00**	**20,777.00**	**16,164.00**	**5,945.00**	**6,438.00**	**5,974.00**	**5,104.40**	**20,777.00**
143	**47562**	**HOSPITAL OUTPATIENT**	**RESECTION OF GALLBLADDER, PERCUTANEOUS ENDOSCOPIC APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				MEDICAL/SURGICAL SUPPLIES	2,918.25	1,605.04	1,569.14	-	-	-	-	-	2,058.83	1,632.76	-	-	-	-	-	-	-	2,058.83
				PHARMACY	1,205.44	662.99	648.17	-	-	-	-	-	850.44	674.44	-	-	-	-	-	-	-	850.44
				LABORATORY	43.50	23.93	23.39	-	-	-	-	-	30.69	24.34	-	-	-	-	-	-	-	30.69
				PRIMARY SERVICE TOTAL	**43,937.35**	**24,165.54**	**23,625.11**	**6,355.00**	**11,591.24**	**10,431.15**	**5,104.40**	**6,324.00**	**30,997.80**	**24,582.95**	**16,164.00**	**20,777.00**	**16,164.00**	**6,355.00**	**6,882.00**	**6,386.00**	**5,104.40**	**30,997.80**
144	**47563**	**HOSPITAL OUTPATIENT**	**RESECTION OF GALLBLADDER, PERCUTANEOUS ENDOSCOPIC APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	26,107.75	14,359.26	14,038.14	-	-	-	-	-	18,419.02	14,607.29	-	-	-	-	-	-	-	18,419.02
				ANESTHESIA	6,599.75	3,629.86	3,548.69	-	-	-	-	-	4,656.12	3,692.56	-	-	-	-	-	-	-	4,656.12
				MEDICAL/SURGICAL SUPPLIES	4,945.00	2,719.75	2,658.93	-	-	-	-	-	3,488.70	2,766.73	-	-	-	-	-	-	-	3,488.70
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				PHARMACY	1,513.60	832.48	813.86	-	-	-	-	-	1,067.84	846.86	-	-	-	-	-	-	-	1,067.84
				RADIOLOGY - DIAGNOSTIC	1,044.25	574.34	561.49	-	-	-	-	-	736.72	584.26	-	-	-	-	-	-	-	736.72
				PRIMARY SERVICE TOTAL	**23,152.72**	**12,734.00**	**12,449.22**	**3,280.00**	**11,591.24**	**10,431.15**	**5,104.40**	**3,264.00**	**16,334.24**	**12,953.95**	**13,172.00**	**16,929.00**	**13,172.00**	**3,280.00**	**3,552.00**	**3,296.00**	**3,264.00**	**16,929.00**
145	**49320**	**HOSPITAL OUTPATIENT**	**INSPECTION OF STOMACH, PERCUTANEOUS ENDOSCOPIC APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	12,427.75	6,835.26	6,682.40	-	-	-	-	-	8,767.78	6,953.33	-	-	-	-	-	-	-	8,767.78
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				MEDICAL/SURGICAL SUPPLIES	1,913.50	1,052.43	1,028.89	-	-	-	-	-	1,349.97	1,070.60	-	-	-	-	-	-	-	1,349.97
				PHARMACY	1,481.72	814.95	796.72	-	-	-	-	-	1,045.35	829.02	-	-	-	-	-	-	-	1,045.35
				PRIMARY SERVICE TOTAL	**36,605.74**	**20,133.16**	**19,682.91**	**3,895.00**	**11,591.24**	**10,431.15**	**5,104.40**	**3,876.00**	**25,825.35**	**20,480.91**	**13,172.00**	**16,929.00**	**13,172.00**	**3,895.00**	**4,218.00**	**3,914.00**	**3,876.00**	**25,825.35**
146	**49329**	**HOSPITAL OUTPATIENT**	**EXCISION OF OMENTUM, PERCUTANEOUS ENDOSCOPIC APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	21,547.75	11,851.26	11,586.23	-	-	-	-	-	15,201.94	12,055.97	-	-	-	-	-	-	-	15,201.94
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				MEDICAL/SURGICAL SUPPLIES	3,773.00	2,075.15	2,028.74	-	-	-	-	-	2,661.85	2,110.99	-	-	-	-	-	-	-	2,661.85
				PHARMACY	1,346.74	740.71	724.14	-	-	-	-	-	950.13	753.50	-	-	-	-	-	-	-	950.13
				PRIMARY SERVICE TOTAL	**10,086.80**	**5,547.74**	**5,423.67**	**2,460.00**	**6,645.53**	**5,980.42**	**2,926.47**	**2,448.00**	**7,116.24**	**5,643.56**	**9,098.00**	**11,871.00**	**9,098.00**	**2,460.00**	**2,664.00**	**2,472.00**	**2,448.00**	**11,871.00**
147	**49422**	**HOSPITAL OUTPATIENT**	**REMOVAL OF INFUSION DEVICE FROM PERITON CAV, OPEN APPROACH**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	3,196.25	1,757.94	1,718.62	-	-	-	-	-	2,254.95	1,788.30	-	-	-	-	-	-	-	2,254.95
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	670.75	368.91	360.66	-	-	-	-	-	473.21	375.28	-	-	-	-	-	-	-	473.21
				MEDICAL/SURGICAL SUPPLIES	446.50	245.58	240.08	-	-	-	-	-	315.01	249.82	-	-	-	-	-	-	-	315.01
				PHARMACY	164.05	90.23	88.21	-	-	-	-	-	115.74	91.79	-	-	-	-	-	-	-	115.74
				PRIMARY SERVICE TOTAL	**36,259.54**	**19,942.75**	**19,496.75**	**3,895.00**	**7,456.20**	**6,709.96**	**3,283.46**	**3,876.00**	**25,581.11**	**20,287.21**	**9,098.00**	**11,871.00**	**9,098.00**	**3,895.00**	**4,218.00**	**3,914.00**	**3,283.46**	**25,581.11**
148	**49505**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT BI INGUINAL REGION W NONAUT SUB, PERC ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	21,547.75	11,851.26	11,586.23	-	-	-	-	-	15,201.94	12,055.97	-	-	-	-	-	-	-	15,201.94
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				MEDICAL/SURGICAL SUPPLIES	4,352.75	2,394.01	2,340.47	-	-	-	-	-	3,070.87	2,435.36	-	-	-	-	-	-	-	3,070.87
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	1,581.50	869.83	850.37	-	-	-	-	-	1,115.75	884.85	-	-	-	-	-	-	-	1,115.75
				PHARMACY	670.79	368.93	360.68	-	-	-	-	-	473.24	375.31	-	-	-	-	-	-	-	473.24

149	49591	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 28,709.15**	**$ 15,790.03**	**$ 15,436.91**	**$ 4,305.00**	**$ 8,493.55**	**$ 7,643.48**	**$ 7,643.48**	**$ 4,284.00**	**$ 20,254.31**	**$ 16,062.77**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 20,254.31**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				MEDICAL/SURGICAL SUPPLIES	$ 2,390.50	$ 1,314.78	$ 1,285.37	$ -	$ -	$ -	$ -	$ -	$ 1,686.50	$ 1,337.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,686.50
				LABORATORY	$ 1,233.75	$ 678.56	$ 663.39	$ -	$ -	$ -	$ -	$ -	$ 870.41	$ 690.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 870.41
				PHARMACY	$ 977.65	$ 537.71	$ 525.68	$ -	$ -	$ -	$ -	$ -	$ 689.73	$ 547.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 689.73
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
150	49592	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 29,669.60**	**$ 16,318.28**	**$ 15,953.34**	**$ 4,612.50**	**$ 12,498.74**	**$ 11,247.82**	**$ 11,247.82**	**$ 4,590.00**	**$ 20,931.90**	**$ 16,600.14**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 20,931.90**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				MEDICAL/SURGICAL SUPPLIES	$ 2,698.50	$ 1,484.18	$ 1,450.98	$ -	$ -	$ -	$ -	$ -	$ 1,903.79	$ 1,509.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,903.79
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,233.75	$ 678.56	$ 663.39	$ -	$ -	$ -	$ -	$ -	$ 870.41	$ 690.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 870.41
				PHARMACY	$ 1,130.60	$ 621.83	$ 607.92	$ -	$ -	$ -	$ -	$ -	$ 797.64	$ 632.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 797.64
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
151	49593	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 38,310.25**	**$ 21,070.64**	**$ 20,599.42**	**$ 4,920.00**	**$ 8,493.55**	**$ 7,643.48**	**$ 7,643.48**	**$ 4,896.00**	**$ 27,027.88**	**$ 21,434.58**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 4,896.00**	**$ 27,027.88**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				RECOVERY ROOM AND BOARD	$ 7,390.00	$ 4,064.50	$ 3,973.60	$ -	$ -	$ -	$ -	$ -	$ 5,213.65	$ 4,134.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,213.65
				MEDICAL/SURGICAL SUPPLIES	$ 6,628.00	$ 3,645.40	$ 3,563.88	$ -	$ -	$ -	$ -	$ -	$ 4,676.05	$ 3,708.37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,676.05
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				PHARMACY	$ 1,105.25	$ 607.89	$ 594.29	$ -	$ -	$ -	$ -	$ -	$ 779.75	$ 618.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 779.75
				LABORATORY	$ 586.75	$ 322.71	$ 315.50	$ -	$ -	$ -	$ -	$ -	$ 413.95	$ 328.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 413.95
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
152	49594	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 38,490.59**	**$ 21,169.82**	**$ 20,696.39**	**$ 5,330.00**	**$ 12,498.74**	**$ 11,247.82**	**$ 11,247.82**	**$ 5,304.00**	**$ 27,155.11**	**$ 21,535.49**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,330.00**	**$ 5,772.00**	**$ 5,356.00**	**$ 5,304.00**	**$ 27,155.11**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				MEDICAL/SURGICAL SUPPLIES	$ 4,503.75	$ 2,477.06	$ 2,421.67	$ -	$ -	$ -	$ -	$ -	$ 3,177.40	$ 2,519.85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,177.40
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 1,497.09	$ 823.40	$ 804.99	$ -	$ -	$ -	$ -	$ -	$ 1,056.20	$ 837.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,056.20
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
153	49595	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 35,350.63**	**$ 19,442.85**	**$ 19,008.03**	**$ 5,637.50**	**$ 8,493.55**	**$ 7,643.48**	**$ 7,643.48**	**$ 5,610.00**	**$ 24,939.87**	**$ 19,778.68**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 5,610.00**	**$ 24,939.87**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				MEDICAL/SURGICAL SUPPLIES	$ 4,012.50	$ 2,206.88	$ 2,157.52	$ -	$ -	$ -	$ -	$ -	$ 2,830.82	$ 2,244.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,830.82
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 1,203.13	$ 661.72	$ 646.92	$ -	$ -	$ -	$ -	$ -	$ 848.81	$ 673.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 848.81
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
154	49596	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 35,810.97**	**$ 19,696.03**	**$ 19,255.56**	**$ 5,945.00**	**$ 2,635.86**	**$ 2,372.05**	**$ 2,372.05**	**$ 5,916.00**	**$ 25,264.64**	**$ 20,036.24**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,945.00**	**$ 6,438.00**	**$ 5,974.00**	**$ 2,372.05**	**$ 25,264.64**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				MEDICAL/SURGICAL SUPPLIES	$ 3,669.50	$ 2,018.23	$ 1,973.09	$ -	$ -	$ -	$ -	$ -	$ 2,588.83	$ 2,053.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,588.83
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 1,376.97	$ 757.33	$ 740.40	$ -	$ -	$ -	$ -	$ -	$ 971.45	$ 770.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 971.45
155	49615	HOSPITAL OUTPATIENT	SUPPLEMENT ABDOMINAL WALL WITH SYNTH SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 41,969.15**	**$ 23,083.03**	**$ 22,566.81**	**$ 4,612.50**	**$ 8,493.55**	**$ 7,643.48**	**$ 7,643.48**	**$ 4,590.00**	**$ 29,609.24**	**$ 23,481.74**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 29,609.24**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				MEDICAL/SURGICAL SUPPLIES	$ 4,641.50	$ 2,552.83	$ 2,495.73	$ -	$ -	$ -	$ -	$ -	$ 3,274.58	$ 2,596.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,274.58
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 1,498.90	$ 824.40	$ 805.96	$ -	$ -	$ -	$ -	$ -	$ 1,057.47	$ 838.63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,057.47
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
156	49616	HOSPITAL OUTPATIENT	SUPPLEMENT ABD WALL WITH NONAUT SUB, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 36,020.20**	**$ 19,811.11**	**$ 19,368.06**	**$ 4,920.00**	**$ 2,213.26**	**$ 1,991.75**	**$ 1,991.75**	**$ 4,896.00**	**$ 25,412.25**	**$ 20,153.30**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 1,991.75**	**$ 25,412.25**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				MEDICAL/SURGICAL SUPPLIES	$ 3,623.00	$ 1,992.65	$ 1,948.09	$ -	$ -	$ -	$ -	$ -	$ 2,556.03	$ 2,027.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,556.03
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				RESPIRATORY SERVICES	$ 1,077.50	$ 592.63	$ 579.37	$ -	$ -	$ -	$ -	$ -	$ 760.18	$ 602.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 760.18
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 281.45	$ 154.80	$ 151.34	$ -	$ -	$ -	$ -	$ -	$ 198.56	$ 157.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 198.56
157	49650	HOSPITAL OUTPATIENT	SUPPLEMENT R INGUINAL REGION W NONAUT SUB, PERC ENDO	**PRIMARY SERVICE TOTAL**	**$ 32,960.35**	**$ 18,128.19**	**$ 17,722.78**	**$ 5,330.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 5,304.00**	**$ 23,253.53**	**$ 18,441.32**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,330.00**	**$ 5,772.00**	**$ 5,356.00**	**$ 5,104.40**	**$ 23,253.53**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				MEDICAL/SURGICAL SUPPLIES	$ 3,507.50	$ 1,929.13	$ 1,885.98	$ -	$ -	$ -	$ -	$ -	$ 2,474.54	$ 1,962.45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,474.54
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 908.35	$ 499.59	$ 488.42	$ -	$ -	$ -	$ -	$ -	$ 640.84	$ 508.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 640.84
158	49651	HOSPITAL OUTPATIENT	SUPPLEMENT L INGUINAL REGION W NONAUT SUB, PERC ENDO	**PRIMARY SERVICE TOTAL**	**$ 34,874.54**	**$ 19,181.00**	**$ 18,752.04**	**$ 5,637.50**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 5,610.00**	**$ 24,603.99**	**$ 19,512.31**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 5,104.40**	**$ 24,603.99**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				MEDICAL/SURGICAL SUPPLIES	$ 2,981.50	$ 1,639.83	$ 1,603.15	$ -	$ -	$ -	$ -	$ -	$ 2,103.45	$ 1,668.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,103.45
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 1,647.04	$ 905.87	$ 885.61	$ -	$ -	$ -	$ -	$ -	$ 1,161.99	$ 921.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,161.99
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
159	49659	HOSPITAL OUTPATIENT	SUPPLEMENT R INGUINAL REGION W NONAUT SUB, PERC ENDO	**PRIMARY SERVICE TOTAL**	**$ 30,382.05**	**$ 16,710.13**	**$ 16,336.43**	**$ 4,305.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,284.00**	**$ 21,434.54**	**$ 16,998.76**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 21,434.54**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				MEDICAL/SURGICAL SUPPLIES	$ 3,092.50	$ 1,700.88	$ 1,662.84	$ -	$ -	$ -	$ -	$ -	$ 2,181.76	$ 1,730.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,181.76
				PHARMACY	$ 925.80	$ 509.19	$ 497.80	$ -	$ -	$ -	$ -	$ -	$ 653.15	$ 517.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 653.15
				LABORATORY	$ 647.00	$ 355.85	$ 347.89	$ -	$ -	$ -	$ -	$ -	$ 456.46	$ 362.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 456.46
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
160	50081	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM RIGHT KIDNEY, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 49,049.04**	**$ 26,976.97**	**$ 26,373.67**	**$ 4,612.50**	**$ 19,346.90**	**$ 17,410.59**	**$ 8,519.73**	**$ 4,590.00**	**$ 34,604.10**	**$ 27,442.94**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 34,604.10**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 7,221.25	$ 3,971.69	$ 3,882.87	$ -	$ -	$ -	$ -	$ -	$ 5,094.59	$ 4,040.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,094.59
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				PHARMACY	$ 1,850.54	$ 1,017.80	$ 995.04	$ -	$ -	$ -	$ -	$ -	$ 1,305.56	$ 1,035.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,305.56
				RADIOLOGY - DIAGNOSTIC	$ 1,680.50	$ 924.28	$ 903.60	$ -	$ -	$ -	$ -	$ -	$ 1,185.59	$ 940.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,185.59
				LABORATORY	$ 629.50	$ 346.23	$ 338.48	$ -	$ -	$ -	$ -	$ -	$ 444.11	$ 352.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 444.11
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
161	50436	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM LEFT KIDNEY, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 47,224.99**	**$ 25,973.74**	**$ 25,392.88**	**$ 3,280.00**	**$ 4,248.18**	**$ 3,823.00**	**$ 1,870.76**	**$ 3,264.00**	**$ 33,317.23**	**$ 26,422.38**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 1,870.76**	**$ 33,317.23**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 7,045.75	$ 3,875.16	$ 3,788.50	$ -	$ -	$ -	$ -	$ -	$ 4,970.78	$ 3,942.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,970.78
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 2,168.24	$ 1,192.53	$ 1,165.86	$ -	$ -	$ -	$ -	$ -	$ 1,529.69	$ 1,213.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,529.69
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				LABORATORY	$ 833.50	$ 458.43	$ 448.17	$ -	$ -	$ -	$ -	$ -	$ 588.03	$ 466.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 588.03
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
162	50437	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM LEFT KIDNEY, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 47,936.65**	**$ 26,365.16**	**$ 25,775.54**	**$ 3,587.50**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 3,570.00**	**$ 33,819.31**	**$ 26,820.56**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,587.50**	**$ 3,885.00**	**$ 3,605.00**	**$ 3,187.58**	**$ 33,819.31**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 7,904.50	$ 4,347.48	$ 4,250.25	$ -	$ -	$ -	$ -	$ -	$ 5,576.62	$ 4,422.57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,576.62
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				PHARMACY	$ 2,537.90	$ 1,395.85	$ 1,364.63	$ -	$ -	$ -	$ -	$ -	$ 1,790.49	$ 1,419.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,790.49
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				OTHER DIAGNOSTIC SERVICES: PERIPHERAL VASCULAR LAB	$ 1,130.50	$ 621.78	$ 607.87	$ -	$ -	$ -	$ -	$ -	$ 797.57	$ 632.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 797.57
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				LABORATORY	$ 670.25	$ 368.64	$ 360.39	$ -	$ -	$ -	$ -	$ -	$ 472.86	$ 375.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 472.86
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
163	50541	HOSPITAL OUTPATIENT	DESTRUCTION OF RIGHT KIDNEY, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 37,755.09**	**$ 20,765.30**	**$ 20,300.91**	**$ 6,662.50**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 6,630.00**	**$ 26,636.22**	**$ 21,123.97**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 6,662.50**	**$ 7,215.00**	**$ 6,695.00**	**$ 5,104.40**	**$ 26,636.22**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 5,164.00	$ 2,840.20	$ 2,776.68	$ -	$ -	$ -	$ -	$ -	$ 3,643.20	$ 2,889.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,643.20
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				MEDICAL/SURGICAL SUPPLIES	$ 2,815.00	$ 1,548.25	$ 1,513.63	$ -	$ -	$ -	$ -	$ -	$ 1,985.98	$ 1,574.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,985.98
				LABORATORY	$ 2,445.00	$ 1,344.75	$ 1,314.68	$ -	$ -	$ -	$ -	$ -	$ 1,724.95	$ 1,367.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,724.95
				PHARMACY	$ 1,545.09	$ 849.80	$ 830.79	$ -	$ -	$ -	$ -	$ -	$ 1,090.06	$ 864.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,090.06
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
164	50543	HOSPITAL OUTPATIENT	EXCISION OF RIGHT KIDNEY, PERCUTANEOUS ENDOSCOPIC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 53,065.10**	**$ 29,185.81**	**$ 28,533.10**	**$ 7,380.00**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 7,344.00**	**$ 37,437.43**	**$ 29,689.92**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 7,380.00**	**$ 7,992.00**	**$ 7,416.00**	**$ 7,344.00**	**$ 37,437.43**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				ANESTHESIA	$ 8,098.25	$ 4,454.04	$ 4,354.43	$ -	$ -	$ -	$ -	$ -	$ 5,713.32	$ 4,530.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,713.32
				MEDICAL/SURGICAL SUPPLIES	$ 7,829.75	$ 4,306.36	$ 4,210.06	$ -	$ -	$ -	$ -	$ -	$ 5,523.89	$ 4,380.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,523.89
				LABORATORY	$ 1,605.00	$ 882.75	$ 863.01	$ -	$ -	$ -	$ -	$ -	$ 1,132.33	$ 898.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,132.33
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,097.00	$ 603.35	$ 589.86	$ -	$ -	$ -	$ -	$ -	$ 773.93	$ 613.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 773.93
				PHARMACY	$ 909.10	$ 500.01	$ 488.82	$ -	$ -	$ -	$ -	$ -	$ 641.37	$ 508.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 641.37
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ 145.04	$ -	$ -	$ -	$ -	$ -	$ 190.31	$ 150.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 190.31
165	50544	HOSPITAL OUTPATIENT	REPAIR LEFT KIDNEY PELVIS, PERCUTANEOUS ENDOSCOPIC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 46,347.95**	**$ 25,491.37**	**$ 24,921.29**	**$ 7,687.50**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 7,650.00**	**$ 32,698.48**	**$ 25,931.68**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 7,687.50**	**$ 8,325.00**	**$ 7,725.00**	**$ 7,650.00**	**$ 32,698.48**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12

165	50544	HOSPITAL OUTPATIENT	ABLATION OF RENAL TISSUE, PERCUTANEOUS ENDOSCOPIC APPROACH	MEDICAL/SURGICAL SUPPLIES	$ 6,597.00	$ 3,628.35	$ 3,547.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,654.18	$ 3,691.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,654.18
				RECOVERY ROOM AND BOARD	$ 4,600.50	$ 2,530.28	$ 2,473.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,245.65	$ 2,573.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,245.65
				PHARMACY	$ 1,508.95	$ 829.92	$ 811.36	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,064.56	$ 844.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,064.56
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 422.75	$ 232.51	$ 227.31	$ -	$ -	$ -	$ -	$ -	$ -	$ 298.25	$ 236.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 298.25
				PRIMARY SERVICE TOTAL	**$ 48,602.84**	**$ 26,731.56**	**$ 26,133.75**	**$ 8,405.00**	**$ 3,350.58**	**$ 3,015.24**	**$ 1,475.49**	**$ 8,364.00**	**$ 34,289.30**	**$ 27,193.29**	**$ 9,124.00**	**$ 11,727.00**	**$ 9,124.00**	**$ 8,405.00**	**$ 9,102.00**	**$ 8,446.00**	**$ 1,475.49**	**$ 34,289.30**
166	50545	HOSPITAL OUTPATIENT	RESECTION OF RIGHT KIDNEY, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 6,733.50	$ 3,703.43	$ 3,620.60	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,750.48	$ 3,767.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,750.48
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				PHARMACY	$ 1,667.59	$ 917.17	$ 896.66	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,176.48	$ 933.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,176.48
				LABORATORY	$ 1,242.75	$ 683.51	$ 668.23	$ -	$ -	$ -	$ -	$ -	$ -	$ 876.76	$ 695.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 876.76
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 73,859.01**	**$ 40,622.46**	**$ 39,713.99**	**$ 9,020.00**	**$ 3,369.57**	**$ 3,032.34**	**$ 1,483.85**	**$ 8,976.00**	**$ 52,107.53**	**$ 41,324.12**	**$ 9,124.00**	**$ 11,727.00**	**$ 9,124.00**	**$ 9,020.00**	**$ 9,768.00**	**$ 9,064.00**	**$ 1,483.85**	**$ 52,107.53**
167	50548	HOSPITAL OUTPATIENT	RESECTION OF RIGHT KIDNEY, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 39,787.75	$ 21,883.26	$ 21,393.87	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,070.26	$ 22,261.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,070.26
				MEDICAL/SURGICAL SUPPLIES	$ 16,240.25	$ 8,932.14	$ 8,732.38	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,457.50	$ 9,086.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,457.50
				ANESTHESIA	$ 10,096.25	$ 5,552.94	$ 5,428.75	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,122.90	$ 5,648.85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,122.90
				LABORATORY	$ 2,789.50	$ 1,534.23	$ 1,499.91	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,967.99	$ 1,560.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,967.99
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 1,746.26	$ 960.44	$ 938.96	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,231.99	$ 977.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,231.99
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 40,065.10**	**$ 22,035.81**	**$ 21,543.00**	**$ 4,305.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 4,284.00**	**$ 28,265.93**	**$ 22,416.42**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 3,187.58**	**$ 28,265.93**
168	50590	HOSPITAL OUTPATIENT	FRAGMENTATION IN RIGHT URETER, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				EXTRA-CORP SHOCK WAVE THERAPY	$ 31,904.00	$ 17,547.20	$ 17,154.78	$ -	$ -	$ -	$ -	$ -	$ -	$ 22,508.27	$ 17,850.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 22,508.27
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 825.00	$ 453.75	$ 443.60	$ -	$ -	$ -	$ -	$ -	$ -	$ 582.04	$ 461.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 582.04
				PHARMACY	$ 738.60	$ 406.23	$ 397.15	$ -	$ -	$ -	$ -	$ -	$ -	$ 521.08	$ 413.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 521.08
				RADIOLOGY - DIAGNOSTIC	$ 588.00	$ 323.40	$ 316.17	$ -	$ -	$ -	$ -	$ -	$ -	$ 414.83	$ 328.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 414.83
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 14,583.29**	**$ 8,020.81**	**$ 7,841.44**	**$ 2,870.00**	**$ 4,248.18**	**$ 3,823.00**	**$ 1,870.76**	**$ 2,856.00**	**$ 10,288.51**	**$ 8,159.35**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 1,870.76**	**$ 10,288.51**
169	50688	HOSPITAL OUTPATIENT	REMOVAL OF INTRALUMINAL DEVICE FROM URETER, VIA OPENING	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				PHARMACY	$ 978.04	$ 537.92	$ 525.89	$ -	$ -	$ -	$ -	$ -	$ -	$ 690.01	$ 547.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 690.01
				MEDICAL/SURGICAL SUPPLIES	$ 913.75	$ 502.56	$ 491.32	$ -	$ -	$ -	$ -	$ -	$ -	$ 644.65	$ 511.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 644.65
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				PRIMARY SERVICE TOTAL	**$ 15,016.49**	**$ 8,259.07**	**$ 8,074.37**	**$ 5,637.50**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 5,610.00**	**$ 10,594.13**	**$ 8,401.73**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 3,187.58**	**$ 10,594.13**
170	50727	HOSPITAL OUTPATIENT	REPAIR ABDOMINAL WALL, STOMA, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 524.74	$ 288.61	$ 282.15	$ -	$ -	$ -	$ -	$ -	$ -	$ 370.20	$ 293.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 370.20
