

**STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS**

Appeal from Charleston County
Court of Common Pleas

Mikell R. Scarborough, Master-in-Equity
J.C. Nicholson, Jr., Circuit Judge

Case No. 2015-CP-10-3392
Appeal No. 2017-001628

RECEIVED

AUG 27 2018

SC Court of Appeals

Ann M. Blandin,

Respondent-Appellant,

v.

City of North Charleston,

Appellant-Respondent.

RECORD ON APPEAL

HOOD LAW FIRM, LLC
Robert H. Hood, Jr. (SC #13491)
Deborah H. Sheffield, *Of Counsel* (SC #2757)
172 Meeting Street ~ P.O. Box 1508
Charleston, South Carolina 29402
Phone: (843) 577-4435
Facsimile: (843) 722-1630

LAW OFFICES OF J. BRADY HAIR
J. Brady Hair (SC# 9040)
Derk Van Raalte IV (SC # 9286)
2500 City Hall Lane North
P.O. Box 61896
Charleston, South Carolina 29419
Phone: (843) 843-572-8700
Facsimile: (843) 843-745-1082

**Attorneys for the Appellant-Respondent
City of North Charleston**

PETERS, MURDAUGH, PARKER,
ELTZROTH, & DETRICK, P.A.
John E. Parker (SC # 4442)
William F. Barnes, III (SC # 78220)
101 Mulberry Street East
Post Office Box 457
Hampton, SC 29224
Phone: (803) 943-2111

Lawrence C. Kobrovsky (SC # 3592)
123 Meeting Street
Charleston, SC 29401
Phone: (843) 853-3703

**Attorneys for Respondent-Appellant
Ann Blandin**

INDEX

Orders/Judgments

Order of reference, filed April 5, 2016	1
Order denying Rule 55 motion, filed June 15, 2016.....	3
Order denying Motion to Reconsider, filed July 12, 2016	4
Order/Judgment on Damages, entered June 23, 2017.....	5

Pleadings/Motions

Circuit Court Docket Sheet.....	14
Summons and Complaint, filed June 15, 2015	17
Affidavit of John E. Parker with Ex. A, filed November 10, 2015	22
Ex. A -- Affidavit of Service, filed July 7, 2015.....	24
Entry of Default, dated November 10, 2015.....	26
City Motion to Set Aside Entry of Default, filed May 19, 2016	27
With supporting memoranda and any/all attachments	
#1. Answer filed May 19, 2016	34
#2. Affidavit of Leslie Mitchum, dated May 19, 2016	40
#3. Affidavit of Karen Helms, dated May 19, 2016	44
City Motion to Reconsider, filed June 24, 2016	48
With supporting memoranda and any/all attachments.....	51
Ex. A – Accident Report.....	65
Supplemental Memorandum	67

Transcripts/Exhibits

Hearing transcript (motion to set aside), June 14, 2016	71

Hearing transcript (damages), May 2, 2017.....	102
Witness – Paul Pritchard, M.D.	
Direct Examination by Mr. Parker.....	109
Cross Examination by Mr. Hood	160
Re-direct Examination by Mr. Parker	175
Examination by the Court	177
Witness – Ann Blandin	
Direct Examination by Mr. Parker.....	179
Cross Examination by Mr. DesChamps.....	196
Witness – Corona Campbell	
Direct Examination by Mr. Parker.....	207
Cross Examination by Mr. DesChamps.....	219
Motions	224
Exhibits (admitted at Damages Hearing):	
3 MUSC billing.....	237
4 MUSC billing.....	240
5 MUSC billing.....	251
8 MUSC billing.....	265
9 MUSC billing.....	269
11 Trident billing	285
12 Vibra medicals	353
31 Summary chart.....	404
Letter from Attorney Parker to Mayor, dated May 11, 2016.....	407

Letter to Judge Scarborough, filed June 8, 2016 408

Email of June 14, 2016 from City Attorney Brady Hair
to Judge Nicholson with attachments 409

Appeal Documents

Blandin's Notice of Appeal filed August 3, 2017.....416

City's Notice of Appeal, filed July 28, 2017 420

City's Amended Notice of Appeal, dated January 19, 2018.....423

Letter from Attorney Barnes to Court reporter, 8/1/17.....426

Letter from Attorney Barnes to Charleston County Clerk of Court,
filing copy of Notice of Appeal, 8/1/17 427

Letter from Attorney Barnes to Court of Appeals, filing Notice of Appeal, 8/1/17.....428

Letter from Attorney Barnes to Court of Appeals re: receipt of transcript, 10/4/17 429

Certificate of Counsel 430

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF CHARLESTON)

CASE NO.: 2015-CP-10-3392

Ann M. Blandin)

Plaintiff,)

vs.)

City of North Charleston)

Defendant.)

**MOTION AND ORDER INFORMATION
FORM AND COVERSHEET**

Plaintiff's Attorney:

John E. Parker, Bar No. 4442

Address:

P.O. Box 457

Hampton, SC 29924

Phone: (803) 914-2004 Fax (803) 914-2014

E-mail: jparker@pmped.com

Defendant's Attorney:

Address:

Phone: Fax

E-mail: _____ Other: _____

☐ MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III)

☐ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)

☒ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)

SECTION I: Hearing Information

Nature of Motion: _____

Estimated Time Needed: _____

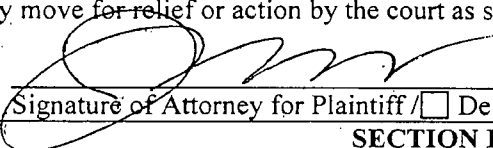
Court Reporter Needed: ☐ YES/☐ NO

SECTION II: Motion/Order Type

☐ Written motion attached

☒ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.


Signature of Attorney for Plaintiff / ☐ Defendant

March 22, 2016

Date submitted

SECTION III: Motion Fee

☒ PAID - AMOUNT: \$25.00

☐ EXEMPT:

(check reason)

☐ Rule to Show Cause in Child or Spousal Support

☐ Domestic Abuse or Abuse and Neglect

☐ Indigent Status ☐ State Agency v. Indigent Party

☐ Sexually Violent Predator Act ☐ Post-Conviction Relief

☐ Motion for Stay in Bankruptcy

☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRPC)

☐ Proposed order submitted at request of the court; or,
reduced to writing from motion made in open court per judge's instructions

Name of Court Reporter: _____

☐ Other: _____

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the attached order.

☐ Other:

JUDGE CODE _____

Date: _____

CLERK'S VERIFICATION

Collected by: _____ Date Filed: _____

☐ MOTION FEE COLLECTED: \$ _____

☐ CONTESTED - AMOUNT DUE: \$ _____

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN,

Plaintiff,

v.

CITY OF NORTH CHARLESTON,
Defendant.

IN THE COURT OF COMMON PLEAS

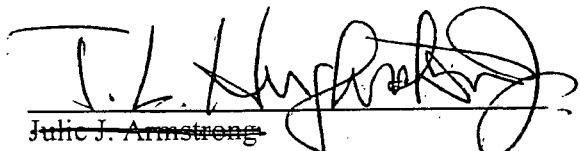
CIVIL ACTION NO.: 2015-CP-10-3392

ORDER

FILED
2016 APR -5 AM 11:16
JULIE J. ARMSTRONG
CLERK OF COURT

This matter came before me upon motion of John E. Parker pursuant to Rule 53(b) to refer this matter to Mikell R. Scarborough, Master in Equity for Charleston County.

The court on November 10, 2015 filed an entry of default. Because the matter is in default, the matter is referred to Mikell R. Scarborough, Master in Equity, to determine the damages to be awarded for the injuries to the plaintiff. It is therefore, ordered the matter is referred to Mikell R. Scarborough to determine the damages to be awarded plaintiff against the defendant.


Julie J. Armstrong
Charleston County Clerk of Court

CHAS., South Carolina
March 4/5, 2016

PAID
Date 3/24/16
Amount \$50
MIKELL R. SCARBOROUGH
MASTER IN EQUITY
By: ABS

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

CASE NO. 2015-CP-10-3392

Ann M. Blandin

City of North Charleston

PLAINTIFF(S)

DEFENDANT(S)

Submitted by:

Attorney for : ☐ Plaintiff ☐ Defendant
or
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ **ACTION DISMISSED** (CHECK REASON): ☐ Rule 12(b), SCRPC; ☐ Rule 41, SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other
- ☐ **ACTION STRICKEN** (CHECK REASON): ☐ Rule 40(j), SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT** (CHECK APPLICABLE BOX):
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☒ Statement of Judgment by the Court: Upon review, Defendant's Motion to Set Aside Default filed on May 19, 2016 and argued before this Court on June 14, 2016 is denied.

ORDER INFORMATION

This order ☐ ends ☒ does not end the case.

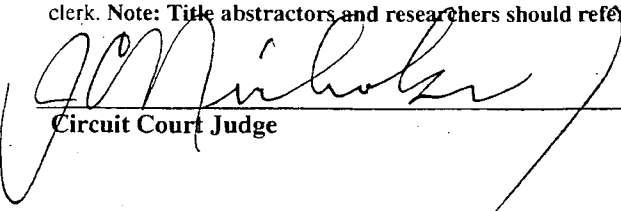
Additional Information for the Clerk :

INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
N/A		\$
If applicable, describe the property, including tax map information and address, referenced in the order: N/A		

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. **Note: Title abstractors and researchers should refer to the official court order for judgment details.**


Circuit Court Judge

2117
Judge Code

6/14/16
Date

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

FILED

CASE NO. 2015-CP-10-3392

2016 JUL 12 PM 3:32

Ann M. Blandin
PLAINTIFF(S)

JULIE J. ARMSTRONG
CITY OF NORTH CHARLESTON
CLERK OF COURT

City of North Charleston
DEFENDANT(S)

Submitted by:

Attorney for : ☐ Plaintiff ☐ Defendant
or
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other
- ☐ **ACTION STRICKEN (CHECK REASON):** ☐ Rule 40(j), SCRPC; ☐ Bankruptcy; ☐ Binding arbitration, subject to right to restore to confirm, vacate or modify arbitration award; ☐ Other
- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☐ See attached order (formal order to follow) ☒ Statement of Judgment by the Court: Defendant's Motion to Reconsider filed on June 24, 2016 is denied as to the request for the Court to withdraw its prior ruling. However, the Court does clarify that the June 14, 2016 Order denied the Motion to Set Aside Entry of Default because failure to forward an e-mail does not amount to good cause shown for failure to timely file an Answer. In addition, the City of North Charleston is not a state agency under SCRPC Rule 55(e).

ORDER INFORMATION

This order ☐ ends ☒ does not end the case.

Additional Information for the Clerk: _____

INFORMATION FOR THE PUBLIC INDEX

Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.

Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
N/A		\$

If applicable, describe the property, including tax map information and address, referenced in the order:
N/A

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

[Signature]
Circuit Court Judge

2117
Judge Code

7/2/16
Date

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON
IN THE COURT OF COMMON PLEAS

FORM 4

JUDGMENT IN A CIVIL CASE

CASE NO. 2015 CP-10-3392

Blandin

City of North Charleston

PLAINTIFF(S)

DEFENDANT(S)

Submitted by:

Attorney for : ☐ Plaintiff ☐ Defendant
or
☐ Self-Represented Litigant

DISPOSITION TYPE (CHECK ONE)

- ☐ **JURY VERDICT.** This action came before the court for a trial by jury. The issues have been tried and a verdict rendered.
- ☒ **DECISION BY THE COURT.** This action came to trial or hearing before the court. The issues have been tried or heard and a decision rendered.
- ☐ **ACTION DISMISSED (CHECK REASON):** ☐ Rule 12(b), SCRPC; ☐ Rule 41(a), SCRPC (Vol. Nonsuit); ☐ Rule 43(k), SCRPC (Settled); ☐ Other
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- ☐ **DISPOSITION OF APPEAL TO THE CIRCUIT COURT (CHECK APPLICABLE BOX):**
☐ Affirmed; ☐ Reversed; ☐ Remanded; ☐ Other

NOTE: ATTORNEYS ARE RESPONSIBLE FOR NOTIFYING LOWER COURT, TRIBUNAL, OR ADMINISTRATIVE AGENCY OF THE CIRCUIT COURT RULING IN THIS APPEAL.

IT IS ORDERED AND ADJUDGED: ☒ See attached order (formal order to follow) ☐ Statement of Judgment by the Court: ORDER ATTACHED

ORDER INFORMATION

This order ☒ ends ☐ does not end the case.

Additional Information for the Clerk :

INFORMATION FOR THE PUBLIC INDEX		
Complete this section below when the judgment affects title to real or personal property or if any amount should be enrolled. If there is no judgment information, indicate "N/A" in one of the boxes below.		
Judgment in Favor of (List name(s) below)	Judgment Against (List name(s) below)	Judgment Amount To be Enrolled (List amount(s) below)
Ann M. Blandin	City of North Charleston	\$300,000.00
		\$
		\$
If applicable, describe the property, including tax map information and address, referenced in the order:		

The judgment information above has been provided by the submitting party. Disputes concerning the amounts contained in this form may be addressed by way of motion pursuant to the SC Rules of Civil Procedure. Amounts to be computed such as interest or additional taxable costs not available at the time the form and final order are submitted to the judge may be provided to the clerk. Note: Title abstractors and researchers should refer to the official court order for judgment details.

Circuit Court Judge

3062

Judge Code

Date

For Clerk of Court Office Use Only

This judgment was entered on the _____ day of _____, 20____ and a copy mailed first class or
placed in the appropriate attorney's box on this _____ day of _____, 20____ to attorneys of record or
to parties (when appearing pro se) as follows:

ATTORNEY(S) FOR THE PLAINTIFF(S)

ATTORNEY(S) FOR THE DEFENDANT(S)

CLERK OF COURT

Court Reporter:

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN,

Plaintiff,

v.

CITY OF NORTH CHARLESTON,

Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO.: 2015-CP-10-3392

ORDER

JULIE J. ARMSTRONG
CLERK OF COURT

2017 JUN 23 AM 11:16

FILED

This matter came before the Court on May 2, 2017 for a hearing to determine the amount of damages sustained by the Plaintiff, Ann M. Blandin. Present before the Court were John E. Parker and William F. Barnes, III for Ms. Blandin and Robert H. Hood Jr. and William G. DesChamps, IV for the City of North Charleston ("City"). After hearing testimony and reviewing the exhibits, the Court makes the following findings regarding Ms. Blandin's damages.

BACKGROUND

This action arises out of a serious collision that occurred on January 3, 2015 in the City of North Charleston. (Compl. ¶ 3). On that day, Ms. Blandin was traveling North on McDowell Avenue in North Charleston. (Compl. ¶ 3). She stopped for a stop sign at the intersection of McDowell Avenue and East Montague Avenue. (Compl. ¶ 3). While stopped she looked both ways and there was no traffic approaching from either direction which posed a danger to her crossing East Montague Avenue. (Compl. ¶ 3). Ms. Blandin was almost across East Montague Avenue when her vehicle was struck by a North Charleston Police car being operated by an employee of North Charleston at an unlawfully high rate of speed without flashing lights or other audible warning devices as required by law. (Compl. ¶ 3).



Ms. Blandin filed a Complaint against the City of North Charleston on June 15, 2015. (Compl.). The Complaint alleges that the City of North Charleston's employee was negligent in several particulars: in traveling at an excessive and unlawful rate of speed; in failing to use flashing lights and audible warning signals; in failing to keep a proper lookout; in failing to keep the automobile under proper control; in violating § 56-5-1520; and in violating S.C. Code of Laws Ann. § 56-5-760 (1976, as amended). (Compl. ¶ 4 (a)-(f)). The Complaint alleges that the collision caused Ms. Blandin to suffer severe and permanent injuries which caused her to incur expenses for medical treatment. (Compl. ¶ 5). As a result of the collision Ms. Blandin will also suffer pain for the rest of her life. (Compl. ¶ 5).

North Charleston was served with the Complaint on June 30, 2015. (Aff. of Service). City of North Charleston Mayor, R. Keith Summey, was served in addition to Sandy Brown, an Administrative Assistant to Clerk of Council, who was authorized to accept service on behalf of the City. (Aff. of Service). The Affidavit of Service was filed on July 7, 2015. (Aff. of Service).

On November 9, 2015, The Honorable Julie J. Armstrong, Charleston County Clerk of Court, entered default against the City pursuant to Rule 55(a), SCRPC, based on the accompanying affidavit that no answer or other responsive pleading was filed as required by Rule 12, SCRPC. (Entry of Default).

On April 5, 2016, The Honorable Thomas L. Hughston, Jr. entered an Order referring the matter to this Court, pursuant to Rule 53(b), SCRPC, to determine the damages to be awarded to Ms. Blandin since the City is in default. (Order of Reference). On May 17, 2016, the City received notice of a damages hearing that was scheduled for July 7, 2016. (Mot. to Set Aside Default). The City moved to set aside the default and for late answer pursuant to Rules 6(b) and 55(c), SCRPC. (Mot. to Set Aside Default).



Following a hearing on the City's motion on June 14, 2016, The Honorable J. C. Nicholson, Jr., denied the City's motion to set aside default and for late answer. (Order filed June 15, 2016). On June 24, 2016, the City moved pursuant to Rule 59(e), SCRPC, to reconsider the Court's June 15, 2016 Order denying the motion to set aside default and for late answer. (Mot. to Reconsider). In an Order filed July 12, 2016, the Court denied the motion to reconsider as to the request for the Court to withdraw its prior ruling. The Court clarified its prior order, however, by noting that "the June 14, 2016 Order denied the Motion to Set Aside Entry of Default because failure to forward an e-mail does not amount to good cause shown for failure to timely file an Answer. In addition, the City of North Charleston is not a state agency under SCRPC 55(e)." (Order filed July 12, 2016).

I. DAMAGES AWARD

This matter was scheduled for a damages hearing on May 2, 2017 at 2:00 pm. "It is well settled that by suffering a default, the defaulting party is deemed to have admitted the truth of the plaintiff's allegations and to have conceded liability." Roche v. Young Bros., Inc., of Florence, 332 S.C. 75, 81, 504 S.E.2d 311, 314 (1998). The Court heard testimony from Paul Pritchard, M.D, Ann Blandin, and Corona Campbell. The City cross-examined each witness to contest damages. Dr. Pritchard testified as an expert witness regarding Ms. Blandin's injuries and damages. According to Dr. Pritchard, Ms. Blandin sustained a fractured vertebra, multiple fractured ribs, and a concussion as a result of the collision on January 3, 2015. Ms. Blandin remained hospitalized at MUSC from January 3, 2015 through January 6, 2015. (Ex. 1). At the time Ms. Blandin was discharged, she was immobile. Ms. Blandin returned to MUSC on January 11, 2015 and remained hospitalized until January 21, 2015. (Ex. 2). Dr. Pritchard testified that, at the time of the collision on January 3, 2015, Ms. Blandin was on peritoneal dialysis which she self-administered. Following this collision, Ms. Blandin could no longer receive peritoneal dialysis and instead had to switch to hemodialysis.



According to Dr. Pritchard, this switch was, to a reasonable degree of medical certainty, related to the collision of January 3, 2015.

Dr. Pritchard testified about Ms. Blandin's extensive medical treatment following the collision. Ms. Blandin's medical expenses were admitted into evidence subject to several redactions – Exhibits 1-30. Dr. Pritchard testified that, with the exception of one provider, Ms. Blandin's medical expenses were caused, to a reasonable degree of medical certainty, by the collision of January 3, 2015. Ms. Blandin's daughter detailed the treatment from the other provider. Ms. Blandin incurred medical expenses totaling \$1,451,190.91. (Ex. 31). Dr. Pritchard testified that her injuries, to a reasonable degree of medical certainty, were permanent.

The City cross-examined Dr. Pritchard about the switch from peritoneal dialysis and hemodialysis and that he had not taken out the costs of the peritoneal dialysis from the total medical expenses of \$1,451,190.91 that Ms. Blandin received for approximately three (3) months following the collision.

Following Dr. Pritchard, Ms. Blandin testified about her life prior to and since the collision. Prior to the collision Ms. Blandin lived by herself and self-administered peritoneal dialysis. However, following this collision she was never able to live by herself and was dependent on others to take care of her. She also has great difficulty moving her legs and is confined to a wheelchair.

Lastly, Ms. Blandin's daughter, Corona Campbell, testified about the impact the collision had on Ms. Blandin, and verified Ms. Blandin's inability to walk and take care of herself.

Having conducted a hearing on the damages Ms. Blandin sustained, I find the testimony of Paul Pritchard, MD, Ann Blandin, and Corona Campbell to be credible. Ms. Blandin was born on March 17, 1944, which according to S.C. Code of Laws Ann. § 19-1-150 (1976, as amended) she has a life expectancy of 14.31 years. Ms. Blandin sustained debilitating injuries in the collision that are

permanent and dramatically altered her life. Additionally, I find the testimony of Paul Pritchard credible that the change from peritoneal dialysis to hemodialysis was caused from the collision. Even taking into consideration the three (3) months of peritoneal dialysis following the collision that Ms. Blandin would have incurred regardless, I find that the medical expenses total \$1,000,000.00 related to this collision. I also award and find \$4,250,000.00 for Ms. Blandin's damages related to past pain and suffering, future pain and suffering, and permanent injury. The total judgment against the City is in the amount of \$5,250,000.00

II. APPLICATION OF CAPS CONTAINED IN S.C. CODE OF LAWS ANN. § 15-78-120(A) (1976, as amended).

Having determined the amount of the judgment against the City, the next issue is whether the judgment should be lowered to the caps contained in § 15-78-120(a) ("Cap"), that would impose a cap of three hundred thousand dollars. Ms. Blandin contends that the Cap does not apply to this action as it is a limitation of liability that must be pled as an affirmative defense that is different than an exception to the waiver of immunity contained in S.C. Code of Laws Ann. § 15-78-60 (1976, as amended). In support of this position, Ms. Blandin relies on several cases from the South Carolina Supreme Court and Court of Appeals which state that "[t]he burden of establishing *a limitation upon liability* or an exception to the waiver of immunity is upon the governmental entity asserting it as an affirmative defense." Strange v. SC. Dept. of Hwys. & Pub. Transp., 314 S.C. 427, 430, 445 S.E.2d 439, 440 (1994) (emphasis added); see also, Steinke v. S.C. Dep't of Labor, Licensing & Regulation, 336 S.C. 373, 393, 520 S.E.2d 142, 152 (1999) ("The burden of establishing a limitation upon liability or an exception to the waiver of immunity under the Tort Claims Act is upon the governmental entity asserting it as an affirmative defense."); Niver v. S.C. Dep't of Hwys. & Pub. Transp., 302 S.C. 461, 463, 395 S.E.2d 728, 730 (Ct. App. 1990) ("The burden of establishing a limitation upon liability or

an exception to the waiver of immunity is upon the governmental entity asserting it as an affirmative defense.”).

According to Ms. Blandin the disjunctive “or” in the above cases create two categories of affirmative defenses that are different - (1) a limitation upon liability or (2) an exception to the waiver of immunity contained in § 15-78-60. Ms. Blandin submits that both categories must be pled as affirmative defenses based on South Carolina law. For example, in Pike v. S.C. Dept. of Transp., 343 S.C. 224, 540 S.E.2d 87 (2000), the Supreme Court held that “when a governmental entity asserts the *affirmative defense of discretionary immunity* under the Tort Claims Act, the *burden of proof is on the governmental entity* and this burden is one of persuasion by a preponderance of the evidence.” Id. at 232, 540 S.E.2d at 91 (emphasis added). Given that the City is in default and does not have any affirmative defense except to cross-examine witnesses and object to evidence, the limitation upon liability imposed by S.C. Code of Laws Ann. § 15-78-120 (1976, as amended) cannot be asserted.

The City relies on the Court of Appeals decision in Parker v. Spartanburg Sanitary Sewer Dist., 362 S.C. 276, 607 S.E.2d 711 (Ct. App.2005). Parker involved an automobile collision that involved a van owned by the Spartanburg Sewer District. Id. at 279, 607 S.E.2d at 713. The Sewer District did not plead the Tort Claims Act in its answer. Id. On the first day of trial the Sewer District filed an amended answer, essentially asserting the Cap. Id. The trial judge stated that the amended answer that the Sewer District filed could not be filed without permission of the Court. Id. at 280, 607 S.E.2d 713. The Sewer District then moved to amend its answer to conform to the evidence, which the trial court denied. Id. The jury returned a verdict for \$450,000.00. Id. The Sewer District moved to reduce the amount to the Cap but the trial court denied that motion. Id. In reversing the trial court, the Court of Appeals noted that there is nothing in the South Carolina Tort Claims Act “mandating that a governmental entity plead the monetary statutory cap included within section 15-78-20.” Id. at

285, 607 S.E.2d at 716. The Court of Appeals also held that the trial court abused its discretion in denying the Sewer District's motion to amend its answer. Id. at 287, 607 S.E.2d at 717; see also S.C. Code of Laws Ann. § 15-78-20 (b) (1976, as amended) ("The remedy provided by this chapter is the exclusive civil remedy available for any tort committed by a governmental entity, its employees, or its agents ...") and S.C. Code of Laws Ann. § 15-78-20 (f) (1976, as amended) ("The provisions of this chapter establishing limitations on and exemptions to the liability of the State, its political subdivisions, and employees, while acting within the scope of official duty, must be liberally construed in favor of limiting the liability of the State.").

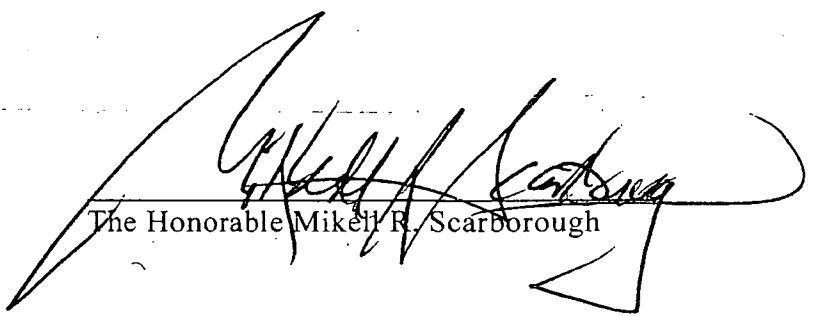
After reviewing these cases and the South Carolina statutory requirements, I conclude as a matter of law that the statutory cap and the Court of Appeals decision in Parker controls. Accordingly, I must apply the Cap and reduce the judgment to \$300,000.00. The Cap operates by law and does not have to be pled as an affirmative defense. I reduce the \$5,250,000.00 judgment proportionately based on the medical expenses and other damages and award \$57,150.00 allocated to Ms. Blandin's medical expenses and \$242,850.00 related to past pain and suffering, future pain and suffering, and permanent injury.

CONCLUSION

For these reasons, the Court applies the Cap and enters judgment against the City for \$300,000.00.

IT IS SO ORDERED.

Charleston, South Carolina
May 6/21, 2017



The Honorable Mikell R. Scarborough



Julie J. Armstrong
Charleston County Clerk of Court

Charleston County
Circuit Court Case Details
Public Index

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[Clerk of Court Home Page](#)
[Magistrates Court](#)
[SC Judicial Home Page](#)
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Ann M Blandin VS North Charleston City Of

Case Number:	2015CP1003392	Court Agency:	Common Pleas	Filed Date:	06/15/2015
Case Type:	Common Pleas	Case Sub Type:	Motor Veh Accid 320	File Type:	Jury
Status:	Referred To Master	Assigned Judge:	Clerk Of Court C P, G S, And Family Court		
Disposition:	Default Uncontested	Disposition Date:	11/10/2015	Disposition Judge:	Clerk Of Court C P, G S, And Family Court
Original Source Doc:		Original Case #:			
Judgment Number:	2015CP1003392	Court Roster:			

Case Parties

Click the icon to show associated parties.

Name	Address	Race	Sex	Year Of Birth	Party Type	Party Status	Last Updated
Barnes, William Franklin III	PO Box 457 101 Mulberry Street East Hampton SC 299240457				Plaintiff Attorney		08/03/2017
Blandin, Ann M					Plaintiff		06/28/2017
CITY OF NORTH CHARLESTON					Trust Account Payee		10/31/2017
DesChamps, William Green IV	172 Meeting Street Charleston SC 29401				Defendant Attorney		09/20/2016
Hair, J. Brady	PO Box 61896 N. Charleston SC 29419				Defendant Attorney		10/31/2017
Hood, Robert H.	172 Meeting Street Charleston SC 29401				Defendant Attorney		09/20/2016
Hood, Robert Holmes Jr.	PO Box 1508 Charleston SC 294021508				Defendant Attorney		09/20/2016
Horvath, William Joseph	PO Box 22129 Charleston SC 29413				Attorney		06/28/2017
North Charleston City Of					Defendant		10/31/2017
Parker, John E.	PO Box 457 Hampton SC 299240457				Plaintiff Attorney		06/15/2015
Wilson, Harry Cooper III(Inactive)	3 Morris Street Suite A Charleston SC 29403				Defendant Attorney		09/20/2016

Judgments

For:	Blandin, Ann M	Against:	North Charleston City Of	Judg. Amount:	\$300,000.00	Judgment Date:	06/23/2017
Description:	Judgment/Judgment	Disposition:		Disp. Date:		Date Entered/Last Changed	06/28/2017 --
Notes:	None						

Judgment Details

Claims Code	Detail Desc.	Detail Amount	Detail Date
None			

Associated Cases

Agency	Case #	External	Relationship	Description	Case Filed Date	Disposition Date	Case Status	Disposition
Master In Equity	2015CP1003392	N	MIETR	Master in Equity Case Transfer to agency 10003: Master In Equity	04/05/2016	06/21/2017	Disposed	Ended by Non Jury

Actions

Name	Description	Type	Motion Roster	Begin Date	Completion Date	Documents
North Charleston City Of	Order/Order Filing Fee	Filing		10/31/2017-15:51		
North Charleston City Of	Order/granting city leave to deposit money into crt	Order		10/31/2017-11:40		
North Charleston City Of	Motion for leave to deposit money into court	Filing		10/31/2017-11:38		
North Charleston City Of	Notice of Appealling Order filed 6/23/17, crt/srv	Filing		08/03/2017-09:40		
Blandin, Ann M	Notice of Appealling Order dated 6/21/17, proof/srv	Filing		08/02/2017-11:34		
Blandin, Ann M	Order/Judgment on Damages	Order		06/23/2017-14:01		
Blandin, Ann M	Judgment/Judgment	Judgment		06/23/2017-14:01		
North Charleston City Of	Judgment/Judgment	Judgment		06/23/2017-14:01		

ROA 14

Horvath, William Joseph	Motion/Motion Filing Fee	Filing		12/06/2016-11:58		
Horvath, William Joseph	Motion/Compel by Liberty Mutual	Motion		12/06/2016-11:10		
	Appearance & Conditional Answer of Liberty Mutual, crt/srv	Filing		10/17/2016-09:54		
	Service/Acceptance Of Service	Filing		09/26/2016-12:38		
North Charleston City Of	Notice of transfer within firm to Atty Hodd etal, crt/srv	Filing		09/19/2016-12:12		
Blandin, Ann M	Withdrawal of Jury Trial Demand, crt/srv	Filing		09/16/2016-11:29		
	Order/Defnt's Mot to Reconsider is Denied	Order		07/12/2016-12:06		
North Charleston City Of	Motion/Motion Filing Fee	Filing		07/01/2016-15:21		
Wilson, Harry Cooper III	Motion/Relieve As Counsel for defendant, crt/srv	Motion		07/01/2016-11:23		
North Charleston City Of	Supplemental Memo in Support of Motion to Reconsider, srv	Filing		06/30/2016-10:59		
North Charleston City Of	Motion/Motion Filing Fee	Filing		06/24/2016-16:00		
Wilson, Harry Cooper III	Motion/Reconsider by defendant, crt/srv	Motion		06/24/2016-11:29	07/12/2016-11:29	
North Charleston City Of	Memo in Support of Motion to Reconsider, crt/srv	Filing		06/24/2016-11:27		
	Order/Defnt's Mot to Set Aside Default is Denied	Order		06/15/2016-08:47		
North Charleston City Of	Memo in Support of its Motion, crt/srv	Filing		06/13/2016-10:15		
	Letter by Atty Wilson re Motion to Set Aside Default	Filing		06/08/2016-13:53		
Parker, John E.	Roster/Notice of Motions Roster Publication Sent	Action		06/01/2016-16:54		
Wilson, Harry Cooper III	Roster/Notice of Motions Roster Publication Sent	Action		06/01/2016-16:54		
North Charleston City Of	Motion/Motion Filing Fee	Filing		05/19/2016-15:27		
Wilson, Harry Cooper III	Motion/Set Aside Entry of Default by defendant, crt/srv	Motion		05/19/2016-14:19	06/14/2016-14:19	
North Charleston City Of	Answer to Complaint, crt/srv	Filing		05/19/2016-14:17		
Blandin, Ann M	Order/Referred to Master	Order		04/05/2016-15:35		
Blandin, Ann M	Order/Order Filing Fee	Filing		03/29/2016-12:52		
Blandin, Ann M	ADR/Alternative Dispute Resolution (Workflow)	Action		01/11/2016-14:50	11/10/2015-14:50	
Blandin, Ann M	Order/Order Filing Fee	Filing		11/10/2015-15:25	11/10/2015-15:25	
Blandin, Ann M	Order/Entry of Default	Order		11/10/2015-14:37		
Blandin, Ann M	Affidavit of John Parker	Filing		11/10/2015-14:36	11/10/2015-14:36	
	Service/Affidavit Of Service	Filing		07/07/2015-09:16	11/10/2015-09:16	
	Service/Affidavit of Non Service	Filing		06/30/2015-10:01	11/10/2015-10:01	
Blandin, Ann M	Summons & Complaint	Filing		06/15/2015-14:49	11/10/2015-14:49	

Financials

Summary					
Fine/Costs:	\$325.00	Total Paid for fine/costs:	\$325.00	Balance Due:	\$0.00
Costs					
Description	Cost Code	Amount	Charge Action	Disbursed Amount	
SCJD Filing Fee Proviso \$50 / \$25	SCJDPV	\$50.00		\$50.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Civil Filing Fee State 56%	CVFFST	\$56.00		\$56.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Civil Filing Fee County 44%/100%	CVFFCN	\$44.00		\$44.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Motion/Order Filing Fee \$25	MOTION	\$25.00		\$25.00	
Payments					
Payment Date	Receipt Number	Entered By	Transaction Type Code	Payment Amount	
10/31/2017	580829	coclpp	PY	\$25.00	
12/06/2016	567504	COCMRR	PY	\$25.00	
07/01/2016	561618	coccpn	PY	\$25.00	

ROA 15

06/24/2016	561391	coccp	PY	\$25.00
05/19/2016	559677	COCBJS	PY	\$25.00
03/29/2016	557604	COCSLB	PY	\$25.00
11/10/2015	552247	coceba	PY	\$25.00
06/15/2015	546269	cocamw	PY	\$150.00

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN

Plaintiff(s)

vs.

CITY OF NORTH CHARLESTON

Defendant(s)

IN THE COURT OF COMMON PLEAS

CIVIL ACTION COVERSHEET

2015-CP-10-

3392

Submitted By: John E. Parker
Address: PO Box 457
Hampton, SC 29924

SC Bar #: 4442
Telephone #: (803) 914-2004
Fax #: (803) 914-2014
Other:
E-mail: jparker@pmpecc.com

FILED
2015 JUN 15 PM 2:15
JULIE J. ARMS BROWN
CLERK OF COURT

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing. It must be filled out completely, signed, and dated. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

DOCKETING INFORMATION (Check all that apply)

**If Action is Judgment/Settlement do not complete*

- ☒ **JURY TRIAL** demanded in complaint. ☐ **NON-JURY TRIAL** demanded in complaint.
☐ This case is subject to **ARBITRATION** pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☒ This case is subject to **MEDIATION** pursuant to the Court Annexed Alternative Dispute Resolution Rules.
☐ This case is exempt from ADR. (Proof of ADR/Exemption Attached)

NATURE OF ACTION (Check One Box Below)

Contracts ☐ Constructions (100) ☐ Debt Collection (110) ☐ Employment (120) ☐ General (130) ☐ Breach of Contract (140) ☐ Other (199)	Torts - Professional Malpractice ☐ Dental Malpractice (200) ☐ Legal Malpractice (210) ☐ Medical Malpractice (220) Previous Notice of Intent Case # 20 ____ -NI- ____ - ☐ Notice/ File Med Mal (230) ☐ Other (299)	Torts - Personal Injury ☐ Assault/Slander/Libel (300) ☐ Conversion (310) ☒ Motor Vehicle Accident (320) ☐ Premises Liability (330) ☐ Products Liability (340) ☐ Personal Injury (350) ☐ Wrongful Death (360) ☐ Other (399)	Real Property ☐ Claim & Delivery (400) ☐ Condemnation (410) ☐ Foreclosure (420) ☐ Mechanic's Lien (430) ☐ Partition (440) ☐ Possession (450) ☐ Building Code Violation (460) ☐ Other (499)
Inmate Petitions ☐ PCR (500) ☐ Mandamus (520) ☐ Habeas Corpus (530) ☐ Other (599)	Administrative Law/Relief ☐ Reinstate Drv. License (800) ☐ Judicial Review (810) ☐ Relief (820) ☐ Permanent Injunction (830) ☐ Forfeiture-Petition (840) ☐ Forfeiture-Consent Order (850) ☐ Other (899)	Judgments/Settlements ☐ Death Settlement (700) ☐ Foreign Judgment (710) ☐ Magistrate's Judgment (720) ☐ Minor Settlement (730) ☐ Transcript Judgment (740) ☐ Lis Pendens (750) ☐ Transfer of Structured Settlement Payment Rights Application (760) ☐ Confession of Judgment (770) ☐ Petition for Workers Compensation Settlement Approval (780) ☐ Other (799)	Appeals ☐ Arbitration (900) ☐ Magistrate-Civil (910) ☐ Magistrate-Criminal (920) ☐ Municipal (930) ☐ Probate Court (940) ☐ SCDOT (950) ☐ Worker's Comp (960) ☐ Zoning Board (970) ☐ Public Service Comm. (990) ☐ Employment Security Comm (991) ☐ Other (999)
Special/Complex /Other ☐ Environmental (600) ☐ Automobile Arb. (610) ☐ Medical (620) ☐ Other (699)	☐ Pharmaceuticals (630) ☐ Unfair Trade Practices (640) ☐ Out-of State Depositions (650) ☐ Motion to Quash Subpoena in an Out-of-County Action (660) ☐ Sexual Predator (510)		

Submitting Party Signature: _____

Date: June 12, 2015

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

FOR MANDATED ADR COUNTIES ONLY

Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Clarendon, Colleton, Darlington, Dorchester, Florence, Georgetown, Greenville, Hampton, Horry, Jasper, Kershaw, Lee, Lexington, Marion, Oconee, Orangeburg, Pickens, Richland, Spartanburg, Sumter, Union, Williamsburg, and York

SUPREME COURT RULES REQUIRE THE SUBMISSION OF ALL CIVIL CASES TO AN ALTERNATIVE DISPUTE RESOLUTION PROCESS, UNLESS OTHERWISE EXEMPT.