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				MEDICAL/SURGICAL SUPPLIES	$ 290.50	$ 159.78	$ 156.20	$ -	$ -	$ -	$ -	$ -	$ -	$ 204.95	$ 162.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 204.95
				PRIMARY SERVICE TOTAL	**$ 36,409.09**	**$ 20,025.00**	**$ 19,577.17**	**$ 4,612.50**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,590.00**	**$ 25,686.61**	**$ 20,370.89**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 25,686.61**
171	50945	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM LEFT URETER, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				ANESTHESIA	$ 4,373.00	$ 2,405.15	$ 2,351.36	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,085.15	$ 2,446.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,085.15
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				MEDICAL/SURGICAL SUPPLIES	$ 4,008.75	$ 2,204.81	$ 2,155.50	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,828.17	$ 2,242.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,828.17
				PHARMACY	$ 1,097.34	$ 603.54	$ 590.04	$ -	$ -	$ -	$ -	$ -	$ -	$ 774.17	$ 613.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 774.17
				LABORATORY	$ 1,044.75	$ 574.61	$ 561.76	$ -	$ -	$ -	$ -	$ -	$ -	$ 737.07	$ 584.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 737.07
				PRIMARY SERVICE TOTAL	**$ 44,769.04**	**$ 24,622.97**	**$ 24,072.31**	**$ 4,920.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,896.00**	**$ 31,584.56**	**$ 25,048.28**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 4,896.00**	**$ 31,584.56**
172	50947	HOSPITAL OUTPATIENT	BYPASS LEFT URETER TO BLADDER, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				MEDICAL/SURGICAL SUPPLIES	$ 4,771.00	$ 2,624.05	$ 2,565.37	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,365.94	$ 2,669.37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,365.94
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 1,393.79	$ 766.58	$ 749.44	$ -	$ -	$ -	$ -	$ -	$ -	$ 983.32	$ 779.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 983.32
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 43,792.04**	**$ 24,085.62**	**$ 23,546.98**	**$ 5,330.00**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 5,304.00**	**$ 30,895.28**	**$ 24,501.65**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,330.00**	**$ 5,772.00**	**$ 5,356.00**	**$ 5,304.00**	**$ 30,895.28**
173	50948	HOSPITAL OUTPATIENT	BYPASS RIGHT URETER TO BLADDER, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				MEDICAL/SURGICAL SUPPLIES	$ 6,233.25	$ 3,428.29	$ 3,351.62	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,397.56	$ 3,487.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,397.56
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 1,657.50	$ 911.63	$ 891.24	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,169.37	$ 927.37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,169.37
				PHARMACY	$ 927.09	$ 509.90	$ 498.50	$ -	$ -	$ -	$ -	$ -	$ -	$ 654.06	$ 518.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 654.06
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 43,313.62**	**$ 23,822.49**	**$ 23,289.73**	**$ 2,870.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 2,856.00**	**$ 30,557.76**	**$ 24,233.97**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 30,557.76**
182	51999	HOSPITAL OUTPATIENT	REMOVAL OF OTHER DEVICE FROM BLADDER, PERC ENDO APPROACH	PHYSICIAN PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				ANESTHESIA PROFESSIONAL FEES	Not Provided by Hospital (May be billed seperately)																			
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				MEDICAL/SURGICAL SUPPLIES	$ 3,681.00	$ 2,024.55	$ 1,979.27	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,596.95	$ 2,059.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,596.95
				LABORATORY	$ 2,789.50	$ 1,534.23	$ 1,499.91	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,967.99	$ 1,560.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,967.99
				PHARMACY	$ 2,240.12	$ 1,232.07	$ 1,204.51	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,580.40	$ 1,253.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,580.40

				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PRIMARY SERVICE TOTAL	**18,904.36**	**10,397.40**	**10,164.87**	**533.00**	**1,334.56**	**1,200.99**	**587.70**	**530.40**	**13,337.03**	**10,576.99**	**2,265.00**	**2,958.00**	**2,265.00**	**533.00**	**577.20**	**535.60**	**530.40**	**13,337.03**
183	**52000**	**HOSPITAL OUTPATIENT**	**DILATION OF BLADDER NECK WITH INTRALUMINAL DEVICE, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				MEDICAL/SURGICAL SUPPLIES	2,770.75	1,523.91	1,489.83	-	-	-	-	-	1,954.76	1,550.23	-	-	-	-	-	-	-	1,954.76
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				PHARMACY	778.86	428.37	418.79	-	-	-	-	-	549.49	435.77	-	-	-	-	-	-	-	549.49
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	431.00	237.05	231.75	-	-	-	-	-	304.07	241.14	-	-	-	-	-	-	-	304.07
				PRIMARY SERVICE TOTAL	**21,941.39**	**12,067.76**	**11,797.89**	**635.50**	**7,238.46**	**6,514.01**	**3,187.58**	**632.40**	**15,479.65**	**12,276.21**	**2,761.00**	**3,607.00**	**2,761.00**	**635.50**	**688.20**	**638.60**	**632.40**	**15,479.65**
184	**52001**	**HOSPITAL OUTPATIENT**	**EXTIRPATION OF MATTER FROM BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				LABORATORY	2,428.00	1,335.40	1,305.54	-	-	-	-	-	1,712.95	1,358.47	-	-	-	-	-	-	-	1,712.95
				MEDICAL/SURGICAL SUPPLIES	1,133.75	623.56	609.62	-	-	-	-	-	799.86	634.33	-	-	-	-	-	-	-	799.86
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				PHARMACY	649.89	357.44	349.45	-	-	-	-	-	458.50	363.61	-	-	-	-	-	-	-	458.50
				PRIMARY SERVICE TOTAL	**17,753.54**	**9,764.45**	**9,546.08**	**738.00**	**4,248.18**	**3,823.00**	**1,870.76**	**734.40**	**12,525.12**	**9,933.11**	**4,781.00**	**6,245.00**	**4,781.00**	**738.00**	**799.20**	**741.60**	**734.40**	**12,525.12**
185	**52005**	**HOSPITAL OUTPATIENT**	**INSPECTION OF BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				RECOVERY ROOM AND BOARD	7,042.50	3,873.38	3,786.75	-	-	-	-	-	4,968.48	3,940.28	-	-	-	-	-	-	-	4,968.48
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	1,188.00	653.40	638.79	-	-	-	-	-	838.13	664.69	-	-	-	-	-	-	-	838.13
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				LABORATORY	852.25	468.74	458.25	-	-	-	-	-	601.26	476.83	-	-	-	-	-	-	-	601.26
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	467.54	257.15	251.40	-	-	-	-	-	329.85	261.59	-	-	-	-	-	-	-	329.85
				MEDICAL/SURGICAL SUPPLIES	447.00	245.85	240.35	-	-	-	-	-	315.36	250.10	-	-	-	-	-	-	-	315.36
				PRIMARY SERVICE TOTAL	**19,127.29**	**10,520.01**	**10,284.74**	**1,486.25**	**4,248.18**	**3,823.00**	**1,870.76**	**1,479.00**	**13,494.30**	**10,701.72**	**4,781.00**	**6,245.00**	**4,781.00**	**1,486.25**	**1,609.50**	**1,493.50**	**1,479.00**	**13,494.30**
186	**52204**	**HOSPITAL OUTPATIENT**	**EXCISION OF BLADDER, ENDO, DIAGN**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				PHARMACY	6,074.79	3,341.13	3,266.41	-	-	-	-	-	4,285.76	3,398.85	-	-	-	-	-	-	-	4,285.76
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				LABORATORY	943.75	519.06	507.45	-	-	-	-	-	665.82	528.03	-	-	-	-	-	-	-	665.82
				MEDICAL/SURGICAL SUPPLIES	444.25	244.34	238.87	-	-	-	-	-	313.42	248.56	-	-	-	-	-	-	-	313.42
				PRIMARY SERVICE TOTAL	**24,057.24**	**13,231.48**	**12,935.58**	**1,691.25**	**4,248.18**	**3,823.00**	**1,870.76**	**1,683.00**	**16,972.38**	**13,460.03**	**4,781.00**	**6,245.00**	**4,781.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**16,972.38**
187	**52224**	**HOSPITAL OUTPATIENT**	**EXCISION OF BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	4,768.50	2,622.68	2,564.02	-	-	-	-	-	3,364.18	2,667.98	-	-	-	-	-	-	-	3,364.18
				RECOVERY ROOM AND BOARD	2,769.00	1,522.95	1,488.89	-	-	-	-	-	1,953.53	1,549.26	-	-	-	-	-	-	-	1,953.53
				MEDICAL/SURGICAL SUPPLIES	1,948.25	1,071.54	1,047.57	-	-	-	-	-	1,374.49	1,090.05	-	-	-	-	-	-	-	1,374.49
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				PHARMACY	917.49	504.62	493.33	-	-	-	-	-	647.29	513.34	-	-	-	-	-	-	-	647.29
				LABORATORY	586.75	322.71	315.50	-	-	-	-	-	413.95	328.29	-	-	-	-	-	-	-	413.95
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**18,249.04**	**10,036.97**	**9,812.51**	**1,896.25**	**7,238.46**	**6,514.01**	**3,187.58**	**1,887.00**	**12,874.70**	**10,210.34**	**4,781.00**	**6,245.00**	**4,781.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,887.00**	**12,874.70**
188	**52234**	**HOSPITAL OUTPATIENT**	**EXCISION OF BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				RADIOLOGY - DIAGNOSTIC	1,871.00	1,029.05	1,006.04	-	-	-	-	-	1,319.99	1,046.82	-	-	-	-	-	-	-	1,319.99
				LABORATORY	1,604.00	882.20	862.47	-	-	-	-	-	1,131.62	897.44	-	-	-	-	-	-	-	1,131.62
				MEDICAL/SURGICAL SUPPLIES	1,073.25	590.29	577.09	-	-	-	-	-	757.18	600.48	-	-	-	-	-	-	-	757.18
				PHARMACY	914.54	503.00	491.75	-	-	-	-	-	645.21	511.69	-	-	-	-	-	-	-	645.21
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**19,839.29**	**10,911.61**	**10,667.59**	**2,152.50**	**7,238.46**	**6,514.01**	**3,187.58**	**2,142.00**	**13,996.62**	**11,100.08**	**4,781.00**	**6,245.00**	**4,781.00**	**2,152.50**	**2,331.00**	**2,163.00**	**2,142.00**	**13,996.62**
189	**52235**	**HOSPITAL OUTPATIENT**	**EXCISION OF BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				MEDICAL/SURGICAL SUPPLIES	1,424.75	783.61	766.09	-	-	-	-	-	1,005.16	797.15	-	-	-	-	-	-	-	1,005.16
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				LABORATORY	802.75	441.51	431.64	-	-	-	-	-	566.34	449.14	-	-	-	-	-	-	-	566.34
				PHARMACY	492.54	270.90	264.84	-	-	-	-	-	347.49	275.58	-	-	-	-	-	-	-	347.49
				PRIMARY SERVICE TOTAL	**23,985.89**	**13,192.24**	**12,897.21**	**2,460.00**	**10,147.42**	**9,131.84**	**4,468.59**	**2,448.00**	**16,922.05**	**13,420.11**	**4,781.00**	**6,245.00**	**4,781.00**	**2,460.00**	**2,664.00**	**2,472.00**	**2,448.00**	**16,922.05**
190	**52240**	**HOSPITAL OUTPATIENT**	**EXCISION OF BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				MEDICAL/SURGICAL SUPPLIES	3,242.50	1,783.38	1,743.49	-	-	-	-	-	2,287.58	1,814.18	-	-	-	-	-	-	-	2,287.58
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	2,425.75	1,334.16	1,304.33	-	-	-	-	-	1,711.37	1,357.21	-	-	-	-	-	-	-	1,711.37
				PHARMACY	1,297.64	713.70	697.74	-	-	-	-	-	915.49	726.03	-	-	-	-	-	-	-	915.49
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**14,870.74**	**8,178.91**	**7,996.00**	**1,691.25**	**4,248.18**	**3,823.00**	**1,870.76**	**1,683.00**	**10,491.31**	**8,320.18**	**2,761.00**	**3,607.00**	**2,761.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**10,491.31**
191	**52260**	**HOSPITAL OUTPATIENT**	**DILATION OF BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	2,769.00	1,522.95	1,488.89	-	-	-	-	-	1,953.53	1,549.26	-	-	-	-	-	-	-	1,953.53
				LABORATORY	943.75	519.06	507.45	-	-	-	-	-	665.82	528.03	-	-	-	-	-	-	-	665.82
				PHARMACY	783.99	431.19	421.55	-	-	-	-	-	553.10	438.64	-	-	-	-	-	-	-	553.10
				MEDICAL/SURGICAL SUPPLIES	605.00	332.75	325.31	-	-	-	-	-	426.83	338.50	-	-	-	-	-	-	-	426.83
				PRIMARY SERVICE TOTAL	**16,313.34**	**8,972.34**	**8,771.68**	**2,152.50**	**4,248.18**	**3,823.00**	**1,870.76**	**2,142.00**	**11,509.06**	**9,127.31**	**4,781.00**	**6,245.00**	**4,781.00**	**2,152.50**	**2,331.00**	**2,163.00**	**1,870.76**	**11,509.06**
192	**52276**	**HOSPITAL OUTPATIENT**	**DILATION OF URETHRA, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				MEDICAL/SURGICAL SUPPLIES	1,807.75	994.26	972.03	-	-	-	-	-	1,275.37	1,011.44	-	-	-	-	-	-	-	1,275.37
				LABORATORY	650.25	357.64	349.64	-	-	-	-	-	458.75	363.81	-	-	-	-	-	-	-	458.75
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	458.59	252.22	246.58	-	-	-	-	-	323.54	256.58	-	-	-	-	-	-	-	323.54
				PRIMARY SERVICE TOTAL	**17,573.19**	**9,665.25**	**9,449.10**	**1,486.25**	**4,248.18**	**3,823.00**	**1,870.76**	**1,479.00**	**12,397.89**	**9,832.20**	**2,761.00**	**3,607.00**	**2,761.00**	**1,486.25**	**1,609.50**	**1,493.50**	**1,479.00**	**12,397.89**
193	**52281**	**HOSPITAL OUTPATIENT**	**DILATION OF URETHRA, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				MEDICAL/SURGICAL SUPPLIES	2,083.50	1,145.93	1,120.30	-	-	-	-	-	1,469.91	1,165.72	-	-	-	-	-	-	-	1,469.91
				LABORATORY	979.75	538.86	526.81	-	-	-	-	-	691.21	548.17	-	-	-	-	-	-	-	691.21
				PHARMACY	953.69	524.53	512.80	-	-	-	-	-	672.83	533.59	-	-	-	-	-	-	-	672.83
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**29,879.29**	**16,433.61**	**16,066.09**	**1,691.25**	**10,147.42**	**9,131.84**	**9,131.84**	**1,683.00**	**21,079.84**	**16,717.46**	**4,781.00**	**6,245.00**	**4,781.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**21,079.84**
194	**52284**	**HOSPITAL OUTPATIENT**	**DILATION OF URETHRA, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	14,197.75	7,808.76	7,634.13	-	-	-	-	-	10,016.51	7,943.64	-	-	-	-	-	-	-	10,016.51
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				LABORATORY	1,190.25	654.64	640.00	-	-	-	-	-	839.72	665.94	-	-	-	-	-	-	-	839.72
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				PHARMACY	626.29	344.46	336.76	-	-	-	-	-	441.85	350.41	-	-	-	-	-	-	-	441.85
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**45,226.86**	**24,874.77**	**24,318.48**	**1,896.25**	**4,248.18**	**3,823.00**	**1,870.76**	**1,887.00**	**31,907.55**	**25,304.43**	**2,761.00**	**3,607.00**	**2,761.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,870.76**	**31,907.55**
195	**52287**	**HOSPITAL OUTPATIENT**	**INTRODUCTION OF OTH THERAP SUBST INTO GU TRACT, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	16,788.25	9,233.54	9,027.04	-	-	-	-	-	11,844.11	9,393.03	-	-	-	-	-	-	-	11,844.11
				ANESTHESIA	7,598.75	4,179.31	4,085.85	-	-	-	-	-	5,360.92	4,251.50	-	-	-	-	-	-	-	5,360.92
				MEDICAL/SURGICAL SUPPLIES	6,246.75	3,435.71	3,358.88	-	-	-	-	-	4,407.08	3,495.06	-	-	-	-	-	-	-	4,407.08
				RECOVERY ROOM AND BOARD	6,169.00	3,392.95	3,317.07	-	-	-	-	-	4,352.23	3,451.56	-	-	-	-	-	-	-	4,352.23
				PHARMACY	5,352.86	2,944.07	2,878.23	-	-	-	-	-	3,776.44	2,994.93	-	-	-	-	-	-	-	3,776.44
				RESPIRATORY SERVICES	1,616.25	888.94	869.06	-	-	-	-	-	1,140.26	904.29	-	-	-	-	-	-	-	1,140.26
				LABORATORY	943.75	519.06	507.45	-	-	-	-	-	665.82	528.03	-	-	-	-	-	-	-	665.82
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**17,131.65**	**9,422.41**	**9,211.69**	**1,230.00**	**4,248.18**	**3,823.00**	**1,870.76**	**1,224.00**	**12,086.38**	**9,585.16**	**2,761.00**	**3,607.00**	**2,761.00**	**1,230.00**	**1,332.00**	**1,236.00**	**1,224.00**	**12,086.38**
196	**52310**	**HOSPITAL OUTPATIENT**	**REMOVAL OF INTRALUMINAL DEVICE FROM URETER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,029.00	4,415.95	4,317.19	-	-	-	-	-	5,664.46	4,492.23	-	-	-	-	-	-	-	5,664.46
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				LABORATORY	846.25	465.44	455.03	-	-	-	-	-	597.03	473.48	-	-	-	-	-	-	-	597.03
				MEDICAL/SURGICAL SUPPLIES	584.75	321.61	314.42	-	-	-	-	-	412.54	327.17	-	-	-	-	-	-	-	412.54
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	472.40	259.82	254.01	-	-	-	-	-	333.28	264.31	-	-	-	-	-	-	-	333.28
				PRIMARY SERVICE TOTAL	**15,612.29**	**8,586.76**	**8,394.73**	**1,486.25**	**4,248.18**	**3,823.00**	**1,870.76**	**1,479.00**	**11,014.47**	**8,735.08**	**4,781.00**	**6,245.00**	**4,781.00**	**1,486.25**	**1,609.50**	**1,493.50**	**1,479.00**	**11,014.47**
197	**52315**	**HOSPITAL OUTPATIENT**	**EXTIRPATION OF MATTER FROM BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,029.00	4,415.95	4,317.19	-	-	-	-	-	5,664.46	4,492.23	-	-	-	-	-	-	-	5,664.46
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				MEDICAL/SURGICAL SUPPLIES	968.25	532.54	520.63	-	-	-	-	-	683.10	541.74	-	-	-	-	-	-	-	683.10
				LABORATORY	629.50	346.23	338.48	-	-	-	-	-	444.11	352.21	-	-	-	-	-	-	-	444.11
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	475.54	261.55	255.70	-	-	-	-	-	335.49	266.06	-	-	-	-	-	-	-	335.49
				PRIMARY SERVICE TOTAL	**44,116.30**	**24,263.97**	**23,721.33**	**1,691.25**	**7,238.46**	**6,514.01**	**3,187.58**	**1,683.00**	**31,124.05**	**24,683.07**	**4,781.00**	**6,245.00**	**4,781.00**	**1,691.25**	**1,831.50**	**1,699.50**	**1,683.00**	**31,124.05**
198	**52317**	**HOSPITAL OUTPATIENT**	**FRAGMENTATION IN BLADDER, ENDO**	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	26,107.75	14,359.26	14,038.14	-	-	-	-	-	18,419.02	14,607.29	-	-	-	-	-	-	-	18,419.02
				ANESTHESIA	6,599.75	3,629.86	3,548.69	-	-	-	-	-	4,656.12	3,692.56	-	-	-	-	-	-	-	4,656.12
				MEDICAL/SURGICAL SUPPLIES	5,897.50	3,243.63	3,171.09	-	-	-	-	-	4,160.69	3,299.65	-	-	-	-	-	-	-	4,160.69
				RECOVERY ROOM AND BOARD	2,158.50	1,187.18	1,160.63	-	-	-	-	-	1,522.82	1,207.68	-	-	-	-	-	-	-	1,522.82
				PHARMACY	2,032.05	1,117.63	1,092.63	-	-	-	-	-	1,433.61	1,136.93	-	-	-	-	-	-	-	1,433.61
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				LABORATORY	242.00	133.10	130.12	-	-	-	-	-	170.73	135.40	-	-	-	-	-	-	-	170.73
				PRIMARY SERVICE TOTAL	**23,247.24**	**12,785.98**	**12,500.04**	**1,896.25**	**7,238.46**	**6,514.01**	**3,187.58**	**1,887.00**	**16,400.93**	**13,006.83**	**4,781.00**	**6,245.00**	**4,781.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,887.00**	**16,400.93**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74

199	52318	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM BLADDER, ENDO	ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				MEDICAL/SURGICAL SUPPLIES	$ 2,146.25	$ 1,180.44	$ 1,154.04	$ -	$ -	$ -	$ -	$ -	$ 1,514.18	$ 1,200.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,514.18
				PHARMACY	$ 1,718.74	$ 945.31	$ 924.17	$ -	$ -	$ -	$ -	$ -	$ 1,212.57	$ 961.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,212.57
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 21,221.94**	**$ 11,672.07**	**$ 11,411.04**	**$ 1,486.25**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 1,479.00**	**$ 14,972.08**	**$ 11,873.68**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,486.25**	**$ 1,609.50**	**$ 1,493.50**	**$ 1,479.00**	**$ 14,972.08**
200	52320	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM RIGHT URETER, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,029.00	$ 4,415.95	$ 4,317.19	$ -	$ -	$ -	$ -	$ -	$ 5,664.46	$ 4,492.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,664.46
				MEDICAL/SURGICAL SUPPLIES	$ 4,612.50	$ 2,536.88	$ 2,480.14	$ -	$ -	$ -	$ -	$ -	$ 3,254.12	$ 2,580.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,254.12
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				LABORATORY	$ 1,475.75	$ 811.66	$ 793.51	$ -	$ -	$ -	$ -	$ -	$ 1,041.14	$ 825.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,041.14
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 1,138.19	$ 626.00	$ 612.00	$ -	$ -	$ -	$ -	$ -	$ 802.99	$ 636.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 802.99
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				PRIMARY SERVICE TOTAL	**$ 32,831.96**	**$ 18,057.58**	**$ 17,653.74**	**$ 1,691.25**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 1,683.00**	**$ 23,162.95**	**$ 18,369.48**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,691.25**	**$ 1,831.50**	**$ 1,699.50**	**$ 1,683.00**	**$ 23,162.95**
201	52332	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM LEFT URETER, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 17,076.75	$ 9,392.21	$ 9,182.17	$ -	$ -	$ -	$ -	$ -	$ 12,047.65	$ 9,554.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,047.65
				OPERATING ROOM SERVICES	$ 8,029.00	$ 4,415.95	$ 4,317.19	$ -	$ -	$ -	$ -	$ -	$ 5,664.46	$ 4,492.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,664.46
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,432.25	$ 787.74	$ 770.12	$ -	$ -	$ -	$ -	$ -	$ 1,010.45	$ 801.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,010.45
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 284.46	$ 156.45	$ 152.95	$ -	$ -	$ -	$ -	$ -	$ 200.69	$ 159.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 200.69
				PRIMARY SERVICE TOTAL	**$ 21,067.80**	**$ 11,587.29**	**$ 11,328.16**	**$ 2,152.50**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 2,142.00**	**$ 14,863.33**	**$ 11,787.43**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 2,142.00**	**$ 14,863.33**
202	52344	HOSPITAL OUTPATIENT	FRAGMENTATION IN LEFT KIDNEY PELVIS, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,029.00	$ 4,415.95	$ 4,317.19	$ -	$ -	$ -	$ -	$ -	$ 5,664.46	$ 4,492.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,664.46
				MEDICAL/SURGICAL SUPPLIES	$ 6,166.75	$ 3,391.71	$ 3,315.86	$ -	$ -	$ -	$ -	$ -	$ 4,350.64	$ 3,450.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.64
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				PHARMACY	$ 183.55	$ 100.95	$ 98.69	$ -	$ -	$ -	$ -	$ -	$ 129.49	$ 102.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 129.49
				PRIMARY SERVICE TOTAL	**$ 17,009.19**	**$ 9,355.05**	**$ 9,145.84**	**$ 2,460.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 2,448.00**	**$ 11,999.98**	**$ 9,516.64**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 11,999.98**
203	52345	HOSPITAL OUTPATIENT	DILATION OF RIGHT URETER WITH INTRALUMINAL DEVICE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				MEDICAL/SURGICAL SUPPLIES	$ 1,998.25	$ 1,099.04	$ 1,074.46	$ -	$ -	$ -	$ -	$ -	$ 1,409.77	$ 1,118.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,409.77
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,208.75	$ 664.81	$ 649.94	$ -	$ -	$ -	$ -	$ -	$ 852.77	$ 676.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 852.77
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				PHARMACY	$ 547.69	$ 301.23	$ 294.49	$ -	$ -	$ -	$ -	$ -	$ 386.40	$ 306.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 386.40
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 18,414.99**	**$ 10,128.24**	**$ 9,901.74**	**$ 1,896.25**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 1,887.00**	**$ 12,991.78**	**$ 10,303.19**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,896.25**	**$ 2,053.50**	**$ 1,905.50**	**$ 1,887.00**	**$ 12,991.78**
204	52351	HOSPITAL OUTPATIENT	DILATION OF BILATERAL URETERS WITH INTRALUMINAL DEVICE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				MEDICAL/SURGICAL SUPPLIES	$ 961.75	$ 528.96	$ 517.13	$ -	$ -	$ -	$ -	$ -	$ 678.51	$ 538.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 678.51
				PHARMACY	$ 444.99	$ 244.74	$ 239.27	$ -	$ -	$ -	$ -	$ -	$ 313.94	$ 248.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 313.94
				PRIMARY SERVICE TOTAL	**$ 23,575.34**	**$ 12,966.44**	**$ 12,676.46**	**$ 2,152.50**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 2,142.00**	**$ 16,632.40**	**$ 13,190.40**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 2,142.00**	**$ 16,632.40**
205	52352	HOSPITAL OUTPATIENT	EXTIRPATION OF MATTER FROM RIGHT KIDNEY, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,573.25	$ 6,365.29	$ 6,222.94	$ -	$ -	$ -	$ -	$ -	$ 8,164.93	$ 6,475.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,164.93
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				MEDICAL/SURGICAL SUPPLIES	$ 3,130.25	$ 1,721.64	$ 1,683.14	$ -	$ -	$ -	$ -	$ -	$ 2,208.39	$ 1,751.37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,208.39
				RECOVERY ROOM AND BOARD	$ 2,158.50	$ 1,187.18	$ 1,160.63	$ -	$ -	$ -	$ -	$ -	$ 1,522.82	$ 1,207.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,522.82
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				PHARMACY	$ 779.09	$ 428.50	$ 418.92	$ -	$ -	$ -	$ -	$ -	$ 549.65	$ 435.90	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 549.65
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 242.00	$ 133.10	$ 130.12	$ -	$ -	$ -	$ -	$ -	$ 170.73	$ 135.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 170.73
				PRIMARY SERVICE TOTAL	**$ 23,994.44**	**$ 13,196.94**	**$ 12,901.81**	**$ 2,460.00**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 2,448.00**	**$ 16,928.08**	**$ 13,424.89**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 16,929.00**
206	52353	HOSPITAL OUTPATIENT	FRAGMENTATION IN LEFT KIDNEY PELVIS, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,029.00	$ 4,415.95	$ 4,317.19	$ -	$ -	$ -	$ -	$ -	$ 5,664.46	$ 4,492.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,664.46
				MEDICAL/SURGICAL SUPPLIES	$ 6,600.25	$ 3,630.14	$ 3,548.95	$ -	$ -	$ -	$ -	$ -	$ 4,656.48	$ 3,692.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.48
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				PHARMACY	$ 1,282.19	$ 705.20	$ 689.43	$ -	$ -	$ -	$ -	$ -	$ 904.59	$ 717.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 904.59
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 242.00	$ 133.10	$ 130.12	$ -	$ -	$ -	$ -	$ -	$ 170.73	$ 135.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 170.73
				PRIMARY SERVICE TOTAL	**$ 23,663.64**	**$ 13,015.00**	**$ 12,723.94**	**$ 2,870.00**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 2,856.00**	**$ 16,694.70**	**$ 13,239.81**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 16,694.70**
207	52354	HOSPITAL OUTPATIENT	EXCISION OF LEFT KIDNEY, ENDO, DIAGN	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				MEDICAL/SURGICAL SUPPLIES	$ 5,420.75	$ 2,981.41	$ 2,914.74	$ -	$ -	$ -	$ -	$ -	$ 3,824.34	$ 3,032.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,824.34
				RECOVERY ROOM AND BOARD	$ 4,600.50	$ 2,530.28	$ 2,473.69	$ -	$ -	$ -	$ -	$ -	$ 3,245.65	$ 2,573.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,245.65
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				LABORATORY	$ 1,746.50	$ 960.58	$ 939.09	$ -	$ -	$ -	$ -	$ -	$ 1,232.16	$ 977.17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,232.16
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				PHARMACY	$ 536.89	$ 295.29	$ 288.69	$ -	$ -	$ -	$ -	$ -	$ 378.78	$ 300.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 378.78
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 27,023.19**	**$ 14,862.75**	**$ 14,530.37**	**$ 3,280.00**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 3,264.00**	**$ 19,064.86**	**$ 15,119.47**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,264.00**	**$ 19,064.86**
208	52355	HOSPITAL OUTPATIENT	EXCISION OF RIGHT KIDNEY PELVIS, ENDO, DIAGN	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,573.25	$ 6,365.29	$ 6,222.94	$ -	$ -	$ -	$ -	$ -	$ 8,164.93	$ 6,475.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,164.93
				MEDICAL/SURGICAL SUPPLIES	$ 6,836.50	$ 3,760.08	$ 3,675.99	$ -	$ -	$ -	$ -	$ -	$ 4,823.15	$ 3,825.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,823.15
				ANESTHESIA	$ 2,790.50	$ 1,534.78	$ 1,500.45	$ -	$ -	$ -	$ -	$ -	$ 1,968.70	$ 1,561.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,968.70
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,790.00	$ 984.50	$ 962.48	$ -	$ -	$ -	$ -	$ -	$ 1,262.85	$ 1,001.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,262.85
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				PHARMACY	$ 547.44	$ 301.09	$ 294.36	$ -	$ -	$ -	$ -	$ -	$ 386.22	$ 306.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 386.22
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 24,432.91**	**$ 13,438.10**	**$ 13,137.58**	**$ 3,587.50**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 3,570.00**	**$ 17,237.42**	**$ 13,670.22**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,587.50**	**$ 3,885.00**	**$ 3,605.00**	**$ 3,570.00**	**$ 17,237.42**
209	52356	HOSPITAL OUTPATIENT	FRAGMENTATION IN BLADDER, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,573.25	$ 6,365.29	$ 6,222.94	$ -	$ -	$ -	$ -	$ -	$ 8,164.93	$ 6,475.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,164.93
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				MEDICAL/SURGICAL SUPPLIES	$ 3,183.75	$ 1,751.06	$ 1,711.90	$ -	$ -	$ -	$ -	$ -	$ 2,246.14	$ 1,781.31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,246.14
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06
				CARDIOLOGY	$ 1,022.50	$ 562.38	$ 549.80	$ -	$ -	$ -	$ -	$ -	$ 721.37	$ 572.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 721.37
				LABORATORY	$ 586.75	$ 322.71	$ 315.50	$ -	$ -	$ -	$ -	$ -	$ 413.95	$ 328.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 413.95
				PHARMACY	$ 490.66	$ 269.87	$ 263.83	$ -	$ -	$ -	$ -	$ -	$ 346.16	$ 274.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 346.16
				PRIMARY SERVICE TOTAL	**$ 14,225.94**	**$ 7,824.27**	**$ 7,649.29**	**$ 2,870.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 2,856.00**	**$ 10,036.40**	**$ 7,959.41**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 10,036.40**
210	52450	HOSPITAL OUTPATIENT	RELEASE PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,791.00	$ 1,535.05	$ 1,500.72	$ -	$ -	$ -	$ -	$ -	$ 1,969.05	$ 1,561.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,969.05
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				MEDICAL/SURGICAL SUPPLIES	$ 1,989.50	$ 1,094.23	$ 1,069.75	$ -	$ -	$ -	$ -	$ -	$ 1,403.59	$ 1,113.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,403.59
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				PHARMACY	$ 533.44	$ 293.39	$ 286.83	$ -	$ -	$ -	$ -	$ -	$ 376.34	$ 298.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 376.34
				PRIMARY SERVICE TOTAL	**$ 13,682.74**	**$ 7,525.51**	**$ 7,357.21**	**$ 3,280.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 3,264.00**	**$ 9,653.17**	**$ 7,655.49**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,187.58**	**$ 9,653.17**
211	52500	HOSPITAL OUTPATIENT	DILATION OF BLADDER NECK, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				MEDICAL/SURGICAL SUPPLIES	$ 981.75	$ 539.96	$ 527.89	$ -	$ -	$ -	$ -	$ -	$ 692.62	$ 549.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 692.62
				PHARMACY	$ 648.99	$ 356.94	$ 348.96	$ -	$ -	$ -	$ -	$ -	$ 457.86	$ 363.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 457.86
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				PRIMARY SERVICE TOTAL	**$ 35,043.90**	**$ 19,274.15**	**$ 18,843.11**	**$ 3,895.00**	**$ 13,172.00**	**$ 13,172.00**	**$ 13,172.00**	**$ 3,876.00**	**$ 24,723.47**	**$ 19,607.06**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 24,723.47**
212	52597	HOSPITAL OUTPATIENT	DESTRUCTION OF PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 15,634.25	$ 8,598.84	$ 8,406.54	$ -	$ -	$ -	$ -	$ -	$ 11,029.96	$ 8,747.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,029.96
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,740.75	$ 957.41	$ 936.00	$ -	$ -	$ -	$ -	$ -	$ 1,228.10	$ 973.95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,228.10
				PHARMACY	$ 1,727.65	$ 950.21	$ 928.96	$ -	$ -	$ -	$ -	$ -	$ 1,218.86	$ 966.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,218.86
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 20,896.44**	**$ 11,493.04**	**$ 11,236.02**	**$ 4,305.00**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 4,284.00**	**$ 14,742.44**	**$ 11,691.56**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 16,929.00**
213	52601	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				MEDICAL/SURGICAL SUPPLIES	$ 2,415.50	$ 1,328.53	$ 1,298.81	$ -	$ -	$ -	$ -	$ -	$ 1,704.14	$ 1,351.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,704.14
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,554.50	$ 854.98	$ 835.85	$ -	$ -	$ -	$ -	$ -	$ 1,096.70	$ 869.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,096.70
				PHARMACY	$ 826.44	$ 454.54	$ 444.38	$ -	$ -	$ -	$ -	$ -	$ 583.05	$ 462.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 583.05
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ 145.04	$ -	$ -	$ -	$ -	$ -	$ 190.31	$ 150.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 190.31
				PRIMARY SERVICE TOTAL	**$ 21,395.55**	**$ 11,767.55**	**$ 11,504.39**	**$ 3,587.50**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 3,570.00**	**$ 15,094.56**	**$ 11,970.81**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,587.50**	**$ 3,885.00**	**$ 3,605.00**	**$ 3,570.00**	**$ 16,929.00**
214	52630	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				LABORATORY	$ 2,007.75	$ 1,104.26	$ 1,079.57	$ -	$ -	$ -	$ -	$ -	$ 1,416.47	$ 1,123.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,416.47
				MEDICAL/SURGICAL SUPPLIES	$ 1,405.25	$ 772.89	$ 755.60	$ -	$ -	$ -	$ -	$ -	$ 991.40	$ 786.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 991.40
				PHARMACY	$ 820.30	$ 451.17	$ 441.08	$ -	$ -	$ -	$ -	$ -	$ 578.72	$ 458.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 578.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 17,243.09**	**$ 9,483.70**	**$ 9,271.61**	**$ 2,870.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 2,856.00**	**$ 12,165.00**	**$ 9,647.51**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 12,165.00**
215	52640	HOSPITAL OUTPATIENT	EXCISION OF BLADDER NECK, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				MEDICAL/SURGICAL SUPPLIES	$ 1,230.50	$ 676.78	$ 661.64	$ -	$ -	$ -	$ -	$ -	$ 868.12	$ 688.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 868.12
				PHARMACY	$ 680.34	$ 374.19	$ 365.82	$ -	$ -	$ -	$ -	$ -	$ 479.98	$ 380.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 479.98
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 24,527.10**	**$ 13,489.91**	**$ 13,188.22**	**$ 4,612.50**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 4,590.00**	**$ 17,303.87**	**$ 13,722.91**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,468.59**	**$ 17,303.87**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																

216	52648	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, VIA NATURAL OR ARTIFICIAL OPENING	OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				MEDICAL/SURGICAL SUPPLIES	4,757.25	2,616.49	2,557.97	-	-	-	-	-	3,356.24	2,661.68	-	-	-	-	-	-	-	3,356.24
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	466.60	256.63	250.89	-	-	-	-	-	329.19	261.06	-	-	-	-	-	-	-	329.19
				PRIMARY SERVICE TOTAL	**28,431.66**	**15,637.41**	**15,287.70**	**5,330.00**	**10,147.42**	**9,131.84**	**4,468.59**	**5,304.00**	**20,058.53**	**15,907.51**	**13,172.00**	**16,929.00**	**13,172.00**	**5,330.00**	**5,772.00**	**5,356.00**	**4,468.59**	**20,058.53**
217	52649	HOSPITAL OUTPATIENT	DESTRUCTION OF PROSTATE, VIA NATURAL OR ARTIFICIAL OPENING	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				MEDICAL/SURGICAL SUPPLIES	5,454.50	2,999.98	2,932.88	-	-	-	-	-	3,848.15	3,051.79	-	-	-	-	-	-	-	3,848.15
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				PHARMACY	1,228.41	675.62	660.51	-	-	-	-	-	866.64	687.29	-	-	-	-	-	-	-	866.64
				LABORATORY	943.75	519.06	507.45	-	-	-	-	-	665.82	528.03	-	-	-	-	-	-	-	665.82
				PRIMARY SERVICE TOTAL	**21,307.29**	**11,719.01**	**11,456.93**	**2,460.00**	**7,238.46**	**6,514.01**	**3,187.58**	**2,448.00**	**15,032.29**	**11,921.43**	**4,781.00**	**6,245.00**	**4,781.00**	**2,460.00**	**2,664.00**	**2,472.00**	**2,448.00**	**15,032.29**
218	52700	HOSPITAL OUTPATIENT	DRAINAGE OF PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				MEDICAL/SURGICAL SUPPLIES	2,302.00	1,266.10	1,237.79	-	-	-	-	-	1,624.06	1,287.97	-	-	-	-	-	-	-	1,624.06
				LABORATORY	802.75	441.51	431.64	-	-	-	-	-	566.34	449.14	-	-	-	-	-	-	-	566.34
				PHARMACY	540.79	297.43	290.78	-	-	-	-	-	381.53	302.57	-	-	-	-	-	-	-	381.53
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**16,514.59**	**9,083.02**	**8,879.90**	**738.00**	**4,248.18**	**3,823.00**	**1,870.76**	**734.40**	**11,651.04**	**9,239.91**	**4,781.00**	**6,245.00**	**4,781.00**	**738.00**	**799.20**	**741.60**	**734.40**	**11,651.04**
219	53020	HOSPITAL OUTPATIENT	DILATION OF URETHRA, VIA NATURAL OR ARTIFICIAL OPENING	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	2,769.00	1,522.95	1,488.89	-	-	-	-	-	1,953.53	1,549.26	-	-	-	-	-	-	-	1,953.53
				PHARMACY	1,071.09	589.10	575.93	-	-	-	-	-	755.65	599.27	-	-	-	-	-	-	-	755.65
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	431.00	237.05	231.75	-	-	-	-	-	304.07	241.14	-	-	-	-	-	-	-	304.07
				MEDICAL/SURGICAL SUPPLIES	214.25	117.84	115.20	-	-	-	-	-	151.15	119.87	-	-	-	-	-	-	-	151.15
				PRIMARY SERVICE TOTAL	**15,459.14**	**8,502.53**	**8,312.38**	**1,896.25**	**7,238.46**	**6,514.01**	**3,187.58**	**1,887.00**	**10,906.42**	**8,649.39**	**9,098.00**	**11,871.00**	**9,098.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,887.00**	**11,871.00**
220	53220	HOSPITAL OUTPATIENT	EXCISION OF URETHRA, VIA NATURAL OR ARTIFICIAL OPENING	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				MEDICAL/SURGICAL SUPPLIES	754.25	414.84	405.56	-	-	-	-	-	532.12	422.00	-	-	-	-	-	-	-	532.12
				PHARMACY	680.89	374.49	366.11	-	-	-	-	-	480.37	380.96	-	-	-	-	-	-	-	480.37
				PRIMARY SERVICE TOTAL	**34,393.89**	**18,916.64**	**18,493.59**	**2,152.50**	**10,147.42**	**9,131.84**	**4,468.59**	**2,142.00**	**24,264.89**	**19,243.38**	**9,098.00**	**11,871.00**	**9,098.00**	**2,152.50**	**2,331.00**	**2,163.00**	**2,142.00**	**24,264.89**
221	53230	HOSPITAL OUTPATIENT	EXCISION OF URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				MEDICAL/SURGICAL SUPPLIES	8,890.25	4,889.64	4,780.29	-	-	-	-	-	6,272.07	4,974.09	-	-	-	-	-	-	-	6,272.07
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	2,224.14	1,223.28	1,195.92	-	-	-	-	-	1,569.13	1,244.41	-	-	-	-	-	-	-	1,569.13
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	43.50	23.93	23.39	-	-	-	-	-	30.69	24.34	-	-	-	-	-	-	-	30.69
				PRIMARY SERVICE TOTAL	**22,838.54**	**12,561.20**	**12,280.28**	**4,612.50**	**10,147.42**	**9,131.84**	**4,468.59**	**4,590.00**	**16,112.59**	**12,778.16**	**9,098.00**	**11,871.00**	**9,098.00**	**4,612.50**	**4,995.00**	**4,635.00**	**4,468.59**	**16,112.59**
222	53410	HOSPITAL OUTPATIENT	SUPPLEMENT URETHRA WITH AUTOL SUB, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				PHARMACY	1,107.54	609.15	595.52	-	-	-	-	-	781.37	619.67	-	-	-	-	-	-	-	781.37
				MEDICAL/SURGICAL SUPPLIES	719.00	395.45	386.61	-	-	-	-	-	507.25	402.28	-	-	-	-	-	-	-	507.25
				PRIMARY SERVICE TOTAL	**27,259.65**	**14,992.81**	**14,657.51**	**5,330.00**	**2,826.00**	**2,543.16**	**1,244.47**	**5,304.00**	**19,231.68**	**15,251.77**	**13,172.00**	**16,929.00**	**13,172.00**	**5,330.00**	**5,772.00**	**5,356.00**	**1,244.47**	**19,231.68**
223	53415	HOSPITAL OUTPATIENT	REPAIR URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				ANESTHESIA	6,100.25	3,355.14	3,280.10	-	-	-	-	-	4,303.73	3,413.09	-	-	-	-	-	-	-	4,303.73
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				MEDICAL/SURGICAL SUPPLIES	1,310.25	720.64	704.52	-	-	-	-	-	924.38	733.08	-	-	-	-	-	-	-	924.38
				PHARMACY	672.90	370.10	361.82	-	-	-	-	-	474.73	376.49	-	-	-	-	-	-	-	474.73
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	431.00	237.05	231.75	-	-	-	-	-	304.07	241.14	-	-	-	-	-	-	-	304.07
				PRIMARY SERVICE TOTAL	**46,167.14**	**25,391.93**	**24,824.07**	**5,945.00**	**19,346.90**	**17,410.59**	**8,519.73**	**5,916.00**	**32,570.92**	**25,830.51**	**18,558.00**	**23,854.00**	**18,558.00**	**5,945.00**	**6,438.00**	**5,974.00**	**5,916.00**	**32,570.92**
224	53440	HOSPITAL OUTPATIENT	REPOSITION URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	25,590.50	14,074.78	13,760.01	-	-	-	-	-	18,054.10	14,317.88	-	-	-	-	-	-	-	18,054.10
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	481.39	264.76	258.84	-	-	-	-	-	339.62	269.34	-	-	-	-	-	-	-	339.62
				PRIMARY SERVICE TOTAL	**85,568.53**	**47,062.69**	**46,010.20**	**8,712.50**	**42,142.36**	**37,924.61**	**18,558.10**	**8,670.00**	**60,368.60**	**47,875.59**	**14,075.00**	**18,091.00**	**14,075.00**	**8,712.50**	**9,435.00**	**8,755.00**	**8,670.00**	**60,368.60**
225	53445	HOSPITAL OUTPATIENT	INSERTION OF ARTIF SPHINCTER INTO BLADDER, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	60,766.50	33,421.58	32,674.15	-	-	-	-	-	42,870.77	33,998.86	-	-	-	-	-	-	-	42,870.77
				OPERATING ROOM SERVICES	15,117.50	8,314.63	8,128.68	-	-	-	-	-	10,665.40	8,458.24	-	-	-	-	-	-	-	10,665.40
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				RECOVERY ROOM AND BOARD	2,769.00	1,522.95	1,488.89	-	-	-	-	-	1,953.53	1,549.26	-	-	-	-	-	-	-	1,953.53
				PHARMACY	749.53	412.24	403.02	-	-	-	-	-	528.79	419.36	-	-	-	-	-	-	-	528.79
				LABORATORY	553.50	304.43	297.62	-	-	-	-	-	390.49	309.68	-	-	-	-	-	-	-	390.49
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**19,329.56**	**10,631.26**	**10,393.50**	**4,305.00**	**10,147.42**	**9,131.84**	**4,468.59**	**4,284.00**	**13,637.00**	**10,814.89**	**16,164.00**	**20,777.00**	**16,164.00**	**4,305.00**	**4,662.00**	**4,326.00**	**4,284.00**	**20,777.00**
226	53446	HOSPITAL OUTPATIENT	REMOVAL OF ARTIFICIAL SPHINCTER FROM URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	874.81	481.14	470.38	-	-	-	-	-	617.18	489.45	-	-	-	-	-	-	-	617.18
				MEDICAL/SURGICAL SUPPLIES	607.25	333.99	326.52	-	-	-	-	-	428.41	339.76	-	-	-	-	-	-	-	428.41
				LABORATORY	387.50	213.13	208.36	-	-	-	-	-	273.38	216.81	-	-	-	-	-	-	-	273.38
				PRIMARY SERVICE TOTAL	**55,300.62**	**30,415.34**	**29,735.15**	**4,920.00**	**42,142.36**	**37,924.61**	**18,558.10**	**4,896.00**	**39,014.59**	**30,940.70**	**14,075.00**	**18,091.00**	**14,075.00**	**4,920.00**	**5,328.00**	**4,944.00**	**4,896.00**	**42,142.36**
227	53447	HOSPITAL OUTPATIENT	REMOVAL OF ARTIFICIAL SPHINCTER FROM URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	28,798.00	15,838.90	15,484.68	-	-	-	-	-	20,316.99	16,112.48	-	-	-	-	-	-	-	20,316.99
				OPERATING ROOM SERVICES	11,573.25	6,365.29	6,222.94	-	-	-	-	-	8,164.93	6,475.23	-	-	-	-	-	-	-	8,164.93
				RECOVERY ROOM AND BOARD	4,948.00	2,721.40	2,660.54	-	-	-	-	-	3,490.81	2,768.41	-	-	-	-	-	-	-	3,490.81
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				LABORATORY	2,757.75	1,516.76	1,482.84	-	-	-	-	-	1,945.59	1,542.96	-	-	-	-	-	-	-	1,945.59
				PHARMACY	1,571.87	864.53	845.20	-	-	-	-	-	1,108.96	879.46	-	-	-	-	-	-	-	1,108.96
				RESPIRATORY SERVICES	538.75	296.31	289.69	-	-	-	-	-	380.09	301.43	-	-	-	-	-	-	-	380.09
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**36,245.86**	**19,935.22**	**19,489.40**	**3,895.00**	**10,147.42**	**9,131.84**	**4,468.59**	**3,876.00**	**25,571.45**	**20,279.56**	**9,098.00**	**11,871.00**	**9,098.00**	**3,895.00**	**4,218.00**	**3,914.00**	**3,876.00**	**25,571.45**
228	53449	HOSPITAL OUTPATIENT	INSERTION OF ARTIF SPHINCTER INTO URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	18,661.75	10,263.96	10,034.42	-	-	-	-	-	13,165.86	10,441.25	-	-	-	-	-	-	-	13,165.86
				MEDICAL/SURGICAL SUPPLIES	7,833.00	4,308.15	4,211.80	-	-	-	-	-	5,526.18	4,382.56	-	-	-	-	-	-	-	5,526.18
				ANESTHESIA	6,599.75	3,629.86	3,548.69	-	-	-	-	-	4,656.12	3,692.56	-	-	-	-	-	-	-	4,656.12
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	645.36	354.95	347.01	-	-	-	-	-	455.30	361.08	-	-	-	-	-	-	-	455.30
				PRIMARY SERVICE TOTAL	**39,114.20**	**21,512.81**	**21,031.71**	**2,870.00**	**28,128.44**	**25,313.25**	**25,313.25**	**2,856.00**	**27,595.07**	**21,884.39**	**18,558.00**	**23,854.00**	**18,558.00**	**2,870.00**	**3,108.00**	**2,884.00**	**2,856.00**	**28,128.44**
229	53451	HOSPITAL OUTPATIENT	RESTRICTION OF URETHRA WITH EXTRALUM DEV, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	23,817.25	13,099.49	12,806.54	-	-	-	-	-	16,803.07	13,325.75	-	-	-	-	-	-	-	16,803.07
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	2,158.50	1,187.18	1,160.63	-	-	-	-	-	1,522.82	1,207.68	-	-	-	-	-	-	-	1,522.82
				PHARMACY	1,331.70	732.44	716.06	-	-	-	-	-	939.51	745.09	-	-	-	-	-	-	-	939.51
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				CARDIOLOGY	1,022.50	562.38	549.80	-	-	-	-	-	721.37	572.09	-	-	-	-	-	-	-	721.37
				LABORATORY	387.50	213.13	208.36	-	-	-	-	-	273.38	216.81	-	-	-	-	-	-	-	273.38
				PRIMARY SERVICE TOTAL	**33,156.69**	**18,236.18**	**17,828.35**	**3,280.00**	**10,805.12**	**9,723.71**	**9,723.71**	**3,264.00**	**23,392.04**	**18,551.17**	**4,781.00**	**6,245.00**	**4,781.00**	**3,280.00**	**3,552.00**	**3,296.00**	**3,264.00**	**23,392.04**
230	53452	HOSPITAL OUTPATIENT	RESTRICTION OF URETHRA WITH EXTRALUM DEV, PERC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	20,254.75	11,140.11	10,890.98	-	-	-	-	-	14,289.73	11,332.53	-	-	-	-	-	-	-	14,289.73
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				PHARMACY	1,899.69	1,044.83	1,021.46	-	-	-	-	-	1,340.23	1,062.88	-	-	-	-	-	-	-	1,340.23
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	387.50	213.13	208.36	-	-	-	-	-	273.38	216.81	-	-	-	-	-	-	-	273.38
				PRIMARY SERVICE TOTAL	**36,174.08**	**19,895.74**	**19,450.80**	**3,587.50**	**7,529.82**	**6,776.21**	**6,776.21**	**3,570.00**	**25,520.81**	**20,239.40**	**4,781.00**	**6,245.00**	**4,781.00**	**3,587.50**	**3,885.00**	**3,605.00**	**3,570.00**	**25,520.81**
231	53453	HOSPITAL OUTPATIENT	DILATION OF BLADDER, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	20,488.50	11,268.68	11,016.67	-	-	-	-	-	14,454.64	11,463.32	-	-	-	-	-	-	-	14,454.64
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	1,580.83	869.46	850.01	-	-	-	-	-	1,115.28	884.47	-	-	-	-	-	-	-	1,115.28
				LABORATORY	1,190.25	654.64	640.00	-	-	-	-	-	839.72	665.94	-	-	-	-	-	-	-	839.72
				RADIOLOGY - DIAGNOSTIC	1,078.75	593.31	580.04	-	-	-	-	-	761.06	603.56	-	-	-	-	-	-	-	761.06
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**34,854.40**	**19,169.92**	**18,741.21**	**1,896.25**	**7,238.46**	**6,514.01**	**3,187.58**	**1,887.00**	**24,589.78**	**19,501.04**	**9,098.00**	**11,871.00**	**9,098.00**	**1,896.25**	**2,053.50**	**1,905.50**	**1,887.00**	**24,589.78**
232	53500	HOSPITAL OUTPATIENT	RELEASE URETHRA, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	13,543.50	7,448.93	7,282.34	-	-	-	-	-	9,554.94	7,577.59	-	-	-	-	-	-	-	9,554.94
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				PHARMACY	1,116.40	614.02	600.29	-	-	-	-	-	787.62	624.63	-	-	-	-	-	-	-	787.62
				PRIMARY SERVICE TOTAL	**20,934.04**	**11,513.72**	**11,256.23**	**2,870.00**	**4,248.18**	**3,823.00**	**1,870.76**	**2,856.00**	**14,768.97**	**11,712.60**	**4,781.00**	**6,245.00**	**4,781.00**	**2,870.00**	**3,108.00**	**2,884.00**	**1,870.76**	**14,768.97**
233	53854	HOSPITAL OUTPATIENT	DESTRUCTION OF PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	6,616.00	3,638.80	3,557.42	-	-	-	-	-	4,667.59	3,701.65	-	-	-	-	-	-	-	4,667.59
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				LABORATORY	603.50	331.93	324.50	-	-	-	-	-	425.77	337.66	-	-	-	-	-	-	-	425.77
				PHARMACY	546.79	300.73	294.01	-	-	-	-	-	385.76	305.93	-	-	-	-	-	-	-	385.76
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PRIMARY SERVICE TOTAL	**20,027.70**	**11,015.24**	**10,768.89**	**2,460.00**	**563.29**	**506.91**	**248.05**	**2,448.00**	**14,129.54**	**11,205.50**	**1,187.00**	**1,551.00**	**1,187.00**	**2,460.00**	**2,664.00**	**2,472.00**	**248.05**	**14,129.54**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																

234	53899	HOSPITAL OUTPATIENT	REPAIR ABDOMINAL WALL, STOMA, EXTERNAL APPROACH	ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				MEDICAL/SURGICAL SUPPLIES	$ 1,394.25	$ 766.84	$ 749.69	$ -	$ -	$ -	$ -	$ -	$ 983.64	$ 780.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 983.64
				PHARMACY	$ 411.45	$ 226.30	$ 221.24	$ -	$ -	$ -	$ -	$ -	$ 290.28	$ 230.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 290.28
				LABORATORY	$ 350.00	$ 192.50	$ 188.20	$ -	$ -	$ -	$ -	$ -	$ 246.93	$ 195.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 246.93
				PRIMARY SERVICE TOTAL	**$ 12,071.25**	**$ 6,639.19**	**$ 6,490.71**	**$ 1,230.00**	**$ 4,248.18**	**$ 3,823.00**	**$ 1,870.76**	**$ 1,224.00**	**$ 8,516.27**	**$ 6,753.86**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,230.00**	**$ 1,332.00**	**$ 1,236.00**	**$ 1,224.00**	**$ 8,516.27**
235	54001	HOSPITAL OUTPATIENT	RELEASE PREPUCE, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 431.00	$ 237.05	$ 231.75	$ -	$ -	$ -	$ -	$ -	$ 304.07	$ 241.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 304.07
				PHARMACY	$ 293.75	$ 161.56	$ 157.95	$ -	$ -	$ -	$ -	$ -	$ 207.24	$ 164.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 207.24
				MEDICAL/SURGICAL SUPPLIES	$ 121.25	$ 66.69	$ 65.20	$ -	$ -	$ -	$ -	$ -	$ 85.54	$ 67.84	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 85.54
				PRIMARY SERVICE TOTAL	**$ 12,478.54**	**$ 6,863.20**	**$ 6,709.71**	**$ 666.25**	**$ 3,891.33**	**$ 3,501.87**	**$ 1,713.61**	**$ 663.00**	**$ 8,803.61**	**$ 6,981.74**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 666.25**	**$ 721.50**	**$ 669.50**	**$ 663.00**	**$ 8,803.61**
236	54057	HOSPITAL OUTPATIENT	DESTRUCTION OF PERINEUM SKIN, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 2,553.25	$ 1,404.29	$ 1,372.88	$ -	$ -	$ -	$ -	$ -	$ 1,801.32	$ 1,428.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,801.32
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,330.50	$ 731.78	$ 715.41	$ -	$ -	$ -	$ -	$ -	$ 938.67	$ 744.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 938.67
				MEDICAL/SURGICAL SUPPLIES	$ 519.00	$ 285.45	$ 279.07	$ -	$ -	$ -	$ -	$ -	$ 366.15	$ 290.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 366.15
				PHARMACY	$ 354.04	$ 194.72	$ 190.37	$ -	$ -	$ -	$ -	$ -	$ 249.78	$ 198.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 249.78
				PRIMARY SERVICE TOTAL	**$ 12,220.19**	**$ 6,721.10**	**$ 6,570.80**	**$ 871.25**	**$ 3,891.33**	**$ 3,501.87**	**$ 1,713.61**	**$ 867.00**	**$ 8,621.34**	**$ 6,837.20**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 871.25**	**$ 943.50**	**$ 875.50**	**$ 867.00**	**$ 8,621.34**
237	54060	HOSPITAL OUTPATIENT	EXCISION OF PENIS, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 1,277.44	$ 702.59	$ 686.88	$ -	$ -	$ -	$ -	$ -	$ 901.23	$ 714.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 901.23
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				MEDICAL/SURGICAL SUPPLIES	$ 328.00	$ 180.40	$ 176.37	$ -	$ -	$ -	$ -	$ -	$ 231.40	$ 183.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 231.40
				PRIMARY SERVICE TOTAL	**$ 23,217.06**	**$ 12,769.38**	**$ 12,483.81**	**$ 1,230.00**	**$ 3,291.49**	**$ 2,962.07**	**$ 1,449.47**	**$ 1,224.00**	**$ 16,379.64**	**$ 12,989.95**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 1,230.00**	**$ 1,332.00**	**$ 1,236.00**	**$ 1,224.00**	**$ 16,379.64**
238	54100	HOSPITAL OUTPATIENT	EXCISION OF PENIS, EXTERNAL APPROACH, DIAGNOSTIC	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				LABORATORY	$ 3,120.50	$ 1,716.28	$ 1,677.89	$ -	$ -	$ -	$ -	$ -	$ 2,201.51	$ 1,745.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,201.51
				PHARMACY	$ 1,830.56	$ 1,006.81	$ 984.29	$ -	$ -	$ -	$ -	$ -	$ 1,291.46	$ 1,024.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,291.46
				MEDICAL/SURGICAL SUPPLIES	$ 789.25	$ 434.09	$ 424.38	$ -	$ -	$ -	$ -	$ -	$ 556.82	$ 441.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 556.82
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 78,270.31**	**$ 43,048.67**	**$ 42,085.95**	**$ 1,486.25**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 1,479.00**	**$ 55,219.70**	**$ 43,792.24**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 1,486.25**	**$ 1,609.50**	**$ 1,493.50**	**$ 1,479.00**	**$ 55,219.70**