You are required to take the following action(s):

1. The parties shall select a neutral and file a "Proof of ADR" form on or by the 210th day of the filing of this action. If the parties have not selected a neutral within 210 days, the Clerk of Court shall then appoint a primary and secondary mediator from the current roster on a rotating basis from among those mediators agreeing to accept cases in the county in which the action has been filed.
2. The initial ADR conference must be held within 300 days after the filing of the action.
3. Pre-suit medical malpractice mediations required by S.C. Code §15-79-125 shall be held not later than 120 days after all defendants are served with the "Notice of Intent to File Suit" or as the court directs. (Medical malpractice mediation is mandatory statewide.)
4. Cases are exempt from ADR only upon the following grounds:
 - a. Special proceeding, or actions seeking extraordinary relief such as mandamus, habeas corpus, or prohibition;
 - b. Requests for temporary relief;
 - c. Appeals
 - d. Post Conviction relief matters;
 - e. Contempt of Court proceedings;
 - f. Forfeiture proceedings brought by governmental entities;
 - g. Mortgage foreclosures; and
 - h. Cases that have been previously subjected to an ADR conference, unless otherwise required by Rule 3 or by statute.
5. In cases not subject to ADR, the Chief Judge for Administrative Purposes, upon the motion of the court or of any party, may order a case to mediation.
6. Motion of a party to be exempt from payment of neutral fees due to indigency should be filed with the Court within ten (10) days after the ADR conference has been concluded.

**Please Note: You must comply with the Supreme Court Rules regarding ADR.
Failure to do so may affect your case or may result in sanctions.**

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN,

Plaintiff,

v.

CITY OF NORTH CHARLESTON,

Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO.: 2015-CP-10- 3392

SUMMONS
(Jury Trial Requested)

FILED
2015 JUN 15 PM 2:42
JULIE J. ARMSTRONG
CLERK OF COURT

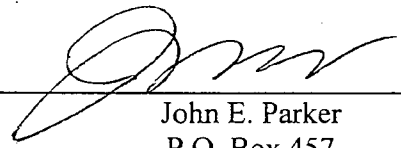
TO THE DEFENDANT ABOVE-NAMED:

YOU ARE HEREBY SUMMONED and required to answer the complaint herein, a copy of which is herewith served upon you, and to serve a copy of your answer to this complaint upon the subscriber, at 101 Mulberry Street East, Post Office Box 457, Hampton, SC 29924, within thirty (30) days after service hereof, exclusive of the day of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Charleston, SC 29401

-AND-

PETERS, MURDAUGH, PARKER, ELTZROTH
& DETRICK, P.A.

BY: 

John E. Parker
P.O. Box 457
Hampton, SC 29924
(803) 943-2111

ATTORNEYS FOR PLAINTIFF

June 12, 2015
Hampton, South Carolina

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN,

Plaintiff,

v.

CITY OF NORTH CHARLESTON,

Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO.: 2015-CP-10- 3392

COMPLAINT

(Jury Trial Demanded)

BY

JULIE J. ARMSTRONG
CLERK OF COURT

2015 JUN 15 PM 2:42

FILED

The Plaintiff alleges:

1. The defendant is a political subdivision subject to suit pursuant to S.C. Code Annotated §15-78-10.

2. Venue is proper in Charleston County because the below described events occurred in Charleston County.

3. On January 3, 2015, the plaintiff was the driver of a vehicle which had been traveling north on McDowell Avenue in the City of North Charleston. She stopped for a stop sign at the intersection of McDowell Avenue and East Montague Avenue. She was going to cross East Montague Avenue and when she looked from the stopped position there was no traffic approaching from either direction which posed a danger to her crossing East Montague Avenue. The plaintiff was almost across East Montague Avenue when her vehicle was struck by a North Charleston Police car which was being operated by an employee of North Charleston at an unlawfully high rate of speed without any flashing lights or other audible warning devices as required by law.

4. The defendant, City of North Charleston's employee was negligent in the following ways:

a) In traveling at an excessive and unlawful rate of speed;

- b) In failing to use flashing lights and audible warning signals;
- c) In failing to keep a proper lookout;
- d) In failing to keep the automobile under proper control;
- e) In violating S.C. Code Ann. §56-5-1520
- f) In violating S.C. Code Ann. §56-5-760

5. As a result of the negligence of the defendant's agent and/or employee the plaintiff has suffered serious and severe injuries which caused her to incur expenses for hospitalization, medical care, and for medical treatments. The plaintiff has been permanently injured and will incur expenses for medical care in the future and will suffer pain and suffering for the remainder of her life.

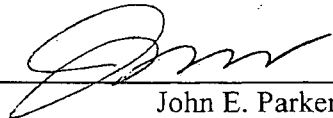
WHEREFORE, plaintiff prays for judgment against the defendant for actual damages, together with punitive damages in an appropriate amount, for the costs of this action, and for such other and further relief as the Court may deem just and proper.

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Charleston, SC 29401

-AND-

PETERS, MURDAUGH, PARKER, ELTZROTH
& DETRICK, P.A.

BY: _____



John E. Parker
P.O. Box 457
Hampton, SC 29924
(803) 943-2111

ATTORNEYS FOR PLAINTIFF

June 12, 2015
Hampton, South Carolina

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN,
Plaintiff,

v.

CITY OF NORTH CHARLESTON,
Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO.: 2015-CP-10-3392

AFFIDAVIT OF JOHN E. PARKER

FILED
2015 NOV 10 PM 3:24
JULIE A. STRONG
CLERK OF COURT

Personally appeared before me, John E. Parker, having first been duly sworn, depose and say that the following is true and correct:

1. I have personal knowledge of the facts set forth in this Affidavit. I am a citizen of the State of South Carolina and am competent to swear to the matters set forth below and do so of my own free will.

2. I am the attorney for the Plaintiff, Ann M. Blandin, in the above-captioned action.

3. The Civil Action Coversheet, Summons and Complaint in this action were filed in the Charleston County Court of Common Pleas on June 15, 2015.

4. The Defendant, City of North Charleston, was served by process server to Sandy Brown, Administrative Assistant to Clerk of Counsel on behalf of the City of North Charleston with the Civil Action Cover Sheet, Summons and Complaint on June 30, 2015 as evidenced by the Exhibit A.

5. According to the Affidavit of Service, Sandy Brown was authorized to accept service.

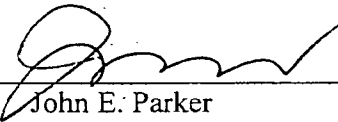
6. No Answer, Demurrer or Notice of Appearance has been served on me or on behalf of the Defendant, City of North Charleston, as required by the Summons in this action.

7. More than thirty-five (35) days have elapsed since the service of the Civil Action Cover Sheet, Summons and Complaint, exclusive of the day of such service.

8. I am familiar with the provisions of 50 U.S.C.A App §520, Soldiers and Sailors Civil Relief Act of 1940 and represent to the Court that from the file in this matter, and upon information and belief, the Defendant, City of North Charleston, is not in the military service of the United States and is not entitled to the protection of the Soldiers and Sailors Civil Relief Act of 1940, nor any amendments thereto.

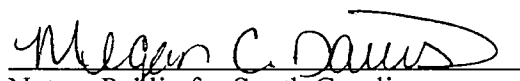
9. I declare under penalty of perjury, under the laws of the United States of America and of the State of South Carolina, that the above is true and correct.

AS TO ANYTHING FURHTER, THE AFFIANT SAITH NOT.


John E. Parker

Sworn to before me this

22nd day of October, 2015


Notary Public for South Carolina

My Commission Expires: 8/2/2021

IN THE COURT OF COMMON PLEAS OF THE STATE OF SOUTH CAROLINA FOR CHARLESTON COUNTY

Ann M. Blandin

Plaintiff/Petitioner

DOCKET NO: 15-CP-10-3392

vs.

City of North Charleston

Defendant/Respondent

FILING DATE: 06/15/2015

AFFIDAVIT OF SERVICE OF:

Civil Action Coversheet; Summons; Complaint

The undersigned, being first duly sworn, on oath deposes and says: That s(he) is now and at all times herein mentioned was a citizen of the United States, over the age of eighteen, not an officer of a plaintiff corporation, not a party to nor interested in the above entitled action, has the authority to serve pleadings in the State named below, and is competent to be a witness therein.

On the 30th day of June, 2015, at 2:10 PM. at the address of 2500 City Hall Lane, North Charleston, Charleston County, SC 29406: this affiant served the above described documents upon City of North Charleston c/o Mayor R. Keith Summey, Mayor by then and there personally delivering 1 true and correct copy(ies) thereof, by then presenting to and leaving the same with Sandy Brown, ADMINISTRATIVE ASSISTANT TO CLERK OF COUNCIL, PERSON AUTHORIZED TO ACCEPT, who accepted service, with identity confirmed by verbal communication, a blonde-haired white female approx. 55-65 years of age, 5'4"-5'6" tall and weighing 140-160 lbs..

Is defendant active duty military? (X) NO () YES

Is the place of service the dwelling house or usual abode for the party being served? (X) NO () YES

Is the Subject Property a Mobile Home? () NO () YES

Is a Mobile Home VIN # visible? () NO () YES

DATED this 6 day of July, 2015

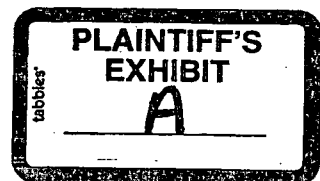
Shawn Lake

SUBSCRIBED AND SWORN to before me this 6 day of July, 2015

Jennifer Hugan
NOTARY PUBLIC in and for the State of South Carolina
My commission expires 5/28/2020

Jennifer Hugan
NOTARY PUBLIC
State of South Carolina
My Commission Expires 5/28/2020

FILED
2015 JUL -7 AM 9:53
JULIE J. ARMSTRONG
CLERK OF COURT
VIN #



REF: Blandin v. City of North Charleston
FOR: Peters Murdaugh Parker Eltzroth

PAGE 1 OF 1
ORIGINAL AFFIDAVIT OF
SERVICE
ROA 24



Tracking #: 0007628598 FIL
A standard 1D barcode.

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Ann M. Blandin

Plaintiff,

vs.

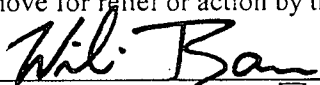
City of North Charleston

Defendant.

IN THE COURT OF COMMON PLEAS

CASE NO.: 2015-CP-10-3392

**MOTION AND ORDER INFORMATION
FORM AND COVERSHEET**

Plaintiff's Attorney: <u>John E. Parker, Bar No. 4442</u> Address: P.O. Box 457, Hampton, SC 29924 Phone: (803) 943-2111 Fax: (803) 914-2014 E-mail: jparker@pmped.com		Defendant's Attorney: Address: Phone: Fax: E-mail:	
☐ MOTION HEARING REQUESTED (attach written motion and complete SECTIONS I and III) ☒ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III) ☐ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II and III)			
SECTION I: Hearing Information			
Nature of Motion: _____ Estimated Time Needed: _____ Court Reporter Needed: ☐ YES / ☐ NO			
SECTION II: Motion/Order Type			
☒ Written motion attached ☐ Form Motion/Order I hereby move for relief or action by the court as set forth in the attached proposed order.			
 Signature of Attorney for ☒ Plaintiff / ☐ Defendant		November <u>2</u> , 2015 Date submitted	
SECTION III: Motion Fee			
☒ PAID – AMOUNT: \$ <u>25.00</u> ☐ EXEMPT: (check reason) ☐ Rule to Show Cause in Child or Spousal Support ☐ Domestic Abuse or Abuse and Neglect ☐ Indigent Status ☐ State Agency v. Indigent Party ☐ Sexually Violent Predator Act ☐ Post-Conviction Relief ☐ Motion for Stay in Bankruptcy ☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP) ☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions Name of Court Reporter: _____ ☐ Other: _____			
JUDGE'S SECTION			
☐ Motion Fee to be paid upon filing of the attached order. ☐ Other:		JUDGE CODE _____ Date: _____	
CLERK'S VERIFICATION			
Collected by: _____ Date Filed: _____ ☐ MOTION FEE COLLECTED: \$ _____ ☐ CONTESTED – AMOUNT DUE: \$ _____			

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

ANN M. BLANDIN,
Plaintiff,

v.

CITY OF NORTH CHARLESTON,
Defendant.

IN THE COURT OF COMMON PLEAS

CIVIL ACTION NO.: 2015-CP-10-3392

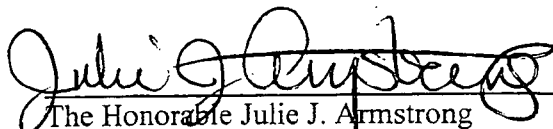
ENTRY OF DEFAULT

FILED
2015 NOV 10 PM 3:24
JULIE J. ARMSTRONG
CLERK OF COURT

This matter comes before me on motion of John E. Parker, as counsel for the Plaintiff in the above-captioned action, pursuant to Rule 55(a), SCRPC for an Entry of Default against the Defendant City of North Charleston.

The Civil Action Cover Sheet, Summons, and Complaint were filed in this action on June 15, 2015. It appears from the Affidavit of Service filed on July 7, 2015 that the Defendant, City of North Charleston's authorized agent, Sandy Brown, was served by process server with the Civil Action Cover Sheet, Summons, and Complaint on June 30, 2015. According to the Affidavit of Service, Ms. Brown was authorized to accept service. It further appears from the Affidavit of John E. Parker that more than thirty-five (35) days have elapsed since June 30, 2015, excluding the day of such service and that no Answer, Demurrer or Notice of Appearance has been served upon him by or on behalf of the Defendant City of North Charleston, within the required time. No Answer, Demurrer, or Notice of Appearance has been filed in the Charleston County Court of Common Pleas by or on behalf of the Defendant, City of North Charleston, within the required time. It is therefore,

ORDERED, ADJUDGED, AND DECREED that the Defendant, City of North Charleston, is in default in this matter pursuant to Rule 55(a), and IT IS SO ORDERED.


The Honorable Julie J. Armstrong
Charleston County Clerk of Court

Nov. 9, 2015
October 9, 2015
Charleston, South Carolina

STATE OF SOUTH CAROLINA

IN THE COURT OF COMMON PLEAS

COUNTY OF CHARLESTON

CASE NO. 2015-CP-10-3392

Ann M. Blandin,

**MOTION INFORMATION FORM AND COVER
SHEET**

☐ Plaintiff(s),

Versus

**NOTICE OF MOTION AND MOTION TO SET
ASIDE ENTRY OF DEFAULT AND FOR LATE
ANSWER**

City of North Charleston,

☒ Defendant(s).

check box above indicating submitting party

Plaintiff's attorney:

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Post Office Box 1726
Charleston, SC 29402-1726
P: 853-3703
F: 853-2331
kobrovsky@bellsouth.net

Defendant's attorney:

H. Cooper Wilson, III (SC #74939)
HOOD LAW FIRM, LLC
172 Meeting Street/P.O. Box 1508
Charleston, SC 29402
P: 843-577-4435/F: 843-722-1630

☒ **MOTION HEARING REQUESTED** (attach written motion and complete SECTION I and III)

☐ **FORM MOTION, NO HEARING REQUESTED** (complete SECTIONS II and III)

☐ **PROPOSED ORDER/CONSENT ORDER** (complete SECTIONS II AND III)

SECTION I: Hearing Information

Nature of Motion: Notice of Motion and Motion to Set Aside Entry of Default and for Late Answer

Estimated Time Needed: 15 Minutes

Court Reporter Needed: YES ☒/ NO ☐

SECTION II: Motion/Order Type

☒ Written motion attached

☐ Form Motion/Order –

I hereby move for relief or action by the court as set forth in the attached proposed order.

Signature of Attorney for ☐ Plaintiff(s)/☒ Defendant(s)

May 19, 2016

Date submitted

SECTION III: Motion Fee

☒ **PAID – AMOUNT:** \$25

☐ **EXEMPT:**

(check reason)

☐ Rule to Show Cause in Child or Spousal Support

☐ Domestic Abuse or Abuse and Neglect

☐ Indigent Status

☐ State Agency v. Indigent Party

☐ Sexually Violent Predator Act

☐ Post-Conviction Relief

☐ Motion for Stay in Bankruptcy

☐ Motion for Publication

☐ Motion for Execution (Rule 69, SCRCP)

☐ Proposed order submitted at request of the court; or,
reduced to writing from motion made in open court per judge's instructions

Name of Court Reporter: _____

☐ Other: _____

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the attached order.

☐ Other: _____

JUDGE _____

CODE: _____

DATE: _____

CLERK'S VERIFICATION

DATE FILED

Collected by: _____
(print name)

☐ **MOTION FEE COLLECTED:** _____

☐ **CONTESTED-AMOUNT DUE:** _____

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Ann M. Blandin,

Plaintiff,

Versus

City of North Charleston,

Defendant.

) IN THE COURT OF COMMON PLEAS

)

)

) C/A No. 2015-CP-10-3392

)

)

) **NOTICE OF MOTION AND MOTION**
) **TO SET ASIDE ENTRY OF**
) **DEFAULT AND FOR LATE ANSWER**

)

)

)

BY JS

JULIE J. ARMSTRONG
CLERK OF COURT

2016 MAY 19 PM 3:27

FILED

TO: JOHN E. PARKER, ATTORNEY FOR THE PLAINTIFF:

The Defendant, City of North Charleston (hereinafter "the City" by and through its counsel, and pursuant to Rules 6(b) and 55(c) of the South Carolina Rules of Civil Procedure, hereby moves before the Presiding Judge of the Charleston County Court of Common Pleas for an Order to Set Aside the Entry of Default and to Enlarge the Time for the City to Answer the Plaintiff's Summons and Complaint and allow the City to plead in response to Plaintiff's Complaint. In support of this Motion, the City would state as follows:

1. The City has acted with reasonable promptness to have this motion filed. The City retained the Hood Law Firm, LLC immediately upon receiving notice on May 17, 2016 that a default hearing had been scheduled for July 7, 2016. The City and undersigned counsel immediately began investigating the circumstances and filed this motion two days after receiving notice of the default. The City also separately filed an Answer to the Plaintiff's Complaint today. See Exhibit 1.

2. The City's failure to answer Plaintiff's Complaint in a timely manner was based on exceptional circumstances surrounding the employees in the City's

Risk Department regarding who was to send the Summons and Complaint to the City's liability claims handler.

3. Typically, Leslie Mitchum, Risk Manager for the City, forwards the Summons and Complaint to City's liability claims handler. Affidavit of Leslie Mitchum, Exhibit 2 at ¶5. In this instance, Ms. Mitchum instead sent an email from her mobile phone to Karen Helms, Claims and Insurance Coordinator for the City, requesting that Ms. Helms send the Summons and Complaint to City's liability claims handler. Ex. 2 at ¶6.

4. As this email from sent from her mobile phone, Ms. Mitchum explains that the likely reason she asked Ms. Helms to send the documents to the claims handler instead of herself was because Ms. Mitchum was out of the office and has had trouble sending emails with large attachments from her mobile phone. Ex. 2 at ¶7.

5. Although this email is currently in Ms. Helms's email inbox, she does not recall receiving the email at the time. Affidavit of Karen Helms, Exhibit 3 at ¶6. Ms. Helms has no explanation for why she either did not receive this email at the time or did not notice receiving this email at the time, Ex. 3 at ¶6, but both Ms. Mitchum and Ms. Helms both state that it would be extremely out of character for Ms. Helms to not read and respond to an email like this if it was delivered. Ex. 2 at ¶8; Ex. 3 at ¶6.

6. Ms. Mitchum and Ms. Helms have been employed in the Risk Department for the City since 2005 and 2011, respectively, and both attest that they are aware of no other occasions in which default was entered against the City

based on their failure to forward a Summons and Complaint to the City's liability claims handler. Ex. 2 at ¶14; Ex. 3 at ¶12.

7. Because of these unprecedented circumstances, the City's liability claims handler never received a copy of the Summons and Complaint. Ex. 2 at ¶11; Ex. 3 at ¶7. Therefore, legal counsel was not assigned to defend the City and no responsive pleading was filed.

8. The City would have answered the Plaintiffs Summons and Complaint in a timely fashion except for the exceptional circumstances which reasonably provide good cause for the City's failure to timely answer the Summons and Complaint. Ex. 2 at ¶12; Ex. 3 at ¶10.

9. Since learning on May 17, 2016 of Plaintiff's hearing for default on July 7, 2016, the City has diligently worked with its counsel to investigate this matter and prepare and file an Answer and Motion to Set Aside Default with supporting affidavits. Ex. 2 at ¶11; Ex. 3 at ¶9.

10. The City believes it has meritorious defenses to Plaintiff's claims, including that the Plaintiff was at fault for the accident. Ex. 2 at ¶13; Ex. 3 at ¶11. The investigating officer found both drivers to have contributed to the accident, finding that the Plaintiff "disregarded the stop sign."

11. No prejudice will result to Plaintiff as a result of the Court enlarging the time for this Defendant to Answer the Plaintiff's Complaint since doing so will not impede the ability of Plaintiff to present its claims, and delay alone is insufficient to establish prejudice. Additionally, the City will agree to enter an expedited Scheduling Order, so little to no delay would even occur.

12. South Carolina Rules of Civil Procedure (SCRCP), Rule 55(c) provides that “[f]or good cause shown the court may set aside an entry of default and, if a judgment by default has been entered, may likewise set it aside in accordance with Rule 60(b).” A judgment by default has not been entered in this case. “Rule 55(c) should be liberally construed to promote justice and dispose of cases on the merits.” Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008). “Any doubts about whether relief should be granted should be resolved in favor of setting aside the default so that the case may be heard on the merits.” Tolson v. Hodge, 411 F.2d 123, 130 (4th Cir.1969). It is within the trial court’s discretion whether to grant relief from an entry of default. Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008). The standard for granting relief from an entry of default is “good cause,” and is “less stringent than the excusable neglect standard for setting aside a final judgment on the basis of mistake, inadvertence, excusable neglect, newly discovered evidence, or fraud.” Limehouse v. Hulsey, 397 S.C. 49, 70 723 S.E.2d 211, 221 (Ct.App. 2011). The “good cause” standard requires only that the party seeking relief from default to “provide an explanation for the default and give reasons why vacation of the default entry would serve the interests of justice.” Wilder v. Blue Ribbon Taxicab Corp., 396 S.C. 139, 719 S.E.2d 703, 706 (2011) (citing Sundown Operating Co. v. Intedge Indus., Inc., 383 S.C. 601, 681 S.E.2d 885, 888 (2009)). In deciding whether good cause exists and whether to set aside an entry of default, the trial court should consider the following factors: (1) the timing of the defendant’s motion for relief; (2) whether the defendant has a meritorious defense; and (3) the degree of prejudice to the plaintiff if relief is granted.” Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008).

13. The policy that "Rule 55(c) should be liberally construed to promote justice and dispose of cases on the merits," Melton, 379 S.C. 54, is particularly true when the defendant is a governmental entity. Unlike the defendant that is an individual or private entity, the financial burden of a default judgment against a governmental entity's falls on the tax payers and citizenry instead of those responsible for the untimely Answer. This unfair and costly financial burden on the public is contrary to the public policy of the State of South Carolina. These policy concerns are specifically referenced in Rule 55(e) with regard to the State and the City believes that, as a political subdivision of the state, those concerns are equally present here.

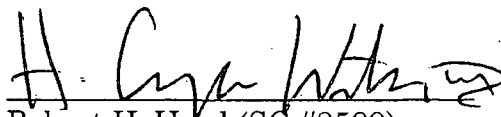
This Motion is supported by the applicable laws, statutes and South Carolina Rules of Civil Procedure. This Motion will be supported by a memorandum of law and additional affidavits as necessary.

The undersigned hereby certifies and affirms, in accordance with Rule 11 of the South Carolina Rules of Civil Procedure, as amended, that he has attempted consultation with opposing counsel in good faith in order to resolve the subject Motion. However, at the time of this filing the undersigned has not been able to reach opposing counsel.

WHEREFORE, this Defendant moves for this Court to set aside the entry of default against the City and to allow the City to responsively plead to Plaintiff's Complaint.

HOOD LAW FIRM, LLC

172 Meeting Street
Post Office Box 1508
Charleston, SC 29402
Phone: (843) 577-4435
Facsimile: (843) 722-1630
Email: Info@hoodlaw.com



Robert H. Hood (SC #2599)
H. Cooper Wilson, III (SC #74939)
William G. DesChamps, IV (SC #100596)

*Attorneys for the Defendant
City of North Charleston*

5/19, 2016
Charleston, South Carolina

CERTIFICATE OF SERVICE

I certify that on this date a copy of the foregoing
was served on each party or counsel of record by ☒
mailing, ☐ e-mailing, ☐ facsimile, or ☐ hand delivery in
the manner prescribed by the applicable Rule of Civil
Procedure.

This 19th day of May, 2016.

Amanda Zurnauel

EXHIBIT 1

IN THE COURT OF COMMON PLEAS

3

) C/A No. 2015-CP-10-3392

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FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(No Proximate Cause)

5. That, even if the Defendant was negligent, as alleged in the Complaint, which is specifically denied, the negligence of the Defendant is not the direct or proximate cause of any injury alleged by the Plaintiff and therefore the Defendant is not liable for any damages allegedly sustained by the Plaintiff.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Comparative Negligence)

6. That, upon information and belief, even if the Defendant was negligent as described in the Complaint, which is specifically denied, the Plaintiff's alleged injuries and damages, if any, resulted from, or were due to the negligence of the Plaintiff, which combined and concurred with any negligence on the part of the Defendant, which is specifically denied, to bring about the said damages, if any, as a proximate cause thereof and without which the same would not have occurred.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Unforeseeable/Superseding/Intervening Events)

7. Whatever injuries and damages, if any, may have been sustained by the Plaintiff, were due to an unforeseeable and/or superseding and/or intervening event beyond the control of the Defendant.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Intervening Negligence/Negligence of a Third Party)

8. That, upon information and belief, even if the Defendant was negligent in the manner described in the Complaint, which is specifically denied, whatever injuries and damages, if any, which may have been sustained by the Plaintiff as a

result of the accident were the direct and proximate result of the intervening and superseding negligence of third parties, for whose conduct the Defendant bears no responsibility. Therefore, the Plaintiff is barred from recovery against the Defendant.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Punitive Damages Unconstitutional)

9. That any award or assessment of punitive damages as prayed for by the Plaintiff would violate the Defendant's Constitutional rights under the Fifth, Sixth and Fourteenth Amendments of the United States Constitution and comparable provisions of the South Carolina Constitution.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Unavoidable Accident)

10. That the accident involving the Plaintiff and the Defendant was the result of an unavoidable accident and, by reason thereof, the Defendant should not be liable and the Plaintiff should be barred from recovery against same.

FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Governmental Immunity/Tort Claims Act)

11. The Defendant is a governmental entity as defined by South Carolina Code Ann. § 15-78-30 and as such is immune from liability for any tort except as specifically waived by the South Carolina Tort Claims Act pursuant to § 15-78-60. The South Carolina Tort Claims Act constitutes the exclusive remedy for any tort committed by the employee of the governmental entity who is acting within the scope of his or her employment. No award for damages under Chapter 78 shall

include punitive or exemplary damages a pre-judgment interest or exceed the statutory limits contained therein. South Carolina Code Ann. Sec. 15-78-120.

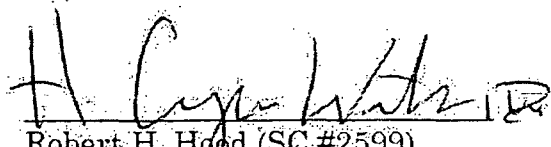
FURTHER ANSWERING AND AS AN AFFIRMATIVE DEFENSE,
THE DEFENDANT ALLEGES:
(Reservation and Non-Waiver)

12. The Defendant reserves any additional and affirmative defenses as may be revealed or become available to it during the course of their investigation and/or discovery in the case and is consistent with the South Carolina Rules of Civil Procedure.

WHEREFORE, having fully answered the Plaintiff's Complaint, and having asserted these affirmative defenses, the Defendant, City of North Charleston, prays that the Plaintiff's Complaint be dismissed with prejudice and that they be awarded the costs and reasonable fees associated with this matter, and such other relief as the Court may deem just and proper.

HOOD LAW FIRM, LLC

172 Meeting Street
Post Office Box 1508
Charleston, SC 29402
Phone: (843) 577-4435
Facsimile: (843) 722-1630
Email: Info@hoodlaw.com


Robert H. Hood (SC #2599)
H. Cooper Wilson, III (SC #74939)
William G. DesChamps, IV (SC #100596)

Attorneys for the Defendant
City of North Charleston

5/19, 2016
Charleston, South Carolina

CERTIFICATE OF SERVICE

I certify that on this date a copy of the foregoing
was served on each party or counsel of record by ☒
mailing, ☐ e-mailing, ☐ facsimile, or ☐ hand delivery in
the manner prescribed by the applicable Rule of Civil
Procedure.

This 19th day of May, 2016.

Amada Jarama

EXHIBIT 2

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Ann M. Blandin,

Plaintiff,

Versus

City of North Charleston,

Defendant.

) IN THE COURT OF COMMON PLEAS

)

)

) C/A No. 2015-CP-10-3392

)

)

)

) **AFFIDAVIT OF LESLIE MITCHUM**

)

)

)

)

)

PERSONALLY APPEARED BEFORE ME, LESLIE MITCHUM, who after
being duly sworn, deposes and says as follows:

1. My name is Leslie Mitchum.
2. I am over the age of 18.
3. I am employed as Risk Manager for the City of North Charleston.
4. On June 30, 2015, Beth Woodall, legal assistant for the City of North Charleston, emailed me a copy of the Summons and Complaint in the above-referenced lawsuit.

5. Upon receiving a copy of the Summons and Complaint, protocol is typically for me to forward the same to the City's liability claims handler to assign legal counsel to defend the City.

6. Email records indicate that on June 30, 2015, I sent an email from my mobile phone to Karen Helms, who works ^{for} with me in the Risk Department for the City of North Charleston as Claims and Insurance Coordinator, forwarding the email from Ms. Woodall and requesting that Ms. Helms send the Summons and Complaint to the City's liability claims handler.

7. I do not specifically recall sending this particular email to Ms. Helms or the circumstances surrounding it, as it was nearly a year ago. However, the text of the email shows that I sent it from my mobile phone, which would indicate that I was not in my office. There have been occasions where I was unable to send emails with large attachments from my mobile phone, which likely is the reason why I asked Ms. Helms to forward the Summons and Complaint for this lawsuit to the City's liability claims handler instead of sending the documents myself.

8. Upon information and belief, Ms. Helms did not realize until very recently that I had made this request to her and therefore did not send a copy of the Summons and Complaint to the City's liability claims handler. I do not know the reason why Ms. Helms either did not receive this email at the time or did not notice receiving the email, but it would be extremely out of character for Ms. Helms to not read and respond to such an email upon receiving it.

9. I was under the belief that Ms. Helms had forwarded a copy of the Summons and Complaint to the City's liability claims handler. Accordingly, I did not send the Summons and Complaint to the City's liability claims handler and, upon information and belief, the City's liability claims handler never received a copy of the Summons and Complaint.

10. On May 17, 2016, I was forwarded a letter from counsel for the Plaintiff in the above-referenced lawsuit advising that a default hearing had been scheduled for July 7, 2016. Prior to receiving this letter, I was not aware that default had been entered against the City in this lawsuit.

11. Since learning of the default, Ms. Helms and I have worked diligently with the City's attorneys and liability claims handler to understand what happened and promptly respond to this issue.

12. The City would have answered the Plaintiff's Summons and Complaint in a timely fashion except for these exceptional circumstances which I believe reasonably provide good cause for the City's failure to timely answer the Summons and Complaint.

13. Based on the investigation of the subject accident, I believe the City has meritorious defenses to the lawsuit, including that the Plaintiff was at fault for the accident.

14. I have been employed as Risk Manager for the City of North Charleston since 2005 and I am not aware of any other occasion of the City being in default based on a failure to retain counsel following receipt of a Summons and Complaint.

FURTHER THE AFFIANT SAYETH NOT!

Leslie Mitchum
Leslie Mitchum

SWORN TO AND SUBSCRIBED before me
this 19th day of May 2016.

Cathy D. Collum
NOTARY PUBLIC FOR South Carolina
MY COMMISSION EXPIRES: 3-16-20



EXHIBIT 3

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF CHARLESTON	)	
Ann M. Blandin,	)	C/A No. 2015-CP-10-3392
	)	
<i>Plaintiff,</i>	)	
	)	
Versus	)	AFFIDAVIT OF KAREN HELMS
	)	
City of North Charleston,	)	
	)	
	)	
<u><i>Defendant.</i></u>	)	

PERSONALLY APPEARED BEFORE ME, KAREN HELMS, who after being
duly sworn, deposes and says as follows:

1. My name is Karen Helms.
2. I am over the age of 18.
3. I am employed as the Claims and Insurance Coordinator for the City of North Charleston.
4. Upon information and belief, on June 30, 2015, Leslie Mitchum, Risk Manager for the City of North Charleston, was emailed a copy of the Summons and Complaint in the above-referenced lawsuit.
5. Upon receiving a copy of a Summons and Complaint, protocol is typically for Ms. Mitchum to forward the same to the City's liability claims handler to assign legal counsel to defend the City.
6. I did not realize until this week that Ms. Mitchum had apparently emailed me from her mobile phone on June 30, 2015 requesting that I forward the Summons and Complaint to the City's liability claims handler. I do not recall receiving this email on June 30, 2015 but can observe now that it is in my email inbox. I do not have an explanation for why I either did not receive this email at the

time or did not notice receiving this email but can state that it would be extremely out of character for me to not read and respond to such an email upon receiving it.

7. Upon information and belief, Ms. Mitchum was under the mistaken belief that I had forwarded a copy of the Summons and Complaint to the City's liability claims handler and therefore did not do so herself. Accordingly, upon information and belief, the City's liability claims handler never received a copy of the Summons and Complaint.

8. On May 17, 2016, I was forwarded a letter from counsel for the Plaintiff in the above-referenced lawsuit advising that a default hearing had been scheduled for July 7, 2016. Prior to receiving this letter, I was not aware that default had been entered against the City of North Charleston in the lawsuit.

9. Since learning of the default, Ms. Mitchum and I have worked diligently with the City's attorneys and liability claims handler to understand what happened and promptly respond to this issue.

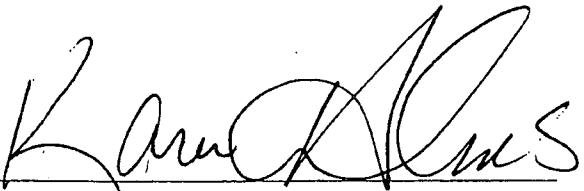
10. The City would have answered the Plaintiff's Summons and Complaint in a timely fashion except for these exceptional circumstances which I believe reasonably provide good cause for the City's failure to timely answer the Summons and Complaint.

11. Based on the investigation of the subject accident, I believe the City has meritorious defenses to the lawsuit, including that the Plaintiff was at fault for the accident.

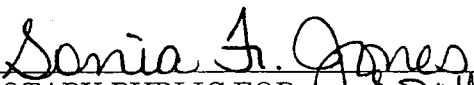
12. I have been employed in the Risk Department for the City of North Charleston since 2011 and I am not aware of any other occasion of the City being in

default based on a failure to retain counsel following receipt of a Summons and Complaint.

FURTHER THE AFFIANT SAYETH NOT!


Karen Helms

SWORN TO AND SUBSCRIBED before me
this 19 day of May 2016.


NOTARY PUBLIC FOR South Carolina
MY COMMISSION EXPIRES: 8/12/2025

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS

Ann M. Blandin,

CASE NO. 2015-CP-10-3392

☐ Plaintiff(s),

**DEFENDANT'S NOTICE OF MOTION AND
MOTION TO RECONSIDER**

Versus

City of North Charleston,

☒ Defendant(s).

check box above indicating submitting party

Plaintiff's attorney:

John E. Parker, Esquire
Peters, Murdaugh, Parker, Eltzroth & Detrick, P.A.
P.O. Box 457
Hampton, SC 29924-0457
P: 803-580-6928/F: 803-914-2014

Defendant's attorney:

H. Cooper Wilson, III (SC #74939)
HOOD LAW FIRM, LLC
172 Meeting Street/P.O. Box 1508
Charleston, SC 29402
P: 843-577-4435/F: 843-722-1630

- ☐ MOTION HEARING REQUESTED (attach written motion and complete SECTION I and III)
☒ FORM MOTION, NO HEARING REQUESTED (complete SECTIONS II and III)
☐ PROPOSED ORDER/CONSENT ORDER (complete SECTIONS II AND III)

SECTION I: Hearing Information

Nature of Motion:

Estimated Time Needed: Minutes

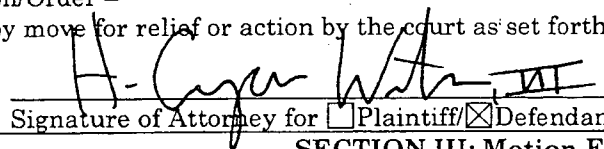
Court Reporter Needed: YES ☐/ NO ☐

SECTION II: Motion/Order Type

☒ Written motion attached

☐ Form Motion/Order -

I hereby move for relief or action by the court as set forth in the attached proposed order.


Signature of Attorney for ☐ Plaintiff/☒ Defendant

6/24/16
Date submitted

SECTION III: Motion Fee

☒ PAID - AMOUNT: \$25

- ☐ EXEMPT: ☐ Rule to Show Cause in Child or Spousal Support
(check reason) ☐ Domestic Abuse or Abuse and Neglect
☐ Indigent Status ☐ State Agency v. Indigent Party
☐ Sexually Violent Predator Act ☐ Post-Conviction Relief
☐ Motion for Stay in Bankruptcy
☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRPC)
☐ Proposed order submitted at request of the court; or,
reduced to writing from motion made in open court per judge's instructions
Name of Court Reporter: _____
☐ Other: _____

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the
attached order.

☐ Other: _____

JUDGE

CODE: _____

DATE: _____

CLERK'S VERIFICATION

DATE FILED

Collected by: _____
(print name)

- ☐ MOTION FEE COLLECTED: _____
☐ CONTESTED-AMOUNT DUE: _____

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Ann M. Blandin,

Plaintiff,

Versus

City of North Charleston,

Defendant.

) IN THE COURT OF COMMON PLEAS

)

)

) C/A No. 2015-CP-10-3392

)

)

**DEFENDANT'S NOTICE OF
MOTION AND MOTION TO
RECONSIDER**

)

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)

)

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TO: JOHN E. PARKER, ATTORNEY FOR THE PLAINTIFF:

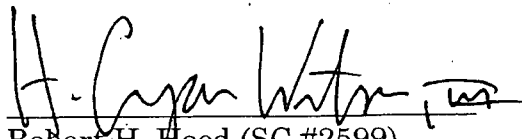
Pursuant to Rule 59(e), SCRPC, the Defendant, City of North Charleston ("City"), hereby moves for reconsideration of the Court's order denying its Motion to Set Aside Entry of Default, entered on June 15, 2016, and received in the mail by the undersigned counsel on June 17, 2016.

By motion filed May 19, 2016, the City moved the Court to set aside the entry of default judgment pursuant to Rule 55(c), SCRPC, showing that good cause and the interest of justice dictate that the entry of default against the City should be vacated. A hearing was held on June 14, 2016 and the Court issued its ruling denying the motion in a Form 4 order without stating its reasoning.

WHEREFORE, the City makes this motion asking the Court to reconsider and grant the City's motion based on the good cause shown or, in the alternative, the City respectfully requests the Court issue an order stating its reasoning for holding that the Defendant had not shown "good cause" and thus denying the City's Motion to Set Aside Entry of Default in order to preserve this issue for future appeal.

FILED
2016 JUN 24 PM 3:59
CLERK OF COURT
JULIE J. ARMBRISTOR
BY

HOOD LAW FIRM, LLC
172 Meeting Street
Post Office Box 1508
Charleston, SC 29402
Phone: (843) 577-4435
Facsimile: (843) 722-1630
Email: Info@hoodlaw.com



Robert H. Hood (SC #2599)
H. Cooper Wilson, III (SC #74939)
William G. DesChamps, IV (SC #100596)

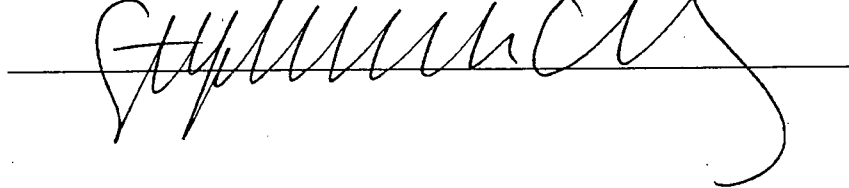
*Attorneys for the Defendant
City of North Charleston*

6/24, 2016
Charleston, South Carolina

CERTIFICATE OF SERVICE

I certify that on this date a copy of **DEFENDANT'S NOTICE OF MOTION AND MOTION TO RECONSIDER** was served on each party or counsel of record by ☒ mailing, ☒ e-mailing, ☐ facsimile, or ☐ hand delivery in the manner prescribed by the applicable Rule of Civil Procedure.

This 24 day of June, 2016.



STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

Ann M. Blandin,

Plaintiff,

Versus

City of North Charleston,

Defendant.

) IN THE COURT OF COMMON PLEAS

)

)

) C/A No. 2015-CP-10-3392

)

) **DEFENDANT'S MEMORANDUM IN**
) **SUPPORT OF MOTION TO**
) **RECONSIDER**

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FILED
2016 JUN 24 PM 3:57
JULIE J. HARRIS
CLERK OF COURT

The Defendant, City of North Charleston (the "City"), submits this Memorandum in Support of its Rule 59(e) Motion to Reconsider, in which the City requests the Court to reconsider its Order denying the City's Motion to Set Aside Entry of Default, entered on June 15, 2016, and received in the mail by the undersigned counsel on June 17, 2016.

On May 19, 2016, the City moved the Court to set aside the entry of default judgment pursuant to Rule 55(c), SCRPC, showing that the Court should vacate the entry of default against the City for good cause and to serve the interest of justice. A hearing was held on June 14, 2016 and the Court issued a ruling denying the motion in a Form 4 order without stating its reasoning. The City requests that the Court reconsider and withdraw its prior ruling and grant the City's Motion to Set Aside the Default, based on the good cause shown. In the alternative, the City respectfully requests the Court issue an order stating its reasoning for finding that the Defendant had not shown "good cause" and thus denying the Defendant's Motion in order to preserve this issue for future appeal.

STANDARD

"[I]t is proper to view a Rule 59(e) motion not only as a vehicle to request the trial court 'alter or amend the judgment,' but also as a vehicle to seek 'reconsideration' of issues and arguments. *Elam v. S.C. DOT*, 361 S.C. 9, 21, 602 S.E.2d 772, 778-779 (2004) (citations omitted). A party may file such a motion when it believes the court "has misunderstood, failed to fully consider, or perhaps failed to rule on an argument or issue, and the party wishes for the court to reconsider or rule on it." *Id.* A party must file such a motion when an issue or argument has been raised, but not ruled on, in order to preserve it for appellate review. *Id.*

UNDERLYING FACTS

Plaintiff was driving on McDowell Avenue and attempted to cross through the intersection of McDowell and E. Montague Avenue when a police officer for the City of North Charleston Police Department collided into the Plaintiff's vehicle as the Plaintiff attempted to drive across the officer's lane of traffic on E. Montague.

The Highway Patrol's Accident Report specifically found that Plaintiff "disregarded the stop sign" on McDowell Avenue before entering the intersection. See Exhibit A to City's Memorandum In Support of Motion To Set Aside Default. The investigating officer found both parties contributed to the accident but did not elaborate regarding a percentage-based allocation of fault between the two, as a jury would be asked to do. *Id.*

LAW/ANALYSIS

I. The Court Should Reconsider Its Prior Ruling and Set Aside the Entry Of Default against the City of North Charleston.

South Carolina Rules of Civil Procedure (SCRCP), Rule 55(c) provides that "[f]or good cause shown the court may set aside an entry of default and, if a

judgment by default has been entered, may likewise set it aside in accordance with Rule 60(b).” “Rule 55(c) should be liberally construed to promote justice and dispose of cases on the merits.” Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008). “Any doubts about whether relief should be granted should be resolved in favor of setting aside the default so that the case may be heard on the merits.” Tolson v. Hodge, 411 F.2d 123, 130 (4th Cir.1969). It is within the trial court’s discretion whether to grant relief from an entry of default. Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008).

A. Setting Aside Default Would Serve the Interests of Justice.

The standard for granting relief from an entry of default is “good cause,” and is “less stringent than the excusable neglect standard for setting aside a final judgment on the basis of mistake, inadvertence, excusable neglect, newly discovered evidence, or fraud.” Limehouse v. Hulsey, 397 S.C. 49, 70 723 S.E.2d 211, 221 (Ct.App. 2011). The “good cause” standard requires only that the party seeking relief from default to “provide an explanation for the default and give reasons why *vacation of the default entry would serve the interests of justice.*” Wilder v. Blue Ribbon Taxicab Corp., 396 S.C. 139, 719 S.E.2d 703, 706 (2011) (citing Sundown Operating Co. v. Intedge Indus., Inc., 383 S.C. 601, 681 S.E.2d 885, 888 (2009)) (emphasis added).

Vacating the entry of default would serve the interests of justice. The City is a not-for-profit, governmental entity whose source of revenue is the taxpayers of North Charleston. This is different from a private litigant for which the financial burden arising from the default judgment would be borne by the same officers or individuals who were responsible for the party’s failure to timely answer. The

taxpayers of North Charleston were not responsible whatsoever for the circumstances leading to the City's failure to file a timely pleading, but it is the taxpayers who would bear the resulting financial burden of a default judgment.

Rule 55(e) SC Rules of Civil Procedure alludes to this material difference between a public or private entity by requiring the plaintiff to "establish his claim to relief by evidence" before obtaining a default judgment against an agency of the State of South Carolina.

Additionally, the citizens and taxpayers of the City of North Charleston have a strong interest in deciding this claim on the merits and not having a judgment entered against the City when the Plaintiff may have actually been the cause of the accident. The investigating officer found that the Plaintiff disregarded a stop sign prior to the collision.

Public entities, more so than private litigants, must be concerned with the fair and equitable payment of claims. The City's citizens and taxpayers deserve to have disputed claims decided on the merits. This is particularly true when the lawsuit involves alleged negligent conduct on the part of the City's police force. Deciding such cases on the merits allows a jury from the community to weigh in on the appropriate conduct of its police officers. This function serves as an important check and balance of power in a local community and helps guide the police officers in carrying out their duties in a way that meets the expectations and preferences of the people they serve. The community is deprived of this benefit if this case is not decided on the merits.

B. The City has Satisfied the Applicable Factors.

“In deciding whether good cause exists and whether to set aside an entry of default, the trial court should consider the following factors: (1) the timing of the defendant’s motion for relief; (2) whether the defendant has a meritorious defense; and (3) the degree of prejudice to the plaintiff if relief is granted.” Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008) (citing Wham v. Shearson Lehman Bros., Inc., 298 S.C. 462, 465, 381 S.E.2d 499, 501 (S.C. Ct. App. 1989)). “A trial court is not required to make specific findings of fact for each factor if there is sufficient evidence in the record.

For reasons set forth more fully in the City’s Motion and Memorandum in Support, which the City incorporates into this memorandum by reference, each of these factors weighs in favor of vacating the entry of default against the City. First, the City filed its motion two days after learning of the default.

Second, it is clear that the City has a meritorious defense to the Plaintiff’s claim as evidenced by the Defendant’s Answer and counterclaims, the Defendant’s Motion and Memorandum in Support of the same referenced above, the Affidavits of two (2) employees of the Defendant who attested that their investigation indicated that the Plaintiff was at least partly at fault for the accident, and the accident report – referenced by Defendant and provided to the Court for review at the oral argument – which found both parties contributed to the accident. More specifically, even before any discovery has been taken, there is evidence that the Plaintiff, not the City’s police officer, was the cause of the accident because the Plaintiff disregarded a stop sign and entered into the officer’s lane of traffic.

Finally, the Plaintiff has not made any showing of prejudice if the City's motion was granted, and the City has affirmatively shown that no such prejudice would occur.

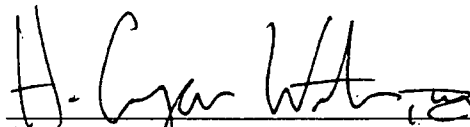
The City has established good cause for vacating the entry of default and allowing this case to be decided on the merits. Therefore, the Court should reconsider and withdraw its Form 4 Order and issue an order lifting the entry of default and allowing the City to file an Answer.

II. Alternatively, the Court Should Issue a Formal Order Stating Its Reasoning For Denying the City's Motion.

In the alternative, the City respectfully requests that the Court issue a formal order stating the reasons for the ruling so that the issue is preserved for any future appeal from a final judgment. While the denial of a Rule 55(c) motion is not directly appealable at this time, Jefferson by Johnson v. Gene's Used Cars, Inc., 295 S.C. 317, 317, 368 S.E.2d 456, 456 (1988), in an abundance of caution in order to preserve its right to review of the order in any future appeal, the City seeks a formal order based on various appellate court rulings and admonitions regarding issue preservation. Elam v. S. Carolina Dep't of Transp., 361 S.C. 9, 23, 602 S.E.2d 772, 779-80 (2004) ("Issues and arguments are preserved for appellate review only when they are raised to and ruled on by the lower court."); Vespazianni v. McAlister, 307 S.C. 411, 412, 415 S.E.2d 427, 428 (Ct. App. 1992) (discussing the need to make a Rule 59(e) motion when a form order is filed that does not state any reasons for the ruling); Cantrell v. Ashmore, No. 2005-UP-371, 2005 WL 7083995 (S.C. Ct. App. June 7, 2005) (finding that the appellant's arguments were not preserved as they were never ruled on by the trial court in its Form 4 order, and no motion was made to reconsider). See also Charles E. Carpenter, Jr., "Preserving

Error for Appeal--A Special Case--Rule 59(e) Motions," S.C. Law., MARCH/APRIL 1995, at 15, 17 ("where the matter is not ruled on by the trial court, as in a form order, the issue is not preserved for appellate review unless a motion to amend the judgment is made pursuant to Rule 59(e)").

HOOD LAW FIRM, LLC
172 Meeting Street
Post Office Box 1508
Charleston, SC 29402
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Facsimile: (843) 722-1630
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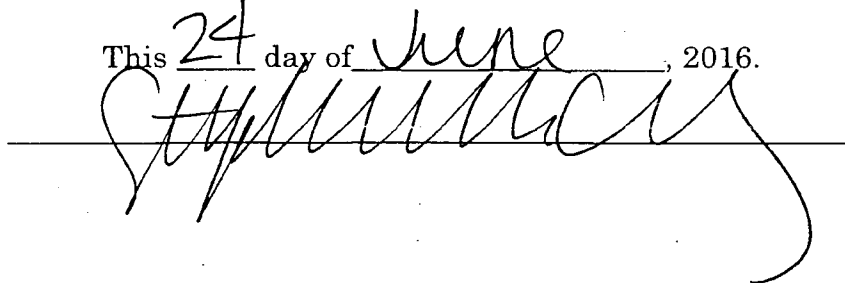
*Attorneys for the Defendant
City of North Charleston*

6/24, 2016
Charleston, South Carolina

CERTIFICATE OF SERVICE

I certify that on this date a copy of **DEFENDANT'S MEMORANDUM IN SUPPORT OF MOTION TO RECONSIDER** was served on each party or counsel of record by ☒ mailing, ☒ e-mailing, ☐ facsimile, or ☐ hand delivery in the manner prescribed by the applicable Rule of Civil Procedure.

This 24 day of June, 2016.



STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF CHARLESTON	)	
	)	
Ann M. Blandin,	)	C/A No. 2015-CP-10-3392
	)	
<i>Plaintiff,</i>	)	MEMORANDUM IN SUPPORT OF
	)	MOTION TO SET ASIDE ENTRY OF
Versus	)	DEFAULT AND FOR LATE ANSWER
	)	
City of North Charleston,	)	
	)	
<i>Defendant.</i>	)	

2016 JUN 13 PM 2:45
JUL 13 2016
CLERK

The Defendant, City of North Charleston (hereinafter "the City"), by and through its counsel, submits this Memorandum in Support of its Motion to Set Aside Entry of Default to allow the City to Responsively Plead.

FACTS

This is a personal injury action arising out of an automobile accident that occurred on January 3, 2015. A police officer for the City was driving on East Montague Avenue and collided with Plaintiff's vehicle as Plaintiff attempted to cross East Montague Avenue. Plaintiff alleges the officer was driving too fast.

Plaintiff filed her Complaint on June 12, 2015 and served the City through the Administrative Assistant to the Clerk of Council for the City on June 30, 2015. However, due to extenuating circumstances, the City's liability claims handler was not notified of the case. Therefore, defense counsel was not assigned and the City did not file a timely Answer.

Upon learning of the default on May 17, 2016, the City retained undersigned counsel, who immediately began working with the City to investigate this matter and filed a Motion to Set Aside Default and for Leave to File A Late Answer two



days later, with supporting affidavits of employees from the City's Risk Department.

The City hereby submits this Memorandum in Support of its Motion to Set Aside Default and for Leave to File A Late Answer.

LAW/ANALYSIS

I. The Entry of Default Should be Set Aside Pursuant to Rule 55(c) of the South Carolina Rules of Civil Procedure.

A. This Defendant has Made a Showing of Good Cause to Set Aside the Entry of Default.

South Carolina Rules of Civil Procedure (SCRCP), Rule 55(c) provides that "[f]or good cause shown the court may set aside an entry of default and, if a judgment by default has been entered, may likewise set it aside in accordance with Rule 60(b)." "Rule 55(c) should be liberally construed to promote justice and dispose of cases on the merits." Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008). "Any doubts about whether relief should be granted should be resolved in favor of setting aside the default so that the case may be heard on the merits." Tolson v. Hodge, 411 F.2d 123, 130 (4th Cir.1969). It is within the trial court's discretion whether to grant relief from an entry of default. Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008).

The standard for granting relief from an entry of default is "good cause," and is "less stringent than the excusable neglect standard for setting aside a final judgment on the basis of mistake, inadvertence, excusable neglect, newly discovered evidence, or fraud." Limehouse v. Hulsey, 397 S.C. 49, 70 723 S.E.2d 211, 221 (Ct.App. 2011). The "good cause" standard requires only that the party seeking relief from default to "provide an explanation for the default and give reasons why vacation of the default entry would serve the interests of justice." Wilder v. Blue

Ribbon Taxicab Corp., 396 S.C. 139, 719 S.E.2d 703, 706 (2011) (citing Sundown Operating Co. v. Intedge Indus., Inc., 383 S.C. 601, 681 S.E.2d 885, 888 (2009)).

Leslie Mitchum, the City employee who typically forwards a new claim to the City's claims handler, was out of the office when she received the email containing the Plaintiff's Summons and Complaint. See Affidavit of Leslie Mitchum ¶5, Exhibit 2 to City's Motion to Set Aside Default. In this instance, Ms. Mitchum instead sent the email from her mobile phone to Karen Helms, Claims and Insurance Coordinator for the City, requesting that Ms. Helms send the Summons and Complaint to the City's liability claims handler. Aff. of Leslie Mitchum ¶6. Ms. Mitchum sent this request because she out of the office and has had trouble sending emails with large attachments from her mobile phone. Aff. of Leslie Mitchum ¶7. Although this email is currently in her email inbox, Ms. Helms does not recall receiving the email at the time. Affidavit of Karen Helms ¶6, Exhibit 3, to City's Motion to Set Aside Default. Ms. Helms cannot explain why she either did not receive this email at the time or did not notice receiving this email. Aff. of Karen Helms ¶6. Yet, both Ms. Mitchum and Ms. Helms state that that it would be extremely out of character for Ms. Helms to not read and respond to an email like this if it was delivered. Aff. of Leslie Mitchum ¶8; Aff. of Karen Helms ¶6. Neither Ms. Mitchum or Ms. Helms are aware of any other instances where the City failed to retain legal counsel on account of the City's failure to forward the Summons and Complaint to the City's liability claims handler. Aff. of Leslie Mitchum ¶14; Aff. of Karen Helms ¶12.

"In deciding whether good cause exists and whether to set aside an entry of default, the trial court should consider the following factors: (1) the timing of the

defendant's motion for relief; (2) whether the defendant has a meritorious defense; and (3) the degree of prejudice to the plaintiff if relief is granted." Melton v. Olenik, 379 S.C. 45, 664 S.E.2d 487, 492 (2008) (citing Wham v. Shearson Lehman Bros., Inc., 298 S.C. 462, 465, 381 S.E.2d 499, 501 (Ct.App. 1989)). "A trial court is not required to make specific findings of fact for each factor if there is sufficient evidence in the record to support the trial court's decision." Wilder at 706.

1. The City's Motion for Relief Was Timely.

On May 17, 2016, the City became aware of the entry of default. Undersigned counsel was retained on the same day and immediately began working with the City to investigate the circumstances surrounding this matter. Undersigned counsel interviewed numerous City employees and assisted in preparing affidavits for two employees from the City's Risk Department regarding the City's failure to timely file an Answer. On May 19, 2016, just two days after the City became aware of the circumstances, the City filed Motion to Set Aside Default and for Leave to File A Late Answer, attaching the affidavits as exhibits.

2. The City Has a Meritorious Defense to the Allegations Set Forth in Plaintiff's Complaint.

"To establish that he has a meritorious defense, a complainant need not show that he would prevail on the merits, but only that his defense is meritorious."

McClurg v. Deaton, 380 S.C. 563, 575, 671 S.E.2d 87, 94 (2008) (emphasis added).

[A] meritorious defense need not be perfect nor one which can be guaranteed to prevail at trial. It need only be one which is worthy of a hearing or judicial inquiry because it raises a question of law deserving of some investigation and discussion or a real controversy as to real facts arising from conflicting or doubting evidence.

McClurg v. Deaton, 380 S.C. 563, 575, 671 S.E.2d 87, 94 (2008) (quoting

Graham v. Town of Loris, 272 S.C. 442, 248 S.E.2d 594 (1978)).

Plaintiff alleges that the City police officer was responsible for the collision that occurred when the Plaintiff attempted to cross through the street on which the officer was driving.

However, the investigating Highway Patrolman wrote in his TR-310, Traffic Collision Report Form, that the Plaintiff "disregarded the stop sign." Exhibit A, Form TR-310 (emphasis added). The investigating Highway Patrolman indicated that both the Plaintiff and the City's officer contributed to the accident. See Ex. A.

Therefore, there are facts and circumstances that support a meritorious defense for the City; that is, that the Plaintiff caused the subject accident. The circumstances surrounding the cause of the accident must be further investigated through discovery to fairly and justly adjudicate this claim.

3. Plaintiff Would Not Be Prejudiced if the Court Set Aside the Entry of Default.

"Prejudice to a plaintiff from setting aside a default judgment cannot take the form of mere delay or increased costs; rather, the prejudice must be substantial, facilitating fraud or collusion, resulting in the loss of evidence, or hindering discovery." 49 C.J.S. Judgments § 523. Prejudice to Plaintiff, updated 2012. Prejudice to a Plaintiff includes an analysis by the court as to whether evidence essential to the adjudication of the case on the merits will be affected by setting aside the entry of default. Shannon v. McGee, 2007-UP-543, 2007 WL 7273650 (S.C. Ct. App. Nov. 30, 2007). Prejudice can be shown by a non-defaulting party if the delay resulted in the loss of evidence, made it more difficult for the non-defaulting party to proceed with trial, or impeded the non-defending party's ability to complete discovery. Pinpoint It Services, LLC v. Atlas It Export Corp., 812 F.Supp.2d 710, 711 (E.D. Virginia 2011). "[M]ere inconvenience is insufficient to

constitute prejudice to the non-moving party" and "delay of only a few months generally does not constitute prejudice to the non-moving party." Id.

Plaintiff cannot demonstrate that it would be prejudiced by an Order setting aside the entry of default and allowing the case to proceed to the merits. The parties have not engaged in any substantive activities in the case that would impact the Plaintiff's position if the City was allowed to responsively plead. The City is ready and willing to immediately participate in discovery, and no substantial discovery has taken place to-date. Additionally, the City has already stated in its Motion to Set Aside Default and for Leave to File A Late Answer that it is willing to enter into an expedited Scheduling Order with a shortened discovery period prior to trial, in order to compensate for any lost time on account of the City's delay in filing its Answer.

Thus, the Plaintiff cannot show that they would have difficulty presenting evidence or proceeding to trial if the entry of default is set aside.

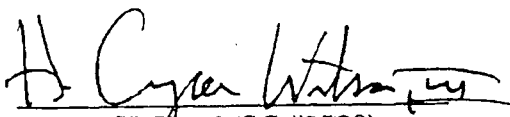
4. Default Judgment Should Not be Entered Against a Governmental Entity Under These Circumstances.

These factors discussed above and the interests of justice support setting aside the entry of default in this case in particular because the defendant is a *governmental entity*. *The financial burden of a default judgment against a governmental entity falls on the tax payers and citizenry instead of those responsible for the untimely Answer.* Public policy and fairness dictates that this case against a local political subdivision should be decided on the merits, instead of these exceptional circumstances which initially came about because a City employee was unable to forward email attachments from her mobile phone.

CONCLUSION

For the foregoing reasons, the City respectfully requests this Court to set aside the entry of default, and allow the City to responsively plead in the above-captioned matter.

HOOD LAW FIRM, LLC
172 Meeting Street
Post Office Box 1508
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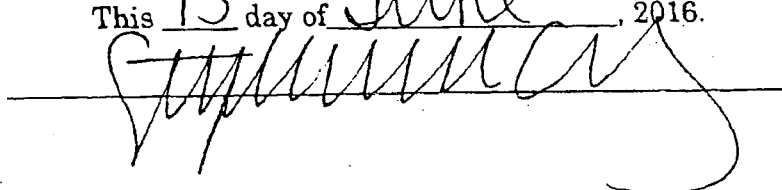
*Attorneys for the Defendant
City of North Charleston*

6/13, 2016
Charleston, South Carolina

CERTIFICATE OF SERVICE

I certify that on this date a copy of the foregoing was served on each party or counsel of record by ☐ mailing, ☒ e-mailing, ☐ facsimile, or ☐ hand delivery in the manner prescribed by the applicable Rule of Civil Procedure.

This 13 day of June, 2016.



ORIGINAL

SOUTH CAROLINA DEPT. OF TRANSPORTATION & DMV USE ONLY										SOUTH CAROLINA TRAFFIC COLLISION REPORT FORM										# of Units: 02										Amended - All information must be from Original Report										CL-001-15										1543										1620																																																	
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UNIT #1 WAS TRAVELING WEST ON S-62/E. MONTAGUE AVE ABOVE THE POSTED SPEED LIMIT. UNIT #2 WAS TRAVELING NORTH ON MCDOWELL AVE. DRIVER OF UNIT #2 DISREGARDED THE STOP SIGN AND WAS STRUCK BY UNIT #1. BOTH VEHICLES THEN RAN OFF RIGHT SIDE OF ROADWAY. UNIT #1 STRUCK A UTILITY POLE AND UNIT #2 STRUCK A BRICK WALL.																																																																																																													
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CL-001-15

Unit	Date of Birth	Sex	Race	INJ	Seat	FUSD	ABD	Eject	LAI	Tran	Name	Street Address	Zip Code
01		M	W	2	01	13	1	1	1	1		2500 CITY HALL LN	NORTH SC 29408
02		F	B	2	01	00	4	1	1	1	BLANDIN ANN. M		NORTH SC 294050

Race		Air Bag Deployment / Switch		Ejection		Head Injury		Location After Impact		Seating Loc.		Restraint/Safety Device	
A - Asian/Pacific Islander	W - Caucasian	1-Deployed Front 4-Not Deployed	2-Deployed Side 7-Not Deployed	1-Not Ejected	2-Part Ejected	1-Not Injured	2-Non-Incapacitating	1-Not Trapped	2-Extricated (Mechanical Means)	01 02 03	04 05 06	00-None Used	21-Child
B - African American	O - Other	3-Deployed Both 9-Deployment Unk.	3-Tot Ejected	3-Tot Ejected	3-Tot Ejected	3-Fatal	3-Incapacitating	3-Freed (non-mech.)	4-Not Applicable	07 08 09	07 08 09	50-Other Endorsed Area (nontrailing)	51-Other Unenclosed Area (nontrailing)
C - Alaskan Native or American Indian	U - Unk.	1-Switch In On Position 3-No Switch	2-Switch In Off Position 9-Unknown	7-Not App.	9-UNK.							60-Sleeper of Cab	70-Riding on Unit Exterior

Non-Collision		Collision: Not Fused		Collision: Fused Object		Collision: Fused Object		Collision: Fused Object	
01-Cargo/Equip Loss in Shift	02-Cross Median/Center	03-Overturn/Rightover	04-Overturn/Leftover	05-Overturn/Rightover	06-Overturn/Leftover	07-Overturn/Rightover	08-Overturn/Leftover	09-Overturn/Rightover	10-Overturn/Leftover
11-Cargo/Equip Loss in Shift	12-Cross Median/Center	13-Overturn/Rightover	14-Overturn/Leftover	15-Overturn/Rightover	16-Overturn/Leftover	17-Overturn/Rightover	18-Overturn/Leftover	19-Overturn/Rightover	20-Overturn/Leftover

Manner of Collision (Struck Veh.)		1st / Most Deformed Area		1st Deformed		Most Deformed	
01-Not Coll. w/ Motor Veh.	02-Not Coll. w/ Motor Veh.	03-Not Coll. w/ Motor Veh.	04-Not Coll. w/ Motor Veh.	05-Not Coll. w/ Motor Veh.	06-Not Coll. w/ Motor Veh.	07-Not Coll. w/ Motor Veh.	08-Not Coll. w/ Motor Veh.
09-Not Coll. w/ Motor Veh.	10-Not Coll. w/ Motor Veh.	11-Not Coll. w/ Motor Veh.	12-Not Coll. w/ Motor Veh.	13-Not Coll. w/ Motor Veh.	14-Not Coll. w/ Motor Veh.	15-Not Coll. w/ Motor Veh.	16-Not Coll. w/ Motor Veh.

Vehicle Type		Vehicle Use Code		Vehicle Attachment		Action Prior to Impact		Weather Condition		Light Condition		Junction Type		Primary	
01-Automobile	02-Pickup Truck	03-Construction/Tractor	04-Ambulance	05-Utility Trailer	06-Towed Motor Vehicle	07-Backing	08-Cloudy	09-1-Clear (no adverse conditions)	10-3-Dusk	11-01-Crossover	12-01-Debris	13-01-Crossover	14-01-Debris	15-01-Debris	16-01-Debris
07-Other	08-Other	09-Other	10-Other	11-Other	12-Other	13-Other	14-Other	15-Other	16-Other	17-Other	18-Other	19-Other	20-Other	21-Other	22-Other

Contributing Factors		Roadway		Non-Motorist		Environmental		Obstruction	
01-Claregated Signs, Signals, Etc.	02-Obstructed/Inattention	03-Obstruction in Roadway	04-Obstruction in Roadway	05-Obstruction in Roadway	06-Obstruction in Roadway	07-Obstruction in Roadway	08-Obstruction in Roadway	09-Obstruction in Roadway	10-Obstruction in Roadway
03-Driving Too Fast for Conditions	04-Exceeded Authorized Speed Limit	05-Driving Too Fast for Conditions	06-Exceeded Authorized Speed Limit	07-Driving Too Fast for Conditions	08-Exceeded Authorized Speed Limit	09-Driving Too Fast for Conditions	10-Exceeded Authorized Speed Limit	11-Driving Too Fast for Conditions	12-Exceeded Authorized Speed Limit

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF CHARLESTON	)	
	)	
Ann M. Blandin,	)	C/A No. 2015-CP-10-3392
	)	
<i>Plaintiff,</i>	)	DEFENDANT'S SUPPLEMENTAL
	)	MEMORANDUM IN SUPPORT OF
Versus	)	MOTION TO RECONSIDER
	)	
City of North Charleston,	)	
	)	
<i>Defendant.</i>	)	

2016 JUN 30 PM 4:01
 JUDGE J. J. ...
 CLERK OF COURT
 FILED

The Defendant, City of North Charleston (the "City"), submits this Supplemental Memorandum in Support of its Rule 59(e) Motion to Reconsider, in which the City requests the Court to reconsider its Order denying the City's Motion to Set Aside Entry of Default, entered on June 15, 2016, and received in the mail by the undersigned counsel on June 17, 2016.

On May 19, 2016, the City moved the Court to set aside the entry of default judgment pursuant to Rule 55(c), SCRPC, showing that the Court should vacate the entry of default against the City for good cause and to serve the interest of justice. A hearing was held on June 14, 2016 and the Court issued a ruling denying the motion in a Form 4 order without stating its reasoning. On June 24, 2016 the City filed a motion to reconsider and a memorandum in support of the same requesting the Court withdraw its prior ruling and grant the City's Motion to Set Aside the Default, based on the good cause shown. The City files this memorandum as a supplement to the same as there is new information regarding the case that the Court should be aware of.

During the hearing on June 14, 2016, the City argued that keeping the City in default would not serve the interests of justice as it is a not-for-profit,

governmental entity whose source of revenue is the taxpayers of North Charleston. Further, the City argued that based on the circumstances of the default, the existence of insurance coverage was in question. On June 30, 2016 the City's insurance company withdrew insurance coverage in this case for the City because "the City of North Charleston did not comply with the policy's conditions when it failed to immediately send either the IRF or American Southern copies of the Summons and Complaint when it was served upon the City in June, 2015." The insurance company concluded that it "is relieved of its duty to provide coverage for this matter..."¹ This truth makes the City's position on interests of justice more significant.

The City is different from a private litigant for which the financial burden arising from the default judgment would be borne by the same officers or individuals who were responsible for the party's failure to timely answer. The taxpayers of North Charleston were not responsible whatsoever for the circumstances leading to the City's failure to file a timely pleading. However, the taxpayers now bear the resulting financial burden of a default judgment.

Rule 55(e) SC Rules of Civil Procedure alludes to this material difference between a public or private entity by requiring the plaintiff to "establish his claim to relief by evidence" before obtaining a default judgment against an agency of the State of South Carolina.

Additionally, the citizens and taxpayers of the City of North Charleston have a strong interest in deciding this claim on the merits and not having a judgment entered against the City when the Plaintiff may have actually been the cause of the

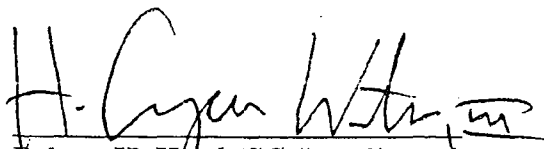
¹ The City will provide a copy of the insurance company's denial of coverage letter for review should the Court request the same.

accident. The investigating officer found that the Plaintiff disregarded a stop sign prior to the collision.

Public entities, more so than private litigants, must be concerned with the fair and equitable payment of claims. The City's citizens and taxpayers deserve to have disputed claims decided on the merits. This is particularly true when the lawsuit involves alleged negligent conduct on the part of the City's police force. Deciding such cases on the merits allows a jury from the community to weigh in on the appropriate conduct of its police officers. This function serves as an important check and balance of power in a local community and helps guide the police officers in carrying out their duties in a way that meets the expectations and preferences of the people they serve. The community is deprived of this benefit if this case is not decided on the merits.

As a result, the general counsel for the City is requesting a hearing on the City's motion to reconsider so that he may assert the City's position on this issue.

HOOD LAW FIRM, LLC
172 Meeting Street
Post Office Box 1508
Charleston, SC 29402
Phone: (843) 577-4435
Facsimile: (843) 722-1630
Email: Info@hoodlaw.com



Robert H. Hood (SC #2599)
H. Cooper Wilson, III (SC #74939)
William G. DesChamps, IV (SC #100596)

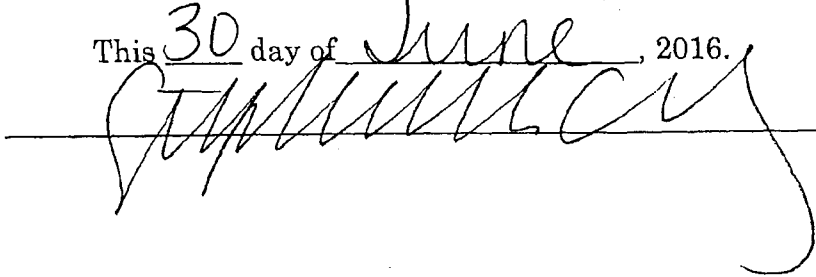
*Attorneys for the Defendant
City of North Charleston*

6/30, 2016
Charleston, South Carolina

CERTIFICATE OF SERVICE

I certify that on this date a copy of **DEFENDANT'S SUPPLEMENTAL MEMORANDUM IN SUPPORT OF MOTION TO RECONSIDER** was served on each party or counsel of record by ☒ mailing, ☒ e-mailing, ☐ facsimile, or ☐ hand delivery in the manner prescribed by the applicable Rule of Civil Procedure.

This 30 day of June, 2016.



BY _____

CLERK OF COURT

2016 JUN 30 PM 4:06

FILED

State of South Carolina) In Common Pleas Court
County of Charleston) Ninth Judicial Circuit

Ann M. Blandin,) Transcript of Record
) 2015-CP-10-3392
) Plaintiff,)
) V.)
City of North Charleston,)
) Defendant.)

June 14, 2016

Charleston, South Carolina

B E F O R E:

The Honorable J. C. Nicholson, Jr., Presiding Judge

A P P E A R A N C E S:

John E. Parker, Esquire
Attorney for the Plaintiff

Harry Cooper Wilson, Esquire
J. Brady Hair, Esquire
Attorneys for the Defendant

SHARON L. VIZER
CIRCUIT COURT REPORTER

I N D E X

Motion to set aside default.....	2
Certificate of Reporter.....	31

** No Exhibits were marked **

1 Tuesday, June 14, 2016

2 THE CLERK: Blandin vs. City of North Charleston..

3 THE COURT: Anybody here on that? Who is here
4 representing who?

5 MR. WILSON: Your Honor, my name is Cooper Wilson.
6 I'm here representing the defendant, City of North
7 Charleston. Also here is Brady Hair, the City's
8 attorney.

9 THE COURT: Okay.

10 MR. PARKER: John Parker, the plaintiff, Your
11 Honor.

12 THE COURT: All right. It's a motion to set aside
13 entry of default?

14 MR. WILSON: Yes, Your Honor.

15 THE COURT: I got two motions, right? At least
16 it's showing two motions. They both say the same thing,
17 to set aside a default.

18 MR. WILSON: It should just be one motion.

19 THE COURT: All right. Be glad to hear you.

20 MR. WILSON: May it please the Court, Your Honor.

21 Again, I'm Cooper Wilson from Hood Law Firm here in
22 Charleston here today representing the City of North
23 Charleston in an effort to, under Rule 55, allow us to
24 timely answer the complaint to get out of default.

25 Your Honor, summarily, this is a car wreck case,

1 Your Honor, that happened on Montague. The defendant,
2 City of North Charleston, the person involved was
3 actually a City of North Charleston police officer. The
4 plaintiff, Ms. Ann Blandin, was obviously also involved.
5 The MAIT team actually did an investigation in the case
6 although there was no death involved. Ms. Blandin was
7 injured. Mr. Bunt was also injured.