239	54110	HOSPITAL OUTPATIENT	RELEASE PENIS, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 47,256.50	$ 25,991.08	$ 25,409.82	$ -	$ -	$ -	$ -	$ -	$ 33,339.46	$ 26,440.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,339.46
				OPERATING ROOM SERVICES	$ 18,661.75	$ 10,263.96	$ 10,034.42	$ -	$ -	$ -	$ -	$ -	$ 13,165.86	$ 10,441.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,165.86
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 1,421.31	$ 781.72	$ 764.24	$ -	$ -	$ -	$ -	$ -	$ 1,002.73	$ 795.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,002.73
				LABORATORY	$ 592.25	$ 325.74	$ 318.45	$ -	$ -	$ -	$ -	$ -	$ 417.83	$ 331.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 417.83
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 15,428.55**	**$ 8,485.70**	**$ 8,295.93**	**$ 738.00**	**$ 4,248.18**	**$ 3,823.00**	**$ 1,870.76**	**$ 734.40**	**$ 10,884.84**	**$ 8,632.27**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 738.00**	**$ 799.20**	**$ 741.60**	**$ 734.40**	**$ 10,884.84**
240	54150	HOSPITAL OUTPATIENT	RESECTION OF PREPUCE, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 7,415.75	$ 4,078.66	$ 3,987.45	$ -	$ -	$ -	$ -	$ -	$ 5,231.81	$ 4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,231.81
				ANESTHESIA	$ 3,977.50	$ 2,187.63	$ 2,138.70	$ -	$ -	$ -	$ -	$ -	$ 2,806.13	$ 2,225.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,806.13
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 474.50	$ 260.98	$ 255.14	$ -	$ -	$ -	$ -	$ -	$ 334.76	$ 265.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 334.76
				MEDICAL/SURGICAL SUPPLIES	$ 316.00	$ 173.80	$ 169.91	$ -	$ -	$ -	$ -	$ -	$ 222.94	$ 176.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 222.94
				PHARMACY	$ 227.55	$ 125.15	$ 122.35	$ -	$ -	$ -	$ -	$ -	$ 160.54	$ 127.31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 160.54
				PRIMARY SERVICE TOTAL	**$ 13,773.19**	**$ 7,575.25**	**$ 7,405.84**	**$ 1,691.25**	**$ 4,248.18**	**$ 3,823.00**	**$ 1,870.76**	**$ 1,683.00**	**$ 9,716.99**	**$ 7,706.10**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,691.25**	**$ 1,831.50**	**$ 1,699.50**	**$ 1,683.00**	**$ 9,716.99**
241	54161	HOSPITAL OUTPATIENT	RESECTION OF PREPUCE, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 618.69	$ 340.28	$ 332.67	$ -	$ -	$ -	$ -	$ -	$ 436.49	$ 346.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 436.49
				LABORATORY	$ 606.00	$ 333.30	$ 325.85	$ -	$ -	$ -	$ -	$ -	$ 427.53	$ 339.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 427.53
				MEDICAL/SURGICAL SUPPLIES	$ 350.50	$ 192.78	$ 188.46	$ -	$ -	$ -	$ -	$ -	$ 247.28	$ 196.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 247.28
				PRIMARY SERVICE TOTAL	**$ 10,931.89**	**$ 6,012.54**	**$ 5,878.08**	**$ 1,896.25**	**$ 4,248.18**	**$ 3,823.00**	**$ 1,870.76**	**$ 1,887.00**	**$ 7,712.45**	**$ 6,116.39**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,896.25**	**$ 2,053.50**	**$ 1,905.50**	**$ 1,870.76**	**$ 7,712.45**
242	54162	HOSPITAL OUTPATIENT	RELEASE PENIS, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 386.89	$ 212.79	$ 208.03	$ -	$ -	$ -	$ -	$ -	$ 272.95	$ 216.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 272.95
				MEDICAL/SURGICAL SUPPLIES	$ 330.50	$ 181.78	$ 177.71	$ -	$ -	$ -	$ -	$ -	$ 233.17	$ 184.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 233.17
				PRIMARY SERVICE TOTAL	**$ 67,612.26**	**$ 37,186.75**	**$ 36,355.11**	**$ 3,280.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 3,264.00**	**$ 47,700.45**	**$ 37,829.06**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,187.58**	**$ 47,700.45**
243	54360	HOSPITAL OUTPATIENT	INTRODUCE OTH THERAP SUBST IN MALE REPROD, PERC	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 45,351.25	$ 24,943.19	$ 24,385.37	$ -	$ -	$ -	$ -	$ -	$ 31,995.31	$ 25,374.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 31,995.31
				OPERATING ROOM SERVICES	$ 11,573.25	$ 6,365.29	$ 6,222.94	$ -	$ -	$ -	$ -	$ -	$ 8,164.93	$ 6,475.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,164.93
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				PHARMACY	$ 1,193.76	$ 656.57	$ 641.89	$ -	$ -	$ -	$ -	$ -	$ 842.20	$ 667.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 842.20
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 43.50	$ 23.93	$ 23.39	$ -	$ -	$ -	$ -	$ -	$ 30.69	$ 24.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30.69
				PRIMARY SERVICE TOTAL	**$ 47,974.31**	**$ 26,385.87**	**$ 25,795.79**	**$ 5,637.50**	**$ 42,142.36**	**$ 37,924.61**	**$ 18,558.10**	**$ 5,610.00**	**$ 33,845.88**	**$ 26,841.63**	**$ 18,558.00**	**$ 23,854.00**	**$ 18,558.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 5,610.00**	**$ 42,142.36**
244	54400	HOSPITAL OUTPATIENT	SUPPLEMENT PENIS WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 21,752.00	$ 11,963.60	$ 11,696.05	$ -	$ -	$ -	$ -	$ -	$ 15,346.04	$ 12,170.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,346.04
				OPERATING ROOM SERVICES	$ 15,117.50	$ 8,314.63	$ 8,128.68	$ -	$ -	$ -	$ -	$ -	$ 10,665.40	$ 8,458.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,665.40
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 1,161.81	$ 639.00	$ 624.71	$ -	$ -	$ -	$ -	$ -	$ 819.66	$ 650.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 819.66
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 72,346.92**	**$ 39,790.81**	**$ 38,900.94**	**$ 6,355.00**	**$ 42,142.36**	**$ 37,924.61**	**$ 18,558.10**	**$ 6,324.00**	**$ 51,040.75**	**$ 40,478.10**	**$ 14,075.00**	**$ 18,091.00**	**$ 14,075.00**	**$ 6,355.00**	**$ 6,882.00**	**$ 6,386.00**	**$ 6,324.00**	**$ 51,040.75**
245	54405	HOSPITAL OUTPATIENT	SUPPLEMENT PENIS WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 46,835.25	$ 25,759.39	$ 25,183.31	$ -	$ -	$ -	$ -	$ -	$ 33,042.27	$ 26,204.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,042.27
				OPERATING ROOM SERVICES	$ 15,117.50	$ 8,314.63	$ 8,128.68	$ -	$ -	$ -	$ -	$ -	$ 10,665.40	$ 8,458.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,665.40
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 667.17	$ 366.94	$ 358.74	$ -	$ -	$ -	$ -	$ -	$ 470.69	$ 373.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 470.69
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				PRIMARY SERVICE TOTAL	**$ 24,750.46**	**$ 13,612.75**	**$ 13,308.32**	**$ 4,612.50**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 4,590.00**	**$ 17,461.45**	**$ 13,847.88**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 3,187.58**	**$ 17,461.45**
246	54406	HOSPITAL OUTPATIENT	REMOVAL OF SYNTHETIC SUBSTITUTE FROM PENIS, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				MEDICAL/SURGICAL SUPPLIES	$ 1,411.25	$ 776.19	$ 758.83	$ -	$ -	$ -	$ -	$ -	$ 995.64	$ 789.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 995.64
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				LABORATORY	$ 943.75	$ 519.06	$ 507.45	$ -	$ -	$ -	$ -	$ -	$ 665.82	$ 528.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 665.82
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHARMACY	$ 758.96	$ 417.43	$ 408.09	$ -	$ -	$ -	$ -	$ -	$ 535.45	$ 424.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 535.45
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 77,964.86**	**$ 42,880.67**	**$ 41,921.71**	**$ 3,895.00**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 3,876.00**	**$ 55,004.21**	**$ 43,621.34**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 55,004.21**
247	54408	HOSPITAL OUTPATIENT	SUPPLEMENT PENIS WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 50,414.25	$ 27,727.84	$ 27,107.74	$ -	$ -	$ -	$ -	$ -	$ 35,567.25	$ 28,206.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 35,567.25
				OPERATING ROOM SERVICES	$ 15,117.50	$ 8,314.63	$ 8,128.68	$ -	$ -	$ -	$ -	$ -	$ 10,665.40	$ 8,458.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,665.40
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				CARDIOLOGY	$ 1,022.50	$ 562.38	$ 549.80	$ -	$ -	$ -	$ -	$ -	$ 721.37	$ 572.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 721.37
				PHARMACY	$ 765.11	$ 420.81	$ 411.40	$ -	$ -	$ -	$ -	$ -	$ 539.79	$ 428.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 539.79
				LABORATORY	$ 707.25	$ 388.99	$ 380.29	$ -	$ -	$ -	$ -	$ -	$ 498.96	$ 395.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 498.96
				PRIMARY SERVICE TOTAL	**$ 71,393.59**	**$ 39,266.48**	**$ 38,388.33**	**$ 7,380.00**	**$ 42,142.36**	**$ 37,924.61**	**$ 18,558.10**	**$ 7,344.00**	**$ 50,368.18**	**$ 39,944.71**	**$ 14,075.00**	**$ 18,091.00**	**$ 14,075.00**	**$ 7,380.00**	**$ 7,992.00**	**$ 7,416.00**	**$ 7,344.00**	**$ 50,368.18**
248	54410	HOSPITAL OUTPATIENT	SUPPLEMENT PENIS WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 45,344.00	$ 24,939.20	$ 24,381.47	$ -	$ -	$ -	$ -	$ -	$ 31,990.19	$ 25,369.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 31,990.19
				OPERATING ROOM SERVICES	$ 15,117.50	$ 8,314.63	$ 8,128.68	$ -	$ -	$ -	$ -	$ -	$ 10,665.40	$ 8,458.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,665.40
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 2,437.84	$ 1,340.81	$ 1,310.83	$ -	$ -	$ -	$ -	$ -	$ 1,719.90	$ 1,363.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,719.90
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				PRIMARY SERVICE TOTAL	**$ 18,797.64**	**$ 10,338.70**	**$ 10,107.49**	**$ 2,460.00**	**$ 7,238.46**	**$ 6,514.01**	**$ 3,187.58**	**$ 2,448.00**	**$ 13,261.74**	**$ 10,517.28**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 13,261.74**
249	54520	HOSPITAL OUTPATIENT	RESECTION OF LEFT TESTIS, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				LABORATORY	$ 1,718.00	$ 944.90	$ 923.77	$ -	$ -	$ -	$ -	$ -	$ 1,212.05	$ 961.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,212.05
				MEDICAL/SURGICAL SUPPLIES	$ 1,114.00	$ 612.70	$ 599.00	$ -	$ -	$ -	$ -	$ -	$ 785.93	$ 623.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 785.93
				PHARMACY	$ 634.89	$ 349.19	$ 341.38	$ -	$ -	$ -	$ -	$ -	$ 447.91	$ 355.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 447.91
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 22,157.49**	**$ 12,186.62**	**$ 11,914.08**	**$ 3,280.00**	**$ 7,456.20**	**$ 6,709.96**	**$ 3,283.46**	**$ 3,264.00**	**$ 15,632.11**	**$ 12,397.12**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,264.00**	**$ 15,632.11**
250	54530	HOSPITAL OUTPATIENT	RESECTION OF LEFT TESTIS, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				LABORATORY	$ 3,618.00	$ 1,989.90	$ 1,945.40	$ -	$ -	$ -	$ -	$ -	$ 2,552.50	$ 2,024.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,552.50
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 494.74	$ 272.11	$ 266.02	$ -	$ -	$ -	$ -	$ -	$ 349.04	$ 276.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 349.04
				MEDICAL/SURGICAL SUPPLIES	$ 383.00	$ 210.65	$ 205.94	$ -	$ -	$ -	$ -	$ -	$ 270.21	$ 214.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 270.21
				PRIMARY SERVICE TOTAL	**$ 27,803.20**	**$ 15,291.76**	**$ 14,949.78**	**$ 2,870.00**	**$ 7,456.20**	**$ 6,709.96**	**$ 3,283.46**	**$ 2,856.00**	**$ 19,615.16**	**$ 15,555.89**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,856.00**	**$ 19,615.16**
251	54640	HOSPITAL OUTPATIENT	REPOSITION BILATERAL TESTES, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ 7,599.18	$ -	$ -	$ -	$ -	$ -	$ 9,970.66	$ 7,907.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,970.66
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72

				PHARMACY	1,175.95	646.77	632.31	-	-	-	-	-	829.63	657.94	-	-	-	-	-	-	-	829.63
				MEDICAL/SURGICAL SUPPLIES	813.75	447.56	437.55	-	-	-	-	-	574.10	455.29	-	-	-	-	-	-	-	574.10
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
252	54690	HOSPITAL OUTPATIENT	RESECTION OF LEFT TESTIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	23,764.80	13,070.64	12,778.33	4,612.50	11,591.24	10,431.15	5,104.40	4,590.00	16,766.07	13,296.41	16,164.00	20,777.00	16,164.00	4,612.50	4,995.00	4,635.00	4,590.00	20,777.00
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				LABORATORY	2,537.75	1,395.76	1,364.55	-	-	-	-	-	1,790.38	1,419.87	-	-	-	-	-	-	-	1,790.38
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	685.30	376.92	368.49	-	-	-	-	-	483.48	383.43	-	-	-	-	-	-	-	483.48
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	446.50	245.58	240.08	-	-	-	-	-	315.01	249.82	-	-	-	-	-	-	-	315.01
253	54700	HOSPITAL OUTPATIENT	DRAINAGE OF SCROTUM, OPEN APPROACH	PRIMARY SERVICE TOTAL	18,008.29	9,904.56	9,683.06	2,152.50	4,248.18	3,823.00	1,870.76	2,142.00	12,704.85	10,075.64	4,781.00	6,245.00	4,781.00	2,152.50	2,331.00	2,163.00	1,870.76	12,704.85
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	3,990.00	2,194.50	2,145.42	-	-	-	-	-	2,814.95	2,232.41	-	-	-	-	-	-	-	2,814.95
				LABORATORY	1,193.25	656.29	641.61	-	-	-	-	-	841.84	667.62	-	-	-	-	-	-	-	841.84
				PHARMACY	424.54	233.50	228.28	-	-	-	-	-	299.51	237.53	-	-	-	-	-	-	-	299.51
				MEDICAL/SURGICAL SUPPLIES	383.00	210.65	205.94	-	-	-	-	-	270.21	214.29	-	-	-	-	-	-	-	270.21
254	54830	HOSPITAL OUTPATIENT	EXCISION OF RIGHT EPIDIDYMIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	14,119.94	7,765.97	7,592.29	3,280.00	4,248.18	3,823.00	1,870.76	3,264.00	9,961.62	7,900.11	4,781.00	6,245.00	4,781.00	3,280.00	3,552.00	3,296.00	1,870.76	9,961.62
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	546.44	300.54	293.82	-	-	-	-	-	385.51	305.73	-	-	-	-	-	-	-	385.51
				LABORATORY	387.50	213.13	208.36	-	-	-	-	-	273.38	216.81	-	-	-	-	-	-	-	273.38
				MEDICAL/SURGICAL SUPPLIES	383.00	210.65	205.94	-	-	-	-	-	270.21	214.29	-	-	-	-	-	-	-	270.21
255	54840	HOSPITAL OUTPATIENT	EXCISION OF LEFT TUNICA VAGINALIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	21,001.34	11,550.74	11,292.42	3,587.50	4,248.18	3,823.00	1,870.76	3,570.00	14,816.45	11,750.25	4,781.00	6,245.00	4,781.00	3,587.50	3,885.00	3,605.00	1,870.76	14,816.45
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				LABORATORY	592.25	325.74	318.45	-	-	-	-	-	417.83	331.36	-	-	-	-	-	-	-	417.83
				PHARMACY	534.09	293.75	287.18	-	-	-	-	-	376.80	298.82	-	-	-	-	-	-	-	376.80
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	390.25	214.64	209.84	-	-	-	-	-	275.32	218.34	-	-	-	-	-	-	-	275.32
256	54860	HOSPITAL OUTPATIENT	EXCISION OF RIGHT EPIDIDYMIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	12,866.49	7,076.57	6,918.31	2,870.00	4,248.18	3,823.00	1,870.76	2,856.00	9,077.31	7,198.80	4,781.00	6,245.00	4,781.00	2,870.00	3,108.00	2,884.00	1,870.76	9,077.31
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				RADIOLOGY - DIAGNOSTIC	792.25	435.74	425.99	-	-	-	-	-	558.93	443.26	-	-	-	-	-	-	-	558.93
				LABORATORY	562.50	309.38	302.46	-	-	-	-	-	396.84	314.72	-	-	-	-	-	-	-	396.84
				PHARMACY	552.24	303.73	296.94	-	-	-	-	-	389.61	308.98	-	-	-	-	-	-	-	389.61
				MEDICAL/SURGICAL SUPPLIES	245.50	135.03	132.01	-	-	-	-	-	173.20	137.36	-	-	-	-	-	-	-	173.20
257	55040	HOSPITAL OUTPATIENT	EXCISION OF RIGHT TUNICA VAGINALIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	21,105.10	11,607.81	11,348.21	2,152.50	7,456.20	6,709.96	3,283.46	2,142.00	14,889.65	11,808.30	9,098.00	11,871.00	9,098.00	2,152.50	2,331.00	2,163.00	2,142.00	14,889.65
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				RECOVERY ROOM AND BOARD	2,769.00	1,522.95	1,488.89	-	-	-	-	-	1,953.53	1,549.26	-	-	-	-	-	-	-	1,953.53
				RADIOLOGY - DIAGNOSTIC	792.25	435.74	425.99	-	-	-	-	-	558.93	443.26	-	-	-	-	-	-	-	558.93
				PHARMACY	782.10	430.16	420.54	-	-	-	-	-	551.77	437.58	-	-	-	-	-	-	-	551.77
				MEDICAL/SURGICAL SUPPLIES	183.25	100.79	98.53	-	-	-	-	-	129.28	102.53	-	-	-	-	-	-	-	129.28
258	55041	HOSPITAL OUTPATIENT	EXCISION OF LEFT TUNICA VAGINALIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	18,916.35	10,403.99	10,171.32	2,460.00	7,456.20	6,709.96	3,283.46	2,448.00	13,345.48	10,583.70	9,098.00	11,871.00	9,098.00	2,460.00	2,664.00	2,472.00	2,448.00	13,345.48
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	1,274.60	701.03	685.35	-	-	-	-	-	899.23	713.14	-	-	-	-	-	-	-	899.23
				LABORATORY	825.00	453.75	443.60	-	-	-	-	-	582.04	461.59	-	-	-	-	-	-	-	582.04
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				MEDICAL/SURGICAL SUPPLIES	376.00	206.80	202.18	-	-	-	-	-	265.27	210.37	-	-	-	-	-	-	-	265.27
259	55060	HOSPITAL OUTPATIENT	EXCISION OF LEFT TUNICA VAGINALIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	23,137.60	12,725.68	12,441.09	2,870.00	7,238.46	6,514.01	3,187.58	2,856.00	16,323.58	12,945.49	4,781.00	6,245.00	4,781.00	2,870.00	3,108.00	2,884.00	2,856.00	16,323.58
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,101.25	2,805.69	2,742.94	-	-	-	-	-	3,598.93	2,854.15	-	-	-	-	-	-	-	3,598.93
				RECOVERY ROOM AND BOARD	4,337.50	2,385.63	2,332.27	-	-	-	-	-	3,060.11	2,426.83	-	-	-	-	-	-	-	3,060.11
				LABORATORY	1,356.25	745.94	729.26	-	-	-	-	-	956.83	758.82	-	-	-	-	-	-	-	956.83
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	180.35	99.19	96.97	-	-	-	-	-	127.24	100.91	-	-	-	-	-	-	-	127.24
				MEDICAL/SURGICAL SUPPLIES	173.75	95.56	93.43	-	-	-	-	-	122.58	97.21	-	-	-	-	-	-	-	122.58
260	55100	HOSPITAL OUTPATIENT	DRAINAGE OF SCROTUM, OPEN APPROACH	PRIMARY SERVICE TOTAL	12,984.10	7,141.26	6,981.55	1,486.25	3,291.49	2,962.07	1,449.47	1,479.00	9,160.28	7,264.60	2,761.00	3,607.00	2,761.00	1,486.25	1,609.50	1,493.50	1,449.47	9,160.28
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	3,602.75	1,981.51	1,937.20	-	-	-	-	-	2,541.74	2,015.74	-	-	-	-	-	-	-	2,541.74
				LABORATORY	2,195.25	1,207.39	1,180.39	-	-	-	-	-	1,548.75	1,228.24	-	-	-	-	-	-	-	1,548.75
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				PHARMACY	389.35	214.14	209.35	-	-	-	-	-	274.69	217.84	-	-	-	-	-	-	-	274.69
				MEDICAL/SURGICAL SUPPLIES	296.00	162.80	159.16	-	-	-	-	-	208.83	165.61	-	-	-	-	-	-	-	208.83
261	55110	HOSPITAL OUTPATIENT	INSPECTION OF SCROTUM AND TUNICA VAGINALIS, OPEN APPROACH	PRIMARY SERVICE TOTAL	17,666.51	9,716.58	9,499.28	1,691.25	7,238.46	6,514.01	3,187.58	1,683.00	12,463.72	9,884.41	4,781.00	6,245.00	4,781.00	1,691.25	1,831.50	1,699.50	1,683.00	12,463.72
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	2,506.00	1,378.30	1,347.48	-	-	-	-	-	1,767.98	1,402.11	-	-	-	-	-	-	-	1,767.98
				PHARMACY	767.26	421.99	412.56	-	-	-	-	-	541.30	429.28	-	-	-	-	-	-	-	541.30
				MEDICAL/SURGICAL SUPPLIES	527.00	289.85	283.37	-	-	-	-	-	371.80	294.86	-	-	-	-	-	-	-	371.80
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	431.00	237.05	231.75	-	-	-	-	-	304.07	241.14	-	-	-	-	-	-	-	304.07
262	55180	HOSPITAL OUTPATIENT	REPAIR SCROTUM, OPEN APPROACH	PRIMARY SERVICE TOTAL	82,147.26	45,180.99	44,170.58	2,152.50	10,147.42	9,131.84	4,468.59	2,142.00	57,954.89	45,961.39	4,781.00	6,245.00	4,781.00	2,152.50	2,331.00	2,163.00	2,142.00	57,954.89
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	50,717.00	27,894.35	27,270.53	-	-	-	-	-	35,780.84	28,376.16	-	-	-	-	-	-	-	35,780.84
				OPERATING ROOM SERVICES	18,661.75	10,263.96	10,034.42	-	-	-	-	-	13,165.86	10,441.25	-	-	-	-	-	-	-	13,165.86
				ANESTHESIA	6,100.25	3,355.14	3,280.10	-	-	-	-	-	4,303.73	3,413.09	-	-	-	-	-	-	-	4,303.73
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				PHARMACY	1,361.01	748.56	731.82	-	-	-	-	-	960.19	761.49	-	-	-	-	-	-	-	960.19
				OTHER IMAGING SERVICES: ULTRASOUND	1,248.50	686.68	671.32	-	-	-	-	-	880.82	698.54	-	-	-	-	-	-	-	880.82
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				LABORATORY	431.00	237.05	231.75	-	-	-	-	-	304.07	241.14	-	-	-	-	-	-	-	304.07
263	55250	HOSPITAL OUTPATIENT	EXCISION OF BILATERAL VAS DEFERENS, OPEN APPROACH	PRIMARY SERVICE TOTAL	12,259.75	6,742.86	6,592.07	1,230.00	4,248.18	3,823.00	5,673.89	1,224.00	8,649.25	6,859.33	4,781.00	6,245.00	4,781.00	1,230.00	1,332.00	1,236.00	1,224.00	8,649.25
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71
				ANESTHESIA	4,102.25	2,256.24	2,205.78	-	-	-	-	-	2,894.14	2,295.21	-	-	-	-	-	-	-	2,894.14
				RECOVERY ROOM AND BOARD	1,895.50	1,042.53	1,019.21	-	-	-	-	-	1,337.28	1,060.53	-	-	-	-	-	-	-	1,337.28
				MEDICAL/SURGICAL SUPPLIES	399.50	219.73	214.81	-	-	-	-	-	281.85	223.52	-	-	-	-	-	-	-	281.85
				LABORATORY	332.00	182.60	178.52	-	-	-	-	-	234.23	185.75	-	-	-	-	-	-	-	234.23
				PHARMACY	314.75	173.11	169.24	-	-	-	-	-	222.06	176.10	-	-	-	-	-	-	-	222.06
264	55500	HOSPITAL OUTPATIENT	EXCISION OF LEFT SPERMATIC CORD, OPEN APPROACH	PRIMARY SERVICE TOTAL	20,350.09	11,192.55	10,942.24	2,460.00	7,238.46	6,514.01	3,187.58	2,448.00	14,356.99	11,385.88	9,098.00	11,871.00	9,098.00	2,460.00	2,664.00	2,472.00	2,448.00	14,356.99
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	8,821.75	4,851.96	4,743.45	-	-	-	-	-	6,223.74	4,935.77	-	-	-	-	-	-	-	6,223.74
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	3,990.00	2,194.50	2,145.42	-	-	-	-	-	2,814.95	2,232.41	-	-	-	-	-	-	-	2,814.95
				LABORATORY	1,356.25	745.94	729.26	-	-	-	-	-	956.83	758.82	-	-	-	-	-	-	-	956.83
				PHARMACY	541.59	297.87	291.21	-	-	-	-	-	382.09	303.02	-	-	-	-	-	-	-	382.09
				MEDICAL/SURGICAL SUPPLIES	527.50	290.13	283.64	-	-	-	-	-	372.15	295.14	-	-	-	-	-	-	-	372.15
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
265	55520	HOSPITAL OUTPATIENT	EXCISION OF RIGHT SPERMATIC CORD, OPEN APPROACH	PRIMARY SERVICE TOTAL	26,766.99	14,721.84	14,392.61	2,870.00	7,238.46	6,514.01	3,187.58	2,856.00	18,884.11	14,976.13	4,781.00	6,245.00	4,781.00	2,870.00	3,108.00	2,884.00	2,856.00	18,884.11
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	11,477.25	6,312.49	6,171.32	-	-	-	-	-	8,097.20	6,421.52	-	-	-	-	-	-	-	8,097.20
				ANESTHESIA	5,600.75	3,080.41	3,011.52	-	-	-	-	-	3,951.33	3,133.62	-	-	-	-	-	-	-	3,951.33
				LABORATORY	4,819.25	2,650.59	2,591.31	-	-	-	-	-	3,399.98	2,696.37	-	-	-	-	-	-	-	3,399.98
				RECOVERY ROOM AND BOARD	3,116.50	1,714.08	1,675.74	-	-	-	-	-	2,198.69	1,743.68	-	-	-	-	-	-	-	2,198.69
				PHARMACY	1,359.49	747.72	731.00	-	-	-	-	-	959.12	760.63	-	-	-	-	-	-	-	959.12
				MEDICAL/SURGICAL SUPPLIES	393.75	216.56	211.72	-	-	-	-	-	277.79	220.30	-	-	-	-	-	-	-	277.79
266	55530	HOSPITAL OUTPATIENT	EXCISION OF LEFT SPERMATIC CORD, OPEN APPROACH	PRIMARY SERVICE TOTAL	15,154.24	8,334.83	8,148.43	3,280.00	7,238.46	6,514.01	3,187.58	3,264.00	10,691.32	8,478.80	4,781.00	6,245.00	4,781.00	3,280.00	3,552.00	3,296.00	3,187.58	10,691.32
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	7,415.75	4,078.66	3,987.45	-	-	-	-	-	5,231.81	4,149.11	-	-	-	-	-	-	-	5,231.81
				ANESTHESIA	4,601.75	2,530.96	2,474.36	-	-	-	-	-	3,246.53	2,574.68	-	-	-	-	-	-	-	3,246.53
				RECOVERY ROOM AND BOARD	1,285.00	706.75	690.94	-	-	-	-	-	906.57	718.96	-	-	-	-	-	-	-	906.57
				MEDICAL/SURGICAL SUPPLIES	1,173.00	645.15	630.72	-	-	-	-	-	827.55	656.29	-	-	-	-	-	-	-	827.55
				PHARMACY	678.74	373.31	364.96	-	-	-	-	-	478.85	379.76	-	-	-	-	-	-	-	478.85
267	55700	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERCUTANEOUS APPROACH, DIAGNOSTIC	PRIMARY SERVICE TOTAL	14,729.70	8,101.34	7,920.16	1,230.00	4,248.18	3,823.00	1,870.76	1,224.00	10,391.80	8,241.27	2,761.00	3,607.00	2,761.00	1,230.00	1,332.00	1,236.00	1,224.00	10,391.80
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	6,166.25	3,391.44	3,315.59	-	-	-	-	-	4,350.29	3,450.02	-	-	-	-	-	-	-	4,350.29
				RECOVERY ROOM AND BOARD	3,727.00	2,049.85	2,004.01	-	-	-	-	-	2,629.40	2,085.26	-	-	-	-	-	-	-	2,629.40
				ANESTHESIA	3,103.25	1,706.79	1,668.62	-	-	-	-	-	2,189.34	1,736.27	-	-	-	-	-	-	-	2,189.34
				LABORATORY	597.00	328.35	321.01	-	-	-	-	-	421.18	334.02	-	-	-	-	-	-	-	421.18
				CARDIOLOGY	511.25	281.19	274.90	-	-	-	-	-	360.69	286.04	-	-	-	-	-	-	-	360.69
				PHARMACY	370.70	203.89	199.33	-	-	-	-	-	261.53	207.41	-	-	-	-	-	-	-	261.53
				MEDICAL/SURGICAL SUPPLIES	254.25	139.84	136.71	-	-	-	-	-	179.37	142.25	-	-	-	-	-	-	-	179.37
268	55706	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERC ENDO APPROACH, DIAGN	PRIMARY SERVICE TOTAL	26,664.79	14,665.63	14,337.66	1,486.25	7,238.46	6,514.01	3,187.58	1,479.00	18,812.01	14,918.95	2,761.00	3,607.00	2,761.00	1,486.25	1,609.50	1,493.50	1,479.00	18,812.01
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	12,332.50	6,782.88	6,631.19	-	-	-	-	-	8,700.58	6,900.03	-	-	-	-	-	-	-	8,700.58
				ANESTHESIA	6,706.00	3,688.30	3,605.82	-	-	-	-	-	4,731.08	3,752.01	-	-	-	-	-	-	-	4,731.08
				RECOVERY ROOM AND BOARD	4,317.00	2,374.35	2,321.25	-	-	-	-	-	3,045.64	2,415.36	-	-	-	-	-	-	-	3,045.64
				PHARMACY	1,144.29	629.36	615.28	-	-	-	-	-	807.30	640.23	-	-	-	-	-	-	-	807.30
				CARDIOLOGY	1,022.50	562.38	549.80	-	-	-	-	-	721.37	572.09	-	-	-	-	-	-	-	721.37
				LABORATORY	896.50	493.08	482.05	-	-	-	-	-	632.48	501.59	-	-	-	-	-	-	-	632.48
				MEDICAL/SURGICAL SUPPLIES	246.00	135.30	132.27	-	-	-	-	-	173.55	137.64	-	-	-	-	-	-	-	173.55
				PRIMARY SERVICE TOTAL	13,400.50	7,370.28	7,205.45	1,230.00	4,781.00	4,781.00	4,781.00	1,224.00	9,454.05	7,497.58	4,781.00	6,245.00	4,781.00	1,230.00	1,332.00	1,236.00	1,224.00	9,454.05
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	5,215.75	2,868.66	2,804.51	-	-	-	-	-	3,679.71	2,918.21	-	-	-	-	-	-	-	3,679.71

269	55707	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, VIA OPENING, DIAGN	RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				ANESTHESIA	$ 2,316.00	$ 1,273.80	$ 1,245.31	$ -	$ -	$ -	$ -	$ -	$ 1,633.94	$ 1,295.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633.94
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 289.75	$ 159.36	$ 155.80	$ -	$ -	$ -	$ -	$ -	$ 204.42	$ 162.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 204.42