8 The MAIT team did an investigation, issued a
9 report. Summarily, Mr. Bunt was coming down the street.
10 The plaintiffs allege he was speeding. He was trying to
11 get to an incident. Lights and siren were not running,
12 Your Honor. Ms. Blandin, we would offer, didn't yield
13 right-away to him, pulled out in front of -- that's
14 probably an argument, a question of fact, but as least we
15 do have a meritorious defense. The MAIT team found that
16 both parties contributed, Your Honor, on the accident
17 report.

18 As we all know, the standard to get out of default
19 is under 55(c) and it's good cause. There's a case that
20 this Court has actually cited in a previous order from
21 2014, the Mictronics case, which says when there's a good
22 faith mistake of fact and no attempt to thwart the
23 judicial system there is a basis for relief. That is
24 345 S. C. 506.

25 Your Honor, also with us here today we have Leslie

1 Mitchum, the risk manager at the City of North
2 Charleston. We also have Karen Helms, the claims
3 coordinator. Your Honor, this was simply a mistake. The
4 City had been involved in this. They received an e-mail
5 forwarding the summons and complaint. That e-mail was
6 forwarded from Ms. Mitchum to Ms. Helms, although she has
7 no memory of receiving it.

8 Ms. Mitchum sent it from her iPhone, which she had
9 put in her affidavit, Your Honor, which is attached to
10 our motion. Sometimes the iPhone had problems forwarding
11 large files, are not sure about that. At the end of the
12 day the e-mail was not forwarded to the IRF in order
13 to --

14 THE COURT: Well, when was the default entered?

15 MR. WILSON: We received the notice of the default
16 on May 17th.

17 THE COURT: You got notice on May 17th of when?

18 MR. PARKER: It was entered November 15th, Your
19 Honor.

20 MR. WILSON: November 15th.

21 THE COURT: So it was signed November the 15th last
22 year?

23 MR. WILSON: Yes, sir.

24 THE COURT: All right. When did you file your
25 motion?

1 MR. WILSON: We received an e-mail -- a letter
2 setting up a damages hearing on May 17th. We filed our
3 motion on May 19. We were not aware of the entry of
4 default. Obviously, we hadn't answered so we weren't
5 aware of the default. You know, our law firm or our rep
6 from the City wasn't put on notice of the entry of
7 default --

8 THE COURT: When did you file your motion?

9 MR. WILSON: May 19th, Your Honor. We received
10 notice May 17th. So at least under the Wham factors we
11 would argue that that's --

12 THE COURT: Well, I mean, what's your good cause?
13 I mean, you got sued, you didn't answer. Why didn't you
14 answer?

15 MR. WILSON: Your Honor, it was a -- as I set
16 forth, it was just an error. It was a mistake.

17 THE COURT: Well, there's errors made all the time
18 but that doesn't mean you're entitled to have the default
19 set aside. What is your good cause and why should I set
20 it aside? I mean, there's all kind of -- why didn't he
21 answer? What happened to the answer?

22 MR. WILSON: Yes, sir. The e-mail was sent -- the
23 e-mail was not forwarded to the IRF.

24 THE COURT: Well, you don't serve by e-mail. You
25 serve by service. What's the e-mail have to do with it?

1 MR. WILSON: The mayor who is under the rule was
2 served. His assistant accepted service.

3 THE COURT: How was he served? The mayor was
4 served?

5 MR. WILSON: Yes, sir, he was.

6 THE COURT: How was the mayor served?

7 MR. WILSON: Personal service.

8 THE COURT: Pardon?

9 MR. WILSON: Personal service.

10 THE COURT: All right. So the mayor gets served.
11 When was the mayor served?

12 MR. WILSON: On the 30th of June.

13 THE COURT: June the 30th --

14 MR. WILSON: Yes, sir.

15 THE COURT: -- he had personal service perfected,
16 right?

17 MR. WILSON: On his administrative assistant, and
18 that's acceptable, yes, sir.

19 THE COURT: All right. And what happened to the
20 complaint, the summons and complaint?

21 MR. WILSON: It followed the same route it normally
22 would. It's sent to the risk manager, who is Ms. Mitchum
23 who is here, who filed an affidavit.

24 THE COURT: Okay.

25 MR. WILSON: She's out of the office. She sees it

1 on the cell phone. She forwards it to Karen Helms, who
2 works with her, in an effort to forward it to the IRF to
3 assign counsel. The best we can say is that the e-mail
4 from Ms. Helms was never -- with the complaint, was never
5 forwarded to the IRF; therefore, no counsel was assigned.

6 They handle claims all the time. This is a city
7 entity. There's no effort to thwart the Court. It's
8 just a good faith --

9 THE COURT: I'm not worried about that. I mean, so
10 you screwed up. Why is that good faith or why it that
11 good cause? I mean, there's all kinds of cases where
12 insurance companies on the civil side get complaints and
13 they don't -- for whatever reason they don't answer.

14 MR. WILSON: I understand that.

15 THE COURT: I mean, so what's the good cause? So
16 you all messed up. I mean, that's not my problem.

17 MR. WILSON: I understand that. I think the good
18 cause is several reasons. One, as we all know in the
19 State of South Carolina cases should be heard on the
20 merits, number one. Number two, this is a city entity
21 and a governmental entity.

22 THE COURT: Well, what does that have to do with
23 anything, whether it's a city entity, an individual or
24 what? The city is not going to get any more preference
25 than an individual. That doesn't have anything to do

1 with it.

2 MR. WILSON: Well, 55(e) allows that no judgment by
3 default shall be entered against the State of South
4 Carolina or an officer or agency thereof. The IRF, who
5 would be the insurance carrier in the case, is certainly
6 a state agency, Your Honor. So we would, in essence, be
7 holding the IRF in default, which is not allowed under
8 55(e). But we also have -- that's where I cited the
9 Micronics case, Your Honor, that was cited by this Court
10 in a 2014 order for really the same -- to establish
11 really the same point in the Vance case, Your Honor, and
12 that was a pretty similar situation.

13 THE COURT: All right. What State agency do you
14 say is involved?

15 MR. WILSON: Well, this is the City of North
16 Charleston. The insurance agency is the IRF.

17 THE COURT: The insurance agency is who?

18 MR. WILSON: Insurance reserve.

19 THE COURT: Insurance reserve. Okay. Now, you are
20 saying they are in default. They are not in default.

21 MR. WILSON: They are not default but the --

22 THE COURT: The City of North Charleston is not the
23 State of South Carolina under (e).

24 MR. WILSON: That's true but in essence --

25 THE COURT: So how are you arguing (e) is

1 justification of letting you out of default?

2 MR. WILSON: Because if you are holding the City in
3 default then theoretically the IRF is going to be in
4 default, too.

5 THE COURT: Oh, that's BS, but go ahead.

6 MR. WILSON: Well, that's another --

7 THE COURT: I mean, they're acting as the insurance
8 company.

9 MR. WILSON: We think, first of all, if we put
10 forth the three Wham factors at least is that there is a
11 meritorious defense as I set forth just based strictly --

12 THE COURT: Well, I mean, you get served on June
13 the 30th, you get a default order -- let me see,
14 November, that's June, July, August, September, October,
15 four and a half months later is the order of default.
16 What happened for four and a half months with the
17 lawsuit?

18 MR. WILSON: Yes, sir. Once the lawsuit is missed,
19 it was missed. I mean, it wasn't -- you know, it's like
20 anything else. If a letter is sitting on a lawyer's desk
21 or e-mail in an inbox once it's missed, it's missed. It
22 wasn't they received additional notice, it wasn't that
23 they received notice of an entry of default or order of
24 default. The first time they realize they were in
25 default was on May 17 of 2016 and they received a

1 letter --

2 THE COURT: So they get served on May the 30th and
3 nothing happens for a year and nobody bothers to say,
4 Hey, what happened to that lawsuit?

5 MR. WILSON: No, sir --

6 THE COURT: I mean, a year goes by and all of
7 sudden, Hey, we are in default?

8 MR. WILSON: Well, for one of the reasons is
9 because it could be because the plaintiff was found to be
10 at fault. Sometimes as plaintiffs attorneys they have to
11 file a claim under the Tort Claims Act. They don't have
12 to file a lawsuit. And Mrs. Blandin, arguably, was found
13 to be at fault.

14 I'm not trying to get inside of Mr. Parker's head
15 on why he would sue or not sue but certainly we've seen
16 situations, I just had one, where you get a file and, you
17 know, you file a claim but you don't file a lawsuit if
18 your client is at fault. So it could be that the City
19 didn't think anything was coming because Mrs. Blandin was
20 found to be at fault, too. So this is not a case
21 where --

22 THE COURT: What do you mean didn't think anything
23 was coming? The mayor got served with a summons and
24 complaint. They knew something was there.

25 MR. WILSON: Right, but that's the purpose of the

1 risk manager. The administrative assistant for the mayor
2 doesn't track lawsuits. That's the risk manager's job.

3 THE COURT: Well, I understand but that's still the
4 City.

5 MR. WILSON: Right, and once it's missed, it was
6 missed, and as soon as they heard about it we filed this
7 motion immediately and here we are.

8 I think under Wham we do have a meritorious
9 defense. I don't think there's any prejudice to the
10 plaintiff other than to prove the case now, and that, you
11 know, they are -- the timing was within two days of
12 learning that we were scheduled for a default judgment
13 hearing in front of Judge Scarborough. Under Wham we at
14 least satisfied those three factors under Wham as
15 required.

16 I think we have a totality of the circumstances
17 here. You have a city agency, you have disputed
18 liability at best. You have a situation where these
19 ladies had been doing this a long time. They attested in
20 their affidavit that it has never happened before to them
21 and we are here today to say that is good faith. Just
22 because it's a mistake doesn't mean it's not good cause,
23 and so we think we have established good cause. We think
24 it will be prejudicial to hold the City in default to the
25 extent that it's --

1 THE COURT: Well, the City is already in default.

2 MR. WILSON: Right.

3 THE COURT: They've been in default since November
4 of last year.

5 MR. WILSON: Right. I phrased it to hold them and
6 to keep them in default and not let them at least present
7 a defense in this case and let the people of the City of
8 North Charleston decide whether Mrs. Blandin was right or
9 whether we're right, or whether there's some variation in
10 between, but the law is pretty clear on that. It would
11 serve the interest of justice to let us argue this case.

12 THE COURT: Have you given us the affidavits --

13 MR. WILSON: Yes, sir. They were filed with our
14 motion. May I approach?

15 THE COURT: You got a copy of them?

16 MR. WILSON: Yes.

17 THE COURT: I got them on the computer here. You
18 got a copy?

19 MR. WILSON: Yes, sir. May I approach?

20 THE COURT: You got an extra copy?

21 MR. WILSON: I'll give you mine.

22 (Documents were handed to the Court.)

23 MR. WILSON: Your Honor, we also filed a memorandum
24 in support yesterday. I believe it was sent to your law
25 clerk. I'm not sure if you got it or not. If not, I

1 have a copy of that as well, if you need that.

2 (PAUSE.)

3 THE COURT: So basically reading the affidavits
4 Karen Helms was supposed to send the e-mail and
5 apparently the e-mail didn't get sent; is that correct?

6 MR. WILSON: Yes, sir.

7 THE COURT: All right. Here's your affidavits
8 back. Thank you very much.

9 Anything else? Anything else?

10 MR. WILSON: Yes, sir. I was just going to add
11 from the Court's -- there's an order that Your Honor
12 signed in 2014 and only that it indicates that -- the
13 evidence presented to the Court indicates a third party
14 administrative, a paralegal inadvertently failed to
15 forward the pleadings to appropriate counsel. That's the
16 Vance case, Your Honor.

17 THE COURT: What case are you talking about?

18 MR. WILSON: May I approach? This is an order of
19 yours, Your Honor.

20 THE COURT: Pardon?

21 MR. WILSON: It's an order of yours. I was just
22 citing the Mictronics case.

23 THE COURT: Well, how is this case similar to that
24 case?

25 MR. WILSON: In that case the paralegal

1 inadvertently failed to forward the summons and
2 complaint. It looked like the ruling was based on that
3 as well as the plaintiff failing to file an affidavit of
4 service along with the totality of circumstances.

5 THE COURT: Okay. Thank you very much.

6 MR. WILSON: And we would just present to the Court
7 that based on the overriding rule in South Carolina on
8 cases be heard on the matters and the interest of the
9 justice this being simply an inadvertent mistake as set
10 for by Mictronics that there is a good faith mistake
11 which would equal good cause as long as the Wham factors
12 were met, which we have hopefully presented to the Court
13 that they have, that there is good cause to set aside the
14 default and let this disputed liability case be heard on
15 its merits as required by the law. I appreciate Your
16 Honor hearing our case today.

17 THE COURT: Thank you very much.

18 MR. WILSON: Thank you.

19 MR. HAIR: Your Honor, could I be heard for just
20 two minutes on this?

21 THE COURT: Yes, sir.

22 MR. HAIR: I'm Brady Hair. I'm outside general
23 counsel for the City of North Charleston and have been so
24 for about 25 years. I'm not here to argue that City of
25 North Charleston is an agency of State of South Carolina

1 but I believe there is a good public policy argument that
2 would fit in 55(e) that we ought not hold governmental
3 subdivisions in default for the same reasons that we
4 don't hold the State of South Carolina, and why it
5 matters here, Your Honor --

6 THE COURT: That may be true but then change the
7 rule, okay? But the rule doesn't apply to municipalities
8 and county governments. Maybe it should. And I
9 understand you want to argue that's persuasive argument,
10 you shouldn't hold the state in, shouldn't hold, I guess,
11 municipalities and counties in default. Okay. I'll
12 accept the argument. I understand what you are saying
13 but that's not what the rule says.

14 MR. HAIR: I concede that and I agree but I do
15 think that under --

16 THE COURT: Maybe the rule needs to be changed. I
17 don't know, but I'm locked into what the rule says.

18 MR. HAIR: I get that but the Court also asked for
19 was there good cause to set aside the judgment --

20 THE COURT: Right.

21 MR. HAIR: -- and I believe there's a public policy
22 argument that good cause does exist, and the reason it
23 matters is unlike private litigants --

24 THE COURT: Well, let me just tell you my problem.
25 You got -- as you know there's a lot of cases where

1 insurance adjusters for various reasons or agents didn't
2 forward the complaint then they come in and argue good
3 causes. There's a whole line of cases where that's not
4 good cause. Why is that any different than this?

5 MR. HAIR: Because of this. Typically, the
6 Insurance Reserve Fund would defend the City of North
7 Charleston in these matters and other matters. We have a
8 policy with them, we pay a premium. My concern is
9 because the City screwed up, and I acknowledge they
10 screwed up, the Insurance Reserve Fund may deny coverage
11 to the City, and so what happens when the fund denies
12 coverage because we didn't comply with the terms of the
13 policy by doing the right thing --

14 THE COURT: Right.

15 MR. HAIR: -- the taxpayers of the City are exposed
16 for damages for Mr. Parker's lawsuit, and that's why it
17 matters because it's different than private litigants
18 here. There is no remedy and the taxpayers of the City
19 should not suffer for the mistake of -- a clerical
20 mistake, and that's our public policy argument. I think
21 that's good cause.

22 I think that makes it a little bit different than a
23 typical private litigant because in the private litigant
24 situation if the lawyer screws up then the litigant can
25 sue the lawyer. In this situation the taxpayers bear the

1 burden and they can't really sue the City for messing up.

2 THE COURT: Okay. Thank you very much.

3 Mr. Parker?

4 MR. PARKER: That's not exactly accurate because

5 I'm sure that these people involved have liability

6 coverage that will cover their mistake. So I won't

7 accept that argument without proof that they're not

8 covered.

9 THE COURT: You are saying that you think they have
10 some errors of omission --

11 MR. PARKER: Absolutely.

12 THE COURT: -- policy; is that correct?

13 MR. HAIR: This would be under a tort liability
14 policy, Your Honor, and I'm not saying that --

15 THE COURT: He's not saying that.

16 MR. HAIR: -- they haven't done that yet --

17 THE COURT: He was saying that employees have
18 errors of omission policy with the City. That's my
19 question.

20 MR. HAIR: I do not believe that's the case.

21 THE COURT: Can you go ask someone?

22 MR. HAIR: Yes, I can ask someone.

23 THE COURT: All right. Go ahead, Mr. Parker.

24 MR. PARKER: Your Honor, this motion dismally fails
25 because it doesn't meet the criteria to set aside a

1 default, an entry of default, number one. First thing
2 they have to do is show that they have good cause. They
3 have shown none.

4 There were three people, and they left out one,
5 also a Beth Woodall that received this, who was a legal
6 assistant. She turned it over to Ms. Mitchum, who then
7 turned it over Ms. Helms. Ms. Helms filed an affidavit
8 saying it was in her e-mails and she still has it there.
9 So all of these people received this and all of them knew
10 that it was imperative that they answer within 30 days
11 and none of them did anything, and not one of them gives
12 any reason why they didn't do anything.

13 Ms. Woodall doesn't say why she didn't check on it.
14 Ms. Mitchum doesn't say why she doesn't check on it, and
15 all Ms. Helms says is if I got it I didn't know I got it.
16 I don't remember it. So none of them set forth any
17 reason why they didn't tend to this business, so there is
18 no good cause and it fails miserably in that respect.

19 THE COURT: What about the public policy argument
20 he's talking about for the taxpayer versus a line of cases
21 of insurance companies?

22 MR. PARKER: Well, there is no public policy that
23 allows a city to go in default and not answer. If the
24 public policy of the State was to be that they would put
25 it in the rule because the public policy is set forth in

1 the rule but --

2 THE COURT: The rule says South Carolina. If it
3 says South Carolina why shouldn't that cover other public
4 entities?

5 MR. PARKER: It specifically excludes it.
6 Specifically, I didn't address that because they didn't
7 raise that issue but I've looked at it and it clearly
8 does not cover cities and municipalities. There's cases
9 on it and I didn't bring that with me. If I knew that
10 was going to be an issue I would have brought it. But
11 clearly a municipality is not a state agency, and that's
12 very, very clear.

13 So, really, they have failed miserably to prove any
14 good cause to set this default aside; and secondly, they
15 have not established any meritorious defense and --

16 THE COURT: Well, he said there was some speeding
17 issue involved or something. I don't know exactly.

18 MR. PARKER: He had to introduce that --

19 THE COURT: He thinks he's got a meritorious --

20 MR. PARKER: -- in order to address that because
21 what he did was relied on the accident report. And
22 56-5-1290 says none of the report required by Section
23 56-5-1260 to 56-5-1280 may be evidence to the negligence
24 or due care of either party at trial of any actions to
25 recover damages. So it's clearly not admissible for the

1 purposes.

2 And they did not -- interestingly, did not provide
3 the affidavit of the officer who was driving this vehicle
4 at an extremely high rate of speed without any warning
5 lights or flashing lights, and the plaintiff,
6 Ms. Blandin, who is very seriously injured, came across
7 four lanes of highway and this speeding vehicle at a very
8 high rate of speed then ran into her as she was crossing
9 the intersection, and clearly there is no meritorious
10 defense and they didn't set forth one. They can't use
11 that report. And the only thing they have in there --

12 THE COURT: Have they submitted a proposed answer?

13 MR. PARKER: They have submitted an answer.

14 THE COURT: They have? Can I have a copy of that,
15 please, sir.

16 Go ahead, Mr. Parker. I didn't mean to interrupt.

17 MR. PARKER: But clearly there is no evidence of a
18 meritorious defense. They can't use the accident report
19 because it's prohibited by statute, and the only other
20 thing they did is the ladies that failed to turn over the
21 papers to the appropriate people said that they have a
22 meritorious defense, which is a conclusion and not a
23 fact. They didn't know anything about this. And there's
24 just not any evidence before the Court of a meritorious
25 defense. So they've failed on both issues that they had

1 to prove and prevail upon.

2 And thirdly, the thing is that you have to consider
3 the time involved. This case interestingly has almost
4 been filed for one year as of today, and so there is the
5 timing delay. Ms. Blandin has been very seriously
6 injured. She's been in a nursing home for most of this
7 time, and we believe that there is no reason to set aside
8 this judgment.

9 THE COURT: I don't recall, when they talk about
10 the timing of the motion are they talking about the
11 timing as to when they went into default or when they
12 received notice of default? Their position is they
13 didn't know about the default until they got the notice
14 of the damage hearing.

15 MR. PARKER: No. The statute says -- I mean, the
16 cases say that, one, the timing of the motion for relief
17 is what it says. I'll pass up, Your Honor, the case of
18 Sun Down Operating Company --

19 THE COURT: Does the timing start from the time of
20 service or the default or from when they had notice of
21 it?

22 MR. PARKER: I would think you would take into
23 account the time involved and the delay.

24 THE COURT: I mean, what I don't -- but go ahead.
25 Anything else?

1 MR. PARKER: But they had three people that were
2 well aware within the City that this lawsuit had been
3 filed and the necessity for filing an answer and none of
4 these people have given any decent reason why they didn't
5 follow up on it.

6 And clearly, this case, Sun Down Operating Company,
7 is very close to this case. And they say in there they
8 turned it over to the insurance agent and the Court holds
9 that by the fact that you turned it over to an insurance
10 agent, you negligently didn't follow up on it, that that
11 is no good cause, and very similar to this case in that
12 they turned it over, three people had possession of it
13 and none of them did anything.

14 THE COURT: Well, I mean, I think I commented on
15 the insurance cases but counsel for the State has put it
16 in a different light on the public policy argument, and I
17 know you said you didn't think it was any such public
18 policy but what he said does make some sense in
19 distinguishing between the cases with the insurance
20 company versus this case when you're talking about the
21 taxpayers having to pick up the burden. There's no one
22 to sue the people that screwed up with the City,
23 so-to-speak --

24 MR. PARKER: Your Honor, the taxpayer picks it up
25 anyway.

1 THE COURT: -- whereas with the insurance company
2 you can still go against the agent or whoever.

3 MR. PARKER: In this case, the taxpayers -- I think
4 that is just a false argument. There's no evidence
5 whatsoever that the insurance fund is not going to cover
6 this.

7 THE COURT: Do they have insurance for the
8 employees' mistakes?

9 MR. HAIR: We do for -- well, we do have errors and
10 omissions. I did check with them.

11 THE COURT: Okay. I see. Okay. So that answered
12 my question. Okay.

13 MR. HAIR: Yes, sir.

14 THE COURT: All right.

15 MR. PARKER: Your Honor, I also have and I'll pass
16 up two orders in very similar cases that I realize aren't
17 binding on the Court but are instructive and very similar
18 situations even though they are not municipalities that
19 would say that under these circumstances and these facts
20 that there's not good cause.

21 THE COURT: I mean, I know you got a lot of stuff
22 here, if punitive damages is unconstitutional, and
23 government tort immunity act, and all these others, but
24 as far as the facts of the accident itself where do you
25 have a defense to that? I assume he was the police

1 officer. What was the estimated speed?

2 MR. PARKER: Your Honor, he was significantly
3 speeding. Other than the accident report we don't have
4 evidence on that, other than it was a horrendous wreck
5 and obviously at this point --

6 THE COURT: What was the sight distance from where
7 the lady pulled out?

8 MR. PARKER: What is that now?

9 THE COURT: What was the line of sight for the
10 direction the cop was coming when she pulled out in
11 front?

12 MR. PARKER: Well, he was going at a very high rate
13 of speed. She would, obviously, see traffic coming up in
14 the distance from some distance. I don't know. I
15 couldn't honestly tell you what the distance was.

16 THE COURT: I mean, let me ask you this,
17 Mr. Parker. Why wouldn't some type of comparative
18 negligence be applicable since your lady pulled out in
19 front of a speeding vehicle?

20 MR. PARKER: Well, it may be if they weren't in
21 default but...

22 THE COURT: Well, I know but that's part of the
23 standards of meritorious defense, comparative negligence.
24 Since she pulled in front of him I think it would be a
25 meritorious defense, would it not?

1 MR. PARKER: If they had any evidence of that but
2 they don't have any because the accident report is the
3 only thing they submitted and it's not admissible.

4 THE COURT: Well, I understand --

5 MR. PARKER: So there's nothing.

6 THE COURT: I've asked questions about the speed
7 and the line of sight. I mean, I don't know.

8 MR. PARKER: But that's their burden to prove that
9 and they --

10 THE COURT: I understand but shouldn't they be
11 given an opportunity to do that?

12 MR. PARKER: They were given the opportunity. They
13 have to file it in an affidavit. They have to prove to
14 the Court that they have a meritorious defense not say
15 it. Not conclude it but prove it by facts.

16 THE COURT: Well, they did plead comparative, so I
17 have to --

18 MR. PARKER: Yeah.

19 THE COURT: They didn't put any facts on what was
20 comparative. They just drew the conclusion. It's very
21 inarticulately drawn from a factual standpoint.

22 MR. PARKER: But the answer is not before the
23 Court.

24 THE COURT: I understand.

25 MR. PARKER: Because it was not timely filed.

1 THE COURT: I understand.

2 MR. PARKER: And second, there wouldn't be any
3 evidence. The rule requires them and the law requires
4 them at this stage to present evidence of a meritorious
5 defense and they have absolutely produced no admissible
6 evidence, and they have to fail on that ground.

7 Had they had an affidavit from this officer that
8 created a meritorious defense then they may have
9 something the Court could consider, but at this point in
10 time they don't have anything.

11 THE COURT: Okay. Anything else?

12 MR. PARKER: No. Your Honor, I'm going to pass up
13 these two orders.

14 THE COURT: Okay.

15 MR. PARKER: Which I have given to opposing
16 counsel.

17 (Documents were handed to the Court.)

18 MR. WILSON: May I respond, Your Honor?

19 THE COURT: Yes, sir, very briefly.

20 MR. WILSON: Yes, sir. The rule doesn't require us
21 to prove a meritorious defense, only raise it. Your
22 Honor hit it right on the head. Comparative negligence
23 is a defense. His complaint is five paragraphs and says
24 we did all this stuff. We deny it. We said there's
25 comparative negligence, there's no proximate cause.

1 We put in two affidavits from two ladies who
2 attested in their affidavit that we have a meritorious
3 defense in this case.

4 There's been no discovery. You're right.

5 THE COURT: Well, those two people don't know
6 whether they got a meritorious defense.

7 MR. WILSON: There's still a reliable test --

8 THE COURT: I know but they don't know.

9 MR. WILSON: And also, we are not offering -- we
10 are not offering the accident report. May I hand it up,
11 please?

12 THE COURT: Hand up what?

13 MR. WILSON: The accident report.

14 THE COURT: No. I don't need to see it.

15 MR. WILSON: Well, I am just introducing it as
16 another form of meritorious defense in that they were
17 both found to contribute to the collision. Certainly,
18 we haven't taken the deposition of the officer. We just
19 found out about it and raced down here to have the
20 hearing.

21 We have presented, certainly, evidence to raise a
22 question of a defense in this case with an answer, two
23 affidavits, citing to the report, and also to the case,
24 the McClure case, only which is worthy of hearing or
25 judicial inquiry because it raises a question of law

1 deserving some investigation. We've certainly done that
2 as far as meritorious defense.

3 The timing is when we were made aware that we were
4 in default. Two days later we filed. The prejudice,
5 there is none. There's been no discovery. We will enter
6 into a scheduling order with plaintiff's attorney. We
7 will make people available for depositions or discovery
8 in the good cause.

9 THE COURT: All that doesn't have anything to do
10 with what's before me today, but anything else you want
11 to say on good cause?

12 MR. WILSON: I believe that the public policy and
13 interest of justice --

14 THE COURT: I think it's public policy is probably
15 not correct since they do have errors of omissions, so
16 the tax payers aren't going pay.

17 MR. WILSON: Under the overarching --

18 THE COURT: Pardon?

19 MR. WILSON: Under the overarching idea the cases
20 should be decided on their merits, especially ones where
21 there's an issue of liability. This is not a rear-end
22 case. There are issues of liability.

23 THE COURT: That's not the issue on default. The
24 default issue is just good cause. It doesn't have
25 anything to do with whether you are entitled to present

1 your case in court or not. Okay?

2 MR. WILSON: Yes, sir. We believe we established
3 it. Thank you, Your Honor.

4 THE COURT: Okay. Thank you very much.

5 MR. PARKER: Thank you.

6 THE COURT: Give me a chance to read your memo and
7 I'll give you a decision very shortly. Thank you very
8 much.

9 (WHEREUPON, the hearing was concluded.)

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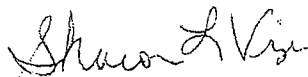
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I, Sharon L. Vizer, Official Court Reporter for the
Ninth Judicial Circuit of the State of South Carolina, do
hereby certify that the foregoing is a true, accurate and
complete transcript of record of all the proceedings had
and the evidence introduced in the hearing of the
captioned case in Circuit Court on the 14th day of June
2016.

I do further certify that I am neither of kin, counsel
nor have an interest to any party hereto.

October 3, 2017



SHARON L. VIZER

CIRCUIT COURT REPORTER

1 STATE OF SOUTH CAROLINA
2 COURT OF COMMON PLEAS
3 COUNTY OF CHARLESTON

4 Ann M. Blandin,

5 Plaintiff,

6 vs.

CASE NO. 2015-CP-10-3392

7 City of North Charleston,

8 Defendant.
9
10
11

12 Hearing before the Honorable Mikell R.
13 Scarborough, reported by Christine A. Smith, Court
14 Reporter and Notary Public, at 2:10 p.m. on
15 May 2, 2017 at 100 Broad Street, Charleston,
16 South Carolina.
17
18
19
20

21 Christine A. Smith, Court Reporter

22 Master-in-Equity

P.O. Box 30276

Charleston, South Carolina, 29417

23 (843) 958-5071

24 casmith@charlestoncounty.org
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APPEARANCES OF COUNSEL:

ATTORNEYS FOR THE PLAINTIFF:

John E. Parker, Esq.
Peters Murdaugh Parker Eltzroth Detrick
P.O. Box 457.
Hampton, SC 29924
(803) 943-2111
Jparker@pmped.com

ATTORNEYS FOR THE DEFENDANT:

Robert H. Hood, Jr., Esq.
William G. DesChamps, IV, Esq.
Hood Law Firm, LLC
P.O. Box 1508
Charleston, SC 29402
(843) 577-4435
James.hood@hoodlaw.com

William Joseph Horvath, Esq.
Law Office of William Horvath
P.O. Box 22129
Charleston, SC 29413
(843) 579-8305
Whorvath@turnerpadget.com

(INDEX AT REAR OF TRANSCRIPT)

1 (PLF. EXH. #1, MUSC bill, was marked for
2 identification.)

3 (PLF. EXH. #2, MUSC bill, was marked for
4 identification.)

5 (PLF. EXH. #3, MUSC bill, was marked for
6 identification.)

7 (PLF. EXH. #4, MUSC bill, was marked for
8 identification.)

9 (PLF. EXH. #5, MUSC bill, was marked for
10 identification.)

11 (PLF. EXH. #6, MUSC bill, was marked for
12 identification.)

13 (PLF. EXH. #7, MUSC bill, was marked for
14 identification.)

15 (PLF. EXH. #8, MUSC bill, was marked for
16 identification.)

17 (PLF. EXH. #9, MUSC bill, was marked for
18 identification.)

19 (PLF. EXH. #10, Summerville Medical Center
20 Statement, was marked for identification.)

21 (PLF. EXH. #11, Trident Medical Center
22 Statement, was marked for identification.)

23 (PLF. EXH. #12, Discharge Summary, was marked
24 for identification.)

25 (PLF. EXH. #13, White Oak Manor bill, was

1 marked for identification.)

2 (PLF. EXH. #14, Mt. Pleasant Manor bill, was

3 marked for identification.)

4 (PLF. EXH. #15, MUSC Ambulance Charges, were

5 marked for identification.)

6 (PLF. EXH. #16, Charleston County EMS bills,

7 were marked for identification.)

8 (PLF. EXH. #17, Medtrust Medical Transport,

9 LLC billing summary, was marked for identification.)

10 (PLF. EXH. #18, Personal Care Medical Care,

11 was marked for identification.)

12 (PLF. EXH. #19, MUSC Physician Charges, were

13 marked for identification.)

14 (PLF. EXH. #20, Poseidon Inpatient Services,

15 LLC bill, was marked for identification.)

16 (PLF. EXH. #21, Radiology bill, was marked for

17 identification.)

18 (PLF. EXH. #22, Lowcountry Infection Diseases

19 bill, was marked for identification.)

20 (PLF. EXH. #23, Agape Senior Primary Care,

21 Inc., bill, was marked for identification.)

22 (PLF. EXH. #24, Trident Anesthesia Group, LLC

23 bill, was marked for identification.)

24 (PLF. EXH. #25, VIBRA Physicians, LLC bill,

25 was marked for identification.)

1 (PLF. EXH. #26, Tidewater Surgical Group, PA
2 bill, was marked for identification.)

3 (PLF. EXH. #27, Palmetto Primary Care
4 Physicians bill, was marked for identification.)

5 (PLF. EXH. #28, South Carolina Radiology
6 Group, LLC bill, was marked for identification.)

7 (PLF. EXH. #29, Housecalls-MD bill, was marked
8 for identification.)

9 (PLF. EXH. #30, Itemized Statement, Wound
10 Care, was marked for identification.)

11 (PLF. EXH. #31, Summary, was marked for
12 identification.)

13
14 P R O C E E D I N G S

15
16 THE COURT: This afternoon's case is a case
17 captioned Ann Blandin versus the City of North
18 Charleston. It is Case No. 2015-CP-10-3392. Present
19 today for the Plaintiff is Mr. John Parker.
20 Mr. Parker, good afternoon to you, sir. I'm glad to
21 have you back in the courtroom.

22 MR. PARKER: Good to see you.

23 THE COURT: And for the Defendants? I note
24 Mr. Hood?

25 MR. HOOD: Yes, Bobby Hood.

1 THE COURT: And also?

2 MR. DesCHAMPS: Will DesChamps.

3 THE COURT: Mr. DesChamps, good to have you.

4 Let me ask you -- I was going through the
5 file. It's not a very thick file. Anyway, it's been
6 back and forth. I had seen in here -- I think there
7 was a motion for you-all to be relieved at one point,
8 and there was a Notice of Appearance and Conditional
9 Answer from William Horvath. Is that Mr. Horvath
10 back there?

11 MR. HORVATH: Yes. I'm here for the UIM
12 carrier.

13 THE COURT: The UIM carrier? I've got it.
14 Okay. You-all are still in the case, though, right,
15 Mr. Hood?

16 MR. HOOD: We are, Your Honor.

17 THE COURT: I just wanted to make sure of
18 that.

19 MR. HOOD: Just procedurally, the insurance
20 company that insures the City of North Charleston
21 hired us initially when we were found in default.
22 They denied coverage, so the City hired us to
23 continue on. So we were withdrawing until the City
24 hired us.

25 THE COURT: So you-all are back on the case

1 directly representing the City of North Charleston,
2 correct?

3 MR. HOOD: Correct.

4 THE COURT: And the matter of default has been
5 covered. I don't know that we need to cover that
6 again. That was going to be my next question. The
7 default issue was -- I saw an entry of default from
8 the clerk, and then it was sent over here from Judge
9 Tommy Houston, and then there were two hearings, I
10 think, in front of Judge Nicholson. One was found in
11 default, and then he went back and I think he signed
12 an order that had some more information in it that
13 you-all had requested on a Motion to Reconsider.

14 MR. HOOD: Correct.

15 THE COURT: So that question comes to me -- I
16 assume, and I take it as a default damages hearing is
17 what we have?

18 MR. HOOD: Correct.

19 THE COURT: You-all are in agreement with
20 that? That's why we're here?

21 MR. PARKER: Yes, Your Honor.

22 THE COURT: Mr. Parker?

23 MR. PARKER: Thank you, Your Honor.

24 Unfortunately, I don't know what has happened with
25 Ms. Blandin. She was supposed to have met me here.

1 She's traveling -- had to come by ambulance.

2 THE COURT: Oh, boy. Okay.

3 MR. PARKER: So I don't know what's happened?

4 THE COURT: Well, I'll tell you one thing
5 that's happened is they have Mr. Slager across the
6 street. I bet you that nobody's moving too fast on
7 that corner down there right now.

8 MR. PARKER: It could be but she was having to
9 get here by ambulance. We're prepared to move
10 forward, and then hopefully by the time it gets to be
11 time for her to testify she or her daughter, one,
12 will be here to testify.

13 THE COURT: You-all are ready in any event?

14 MR. PARKER: We're ready to proceed.

15 THE COURT: Okay. Mr. Parker, very good.

16 MR. PARKER: I call Dr. Paul Pritchard.

17 THE COURT: Dr. Pritchard, come on up, sir.

18 PAUL PRITCHARD, M.D.,

19 being first duly sworn, testified as follows:

20 THE COURT: Please have a seat, and when you
21 get yourself comfortable if you would give us your
22 full name and address for the record, please, sir?

23 THE WITNESS: It's Paul Baker Pritchard, III,
24 939 Scotland Drive, Mt. Pleasant, 29464.

25 THE COURT: Thank you, sir. Very good.

EXAMINATION

BY MR. PARKER:

Q. Dr. Pritchard, you're a licensed physician in the State of South Carolina?

A. Yes, sir.

Q. And you have been for how long?

A. I got my license a very short time after I graduated from medical school, so I'm afraid that's been about 48 years.

Q. And you have practiced where?

A. Well, initially I was in training up in Charlottesville, Virginia for four years as an intern and a resident, and then for a year as a fellow in Boston, Massachusetts. So I had a Massachusetts license at one point. Then I stayed on the faculty for a year until 1975. Then I came back here.

Since 1975 I've been right here. At one point, during a period of seven years, I was in private practice here in town. During all that time I've been some sort of faculty over at MUSC.

Q. In what specialty?

A. In neurology.

Q. And isn't the practice of neurology the practice of studying and treating patients who have nerve problems so to speak?

1 A. Well, it is. Basically, it's any issue that
2 relates to or could relate to the nervous system. So
3 to start at the top and work our way down it includes
4 the brain, both the upper and lower portions of the
5 brain stem and the cerebellum, the spinal cord, the
6 roots, the nerve roots that come out of the spinal
7 cord, which then form the peripheral nerves and then
8 a couple of muscles and other organs. That's the
9 nervous system.

10 Q. And you've been doing this constantly for the
11 last 48 years I presume?

12 A. I have. I guess well, I probably wouldn't
13 count the internship year because I was an internal
14 medicine intern for one year, and then I started
15 doing the neurology residency in 1970.

16 Q. And you also have taught neurology at the
17 Medical University?

18 A. Yes, sir.

19 Q. And did you teach each year or some years you
20 didn't? How did that work?

21 A. Did I teach -- I'm sorry?

22 Q. Did you teach students every year or some
23 years you didn't teach?

24 A. No. I did that even during the private
25 practice time. During the private practice time the

1 fellows in clinical neurophysiology came through our
2 office, and the family medicine residents came to our
3 office, so I've always taught somebody at some time,
4 even myself.

5 Q. And do you also do work as a consultant on
6 medical cases?

7 A. Yes, sir, for about 20 years or so.

8 Q. I asked you to look at the medicals on Ann
9 Blandin or Anna -- sometimes in the record she's
10 referred to as Anna Blandin. Did you take an
11 opportunity to do that?

12 A. I did. I looked at this disk that you sent to
13 me.

14 Q. On that disk are there voluminous medical
15 records?

16 A. There are and if anybody needs it I actually
17 printed out a summary list of the groups of records I
18 looked at. I don't know if anybody wants it or not,
19 but I looked at it.

20 Q. But you did review all of our records that
21 were made available to you?

22 A. I did.

23 Q. If you will, tell us what happened with
24 Ms. Blandin that ended up causing her to have all of
25 her medical problems.

1 MR. HOOD: Your Honor, I object to the
2 foundation. For him to give the testimony of all of
3 her medical problems I believe is beyond the scope of
4 his expertise.

5 THE COURT: Do you want to narrow that one
6 down a little bit?

7 Q. (BY MR. PARKER) If you would, tell us -- you
8 did review the records from the wreck that happened
9 on January 5, did you not, of '15?

10 A. I did.

11 Q. As a result of that wreck, have you examined
12 her medical problems?

13 A. Yes, sir.

14 Q. And do you have opinions about what her
15 medical problems were related to the wreck?

16 A. I do.

17 Q. If you will tell us in a synopsis form what
18 her problems were, and then we'll go over some of the
19 medical records.

20 THE COURT: Before you do that, let me just
21 note -- I think Ms. Blandin has just arrived in the
22 courtroom. Ms. Blandin?

23 MS. BLANDIN: Yes, sir.

24 THE COURT: Ma'am, are you comfortable right
25 there?

1 MS. BLANDIN: Yes, sir.

2 THE COURT: And you can hear what's going on?

3 MS. BLANDIN: Yes, sir.

4 THE COURT: I'll keep you there while we do
5 this, and then we'll move you in.

6 MR. PARKER: Your Honor, that's Ms. Blandin,
7 of course, and her family. That's Corona, her
8 daughter there with her.

9 MS. CORONA BLANDIN: Good afternoon.

10 THE COURT: Good afternoon. Very good. Thank
11 you. Go ahead. I'm sorry.

12 Q. (BY MR. PARKER) Go ahead.

13 A. Well, just by way of background, if I may,
14 prior to the wreck, she had a number of medical
15 problems including diabetes, high blood pressure, and
16 kidney failure. Because of her kidney failure she
17 underwent peritoneal dialysis.

18 This is a situation where you put the fluid in
19 the abdomen and drain it out as opposed to having
20 your blood run through a machine. In spite of all
21 that, she was retired from her job as a social
22 worker, living independently, operating her motor
23 vehicle and so in the wreck -- there were three --
24 there were several things which occurred as a
25 consequence.

1 First of all, she lost consciousness. She
2 lost some memories surrounding the accident. In
3 other words, this qualifies as a cerebral concussion.
4 In addition to that she broke several of her
5 lumbar -- that's the lower vertebrae in her back that
6 transfers processes. In addition to that, she broke
7 several ribs which is quite painful. If you've had
8 that happen you will know.

9 Finally, a peritoneal dialysis catheter is
10 inserted through the abdominal wall, and when they
11 did a CT scan of the abdomen and basically the CT
12 scan is from top to bottom to be sure she didn't have
13 other injuries, there was bleeding around the
14 catheter site.

15 The reason I mention that is important with
16 regard to some of the complications she developed.

17 Q. I'm going to hand you Exhibit No. 1, which is
18 a medical bill, and behind it I've got the records
19 from the first hospitalization and I'll ask you --
20 are these the records of Ms. Blandin and did you
21 review them?

22 MR. HOOD: Object to hearsay, Your Honor.

23 THE COURT: Are you offering those, or are you
24 just having him review them?

25 MR. PARKER: We are going to offer them, so we

1 might as well argue that. These are, number one --
2 the doctor can testify about them as being records
3 that he relied on for his opinion. Secondly, they
4 are not hearsay. They are exceptions to the hearsay
5 rule.

6 These are records that he can identify as
7 having worked at the Medical University. They have
8 the insignia of the Medical University, and are
9 freely and clearly admissible and are medical records
10 that are taken in the course of the treatment and
11 close in time to when the activity was made. We
12 clearly think they are.

13 THE COURT: Under Rule 803, an exception is
14 records that are under a regularly conducted
15 activity; is that where we are?

16 MR. PARKER: Correct.

17 THE COURT: Mr. Hood?

18 MR. HOOD: Your Honor, first, an expert may
19 rely on hearsay, but that doesn't mean it's
20 admissible into evidence. I think we all know that.
21 As for 803, that it's a business record, business
22 records are generally admissible, however if they
23 contain subjective opinions, which diagnosis by
24 someone other than Dr. Pritchard, would certainly be
25 a subjective opinion or hearsay and not subject to

1 the exception and should be excluded.

2 MR. PARKER: Your Honor, I'm sorry. We are
3 not going to introduce the records. I only gave
4 those to Dr. Pritchard so he could have that for his
5 testimony. We're going to use his testimony.

6 THE COURT: So he's only going to render his
7 opinion.

8 MR. PARKER: His opinion.

9 THE COURT: Not the reliance on somebody else?

10 MR. PARKER: Right.

11 THE COURT: Does that help, Mr. Hood?

12 MR. HOOD: Then the records are not going into
13 evidence?

14 MR. PARKER: We're not offering them into
15 evidence. We only offer the bills themselves which
16 you've got 30 exhibits with the bills and then the
17 summary.

18 THE COURT: Those are medical bill records,
19 not the actual --

20 MR. PARKER: Not the actual medical records.

21 THE COURT: -- medical records themselves.

22 MR. PARKER: I handed him the records in case
23 he needed them behind the bills if he needed to look
24 at them for purposes of his testimony.

25 MR. HOOD: And as for the medical bills, I

1 told Mr. Parker beforehand -- I have no objection to
2 the authenticity of the bills. My objection is as to
3 it his ability to relate specific medical treatment
4 to this accident based on his expertise. Because she
5 was getting dialysis before there are a lot of bills
6 in here for dialysis, you know, and so that would be
7 our objection as to the bills.

8 THE COURT: All right. Well, let's cross that
9 bridge when we get to it on that one. As far as him
10 being able to review these records, as a basis for
11 his opinion I think he's entitled to do that. I
12 don't think there's any question about that. Okay?
13 Overruled as to that point.

14 Q. (BY MR. PARKER) Dr. Pritchard, you have the
15 records of summaries behind the bill there on
16 Exhibit 1, which contain the events that happened
17 that you've described earlier and summarized?

18 A. Yes, sir, I do.

19 Q. And during that period of time how long did
20 Ms. Blandin stay in the hospital at MUSC?

21 A. I think the initial admission -- I recall this
22 as three days. January -- there was a little
23 confusion earlier. I think I heard somebody say the
24 5th.

25 Q. The 3rd.

1 A. The 3rd, January 3rd, 2015 through January
2 6th, 2015.

3 Q. And what happened in those records is what
4 you've described earlier?

5 A. Correct. That just explained the acute
6 injury, the concussion, the cerebral concussion, the
7 bleeding around the catheter, the fractured ribs, and
8 the fractures of her lumbar spine.

9 Q. Exhibit 1 is the medical bills for that visit?

10 A. Yes, sir.

11 Q. And how much is that -- what is the amount?

12 A. I'm hoping it has a total at the end. I see
13 \$27,861.04.

14 Q. In your opinion, is that bill related to the
15 automobile wreck of January 3, 2015?

16 A. That would be my opinion, sure.

17 Q. And what happened next -- I'll hand you
18 Exhibit 2 -- in so far as Ms. Blandin is concerned?

19 A. Well, what happened next was she got admitted
20 again in less than a week. I believe it was about
21 six days later. I want to check the dates to make
22 sure my memory serves me well.

23 Right. She went home on the 6th, and she came
24 back in on the 11th.

25 Q. At that point in time what was the reason for

1 her admission at that time?

2 A. Well, just to be specific from the record, it
3 says, Confusion and fatigue.

4 Q. And what was going on with her that caused her
5 to be in the hospital from you reading the record?

6 A. Well, there were a couple of things. First of
7 all, she had quite a bit of pain from her back
8 fractures, the lumbar vertebrae back fractures. She
9 had quite a lot of pain from the rib fractures.

10 Those also inhibited her movement, her ability
11 to get up and get around. In addition to that she
12 was ultimately, after coming into the hospital, found
13 to have an infection, a very serious infection called
14 peritonitis which just means inflammation and
15 infection of the linings of the abdominal cavity. I
16 believe that resulted from the injury to that area
17 which is shown on the CT scan which allowed infection
18 to take place.

19 Q. Was all of that related to the wreck of
20 January 3rd?

21 A. Yes, sir.

22 Q. What was the cost of the treatment for that
23 hospitalization?

24 A. It says here, \$29,606.04.

25 Q. And how was she discharged at that time?

1 A. Well, she got treated with antibiotics, of
2 course. They instilled antibiotics through the
3 catheter into the abdomen to try to treat this
4 infection.

5 She was sent out to continue the antibiotic
6 treatment. I'm sorry. I'm just trying to find the
7 page here. The emergency department notes are
8 attached to the back. That's why I got a little
9 confused here. So she was improved but still
10 bedbound at that point, and being treated for the
11 infection.

12 Q. And peritonitis, how does that affect you?
13 What is the effect of having that? I know it's an
14 inflammation of the peritoneal membrane, but what was
15 the effect of it?

16 A. The peritoneum is very pain sensitive, so it
17 causes abdominal pain. It may alter the function of
18 things enclosed by the peritoneum which includes the
19 bowels and the stomach, the liver, the spleen, and
20 the kidneys. It eventually may cause scarring to
21 those organs as a secondary effect. It didn't happen
22 in this case. It can, of course, proceed to a
23 generalized infection that we would call septicemia.

24 Q. It's a very serious condition?

25 A. Oh, yes. Actually, the usual fatality rate

1 could be as high as 40 to 50 percent.

2 Q. Next I'll hand you Exhibit 3. What was the
3 next time Ms. Blandin was in the hospital?

4 A. So the next time she came in was again in the
5 month of January. She came in on January 27, 2015.
6 At that point her concerns were not surprising
7 really, what we just talked about, abdominal pain.

8 Q. And by that time what was her condition in so
9 far as being able to walk?

10 A. Well, she still couldn't do that.

11 Q. What is the effect of someone -- how old was
12 Ms. Blandin at that time?

13 A. I think she was 69 or so, 70.

14 Q. 70. And what happens -- you and I are of the
15 age where we might could speak to it. What happens
16 when someone is bedridden at that age? What happens
17 to their ability to function with their muscles and
18 so forth?

19 A. And actually it can happen to anyone of any
20 age, but it's better to be a 30 year old that runs
21 marathons and be hospitalized versus being 70 or so
22 and having previous medical problems. Maybe the best
23 way to talk about it is to think about astronauts
24 getting out of the ship when they come back to Earth.
25 They often have to be transported on stretchers

1 because of working in a weightless environment. It
2 seems true to a similar extent to people who are
3 bedbound. They lose muscle strength and tone, and it
4 takes them several times that amount of time to come
5 back to baseline.

6 Q. And Ms. Blandin, during this period of time,
7 up to this hospitalization, was she bedbound?

8 A. She was.

9 Q. And did you -- I don't know if we published
10 the medical on that. I don't think we did, did we,
11 on Exhibit 3?

12 THE COURT: Length of time? Is that what
13 you're asking?

14 MR. PARKER: The amount of the medical.

15 THE WITNESS: Oh, the amount of the medical
16 bill? This one was \$4,847. It was a briefer
17 admission?

18 Q. (BY MR. PARKER) What kind of admission?

19 A. A briefer, shorter.

20 Q. I'm next going to hand you Exhibit 4 and ask
21 you to tell us about this hospitalization, when it
22 was with Ms. Blandin and the next hospitalization?

23 MR. HOOD: Judge, just for the record, I think
24 he's handing him medical records also and I've got
25 the same objection. He hasn't moved Exhibits 2 and

1 3, and I assume he will, but as long as he's just
2 moving the medical bills in -- I have the same
3 objection I stated earlier. If he's moving medical
4 records in I certainly object to those as to hearsay.

5 MR. PARKER: The only medical records, which I
6 passed up a copy to -- only the --

7 MR. HOOD: Only the bills?

8 MR. PARKER: Only the bills. We don't intend
9 to put the records in.

10 THE COURT: All right, sir.

11 Q. (BY MR. PARKER) Dr. Pritchard, you have
12 before you Exhibit 4?

13 A. I do.

14 Q. When was that hospitalization?

15 A. This one actually occurred on February 19th
16 and was for exactly two weeks. She came in on the
17 19th of February, and it was discharged on March 5th.

18 Q. What was the amount of that bill?

19 A. Oh, the amount of the bill? By the way, the
20 admission was because of confusion. It's \$68,237.04.

21 Q. And you say the admission was for confusion?

22 A. Correct.

23 Q. What was causing that?

24 A. Well, she dropped her blood pressure, and
25 again, her peritoneal fluid was found to be cloudy.

1 So in other words, the infection was still there and
2 not cured is what I'm saying. Her blood pressure
3 dropped most likely because of the infection.

4 Q. Which is from the injury to the peritoneal
5 valve --

6 MR. HOOD: Objection to leading, Your Honor.

7 Q. (BY MR. PARKER) What was the cause of that?

8 A. The cause of it was the injury to the
9 abdominal wall. Remember that her CT scan showed
10 bleeding at the site of the catheter, and just a very
11 few days after that, admission number two, she was
12 found to have peritonitis. Here's another admission
13 where the peritonitis is still going on.

14 Q. And when she was discharged how was she?

15 A. Well, I forgot to mention by this point --
16 again, because of her bedbound status, she had
17 developed what we commonly refer to as a bedsore or a
18 pressure sore over the lower portion of her back, the
19 sacrum. So she had already developed a pressure sore
20 and was heading toward developing additional pressure
21 sores on her heels. These are typical locations, the
22 heels and the sacrum, because of pressure from not
23 being be able to move normally and being bedbound.
24 She also had developed anemia related to the
25 infection and the question of transfusion came up.

1 Q. And when was she discharged from that
2 hospitalization?

3 A. She was discharged on the 5th of March.

4 Q. And what was -- I think we published the
5 amount of that bill, but when she was discharged, was
6 she able to walk?

7 A. No, unfortunately not.

8 Q. And next I'm going to hand you Exhibit 5.
9 Exhibit 5 is an MUSC bill from when?

10 A. This all relates to -- I'm sorry -- this was
11 an admission the next month, April 18, 2015, and a
12 discharge on May 3rd, 2015, so --

13 Q. Before we get there let me ask you about --

14 A. -- about three weeks.

15 Q. Let me ask you about one other
16 previous-in-time sequence, so we don't get it out of
17 sequence. This is Exhibit 11, and tell us what
18 Exhibit 11 is.

19 A. Okay. Well, I can see that this is from
20 Trident Medical Center. This was after the last
21 admission but before the one that you just handed me.

22 Q. Right. That's next in sequence of her
23 hospitalizations?

24 A. Yes, I believe so. So she was admitted to
25 Trident on March 3rd -- I'm sorry -- March 13th, 2015

1 and discharged on April 14th, 2015.

2 Q. And what was the amount of the medical bill?

3 MR. HOOD: We object to that, Your Honor.

4 Lack of foundation for this witness to authenticate
5 Trident Medical record bills, not to authenticate but
6 to move them in as business records.

7 MR. PARKER: Your Honor --

8 Q. (BY MR. PARKER) I would further ask you, have
9 you reviewed the records from that admission?

10 A. Yes, sir.

11 Q. And is that bill related to injuries received
12 in the wreck of January 3, 2015?

13 A. Yes, I believe so.

14 MR. PARKER: We'd offer that into evidence,
15 Your Honor.

16 THE COURT: Your objection is as to the
17 substance or as to the amount?

18 MR. HOOD: The substance and the amount,
19 Your Honor.

20 THE COURT: What I'm going to do -- is your
21 client going to testify next?

22 MR. PARKER: Yes, she will.

23 THE COURT: She will testify about this? I'm
24 going to allow --

25 MR. PARKER: Well, she will testify about it,

1 but her memory of all these things is not precise,
2 and that's the reason we have the records with an
3 expert to relate them. Of course we will relate her
4 being in the hospital as a result of the wreck.

5 THE COURT: All right. What I'm going to
6 allow is I'm going to allow them to be linked in
7 later with her testimony. We have them marked for
8 identification purposes for now; is that right?

9 MR. PARKER: That will be fine.

10 THE COURT: All right.

11 Q. (BY MR. PARKER) Dr. Pritchard, if you will,
12 tell us about the -- on Exhibit 11, about the reason
13 for that hospitalization at Trident.

14 A. She came in because -- I recall now that
15 her -- we haven't talked about this -- that because
16 of the peritonitis, she had been treated before the
17 wreck with peritoneal dialysis and now she's got
18 peritonitis and they have her switched to
19 hemodialysis, the other form, where you circulate the
20 blood through the machine.

21 So during her session of hemodialysis she
22 dropped her blood pressure and was confused and was
23 found at the hospital to have a high white blood cell
24 count, and that's why she got admitted.

25 Q. And in your opinion was that related to the

1 wreck of January 3rd?

2 MR. HOOD: I object to the qualification of
3 this witness to relate through the dialysis -- the
4 change in hemodialysis -- from one to another to this
5 accident.

6 THE COURT: Let's go ahead and pin that one
7 down. What is his opinion, and why is his opinion
8 there?

9 Q. (BY MR. PARKER) Dr. Pritchard, are you
10 familiar with hemodialysis?

11 A. I am, yes.

12 Q. You've treated patients on hemodialysis for
13 many years?

14 A. I have. I didn't supervise hemodialysis, but
15 certainly my patients were getting hemodialysis.

16 Q. And are you familiar with it?

17 A. Well, I'm not a nephrologist. I'm not as
18 familiar as they are.

19 Q. I understand that, but is that part of what
20 you do is review patients, treat patients that are on
21 hemodialysis so that you can deal with what you deal
22 with even though they may be treated by hemodialysis?

23 A. Well, neurologists frequently go see people on
24 hemodialysis. There's a reason for that. Because of
25 shifts in their fluid, shifts in ions like potassium

1 and others. They may get confused. They may have
2 seizures. I've seen people on hemodialysis many
3 times. I do not supervise hemodialysis. I don't
4 want anybody to misunderstand.

5 Q. Are you familiar with when the patient would
6 need hemodialysis?

7 A. Sure. They need it generally when they have
8 renal failure to some degree, but when the potassium
9 level starts getting high or you have complications
10 of a high blood urea nitrogen, BUN, creatine or
11 there's a defect on your nervous system like
12 confusion or seizures, then they start hemodialysis.

13 MR. PARKER: Your Honor, we believe he's
14 qualified to testify.

15 THE COURT: I find he is. Okay? I'm going to
16 allow it.

17 Q. (BY MR. PARKER) Before that she was on what
18 type of dialysis?

19 A. Well, before the wreck she was on peritoneal
20 dialysis, which she did for herself at home. What
21 you do is you hang these bags of fluid during the
22 night to empty them later, and your dialysis is done
23 while you're asleep basically.

24 Q. And do you have an opinion as to why she went
25 from peritoneal dialysis to hemodialysis?

1 A. Oh, yes. That's actually pretty obvious. She
2 injured an abdominal wall that resulted in an
3 infection in the peritoneum. They could no longer do
4 the peritoneal dialysis, so they switched her while
5 the infection was being treated to hemodialysis.

6 Q. Now, I believe you testified earlier as to the
7 amount of the bill there on Exhibit 11, the total of
8 the bill?

9 A. Of this bill?

10 Q. Yes.

11 A. I don't think I said anything about this one.

12 Q. This is the Trident Hospital bill that's
13 Exhibit 11?

14 A. Oh, yes, sir. It says, Total charges,
15 \$313,889.

16 Q. And when was she discharged?

17 A. She was discharged on the 14th of April.

18 Q. And now let's go back and pick up where we
19 were on Exhibit No. 5. Exhibit No. 5 is a bill from
20 MUSC when?

21 A. This relates to an admission on the 18th of
22 April through May 3rd, 2015, which is a period of
23 about two weeks.

24 Q. And what was that inpatient for?

25 A. This has to do again with problems with the

1 peritoneum. They were asking a lot of questions.
2 They were saying, Well, relevant peritonitis, is this
3 a problem with the feeding tube? Or rather than
4 peritonitis, was this an injury to her lymphatic
5 system? Did she tear the thoracic duct? So they did
6 a lot of tests to exclude those other two
7 possibilities. That took them right back to
8 peritonitis as the problem.

9 Q. And did they conclude that the peritonitis was
10 what was causing her problems?

11 A. Yes, sir, they did.

12 Q. And during that treatment were her ulcers
13 treated, the sacral ulcer?

14 A. Specifically, if I can quote, on Page 378 it
15 says --

16 MR. HOOD: Your Honor, I object to the
17 publishing of hearsay.

18 THE COURT: I would be glad to hear from you.

19 MR. PARKER: Your Honor, the record itself is
20 not hearsay because it is a record of a regularly
21 conducted activity that's recorded under Rule 803,
22 and in so far as 803, it is recordation of a medical
23 activity.

24 THE COURT: Let me ask this question:
25 Dr. Pritchard, is the statement you're about to give

1 me part of your basis for your opinion as to why you
2 have testified the way you have? I guess that's my
3 question to you. I'm assuming you're about to read
4 somebody else's quote, but that's what I'm asking
5 you.

6 THE WITNESS: My point was going to be that
7 the sacral decubitus was there because she was
8 bedbound, and she was bedbound for the reasons we've
9 already presented which relate to the wreck.

10 THE COURT: All right. I've got it. I'll
11 allow that. That's fine.

12 Q. (BY MR. PARKER) Then, in fact, she had
13 treatment during that period of hospitalization for
14 that ulcer?

15 A. Yes, sir.

16 Q. And tell us a little bit about why people
17 develop -- that are bedridden develop ulcers. Why is
18 that?

19 A. Well, it basically is a situation where you
20 impair the circulation to the skin and subcutaneous
21 tissue. That's how it starts off. In other words,
22 if I rest my elbow here for a bit it will cut down on
23 the circulation to my skin temporarily and I'll
24 probably -- it will start to feel numb, and I'll move
25 my elbow.

1 If on the other hand you're bedbound and can't
2 be moved or can't move yourself, you're going to rest
3 for longer periods of time on places where the
4 pressure of the grid on the one hand and the pressure
5 of the underlying bone on the other put pressure on
6 the skin and cut down on the blood flow.

7 Well, a person who has diabetes and high blood
8 pressure, which affect blood vessels, is at
9 particular risk, but the reason she was bedbound is
10 because of the consequences of pain, the decline in
11 her strength. That's why she's still bedbound now
12 three-plus months later, and that's why she developed
13 these ulcers.

14 Q. And were the ulcers, in your opinion, related
15 to the wreck of January 3rd, 2015?

16 A. They are again through her inability to get up
17 and move around.

18 Q. And that was Exhibit 5?

19 A. Yes, sir.

20 Q. What was the total amount of that? I probably
21 asked you that, but I'm going to claim age. I don't
22 remember.

23 A. I don't think we got to it. So the total here
24 is \$74,957.08.

25 Q. Next, I'll hand you Exhibit 6. If you will,

1 tell us what Exhibit 6 is?

2 A. Well, this one also says, Medical University
3 Hospital. This was a somewhat later admission. This
4 is admitted August 5, 2015, and it says, Discharge
5 August 5, 2015. This was to fit and adjust the
6 peritoneal catheter. That's why it's basically a
7 24-hour admission.

8 Q. Was that related to the wreck of January 3,
9 2015?

10 A. Well, it was. Remember she had an abdominal
11 wall injury with bleeding around the catheter.

12 Q. And Exhibit 6, the amount then is what?

13 A. \$9,341 and I'm assuming, by the way, that this
14 is a hospital charge. It probably doesn't cover
15 professional charges.

16 Q. Okay. And I'm going to hand you Exhibit 7.
17 If you will, Exhibit 7 is -- tell us what it is?

18 A. This is another relatively short admission to
19 Medical University Hospital. She was admitted on
20 August 10, 2015, and discharged on August 13, 2015.

21 Q. And what was that for?

22 A. Well, she had developed a high white blood
23 cell count, so the question -- she also just said,
24 I'm not feeling well, sort of a nonspecific
25 complaint. So she came in -- by the way, she just

1 had her peritoneal catheter removed at that point.

2 So the question was, Why the high white count? Does
3 she have an infection that we haven't discovered in
4 our treatment?

5 Q. And what did they find during that
6 hospitalization? What was the treatment?

7 A. I'm sorry. It's going to take me a minute to
8 get there. What they did actually was to investigate
9 these pressure ulcers, so they took x-rays and so
10 forth to see if there was any sign that she had a
11 bone infection, which is called osteomyelitis.
12 Fortunately they did not find that that was true.

13 They looked for a chest infection and so forth
14 and did not find that. She eventually seemed better
15 in terms of her medication, and she was discharged
16 home at that point.

17 Q. And when was the discharge?

18 A. August 13, 2015.

19 Q. And what was the amount of the bill on
20 Exhibit 7?

21 A. \$15,237.09.

22 Q. And next I'm going to hand you Exhibit 8, and
23 if you would tell us what Exhibit 8 is.

24 A. This is another MUSC admission she came in on
25 August 22, 2015, and was discharged three days later.

1 Q. And what was that hospitalization for?

2 A. She was confused, she had a high white blood
3 cell count, and they began culturing her up, as we
4 say, looking for different sources of infection such
5 as a bowel infection called Difficile,
6 D-I-F-F-I-C-I-L-E. The good news was they didn't
7 find that. They did find a urinary tract infection
8 and treated that. She became more alert and they
9 went ahead and discharged her.

10 Q. And do you have an opinion as to whether or
11 not that bill was related to the wreck of
12 January 3rd?

13 A. Well, again, because of the question of
14 abdominal -- recurrent peritonitis, I would have to
15 say it was likely to be related. Would a bladder
16 infection have been a result of a wreck, well, not of
17 the wreck itself, but as a result of being bedbound.
18 People who are bedbound typically develop urinary
19 tract infections, and the reason is they don't empty
20 their bladders as well.

21 Q. So in August of 2015, by this time, has
22 Ms. Blandin been able to walk?

23 A. Not without quite a lot of assistance.
24 Walking with a walker and so forth, that wasn't
25 possible, not doing it alone in any case.

1 Q. Next I'm going to hand you Exhibit 9. What
2 was the amount of that bill? I don't think we said
3 it there.

4 A. \$13,648.

5 Q. And I'll next hand you Exhibit 9. If you
6 would, tell us what that is.

7 A. Again, she came in with confusion, and in
8 fact, when she got there, the doctors who admitted
9 her had to rely upon speaking to her daughter and not
10 to Ms. Blandin herself because she was so confused.
11 She also was found to have low blood pressure and
12 indeed had trouble holding her blood pressure up and
13 had been treated with medications to help support the
14 blood pressure, so she developed what we call
15 orthostatic hypertension, meaning low blood pressure
16 that gets worse if you stand up or sit up. She
17 couldn't stand.

18 Q. In your opinion are the charges on Exhibit 9
19 related to the wreck of January 3rd?

20 A. Let me explore this discharge summary just a
21 little bit more. I want to be sure I'm not leaving
22 anything out. Well, among the things that she had
23 done was they had to replace her central line. What
24 that is is an access to her veins so that she could
25 get fluid and so forth. They had to do surgery to

1 replace that. That was successfully replaced.

2 Ultimately she was found to be in septic
3 shock. This is not surprising remembering that she
4 had a bladder infection that was related to being
5 bedbound, she had sacral and heel infections from
6 pressure sores related to being bedbound. This was
7 the source of her sepsis.

8 Q. And your opinion is all of those things
9 related to the January 3rd wreck are a consequence of
10 it?

11 MR. HOOD: Object to the leading, Your Honor.

12 THE COURT: I'm going to allow it.

13 Q. (BY MR. PARKER) Do you have an opinion about
14 the cause of all of those things that you just
15 described?

16 A. They're essentially a consequence of being
17 bedbound and her being bedbound was for the reasons
18 she spoke of earlier.

19 Q. And on Exhibit 9, what was the amount of the
20 medical?

21 A. I can see how you can get confused by hospital
22 bills. I see the final charge -- the final total
23 here is \$115,997.04.

24 THE COURT: Thank you.

25 Q. (BY MR. PARKER) I am next going to hand you

1 Exhibit 10, which is a bill from who?

2 A. It says, Richard M. Thompson, M.D.

3 Q. Do you know Dr. Thompson?

4 A. I don't think I do.

5 Q. And it shows a visit to the emergency room on
6 3/15/15?

7 A. That is correct, right. I'm sorry. I don't
8 know what was done. I just don't remember.

9 Q. If we go back and there's a medical record for
10 3/15 during that period of time, would that be
11 related to the wreck?

12 A. Oh, I realize now -- this is just a
13 professional bill. That is correct.

14 Q. For care rendered in or around one of those
15 hospitalizations, and this one happens to be at
16 Trident -- Summerville Medical Center?

17 A. Right.

18 Q. She was at Trident on 3/15?

19 A. Correct.

20 Q. And based on that is that bill related to the
21 wreck of January 3rd?

22 A. It would be, yes.

23 Q. I'm next going to hand you Exhibit 12, which
24 is a report -- if you will, tell us what Exhibit 12
25 is.

1 MR. HOOD: Your Honor, the first three pages
2 of this -- the first four pages of this is a
3 discharge summary that we would object to on the
4 basis of hearsay, and I believe that under Rule 803.6
5 it does not qualify as a business exception because
6 it's a subjective opinion.

7 THE COURT: The first three or four pages you
8 said?

9 MR. HOOD: Correct. The first three pages and
10 then the fourth page is discharge instructions. The
11 bill starts on the fifth page.

12 THE COURT: Very good.

13 MR. PARKER: Your Honor, we don't believe that
14 those are -- we believe those are admissible
15 under 803 and that this summarizes what took place
16 when she was at the hospital. I don't recall seeing
17 any subjective opinions in there. If there are and
18 he has specific objections to them then we can take
19 them out. I don't think it makes that much
20 difference.

21 THE COURT: Just one second.

22 (Brief pause.)

23 THE COURT: So what I'm trying to do is I'm
24 trying to correlate between a number of these 803
25 rules. What I need to get to -- I haven't looked at

1 the document, so I just needed to sort of pin down
2 what it was, but under Rule 803.3, the then existing
3 mental, emotional, and physical condition of the
4 declarant, would be admissible but not a statement of
5 memory of belief to prove a fact unless it relates to
6 the execution or revocation in terms of a Will, so
7 that's not really us, but then existing sort of
8 physical condition. That's one issue. 803.4, which
9 is mainly what we've been speaking about here, is
10 statements made for the purposes of medical diagnosis
11 or treatment and describing medical history for past
12 or present symptoms, pain, or sensations for the
13 inception or general character of the cause or
14 external source thereof insofar as reasonably
15 pertinent to diagnosis or treatment providing,
16 however, that the admissibility of statements made
17 after commencement of the litigation is left to the
18 Court's discretion.

19 That last cause, the proviso in there, is
20 relevant to South Carolina law. I don't find it in
21 the general Federal Rules of Evidence with the
22 exception for the statements after commencement of
23 litigation. I'm not sure where we are.

24 MR. PARKER: I would have to look at the
25 filing date, Your Honor.

1 THE COURT: I think the action was filed in
2 June.

3 MR. HOOD: It's before --

4 THE COURT: -- all this activity?

5 MR. HOOD: It is, but Your Honor, with all due
6 respect, I don't believe that one applies because
7 that will deal with a history and physical if he was
8 testifying. This is what Ms. Blandin said in her
9 history and physical, X, Y, and Z. That's not the
10 part I'm objecting to. I'm objecting to the
11 subjective opinions of the treating physicians that
12 are in here, doctors, that are hearsay.

13 THE COURT: And that objection is under 803.6,
14 under regularly conducted activity but for
15 transmitted by a person with regular practice of that
16 business activity. Provided subjective opinions and
17 judgments found in the records are not admissible.

18 MR. HOOD: Correct.

19 THE COURT: So it is those opinions,
20 subjective opinions, and judgments that you're
21 objecting to? That is all; is that right?

22 MR. HOOD: Yes, Your Honor.

23 THE COURT: So to the extent that an opinion
24 is being rendered, but I don't think what would
25 exclude this witness from testifying as to the basis

1 for his own testimony, so I don't know --

2 MR. PARKER: I have no problem with taking off
3 the --

4 THE COURT: -- the first three or four pages,
5 whatever that would be?

6 MR. PARKER: Right.

7 THE COURT: Any objection to that, Mr. Hood?

8 MR. HOOD: No, Your Honor.

9 THE COURT: Well, I'll remove the first four
10 pages. Let's go right to it. That's Exhibit 12.
11 We'll have to that correct that one. Okay?

12 Q. (BY MR. PARKER) And Exhibit 12, if you will,
13 tell us what that is, Dr. Pritchard.

14 A. Well, there's a discharge summary that --

15 Q. Well, what I want to ask you about, is that a
16 record by which Ms. Blandin was admitted to the
17 hospital?

18 A. Yes, it is.

19 Q. And when was that?

20 A. May 3, 2015 with a discharge of July 1, 2015,
21 so almost two months.

22 Q. And why was she admitted to the hospital?

23 A. Well, she had just been discharged from MUSC,
24 got the transfer to the White Oak Nursing Facility
25 and then as I understand it got sent here

1 (indicating). I'm sorry. I'm having to read through
2 their introduction which talks about MUSC.

3 What they actually did, she had developed
4 osteomyelitis, and I told you about the concern
5 earlier which is an infection of the bone underlying
6 the sacral decubitus ulcer. She had developed them,
7 so she got sent there to continue her treatment with
8 long-term antibiotics. It takes a long time to treat
9 a bone infection and to get ongoing wound care on the
10 area as well as to deal with her other preexisting
11 medical issues such as the diabetes and the high
12 blood pressure.

13 Q. The ulcers at that point in time were still
14 open ulcers?

15 A. Yes.

16 Q. And if you would explain how an open ulcer
17 ends up with osteomyelitis.

18 A. Well, just because -- you see, the reason the
19 pressure sore happens at certain locations is where
20 you have bony prominence like my elbow or my heels or
21 my sacrum. Those -- you get pressure between bone
22 and bed and the skin and subcutaneous tissue, which
23 is in between, takes it in the chin so to speak, and
24 because of the poor blood flow develops infection,
25 and if the infection isn't cleared up then it may

1 proceed into the bone itself. That's osteomyelitis.
2 That just takes a long time to treat, meaning weeks
3 of antibiotics.

4 Q. But Exhibit 12, the bill, what is the amount
5 of it?

6 A. The total charges were \$357,954.60.

7 Q. And in your opinion were these charges related
8 to the wreck of January 3rd, 2015?

9 A. They were.

10 Q. I'm next going to hand you Exhibit 13, and ask
11 if you can identify that, and tell us what that is?

12 A. Yes, I can. This is a bill from White Oak
13 Manor which is one of the places she spent some time
14 after the accident. This is a bill with room and
15 board but also for physical therapy, occupational
16 therapy, and speech therapy. In other words, her
17 reason for being there was for rehabilitation
18 purposes. There is a bill here if you want the
19 amount.

20 Q. Exhibit 13, what is the amount?

21 A. \$6,142.36.

22 Q. And in your opinion was that bill a result of
23 the wreck of January 3rd, 2015?

24 A. Oh, yes. Sure.

25 Q. And Exhibit 14?

1 A. This is entitled, Patient Reconciliation
2 Summary from Mt. Pleasant Manor.

3 Q. And that's a nursing home?

4 A. It is. It's got -- I'm sorry. I don't know
5 what all these things mean because they're
6 abbreviated, but basically it reflects room and board
7 and other charges at the nursing home. It says
8 things like MPS, ICO, MRA. I don't know what those
9 are.

10 Q. But you know it was her first day at the
11 nursing home?

12 A. Yes.

13 Q. Is that correct?

14 A. Correct.

15 Q. And was that related to the wreck of January
16 3rd, 2015?

17 A. Yes, it is.

18 Q. And what is the amount of Exhibit 14?

19 A. \$106,874.54.

20 Q. Next, I'm going to hand you Exhibit 15. If
21 you would can you identify it?

22 A. This again is the Medical University Hospital.
23 These are ambulance charges (indicating). Actually,
24 there is a series of them. I've got four pages here,
25 and each of them appears to be a separate charge.

1 Q. And are those ambulance charges related to or
2 caused by the wreck of January 3rd?

3 A. They are.

4 Q. And that is Exhibit 15?

5 A. It is.

6 Q. Is there a total on that? I think it's on a
7 tape on the front of it.

8 A. No, but I can tell you it's two \$400 charges,
9 one \$410 charge, and so we're up to \$1,210, and then
10 a \$500 charge. That would be \$1,710.

11 Q. And that's Exhibit 15, correct?

12 A. It is.

13 Q. Exhibit 16 I'm going to hand you next. What
14 is Exhibit 16?

15 A. Oh, these are charges from Charleston County
16 Emergency Medical Service.

17 Q. And that's for the ambulance services also?

18 A. It is. It starts off with the one right after
19 the wreck and that includes various other transports
20 that were done since then.