				MEDICAL/SURGICAL SUPPLIES	$ 123.00	$ 67.65	$ 66.14	$ -	$ -	$ -	$ -	$ -	$ 86.78	$ 68.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 86.78
				PRIMARY SERVICE TOTAL	**$ 14,200.55**	**$ 7,810.30**	**$ 7,635.64**	**$ 1,486.25**	**$ 4,781.00**	**$ 4,781.00**	**$ 4,781.00**	**$ 1,479.00**	**$ 10,018.49**	**$ 7,945.21**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,486.25**	**$ 1,609.50**	**$ 1,493.50**	**$ 1,479.00**	**$ 10,018.49**
270	55708	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERCUTANEOUS APPROACH, DIAGNOSTIC	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,186.50	$ 1,752.58	$ 1,713.38	$ -	$ -	$ -	$ -	$ -	$ 2,248.08	$ 1,782.85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,248.08
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,356.25	$ 745.94	$ 729.26	$ -	$ -	$ -	$ -	$ -	$ 956.83	$ 758.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 956.83
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 323.05	$ 177.68	$ 173.70	$ -	$ -	$ -	$ -	$ -	$ 227.91	$ 180.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 227.91
				MEDICAL/SURGICAL SUPPLIES	$ 151.25	$ 83.19	$ 81.33	$ -	$ -	$ -	$ -	$ -	$ 106.71	$ 84.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 106.71
				PRIMARY SERVICE TOTAL	**$ 19,653.20**	**$ 10,809.26**	**$ 10,567.53**	**$ 1,691.25**	**$ 4,781.00**	**$ 4,781.00**	**$ 4,781.00**	**$ 1,683.00**	**$ 13,865.33**	**$ 10,995.97**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,691.25**	**$ 1,831.50**	**$ 1,699.50**	**$ 1,683.00**	**$ 13,865.33**
271	55709	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERCUTANEOUS APPROACH, DIAGNOSTIC	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				LABORATORY	$ 8,231.50	$ 4,527.33	$ 4,426.08	$ -	$ -	$ -	$ -	$ -	$ 5,807.32	$ 4,605.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,807.32
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				RECOVERY ROOM AND BOARD	$ 2,158.50	$ 1,187.18	$ 1,160.63	$ -	$ -	$ -	$ -	$ -	$ 1,522.82	$ 1,207.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,522.82
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				MEDICAL/SURGICAL SUPPLIES	$ 943.00	$ 518.65	$ 507.05	$ -	$ -	$ -	$ -	$ -	$ 665.29	$ 527.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 665.29
				PHARMACY	$ 75.20	$ 41.36	$ 40.44	$ -	$ -	$ -	$ -	$ -	$ 53.05	$ 42.07	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 53.05
				PRIMARY SERVICE TOTAL	**$ 13,845.39**	**$ 7,614.96**	**$ 7,444.67**	**$ 1,896.25**	**$ 4,781.00**	**$ 4,781.00**	**$ 4,781.00**	**$ 1,887.00**	**$ 9,767.92**	**$ 7,746.50**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,896.25**	**$ 2,053.50**	**$ 1,905.50**	**$ 1,887.00**	**$ 9,767.92**
272	55710	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERC ENDO APPROACH, DIAGN	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 2,769.00	$ 1,522.95	$ 1,488.89	$ -	$ -	$ -	$ -	$ -	$ 1,953.53	$ 1,549.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,953.53
				MEDICAL/SURGICAL SUPPLIES	$ 943.00	$ 518.65	$ 507.05	$ -	$ -	$ -	$ -	$ -	$ 665.29	$ 527.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 665.29
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 309.14	$ 170.03	$ 166.22	$ -	$ -	$ -	$ -	$ -	$ 218.10	$ 172.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 218.10
				LABORATORY	$ 43.50	$ 23.93	$ 23.39	$ -	$ -	$ -	$ -	$ -	$ 30.69	$ 24.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30.69
				PRIMARY SERVICE TOTAL	**$ 14,425.10**	**$ 7,933.81**	**$ 7,756.38**	**$ 2,152.50**	**$ 4,781.00**	**$ 4,781.00**	**$ 4,781.00**	**$ 2,142.00**	**$ 10,176.91**	**$ 8,070.84**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 2,142.00**	**$ 10,176.91**
273	55712	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERCUTANEOUS APPROACH, DIAGNOSTIC	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 2,769.00	$ 1,522.95	$ 1,488.89	$ -	$ -	$ -	$ -	$ -	$ 1,953.53	$ 1,549.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,953.53
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHARMACY	$ 529.10	$ 291.01	$ 284.50	$ -	$ -	$ -	$ -	$ -	$ 373.28	$ 296.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 373.28
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 431.00	$ 237.05	$ 231.75	$ -	$ -	$ -	$ -	$ -	$ 304.07	$ 241.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 304.07
				MEDICAL/SURGICAL SUPPLIES	$ 123.00	$ 67.65	$ 66.14	$ -	$ -	$ -	$ -	$ -	$ 86.78	$ 68.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 86.78
				PRIMARY SERVICE TOTAL	**$ 57,030.54**	**$ 31,366.80**	**$ 30,665.32**	**$ 8,712.50**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 8,670.00**	**$ 40,235.05**	**$ 31,908.59**	**$ 18,558.00**	**$ 23,854.00**	**$ 18,558.00**	**$ 8,712.50**	**$ 9,435.00**	**$ 8,755.00**	**$ 8,670.00**	**$ 40,235.05**
274	55866	HOSPITAL OUTPATIENT	RESECTION OF PROSTATE, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 35,227.75	$ 19,375.26	$ 18,941.96	$ -	$ -	$ -	$ -	$ -	$ 24,853.18	$ 19,709.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,853.18
				ANESTHESIA	$ 8,597.75	$ 4,728.76	$ 4,623.01	$ -	$ -	$ -	$ -	$ -	$ 6,065.71	$ 4,810.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,065.71
				MEDICAL/SURGICAL SUPPLIES	$ 6,425.75	$ 3,534.16	$ 3,455.13	$ -	$ -	$ -	$ -	$ -	$ 4,533.37	$ 3,595.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,533.37
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				PHARMACY	$ 1,443.79	$ 794.08	$ 776.33	$ -	$ -	$ -	$ -	$ -	$ 1,018.59	$ 807.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,018.59
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				PRIMARY SERVICE TOTAL	**$ 48,765.39**	**$ 26,820.96**	**$ 26,221.15**	**$ 6,355.00**	**$ 21,791.35**	**$ 19,610.39**	**$ 19,610.39**	**$ 6,324.00**	**$ 34,403.98**	**$ 27,284.24**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 6,355.00**	**$ 6,882.00**	**$ 6,386.00**	**$ 6,324.00**	**$ 34,403.98**
275	55867	HOSPITAL OUTPATIENT	EXCISION OF PROSTATE, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				ANESTHESIA	$ 7,598.75	$ 4,179.31	$ 4,085.85	$ -	$ -	$ -	$ -	$ -	$ 5,360.92	$ 4,251.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,360.92
				MEDICAL/SURGICAL SUPPLIES	$ 5,069.00	$ 2,787.95	$ 2,725.60	$ -	$ -	$ -	$ -	$ -	$ 3,576.18	$ 2,836.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,576.18
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 1,070.50	$ 588.78	$ 575.61	$ -	$ -	$ -	$ -	$ -	$ 755.24	$ 598.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 755.24
				PHARMACY	$ 731.64	$ 402.40	$ 393.40	$ -	$ -	$ -	$ -	$ -	$ 516.17	$ 409.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 516.17
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 58,333.56**	**$ 32,083.46**	**$ 31,365.96**	**$ 6,970.00**	**$ 16,164.00**	**$ 16,164.00**	**$ 16,164.00**	**$ 6,936.00**	**$ 41,154.33**	**$ 32,637.63**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 6,970.00**	**$ 7,548.00**	**$ 7,004.00**	**$ 6,936.00**	**$ 41,154.33**
276	55868	HOSPITAL OUTPATIENT	RESECTION OF PROSTATE, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				MEDICAL/SURGICAL SUPPLIES	$ 8,131.75	$ 4,472.46	$ 4,372.44	$ -	$ -	$ -	$ -	$ -	$ 5,736.95	$ 4,549.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,736.95
				ANESTHESIA	$ 8,098.25	$ 4,454.04	$ 4,354.43	$ -	$ -	$ -	$ -	$ -	$ 5,713.32	$ 4,530.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,713.32
				RECOVERY ROOM AND BOARD	$ 7,390.00	$ 4,064.50	$ 3,973.60	$ -	$ -	$ -	$ -	$ -	$ 5,213.65	$ 4,134.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,213.65
				PHARMACY	$ 2,473.06	$ 1,360.18	$ 1,329.76	$ -	$ -	$ -	$ -	$ -	$ 1,744.74	$ 1,383.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,744.74
				LABORATORY	$ 1,061.50	$ 583.83	$ 570.77	$ -	$ -	$ -	$ -	$ -	$ 748.89	$ 593.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 748.89
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 57,501.74**	**$ 31,625.96**	**$ 30,918.69**	**$ 7,687.50**	**$ 16,164.00**	**$ 16,164.00**	**$ 16,164.00**	**$ 7,650.00**	**$ 40,567.48**	**$ 32,172.22**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 7,687.50**	**$ 8,325.00**	**$ 7,725.00**	**$ 7,650.00**	**$ 40,567.48**
277	55869	HOSPITAL OUTPATIENT	RESECTION OF PROSTATE, PERCUTANEOUS ENDOSCOPIC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 35,227.75	$ 19,375.26	$ 18,941.96	$ -	$ -	$ -	$ -	$ -	$ 24,853.18	$ 19,709.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,853.18
				ANESTHESIA	$ 8,597.75	$ 4,728.76	$ 4,623.01	$ -	$ -	$ -	$ -	$ -	$ 6,065.71	$ 4,810.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,065.71
				MEDICAL/SURGICAL SUPPLIES	$ 6,445.00	$ 3,544.75	$ 3,465.48	$ -	$ -	$ -	$ -	$ -	$ 4,546.95	$ 3,605.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,546.95
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 2,460.25	$ 1,353.14	$ 1,322.88	$ -	$ -	$ -	$ -	$ -	$ 1,735.71	$ 1,376.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,735.71
				PHARMACY	$ 1,143.24	$ 628.78	$ 614.72	$ -	$ -	$ -	$ -	$ -	$ 806.56	$ 639.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 806.56
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 50,969.85**	**$ 28,033.42**	**$ 27,406.49**	**$ 4,612.50**	**$ 19,346.90**	**$ 17,410.59**	**$ 8,519.73**	**$ 4,590.00**	**$ 35,959.23**	**$ 28,517.63**	**$ 18,558.00**	**$ 23,854.00**	**$ 18,558.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 35,959.23**
278	55873	HOSPITAL OUTPATIENT	DESTRUCTION OF PROSTATE, ENDO	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 21,547.75	$ 11,851.26	$ 11,586.23	$ -	$ -	$ -	$ -	$ -	$ 15,201.94	$ 12,055.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,201.94
				MEDICAL/SURGICAL SUPPLIES	$ 16,385.00	$ 9,011.75	$ 8,810.21	$ -	$ -	$ -	$ -	$ -	$ 11,559.62	$ 9,167.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,559.62
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				LABORATORY	$ 1,444.50	$ 794.48	$ 776.71	$ -	$ -	$ -	$ -	$ -	$ 1,019.09	$ 808.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,019.09
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 350.85	$ 192.97	$ 188.65	$ -	$ -	$ -	$ -	$ -	$ 247.52	$ 196.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 247.52
				PRIMARY SERVICE TOTAL	**$ 25,294.20**	**$ 13,911.81**	**$ 13,600.69**	**$ 5,330.00**	**$ 10,147.42**	**$ 9,131.84**	**$ 4,468.59**	**$ 5,304.00**	**$ 17,845.06**	**$ 14,152.10**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,330.00**	**$ 5,772.00**	**$ 5,356.00**	**$ 4,468.59**	**$ 20,777.00**
279	55874	HOSPITAL OUTPATIENT	INSERTION OF RADIOACT ELEM INTO PROSTATE, PERC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 12,411.00	$ 6,826.05	$ 6,673.39	$ -	$ -	$ -	$ -	$ -	$ 8,755.96	$ 6,943.95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,755.96
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 2,769.00	$ 1,522.95	$ 1,488.89	$ -	$ -	$ -	$ -	$ -	$ 1,953.53	$ 1,549.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,953.53
				LABORATORY	$ 752.75	$ 414.01	$ 404.75	$ -	$ -	$ -	$ -	$ -	$ 531.07	$ 421.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 531.07
				PHARMACY	$ 531.20	$ 292.16	$ 285.63	$ -	$ -	$ -	$ -	$ -	$ 374.76	$ 297.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 374.76
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PRIMARY SERVICE TOTAL	**$ 26,518.74**	**$ 14,585.31**	**$ 14,259.13**	**$ 2,870.00**	**$ 194.72**	**$ 175.23**	**$ 85.75**	**$ 2,856.00**	**$ 18,708.97**	**$ 14,837.24**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 85.75**	**$ 18,708.97**
280	55876	HOSPITAL OUTPATIENT	INSERTION OF RADIOACT ELEM INTO PROSTATE, PERC APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 13,831.00	$ 7,607.05	$ 7,436.93	$ -	$ -	$ -	$ -	$ -	$ 9,757.77	$ 7,738.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,757.77
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,103.25	$ 1,706.79	$ 1,668.62	$ -	$ -	$ -	$ -	$ -	$ 2,189.34	$ 1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,189.34
				RECOVERY ROOM AND BOARD	$ 2,158.50	$ 1,187.18	$ 1,160.63	$ -	$ -	$ -	$ -	$ -	$ 1,522.82	$ 1,207.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,522.82
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 508.74	$ 279.81	$ 273.55	$ -	$ -	$ -	$ -	$ -	$ 358.92	$ 284.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 358.92
				PRIMARY SERVICE TOTAL	**$ 10,620.50**	**$ 5,841.28**	**$ 5,710.64**	**$ 1,230.00**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 1,224.00**	**$ 7,492.76**	**$ 5,942.17**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,230.00**	**$ 1,332.00**	**$ 1,236.00**	**$ 1,224.00**	**$ 7,492.76**
281	56440	HOSPITAL OUTPATIENT	DRAINAGE OF VULVA, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				OPERATING ROOM SERVICES	$ 3,196.25	$ 1,757.94	$ 1,718.62	$ -	$ -	$ -	$ -	$ -	$ 2,254.95	$ 1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,254.95
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 701.25	$ 385.69	$ 377.06	$ -	$ -	$ -	$ -	$ -	$ 494.73	$ 392.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 494.73
				MEDICAL/SURGICAL SUPPLIES	$ 391.75	$ 215.46	$ 210.64	$ -	$ -	$ -	$ -	$ -	$ 276.38	$ 219.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 276.38
				PHARMACY	$ 222.50	$ 122.38	$ 119.64	$ -	$ -	$ -	$ -	$ -	$ 156.97	$ 124.49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 156.97
				PRIMARY SERVICE TOTAL	**$ 14,647.59**	**$ 8,056.17**	**$ 7,876.01**	**$ 1,486.25**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 1,479.00**	**$ 10,333.87**	**$ 8,195.33**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,486.25**	**$ 1,609.50**	**$ 1,493.50**	**$ 1,479.00**	**$ 10,333.87**
282	56441	HOSPITAL OUTPATIENT	RELEASE VULVA, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 1,287.84	$ 708.31	$ 692.47	$ -	$ -	$ -	$ -	$ -	$ 908.57	$ 720.55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 908.57
				MEDICAL/SURGICAL SUPPLIES	$ 211.25	$ 116.19	$ 113.59	$ -	$ -	$ -	$ -	$ -	$ 149.04	$ 118.19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 149.04
				PRIMARY SERVICE TOTAL	**$ 23,527.79**	**$ 12,940.28**	**$ 12,650.89**	**$ 738.00**	**$ 3,891.33**	**$ 3,501.87**	**$ 1,713.61**	**$ 734.40**	**$ 16,598.86**	**$ 13,163.80**	**$ 2,761.00**	**$ 3,607.00**	**$ 2,761.00**	**$ 738.00**	**$ 799.20**	**$ 741.60**	**$ 734.40**	**$ 16,598.86**
283	56515	HOSPITAL OUTPATIENT	DESTRUCTION OF VULVA, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 8,068.75	$ 4,437.81	$ 4,338.57	$ -	$ -	$ -	$ -	$ -	$ 5,692.50	$ 4,514.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,692.50
				OPERATING ROOM SERVICES	$ 6,272.25	$ 3,449.74	$ 3,372.59	$ -	$ -	$ -	$ -	$ -	$ 4,425.07	$ 3,509.32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,425.07
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 655.75	$ 360.66	$ 352.60	$ -	$ -	$ -	$ -	$ -	$ 462.63	$ 366.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 462.63
				PHARMACY	$ 424.29	$ 233.36	$ 228.14	$ -	$ -	$ -	$ -	$ -	$ 299.34	$ 237.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 299.34
				PRIMARY SERVICE TOTAL	**$ 12,812.34**	**$ 7,046.79**	**$ 6,889.20**	**$ 2,460.00**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 2,448.00**	**$ 9,039.11**	**$ 7,168.50**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 9,039.11**
284	56620	HOSPITAL OUTPATIENT	EXCISION OF VULVA, EXTERNAL APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 992.34	$ 545.79	$ 533.58	$ -	$ -	$ -	$ -	$ -	$ 700.10	$ 555.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 700.10
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				MEDICAL/SURGICAL SUPPLIES	$ 395.50	$ 217.53	$ 212.66	$ -	$ -	$ -	$ -	$ -	$ 279.03	$ 221.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 279.03
				LABORATORY	$ 199.25	$ 109.59	$ 107.14	$ -	$ -	$ -	$ -	$ -	$ 140.57	$ 111.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 140.57
				PRIMARY SERVICE TOTAL	**$ 22,545.84**	**$ 12,400.21**	**$ 12,122.90**	**$ 2,870.00**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 2,856.00**	**$ 15,906.09**	**$ 12,614.40**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,870.00**	**$ 3,108.00**	**$ 2,884.00**	**$ 2,637.99**	**$ 15,906.09**
285	56740	HOSPITAL OUTPATIENT	EXCISION OF VESTIBULAR GLAND, OPEN APPROACH	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 7,928.50	$ 4,360.68	$ 4,263.15	$ -	$ -	$ -	$ -	$ -	$ 5,593.56	$ 4,436.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,593.56
				OPERATING ROOM SERVICES	$ 4,734.25	$ 2,603.84	$ 2,545.61	$ -	$ -	$ -	$ -	$ -	$ 3,340.01	$ 2,648.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,340.01
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 2,342.75	$ 1,288.51	$ 1,259.70	$ -	$ -	$ -	$ -	$ -	$ 1,652.81	$ 1,310.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,652.81
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 420.84	$ 231.46	$ 226.29	$ -	$ -	$ -	$ -	$ -	$ 296.90	$ 235.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 296.90
				PRIMARY SERVICE TOTAL	**$ 16,308.34**	**$ 8,969.59**	**$ 8,768.99**	**$ 533.00**	**$ 119.42**	**$ 107.47**	**$ 52.59**	**$ 530.40**	**$ 11,505.53**	**$ 9,124.52**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 52.59**	**$ 11,505.53**
286	57100	HOSPITAL OUTPATIENT	EXCISION OF VAGINA, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN	PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,158.50	$ 1,187.18	$ 1,160.63	$ -	$ -	$ -	$ -	$ -	$ 1,522.82	$ 1,207.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,522.82
				RADIOLOGY - DIAGNOSTIC	$ 1,078.75	$ 593.31	$ 580.04	$ -	$ -	$ -	$ -	$ -	$ 761.06	$ 603.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 761.06

				MEDICAL/SURGICAL SUPPLIES	$ 901.00	$ 495.55	$ 484.47	$ -	$ -	$ -	$ -	$ -	$ 635.66	$ 504.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 635.66
				LABORATORY	$ 814.00	$ 447.70	$ 437.69	$ -	$ -	$ -	$ -	$ -	$ 574.28	$ 455.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 574.28
				PHARMACY	$ 576.34	$ 316.99	$ 309.90	$ -	$ -	$ -	$ -	$ -	$ 406.61	$ 322.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 406.61
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
287	**57120**	**HOSPITAL OUTPATIENT**	**OCCLUSION OF VAGINA, VIA NATURAL OR ARTIFICIAL OPENING**	**PRIMARY SERVICE TOTAL**	**$ 27,422.89**	**$ 15,082.59**	**$ 14,745.29**	**$ 738.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 734.40**	**$ 19,346.85**	**$ 15,343.11**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 738.00**	**$ 799.20**	**$ 741.60**	**$ 734.40**	**$ 19,346.85**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ 7,599.18	$ -	$ -	$ -	$ -	$ -	$ 9,970.66	$ 7,907.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,970.66
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				MEDICAL/SURGICAL SUPPLIES	$ 2,406.50	$ 1,323.58	$ 1,293.98	$ -	$ -	$ -	$ -	$ -	$ 1,697.79	$ 1,346.44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,697.79
				PHARMACY	$ 779.89	$ 428.94	$ 419.35	$ -	$ -	$ -	$ -	$ -	$ 550.21	$ 436.35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 550.21
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
288	**57135**	**HOSPITAL OUTPATIENT**	**EXCISION OF VAGINA, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 14,389.10**	**$ 7,914.01**	**$ 7,737.02**	**$ 1,230.00**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 1,224.00**	**$ 10,151.51**	**$ 8,050.70**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,230.00**	**$ 1,332.00**	**$ 1,236.00**	**$ 1,224.00**	**$ 10,151.51**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				PHARMACY	$ 700.60	$ 385.33	$ 376.71	$ -	$ -	$ -	$ -	$ -	$ 494.27	$ 391.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 494.27
				MEDICAL/SURGICAL SUPPLIES	$ 580.50	$ 319.28	$ 312.13	$ -	$ -	$ -	$ -	$ -	$ 409.54	$ 324.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 409.54
				LABORATORY	$ 562.50	$ 309.38	$ 302.46	$ -	$ -	$ -	$ -	$ -	$ 396.84	$ 314.72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 396.84
289	**57200**	**HOSPITAL OUTPATIENT**	**REPAIR VAGINA, EXTERNAL APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 49,949.29**	**$ 27,472.11**	**$ 26,857.73**	**$ 1,896.25**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 1,887.00**	**$ 35,239.22**	**$ 27,946.63**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,896.25**	**$ 2,053.50**	**$ 1,905.50**	**$ 1,887.00**	**$ 35,239.22**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				MEDICAL/SURGICAL SUPPLIES	$ 8,176.50	$ 4,497.08	$ 4,396.50	$ -	$ -	$ -	$ -	$ -	$ 5,768.52	$ 4,574.75	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,768.52
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				LABORATORY	$ 1,432.00	$ 787.60	$ 769.99	$ -	$ -	$ -	$ -	$ -	$ 1,010.28	$ 801.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,010.28
				PHARMACY	$ 1,288.79	$ 708.83	$ 692.98	$ -	$ -	$ -	$ -	$ -	$ 909.24	$ 721.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 909.24
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
290	**57240**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 34,746.19**	**$ 19,110.40**	**$ 18,683.03**	**$ 3,280.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 3,264.00**	**$ 24,513.44**	**$ 19,440.49**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,264.00**	**$ 24,513.44**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 15,974.50	$ 8,785.98	$ 8,589.49	$ -	$ -	$ -	$ -	$ -	$ 11,270.01	$ 8,937.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,270.01
				OPERATING ROOM SERVICES	$ 9,615.75	$ 5,288.66	$ 5,170.39	$ -	$ -	$ -	$ -	$ -	$ 6,783.91	$ 5,380.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,783.91
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 1,049.19	$ 577.05	$ 564.15	$ -	$ -	$ -	$ -	$ -	$ 740.20	$ 587.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 740.20
291	**57250**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 34,383.54**	**$ 18,910.95**	**$ 18,488.03**	**$ 3,587.50**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 3,570.00**	**$ 24,257.59**	**$ 19,237.59**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,587.50**	**$ 3,885.00**	**$ 3,605.00**	**$ 3,570.00**	**$ 24,257.59**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 20,166.75	$ 11,091.71	$ 10,843.66	$ -	$ -	$ -	$ -	$ -	$ 14,227.64	$ 11,283.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,227.64
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 1,068.29	$ 587.56	$ 574.42	$ -	$ -	$ -	$ -	$ -	$ 753.68	$ 597.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 753.68
292	**57260**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 40,957.09**	**$ 22,526.40**	**$ 22,022.63**	**$ 3,895.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 3,876.00**	**$ 28,895.23**	**$ 22,915.49**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 28,895.23**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 15,740.50	$ 8,657.28	$ 8,463.67	$ -	$ -	$ -	$ -	$ -	$ 11,104.92	$ 8,806.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,104.92
				OPERATING ROOM SERVICES	$ 11,815.75	$ 6,498.66	$ 6,353.33	$ -	$ -	$ -	$ -	$ -	$ 8,336.01	$ 6,610.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,336.01
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				PHARMACY	$ 1,272.09	$ 699.65	$ 684.00	$ -	$ -	$ -	$ -	$ -	$ 897.46	$ 711.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 897.46
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
293	**57265**	**HOSPITAL OUTPATIENT**	**REPAIR PELVIC SUBCU/FASCIA, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 28,162.44**	**$ 15,489.34**	**$ 15,142.94**	**$ 4,305.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 4,284.00**	**$ 19,868.60**	**$ 15,756.89**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 19,868.60**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				MEDICAL/SURGICAL SUPPLIES	$ 7,751.50	$ 4,263.33	$ 4,167.98	$ -	$ -	$ -	$ -	$ -	$ 5,468.68	$ 4,336.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,468.68
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 826.94	$ 454.82	$ 444.65	$ -	$ -	$ -	$ -	$ -	$ 583.41	$ 462.67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 583.41
294	**57267**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 47,411.79**	**$ 26,076.48**	**$ 25,493.32**	**$ 2,152.50**	**$ 1,187.00**	**$ 1,187.00**	**$ 1,187.00**	**$ 2,142.00**	**$ 33,449.02**	**$ 26,526.90**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 1,187.00**	**$ 33,449.02**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 19,073.75	$ 10,490.56	$ 10,255.96	$ -	$ -	$ -	$ -	$ -	$ 13,456.53	$ 10,671.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,456.53
				OPERATING ROOM SERVICES	$ 14,132.75	$ 7,773.01	$ 7,599.18	$ -	$ -	$ -	$ -	$ -	$ 9,970.66	$ 7,907.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,970.66
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				RECOVERY ROOM AND BOARD	$ 5,821.50	$ 3,201.83	$ 3,130.22	$ -	$ -	$ -	$ -	$ -	$ 4,107.07	$ 3,257.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,107.07
				PHARMACY	$ 773.29	$ 425.31	$ 415.80	$ -	$ -	$ -	$ -	$ -	$ 545.56	$ 432.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 545.56
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
295	**57268**	**HOSPITAL OUTPATIENT**	**REPAIR PELVIC SUBCU/FASCIA, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 39,323.45**	**$ 21,627.90**	**$ 21,144.22**	**$ 2,460.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 2,448.00**	**$ 27,742.69**	**$ 22,001.47**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 27,742.69**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 18,677.25	$ 10,272.49	$ 10,042.76	$ -	$ -	$ -	$ -	$ -	$ 13,176.80	$ 10,449.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,176.80