21 MR. HOOD: I object to Exhibit 16 on the basis
22 that the EMS run sheets and the opinions of the EMS
23 care providers are attached. It's more than just
24 bills or at least what I have.

25 MR. PARKER: You want me to take those off?

1 MR. HOOD: Yes, sir.

2 THE COURT: I'll make a note to redact those
3 medical opinions.

4 MR. PARKER: And that's Exhibit 16; is that
5 correct?

6 THE COURT: Exhibit 16.

7 THE WITNESS: It is. I'm trying to understand
8 if this separate bill is in here. And they are,
9 actually.

10 Q. (BY MR. PARKER) There's a number of bills,
11 and the number of times she's been in and out of
12 various places, and whenever she's had to go anywhere
13 she's had to go by ambulance?

14 A. Right. Do you want me to comment on those
15 numbers?

16 Q. You can comment as to --

17 A. And ignore the comments by EMS?

18 Q. Well, is there anything in there that you
19 think is relevant that you should bring to the
20 Court's attention?

21 A. I don't think so. I mean, I've reviewed these
22 records earlier, and they all stem from the accident,
23 either directly or ultimately because of the
24 complications.

25 Q. I think that's fine. I'm next going to hand

1 you Exhibit 17.

2 THE COURT: Did you-all have a number for that
3 Exhibit 16?

4 MR. PARKER: 16. We'll take off the --

5 THE COURT: Take those out, but as far as a
6 definitive number?

7 MR. PARKER: Excuse me. We didn't add them
8 up. I don't think he added or that he did that.

9 Q. (BY MR. PARKER) Is there a tape on it or
10 anything that adds it?

11 A. There isn't but I can --

12 THE COURT: It would take a while to figure
13 that out.

14 MR. PARKER: We've added them up. It's on
15 Exhibit 31 where we've added it.

16 THE COURT: All right. Thank you.

17 Q. (BY MR. PARKER) Here's Exhibit 17.

18 A. So Exhibit 17 -- oh, this is a medical
19 transport service called Medtrust Medical Transport,
20 and this relates to transfer from -- another facility
21 she's been in. This relates to transport. That's
22 all there is here.

23 Q. Does it have a total on it? We've totaled it
24 up, but is --

25 A. It actually doesn't. I could -- it's a little

1 confusing to me because it includes both payments and
2 charges. I'm not sure what the total is.

3 Q. We've done that on another exhibit, but these
4 are charges that are related to the wreck of January
5 3rd?

6 A. It is and I've announced the -- it says, First
7 bill \$892. Then its says, Second bill. I don't know
8 if that's a rehash of the first. I don't know what
9 that means, \$61.

10 Q. I'm next going to hand you Exhibit 18. If you
11 would, tell us what Exhibit 18 is?

12 A. This is entitled, Personal Care and there are
13 references to Mt. Pleasant Manor and DCI Archdale,
14 which is a dialysis facility, and I can't tell you
15 that I know exactly what the charges are.

16 Q. That is personal care and ambulance service?

17 A. I do not know that.

18 Q. We'll ask Ms. Blandin. That's Exhibit 18,
19 correct?

20 A. It is.

21 Q. I'm next going to hand you Exhibit 19. If you
22 would, tell us what Exhibit 19 is?

23 A. So this is a bill from MUSC Health. This
24 appears to be -- this is -- these are charges for
25 physician charges. So it was numerous physicians she

1 saw and there are multiple hospitalizations and
2 charges for a variety of services.

3 Q. Are those bills related to the wreck of --
4 followed by the wreck of January 3rd, 2015?

5 A. They are. They begin on the day of the wreck
6 and follow that time, and having reviewed the records
7 I know that's what they are about. I don't -- I see
8 a total down here, but I don't have great faith that
9 it's the only total.

10 Q. What is the total that you have there?

11 A. Well, this particular one, says the payments
12 and adjustments have been \$19,000 I'm sorry --
13 \$19,363, but I thought I saw another -- I thought I
14 saw a total run at a different point in time.

15 Q. And if you look at that, those separate bills
16 add up to much more than \$19,000?

17 A. That's why I'm feeling unsure about it.

18 Q. We have added those up on Exhibit 31, the
19 Court has, but the bills are there. We will -- deal
20 with that, but the -- all of those bills are from the
21 physicians and MUSC Health Professional Services were
22 related to the wreck of January 3rd?

23 A. Correct. A lot of them are radiologist
24 charges and surgical charges. These are all ones for
25 which I saw reports and the services in my review of

1 the medical records. I'm just not sure of the date.

2 Q. That's Exhibit 19?

3 A. It is.

4 Q. I'm next handing you Exhibit 20. If you
5 would, tell us what Exhibit 20 is.

6 A. This also is a bill for physician services by
7 an entity known as -- this is a Greek word --
8 Poseidon Inpatient Services, LLC. This is just a
9 bill for individuals such as Dr. Menendez and
10 Dr. Qubty during their hospitalizations.

11 Q. And what is the amount of that?

12 A. The total is \$1,585, and this Exhibit 20.

13 Q. And that's related to the wreck of January
14 3rd, 2015?

15 A. All of them are, yes.

16 Q. I'll next hand you Exhibit 21, and if you will
17 tell us what that is.

18 A. What this is is a series of bills that relate
19 to radiologic studies, and these are all done
20 following the accident, they all relate directly to
21 the accident.

22 Q. Does it have a total on it?

23 A. Yes. These are reading fees is what they are,
24 so the total down here is \$1,457. So these would be
25 doctor's charges for reading the study.

1 Q. And the charges on Exhibit 21 are related to
2 the wreck of January 3rd?

3 A. They are.

4 Q. Next I'll hand you Exhibit 22. Tell us what
5 that is.

6 A. These are bills for Low Country Infectious
7 Disease. She had lots of infections and
8 complications of those infections. On the front is a
9 total, perhaps done by your office, that comes to
10 \$970 for Exhibit 22. Let me see if I can see
11 anything to the contrary there. It actually is only
12 summarized in those numbers. It is \$970 even.

13 Q. And again, Exhibit 22, are those charges
14 caused by the wreck on January 3rd?

15 A. I believe they would be, yes.

16 Q. Next I'll hand you Exhibit 23. If you can,
17 tell us what that is.

18 A. Well, again, these are physician charges from
19 Dr. Ehresmann and Kunimi, or Kunimi is
20 Dr. Ehresmann's first name. Excuse me. These are
21 charges that are related to the accident. The total
22 number -- I don't know the total number. The reason
23 I don't is because they enter charges and they enter
24 payments, and at the bottom of the bill it says zero,
25 but that's obviously not the way --

1 Q. That may be payments?

2 A. That means it's paid for I assume, but I don't

3 know the total charge.

4 Q. If we added the payments on there that should

5 have been the charge.

6 A. Right. They're kind of odd numbers.

7 Q. But those are charges that are related to the

8 wreck of January 3rd?

9 A. Right. It's in the range of about \$500, but I

10 wouldn't trust my math on that.

11 Q. Next, I'm going to hand you Exhibit 24. Tell

12 us what that is.

13 A. Okay. These are charges from an

14 anesthesiology group who operated out of Trident.

15 Q. And what is the total of that?

16 A. Well, there's one charge for 660, and one

17 charge for 440. That would be \$1,100.

18 Q. And those charges would be related to the

19 wreck?

20 A. They would be, yes. Specifically these both

21 relate to period of time in which she had operations

22 done on those pressure wounds, what they call

23 debridement, D-E-B-R-I-D-E-M-E-N-T.

24 Q. Next I'm going to hand you Exhibit 25. Can

25 you tell us what Exhibit 25 is?

1 A. These are physician charges from the period of
2 time that she was in VIBRA, V-I-B-R-A, Hospital.

3 Q. And what is the total of those charges?

4 A. This was \$17,422. These are doctors' charges
5 for the time spent at VIBRA. This is Exhibit 25.

6 Q. Exhibit 26, if you would tell us what that is?

7 A. Oh, right, yes. Again, this is a surgical
8 group who operated out of Trident called Tidewater.
9 Their total comes to \$2,262. That's Exhibit 26.

10 Q. And that again is related to the wreck, those
11 charges?

12 A. They are. They're related.

13 Q. Exhibit 27?

14 A. These are charges made by Palmetto Primary
15 Care Physicians. The total is \$693. They were all
16 done after the accident. They don't specify what
17 they did, but I believe they are all related to the
18 accident.

19 Q. Would that be during the time she was in
20 Summerville Hospital? What's the date of it?

21 A. The dates are July 2nd, July 24th, June 30th,
22 and that's it. And the total is \$693.09. That's
23 Exhibit 27.

24 Q. And Exhibit 28?

25 A. These are the radiology physician charges for

1 which -- - she needed an IV access so they inserted a
2 line called a PICC, P-I-C-C, line. This is related
3 to the accident. The total charge is \$517. This is
4 Exhibit 28 to Dr. Alderman, A-L-D-E-R-M-A-N.

5 Q. Exhibit 29?

6 A. This is for -- she was seen at home because of
7 her medical condition and difficulty getting her up
8 and out of transport by a group called Housecalls-MD.
9 These are their charges.

10 Q. Does it have a total?

11 A. It does. The total is \$464.

12 Q. Exhibit 30 if you would? That was -- this is
13 what -- if you look at the second page of Exhibit 30?

14 A. This is the wound care is what this is.

15 THE COURT: Excuse me, what was it?

16 THE WITNESS: Wound care. Nurses who spend
17 all their time taking care of chronic infections at
18 wound sites. That's what this is. The total was
19 \$6,392.49. This is Exhibit 30, and these are charges
20 from July and August of 2015. All of them were
21 related to the accident.

22 Q. I'm going to hand you Exhibit 31. If you
23 would tell us what that is.

24 A. That is actually a summary of what we've been
25 talking about.

1 Q. Is it a summary of all of the exhibits, 1
2 through 30?

3 A. I believe so. It includes individual
4 physician services and includes radiology services
5 and includes hospitalization charges from the Medical
6 University of South Carolina; Summerville Medical
7 Center; Trident Medical Center; VIBRA, V-I-B-R-A,
8 Hospital, Charleston; as well as two different
9 nursing homes, White Oak Manor and Mt. Pleasant
10 Manor; and finally, ambulance services from four
11 different groups.

12 Q. And I think the only one you weren't sure
13 about out of the exhibits was the exhibit for
14 Personal Care Ambulance Service; is that right?

15 A. I just didn't know exactly what that was.

16 Q. Other than that, have you reviewed those to
17 make sure these bills were related to the wreck of
18 January 3rd?

19 A. I have.

20 Q. In your opinion are they?

21 A. They are.

22 MR. PARKER: Your Honor --

23 Q. (BY MR. PARKER) Let me ask you one catch-all.
24 Out of the Exhibits, 1 through 30, are all of those
25 charges, in your opinion, other than the Personal

1 Care that you weren't familiar with, related to the
2 wreck of January 3rd, 2015?

3 A. I believe so.

4 MR. PARKER: Your Honor, we would offer into
5 evidence Exhibits 1 through 31 with the exception of
6 the Personal Care bill that we will take out.

7 THE COURT: All right. No objection there?

8 MR. HOOD: With the removal of the medical
9 records themselves, and just the bills -- subject to
10 that no objection.

11 THE COURT: I grant your motion as to 803.6.
12 I'm with you on that one. Without objection. What
13 did our total come to there?

14 MR. PARKER: 1 million 4 something, but that
15 included the bill from Personal Care which we will
16 have testimony on.

17 THE COURT: Okay. Very good.

18 THE WITNESS: Do you want me to read that?

19 THE COURT: Go ahead and give me that in the
20 record just so I have it.

21 THE WITNESS: \$1,451,190.91.

22 MR. PARKER: And Your Honor, do you have a
23 copy of that in your exhibits?

24 THE COURT: I do, Exhibit 31. I do have that.
25 It's a capitulation of what all these elements add up

1 to?

2 MR. PARKER: That's correct. Answer any
3 questions Mr. Hood may have for you.

4 THE COURT: Mr. Hood?

5 MR. HOOD: May it please the Court?

6 THE COURT: Yes, sir.

7 EXAMINATION

8 BY MR. HOOD:

9 Q. Dr. Pritchard, I want to see if I understand
10 what you're telling the Court. You're saying that
11 you've been through all the records and all the
12 bills, 1 through 30, and they all are related,
13 100 percent of them except for the personal
14 transport, are related to the accident?

15 A. That's correct.

16 Q. You would acknowledge that Ms. Blandin had to
17 have dialysis before, right?

18 A. I would. So if someone wanted to make the
19 argument that you should subtract what peritoneal
20 dialysis would have cost versus whatever hemodialysis
21 did cost to me that would seem logical.

22 Q. But you haven't done that?

23 A. I don't know what that number is. I have no
24 idea.

25 Q. And whether the hemodialysis was caused -- the

1 need for that was caused by this accident, that would
2 be something a nephrologist would need to testify to
3 as opposed to you, correct? The change from
4 peritoneal dialysis to hemodialysis?

5 A. Oh, I don't think so, no.

6 Q. You believe you're qualified to do that?

7 A. Yes. She had an injury to her abdomen that's
8 lead to peritonitis and that lead to an inability to
9 use peritoneal dialysis.

10 Q. Globally you believe that the ulcers were
11 related to her inability to move, right?

12 A. Correct.

13 Q. And the inability to move, you believe, is
14 related to the infection, the peritonitis, correct?

15 A. No. That's not all of it. The whole process
16 of what we call deconditioning -- I mean, it's the
17 opposite of going to the gym and getting conditioned
18 if you will. Deconditioning -- why was she
19 deconditioned?

20 Well, initially, honestly, it was painful.
21 She couldn't get up, couldn't stand up, without
22 hurting. This lead to a cascade of events including
23 the development of pressure ulcers and various other
24 infections. All of those lead further to her
25 deconditioning so that even now she's not able to get

1 about, get up and about independently.

2 Q. You testified that Exhibit 26 -- you said, I
3 don't specifically know what they did for those
4 charges, but I think they're related?

5 A. I don't remember what 26 was.

6 Q. Why don't you pull it out then?

7 A. Sure.

8 Q. For 26?

9 THE COURT: Is that Tidewater Surgical?

10 THE WITNESS: It is.

11 THE COURT: That's what my notes reflect.

12 MR. HOOD: Right.

13 THE WITNESS: I mean it says on here if you
14 want me to tell you.

15 Q. (BY MR. HOOD) Well, your testimony just a
16 second ago was, I don't specifically know what they
17 did, but I believe that it was related, right?

18 A. I don't know if I said that. I just don't
19 recall what I said. What I can tell you is they were
20 debriding her pressure sores.

21 Q. Apparently I got the exhibit --

22 A. If I look more carefully maybe I could --

23 Q. I got the exhibit number wrong, Exhibit--27.

24 MR. PARKER: It happens at your age.

25 MR. HOOD: It does. Exhibit 27.

1 THE COURT: That's Palmetto somebody, correct?

2 MR. HOOD: Correct. Palmetto Primary Care
3 Physicians.

4 THE WITNESS: It is just my inability to
5 recall specifically what they did.

6 Q. (BY MR. HOOD) So you have dates of treatment
7 of 4/1/15, 4/2/15, 4/3/15. You don't know what they
8 did but you believe it's related, right?

9 A. I believe it was at least influenced by her
10 wreck. It changed her life and her health. Whether
11 they checked her blood pressure that day and adjusted
12 her blood pressure or her blood pressure medications,
13 I do not know.

14 Q. What is peritonitis?

15 A. An infection of the peritoneum.

16 Q. And you would agree that causes for infections
17 of the peritoneum, in most cases the cause is a
18 rupture within the abdominal wall?

19 A. Such as appendicitis, for example.

20 Q. Peritoneal dialysis uses tubes, catheters, to
21 remove waste products from your blood when your
22 kidneys can no longer adequately do so, correct?

23 A. That's correct. It is in itself one cause of
24 peritonitis.

25 Q. And infection may occur during peritoneal

1 dialysis due to unclean surroundings, poor hygiene,
2 or contaminated equipment, right?

3 A. That's true.

4 Q. And you saw in the records that following
5 Ms. Blandin's first hospitalization, before she came
6 back the second time, that she fell and was found
7 covered in feces including at her peritoneal dialysis
8 site that was no longer hooked up, right?

9 A. That is correct.

10 Q. And that can cause peritonitis that then
11 caused her to be bedridden, that then caused the
12 decubitus ulcers, and all of this medical treatment,
13 couldn't it?

14 A. Well, I don't think so. The reason I don't
15 think so is because she also had an injury to the
16 peritoneal catheter site which made her more
17 vulnerable to the infection and the cascade of events
18 you just spoke to.

19 Q. And the injury to the catheter site, you've
20 got medical records from her initial hospitalization.
21 They said there that there was an evaluation of the
22 lower gastrointestinal tract. It shows no evidence
23 of bowel wall thickening or injury, right?

24 A. Correct.

25 Q. And there was a small amount of mildly super

1 attenuated material that could present a hemorrhage,
2 a small amount, correct?

3 A. Correct.

4 Q. So what you're telling this Judge is that it's
5 more likely this small possible hemorrhage that
6 resulted in the infection, rather than the feces that
7 were in the peritoneal dialysis area after
8 Ms. Blandin fell -- it's more likely an infection in
9 the wall than the feces?

10 A. Not an infection in the wall but the injury to
11 the wall which, if you will, disrupted the seal in
12 the barrier to infection from external feces. I
13 don't recommend being covered in feces for sure, but
14 I don't think that was the cause.

15 Q. And there was a subsequent finding, too, as
16 well --

17 MR. HOOD: One second, Your Honor.

18 Q. (BY MR. HOOD) -- you also reviewed the MUSC
19 consults from the February of 2015 -- February 20,
20 2015, right?

21 A. By Dr. David Ploth?

22 Q. Excuse me?

23 A. By Dr. David Ploth?

24 Q. No. This is a consult from Taccas Sutta
25 (phonetic). I'm not going to even try to pronounce

1 it.

2 A. I think that's probably the fellow who worked
3 for the attending, Ploth.

4 Q. All right. And you saw on there that there
5 had been a home visit to the patient's residence?

6 A. I did.

7 Q. And there were stacks of items to the ceiling
8 and feces on the floor?

9 A. I did see that.

10 Q. You would agree that that type of surrounding
11 would be an inhospitable spot for -- or a possible
12 surrounding in which an infection could develop?

13 A. That has some potential.

14 Q. And if the infection develops then you can
15 have all of the cascading issues that Ms. Blandin has
16 had?

17 A. Right. But she also had an injury to her
18 abdominal wall with the result of bleeding in the
19 space adjacent to the peritoneum --

20 Q. Can you show me in the medical record where
21 there was talk about bleeding from the catheter?

22 A. If you can show me that report you just read
23 from the radiologist I would be happy to show it to
24 you. I got everything on a disk.

25 Q. Sure. You're talking the one I just -- from

1 February?

2 A. Sure.

3 Q. Okay.

4 A. It will be in the second admission, I believe,
5 on the 11th of January.

6 Q. The 11th of January. I'll get that record.

7 A. Oh, I'm sorry. That's not true. It's in the
8 first admission, January 3 through 6 where they CT'd
9 everything basically from top to bottom.

10 Q. Here are the MUSC records from that. I
11 believe you have it as Exhibit 1, but if you can find
12 that for me?

13 A. Sure. It's going to be in the radiology
14 reports. That's where it is. I'm getting warm.

15 The trouble is this is missing Pages 26 and
16 27, and that's where the report is. At the bottom of
17 Page 25 it says, CT chest abdomen filled with some
18 contrast and tells how they did it, and then it skips
19 over to Page 28, missing 26 and 27. It may be out of
20 sequence.

21 THE COURT: Which exhibit number are you-all
22 looking at?

23 MR. HOOD: Part of Exhibit 1. It's medical
24 records that were attached.

25 Q. (BY MR. HOOD) Here's Pages 26 and 27.

1 A. So I'm on Page 26 now. Under the section --
2 mid-page entitled, Pelvis, it says, There's no
3 evidence of pelvic osseous trauma. Oh, I'm sorry.
4 Let me go back up one.

5 Under the section entitled, Abdomen, that's
6 about a third of the way down the page, it describes
7 the fractures of her right lumbar vertebra, L2, L3,
8 L4 transverse processes. It talks about fluid in the
9 abdomen perihepatic ascites, and then it goes down to
10 say, The gastrointestinal tract is unremarkable,
11 which we just read.

12 Abdominal hepatic vasculature without evidence
13 of acute injury -- I'm sorry. It is under pelvis.
14 There's also a small amount of mild hyperattenuating
15 material that could represent hemorrhage. That's
16 below that.

17 Q. That is the only mention in there of potential
18 blood, right?

19 A. Right.

20 Q. And it says, Could. It doesn't necessarily
21 say did represent blood, right?

22 A. No. Because radiologists see things that show
23 a certain physical characteristic. It's hard to
24 tell, for example, acute blood from bone. Of course
25 this is -- you don't have bone in the abdominal wall.

1 Q. And you never looked at the films?

2 A. No, I haven't.

3 Q. So all you have is the radiology report that
4 says it could represent a hemorrhage? That's it,
5 right?

6 A. Right.

7 Q. And there was no treatment given for this
8 hemorrhage, correct?

9 A. There wouldn't be any treatment that would be
10 appropriate.

11 Q. There is no diagnosis from anyone, in fact,
12 that this is a site of any peritonitis or subsequent
13 infection, is there?

14 A. Well, the radiologist doesn't typically say
15 stuff like that.

16 Q. Or from the subsequent treating when she
17 returned back in three -- six days later, no one's
18 saying that it's because of the infection from the
19 blood site, from the puncture site? It's all
20 about -- related to the feces?

21 A. Well, actually, there's a little discussion in
22 there by Dr. Ploth. That's who I thought you were
23 referring to. Dr. Ploth speaks to it but says he's
24 unsure.

25 Q. But you'll agree with me that no physician in

1 their diagnosis relates it to bleeding from the
2 automobile accident and it affecting the abdominal
3 wall, correct?

4 A. That's correct. Of course I didn't have the
5 advantage of their crystal ball. They didn't know
6 what happen later on.

7 Q. I'm sorry. They didn't have the advantage of
8 the crystal ball to know what happened later?

9 A. Right.

10 Q. When she returned she had peritonitis, right?

11 A. That's correct.

12 Q. They knew what had happened to her before,
13 correct?

14 A. That's right.

15 Q. They had her earlier records that showed
16 everything that had happened at MUSC for three days,
17 right?

18 A. Correct.

19 Q. And despite knowing all of that they did not
20 diagnose it as being related to an infection coming
21 from the peritoneal dialysis site being disturbed as
22 a result of this accident, correct?

23 A. But if you look at Dr. Ploth's note, he does
24 discuss such matter. He doesn't specifically say
25 what caused it because he doesn't know.

1 Q. And you don't know, do you?

2 A. Well, I told you what I think I know.

3 Q. And you didn't tell us anything about the
4 presence of feces when she fell, not once but twice,
5 correct?

6 A. Nobody asked me about that.

7 Q. And you would agree with me that feces is a --
8 the presence of feces increases the likelihood of an
9 infection to develop?

10 A. Well, if it's in the wrong place that is true.

11 Q. And if it's on the peritoneal catheter, the
12 dialysis catheter, because it's been disconnected and
13 she's fallen, that could easily be the source of the
14 infection, correct?

15 A. It could be the source. That doesn't mean it
16 is. In other words, she didn't have feces inside her
17 catheter. The question is, how did it get from
18 outside to inside? She had an injury to the catheter
19 site.

20 Q. And Dr. Ploth indicated in his note, the one
21 you were referring to, Patient with peritonitis
22 likely related to line contamination secondary to
23 recent "all" and immobility. That's what he said,
24 right?

25 A. May I see that?

1 Q. Sure.

2 A. Yes. I don't know what he meant by recent
3 "all". He must have meant fall.

4 Q. Right. The recent fall that brought her back
5 to the hospital that same day?

6 A. And immobility and why was she immobile?
7 Well, we've been discussing that for the last couple
8 of hours.

9 Q. But the contamination of the catheter site
10 that Dr. Ploth is talking about is from the fall,
11 correct?

12 A. The -- and the immobility of which he is also
13 talking is caused by the wreck.

14 Q. And you have not gone through any of the bills
15 because she was on the peritoneal dialysis for some
16 period of time following the accident, right?

17 A. Correct.

18 Q. And she had to have that no matter what
19 despite the accident?

20 A. That's correct.

21 Q. And you haven't subtracted any of that from
22 the medical bills that you told this judge that's all
23 related, have you?

24 A. That's why I offered to you the judgment --
25 the difference between the two might not be

1 appropriate.

2 Q. Right. And I'm not talking about the
3 difference between the two. She had some period of
4 time where she still was on the peritoneal dialysis,
5 right?

6 A. That's correct.

7 Q. Not the change from the peritoneal to the
8 hemodialysis, but the portion or the time frame in
9 which she was getting dialysis, the peritoneal
10 dialysis, you never subtracted any of that out, have
11 you?

12 A. No. I haven't done that sort of accounting
13 work. I'm just a medical consultant.

14 Q. Right. But you've come in here to tell this
15 Judge that everything's related to this accident, but
16 you would agree with me that the peritoneal dialysis
17 following the accident is not related or was not
18 caused by this accident, correct?

19 A. In point effect, I offered that to you without
20 a question in fairness.

21 Q. No, sir. No, sir. In fairness, what you said
22 was it would be fair if someone wanted to say, What
23 is the cost of the peritoneal dialysis, and the
24 difference between the peritoneal dialysis and the
25 hemodialysis and differentiate those, right?

1 A. And I'm simply saying that if she had
2 hemodialysis for two months -- I don't even know how
3 long it was -- that the difference between
4 hemodialysis during that interval of time and the
5 peritoneal dialysis would be a charge I think should
6 be excluded, but all her peritoneal dialysis was a
7 part of what she needed right after the accident.

8 Q. Right. So all of her peritoneal dialysis
9 should be removed from that \$1.4 million figure?

10 A. Correct.

11 Q. And all of the ambulance bills, all of the
12 doctor bills, anything related to the peritoneal
13 dialysis should be removed from that \$1.4 million
14 figure?

15 A. The peritoneal dialysis you can do at home.
16 You don't need transport. She was doing it all by
17 herself.

18 Q. Any of her follow-up treatment related to her
19 in-stage renal disease, her peritoneal dialysis
20 should be removed from that 1.4 figure?

21 A. Peritoneal dialysis, I agree.

22 MR. HOOD: Thank you, Your Honor.

23 THE COURT: Anything further?

24 MR. PARKER: One other question for

25 Dr. Pritchard.

EXAMINATION

BY MR. PARKER:

Q. The fall, what was Ms. Blandin's condition when she was released in so far as mobility the first time?

A. She wasn't mobile. She had too much pain.

Q. And would that in your opinion be causative of her fall?

A. It certainly could be. I don't know the precise -- I don't know the precise description of what happened. She came back in covered in feces. Her daughter discovered her that way. I don't know precisely how it happened.

Q. And there's no precise -- in the records it says there's no precise location that the feces were in?

A. No. I don't know that. I don't know that it was in the catheter. I assumed that.

Q. And in the record did you see anything that said there was feces on the catheter?

A. I didn't see that. If I did I would have certainly taken note. I would be happy to see anything to the contrary.

MR. PARKER: Thank you. That's all we have.

MR. HOOD: One second, Your Honor.

EXAMINATION

BY MR. HOOD:

Q. What is gram-positive cocci?

A. Those are bugs that you don't want inside your abdomen. Those are bacteria.

Q. And that's what she was diagnosed with, right?

A. In the peritoneal cavity?

Q. Yes.

A. Right.

Q. And what it said was that when she was found she was covered in feces. She was disconnected from her peritoneal dialysis and covered in feces?

A. That's what it said.

Q. And you also saw a note in February that she was -- she had decreased ability to ambulate since the accident, but she was walking with a walker, right?

A. Correct.

Q. She wasn't totally immobile in February of 2015?

A. But she wasn't normal. I think that's what he asked me.

Q. But she was able to walk with a walker in February of 2015?

A. Correct.

1 MR. HOOD: Thank you.

2 MR. PARKER: That's all we have, Your Honor.

3 THE COURT: Thank you.

4 EXAMINATION

5 BY THE COURT:

6 Q. Dr. Pritchard, just so I'm clear, your
7 testimony has been that these medical bills are a
8 direct cause of the accident. This issue about the
9 peritoneal dialysis as opposed to the -- what's the
10 other one?

11 A. Hemodialysis.

12 Q. Hemodialysis. It's your opinion that one lead
13 to the other because she was no longer able to do the
14 peritoneal dialysis?

15 A. Well, she was unable to do the peritoneal
16 dialysis because the infection interfered. She had
17 to be switched to hemodialysis. So my contention was
18 that the difference between the two was a financial
19 liability subsumed because of the accident.

20 Q. Okay. And about what time period are we
21 talking about here? That was two or three months
22 later?

23 A. This was -- I don't remember exactly. I think
24 it was a little less than that actually.

25 Q. And has she ever been able to go back to the

1 peritoneal dialysis?

2 A. I do not know what she's doing now.

3 Q. No records to indicate that?

4 A. I don't have any records since sometime in
5 2016, so I don't know what the situation is now.

6 Q. The main problem as I understand it then --
7 the reason for the end of the peritoneal dialysis is
8 once that peritoneal wall has been damaged and
9 there's infection in there, it's just not going to be
10 a valid way to do the dialysis; is that right?

11 A. Well, the other thing is that the exchange of
12 fluids, if you will, bodily poisons from the kidneys,
13 that movement takes place across the peritoneal
14 membrane. So an unhealthy peritoneal membrane may
15 not dialyze the way it once did.

16 Q. In order to get the same result?

17 A. Right. If it's scarred it may not permit
18 dialysis in that direction.

19 Q. And so one of the analysis or one of the
20 prognosis I guess in there is there was some sepsis
21 at one time?

22 A. Oh, for sure.

23 Q. Which is often fatal, I think your testimony
24 was, about half the time?

25 A. Right. Well, it depends on the cause of the

1 peritonitis. For example, a really bad one is to
2 rupture your appendix. I don't think the -- I don't
3 know the precise number, but I don't think the
4 fatality rate is as high as with a usual peritoneal
5 dialysis situation. I don't know the number.

6 THE COURT: Very good. That's all the
7 questions I have. If you-all have any follow-up you
8 certainly may. Okay?

9 MR. PARKER: No, Your Honor.

10 MR. HOOD: No, Your Honor.

11 THE COURT: Very good. Dr. Pritchard, thank
12 you, sir. You may step down. Just leave all those
13 documents there. Thank you, sir.

14 (Witness excused.)

15 MR. PARKER: We would like to bring
16 Ms. Blandin around in her wheelchair.

17 THE COURT: Let's bring her in we'll just set
18 her up right here (indicating). Let's take about
19 five minutes. We'll get her oriented in here, and
20 we'll come right back. Okay?

21 (A recess transpired.)

22 THE COURT: We're back on the record.

23 MR. PARKER: We're ready to proceed.

24 ANNA M. BLANDIN,

25 being first duly sworn, testified as follows:

1 THE COURT: Give me your name and address,
2 please?

3 THE WITNESS: My name is Anna M. Blandin. I
4 live at Dorchester Manor in Summerville.

5 THE COURT: All right. Very good. Thank you
6 ma'am. All right. Mr. Parker, your witness.

7 EXAMINATION

8 BY MR. PARKER:

9 Q. Ms. Blandin, tell us something about yourself.
10 Where did you grow up?

11 A. Right around the corner off Logan Street on
12 Short Street.

13 THE COURT: Short Street. All right.

14 Q. (BY MR. PARKER) That's here in Charleston?

15 A. Yes, sir.

16 Q. And how long have you lived here in
17 Charleston?

18 A. All my life, and I'm 73 years old.

19 Q. You're doing good for 73.

20 A. I think so, too.

21 Q. You grew up here and you got married?

22 A. Yes, sir.

23 Q. And have you had any children?

24 A. Yes, sir. That's the one in the pink blouse.
25 She will be back. She went to the restroom. She is

1 the only one I've got. I want you-all to pray for
2 her. She's not perfect, but she's a good child.

3 Q. She's sure helped take care of you, hasn't
4 she?

5 A. Yes, sir. Excellent care.

6 Q. This wreck that happened on June 3, 2015, do
7 you remember what happened at it, or people have told
8 you what happened?

9 A. I sort of -- the last thing I remember is
10 crossing -- Montague Avenue runs parallel. I wasn't
11 up -- but I was perpendicular to Montague. I was
12 crossing. I looked both ways. It's a four-lane
13 street. I remember driving off. I don't remember
14 nothing else after that. I -- they said --

15 Q. Well, we don't need to say what they said,
16 but -- just what you know.

17 A. I've seen enough TV to know that.

18 THE COURT: You remember heading out of the
19 intersection, and that's about the last that you
20 recall?

21 THE WITNESS: Yes.

22 Q. (BY MR. PARKER) And do you remember getting
23 in the ambulance at the scene and going to the
24 hospital that day?

25 A. No, sir.

1 Q. Do you remember being in the hospital at MUSC
2 when you got there the first time?

3 A. No, sir.

4 Q. Do you remember getting out of MUSC?

5 A. No, sir. No, sir, not really.

6 Q. And after you got home do you recall falling
7 at home?

8 A. I heard you-all talk about it. I remember
9 falling. My daughter went to church, and I wanted to
10 try to get up. I had -- she had a rolling table for
11 me, and I tried to move the table closer. As I moved
12 it it kept moving, and I was on the floor between the
13 nightstand and my bed. I called and I said, Oh,
14 Corona. I couldn't get up. I stayed there until she
15 came.

16 Q. And did the wreck and your injuries in the
17 wreck cause you to fall by not being able to walk?

18 A. I believe so because right now I can sort of
19 move my legs and I can move my upper body, but it's
20 almost like I'm paralyzed, and I can't move my butt.
21 I can do pretty good with my legs, but I can't do
22 like this with them (indicating).

23 Q. You have -- let's go back now. I'm going to
24 ask you some questions about before the wreck. What
25 did you do for your career?

1 A. I was a social worker.

2 Q. And where did you work?

3 A. I worked at -- I taught school for the federal
4 government. I went to the Housing Authority and
5 worked there for 20-something years, 21 years. Then
6 I retired. I worked 45 years of my life.

7 Q. And after you retired, what did you do?

8 A. Church work. Very active in church work.

9 Q. Which church was that?

10 A. New Zion AME Church right next door to the
11 Harley Davidson motorcycle place. Only their fence
12 separates my church from Harley Davidson.

13 Q. And after you retired were you very active in
14 it? Did you go to church a lot?

15 A. Please. Let's not talk about it. My
16 daughter's -- all I would do -- she would say I sleep
17 there. I was the church secretary and I did all the
18 finances and the secretarial work.

19 Q. How about since you've been in this wreck,
20 what's happened with the church?

21 A. I haven't been to church in probably almost
22 two years.

23 Q. Because you haven't been able to?

24 A. Well, if my daughter carries me. I don't want
25 to be a burden to nobody. She can tell you that when

1 I was well, I'd say to her -- I'd see people -- we go
2 to Six Flags or somewhere and I'd see people pushing
3 their family, you know older people. I'd say to her,
4 They're good, but I don't want to be no burden for
5 somebody. When they come to places like that they're
6 coming to have fun, when you have people -- you might
7 not mind, but I tell you I would feel -- that's
8 important for her. She went there to have fun. She
9 didn't go there to push me around. She can tell you
10 I've been up to the home -- I don't ask her to take
11 me nowhere.

12 Q. Well, how do you get there?

13 A. Ambulance. Like today I came in the -- the
14 Personal Care. I go to dialysis with Personal Care.
15 They take me and bring me.

16 Q. Now, before the wreck, you had a bag that you
17 had to take at night every so often for your
18 diabetes?

19 A. Yes, sir. No. For -- not diabetes but for my
20 kidneys.

21 Q. Kidneys?

22 A. Yes. Dialysis.

23 Q. Dialysis. You had to do that because your
24 kidneys weren't functioning properly?

25 A. Yes, sir.

1 Q. And how often did you do that?

2 A. Every night.

3 Q. You would just go to sleep with this on?

4 A. That's right.

5 Q. Wake up and you would be good to go, right?

6 A. Yes, sir.

7 Q. Now, after the wreck happened they continued

8 you on that for a while?

9 A. Yes, sir.

10 Q. And then what happened to you after that?

11 A. I got peritonitis. Peritonitis. I got

12 peritonitis. The covering of my peritoneum was

13 infected.

14 Q. And as a result of that you got very ill?

15 A. Yes.

16 Q. And you were in and out of the hospital for

17 months?

18 A. Yes.

19 Q. And do you recall each time you were in the

20 hospital?

21 A. No. You-all told me I went to Whitehouse

22 (sic) Manor or something. I don't remember none of

23 that.

24 Q. And do you remember them changing you from the

25 peritoneal dialysis to the hemodialysis?

1 A. Yes.

2 Q. And the hemodialysis, what is that about?
3 Tell us how that's done.

4 A. I have a (indicating) I'm trying to say the
5 name. Some people have it in their arm. It's a
6 shunt. My veins are too small.

7 THE COURT: Is that the PICC line -- they call
8 that?

9 THE WITNESS: Yes, sir.

10 THE COURT: Catheter?

11 THE WITNESS: Catheter.

12 Q. (BY MR. PARKER) And they do that to you? You
13 have to go how many times? Today is not a day you
14 go, right?

15 A. No. Mondays, Wednesdays, and Fridays.

16 Q. And do you have to go every Monday, Wednesday,
17 and Friday?

18 A. Yes, sir.

19 Q. And how do you get there?

20 A. Through Personal Care. It's like an
21 ambulance. They take me and bring me back.

22 Q. And they do that every time you have dialysis?

23 A. Yes, sir.

24 Q. And if it hadn't have been for this wreck
25 would you have been able to drive yourself?

1 A. Before I got on the peritoneal dialysis I used
2 to go there. They had me coming there. After they
3 couldn't find my blood they put me on peritoneal
4 dialysis. After the wreck I had to go to
5 hemodialysis.

6 Q. Beforehand you did that at night, and that
7 didn't interfere in any way with your driving, did
8 it?

9 A. No, sir. I used to drive myself there.

10 Q. Where did you have this peritoneal dialysis?
11 Did you do it at home or did you go somewhere to have
12 it done?

13 A. I did it at home, but to get on that -- they
14 put me on that after I used to go to the little
15 clinic they have on the side of where I go now.

16 Q. And that is the peritoneal dialysis? That's
17 where -- they got you on that before the wreck?

18 A. Yes. And I did that at home.

19 Q. And did anybody help you with that?

20 A. No, I did it myself.

21 Q. And were you able to take care of yourself and
22 do everything for yourself?

23 A. Fix my food and everything.

24 Q. Did you have an active life?

25 A. Very. Very.

1 Q. Mostly centered around the church?

2 A. Yes.

3 Q. Now, your daughter, Corona, did she live close
4 to you?

5 A. Not very far. I'm near Park Circle and she
6 lives down by Chicora grade school.

7 Q. Now, before the wreck did you-all see each
8 other often?

9 A. Every day.

10 Q. And did she help take care of you?

11 A. Yes, even when I was up.

12 Q. I'm talking about before the wreck when
13 you-all still saw each other every day?

14 A. Every day.

15 Q. And how about since the wreck?

16 A. Yes. Well, I see her probably most nights.
17 I'll say about two nights out of the week I don't see
18 her, but almost every night she comes to bring me
19 something to eat. They have food there but they
20 don't cook with seasoning, and I'm used to cooking
21 with seasoning or eating food that's cooked with
22 seasoning. So she brings me something from her
23 house.

24 Q. Something that's got a little flavor to it?

25 A. Yes, sir.

1 Q. Now, after the wreck was there a time when you
2 were able to get around on a walker?

3 A. You know, you-all tell me that, but I don't
4 remember that.

5 Q. You don't remember that?

6 A. No, sir.

7 Q. Do you remember when you got where you
8 couldn't get out the bed and couldn't walk?

9 MR. HOOD: Objection. Leading, Your Honor.

10 THE COURT: I'm going to allow it a little
11 bit. Go ahead. He's trying to refresh your memory,
12 I think.

13 MR. PARKER: Yes.

14 Q. (BY MR. PARKER) Do you remember when it was
15 that you got to where you couldn't walk?

16 A. I don't want to tell a story. I was in the
17 hospital -- no, I was home because they used to
18 come -- the nurses used to come two or three times a
19 week, and they would exercise my legs. I couldn't
20 walk. I couldn't move this part of me right here
21 (indicating). I couldn't move that. I knew I
22 couldn't walk.

23 Q. And so since whatever time it was that you
24 were unable to walk is because you can't move your
25 legs, correct?

1 A. Right. I can't move good. I can --

2 Q. Can you lift them up?

3 A. I can lift my left leg.

4 Q. How about your right one?

5 A. If I push it hard enough and get it to the
6 end, I can -- there isn't too much going on.

7 THE WITNESS: Judge --

8 MR. PARKER: You can't do much with it?

9 THE WITNESS: -- I know you think I'm playing,
10 but I'm serious. There isn't nothing happening
11 there.

12 THE COURT: Okay.

13 Q. (BY MR. PARKER) Now, how is the fact of this
14 wreck -- how has that affected your life?

15 A. It's just different. My daughter can tell
16 you. I'm used to going. I'm used to doing. Now
17 everybody's got to do things for me. They have to
18 wash under my clothes. I can't stand that, but I
19 can't do it myself. God knows I can't. My daughter
20 can tell you all my life that I've been a worker. I
21 worked 45 years of my life. I can't do for myself.
22 It's hard. When you've worked all your life and then
23 you get to the place that people have got to -- my
24 nightstand at the home, at the Manor, I can't even
25 get in that drawer. I have to get somebody to hand

1 me my brush. Hand me my -- oh.

2 Q. Somebody has to do everything for you?

3 A. Everything, you know, if it's not right in
4 front of me.

5 Q. And do you get up every day and get in your
6 wheelchair?

7 A. No.

8 Q. What do you do on a typical day?

9 A. If they come and wash me up I get in my
10 wheelchair. I can't -- they have to give me a bed
11 bath because the doctor don't want me to take showers
12 because this is directly connected to my vein, and if
13 it gets infected then my whole body gets infected.
14 That's all right. Honestly, they keep me clean, but
15 then I have this lesion on my back, you know, the
16 bedsore. So they have to change that twice a day.
17 I'm fine while I'm lying down or sitting in the
18 chair. Oh, Lord, when it's time to roll over, I
19 would rather take a beating than to do that. I sit
20 down and say, Lord, why me? You know, in this life
21 you're going to have all kinds of things.

22 I feel like the Lord has taken care of me. He
23 still does. I have my right mind and in that Manor I
24 see people walking and talking and don't know what
25 day it is, so I don't have no complaints. I'm

1 blessed.

2 Q. Some of those people in the home are a lot
3 worse off than you?

4 A. Oh, child. You say you have it bad, you just
5 look at the next person.

6 Q. You don't watch any TV out there, do you?

7 A. What? Every basketball game now I'm going to
8 catch that.

9 Q. Who's your favorite?

10 A. Cavaliers.

11 Q. Cavaliers?

12 A. Yes, sir.

13 Q. So you watch TV?

14 A. Yes. And I'll tell you, my daughter has a
15 radio by my bed and a TV and radio are going
16 sometimes, and I'm looking up and talking to the
17 Lord. So I'm fine. I'm fine.

18 Q. Before this wreck, other than being on the
19 dialysis did you have any trouble getting around or
20 doing anything or doing whatever you wanted to do?

21 A. No, sir, none whatsoever.

22 Q. You went wherever you wanted to, did whatever
23 you wanted to?

24 A. Even drove myself to dialysis.

25 Q. You were having the dialysis at the home then,

1 right?

2 A. Yes. I had to get --

3 Q. You would get the supplies there? Where did
4 you go get the supplies from?

5 A. From the dialysis center.

6 Q. And they would give you supplies every week or
7 every so often?

8 A. They would send them by UPS and sometimes I
9 would run out, and then I would have to go there to
10 get it.

11 Q. I notice some scars on your hands. What is
12 that from?

13 A. The hypodermic needle exploded in my vein at
14 the Medical U. I woke up one morning and saw a patch
15 on my arm. I never knew. The doctor -- you know,
16 how they go around with the students and talk about
17 the patient, he told one of the students -- you know,
18 picked up my hand and said, Oh, the hypodermic needle
19 burst in her hand. I never knew. Nobody told me
20 until he told that fellow. I woke up one morning
21 with the patch on my hand. It didn't hurt, but I
22 don't know what it was.

23 Q. And you had some ulcers or open areas while
24 you were in the bed in the hospitals?

25 A. I've still got it.

1 Q. You've still got it?

2 A. I'm sitting on it right now.

3 Q. Where is it?

4 A. In the sternum (sic). See how I'm sitting?
5 It's right where the bones are split. It's sort of
6 right there (indicating).

7 Q. How big is it now?

8 A. One time it was like this (indicating).

9 Q. About like a quarter or something?

10 A. Maybe about a dime.

11 Q. Okay.

12 A. And then I must have got depressed. I stopped
13 eating. I wouldn't eat and I wouldn't drink. After
14 that that opened back up and the nurse told me, You
15 know what happened to you? I said, Well, I thought
16 this thing was healing. She said, Oh, yeah. It was
17 almost closed, but you stopped eating and drinking,
18 so it opened back up. I wasn't getting enough
19 protein. You need that to help heal. I'm better
20 now.

21 Q. Do you have another place that's open like
22 that other than the one on your back?

23 A. No, sir, that's it.

24 Q. That's the only one? You had another one
25 somewhere one time, didn't you? Another open area?

1 Do you remember? Do you remember a lot about all
2 that time in the hospital, that you were in all these
3 hospitals?

4 A. (Witness shakes head.)

5 Q. That's a no?

6 A. No. I'm sorry. You can't write that down
7 (indicating). It's bad.

8 Q. Do you watch Court TV?

9 A. Yes, sir.

10 Q. And in so far as being able to walk is anybody
11 trying to help you where you can walk? Do you get
12 therapy?

13 A. Everybody has said, Well, the first 100 days I
14 was there they gave me therapy. They said that
15 that's over with now.

16 Q. They said it wouldn't do you any good?

17 A. I asked a female doctor and a male doctor. I
18 said, Do you think I'll walk? They said, No,
19 Ms. Blandin, you'll never walk again. I said, I'll
20 not worry about that. If I never walk again -- I
21 told him I'm 72 years old. I've walked 71 years of
22 my life. If I never walk again -- I've been there
23 because I want to walk. I've done almost everything
24 I wanted to do. I've served the Lord. I am pleased
25 with that. I can be honest with you, though, my

1 daughter will look at me and I'll say, I haven't
2 always been old. I was young one time myself.

3 THE COURT: I'm with you.

4 Q. (BY MR. PARKER) I didn't ask you this. It's
5 on the medical bills. What's your birthday?

6 A. March 17, 1944, St. Patrick's Day.

7 MR. PARKER: Mr. Hood, may have some questions
8 for you. Answer any of them that he asks you.

9 THE WITNESS: Yes, sir.

10 THE COURT: Mr. DesChamps?

11 EXAMINATION

12 BY MR. DesCHAMPS:

13 Q. Ms. Blandin, can you hear me?

14 A. Yes, sir.

15 Q. My name is Will DesChamps, and I'm a lawyer
16 for the City of North Charleston. I have a couple of
17 questions for you?

18 Before the accident occurred you had been
19 diagnosed with what's called in-stage renal disease;
20 is that right?

21 A. No, sir. When I was going to dialysis,
22 walking and going to dialysis, they said I had
23 third-stage kidney failure but maybe the last month,
24 they told me I had in-stage renal failure.

25 Q. A month before the accident?

1 A. Yes.

2 Q. That's a kidney disease?

3 A. Yes.

4 Q. Okay. When the doctors told you that did you
5 have to go see a nephrologist? Is that the name of
6 that doctor?

7 A. (No verbal response.)

8 Q. Tell me, when were you first diagnosed with a
9 kidney problem? Was it a couple of years before the
10 accident?

11 A. No. It was probably five years before the
12 accident.

13 Q. Okay. About five years. So when you were
14 first diagnosed with that you had to go see a
15 nephrologist?

16 A. Yes.

17 Q. Then after that you would go and have
18 follow-up visits with the nephrologist?

19 A. Yes. On the fifth floor at Rutledge Tower.

20 Q. Okay. And how long have you been doing
21 dialysis?

22 A. Well, I retired in 2003. It was about
23 five years before I retired.

24 Q. And you retired in 2003?

25 A. Probably.

1 Q. Approximate dates is okay.

2 THE COURT: The best you can recall.

3 THE WITNESS: That's --

4 THE COURT: That's all right. We're not going
5 to hold you to too much. I figure you worked 45
6 years, right?

7 THE WITNESS: That's right.

8 THE COURT: All right. I can do some math
9 there.

10 Q. (BY MR. DesCHAMPS) Ms. Blandin, with the
11 dialysis, would you sometimes have to go see a doctor
12 and get a checkup about the dialysis site and how the
13 dialysis was working for you?

14 A. No. I did the dialysis -- the hemodialysis,
15 the doctor would say it.

16 Q. Well, let's talk about before your other
17 hemodialysis. You were doing the peritoneal
18 dialysis, right?

19 A. Yes.

20 Q. And that's what you were doing before the
21 accident?

22 A. Yes.

23 Q. And you did it also some after the accident?

24 A. Yes, sir.

25 Q. And you would do that at night?

1 A. Yes, sir.

2 Q. And you would do that on your own?

3 A. Yes, sir.

4 Q. Would you sometimes have to go see doctors and
5 they would check up with your dialysis site?

6 A. Yes.

7 Q. The access site?

8 A. Yes. I didn't have an access site per se.

9 Q. You would hook up the dialysis machine to your
10 body when you went to sleep?

11 A. That's right.

12 Q. And it would hook up somewhere on your body?

13 A. Yeah, I guess. I can't remember.

14 Q. And before the accident you had been -- you
15 had diabetes, right?

16 A. Yes.

17 Q. And you would often have to go see a doctor
18 for treatment and care and checkups regarding the
19 diabetes?

20 A. Yes, sir.

21 Q. And following the accident, the ambulance took
22 you to the emergency room, MUSC; is that right?

23 A. I guess so.

24 Q. You went to the emergency room, right?

25 A. Yes, sir.

1 Q. And you were there a couple of nights? You
2 were there about two or three nights; does that sound
3 right?

4 A. Son, please don't hold me to that. I can't
5 remember that.

6 Q. Okay. You remember staying there overnight
7 some?

8 A. Yes.

9 Q. And they found you had broken some bones,
10 right?

11 A. Yes, sir.

12 Q. Was that your ribs; does that sound right?

13 A. Ribs and my tailbone.

14 Q. All right. After they found you had broken
15 those ribs do you remember going and seeing a
16 physical therapist during that stay?

17 A. I went to the Whitehouse (sic) -- something --
18 Manor. Lord knows I don't remember none of that.

19 Q. Let me ask you -- I just want to talk about
20 right after the accident, as well as you can
21 remember, when you were at the emergency room for a
22 couple of days -- I just wanted to see if you can
23 remember as much as you can what you did there and
24 who you saw. I believe you saw a physical therapist
25 and worked with them and they worked with you on

1 walking; do you recall that?

2 A. No, nothing about that.

3 Q. Do you recall seeing a nephrologist about your

4 kidney?

5 A. Yes.

6 Q. So you saw one there, right?

7 A. (Witness nods head.)

8 Q. Do you recall taking what's called a cognizant

9 neurological test where they ask you questions and

10 see if you can remember and see how your mind's

11 working?

12 A. No.

13 Q. Okay. Well, when you left the hospital that

14 time they sent you home, right?

15 A. I think.

16 Q. And so after the accident you were at the

17 hospital for a couple of days and they evaluated you,

18 and then they were okay to send you home?

19 A. I guess so.

20 Q. And you were living alone at that time?

21 A. Yes.

22 Q. All right. And the doctors during that

23 hospitalization, do you recall they didn't find you

24 had any infection; isn't that right?

25 A. I don't know. What does the record say?

1 There are so many things I don't remember. One thing
2 I do remember is I stayed in a room at the Medical
3 University for hours, maybe all day long. It was
4 real dark in there. I tried to call out, Hello.
5 Hello. I remember that and nobody came. I
6 started -- I was lying on my side and I never -- it
7 was dark. I was so scared. I'm scared of the dark.
8 I was in a strange place, so I just stayed right
9 there.

10 Ever since then that spot that I was lying on
11 started hurting and hurting. That's when I got this
12 bed sore.

13 Q. And that's because you had called for the
14 doctors and nobody came to see you?

15 A. Well, they sort of left me in a room and
16 probably forgot about me. The next morning, at
17 daybreak, when it was day, I saw people. I heard the
18 man carrying the bucket out there and like a bucket
19 on rollers. He was cleaning.

20 Q. So as much as you can remember after you went
21 to the hospital immediately following the wreck and
22 then they sent you home -- that's right -- and you
23 went home after that? That's what you remember?

24 A. You just go right on.

25 Q. Okay. I think they sent you home on January

1 6. You tell me if that doesn't sound right.

2 A. All right.

3 Q. So you were living at home, and I think you
4 stayed there for -- I guess that would be the 6th,
5 7th, 8th, 9th, and 10th. Those nights you were there
6 living alone; is that right?

7 A. Right.

8 Q. And you were doing your dialysis by yourself
9 every night; isn't that right?

10 A. Yes.

11 Q. So you would hook that up yourself before you
12 went to sleep, and while you were sleeping the
13 dialysis machine would work?

14 A. Yes, sir.

15 Q. I think you said that on the 11th was when you
16 woke up and you had fallen beside the bed?

17 A. That was a Sunday morning and my daughter had
18 gone to church. I don't know what day that was.

19 Q. That was a Sunday morning, and when you woke
20 up the dialysis was disconnected from your body?

21 A. Yes.

22 Q. And that's when they had found that there was
23 feces in the room?

24 A. You know, I don't -- I don't like to
25 contradict people, but I don't keep a house like

1 that. I don't know what he was talking about. I'm
2 not perfect and I'm not the Mr. Clean lady, but I
3 don't keep a -- where feces would be all over the
4 wall. There was no feces with the port. There might
5 have been -- fluid might have come out, but there
6 wouldn't be no feces.

7 Q. Well, could it be that it happened because of
8 something when your dialysis machine became
9 disconnected that night?

10 MR. PARKER: Object to the form.

11 THE WITNESS: Sir?

12 MR. PARKER: Nothing. You can go ahead and
13 answer.

14 THE COURT: You want to ask that question
15 again?

16 MR. DesCHAMPS: Sure.

17 Q. (BY MR. DesCHAMPS) If there was feces in the
18 room could it have been because something had
19 happened when you fell and the machine became
20 disconnected and you were found on the floor that
21 morning? Could the feces have happened because you
22 fell?

23 A. I don't understand. There's no feces in that
24 line. That line is supposed to be sanitary or
25 sanitized. So I don't know where you the feces would

1 have come from. There was nothing connected to my
2 bowels. It is connected to my intestines. It's for
3 my kidneys.

4 Q. If the medical records indicated that when you
5 went to the doctor that day that somebody had told
6 the doctors that it was found that there was feces on
7 the floor near where you were and the catheter became
8 disconnected. Would you have any reason to say that
9 that wasn't true?

10 A. Yes. All the reasons because how would the
11 feces get up there. The feces (sic) was connected to
12 my kidneys, not my bowels.

13 Q. So you think your medical records have untrue
14 statements from you?

15 A. That's what the medical records say? They
16 weren't there. They don't know what happened.

17 Q. After you went to the doctor that second time
18 after you fell, is that when they told you you had
19 what's called peritonitis?

20 A. Yes. That was for my kidneys.

21 Q. And that's an infection; is that what you
22 understand?

23 A. Yes, sir.

24 Q. Ever since that time you have gone in and out
25 of hospitals; isn't that right?

1 A. Oh, yes.

2 Q. And you had to go see an infectious disease
3 specialist; is that right?

4 A. Yes. I was in isolation at one time.

5 Q. And you developed sores on your body?

6 A. Maybe somewhere. I'm not sure.

7 Q. Did they tell you that that was from
8 infections that you had gotten?

9 A. Yes. Yes.

10 Q. And when you were going -- you had to go to
11 the doctor a lot after you were diagnosed with this
12 peritonitis. We learned a lot about that today.
13 When you were there it wasn't for treatment of the
14 ribs or the broken bones, right? It was for the
15 infectious disease?

16 A. No. But as the doctor told me that was as a
17 result of my -- of the wreck.

18 MR. DesCHAMPS: I see. Thank you, ma'am.
19 Thank you so much.

20 MR. PARKER: We don't have anything else.

21 THE COURT: Thank you. Ms. Blandin, thank you
22 for coming. Okay?

23 THE WITNESS: Yes, sir.

24 (Witness excused.)

25 MR. PARKER: Your Honor, are you ready for us

1 to proceed?

2 THE COURT: Yes.

3 MR. PARKER: Corona, come up and be sworn.

4 CORONA CAMPBELL,

5 being first duly sworn, testified as follows:

6 THE COURT: Your full name and address for the
7 record, please?

8 THE WITNESS: Corona Campbell, 3103 North
9 Atlantic Avenue.

10 THE COURT: North Atlantic?

11 THE WITNESS: Yes.

12 THE COURT: And that is where?

13 THE WITNESS: North Charleston.

14 THE COURT: ZIP code?

15 THE WITNESS: 29405.

16 THE COURT: Thank you, ma'am. All right.

17 Mr. Parker?

18 EXAMINATION

19 BY MR. PARKER:

20 Q. Ms. Campbell, Anna Blandin is your mother?

21 A. Yes, sir.

22 Q. And you-all have been very close over your
23 life?

24 A. Yes, sir. Somewhat. My grandmother raised
25 me.

1 Q. After you got older and sort of got
2 straightened out and everything you-all became very
3 close?

4 A. Yes, sir.

5 Q. At the time of this wreck on January 3rd,
6 2015, describe your relationship with your mother at
7 that time?

8 A. Tighter than tight.

9 Q. Say that again?

10 A. Tighter than tight.

11 THE COURT: Tighter than tight. Okay.

12 Q. (BY MR. PARKER) In other words, you-all were
13 very close to each other?

14 A. Yes, sir.

15 Q. How often did you-all see each other?

16 A. Every day.

17 Q. And you would go over there every day?

18 A. Yes, sir. Well, she lived with me for five
19 years.

20 Q. And where was that at?

21 A. On North Atlantic and then she went home the
22 day before Labor Day of '14, and then she had the
23 accident on January 3rd of '15.

24 Q. And so she hadn't been home long when that
25 happened?

1 A. No, sir.

2 Q. And what did she -- how long has she had that

3 house, where she was living when the wreck occurred?

4 A. About 25 or 30 -- 25 years.

5 Q. A long time?

6 A. Yes, sir.

7 Q. And even though she lived with you she kept

8 her house?

9 A. Yes, sir.

10 Q. What kind of career did she have at work? Are

11 you familiar with that?

12 A. She took care of everybody. Her job was her

13 livelihood. She would get people homes or places to

14 live. She's just an outgoing person to help people.

15 That's all she knows.

16 Q. She loved her job?

17 A. Yes, sir.

18 Q. And at the time -- do you recall when she

19 retired?

20 A. Yes, sir.

21 Q. I think you gave me a piece of paper with it

22 on there. It's here somewhere. Was it 2007?

23 A. Yes, sir.

24 Q. And she worked up until then?

25 A. Yes, sir. And after she retired people were

1 calling her. Ms. Blandin, could you help me? I
2 said, You're retired, not retarded. She said, That's
3 what the Lord wanted me to do is to help people.

4 Q. And she would help them find housing? Is that
5 what she did for her job?

6 A. Yes, sir.

7 Q. Is that correct?

8 A. Yes, sir.

9 Q. And now, the wreck when it happened, how did
10 you find out about it?

11 A. I had just got home, I think, maybe 30 minutes
12 before and I got a call saying you need to come on
13 the hill. There was an accident with your mom, and
14 I'm like okay. And then the phone started blowing
15 up. Everybody just started calling. You need to get
16 up here. I said, Well where at? They said, When you
17 come on the hill you'll see the ambulance. I was
18 like, Okay.

19 I went up there and I was like, Where is she
20 at? They said something about the car -- that
21 doesn't make me -- that's not my mom. Get another
22 car. I want to know where she's at and how is she?

23 Q. What did you find out?

24 A. She had already -- she had just left for the
25 hospital. They were saying Corona, look at the car.

1 Look at the car. I was like, I'm looking at the car.
2 I don't see anything. At the same time they were
3 trying to tell me, you know, directly look at it.

4 Someone pulled me, grabbed me by the hand and
5 took me around to the passenger's side. When I saw
6 it all I could say is, Oh, my God.

7 Q. It was torn up?

8 A. Yes, sir.

9 Q. It hit a tree? Is that what it hit?

10 A. The passenger's side was hit hard, knocked
11 almost to the steering wheel. I said, Thank God
12 nobody was in there with my mom.

13 Q. And they took her by ambulance to the
14 hospital?

15 A. Yes, sir.

16 Q. And took her to MUSC?

17 A. Yes, sir.

18 Q. And did you go down there that night?

19 A. Yes, sir.

20 Q. And what did you find?

21 A. Her. She was coming to a little bit. It was
22 like -- she looked at me and was like -- Hi. I said,
23 Are you okay? I'm all right. But she wasn't too
24 sure. She was trying to put the best on the outside.

25 Q. Did she remember anything about the wreck at

1 that time?

2 A. All she said was from day one -- what she's
3 saying now, she doesn't know where that man came
4 form. He must have dropped out of the sky.

5 Q. And in so far as her being hurt or whatever,
6 did she break her ribs and her back and had fractured
7 vertebra?

8 A. Yes, sir.

9 Q. What else did she complain of while she was
10 there?

11 A. She was telling Elle (phonetic) that her legs
12 were bothering her. She wasn't telling me. I was
13 like --

14 MR. DesCHAMPS: Your Honor, I object to
15 hearsay of what Ms. Blandin said.

16 THE COURT: All right. I'll sustain it as to
17 that.

18 Q. (BY MR. PARKER) What did your mother tell you
19 in so far as her condition while she was at the
20 hospital?

21 MR. DesCHAMPS: Objection that's still
22 hearsay, Your Honor.

23 THE COURT: Well, she testified just a minute
24 ago. Are you testifying about what your mama said at
25 the hospital? I'll allow that.

1 THE WITNESS: Excuse me a little bit.

2 MS. BLANDIN: The Judge is waiting on you.

3 THE WITNESS: I'm sorry.

4 MR. PARKER: That's all right. Take your
5 time. I think this is upsetting to you.

6 Q. (BY MR. PARKER) When she was in the hospital,
7 she eventually got out of there after a few days?

8 A. Yes, sir.

9 Q. And when she went home, what was her
10 condition? Was she able to get up and take care of
11 herself?

12 A. She was moving just a little bit. It wasn't
13 too much. She was always complaining, My back hurts.

14 Q. And she had difficulty walking?

15 A. Yes, sir.

16 Q. And what happened after a few days after she
17 was home in so far as how she got back to the
18 hospital? What do you know about that?

19 A. She was just, I'm hurt. I'm hurting. I'm in
20 pain. I'm in pain. She stopped eating and wouldn't
21 eat or drink anything. I said, Mama, you've got to
22 eat. Then it got to point where she was so used to
23 going and it just -- -- excuse me. Mom, I'm sorry.
24 You don't understand. This is -- I've been holding
25 this in since January 3rd of '15. I'm sorry.

1 Q. Let me ask you about when your mother fell.

2 Were you there at the house when she fell, Corona?

3 A. No, sir. I was at church.

4 Q. You were where?

5 A. I went to church.

6 Q. You went to church?

7 A. Yes, sir.

8 Q. And how did you find out that she had fallen?

9 A. I got out of church and I came straight back
10 to the house, and I said -- before I left I said,
11 Mom, I'm going to church. Do you want me to stay?
12 I'll stay home. She said, No, you go on to church.
13 I'll be fine. I said, Don't move. She said, I'll be
14 right here watching TV until you get back.

15 Q. And when you got back what did you find?

16 A. When I came back and I said, Hey, Little Girl,
17 I'm back. And when I walked in the door I didn't see
18 her in the bed. It's a king-size bed. She was a
19 little ways off the middle of the bed. I didn't see
20 her.

21 I went to the side of the bed. She said, Help
22 me. She had fallen off the bed in between the bed
23 and the nightstand.

24 Q. She had fallen off the bed. Could she get up?

25 A. No. I said -- I tried to get her up. I had

1 to call EMS.

2 Q. There's been some testimony here about her
3 having some feces around the port. Was that true?

4 A. Oh, sir, I don't remember that. And if she --
5 maybe the pressure of when she fell out of the bed,
6 but I don't remember no feces being around or nothing
7 like that.

8 Q. And you-all got in the ambulance and went to
9 the hospital?

10 A. Yes, sir.

11 Q. At that time then she was in the hospital for
12 a little while after that?

13 A. Yes, sir.

14 Q. And over the next period of months was she in
15 and out of the hospital?

16 A. Yes, sir.

17 Q. Did she ever get any better?

18 A. No, sir.

19 Q. Eventually did she get well enough that she
20 wasn't in the hospital, that she was in the nursing
21 home?

22 A. She was in and out of the hospital constantly,
23 and then mom got depressed. It was like -- she was
24 not used to not being able to move, and she just
25 wouldn't eat, she wouldn't drink, she wouldn't do

1 anything.

2 Q. She got real down?

3 A. Yes, sir.

4 Q. That was a couple of times over that period of
5 months?

6 A. Yes, sir.

7 Q. And did she eventually come around and start
8 getting better?

9 A. Oh, it was like a year later.

10 Q. And after about a year then she started
11 improving?

12 A. She was so depressed.

13 Q. And she -- at the nursing home where she is
14 now, at Mt. Pleasant Manor, has she steadily
15 improved?

16 A. Yes, sir.

17 Q. When did she get to where she is today, where
18 she's happy and content with life?

19 A. Only by the grace of God. She -- at one time
20 she just wanted to give up, and I said, No, you can't
21 do that. She said, You're being selfish. You want
22 me around for you. She said, I can't -- I'm not used
23 to this. I said, You'll be fine. We have the good
24 Lord on our side. She looked at me and she told
25 me -- she said, When I wanted to give up He wouldn't

1 let me. I don't want to be like that. A couple of
2 doctors -- different ones said, You might as well
3 call Hospice for your mom. I said, For what? I
4 said, You don't know my mom. I said, I know my
5 mother. I know a man that's name is Jesus. He's
6 still in the healing business. I said, What you're
7 talking about is irrelevant. I'm not calling nobody
8 but Him. The doctor said, In my professional opinion
9 your mother isn't going to make it. I said, We'll
10 see.

11 Q. And she did?

12 A. And I look at her now -- it's been a rough
13 road, but look how far the Lord's brought us, Boo.
14 You, me, and the Lord.

15 MS. BLANDIN: It was Him.

16 THE WITNESS: Mom was telling Elle (phonetic),
17 I can't move my legs. Don't tell Corona.

18 Q. (BY MR. PARKER) Can she walk?

19 A. No.

20 Q. Can she barely move her legs?

21 A. Barely.

22 Q. Do you remember her being in the other nursing
23 home?

24 A. Yes.

25 Q. And she doesn't remember anything about it?

1 A. Mama's been to MUSC, Summerville Medical,
2 Ashley Tower, White Oak Manor, Trident --

3 Q. -- VIBRA?

4 A. VIBRA. I think that's it.

5 Q. All of those hospitalizations have been from
6 the wreck?

7 A. Yes, sir.

8 Q. I'm going to hand you Exhibit 18, which we
9 mentioned with Dr. Pritchard. If you would, look at
10 this. This is the bill from Personal Care. Tell us
11 who Personal Care is?

12 A. That's the ambulance service that transports
13 her from dialysis to wherever. They brought her here
14 today.

15 Q. If she has to go somewhere she goes by
16 ambulance?

17 A. Yes, sir.

18 Q. Does she have any other way to go other than
19 by ambulance?

20 A. No, sir. That's the only way to transport
21 her.

22 Q. Look at Exhibit 18. Is this the kind of thing
23 where she's been and they've carried her over these
24 months?

25 A. Yes, sir. Yes, sir.

1 Q. And the charges -- what's the last charge on
2 there? The last date?

3 A. 8/9/16.

4 Q. 8/9/16? That's the last charge, so this would
5 be current up to that time?

6 A. Yes, sir.

7 Q. These are the services that Personal Care has
8 rendered to your mother?

9 A. Yes, sir.

10 Q. And beforehand, before this wreck would she
11 have needed this service?

12 A. No, sir.

13 MR. PARKER: We would introduce that, Your
14 Honor -- what's the Exhibit Number?

15 THE COURT: 18.

16 MR. PARKER: Exhibit No. 18, Your Honor.

17 THE COURT: Any objection?

18 MR. HOOD: No objection.

19 THE COURT: Without objection. Thank you.

20 MR. PARKER: Answer any questions that these
21 gentlemen may have for you.

22 THE COURT: Mr. DesChamps?

23 EXAMINATION

24 BY MR. DesCHAMPS:

25 Q. Ms. Campbell, you testified that leading up to

1 the time of the accident you were seeing your mother
2 every day?

3 A. Yes, sir.

4 Q. And you saw her at the hospital after the
5 accident as well, right?

6 A. Yes, sir.

7 Q. When they let her go from the hospital they
8 sent your mom home, right?

9 A. Yes.

10 Q. She was living by herself, right?

11 A. No.

12 Q. She was not?

13 A. Before then, yeah. And afterwards I went
14 there and stayed with her.

15 Q. She was hooking up the dialysis machine by
16 herself, right?

17 A. Yes.

18 Q. Before she went to sleep?

19 A. Yes, sir.

20 Q. And this was at her house?

21 A. Yes, sir.

22 Q. And you did take her to go see a doctor on the
23 6th, right? On the 7th? January 7th?

24 A. What day is that?

25 Q. They let her go from the hospital on

1 January 6th.

2 A. Okay.

3 Q. And sent her home, right?

4 A. Right.

5 Q. You were comfortable that she didn't need to

6 go back to the hospital?

7 A. Right. They said she was fine. I kept

8 telling them that she wasn't right.

9 Q. Well, you didn't see anything that made you

10 take her back to the doctor, did you?

11 A. Not that day.

12 Q. Not on the 6th?

13 A. No.

14 Q. Not on the 7th?

15 A. No.

16 Q. Not on the 8th?

17 A. It was a few days later that I had to take her

18 back.

19 Q. When you took her back that was after you

20 found her beside the bed, right?

21 A. No. She went to the hospital that Sunday.

22 Q. And she went to the hospital after you found

23 her?

24 A. Right.

25 Q. When you found her with the catheter port

1 disconnected from her body?

2 A. I can't remember exactly. When I saw her on
3 the floor I was in a panic, and I just thought to
4 call EMS.

5 Q. When you took her to the doctor did you tell
6 the doctor what you saw?

7 A. Yes. I told them she was on the floor in
8 between the bed and the nightstand.

9 Q. So if Dr. Pritchard read in the records that
10 she was found with feces on floor in and around her,
11 you have no reason to doubt that that was true?

12 A. No. There was no feces on the floor unless
13 when she fell and she had a bowel movement. That's
14 the only thing I can think of. It wasn't all over
15 the place. I kept her room clean.

16 Q. Just to make sure I understand what you're
17 saying, if you would have told them that there was
18 feces on the floor when you went to the doctor that
19 day you suspect that would be true, right? You told
20 them what you saw?

21 A. No. I didn't tell them that. I told them she
22 was on the floor. I went to church and I came back
23 home and she was on the floor.

24 Q. Well, let me ask you this: If the medical
25 records that Dr. Pritchard had reviewed and he

1 testified to today said that the doctors were told
2 that they found your mother on the floor with feces
3 on and around her, do you have any reason to
4 understand why that would have been in your mother's
5 medical records?

6 A. No.

7 Q. Okay. And it was after that time when your
8 mother was first diagnosed with peritonitis?

9 A. Yes, sir.

10 Q. She had not been diagnosed with an infection
11 before that, right?

12 A. No.

13 Q. Thank you.

14 A. She wasn't eating. She wasn't drinking.
15 Nothing. She was sick.

16 MR. DesCHAMPS: That's all the questions I
17 have, ma'am. Thank you.

18 THE COURT: Anything further?

19 MR. PARKER: Nothing further, Your Honor.

20 THE COURT: Thank you, Ms. Campbell.

21 THE WITNESS: Thank you, sir.

22 (Witness excused.)

23 THE COURT: All right. Anything further,
24 Mr. Parker?

25 MR. PARKER: Let me speak with Ms. Blandin for

1 a minute.

2 THE COURT: Sure.

3 (Brief pause.)

4 MR. PARKER: That's all we have, Your Honor.

5 THE COURT: All right, sir. Very good.

6 Mr. Parker this is a damages hearing so I think we've
7 got the evidence in the record. Tell me what it is
8 that the Plaintiff seeks.

9 MR. PARKER: Your Honor, we believe that a
10 reasonable verdict in this case would be several
11 million dollars between the medical, and of course,
12 Dr. Pritchard said there was \$1.4 million on
13 Exhibit 31. Dr. Pritchard testified that it was
14 probably 100,000 or \$200,000 worth of dialysis,
15 peritoneal dialysis. I don't know what the figures
16 are. We couldn't figure out how to get it out or we
17 would have.

18 It presents a problem because that's the way
19 it was, but in any event we believe that there are
20 \$1.2 million approximately in medical expenses. We
21 believe that, of course, Ms. Blandin's life has been
22 terribly affected. She's lost her ability to walk.
23 She's been put in a nursing home. She's going to
24 have to stay there where she is. She can't have a
25 normal life.

1 We believe under those circumstances and given
2 her life expectancy and so forth that a reasonable
3 verdict in the case would be 6 or \$7 million. We
4 would like to have an opportunity to prepare an order
5 and present it to the Court.

6 THE COURT: All right.

7 MR. PARKER: The issue in the case is whether
8 or not the cap is an issue in the case.

9 THE COURT: Right.

10 MR. PARKER: We don't believe the cap applies.
11 Obviously they contend otherwise.

12 THE COURT: I'm sure they disagree with that.
13 Go ahead on the record, tell me what your basis is
14 and why it would not apply and we'll talk about that
15 just briefly.

16 MR. PARKER: Well, our basis is it is an
17 affirmative defense without being in default they
18 waived affirmative defenses. To be honest with the
19 Court there is a case that unfortunately is named
20 Parker that holds that the cap does apply if you're
21 in default. That's a Court of Appeals case. We
22 think they've got it wrong.

23 THE COURT: Okay. Are you ready to challenge
24 that again?

25 MR. PARKER: We want to challenge that. In

1 all honesty with the Court I've got to call that to
2 your attention. Until it is changed it is
3 controlling I would think.

4 THE COURT: So Plaintiff's position is that's
5 an affirmative defense that would have been waived or
6 lost upon finding of default?

7 MR. PARKER: That's correct.

8 THE COURT: Okay.

9 MR. PARKER: Your Honor, I brought some cases
10 that deal with that issue. I'll pass them up to you.

11 THE COURT: Okay.

12 MR. PARKER: Your Honor, we would pass up the
13 case of Parker versus Spartanburg Sanitary Sewer
14 District and Strange versus the South Carolina
15 Department of Highways and Public Transportation.
16 We'll give opposing side a copy of these.

17 THE COURT: All right. Thank you, sir.

18 MR. PARKER: Your Honor, I would call your
19 attention to Parker. It is not a default. They did
20 not allow the cap because they didn't plead it.

21 THE COURT: It was not pled. All right.

22 MR. PARKER: And the Court of Appeals reversed
23 it.

24 THE COURT: Okay. Mr. Hood?

25 MR. HOOD: Starting right with Parker -- you

1 know, Parker does say specifically in the discussion
2 under Head Note 4, there is absolutely no verbiage
3 articulated within the South Carolina Tort Claims Act
4 mandating that a governmental entity plead the
5 monetary statutory cap included within Section
6 15-78-120.

7 In this case, in the Complaint, because it is
8 in default the allegations in the Complaint are
9 deemed admitted. The Complaint by Mr. Parker
10 specifically identifies Section 15-78-10 as applying
11 to this case into the suit, so he knew.