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 631.20	$ 347.16	$ 339.40	$ -	$ -	$ -	$ -	$ -	$ 445.31	$ 353.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 445.31
				LABORATORY	$ 431.00	$ 237.05	$ 231.75	$ -	$ -	$ -	$ -	$ -	$ 304.07	$ 241.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 304.07
296	**57282**	**HOSPITAL OUTPATIENT**	**REPOSITION VAGINA, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 34,853.70**	**$ 19,169.54**	**$ 18,740.83**	**$ 4,612.50**	**$ 16,075.23**	**$ 14,466.37**	**$ 7,079.00**	**$ 4,590.00**	**$ 24,589.29**	**$ 19,500.65**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 24,589.29**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				MEDICAL/SURGICAL SUPPLIES	$ 10,047.75	$ 5,526.26	$ 5,402.68	$ -	$ -	$ -	$ -	$ -	$ 7,088.69	$ 5,621.72	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,088.69
				RECOVERY ROOM AND BOARD	$ 7,653.00	$ 4,209.15	$ 4,115.02	$ -	$ -	$ -	$ -	$ -	$ 5,399.19	$ 4,281.85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,399.19
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				PHARMACY	$ 574.45	$ 315.95	$ 308.88	$ -	$ -	$ -	$ -	$ -	$ 405.27	$ 321.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 405.27
297	**57284**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 47,498.80**	**$ 26,124.34**	**$ 25,540.10**	**$ 4,920.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 4,896.00**	**$ 33,510.40**	**$ 26,575.58**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 4,510.75**	**$ 33,510.40**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 26,613.75	$ 14,637.56	$ 14,310.21	$ -	$ -	$ -	$ -	$ -	$ 18,776.00	$ 14,890.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,776.00
				OPERATING ROOM SERVICES	$ 9,615.75	$ 5,288.66	$ 5,170.39	$ -	$ -	$ -	$ -	$ -	$ 6,783.91	$ 5,380.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,783.91
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 1,542.30	$ 848.27	$ 829.29	$ -	$ -	$ -	$ -	$ -	$ 1,088.09	$ 862.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,088.09
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
298	**57285**	**HOSPITAL OUTPATIENT**	**SUPPLEMENT PELVIC SUBCU/FASCIA W NONAUT SUB, OPEN**	**PRIMARY SERVICE TOTAL**	**$ 44,041.84**	**$ 24,223.01**	**$ 23,681.30**	**$ 5,330.00**	**$ 16,075.23**	**$ 14,466.37**	**$ 7,079.00**	**$ 5,304.00**	**$ 31,071.52**	**$ 24,641.41**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 5,330.00**	**$ 5,772.00**	**$ 5,356.00**	**$ 5,304.00**	**$ 31,071.52**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 21,182.50	$ 11,650.38	$ 11,389.83	$ -	$ -	$ -	$ -	$ -	$ 14,944.25	$ 11,851.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,944.25
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				PHARMACY	$ 852.34	$ 468.79	$ 458.30	$ -	$ -	$ -	$ -	$ -	$ 601.33	$ 476.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 601.33
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
299	**57287**	**HOSPITAL OUTPATIENT**	**RELEASE URETHRA, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 24,767.20**	**$ 13,621.96**	**$ 13,317.32**	**$ 4,612.50**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 4,590.00**	**$ 17,473.26**	**$ 13,857.25**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 2,637.99**	**$ 17,473.26**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 7,285.00	$ 4,006.75	$ 3,917.14	$ -	$ -	$ -	$ -	$ -	$ 5,139.57	$ 4,075.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,139.57
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				PHARMACY	$ 734.20	$ 403.81	$ 394.78	$ -	$ -	$ -	$ -	$ -	$ 517.98	$ 410.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 517.98
				LABORATORY	$ 97.00	$ 53.35	$ 52.16	$ -	$ -	$ -	$ -	$ -	$ 68.43	$ 54.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 68.43
300	**57288**	**HOSPITAL OUTPATIENT**	**REPOSITION URETHRA, OPEN APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 21,974.79**	**$ 12,086.13**	**$ 11,815.84**	**$ 3,895.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 3,876.00**	**$ 15,503.21**	**$ 12,294.90**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 16,929.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 6,566.75	$ 3,611.71	$ 3,530.94	$ -	$ -	$ -	$ -	$ -	$ 4,632.84	$ 3,674.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,632.84
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 1,360.79	$ 748.43	$ 731.70	$ -	$ -	$ -	$ -	$ -	$ 960.04	$ 761.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 960.04
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
301	**57295**	**HOSPITAL OUTPATIENT**	**EXCISION OF VAGINA, VIA NATURAL OR ARTIFICIAL OPENING**	**PRIMARY SERVICE TOTAL**	**$ 37,065.29**	**$ 20,385.91**	**$ 19,930.01**	**$ 4,305.00**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 4,284.00**	**$ 26,149.56**	**$ 20,738.03**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 2,637.99**	**$ 26,149.56**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 20,946.00	$ 11,520.30	$ 11,262.66	$ -	$ -	$ -	$ -	$ -	$ 14,777.40	$ 11,719.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,777.40
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				RECOVERY ROOM AND BOARD	$ 4,600.50	$ 2,530.28	$ 2,473.69	$ -	$ -	$ -	$ -	$ -	$ 3,245.65	$ 2,573.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,245.65
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				PHARMACY	$ 851.04	$ 468.07	$ 457.60	$ -	$ -	$ -	$ -	$ -	$ 600.41	$ 476.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 600.41
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
302	**57320**	**HOSPITAL OUTPATIENT**	**REPAIR BLADDER, PERCUTANEOUS ENDOSCOPIC APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 52,746.09**	**$ 29,010.35**	**$ 28,361.57**	**$ 5,637.50**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 5,610.00**	**$ 37,212.37**	**$ 29,511.44**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 4,510.75**	**$ 37,212.37**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				MEDICAL/SURGICAL SUPPLIES	$ 8,398.25	$ 4,619.04	$ 4,515.74	$ -	$ -	$ -	$ -	$ -	$ 5,924.97	$ 4,698.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,924.97
				ANESTHESIA	$ 7,598.75	$ 4,179.31	$ 4,085.85	$ -	$ -	$ -	$ -	$ -	$ 5,360.92	$ 4,251.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,360.92
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				PHARMACY	$ 1,133.34	$ 623.34	$ 609.40	$ -	$ -	$ -	$ -	$ -	$ 799.57	$ 634.10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 799.57
303	**57410**	**HOSPITAL OUTPATIENT**	**INSPECTION OF VAGINA AND CUL-DE-SAC, VIA OPENING**	**PRIMARY SERVICE TOTAL**	**$ 13,455.64**	**$ 7,400.60**	**$ 7,235.10**	**$ 430.50**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 428.40**	**$ 9,492.95**	**$ 7,528.43**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 430.50**	**$ 466.20**	**$ 432.60**	**$ 428.40**	**$ 9,492.95**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 605.25	$ 332.89	$ 325.44	$ -	$ -	$ -	$ -	$ -	$ 427.00	$ 338.64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 427.00
				PHARMACY	$ 410.14	$ 225.58	$ 220.53	$ -	$ -	$ -	$ -	$ -	$ 289.35	$ 229.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 289.35
				MEDICAL/SURGICAL SUPPLIES	$ 165.25	$ 90.89	$ 88.85	$ -	$ -	$ -	$ -	$ -	$ 116.58	$ 92.46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 116.58
304	**57425**	**HOSPITAL OUTPATIENT**	**REPOSITION VAGINA, PERCUTANEOUS ENDOSCOPIC APPROACH**	**PRIMARY SERVICE TOTAL**	**$ 51,608.20**	**$ 28,384.51**	**$ 27,749.73**	**$ 4,612.50**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 4,590.00**	**$ 36,409.59**	**$ 28,874.79**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 36,409.59**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				MEDICAL/SURGICAL SUPPLIES	$ 13,665.50	$ 7,516.03	$ 7,347.94	$ -	$ -	$ -	$ -	$ -	$ 9,641.01	$ 7,645.85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,641.01
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				PHARMACY	$ 1,219.95	$ 670.97	$ 655.97	$ -	$ -	$ -	$ -	$ -	$ 860.67	$ 682.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 860.67
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
				PRIMARY SERVICE TOTAL	**$ 44,595.04**	**$ 24,527.27**	**$ 23,978.75**	**$ 4,920.00**	**$ 16,075.23**	**$ 14,466.37**	**$ 7,079.00**	**$ 4,896.00**	**$ 31,461.80**	**$ 24,950.92**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 4,896.00**	**$ 31,461.80**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																

305	57426	HOSPITAL OUTPATIENT	REPAIR BLADDER, PERCUTANEOUS ENDOSCOPIC APPROACH	ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				RECOVERY ROOM AND BOARD	$ 4,948.00	$ 2,721.40	$ 2,660.54	$ -	$ -	$ -	$ -	$ -	$ 3,490.81	$ 2,768.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,490.81
				MEDICAL/SURGICAL SUPPLIES	$ 3,974.50	$ 2,185.98	$ 2,137.09	$ -	$ -	$ -	$ -	$ -	$ 2,804.01	$ 2,223.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,804.01
				PHARMACY	$ 1,324.79	$ 728.63	$ 712.34	$ -	$ -	$ -	$ -	$ -	$ 934.64	$ 741.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 934.64
				LABORATORY	$ 629.50	$ 346.23	$ 338.48	$ -	$ -	$ -	$ -	$ -	$ 444.11	$ 352.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 444.11
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
306	57520	HOSPITAL OUTPATIENT	EXCISION OF CERVIX, VIA NATURAL OR ARTIFICIAL OPENING, DIAGN	**PRIMARY SERVICE TOTAL**	**$ 13,123.85**	**$ 7,218.12**	**$ 7,056.69**	**$ 2,152.50**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 2,142.00**	**$ 9,258.88**	**$ 7,342.79**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 2,152.50**	**$ 2,331.00**	**$ 2,163.00**	**$ 2,142.00**	**$ 9,258.88**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 655.75	$ 360.66	$ 352.60	$ -	$ -	$ -	$ -	$ -	$ 462.63	$ 366.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 462.63
				MEDICAL/SURGICAL SUPPLIES	$ 421.00	$ 231.55	$ 226.37	$ -	$ -	$ -	$ -	$ -	$ 297.02	$ 235.55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 297.02
				PHARMACY	$ 223.10	$ 122.71	$ 119.96	$ -	$ -	$ -	$ -	$ -	$ 157.40	$ 124.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 157.40
307	58542	HOSPITAL OUTPATIENT	RESECTION OF UTERUS, SUPRACERVICAL, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 68,300.99**	**$ 37,565.54**	**$ 36,725.44**	**$ 5,637.50**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 5,610.00**	**$ 48,186.35**	**$ 38,214.40**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 5,610.00**	**$ 48,186.35**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 39,787.75	$ 21,883.26	$ 21,393.87	$ -	$ -	$ -	$ -	$ -	$ 28,070.26	$ 22,261.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,070.26
				MEDICAL/SURGICAL SUPPLIES	$ 12,626.75	$ 6,944.71	$ 6,789.40	$ -	$ -	$ -	$ -	$ -	$ 8,908.17	$ 7,064.67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,908.17
				ANESTHESIA	$ 9,097.25	$ 5,003.49	$ 4,891.59	$ -	$ -	$ -	$ -	$ -	$ 6,418.11	$ 5,089.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,418.11
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 2,127.50	$ 1,170.13	$ 1,143.96	$ -	$ -	$ -	$ -	$ -	$ 1,500.95	$ 1,190.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,500.95
				PHARMACY	$ 1,033.99	$ 568.69	$ 555.98	$ -	$ -	$ -	$ -	$ -	$ 729.48	$ 578.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 729.48
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
308	58552	HOSPITAL OUTPATIENT	RESECTION OF UTERUS, VIA OPENING W PERC ENDO	**PRIMARY SERVICE TOTAL**	**$ 55,397.39**	**$ 30,468.56**	**$ 29,787.18**	**$ 6,355.00**	**$ 20,174.64**	**$ 18,155.49**	**$ 5,104.40**	**$ 6,324.00**	**$ 39,082.86**	**$ 30,994.84**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 6,355.00**	**$ 6,882.00**	**$ 6,386.00**	**$ 5,104.40**	**$ 39,082.86**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				MEDICAL/SURGICAL SUPPLIES	$ 12,433.50	$ 6,838.43	$ 6,685.49	$ -	$ -	$ -	$ -	$ -	$ 8,771.83	$ 6,956.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,771.83
				ANESTHESIA	$ 7,598.75	$ 4,179.31	$ 4,085.85	$ -	$ -	$ -	$ -	$ -	$ 5,360.92	$ 4,251.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,360.92
				PHARMACY	$ 1,577.64	$ 867.70	$ 848.30	$ -	$ -	$ -	$ -	$ -	$ 1,113.03	$ 882.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,113.03
				RECOVERY ROOM AND BOARD	$ 1,548.00	$ 851.40	$ 832.36	$ -	$ -	$ -	$ -	$ -	$ 1,092.11	$ 866.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,092.11
				LABORATORY	$ 790.75	$ 434.91	$ 425.19	$ -	$ -	$ -	$ -	$ -	$ 557.87	$ 442.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 557.87
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				RESPIRATORY SERVICES	$ 269.75	$ 148.36	$ 145.04	$ -	$ -	$ -	$ -	$ -	$ 190.31	$ 150.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 190.31
309	58558	HOSPITAL OUTPATIENT	EXTRACTION OF ENDOMETRIUM, ENDO, DIAGN	**PRIMARY SERVICE TOTAL**	**$ 17,650.30**	**$ 9,707.67**	**$ 9,490.57**	**$ 3,280.00**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 3,264.00**	**$ 12,452.29**	**$ 9,875.34**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 2,637.99**	**$ 12,452.29**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				MEDICAL/SURGICAL SUPPLIES	$ 3,774.00	$ 2,075.70	$ 2,029.28	$ -	$ -	$ -	$ -	$ -	$ 2,662.56	$ 2,111.55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,662.56
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 391.30	$ 215.22	$ 210.40	$ -	$ -	$ -	$ -	$ -	$ 276.06	$ 218.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 276.06
				LABORATORY	$ 199.25	$ 109.59	$ 107.14	$ -	$ -	$ -	$ -	$ -	$ 140.57	$ 111.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 140.57
310	58561	HOSPITAL OUTPATIENT	EXCISION OF UTERUS, ENDO	**PRIMARY SERVICE TOTAL**	**$ 19,460.04**	**$ 10,703.02**	**$ 10,463.66**	**$ 3,587.50**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 3,570.00**	**$ 13,729.06**	**$ 10,887.89**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,587.50**	**$ 3,885.00**	**$ 3,605.00**	**$ 3,570.00**	**$ 13,729.06**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				MEDICAL/SURGICAL SUPPLIES	$ 5,859.75	$ 3,222.86	$ 3,150.79	$ -	$ -	$ -	$ -	$ -	$ 4,134.05	$ 3,278.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,134.05
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 790.75	$ 434.91	$ 425.19	$ -	$ -	$ -	$ -	$ -	$ 557.87	$ 442.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 557.87
				PHARMACY	$ 534.54	$ 294.00	$ 287.42	$ -	$ -	$ -	$ -	$ -	$ 377.12	$ 299.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 377.12
311	58563	HOSPITAL OUTPATIENT	EXCISION OF UTERUS, ENDO	**PRIMARY SERVICE TOTAL**	**$ 19,428.45**	**$ 10,685.65**	**$ 10,446.68**	**$ 3,895.00**	**$ 10,243.15**	**$ 9,217.98**	**$ 4,510.75**	**$ 3,876.00**	**$ 13,706.77**	**$ 10,870.22**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 13,706.77**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				MEDICAL/SURGICAL SUPPLIES	$ 5,595.50	$ 3,077.53	$ 3,008.70	$ -	$ -	$ -	$ -	$ -	$ 3,947.63	$ 3,130.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,947.63
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,070.75	$ 588.91	$ 575.74	$ -	$ -	$ -	$ -	$ -	$ 755.41	$ 599.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 755.41
				PHARMACY	$ 487.20	$ 267.96	$ 261.97	$ -	$ -	$ -	$ -	$ -	$ 343.72	$ 272.59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 343.72
312	58571	HOSPITAL OUTPATIENT	RESECTION OF UTERUS, PERCUTANEOUS ENDOSCOPIC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 63,210.59**	**$ 34,765.82**	**$ 33,988.33**	**$ 6,970.00**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 6,936.00**	**$ 44,595.07**	**$ 35,366.33**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 6,970.00**	**$ 7,548.00**	**$ 7,004.00**	**$ 6,936.00**	**$ 44,595.07**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,667.75	$ 16,867.26	$ 16,490.05	$ -	$ -	$ -	$ -	$ -	$ 21,636.10	$ 17,158.61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,636.10
				MEDICAL/SURGICAL SUPPLIES	$ 17,706.50	$ 9,738.58	$ 9,520.79	$ -	$ -	$ -	$ -	$ -	$ 12,491.94	$ 9,906.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12,491.94
				ANESTHESIA	$ 7,598.75	$ 4,179.31	$ 4,085.85	$ -	$ -	$ -	$ -	$ -	$ 5,360.92	$ 4,251.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,360.92
				RECOVERY ROOM AND BOARD	$ 3,379.50	$ 1,858.73	$ 1,817.16	$ -	$ -	$ -	$ -	$ -	$ 2,384.24	$ 1,890.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,384.24
				PHARMACY	$ 1,771.84	$ 974.51	$ 952.72	$ -	$ -	$ -	$ -	$ -	$ 1,250.03	$ 991.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,250.03
				LABORATORY	$ 1,575.00	$ 866.25	$ 846.88	$ -	$ -	$ -	$ -	$ -	$ 1,111.16	$ 881.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,111.16
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
313	58573	HOSPITAL OUTPATIENT	RESECTION OF UTERUS, VIA OPENING W PERC ENDO	**PRIMARY SERVICE TOTAL**	**$ 45,475.55**	**$ 25,011.55**	**$ 24,452.20**	**$ 7,687.50**	**$ 20,174.64**	**$ 18,155.49**	**$ 8,884.24**	**$ 7,650.00**	**$ 32,083.00**	**$ 25,443.57**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 7,687.50**	**$ 8,325.00**	**$ 7,725.00**	**$ 7,650.00**	**$ 32,083.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 6,599.75	$ 3,629.86	$ 3,548.69	$ -	$ -	$ -	$ -	$ -	$ 4,656.12	$ 3,692.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,656.12
				MEDICAL/SURGICAL SUPPLIES	$ 6,216.50	$ 3,419.08	$ 3,342.61	$ -	$ -	$ -	$ -	$ -	$ 4,385.74	$ 3,478.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,385.74
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 2,291.50	$ 1,260.33	$ 1,232.14	$ -	$ -	$ -	$ -	$ -	$ 1,616.65	$ 1,282.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,616.65
				PHARMACY	$ 1,754.05	$ 964.73	$ 943.15	$ -	$ -	$ -	$ -	$ -	$ 1,237.48	$ 981.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,237.48
314	58661	HOSPITAL OUTPATIENT	RESECTION OF BILATERAL OVARIES, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 34,428.09**	**$ 18,935.45**	**$ 18,511.98**	**$ 4,612.50**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,590.00**	**$ 24,289.02**	**$ 19,262.52**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,612.50**	**$ 4,995.00**	**$ 4,635.00**	**$ 4,590.00**	**$ 24,289.02**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 16,987.75	$ 9,343.26	$ 9,134.31	$ -	$ -	$ -	$ -	$ -	$ 11,984.86	$ 9,504.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 11,984.86
				MEDICAL/SURGICAL SUPPLIES	$ 5,684.50	$ 3,126.48	$ 3,056.56	$ -	$ -	$ -	$ -	$ -	$ 4,010.41	$ 3,180.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,010.41
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 1,611.50	$ 886.33	$ 866.50	$ -	$ -	$ -	$ -	$ -	$ 1,136.91	$ 901.63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,136.91
				PHARMACY	$ 1,122.59	$ 617.42	$ 603.62	$ -	$ -	$ -	$ -	$ -	$ 791.99	$ 628.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 791.99
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
315	58662	HOSPITAL OUTPATIENT	EXCISION OF RIGHT OVARY, PERCUTANEOUS ENDOSCOPIC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 32,485.49**	**$ 17,867.02**	**$ 17,467.45**	**$ 4,920.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,896.00**	**$ 22,918.51**	**$ 18,175.63**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 4,896.00**	**$ 22,918.51**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 15,117.50	$ 8,314.63	$ 8,128.68	$ -	$ -	$ -	$ -	$ -	$ 10,665.40	$ 8,458.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 10,665.40
				ANESTHESIA	$ 5,600.75	$ 3,080.41	$ 3,011.52	$ -	$ -	$ -	$ -	$ -	$ 3,951.33	$ 3,133.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,951.33
				MEDICAL/SURGICAL SUPPLIES	$ 4,772.50	$ 2,624.88	$ 2,566.17	$ -	$ -	$ -	$ -	$ -	$ 3,367.00	$ 2,670.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,367.00
				RECOVERY ROOM AND BOARD	$ 4,600.50	$ 2,530.28	$ 2,473.69	$ -	$ -	$ -	$ -	$ -	$ 3,245.65	$ 2,573.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,245.65
				PHARMACY	$ 1,568.24	$ 862.53	$ 843.24	$ -	$ -	$ -	$ -	$ -	$ 1,106.39	$ 877.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,106.39
				LABORATORY	$ 826.00	$ 454.30	$ 444.14	$ -	$ -	$ -	$ -	$ -	$ 582.74	$ 462.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 582.74
316	58999	HOSPITAL OUTPATIENT	REPAIR VAGINA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 15,082.09**	**$ 8,295.15**	**$ 8,109.64**	**$ 3,280.00**	**$ 398.19**	**$ 358.34**	**$ 175.35**	**$ 3,264.00**	**$ 10,640.41**	**$ 8,438.43**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 175.35**	**$ 10,640.41**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 6,166.25	$ 3,391.44	$ 3,315.59	$ -	$ -	$ -	$ -	$ -	$ 4,350.29	$ 3,450.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,350.29
				RECOVERY ROOM AND BOARD	$ 3,727.00	$ 2,049.85	$ 2,004.01	$ -	$ -	$ -	$ -	$ -	$ 2,629.40	$ 2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,629.40
				ANESTHESIA	$ 3,602.75	$ 1,981.51	$ 1,937.20	$ -	$ -	$ -	$ -	$ -	$ 2,541.74	$ 2,015.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,541.74
				LABORATORY	$ 1,035.50	$ 569.53	$ 556.79	$ -	$ -	$ -	$ -	$ -	$ 730.55	$ 579.36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 730.55
				PHARMACY	$ 526.59	$ 289.62	$ 283.15	$ -	$ -	$ -	$ -	$ -	$ 371.51	$ 294.63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 371.51
				MEDICAL/SURGICAL SUPPLIES	$ 24.00	$ 13.20	$ 12.90	$ -	$ -	$ -	$ -	$ -	$ 16.93	$ 13.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 16.93
317	59820	HOSPITAL OUTPATIENT	EXTRACTION OF PRODUCTS OF CONCEPTION, RETAINED, VIA OPENING	**PRIMARY SERVICE TOTAL**	**$ 11,357.19**	**$ 6,246.45**	**$ 6,106.76**	**$ 1,896.25**	**$ 5,990.44**	**$ 5,390.90**	**$ 2,637.99**	**$ 1,887.00**	**$ 8,012.50**	**$ 6,354.35**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 1,896.25**	**$ 2,053.50**	**$ 1,905.50**	**$ 1,887.00**	**$ 8,012.50**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				OPERATING ROOM SERVICES	$ 3,196.25	$ 1,757.94	$ 1,718.62	$ -	$ -	$ -	$ -	$ -	$ 2,254.95	$ 1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,254.95
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 790.75	$ 434.91	$ 425.19	$ -	$ -	$ -	$ -	$ -	$ 557.87	$ 442.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 557.87
				PHARMACY	$ 743.69	$ 409.03	$ 399.88	$ -	$ -	$ -	$ -	$ -	$ 524.67	$ 416.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 524.67
				MEDICAL/SURGICAL SUPPLIES	$ 18.25	$ 10.04	$ 9.81	$ -	$ -	$ -	$ -	$ -	$ 12.88	$ 10.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 12.88
318	60210	HOSPITAL OUTPATIENT	EXCISION OF LEFT THYROID GLAND LOBE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 21,170.75**	**$ 11,643.91**	**$ 11,383.51**	**$ 3,895.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 3,876.00**	**$ 14,935.96**	**$ 11,845.03**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 3,895.00**	**$ 4,218.00**	**$ 3,914.00**	**$ 3,876.00**	**$ 20,777.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 5,534.50	$ 3,043.98	$ 2,975.90	$ -	$ -	$ -	$ -	$ -	$ 3,904.59	$ 3,096.55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,904.59
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 317.25	$ 174.49	$ 170.59	$ -	$ -	$ -	$ -	$ -	$ 223.82	$ 177.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 223.82
319	60220	HOSPITAL OUTPATIENT	RESECTION OF RIGHT THYROID GLAND LOBE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 26,602.59**	**$ 14,631.42**	**$ 14,304.21**	**$ 4,305.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,284.00**	**$ 18,768.13**	**$ 14,884.15**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 20,777.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				MEDICAL/SURGICAL SUPPLIES	$ 5,690.25	$ 3,129.64	$ 3,059.65	$ -	$ -	$ -	$ -	$ -	$ 4,014.47	$ 3,183.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,014.47
				ANESTHESIA	$ 5,101.25	$ 2,805.69	$ 2,742.94	$ -	$ -	$ -	$ -	$ -	$ 3,598.93	$ 2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,598.93
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				PHARMACY	$ 713.09	$ 392.20	$ 383.43	$ -	$ -	$ -	$ -	$ -	$ 503.08	$ 398.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 503.08
				LABORATORY	$ 603.50	$ 331.93	$ 324.50	$ -	$ -	$ -	$ -	$ -	$ 425.77	$ 337.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 425.77
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
320	60240	HOSPITAL OUTPATIENT	RESECTION OF LEFT THYROID GLAND LOBE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 24,304.19**	**$ 13,367.30**	**$ 13,068.36**	**$ 4,920.00**	**$ 11,591.24**	**$ 10,431.15**	**$ 5,104.40**	**$ 4,896.00**	**$ 17,146.61**	**$ 13,598.19**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,920.00**	**$ 5,328.00**	**$ 4,944.00**	**$ 4,896.00**	**$ 20,777.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 5,874.00	$ 3,230.70	$ 3,158.45	$ -	$ -	$ -	$ -	$ -	$ 4,144.11	$ 3,286.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,144.11
				ANESTHESIA	$ 4,601.75	$ 2,530.96	$ 2,474.36	$ -	$ -	$ -	$ -	$ -	$ 3,246.53	$ 2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,246.53
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,233.75	$ 678.56	$ 663.39	$ -	$ -	$ -	$ -	$ -	$ 870.41	$ 690.28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 870.41
				PHARMACY	$ 755.69	$ 415.63	$ 406.33	$ -	$ -	$ -	$ -	$ -	$ 533.14	$ 422.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 533.14
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
321	60254	HOSPITAL OUTPATIENT	RESECTION OF THYROID GLAND ISTHMUS, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 53,592.74**	**$ 29,476.01**	**$ 28,816.82**	**$ 5,637.50**	**$ 4,160.34**	**$ 3,743.96**	**$ 1,832.08**	**$ 5,610.00**	**$ 37,809.68**	**$ 29,985.14**	**$ 4,781.00**	**$ 6,245.00**	**$ 4,781.00**	**$ 5,637.50**	**$ 6,105.00**	**$ 5,665.00**	**$ 1,832.08**	**$ 37,809.68**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 30,065.75	$ 16,536.16	$ 16,166.35	$ -	$ -	$ -	$ -	$ -	$ 21,211.39	$ 16,821.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,211.39
				ANESTHESIA	$ 12,593.75	$ 6,926.56	$ 6,771.66	$ -	$ -	$ -	$ -	$ -	$ 8,884.89	$ 7,046.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,884.89
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				MEDICAL/SURGICAL SUPPLIES	$ 3,117.75	$ 1,714.76	$ 1,676.41	$ -	$ -	$ -	$ -	$ -	$ 2,199.57	$ 1,744.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,199.57
				LABORATORY	$ 2,243.75	$ 1,234.06	$ 1,206.46	$ -	$ -	$ -	$ -	$ -	$ 1,582.97	$ 1,255.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,582.97
				PHARMACY	$ 1,234.24	$ 678.83	$ 663.65	$ -	$ -	$ -	$ -	$ -	$ 870.76	$ 690.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 870.76
322	60260	HOSPITAL OUTPATIENT	RESECTION OF RIGHT THYROID GLAND LOBE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 25,304.99**	**$ 13,917.74**	**$ 13,606.49**	**$ 5,330.00**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 5,304.00**	**$ 17,852.67**	**$ 14,158.14**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 5,330.00**	**$ 5,772.00**	**$ 5,356.00**	**$ 5,122.16**	**$ 17,852.67**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 5,549.75	$ 3,052.36	$ 2,984.10	$ -	$ -	$ -	$ -	$ -	$ 3,915.35	$ 3,105.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,915.35
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 2,474.75	$ 1,361.11	$ 1,330.67	$ -	$ -	$ -	$ -	$ -	$ 1,745.94	$ 1,384.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,745.94
				PHARMACY	$ 701.24	$ 385.68	$ 377.06	$ -	$ -	$ -	$ -	$ -	$ 494.72	$ 392.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 494.72
				RESPIRATORY SERVICES	$ 538.75	$ 296.31	$ 289.69	$ -	$ -	$ -	$ -	$ -	$ 380.09	$ 301.43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 380.09

323	60500	HOSPITAL OUTPATIENT	EXCISION OF LEFT SUPERIOR PARATHYROID GLAND, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 28,484.67**	**$ 15,666.57**	**$ 15,316.21**	**$ 2,460.00**	**$ 11,631.57**	**$ 10,467.44**	**$ 5,122.16**	**$ 2,448.00**	**$ 20,095.93**	**$ 15,937.17**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 2,460.00**	**$ 2,664.00**	**$ 2,472.00**	**$ 2,448.00**	**$ 20,095.93**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 6,100.25	$ 3,355.14	$ 3,280.10	$ -	$ -	$ -	$ -	$ -	$ 4,303.73	$ 3,413.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,303.73
				MEDICAL/SURGICAL SUPPLIES	$ 4,689.00	$ 2,578.95	$ 2,521.28	$ -	$ -	$ -	$ -	$ -	$ 3,308.09	$ 2,623.50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,308.09
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 2,443.50	$ 1,343.93	$ 1,313.87	$ -	$ -	$ -	$ -	$ -	$ 1,723.89	$ 1,367.14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,723.89
				PHARMACY	$ 1,268.67	$ 697.77	$ 682.16	$ -	$ -	$ -	$ -	$ -	$ 895.05	$ 709.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 895.05
324	60650	HOSPITAL OUTPATIENT	RESECTION OF LEFT ADRENAL GLAND, PERC ENDO APPROACH	**PRIMARY SERVICE TOTAL**	**$ 39,399.79**	**$ 21,669.88**	**$ 21,185.27**	**$ 5,945.00**	**$ 2,982.42**	**$ 2,683.93**	**$ 1,313.36**	**$ 5,916.00**	**$ 27,796.55**	**$ 22,044.18**	**$ 13,172.00**	**$ 16,929.00**	**$ 13,172.00**	**$ 5,945.00**	**$ 6,438.00**	**$ 5,974.00**	**$ 1,313.36**	**$ 27,796.55**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 26,107.75	$ 14,359.26	$ 14,038.14	$ -	$ -	$ -	$ -	$ -	$ 18,419.02	$ 14,607.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,419.02
				ANESTHESIA	$ 7,099.25	$ 3,904.59	$ 3,817.27	$ -	$ -	$ -	$ -	$ -	$ 5,008.52	$ 3,972.03	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,008.52
				MEDICAL/SURGICAL SUPPLIES	$ 3,061.25	$ 1,683.69	$ 1,646.03	$ -	$ -	$ -	$ -	$ -	$ 2,159.71	$ 1,712.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,159.71
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				LABORATORY	$ 852.25	$ 468.74	$ 458.25	$ -	$ -	$ -	$ -	$ -	$ 601.26	$ 476.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 601.26
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 483.04	$ 265.67	$ 259.73	$ -	$ -	$ -	$ -	$ -	$ 340.78	$ 270.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 340.78
325	62321	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAM INTO SPINAL CANAL, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 8,226.20**	**$ 4,524.41**	**$ 4,423.23**	**$ 430.50**	**$ 1,498.87**	**$ 1,348.86**	**$ 660.05**	**$ 428.40**	**$ 5,803.58**	**$ 4,602.56**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 430.50**	**$ 466.20**	**$ 432.60**	**$ 428.40**	**$ 5,803.58**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				PHARMACY	$ 173.45	$ 95.40	$ 93.26	$ -	$ -	$ -	$ -	$ -	$ 122.37	$ 97.05	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 122.37
				MEDICAL/SURGICAL SUPPLIES	$ 149.50	$ 82.23	$ 80.39	$ -	$ -	$ -	$ -	$ -	$ 105.47	$ 83.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 105.47
326	62323	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAM INTO SPINAL CANAL, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 8,127.70**	**$ 4,470.24**	**$ 4,370.26**	**$ 533.00**	**$ 1,498.87**	**$ 1,348.86**	**$ 660.05**	**$ 530.40**	**$ 5,734.09**	**$ 4,547.45**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 530.40**	**$ 5,734.09**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 502.95	$ 276.62	$ 270.44	$ -	$ -	$ -	$ -	$ -	$ 354.83	$ 281.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 354.83
				ANESTHESIA	$ 396.00	$ 217.80	$ 212.93	$ -	$ -	$ -	$ -	$ -	$ 279.38	$ 221.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 279.38
				MEDICAL/SURGICAL SUPPLIES	$ 117.50	$ 64.63	$ 63.18	$ -	$ -	$ -	$ -	$ -	$ 82.90	$ 65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 82.90
327	62325	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAM INTO SPINAL CANAL, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 8,536.70**	**$ 4,695.19**	**$ 4,590.18**	**$ 594.50**	**$ 1,947.30**	**$ 1,752.40**	**$ 857.52**	**$ 591.60**	**$ 6,022.64**	**$ 4,776.28**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 594.50**	**$ 643.80**	**$ 597.40**	**$ 591.60**	**$ 6,022.64**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				PHARMACY	$ 515.45	$ 283.50	$ 277.16	$ -	$ -	$ -	$ -	$ -	$ 363.65	$ 288.39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 363.65
				MEDICAL/SURGICAL SUPPLIES	$ 118.00	$ 64.90	$ 63.45	$ -	$ -	$ -	$ -	$ -	$ 83.25	$ 66.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 83.25
328	62328	HOSPITAL OUTPATIENT	DRAINAGE OF SPINAL CANAL, PERCUTANEOUS APPROACH, DIAGNOSTIC	**PRIMARY SERVICE TOTAL**	**$ 4,361.75**	**$ 2,398.96**	**$ 2,345.31**	**$ 666.25**	**$ 1,498.87**	**$ 1,348.86**	**$ 660.05**	**$ 663.00**	**$ 3,077.21**	**$ 2,440.40**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 666.25**	**$ 721.50**	**$ 669.50**	**$ 660.05**	**$ 3,077.21**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				LABORATORY	$ 2,549.25	$ 1,402.09	$ 1,370.73	$ -	$ -	$ -	$ -	$ -	$ 1,798.50	$ 1,426.31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,798.50
				OPERATING ROOM SERVICES	$ 1,812.50	$ 996.88	$ 974.58	$ -	$ -	$ -	$ -	$ -	$ 1,278.72	$ 1,014.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,278.72
329	63047	HOSPITAL OUTPATIENT	RELEASE LUMBAR SPINAL CORD, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 47,773.60**	**$ 26,275.48**	**$ 25,687.86**	**$ 8,712.50**	**$ 14,344.72**	**$ 12,909.05**	**$ 6,316.94**	**$ 8,670.00**	**$ 33,704.27**	**$ 26,729.33**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 8,712.50**	**$ 9,435.00**	**$ 8,755.00**	**$ 6,316.94**	**$ 33,704.27**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 25,750.25	$ 14,162.64	$ 13,845.91	$ -	$ -	$ -	$ -	$ -	$ 18,166.80	$ 14,407.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,166.80
				ANESTHESIA	$ 9,097.25	$ 5,003.49	$ 4,891.59	$ -	$ -	$ -	$ -	$ -	$ 6,418.11	$ 5,089.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,418.11
				MEDICAL/SURGICAL SUPPLIES	$ 5,708.50	$ 3,139.68	$ 3,069.46	$ -	$ -	$ -	$ -	$ -	$ 4,027.35	$ 3,193.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,027.35
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				PHARMACY	$ 1,766.10	$ 971.36	$ 949.63	$ -	$ -	$ -	$ -	$ -	$ 1,245.98	$ 988.13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,245.98
				LABORATORY	$ 1,630.00	$ 896.50	$ 876.45	$ -	$ -	$ -	$ -	$ -	$ 1,149.97	$ 911.99	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,149.97
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHYSICAL THERAPY	$ 622.50	$ 342.38	$ 334.72	$ -	$ -	$ -	$ -	$ -	$ 439.17	$ 348.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.17
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
330	63056	HOSPITAL OUTPATIENT	RELEASE LUMBAR NERVE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 70,070.00**	**$ 38,538.50**	**$ 37,676.64**	**$ 4,305.00**	**$ 14,344.72**	**$ 12,909.05**	**$ 6,316.94**	**$ 4,284.00**	**$ 49,434.39**	**$ 39,204.17**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 4,305.00**	**$ 4,662.00**	**$ 4,326.00**	**$ 4,284.00**	**$ 49,434.39**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 39,927.25	$ 21,959.99	$ 21,468.88	$ -	$ -	$ -	$ -	$ -	$ 28,168.67	$ 22,339.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,168.67
				ANESTHESIA	$ 12,593.75	$ 6,926.56	$ 6,771.66	$ -	$ -	$ -	$ -	$ -	$ 8,884.89	$ 7,046.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,884.89
				MEDICAL/SURGICAL SUPPLIES	$ 6,238.00	$ 3,430.90	$ 3,354.17	$ -	$ -	$ -	$ -	$ -	$ 4,400.91	$ 3,490.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,400.91
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				PHARMACY	$ 4,168.75	$ 2,292.81	$ 2,241.54	$ -	$ -	$ -	$ -	$ -	$ 2,941.05	$ 2,332.42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,941.05
				LABORATORY	$ 1,390.00	$ 764.50	$ 747.40	$ -	$ -	$ -	$ -	$ -	$ 980.65	$ 777.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 980.65
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHYSICAL THERAPY	$ 622.50	$ 342.38	$ 334.72	$ -	$ -	$ -	$ -	$ -	$ 439.17	$ 348.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.17
331	63688	HOSPITAL OUTPATIENT	REMOVAL OF STIM GEN FROM TRUNK SUBCU/FASCIA, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 22,031.35**	**$ 12,117.24**	**$ 11,846.26**	**$ 3,280.00**	**$ 7,550.10**	**$ 6,794.46**	**$ 3,324.82**	**$ 3,264.00**	**$ 15,543.12**	**$ 12,326.54**	**$ 9,098.00**	**$ 11,871.00**	**$ 9,098.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,264.00**	**$ 15,543.12**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 11,573.25	$ 6,365.29	$ 6,222.94	$ -	$ -	$ -	$ -	$ -	$ 8,164.93	$ 6,475.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,164.93
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 1,390.00	$ 764.50	$ 747.40	$ -	$ -	$ -	$ -	$ -	$ 980.65	$ 777.71	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 980.65
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHARMACY	$ 727.60	$ 400.18	$ 391.23	$ -	$ -	$ -	$ -	$ -	$ 513.32	$ 407.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 513.32
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				MEDICAL/SURGICAL SUPPLIES	$ 428.75	$ 235.81	$ 230.54	$ -	$ -	$ -	$ -	$ -	$ 302.48	$ 239.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 302.48
332	64405	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAM INTO CRANIAL NRV, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 4,764.70**	**$ 2,620.59**	**$ 2,561.98**	**$ 389.50**	**$ 79.61**	**$ 71.65**	**$ 35.06**	**$ 387.60**	**$ 3,361.50**	**$ 2,665.85**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 389.50**	**$ 421.80**	**$ 391.40**	**$ 35.06**	**$ 3,361.50**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 3,196.25	$ 1,757.94	$ 1,718.62	$ -	$ -	$ -	$ -	$ -	$ 2,254.95	$ 1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,254.95
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 155.95	$ 85.77	$ 83.85	$ -	$ -	$ -	$ -	$ -	$ 110.02	$ 87.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 110.02
				MEDICAL/SURGICAL SUPPLIES	$ 84.00	$ 46.20	$ 45.17	$ -	$ -	$ -	$ -	$ -	$ 59.26	$ 47.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 59.26
				LABORATORY	$ 43.50	$ 23.93	$ 23.39	$ -	$ -	$ -	$ -	$ -	$ 30.69	$ 24.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30.69
333	64450	HOSPITAL OUTPATIENT	INTRODUCTION OF ANESTHETIC AGENT INTO JOINTS, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 10,990.45**	**$ 6,044.75**	**$ 5,909.56**	**$ 328.00**	**$ 115.97**	**$ 104.36**	**$ 51.07**	**$ 326.40**	**$ 7,753.76**	**$ 6,149.16**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 328.00**	**$ 355.20**	**$ 329.60**	**$ 51.07**	**$ 7,753.76**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 4,337.50	$ 2,385.63	$ 2,332.27	$ -	$ -	$ -	$ -	$ -	$ 3,060.11	$ 2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,060.11
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				PHARMACY	$ 527.20	$ 289.96	$ 283.48	$ -	$ -	$ -	$ -	$ -	$ 371.94	$ 294.97	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 371.94
				MEDICAL/SURGICAL SUPPLIES	$ 118.00	$ 64.90	$ 63.45	$ -	$ -	$ -	$ -	$ -	$ 83.25	$ 66.02	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 83.25
334	64454	HOSPITAL OUTPATIENT	INTRODUCE ANTI-INFLAM IN PERIPH NRV, PLEXI, PERC	**PRIMARY SERVICE TOTAL**	**$ 6,783.15**	**$ 3,730.73**	**$ 3,647.30**	**$ 430.50**	**$ 379.05**	**$ 341.12**	**$ 166.92**	**$ 428.40**	**$ 4,785.51**	**$ 3,795.17**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 430.50**	**$ 466.20**	**$ 432.60**	**$ 166.92**	**$ 4,785.51**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 3,196.25	$ 1,757.94	$ 1,718.62	$ -	$ -	$ -	$ -	$ -	$ 2,254.95	$ 1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,254.95
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				PHARMACY	$ 135.90	$ 74.75	$ 73.07	$ -	$ -	$ -	$ -	$ -	$ 95.88	$ 76.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 95.88
				MEDICAL/SURGICAL SUPPLIES	$ 87.25	$ 47.99	$ 46.91	$ -	$ -	$ -	$ -	$ -	$ 61.55	$ 48.82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 61.55
335	64479	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAM INTO SPINAL CANAL, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 9,623.40**	**$ 5,292.87**	**$ 5,174.50**	**$ 533.00**	**$ 1,947.30**	**$ 1,752.40**	**$ 857.52**	**$ 530.40**	**$ 6,789.31**	**$ 5,384.29**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 530.40**	**$ 6,789.31**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				PHARMACY	$ 381.65	$ 209.91	$ 205.21	$ -	$ -	$ -	$ -	$ -	$ 269.25	$ 213.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 269.25
				MEDICAL/SURGICAL SUPPLIES	$ 117.50	$ 64.63	$ 63.18	$ -	$ -	$ -	$ -	$ -	$ 82.90	$ 65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 82.90
336	64483	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAM INTO SPINAL CANAL, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 8,166.75**	**$ 4,491.71**	**$ 4,391.26**	**$ 594.50**	**$ 1,947.30**	**$ 1,752.40**	**$ 857.52**	**$ 591.60**	**$ 5,761.64**	**$ 4,569.30**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 594.50**	**$ 643.80**	**$ 597.40**	**$ 591.60**	**$ 5,761.64**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,895.50	$ 1,042.53	$ 1,019.21	$ -	$ -	$ -	$ -	$ -	$ 1,337.28	$ 1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,337.28
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				PHARMACY	$ 146.00	$ 80.30	$ 78.50	$ -	$ -	$ -	$ -	$ -	$ 103.00	$ 81.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 103.00
				MEDICAL/SURGICAL SUPPLIES	$ 117.50	$ 64.63	$ 63.18	$ -	$ -	$ -	$ -	$ -	$ 82.90	$ 65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 82.90
337	64488	HOSPITAL OUTPATIENT	INTRODUCE ANESTHETIC IN PERIPH NRV, PLEXI, PERC	**PRIMARY SERVICE TOTAL**	**$ 65,175.90**	**$ 35,846.75**	**$ 35,045.08**	**$ 666.25**	**$ 1,187.00**	**$ 1,187.00**	**$ 1,187.00**	**$ 663.00**	**$ 45,981.60**	**$ 36,465.92**	**$ 1,187.00**	**$ 1,551.00**	**$ 1,187.00**	**$ 666.25**	**$ 721.50**	**$ 669.50**	**$ 663.00**	**$ 45,981.60**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 39,787.75	$ 21,883.26	$ 21,393.87	$ -	$ -	$ -	$ -	$ -	$ 28,070.26	$ 22,261.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,070.26
				ANESTHESIA	$ 9,596.75	$ 5,278.21	$ 5,160.17	$ -	$ -	$ -	$ -	$ -	$ 6,770.51	$ 5,369.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,770.51
				MEDICAL/SURGICAL SUPPLIES	$ 6,793.00	$ 3,736.15	$ 3,652.60	$ -	$ -	$ -	$ -	$ -	$ 4,792.46	$ 3,800.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,792.46
				RECOVERY ROOM AND BOARD	$ 2,506.00	$ 1,378.30	$ 1,347.48	$ -	$ -	$ -	$ -	$ -	$ 1,767.98	$ 1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,767.98
				LABORATORY	$ 2,454.50	$ 1,349.98	$ 1,319.78	$ -	$ -	$ -	$ -	$ -	$ 1,731.65	$ 1,373.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,731.65
				PHARMACY	$ 2,278.15	$ 1,252.98	$ 1,224.96	$ -	$ -	$ -	$ -	$ -	$ 1,607.23	$ 1,274.62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,607.23
				OTHER IMAGING SERVICES: ULTRASOUND	$ 1,248.50	$ 686.68	$ 671.32	$ -	$ -	$ -	$ -	$ -	$ 880.82	$ 698.54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 880.82
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
338	64490	HOSPITAL OUTPATIENT	INTRODUCTION OF ANESTHETIC AGENT INTO JOINTS, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 6,764.15**	**$ 3,720.28**	**$ 3,637.08**	**$ 492.00**	**$ 1,947.30**	**$ 1,752.40**	**$ 857.52**	**$ 489.60**	**$ 4,772.11**	**$ 3,784.54**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 492.00**	**$ 532.80**	**$ 494.40**	**$ 489.60**	**$ 4,772.11**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 3,196.25	$ 1,757.94	$ 1,718.62	$ -	$ -	$ -	$ -	$ -	$ 2,254.95	$ 1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,254.95
				ANESTHESIA	$ 2,078.75	$ 1,143.31	$ 1,117.74	$ -	$ -	$ -	$ -	$ -	$ 1,466.56	$ 1,163.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,466.56
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				MEDICAL/SURGICAL SUPPLIES	$ 118.25	$ 65.04	$ 63.58	$ -	$ -	$ -	$ -	$ -	$ 83.43	$ 66.16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 83.43
				PHARMACY	$ 85.90	$ 47.25	$ 46.19	$ -	$ -	$ -	$ -	$ -	$ 60.60	$ 48.06	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 60.60
339	64493	HOSPITAL OUTPATIENT	INTRODUCTION OF ANESTHETIC AGENT INTO JOINTS, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 8,065.40**	**$ 4,435.97**	**$ 4,336.77**	**$ 533.00**	**$ 1,947.30**	**$ 1,752.40**	**$ 857.52**	**$ 530.40**	**$ 5,690.14**	**$ 4,512.59**	**$ 2,265.00**	**$ 2,958.00**	**$ 2,265.00**	**$ 533.00**	**$ 577.20**	**$ 535.60**	**$ 530.40**	**$ 5,690.14**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 5,215.75	$ 2,868.66	$ 2,804.51	$ -	$ -	$ -	$ -	$ -	$ 3,679.71	$ 2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,679.71
				RECOVERY ROOM AND BOARD	$ 1,285.00	$ 706.75	$ 690.94	$ -	$ -	$ -	$ -	$ -	$ 906.57	$ 718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 906.57
				ANESTHESIA	$ 792.00	$ 435.60	$ 425.86	$ -	$ -	$ -	$ -	$ -	$ 558.76	$ 443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.76
				PHARMACY	$ 655.15	$ 360.33	$ 352.27	$ -	$ -	$ -	$ -	$ -	$ 462.21	$ 366.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 462.21
				MEDICAL/SURGICAL SUPPLIES	$ 117.50	$ 64.63	$ 63.18	$ -	$ -	$ -	$ -	$ -	$ 82.90	$ 65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 82.90
340	64561	HOSPITAL OUTPATIENT	INSERTION OF NEURO LEAD INTO PERIPH NRV, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$ 26,771.64**	**$ 14,724.40**	**$ 14,395.11**	**$ 3,280.00**	**$ 14,836.74**	**$ 13,351.83**	**$ 6,533.61**	**$ 3,264.00**	**$ 18,887.39**	**$ 14,978.73**	**$ 16,164.00**	**$ 20,777.00**	**$ 16,164.00**	**$ 3,280.00**	**$ 3,552.00**	**$ 3,296.00**	**$ 3,264.00**	**$ 20,777.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$ 8,821.75	$ 4,851.96	$ 4,743.45	$ -	$ -	$ -	$ -	$ -	$ 6,223.74	$ 4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,223.74
				MEDICAL/SURGICAL SUPPLIES	$ 7,613.00	$ 4,187.15	$ 4,093.51	$ -	$ -	$ -	$ -	$ -	$ 5,370.97	$ 4,259.47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 5,370.97
				ANESTHESIA	$ 4,102.25	$ 2,256.24	$ 2,205.78	$ -	$ -	$ -	$ -	$ -	$ 2,894.14	$ 2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,894.14
				RECOVERY ROOM AND BOARD	$ 3,990.00	$ 2,194.50	$ 2,145.42	$ -	$ -	$ -	$ -	$ -	$ 2,814.95	$ 2,232.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,814.95
				RADIOLOGY - DIAGNOSTIC	$ 792.25	$ 435.74	$ 425.99	$ -	$ -	$ -	$ -	$ -	$ 558.93	$ 443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.93
				PHARMACY	$ 553.64	$ 304.50	$ 297.69	$ -	$ -	$ -	$ -	$ -	$ 390.59	$ 309.76	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 390.59
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				LABORATORY	$ 387.50	$ 213.13	$ 208.36	$ -	$ -	$ -	$ -	$ -	$ 273.38	$ 216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.38
341	64582	HOSPITAL OUTPATIENT	INSERTION OF NEURO LEAD INTO CRANIAL NRV, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$ 86,779.44**	**$ 47,728.69**	**$ 46,661.30**	**$ 8,712.50**	**$ 72,092.23**	**$ 64,876.99**	**$ 64,876.99**	**$ 8,670.00**	**$ 61,222.89**	**$ 48,553.10**	**$ 10,179.00**	**$ 13,081.00**	**$ 10,179.00**	**$ 8,712.50**	**$ 9,435.00**	**$ 8,755.00**	**$ 8,670.00**	**$ 72,092.23**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$ 65,652.00	$ 36,108.60	$ 35,301.08	$ -	$ -	$ -	$ -	$ -	$ 46,317.49	$ 36,732.29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 46,317.49
				OPERATING ROOM SERVICES	$ 11,477.25	$ 6,312.49	$ 6,171.32	$ -	$ -	$ -	$ -	$ -	$ 8,097.20	$ 6,421.52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,097.20
				ANESTHESIA	$ 4,373.00	$ 2,405.15	$ 2,351.36	$ -	$ -	$ -	$ -	$ -	$ 3,085.15	$ 2,446.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,085.15
				RECOVERY ROOM AND BOARD	$ 3,116.50	$ 1,714.08	$ 1,675.74	$ -	$ -	$ -	$ -	$ -	$ 2,198.69	$ 1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,198.69
				LABORATORY	$ 1,190.25	$ 654.64	$ 640.00	$ -	$ -	$ -	$ -	$ -	$ 839.72	$ 665.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 839.72
				CARDIOLOGY	$ 511.25	$ 281.19	$ 274.90	$ -	$ -	$ -	$ -	$ -	$ 360.69	$ 286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 360.69
				PHARMACY	$ 459.19	$ 252.55	$ 246.91	$ -	$ -	$ -	$ -	$ -	$ 323.96	$ 256.92	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 323.96

342	64585	HOSPITAL OUTPATIENT	REMOVAL OF NEURO LEAD FROM PERIPH NRV, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$18,742.67**	**$10,308.47**	**$10,077.93**	**$4,612.50**	**$7,550.10**	**$6,794.46**	**$3,324.82**	**$4,590.00**	**$13,222.95**	**$10,486.52**	**$9,098.00**	**$11,871.00**	**$9,098.00**	**$4,612.50**	**$4,995.00**	**$4,635.00**	**$3,324.82**	**$13,222.95**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$5,215.75	$2,868.66	$2,804.51	$ -	$ -	$ -	$ -	$ -	$3,679.71	$2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,679.71
				LABORATORY	$4,999.50	$2,749.73	$2,688.23	$ -	$ -	$ -	$ -	$ -	$3,527.15	$2,797.22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,527.15
				ANESTHESIA	$4,102.25	$2,256.24	$2,205.78	$ -	$ -	$ -	$ -	$ -	$2,894.14	$2,295.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,894.14
				RECOVERY ROOM AND BOARD	$3,116.50	$1,714.08	$1,675.74	$ -	$ -	$ -	$ -	$ -	$2,198.69	$1,743.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,198.69
				PHARMACY	$538.42	$296.13	$289.51	$ -	$ -	$ -	$ -	$ -	$379.86	$301.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$379.86
				CARDIOLOGY	$511.25	$281.19	$274.90	$ -	$ -	$ -	$ -	$ -	$360.69	$286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$360.69
				MEDICAL/SURGICAL SUPPLIES	$259.00	$142.45	$139.26	$ -	$ -	$ -	$ -	$ -	$182.72	$144.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$182.72
343	64590	HOSPITAL OUTPATIENT	INSERT SINGL ARRAY RCHG STIM GEN IN BACK SUBCU/FASCIA, OPEN	**PRIMARY SERVICE TOTAL**	**$68,345.49**	**$37,590.02**	**$36,749.37**	**$5,330.00**	**$46,232.05**	**$41,604.99**	**$20,359.07**	**$5,304.00**	**$48,217.74**	**$38,239.30**	**$10,179.00**	**$13,081.00**	**$10,179.00**	**$5,330.00**	**$5,772.00**	**$5,356.00**	**$5,304.00**	**$48,217.74**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				MEDICAL/SURGICAL SUPPLIES	$47,490.50	$26,119.78	$25,535.64	$ -	$ -	$ -	$ -	$ -	$33,504.55	$26,570.93	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$33,504.55
				OPERATING ROOM SERVICES	$8,821.75	$4,851.96	$4,743.45	$ -	$ -	$ -	$ -	$ -	$6,223.74	$4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$6,223.74
				ANESTHESIA	$5,101.25	$2,805.69	$2,742.94	$ -	$ -	$ -	$ -	$ -	$3,598.93	$2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,598.93
				RECOVERY ROOM AND BOARD	$4,337.50	$2,385.63	$2,332.27	$ -	$ -	$ -	$ -	$ -	$3,060.11	$2,426.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,060.11
				RADIOLOGY - DIAGNOSTIC	$792.25	$435.74	$425.99	$ -	$ -	$ -	$ -	$ -	$558.93	$443.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$558.93
				CARDIOLOGY	$511.25	$281.19	$274.90	$ -	$ -	$ -	$ -	$ -	$360.69	$286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$360.69
				PHARMACY	$458.99	$252.44	$246.80	$ -	$ -	$ -	$ -	$ -	$323.82	$256.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$323.82
				DIAGNOSTIC SERVICES	$444.50	$244.48	$239.01	$ -	$ -	$ -	$ -	$ -	$313.59	$248.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$313.59
				LABORATORY	$387.50	$213.13	$208.36	$ -	$ -	$ -	$ -	$ -	$273.38	$216.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$273.38
344	64633	HOSPITAL OUTPATIENT	DESTRUCTION OF THORACIC NERVE, PERCUTANEOUS APPROACH	**PRIMARY SERVICE TOTAL**	**$8,579.55**	**$4,718.75**	**$4,613.22**	**$738.00**	**$4,123.00**	**$3,710.36**	**$1,815.63**	**$734.40**	**$6,052.87**	**$4,800.26**	**$4,781.00**	**$6,245.00**	**$4,781.00**	**$738.00**	**$799.20**	**$741.60**	**$734.40**	**$6,245.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$5,215.75	$2,868.66	$2,804.51	$ -	$ -	$ -	$ -	$ -	$3,679.71	$2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,679.71
				RECOVERY ROOM AND BOARD	$1,285.00	$706.75	$690.94	$ -	$ -	$ -	$ -	$ -	$906.57	$718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$906.57
				ANESTHESIA	$1,188.00	$653.40	$638.79	$ -	$ -	$ -	$ -	$ -	$838.13	$664.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$838.13
				PHARMACY	$773.30	$425.32	$415.80	$ -	$ -	$ -	$ -	$ -	$545.56	$432.66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$545.56
				MEDICAL/SURGICAL SUPPLIES	$117.50	$64.63	$63.18	$ -	$ -	$ -	$ -	$ -	$82.90	$65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$82.90
345	64635	HOSPITAL OUTPATIENT	DESTRUCTION OF LUMBAR NERVE, PERCUTANEOUS APPROACH	**PRIMARY SERVICE TOTAL**	**$9,268.45**	**$5,097.65**	**$4,983.65**	**$871.25**	**$4,123.00**	**$3,710.36**	**$1,815.63**	**$867.00**	**$6,538.89**	**$5,185.70**	**$4,781.00**	**$6,245.00**	**$4,781.00**	**$871.25**	**$943.50**	**$875.50**	**$867.00**	**$6,538.89**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$5,215.75	$2,868.66	$2,804.51	$ -	$ -	$ -	$ -	$ -	$3,679.71	$2,918.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,679.71
				RECOVERY ROOM AND BOARD	$1,895.50	$1,042.53	$1,019.21	$ -	$ -	$ -	$ -	$ -	$1,337.28	$1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,337.28
				ANESTHESIA	$1,584.00	$871.20	$851.72	$ -	$ -	$ -	$ -	$ -	$1,117.51	$886.25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,117.51
				PHARMACY	$455.70	$250.64	$245.03	$ -	$ -	$ -	$ -	$ -	$321.50	$254.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$321.50
				MEDICAL/SURGICAL SUPPLIES	$117.50	$64.63	$63.18	$ -	$ -	$ -	$ -	$ -	$82.90	$65.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$82.90
346	64718	HOSPITAL OUTPATIENT	REPOSITION ULNAR NERVE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$20,633.54**	**$11,348.45**	**$11,094.65**	**$1,896.25**	**$4,123.00**	**$3,710.36**	**$1,815.63**	**$1,887.00**	**$14,556.96**	**$11,544.47**	**$4,781.00**	**$6,245.00**	**$4,781.00**	**$1,896.25**	**$2,053.50**	**$1,905.50**	**$1,815.63**	**$14,556.96**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$9,615.75	$5,288.66	$5,170.39	$ -	$ -	$ -	$ -	$ -	$6,783.91	$5,380.01	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$6,783.91
				ANESTHESIA	$5,101.25	$2,805.69	$2,742.94	$ -	$ -	$ -	$ -	$ -	$3,598.93	$2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,598.93
				RECOVERY ROOM AND BOARD	$3,727.00	$2,049.85	$2,004.01	$ -	$ -	$ -	$ -	$ -	$2,629.40	$2,085.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,629.40
				PHARMACY	$1,201.79	$660.98	$646.20	$ -	$ -	$ -	$ -	$ -	$847.86	$672.40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$847.86
				MEDICAL/SURGICAL SUPPLIES	$566.50	$311.58	$304.61	$ -	$ -	$ -	$ -	$ -	$399.67	$316.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$399.67
				LABORATORY	$421.25	$231.69	$226.51	$ -	$ -	$ -	$ -	$ -	$297.19	$235.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$297.19
347	64721	HOSPITAL OUTPATIENT	RELEASE MEDIAN NERVE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$15,040.74**	**$8,272.41**	**$8,087.41**	**$2,152.50**	**$4,123.00**	**$3,710.36**	**$1,815.63**	**$2,142.00**	**$10,611.24**	**$8,415.29**	**$4,781.00**	**$6,245.00**	**$4,781.00**	**$2,152.50**	**$2,331.00**	**$2,163.00**	**$1,815.63**	**$10,611.24**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$7,415.75	$4,078.66	$3,987.45	$ -	$ -	$ -	$ -	$ -	$5,231.81	$4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$5,231.81
				ANESTHESIA	$3,977.50	$2,187.63	$2,138.70	$ -	$ -	$ -	$ -	$ -	$2,806.13	$2,225.41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,806.13
				RECOVERY ROOM AND BOARD	$1,285.00	$706.75	$690.94	$ -	$ -	$ -	$ -	$ -	$906.57	$718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$906.57
				PHARMACY	$1,180.24	$649.13	$634.62	$ -	$ -	$ -	$ -	$ -	$832.66	$660.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$832.66
				MEDICAL/SURGICAL SUPPLIES	$761.00	$418.55	$409.19	$ -	$ -	$ -	$ -	$ -	$536.89	$425.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$536.89
				LABORATORY	$421.25	$231.69	$226.51	$ -	$ -	$ -	$ -	$ -	$297.19	$235.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$297.19
348	64722	HOSPITAL OUTPATIENT	RELEASE FEMORAL NERVE, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$15,240.84**	**$8,382.46**	**$8,195.00**	**$2,460.00**	**$4,123.00**	**$3,710.36**	**$1,815.63**	**$2,448.00**	**$10,752.41**	**$8,527.25**	**$4,781.00**	**$6,245.00**	**$4,781.00**	**$2,460.00**	**$2,664.00**	**$2,472.00**	**$1,815.63**	**$10,752.41**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$7,415.75	$4,078.66	$3,987.45	$ -	$ -	$ -	$ -	$ -	$5,231.81	$4,149.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$5,231.81
				ANESTHESIA	$4,601.75	$2,530.96	$2,474.36	$ -	$ -	$ -	$ -	$ -	$3,246.53	$2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,246.53
				MEDICAL/SURGICAL SUPPLIES	$1,333.25	$733.29	$716.89	$ -	$ -	$ -	$ -	$ -	$940.61	$745.95	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$940.61
				RECOVERY ROOM AND BOARD	$1,285.00	$706.75	$690.94	$ -	$ -	$ -	$ -	$ -	$906.57	$718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$906.57
				PHARMACY	$561.59	$308.87	$301.97	$ -	$ -	$ -	$ -	$ -	$396.20	$314.21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$396.20
				LABORATORY	$43.50	$23.93	$23.39	$ -	$ -	$ -	$ -	$ -	$30.69	$24.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$30.69
349	64999	HOSPITAL OUTPATIENT	INTRODUCTION OF ANTI-INFLAMMATORY INTO JOINTS, PERC APPROACH	**PRIMARY SERVICE TOTAL**	**$6,165.95**	**$3,391.27**	**$3,315.43**	**$1,230.00**	**$627.72**	**$564.90**	**$276.43**	**$1,224.00**	**$4,350.08**	**$3,449.85**	**$1,187.00**	**$1,551.00**	**$1,187.00**	**$1,230.00**	**$1,332.00**	**$1,236.00**	**$276.43**	**$4,350.08**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$3,196.25	$1,757.94	$1,718.62	$ -	$ -	$ -	$ -	$ -	$2,254.95	$1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,254.95
				RECOVERY ROOM AND BOARD	$1,895.50	$1,042.53	$1,019.21	$ -	$ -	$ -	$ -	$ -	$1,337.28	$1,060.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,337.28
				ANESTHESIA	$792.00	$435.60	$425.86	$ -	$ -	$ -	$ -	$ -	$558.76	$443.12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$558.76
				PHARMACY	$178.20	$98.01	$95.82	$ -	$ -	$ -	$ -	$ -	$125.72	$99.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$125.72
				MEDICAL/SURGICAL SUPPLIES	$104.00	$57.20	$55.92	$ -	$ -	$ -	$ -	$ -	$73.37	$58.19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$73.37
350	69145	HOSPITAL OUTPATIENT	EXCISION OF RIGHT EAR SKIN, EXTERNAL APPROACH	**PRIMARY SERVICE TOTAL**	**$19,088.24**	**$10,498.53**	**$10,263.75**	**$1,486.25**	**$5,560.70**	**$5,004.16**	**$2,448.75**	**$1,479.00**	**$13,466.75**	**$10,679.87**	**$2,761.00**	**$3,607.00**	**$2,761.00**	**$1,486.25**	**$1,609.50**	**$1,493.50**	**$1,479.00**	**$13,466.75**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$8,821.75	$4,851.96	$4,743.45	$ -	$ -	$ -	$ -	$ -	$6,223.74	$4,935.77	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$6,223.74
				ANESTHESIA	$4,601.75	$2,530.96	$2,474.36	$ -	$ -	$ -	$ -	$ -	$3,246.53	$2,574.68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,246.53
				RECOVERY ROOM AND BOARD	$2,506.00	$1,378.30	$1,347.48	$ -	$ -	$ -	$ -	$ -	$1,767.98	$1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,767.98
				LABORATORY	$1,423.00	$782.65	$765.15	$ -	$ -	$ -	$ -	$ -	$1,003.93	$796.17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,003.93
				MEDICAL/SURGICAL SUPPLIES	$621.75	$341.96	$334.31	$ -	$ -	$ -	$ -	$ -	$438.64	$347.87	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$438.64
				PHARMACY	$602.74	$331.51	$324.09	$ -	$ -	$ -	$ -	$ -	$425.23	$337.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$425.23
				CARDIOLOGY	$511.25	$281.19	$274.90	$ -	$ -	$ -	$ -	$ -	$360.69	$286.04	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$360.69
351	69205	HOSPITAL OUTPATIENT	EXTIRPATE MATTER FROM L EXT AUDITORY CANAL, EXTERN	**PRIMARY SERVICE TOTAL**	**$8,976.97**	**$4,937.33**	**$4,826.92**	**$871.25**	**$3,291.49**	**$2,962.07**	**$1,449.47**	**$867.00**	**$6,333.25**	**$5,022.61**	**$2,761.00**	**$3,607.00**	**$2,761.00**	**$871.25**	**$943.50**	**$875.50**	**$867.00**	**$6,333.25**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$3,196.25	$1,757.94	$1,718.62	$ -	$ -	$ -	$ -	$ -	$2,254.95	$1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,254.95
				ANESTHESIA	$3,103.25	$1,706.79	$1,668.62	$ -	$ -	$ -	$ -	$ -	$2,189.34	$1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,189.34
				RECOVERY ROOM AND BOARD	$2,506.00	$1,378.30	$1,347.48	$ -	$ -	$ -	$ -	$ -	$1,767.98	$1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,767.98
				PHARMACY	$171.47	$94.31	$92.20	$ -	$ -	$ -	$ -	$ -	$120.97	$95.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$120.97
352	69436	HOSPITAL OUTPATIENT	DRAINAGE OF LEFT MIDDLE EAR WITH DRAIN DEV, VIA OPENING	**PRIMARY SERVICE TOTAL**	**$8,054.65**	**$4,430.06**	**$4,330.99**	**$738.00**	**$3,235.72**	**$2,911.88**	**$1,424.90**	**$734.40**	**$5,682.56**	**$4,506.58**	**$2,761.00**	**$3,607.00**	**$2,761.00**	**$738.00**	**$799.20**	**$741.60**	**$734.40**	**$5,682.56**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$3,196.25	$1,757.94	$1,718.62	$ -	$ -	$ -	$ -	$ -	$2,254.95	$1,788.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,254.95
				ANESTHESIA	$3,103.25	$1,706.79	$1,668.62	$ -	$ -	$ -	$ -	$ -	$2,189.34	$1,736.27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$2,189.34
				RECOVERY ROOM AND BOARD	$1,285.00	$706.75	$690.94	$ -	$ -	$ -	$ -	$ -	$906.57	$718.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$906.57
				PHARMACY	$348.15	$191.48	$187.20	$ -	$ -	$ -	$ -	$ -	$245.62	$194.79	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$245.62
				MEDICAL/SURGICAL SUPPLIES	$122.00	$67.10	$65.60	$ -	$ -	$ -	$ -	$ -	$86.07	$68.26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$86.07
353	69631	HOSPITAL OUTPATIENT	SUPPLEMENT R TYMPANIC MEMBRANE WITH NONAUT SUB, VIA OPENING	**PRIMARY SERVICE TOTAL**	**$21,407.95**	**$11,774.37**	**$11,511.05**	**$3,895.00**	**$11,631.57**	**$10,467.44**	**$5,122.16**	**$3,876.00**	**$15,103.31**	**$11,977.75**	**$13,172.00**	**$16,929.00**	**$13,172.00**	**$3,895.00**	**$4,218.00**	**$3,914.00**	**$3,876.00**	**$16,929.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				OPERATING ROOM SERVICES	$11,573.25	$6,365.29	$6,222.94	$ -	$ -	$ -	$ -	$ -	$8,164.93	$6,475.23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$8,164.93
				ANESTHESIA	$5,101.25	$2,805.69	$2,742.94	$ -	$ -	$ -	$ -	$ -	$3,598.93	$2,854.15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$3,598.93
				RECOVERY ROOM AND BOARD	$2,506.00	$1,378.30	$1,347.48	$ -	$ -	$ -	$ -	$ -	$1,767.98	$1,402.11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$1,767.98
				PHARMACY	$944.95	$519.72	$508.10	$ -	$ -	$ -	$ -	$ -	$666.66	$528.70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$666.66
				LABORATORY	$846.25	$465.44	$455.03	$ -	$ -	$ -	$ -	$ -	$597.03	$473.48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$597.03
				MEDICAL/SURGICAL SUPPLIES	$436.25	$239.94	$234.57	$ -	$ -	$ -	$ -	$ -	$307.77	$244.08	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$307.77
354	69641	HOSPITAL OUTPATIENT	EXCISION OF RIGHT MIDDLE EAR, OPEN APPROACH	**PRIMARY SERVICE TOTAL**	**$5,947.92**	**$3,271.36**	**$3,198.20**	**$4,305.00**	**$11,631.57**	**$10,467.44**	**$5,122.16**	**$4,284.00**	**$4,196.26**	**$3,327.86**	**$13,172.00**	**$16,929.00**	**$13,172.00**	**$4,305.00**	**$4,662.00**	**$4,326.00**	**$3,198.20**	**$16,929.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
				ANESTHESIA PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
355	84154	HOSPITAL OUTPATIENT	PSA (PROSTATE SPECIFIC ANTIGEN)	**PRIMARY SERVICE TOTAL**	**$125.25**	**$68.89**	**$84.57**	**$22.55**	**$48.40**	**$43.56**	**$174.10**	**$22.44**	**$75.62**	**$75.62**	**$18.39**	**$18.39**	**$18.39**	**$22.55**	**$24.42**	**$22.66**	**$18.39**	**$174.10**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
356	81001	HOSPITAL OUTPATIENT	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE	**PRIMARY SERVICE TOTAL**	**$166.00**	**$91.30**	**$14.58**	**$4.10**	**$8.80**	**$7.92**	**$30.58**	**$4.08**	**$13.08**	**$13.08**	**$3.17**	**$3.17**	**$3.17**	**$4.10**	**$4.44**	**$4.12**	**$3.17**	**$91.30**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
357	81003	HOSPITAL OUTPATIENT	AUTOMATED URINALYSIS TEST	**PRIMARY SERVICE TOTAL**	**$166.00**	**$91.30**	**$10.32**	**$3.08**	**$6.60**	**$5.94**	**$5.56**	**$3.06**	**$9.07**	**$9.07**	**$2.25**	**$2.25**	**$2.25**	**$3.08**	**$3.33**	**$3.09**	**$2.25**	**$91.30**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
358	85610	HOSPITAL OUTPATIENT	BLOOD TEST, CLOTTING TIME	**PRIMARY SERVICE TOTAL**	**$183.25**	**$100.79**	**$18.05**	**$4.10**	**$8.80**	**$7.92**	**$4.17**	**$4.08**	**$16.14**	**$16.14**	**$4.29**	**$4.29**	**$4.29**	**$4.10**	**$4.44**	**$4.12**	**$4.08**	**$100.79**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
359	85027	HOSPITAL OUTPATIENT	COMPLETE BLOOD COUNT, AUTOMATED	**PRIMARY SERVICE TOTAL**	**$185.25**	**$101.89**	**$29.76**	**$7.18**	**$15.40**	**$13.86**	**$5.56**	**$7.14**	**$27.22**	**$27.22**	**$6.47**	**$6.47**	**$6.47**	**$7.18**	**$7.77**	**$7.21**	**$5.56**	**$101.89**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
360	85025	HOSPITAL OUTPATIENT	COMPLETE BLOOD CELL COUNT, WITH DIFFERENTIAL WHITE BLOOD CELLS, AUTOMATE	**PRIMARY SERVICE TOTAL**	**$199.25**	**$109.59**	**$35.76**	**$8.20**	**$17.60**	**$15.84**	**$9.73**	**$8.16**	**$32.28**	**$32.28**	**$7.77**	**$7.77**	**$7.77**	**$8.20**	**$8.88**	**$8.24**	**$7.77**	**$109.59**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
361	85730	HOSPITAL OUTPATIENT	COAGULATION ASSESSMENT BLOOD TEST	**PRIMARY SERVICE TOTAL**	**$201.00**	**$110.55**	**$27.59**	**$5.13**	**$11.00**	**$9.90**	**$11.12**	**$5.10**	**$25.22**	**$25.22**	**$6.01**	**$6.01**	**$6.01**	**$5.13**	**$5.55**	**$5.15**	**$5.10**	**$110.55**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
362	84153	HOSPITAL OUTPATIENT	PSA (PROSTATE SPECIFIC ANTIGEN)	**PRIMARY SERVICE TOTAL**	**$211.75**	**$116.46**	**$84.57**	**$22.55**	**$48.40**	**$43.56**	**$6.95**	**$22.44**	**$75.62**	**$75.62**	**$18.39**	**$18.39**	**$18.39**	**$22.55**	**$24.42**	**$22.66**	**$6.95**	**$116.46**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
363	81002	HOSPITAL OUTPATIENT	AUTOMATED URINALYSIS TEST	**PRIMARY SERVICE TOTAL**	**$223.00**	**$122.65**	**$11.74**	**$3.08**	**$6.60**	**$5.94**	**$30.58**	**$3.06**	**$10.07**	**$10.07**	**$3.48**	**$3.48**	**$3.48**	**$3.08**	**$3.33**	**$3.09**	**$3.06**	**$122.65**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
364	80048	HOSPITAL OUTPATIENT	BASIC METABOLIC PANEL	**PRIMARY SERVICE TOTAL**	**$393.00**	**$216.15**	**$38.89**	**$9.23**	**$19.80**	**$17.82**	**$4.17**	**$9.18**	**$35.29**	**$35.29**	**$8.46**	**$8.46**	**$8.46**	**$9.23**	**$9.99**	**$9.27**	**$4.17**	**$216.15**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
365	84443	HOSPITAL OUTPATIENT	BLOOD TEST, THYROID STIMULATING HORMONE (TSH)	**PRIMARY SERVICE TOTAL**	**$499.00**	**$274.45**	**$77.22**	**$18.45**	**$39.60**	**$35.64**	**$12.51**	**$18.36**	**$69.59**	**$69.59**	**$16.80**	**$16.80**	**$16.80**	**$18.45**	**$19.98**	**$18.54**	**$12.51**	**$274.45**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
366	80076	HOSPITAL OUTPATIENT	LIVER FUNCTION BLOOD TEST PANEL	**PRIMARY SERVICE TOTAL**	**$527.00**	**$289.85**	**$37.56**	**$8.20**	**$17.60**	**$15.84**	**$25.02**	**$8.16**	**$34.27**	**$34.27**	**$8.17**	**$8.17**	**$8.17**	**$8.20**	**$8.88**	**$8.24**	**$8.16**	**$289.85**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
367	80069	HOSPITAL OUTPATIENT	KIDNEY FUNCTION PANEL TEST	**PRIMARY SERVICE TOTAL**	**$543.00**	**$298.65**	**$39.89**	**$10.25**	**$22.00**	**$19.80**	**$11.12**	**$10.20**	**$36.29**	**$36.29**	**$8.68**	**$8.68**	**$8.68**	**$10.25**	**$11.10**	**$10.30**	**$8.68**	**$298.65**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
368	80053	HOSPITAL OUTPATIENT	BLOOD TEST, COMPREHENSIVE GROUP OF BLOOD CHEMICALS	**PRIMARY SERVICE TOTAL**	**$603.50**	**$331.93**	**$48.61**	**$11.28**	**$24.20**	**$21.78**	**$13.90**	**$11.22**	**$43.37**	**$43.37**	**$10.56**	**$10.56**	**$10.56**	**$11.28**	**$12.21**	**$11.33**	**$10.56**	**$331.93**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
369	80061	HOSPITAL OUTPATIENT	BLOOD TEST, LIPIDS (CHOLESTEROL AND TRIGLYCERIDES)	**PRIMARY SERVICE TOTAL**	**$603.50**	**$331.93**	**$61.60**	**$13.33**	**$28.60**	**$25.74**	**$15.29**	**$13.26**	**$66.57**	**$66.57**	**$13.39**	**$13.39**	**$13.39**	**$13.33**	**$14.43**	**$13.39**	**$13.26**	**$331.93**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
370	76805	HOSPITAL OUTPATIENT	TRASOUND OF PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS 0 DAYS) SINGLE	**PRIMARY SERVICE TOTAL**	**$661.75**	**$363.96**	**$196.76**	**$189.63**	**$598.85**	**$486.00**	**$499.50**	**$188.70**	**$424.26**	**$368.40**	**$569.00**	**$569.00**	**$569.00**	**$189.63**	**$205.35**	**$190.55**	**$188.70**	**$598.85**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
371	76830	HOSPITAL OUTPATIENT	ULTRASOUND PELVIS THROUGH VAGINA	**PRIMARY SERVICE TOTAL**	**$1,022.50**	**$562.38**	**$304.02**	**$169.13**	**$534.11**	**$433.46**	**$445.50**	**$168.30**	**$465.21**	**$569.23**	**$711.00**	**$711.00**	**$711.00**	**$169.13**	**$183.15**	**$169.95**	**$168.30**	**$711.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
372	72110	HOSPITAL OUTPATIENT	X-RAY, LOWER BACK, MINIMUM FOUR VIEWS	**PRIMARY SERVICE TOTAL**	**$1,131.00**	**$622.05**	**$611.42**	**$87.13**	**$275.15**	**$223.30**	**$229.50**	**$86.70**	**$718.82**	**$629.63**	**$711.00**	**$711.00**	**$711.00**	**$87.13**	**$94.35**	**$87.55**	**$86.70**	**$718.82**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
373	76700	HOSPITAL OUTPATIENT	ULTRASOUND OF ABDOMEN	**PRIMARY SERVICE TOTAL**	**$1,361.75**	**$748.96**	**$736.16**	**$148.63**	**$469.37**	**$380.92**	**$391.50**	**$147.90**	**$795.09**	**$758.09**	**$711.00**	**$711.00**	**$711.00**	**$148.63**	**$160.95**	**$149.35**	**$147.90**	**$795.09**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
374	72193	HOSPITAL OUTPATIENT	CT SCAN, PELVIS, WITH CONTRAST	**PRIMARY SERVICE TOTAL**	**$4,529.00**	**$2,490.95**	**$1,248.00**	**$430.50**	**$1,359.54**	**$1,103.34**	**$1,134.00**	**$428.40**	**$2,094.00**	**$1,828.00**	**$1,436.00**	**$1,436.00**	**$1,436.00**	**$430.50**	**$466.20**	**$432.60**	**$428.40**	**$2,490.95**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
375	70450	HOSPITAL OUTPATIENT	CT SCAN, HEAD OR BRAIN, WITHOUT CONTRAST	**PRIMARY SERVICE TOTAL**	**$3,566.75**	**$1,961.71**	**$1,248.00**	**$225.50**	**$712.14**	**$577.94**	**$594.00**	**$224.40**	**$2,094.00**	**$1,828.00**	**$1,436.00**	**$1,436.00**	**$1,436.00**	**$225.50**	**$244.20**	**$226.60**	**$224.40**	**$2,094.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
376	74177	HOSPITAL OUTPATIENT	CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	**PRIMARY SERVICE TOTAL**	**$6,795.50**	**$3,737.53**	**$1,248.00**	**$492.00**	**$1,553.76**	**$1,260.96**	**$1,296.00**	**$489.60**	**$2,094.00**	**$1,828.00**	**$1,436.00**	**$1,436.00**	**$1,436.00**	**$492.00**	**$532.80**	**$494.40**	**$489.60**	**$3,737.53**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
377	72148	HOSPITAL OUTPATIENT	MRI SCAN OF LOWER SPINAL CANAL	**PRIMARY SERVICE TOTAL**	**$4,150.00**	**$2,282.50**	**$1,634.00**	**$389.50**	**$1,230.06**	**$998.26**	**$1,026.00**	**$387.60**	**$2,094.00**	**$2,012.00**	**$989.00**	**$989.00**	**$989.00**	**$389.50**	**$421.80**	**$391.40**	**$387.60**	**$2,282.50**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
378	70553	HOSPITAL OUTPATIENT	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST	**PRIMARY SERVICE TOTAL**	**$4,905.50**	**$2,698.03**	**$1,634.00**	**$533.00**	**$1,683.24**	**$1,366.04**	**$1,404.00**	**$530.40**	**$2,094.00**	**$2,012.00**	**$989.00**	**$989.00**	**$989.00**	**$533.00**	**$577.20**	**$535.60**	**$530.40**	**$2,698.03**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
379	73721	HOSPITAL OUTPATIENT	MRI SCAN OF LEG JOINT	**PRIMARY SERVICE TOTAL**	**$5,659.25**	**$3,112.59**	**$1,634.00**	**$389.50**	**$1,230.06**	**$998.26**	**$1,026.00**	**$387.60**	**$2,094.00**	**$2,012.00**	**$989.00**	**$989.00**	**$989.00**	**$389.50**	**$421.80**	**$391.40**	**$387.60**	**$3,112.59**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
380	97110	HOSPITAL OUTPATIENT	PHYSICAL THERAPY, THERAPEUTIC EXERCISE	**PRIMARY SERVICE TOTAL**	**$206.50**	**$113.58**	**$11.63**	**$38.95**	**$123.01**	**$99.83**	**$102.60**	**$38.76**	**$270.00**	**$270.00**	**$395.00**	**$395.00**	**$395.00**	**$38.95**	**$42.18**	**$39.14**	**$11.63**	**$395.00**
				PHYSICIAN PROFESSIONAL FEES		Not Provided by Hospital (May be billed seperately)																
381	216	HOSPITAL OUTPATIENT	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	HOSPITAL DOES NOT OFFER THIS SERVICE																		
382	460	HOSPITAL OUTPATIENT	SPINAL FUSION EXCEPT CERVICAL WITHOUT MAJOR COMORBID CONDITIONS OR COMPLICATIONS (MCC)	HOSPITAL DOES NOT OFFER THIS SERVICE																		
383	45391	HOSPITAL OUTPATIENT	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	HOSPITAL DOES NOT OFFER THIS SERVICE																		
384	59400	HOSPITAL OUTPATIENT	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	HOSPITAL DOES NOT OFFER THIS SERVICE																		

385	59510	HOSPITAL OUTPATIENT	ROUTINE OBSTETRIC CARE FOR CESAREAN DELIVERY, INCLUDING PRE-AND POST-DELIVERY CARE	HOSPITAL DOES NOT OFFER THIS SERVICE
386	59610	HOSPITAL OUTPATIENT	ROUTINE OBSTETRIC CARE FOR VAGINAL DELIVERY AFTER PRIOR CESAREAN DELIVERY INCLUDING PRE-AND POST-DELIVERY CARE	HOSPITAL DOES NOT OFFER THIS SERVICE
387	62322	HOSPITAL OUTPATIENT	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	HOSPITAL DOES NOT OFFER THIS SERVICE
388	66821	HOSPITAL OUTPATIENT	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	HOSPITAL DOES NOT OFFER THIS SERVICE
389	66984	HOSPITAL OUTPATIENT	REMOVAL OF CATARACT WITH INSERTION OF LENS	HOSPITAL DOES NOT OFFER THIS SERVICE
390	77065	HOSPITAL OUTPATIENT	MAMMOGRAPHY OF ONE BREAST	HOSPITAL DOES NOT OFFER THIS SERVICE
391	77066	HOSPITAL OUTPATIENT	MAMMOGRAPHY OF BOTH BREASTS	HOSPITAL DOES NOT OFFER THIS SERVICE
392	77067	HOSPITAL OUTPATIENT	MAMMOGRAPHY, SCREENING, BILATERAL	HOSPITAL DOES NOT OFFER THIS SERVICE
393	80055	HOSPITAL OUTPATIENT	OBSTETRIC BLOOD TEST PANEL	HOSPITAL DOES NOT OFFER THIS SERVICE
394	81000	HOSPITAL OUTPATIENT	MANUAL URINALYSIS TEST WITH EXAMINATION USING MICROSCOPE	HOSPITAL DOES NOT OFFER THIS SERVICE
395	90832	HOSPITAL OUTPATIENT	PSYCHOTHERAPY, 30 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
396	90834	HOSPITAL OUTPATIENT	PSYCHOTHERAPY, 45 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
397	90837	HOSPITAL OUTPATIENT	PSYCHOTHERAPY, 60 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
398	90846	HOSPITAL OUTPATIENT	FAMILY PSYCHOTHERAPY, NOT INCLUDING PATIENT, 50 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
399	90847	HOSPITAL OUTPATIENT	FAMILY PSYCHOTHERAPY, INCLUDING PATIENT, 50 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
400	90853	HOSPITAL OUTPATIENT	GROUP PSYCHOTHERAPY	HOSPITAL DOES NOT OFFER THIS SERVICE
401	93000	HOSPITAL OUTPATIENT	ELECTROCARDIOGRAM, ROUTINE, WITH INTERPRETATION AND REPORT	HOSPITAL DOES NOT OFFER THIS SERVICE
402	93452	HOSPITAL OUTPATIENT	INSERTION OF CATHETER INTO LEFT HEART FOR DIAGNOSIS	HOSPITAL DOES NOT OFFER THIS SERVICE
403	95810	HOSPITAL OUTPATIENT	SLEEP STUDY	HOSPITAL DOES NOT OFFER THIS SERVICE
404	99203	HOSPITAL OUTPATIENT	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 30 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
405	99204	HOSPITAL OUTPATIENT	NEW PATIENT OFFICE OF OTHER OUTPATIENT VISIT, TYPICALLY 45 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
406	99205	HOSPITAL OUTPATIENT	NEW PATIENT OFFICE OF OTHER OUTPATIENT VISIT, TYPICALLY 60 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
407	99243	HOSPITAL OUTPATIENT	PATIENT OFFICE CONSULTATION, TYPICALLY 40 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
408	99244	HOSPITAL OUTPATIENT	PATIENT OFFICE CONSULTATION, TYPICALLY 60 MIN	HOSPITAL DOES NOT OFFER THIS SERVICE
409	99385	HOSPITAL OUTPATIENT	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (18-39 YEARS)	HOSPITAL DOES NOT OFFER THIS SERVICE
410	99386	HOSPITAL OUTPATIENT	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION (40-64 YEARS)	HOSPITAL DOES NOT OFFER THIS SERVICE