12 He brought this case under the Tort Claims Act
13 which is just like in Parker where they did the same
14 thing, and there the Court of Appeals said, There's
15 no requirement to plead it affirmatively. It is
16 embodied in the law. It is the law. So we believe
17 the caps and the lack of punitive damages, all of
18 that would apply to the City of North Charleston.

19 As for the claim of damages, under Carlyle
20 versus Tuomey Hospital 407 S.E.2d 630. It's a 1991
21 case. In that case if there was an aggregate of
22 bills that was submitted regarding treatment -- in
23 there there was an attempt to have just aggregate
24 everything. That's sort of what Dr. Pritchard did.
25 He said, Everything's related.

1 On cross-examination he acknowledged that the
2 peritoneal dialysis, at a minimum, should be taken
3 out. The difference between the peritoneal dialysis
4 and the hemodialysis should be taken out.

5 That wasn't done, and it's the Plaintiff's
6 obligation and their duty to present the evidence
7 with the proper foundation showing what is actually
8 related in this case. I believe they failed to do
9 so. We believe that the damages additionally of the
10 follow-up decubitus ulcers, the hemodialysis, all of
11 this stuff that happened after her initial
12 hospitalization resulting from the fall, resulting
13 from the feces causing infection is not related to
14 the accident. It's related to her prior condition,
15 her prior peritoneal dialysis port being in place,
16 and her falling and not keeping it clean so unrelated
17 to this accident.

18 Therefore we believe that other than the
19 \$31,000 for the initial hospitalization that the
20 remaining medical records are not related. Therefore
21 we believe that a judgment in the millions certainly
22 is unwarranted here, and anything near the statutory
23 caps really is unwarranted.

24 THE COURT: Do you want to be heard on that
25 one, Mr. Parker?

1 MR. PARKER: Yes, Your Honor. Clearly they're
2 in default which obviously we're entitled to damages
3 from proximate cause. To take the position that
4 Mr. Hood has taken would require him to be able to
5 testify as a physician as to cause. He's got no
6 evidence of that other than his assertion.

7 It's just not in the record. Dr. Pritchard is
8 very clear of that and why he was of that opinion.
9 He certainly is well-qualified to give that opinion.
10 So basically there is no evidence to support what he
11 said. There is not even any evidence that they have
12 to go -- it was a leap to get feces in the port --
13 the catheter. There was no evidence of that other
14 than their assertion. There is nothing in the
15 record, in the hospital records or anywhere else,
16 other than their assertion because there was a band
17 of feces on her body when she got in the hospital to
18 somehow connect those two.

19 There's nothing in the records or the evidence
20 to establish that. On the issue of -- there is -- in
21 the Strange case, which we passed up, it says that
22 the burden of establishing a limitation upon
23 liability or an exception to the waive of the entity
24 is upon the governmental entity asserting it as an
25 affirmative defense, which is contrary to the Court

1 of Appeals case. We think that the Supreme Court
2 case of Strange trumps the Appeals Court case.

3 We believe that the cap doesn't apply because
4 of that. We think that because they are in default
5 that there is no affirmative defense of limitation
6 and the pronouncement of the South Carolina Supreme
7 Court that that's their burden and they didn't meet
8 it. Even though we recognized it in the Court of
9 Appeals it is held to the contrary.

10 THE COURT: Very good. Let me just say this:
11 As to the issue before the Court, which was the issue
12 of the damages, I'm going to find that the damages
13 that were testified to today by Dr. Pritchard and as
14 established by Ms. Blandin and supported by
15 Ms. Campbell, I find that those injuries in the
16 records are the natural and proximate cause of the
17 injuries sustained from the auto accident. I find it
18 to be related. I don't find that to be unusual at
19 all.

20 The issue about the fall and the issue of
21 feces notwithstanding the fact -- it's pretty clear
22 that -- it doesn't look like Ms. Blandin had any idea
23 what was going on in her life from the time of the
24 accident until some time later. She kept referring
25 to her time at White Oak Manor. I noticed that White

1 Oak Manor was not until the 3rd of March. That's
2 some 60 days after the accident.

3 Clearly she had some trauma to the brain or a
4 concussion I think is what Dr. Pritchard testified
5 to. So I find the damages as presented to be the
6 natural and proximate cause. I'm a little bewildered
7 about the difference in, as Dr. Pritchard later
8 testified about, if you took out the peritoneal
9 dialysis versus the other, the hemodialysis.

10 I think he was very clear that once the
11 peritoneal cavity was infected then it became a real
12 problem with her diabetes. I always think back on
13 the -- you get Plaintiffs that come in all kinds of
14 different ways, shapes, and forms, but they always
15 teach you about the eggshell skull Plaintiff in law
16 school, and here you've got the peritoneal cavity
17 Plaintiff in this particular case who needs to have
18 this dialysis done in a different fashion today, and
19 unfortunately she has to go to get that done on a
20 regular basis.

21 I just find that those damages are the natural
22 and proximate cause. What I would like to do is give
23 you-all that information, and then I want to take the
24 issue of the amount under advisement. I want to
25 think about that. I would like you-all to brief that

1 and see if there's some way to pare that down to
2 distinguish those two. I don't know that you can
3 based on the records that I've seen submitted. It
4 does seem to me that -- frankly this case sounds like
5 it's in the millions of dollars more than the
6 hundreds of dollars. That's just my feeling.

7 I'm going to ask that both Plaintiff and
8 Defendant provide me with a proposed order. I'd ask
9 that you-all do that -- if you-all can do that within
10 21 days that would be great. I've got some stuff
11 coming in within three weeks, and I'll make a ruling
12 on that.

13 If you-all want me to address this, and I
14 think you probably need me to -- you can address the
15 issue of the cap. You can put that in the order so
16 that you-all can have that ready to go. Okay? I
17 think clearly that needs to be addressed.

18 I'll read this case law and anything else that
19 you wish to support in support of that. We'll take a
20 look at that. Okay?

21 I appreciate you-all coming in today. I'll
22 give you an answer. My goal is usually to give you
23 an answer within 30 days of that, so soon enough.
24 All right?

25 Ms. Blandin, I appreciate your optimistic

1 outlook on life, ma'am.

2 MS. BLANDIN: Thank you.

3 THE COURT: That's makes life a little easier.

4 (The proceedings were concluded at 5:20 p.m.)

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1 State of South Carolina)
2 County of Charleston) C E R T I F I C A T E
3

4 I, Christine A. Smith, Court Reporter and
5 Notary Public for the State of South Carolina at
6 Large, do hereby certify that the foregoing
7 transcript is a true, accurate, and complete record.

8 I further certify that I am neither related to
9 nor counsel for any party to the cause pending or
10 interested in the events thereof.

11 Witness my hand, I have hereunto affixed my
12 official seal this 2nd day of October, 2017 at
13 Charleston, Charleston County, South Carolina.
14
15
16

17 _____
18 Christine A. Smith
19 Notary Public
20 My Commission Expires
21 May 12, 2021
22
23
24
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I N D E X

	Page
WITNESS/EXAMINATION	
PAUL PRITCHARD, M.D.,	8
EXAMINATION	9
BY MR. PARKER	
EXAMINATION	59
BY MR. HOOD	
EXAMINATION	74
BY MR. PARKER	
EXAMINATION	75
BY MR. HOOD	
EXAMINATION	76
BY THE COURT	
ANNA M. BLANDIN,	78
EXAMINATION	79
BY MR. PARKER	
EXAMINATION	95
BY MR. DesCHAMPS	
CORONA CAMPBELL,	106
EXAMINATION	106
BY MR. PARKER	
EXAMINATION	118
BY MR. DesCHAMPS	
C E R T I F I C A T E	133

E X H I B I T S

	Page
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

PLF. EXH. #1, MUSC bill	3
PLF. EXH. #2, MUSC bill	3
PLF. EXH. #3, MUSC bill	3
PLF. EXH. #4, MUSC bill	3
PLF. EXH. #5, MUSC bill	3
PLF. EXH. #6, MUSC bill	3
PLF. EXH. #7, MUSC bill	3
PLF. EXH. #8, MUSC bill	3
PLF. EXH. #9, MUSC bill	3
PLF. EXH. #10, Summerville Medical Center Statement	3
PLF. EXH. #11, Trident Medical Center Statement	3
PLF. EXH. #12, Discharge Summary	3
PLF. EXH. #13, White Oak Manor bill	3
PLF. EXH. #14, Mt. Pleasant Manor bill	4
PLF. EXH. #15, MUSC Ambulance Charges	4
PLF. EXH. #16, Charleston County EMS bills	4
PLF. EXH. #17, Medtrust Medical Transport, LLC billing summary	4
PLF. EXH. #18, Personal Care Medical Care	4
PLF. EXH. #19, MUSC Physician Charges	4
PLF. EXH. #20, Poseidon Inpatient Services, LLC bill	4
PLF. EXH. #21, Radiology bill, was marked for identification.)	4
(PLF. EXH. #22, Lowcountry Infection Diseases bill	
PLF. EXH. #22, Lowcountry Infection Diseases bill	4
PLF. EXH. #23, Agape Senior Primary Care, Inc., bill	4
PLF. EXH. #24, Trident Anesthesia Group, LLC bill	4
PLF. EXH. #25, VIBRA Physicians, LLC bill	4
PLF. EXH. #26, Tidewater Surgical Group, PA bill	5
PLF. EXH. #27, Palmetto Primary Care Physicians bill	5
PLF. EXH. #28, South Carolina Radiology Group, LLC bill	5
PLF. EXH. #29, Housecalls-MD bill	5
PLF. EXH. #30, Itemized Statement, Wound Care	5
PLF. EXH. #31, Summary	5



MUSC Health
PO Box 931736
Atlanta, Ga 31193-1736

Ann Blandin

Guarantor ID: 744183

NORTH CHARLESTON, SC 29415-1602

Visit Coverages:
MEDICARE - MEDICARE A + B

This is not a bill. This is an itemization of your MUSC Health services for:

Patient: Blandin, Ann
Hospital Account: 503550449

Admission Date: 01/27/2015
Discharge Date: 01/28/2015

789.04 - Abdominal pain, left lower quadrant
403.91 - Unspecified hypertensive kidney disease with chronic kidney disease stage V or end stage renal disease(403.91)
585.6 - End stage renal disease
250.50 - Type II or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled(250.50)
252.00 - Hyperparathyroidism, unspecified
272.4 - Other and unspecified hyperlipidemia
362.01 - Background diabetic retinopathy(362.01)
362.07 - Diabetic macular edema(362.07)
366.9 - Unspecified cataract
V58.67 - Encounter for long-term (current) use of insulin

Current Account Balance: 0.00

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/27/15	0305	85320372	HB HEMOGRAM	1	77.00
01/27/15	0300	85311629	HB METABOLIC PANEL	1	128.00
01/27/15	0352	35200030	HB CTA ABDOMEN & PELVIS W/CONTRAST	1	1,162.00
01/27/15	0301	83600213	HB PH, PC01, P02 BILL	1	326.00
01/27/15	0301	83600353	HB LAG VEN I	1	63.00
01/27/15	0450	45000004	HB ER VISIT EXTENDED	1	1,215.00
01/27/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
01/27/15	0305	83600429	HB HCT I	1	47.00
01/27/15	0301	83600445	HB CHEM 8 I	1	114.00
01/27/15	0320	32000092	HB XRAY ABD SERIES COMP	1	430.00
01/28/15	0255	Q9967	IOHEXOL 350 MG IODINE/ML SOLN 50 ML VIAL	100	588.00

For inquiries regarding this document, please call 1-843-792-2311.

ROA 238

Date	Rev Code	Procedure Code	Description	Qty	Amount
01/28/15	0255	Q9967	IOHEXOL 350 MG IODINE/ML SOLN 100 ML BOTTLE	100	223.00
01/28/15	0309	85320042	HB BODY FLUID CELL COUNT	1	118.00
01/28/15	0306	85100733	HB C BTA	1	176.00
01/28/15	0306	85100428	HB GRAM ST	1	44.00
01/28/15	0300	85100600	HB WGSC	1	44.00

Total hospital charges:

4,847.00

Hospital Payments and Adjustments

Description	Amount
BCBS FEP Payments	-174.20
MEDICARE Adjustments	-4,198.67
MEDICARE Payments	-474.13
Coinsurance: 174.20	

Total hospital payments and adjustments:

-4,847.00

For inquiries regarding this document, please call 1-843-792-2311.

ROA 239

MEDICAL UNIVERSITY HOSPITAL										150180861300										111	
169 ASHLEY AVENUE										PO BOX 931854											
CHARLESTON SC 294035836										ATLANTA GA 311921654											
8437922311 8437922405										571028556 021915 030515											
PATIENT NAME										PATIENT ADDRESS											
BLANDIN ANNA M										NORTH CHARLESTON										SC 294151602	
100110106										12 022015 06 1 1 12 22 05											
18 010106																					
MEDICARE A B										PP 01 1328.00											
MAIL CODE AGC00										b 48 730											
PO BOX 100238										c 80 12.00											
COLUMBIA, SC 292023190										d 80 29403.00											
0110 ROOM-BOARD/PVT										1328.00											
0250 PHARMACY																					
0258 IV SOLUTIONS																					
0260 IV THERAPY																					
0270 MED-SUR SUPPLIES																					
0272 STERILE SUPPLY																					
0300 LABORATORY																					
0320 DX X-RAY																					
0324 DX X-RAY/CHEST																					
0360 OR SERVICES																					
0370 ANESTHESIA																					
0420 PHYSICAL THERAPY																					
0424 PHYS THERAPY/EVAL																					
0429 OTHER PHYS THERAPY																					
0430 OCCUPATIONAL THERP																					
0434 OCCUP THERP/EVAL																					
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0610 MRI																					
0710 RECOVERY ROOM																					
0730 EKG-ECG																					
0801 DIALY/NTPT																					
PAGE 1 OF 2										CREATION DATE 021816										TOTALS	
WORKER NAME										HEALTH PLAN ID										1072605879	
618 MEDICARE A + B										Y Y											
402 BCBS FEP										Y Y											
MEMBER'S NAME										MEMBER'S ID										104	
BLANDIN, ANNA M										18											
BLANDIN, ANNA M										18 R00431858											
TREATMENT AUTHORIZATION CODES										DOCUMENT CONTROL NUMBER										21507200101404SCA	
70702 Y 70724 Y 70705 Y 5256 Y 25020 Y 2734 Y 40391 Y 45321 Y 56321 Y																					
62050 Y 2724 Y 2768 Y 28521 Y 36201 Y 36207 Y 72252 Y 78926 Y 78911 Y																					
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8622 022215 8344 030415 5498 022115																					
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162 ASHLEY AVENUE										PO BOX 931854										000036327									
CHARLESTON SC 294025836										ATLANTA GA 311231854										STATEMENT COVERED PERIOD FROM 021915 THROUGH 030515									
6437922311 8437929405										571098556										021915 030515									
PATIENT NAME										PATIENT ADDRESS										SC 294151602									
BLANDIN ANNA M										NORTH CHARLESTON										SC 294151602									
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MUSC Health
PO Box 931736
Atlanta, Ga 31193-1736

Ann Blandin
[REDACTED]

Guarantor ID: 744183

NORTH CHARLESTON, SC 29415-1602

Visit Coverages:
MEDICARE - MEDICARE A + B

This is not a bill. This is an itemization of your MUSC Health services for:

Patient: Blandin, Ann
Hospital Account: 503808613

Admission Date: 02/19/2015
Discharge Date: 03/05/2015

707.03 - Pressure ulcer, lower back(707.03)
707.24 - Pressure ulcer, stage IV(707.24)
707.05 - Pressure ulcer, buttock(707.05)
585.6 - End stage renal disease
250.80 - Type II or unspecified type diabetes mellitus with other specified manifestations, not stated as uncontrolled
273.4 - Alpha-1-antitrypsin deficiency
403.91 - Unspecified hypertensive kidney disease with chronic kidney disease stage V or end stage renal disease(403.91)
458.21 - Hypotension of hemodialysis
588.81 - Secondary hyperparathyroidism (of renal origin)
250.50 - Type II or unspecified type diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled(250.50)

Current Account Balance: 0.00

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
02/19/15	0324	32400001	HB XRAY CHEST FRONTAL	1	327.00
02/19/15	0450	45000005	HB ER VISIT COMPREHENSIVE	1	1,940.00
02/19/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
02/19/15	0250	63700001	POTASSIUM CHLORIDE 20 MEQ TBTQ 100 EACH BLIST PACK	2	12.00
02/19/15	0250	J3480	POTASSIUM CHLORIDE 10MEQ/100ML PGBK 100 ML BAG	5	21.00
02/19/15	0300	83600213	HB PH, PC01, P02 BILL	1	326.00
02/19/15	0300	83600353	HB LAC VEN I	1	63.00

For inquiries regarding this document, please call 1-843-792-2311.

ROA 242

Date	Rev Code	Procedure Code	Description	Qty	Amount
02/19/15	0300	85330215	HB PROTHROMBIN TIME	1	48.00
02/19/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	134.00
02/19/15	0300	85311629	HB METABOLIC PANEL	1	128.00
02/19/15	0300	83600460	HB TPI	1	224.00
02/19/15	0300	83600445	HB CHEM 8 I	1	114.00
02/19/15	0300	83600429	HB HCT I	1	47.00
02/20/15	0250	63700001	GENTAMICIN 0.1 % CREA 15 G TUBE	1	82.00
02/20/15	0250	63700001	POTASSIUM CHLORIDE 10 MEQ TBSR 100 EACH BLIST PACK	4	18.00
02/20/15	0250	63700001	POTASSIUM CHLORIDE 10 MEQ TBSR 100 EACH BLIST PACK	4	18.00
02/20/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/20/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/20/15	0250	25000001	TUBERCULIN 5UNITS/0.1ML SOLN 1 ML VIAL	1	10.00
02/20/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/20/15	0434	43400004	HB OT EVALUATION - FULL	1	220.00
02/20/15	0439	42900009	HB SELF CARE, CURRENT STATUS	1	0.01
02/20/15	0439	42900010	HB SELF CARE, GOAL STATUS	1	0.01
02/20/15	0250	25000015	HB SOLUTION BAX L5B4826 1.5%5L/5L	3	240.00
02/20/15	0260	26000002	HB ADMIN IV INF TX/DX; 1ST HR	1	242.00
02/20/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/20/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/20/15	0270	27000358	SET TRANSFER 5C4482 W/MINICAP	1	195.00
02/20/15	0270	27000358	SET TRANSFER 5C4482 W/MINICAP	-1	-195.00
02/20/15	0250	J3370	VANCOMYCIN 1G/200ML PGBK 200 ML BAG	2	61.00
02/20/15	0250	J0692	CEFEP/ME 200MG/ML SOLR 1 EACH VIAL	4	204.00
02/20/15	0250	25000001	NACL 0.9% SOLP 50 ML BAG	1	28.00
02/20/15	0258	25800024	2B1323 0.9% NACL 500ML	1	4.00
02/20/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/20/15	0270	27000540	PD BAX R5C4479C SET AUTOMATED	1	75.00
02/20/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/20/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/20/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/20/15	0300	85320042	HB BODY FLUID CELL COUNT	1	118.00
02/20/15	0300	85100204	HB C EX	1	176.00
02/20/15	0300	85100600	HB WGSC	1	44.00
02/20/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/21/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/21/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/21/15	0258	25800024	2B1323 0.9% NACL 500ML	1	4.00
02/21/15	0250	63700001	POTASSIUM CHLORIDE 10 MEQ TBSR 100 EACH BLIST PACK	4	18.00
02/21/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/21/15	0429	42900000	HB MOBILITY:WALK/MOVE,CURRNT STAT	1	0.01
02/21/15	0429	42900001	HB MOBILITY:WALK/MOVE,GOAL STATUS	1	0.01
02/21/15	0424	42400001	HB PT EVAL 30MIN SIMPLE	1	162.00
02/21/15	0250	J1815	INSULIN GLARGINE 100UNITS/ML SOLN 10 ML VIAL	4	23.00
02/21/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev.Code	Procedure Code	Description	Qty	Amount
02/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/21/15	0250	J0692	CEFEPIME 200MG/ML SOLR 1 EACH VIAL	2	106.00
02/21/15	0250	25000001	NACL 0.9% SOLP 50 ML BAG	1	28.00
02/21/15	0270	27000540	PD BAX R5C4479C SET AUTOMATED	1	75.00
02/21/15	0300	85311405	HB VANCOMYCIN	1	131.00
02/21/15	0300	85100139	HB C BLOOD	1	218.00
02/21/15	0300	85100139	HB C BLOOD	1	218.00
02/21/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/21/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/21/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
02/22/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/22/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/22/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/22/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/22/15	0250	J1815	INSULIN GLARGINE 100UNITS/ML SOLN 10 ML VIAL	4	23.00
02/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/22/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/22/15	0270	27000540	PD BAX R5C4479C SET AUTOMATED	1	75.00
02/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
02/22/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/22/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/23/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/23/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/23/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/23/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/23/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/23/15	0258	25800019	2B0163 DEX INJ 10% 500ML	1	6.00
02/23/15	0250	25000001	DEXTROSE 50% SYRG 50 ML SYRINGE	1	39.00
02/23/15	0250	J1610	GLUCAGON (HUMAN RECOMBINANT) 1MG/ML SOLR 1/EACH VIAL	1	459.00
02/23/15	0250	63700001	CARVEDILOL 3.125 MG TAB 100 EACH BLIST PACK	1	16.00
02/23/15	0250	63700001	ASPIRIN 325 MG TBEC 750 EACH BLIST PACK	1	1.00
02/23/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/23/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/23/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/23/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/23/15	0300	85310696	HB MAGNESIUM	1	98.00
02/23/15	0300	85310746	HB PHOSPHOROUS	1	56.00
02/23/15	0300	85320372	HB HEMOGRAM	1	77.00
02/23/15	0300	85360527	HB TROPONIN I ULTRA (TPIU)	1	209.00
02/23/15	0300	85100204	HB C EX	1	176.00
02/23/15	0300	85100600	HB WGSC	1	44.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
02/23/15	0300	85100139	HB C BLOOD	1	218.00
02/23/15	0300	85100139	HB C BLOOD	1	218.00
02/23/15	0300	85311116	HB MASS CKMB	1	111.00
02/23/15	0300	85310332	HB CREATINE KINASE	1	98.00
02/23/15	0300	85360527	HB TROPONIN I ULTRA (TPIU)	1	209.00
02/23/15	0300	85311116	HB MASS CKMB	1	111.00
02/23/15	0300	85310332	HB CREATINE KINASE	1	98.00
02/23/15	0300	85360527	HB TROPONIN I ULTRA (TPIU)	1	209.00
02/23/15	0300	85311116	HB MASS CKMB	1	111.00
02/23/15	0300	85310332	HB CREATINE KINASE	1	98.00
02/23/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
02/23/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/24/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/24/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/24/15	0250	63700001	CARVEDILOL 3.125 MG TAB 100 EACH BLIST PACK	1	16.00
02/24/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
02/24/15	0940	94000019	HB FOLLOW-UP ASMNT/30 MIN	1	79.00
02/24/15	0940	94000027	HB WOUND CARE SIMPLE/ 30MIN	1	79.00
02/24/15	0420	42000033	HB THERAPEUTIC ACTIVITY 1:1, EA 15 MIN	1	111.00
02/24/15	0270	27000540	PD BAX R5C4479C SET AUTOMATED	1	75.00
02/24/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/24/15	0250	25000015	HB SOLUTION BAX L5B4826 1.5%5L/5L	3	240.00
02/24/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
02/24/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/24/15	0300	85310696	HB MAGNESIUM	1	98.00
02/24/15	0300	85310746	HB PHOSPHOROUS	1	56.00
02/24/15	0300	85360527	HB TROPONIN I ULTRA (TPIU)	1	209.00
02/24/15	0300	85311116	HB MASS CKMB	1	111.00
02/24/15	0300	85310332	HB CREATINE KINASE	1	98.00
02/24/15	0300	85360527	HB TROPONIN I ULTRA (TPIU)	1	209.00
02/24/15	0300	85310332	HB CREATINE KINASE	1	98.00
02/24/15	0300	85311116	HB MASS CKMB	1	111.00
02/24/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
02/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
02/25/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/25/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/25/15	0258	25800011	2B1324X .9 NACL SC INJ 1000ML	1	4.00
02/25/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/25/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/25/15	0270	27000691	KIT APPLICATOR MIST 5.0	1	1.00
02/25/15	0420	42000051	HB WOUND/MIST THERAPY U/S-60MIN	1	385.00
02/25/15	0258	25800011	2B1324X .9 NACL SC INJ 1000ML	1	4.00
02/25/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/25/15	0250	63700001	LIDOCAINE 4 % (40 MG/ML) SOLN 50 ML BOTTLE	1	83.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev. Code	Procedure Code	Description	Qty	Amount
02/25/15	0250	25000001	DEXTROSE 50% SYRG 50 ML SYRINGE	1	39.00
02/25/15	0270	27000684	HB WHEELCHAIR CUSHION GEOMATT	1	104.00
02/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
02/25/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/25/15	0250	25000015	HB SOLUTION BAX L5B4826 1.5%5L/5L	3	240.00
02/25/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/25/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
02/25/15	0270	27000540	PD BAX R5C4479C SET AUTOMATED	1	75.00
02/25/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/25/15	0300	85310696	HB MAGNESIUM	1	98.00
02/25/15	0300	85310746	HB PHOSPHOROUS	1	56.00
02/25/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/25/15	0300	85320042	HB BODY FLUID CELL COUNT	1	118.00
02/25/15	0300	85200681	HB C DIFFICILE PCR	1	204.00
02/25/15	0300	85320372	HB HEMOGRAM	1	77.00
02/25/15	0300	85330215	HB PROTHROMBIN TIME	1	48.00
02/25/15	0300	85100139	HB C BLOOD	1	218.00
02/25/15	0300	85100139	HB C BLOOD	1	218.00
02/25/15	0324	32400001	HB XRAY CHEST FRONTAL	1	327.00
02/25/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
02/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
02/26/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/26/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/26/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/26/15	0270	27000691	KIT APPLICATOR MIST 5.0	1	1.00
02/26/15	0420	42000051	HB WOUND/MIST THERAPY U/S-60MIN	1	385.00
02/26/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/26/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/26/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/26/15	0430	43000021	HB SUP.FUNCTIONAL TRAIN	1	95.00
02/26/15	0430	43000019	HB SUPERVISED THERAPEUTIC ACTIVITY	1	111.00
02/26/15	0270	27000540	PD BAX R5C4479C SET AUTOMATED	1	75.00
02/26/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/26/15	0300	85320372	HB HEMOGRAM	1	77.00
02/26/15	0300	85320075	HB WESTERGREN SEDIMENTATION RATE	1	67.00
02/26/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/27/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/27/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/27/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/27/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00

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Date	Rev.Code	Procedure Code	Description	Qty	Amount
02/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	10	67.00
02/27/15	0270	27000691	KIT APPLICATOR MIST 5.0	1	1.00
02/27/15	0940	94000019	HB FOLLOW-UP ASMNT/30 MIN	1	79.00
02/27/15	0940	94000027	HB WOUND CARE SIMPLE/ 30MIN	1	79.00
02/27/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/27/15	0420	42000051	HB WOUND/MIST THERAPY U/S-60MIN	1	385.00
02/27/15	0420	42000033	HB THERAPEUTIC ACTIVITY 1:1, EA 15 MIN	1	111.00
02/27/15	0250	J0690	CEFAZOLIN 200MG/ML SOLR 1 EACH VIAL	2	18.00
02/27/15	0250	25000001	DEXTROSE 5% SOLP 50 ML BAG	1	28.00
02/27/15	0258	25800026	SOLUTION BAX 2B1322Q NACL .9PR	2	76.00
02/27/15	0272	95110113	CATH BARP 5833730 HEMOGLIDE ST	1	312.00
02/27/15	0272	95110114	HB PANEL INTRODUCER BAR 5833730 HEMOGLIDE	1	312.00
02/27/15	0272	95110115	HB PANEL GUIDEWIRE BAR 5833730 HEMOGLIDE	1	311.00
02/27/15	0272	27202977	INTRODUCER NVL H9654575314FR M	1	50.00
02/27/15	0272	27204066	ADHESIVE ETH DNX12 DERMABOND A	1	785.00
02/27/15	0270	27000744	PACK CAR SAN23BS05A TRAY ANGIO	1	1.00
02/27/15	0272	27100006	MASK RESP 1012624 FACE FULL ME	1	109.00
02/27/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
02/27/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
02/27/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/27/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
02/27/15	0300	85360535	HB CRP	1	138.00
02/27/15	0300	85320372	HB HEMOGRAM	1	77.00
02/27/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/27/15	0300	85360501	HB HEPATITIS B SURFACE ANTIGEN N	1	101.00
02/27/15	0110	11000001	Room & Board - Private General	1	1,328.00
02/27/15	0360	36100346	HB INSERT TUN CATH W/O PORT >5YRS (AKA HB36658)	1	1,798.00
02/27/15	0320	32000178	HB FLUORO GUIDANCE VAD PLACEMENT (AKA HB77001)	1	755.00
02/27/15	0320	32000040	HB XRAY LUMBOSACRAL SPIN	1	413.00
02/27/15	0270	27000691	KIT APPLICATOR MIST 5.0	-1	-1.00
02/27/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
02/27/15	0320	32000048	HB XRAY SACRUM & COCCYX	1	306.00
02/28/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/28/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
02/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
02/28/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
02/28/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
02/28/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/28/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/28/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	10	67.00
02/28/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/28/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
02/28/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
02/28/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
02/28/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
02/28/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
02/28/15	0300	85320372	HB HEMOGRAM	1	77.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
02/28/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
02/28/15	0300	85320372	HB HEMOGRAM	1	77.00
02/28/15	0300	85311439	HB RIA ASSAY, FREE THYROXINE	1	142.00
02/28/15	0300	85311256	HB THYROID STIMULATING HORMONE	1	202.00
02/28/15	0300	89200018	HB ABO W/RH	1	56.00
02/28/15	0300	89200174	HB D(RHO)TYPE	1	53.00
02/28/15	0300	89220255	HB ANTIBODY SCREEN 2 CELL SP	1	108.00
02/28/15	0300	89220248	HB ELECTRONIC CROSSMATCH	1	43.00
02/28/15	0110	11000001	Room & Board - Private General	1	1,328.00
03/01/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/01/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/01/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
03/01/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
03/01/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/01/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/01/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
03/01/15	0250	J0882	DARBEPOETIN ALFA 40 MCG/0.4 ML SYRG 0.4 ML SYRINGE	40	892.00
03/01/15	0250	J0882	DARBEPOETIN ALFA 25 MCG/0.42 ML SYRG 0.42 ML SYRINGE	25	559.00
03/01/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/01/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	4	4.00
03/01/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/01/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
03/01/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/01/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/01/15	0300	85320372	HB HEMOGRAM	1	77.00
03/01/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
03/01/15	0810	61000023	HB MRI PELVIS W/O CONTRAST	1	1,398.00
03/01/15	0110	11000001	Room & Board - Private General	1	1,328.00
03/02/15	0250	25000001	DEXTROSE 50% SYRG 50 ML SYRINGE	1	39.00
03/02/15	0250	25000001	HEPARIN FLUSH (PF) 10UNITS/ML SYRG 5 ML SYRINGE	2	12.00
03/02/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
03/02/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
03/02/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/02/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	10	67.00
03/02/15	0270	27000691	KIT APPLICATOR MIST 5.0	1	1.00
03/02/15	0420	42000051	HB WOUND/MIST THERAPY U/S-60MIN	1	385.00
03/02/15	0250	63700001	CALCITRIOL 0.25 MCG CAP 100 EACH BOTTLE	1	11.00
03/02/15	0430	43000021	HB SUP.FUNCTIONAL TRAIN	1	95.00
03/02/15	0430	43000019	HB SUPERVISED THERAPEUTIC ACTIVITY	1	111.00
03/02/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/02/15	0258	25800022	2B1074 5% DEX 0.45 SC INJ 1000	1	4.00
03/02/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/02/15	0250	63700001	CALCITRIOL 0.25 MCG CAP 100 EACH BOTTLE	1	11.00
03/02/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/02/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
03/02/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
03/02/15	0300	85320372	HB HEMOGRAM	1	77.00
03/02/15	0110	11000001	Room & Board - Private General	1	1,328.00
03/03/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/03/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
03/03/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
03/03/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/03/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
03/03/15	0270	27000691	KIT APPLICATOR MIST 5.0	1	1.00
03/03/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
03/03/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
03/03/15	0250	P9047	ALBUMIN (HUMAN) 25% SOLP 100 ML VIAL	2	625.00
03/03/15	0250	J1610	GLUCAGON (HUMAN RECOMBINANT) 1MG/ML SOLR 1 EACH VIAL	1	459.00
03/03/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
03/03/15	0940	94000019	HB FOLLOW-UP ASMNT/30 MIN	1	79.00
03/03/15	0940	94000027	HB WOUND CARE SIMPLE/ 30MIN	1	79.00
03/03/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/03/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/03/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/03/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/03/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
03/03/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
03/03/15	0300	85320372	HB HEMOGRAM	1	77.00
03/03/15	0300	85313260	HB CORTISOL	1	168.00
03/03/15	0300	85310647	HB LACTATE DEHYDROGENASE	1	69.00
03/03/15	0300	85360345	HB HAPTOGLOBIN	1	109.00
03/03/15	0110	11000001	Room & Board - Private General	1	1,328.00
03/03/15	0300	83784892	HB SOLUBLE TRANSFERRIN RECEPTOR	1	157.00
03/03/15	0300	85313294	HB FOLATE	1	165.00
03/03/15	0300	85313286	HB VITAMIN B-12	1	194.00
03/04/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
03/04/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
03/04/15	0250	63700001	CALCITRIOL 0.25 MCG CAP 100 EACH BOTTLE	1	11.00
03/04/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
03/04/15	0258	25800010	2B2324 LAC/R INJ 1000M	1	4.00
03/04/15	0270	27000750	SCD KNEE ONE SZ SLEEVE	1	76.00
03/04/15	0250	25000001	FENTANYL (PF) 50MCG/ML SOLN 50 ML VIAL	1	7.00
03/04/15	0250	25000001	FENTANYL (PF) 50MCG/ML SOLN 50 ML VIAL	1	7.00
03/04/15	0250	25000001	PROPOFOL 10MG/ML EMUL 20 ML VIAL	1	42.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	FENTANYL (PF) 50MCG/ML SOLN 50 ML VIAL	1	7.00
03/04/15	0250	25000001	ONDANSETRON (PF) 2MG/ML SOLN 2 ML VIAL	1	11.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	25000001	CISATRACURIUM 10MG/ML SOLN 20 ML VIAL	1	73.00
03/04/15	0250	25000001	PHENYLEPHRINE 0.8MG/10ML (80MCG/ML) SYRG 10 ML SYRINGE	1	28.00
03/04/15	0250	J2710	NEOSTIGMINE 0.5MG/ML SOLN 10 ML VIAL	8	246.00
03/04/15	0250	25000001	GLYCOPYRRROLATE 0.2MG/ML SYRG 5 ML SYRINGE	1	77.00
03/04/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/04/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/04/15	0250	63700001	MIDODRINE 10 MG TAB 100 EACH BOTTLE	1	29.00
03/04/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
03/04/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
03/04/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
03/04/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/04/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/04/15	0250	25000001	DEXTROSE 50% SYRG 50 ML SYRINGE	1	39.00
03/04/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
03/04/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
03/04/15	0300	85320372	HB HEMOGRAM	1	77.00
03/04/15	0300	85330215	HB PROTHROMBIN TIME	1	48.00
03/04/15	0272	27202983	PACK CAR SBA23LA05D LAPAROTOMY	1	1.00
03/04/15	0272	27203843	DRESSING Z-M 487 HEMOSTATIC Z-FOLD QUIKCLOT 2 X 2IN WHITE STERILE DISP	1	187.00
03/04/15	0360	36000023	HB OR PER MINUTE	65	6,630.00
03/04/15	0710	71000001	HB RECOVERY (GENERAL) - FIRST HOUR	1	1,277.00
03/04/15	0710	71000002	HB RECOVERY EA ADD HALF HOUR	1	102.00
03/04/15	0370	37000001	HB ANES GENERAL PER MIN	76	4,256.00
03/04/15	0110	11000001	Room & Board - Private General	1	1,328.00
03/05/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
03/05/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
03/05/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
03/05/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	2	11.00
03/05/15	0540	54000018	HB BLS TRANSPORT BASE NON-EMERG	1	330.00
03/05/15	0540	54000003	HB AMBULANCE LOADED MILEAGE	17	170.00

Total hospital charges:

68,237.04

Hospital Payments and Adjustments

Description	Amount
BCBS FEP Payments	-68.17
MEDICARE Adjustments	-49,039.29
MEDICARE Payments	-19,129.58
Coinsurance: 68.17	

Total hospital payments and adjustments:

-68,237.04

For inquiries regarding this document, please call 1-843-792-2311.

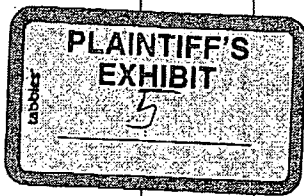
ROA 250

MEDICAL UNIVERSITY HOSPITAL		PATIENT NO. 450443345700		TYPE OF BILL 111	
162 ASHLEY AVENUE		PO BOX 931854		000036337	
CHARLESTON SC 294025836		ATLANTA GA 311921854		571098556 041815 050315	
PATIENT NAME		PATIENT ADDRESS		STATEMENT COVERED PERIOD FROM THROUGH	

PATIENT NAME BLANDIN, ANNA M		PATIENT ADDRESS NORTH CHARLESTON		STATE SC		ZIP 294151602	
10 DATE OF BIRTH 041815		11 SEX F		12 DATE OF ADMISSION 1215 1015 1335		13 DATE OF DISCHARGE 0215	
14 OCCURRENCE CODE 11		15 OCCURRENCE DATE 041815		16 OCCURRENCE CODE 12		17 OCCURRENCE DATE 010106	

MEDICARE A + B		MAIL CODE AG600		PO BOX 100238		COLUMBIA, SC 292023190	
30 CODE 01		31 VALUE 1328.00		32 CODE 09		33 VALUE 3150.00	
34 CODE 48		35 VALUE 8.00		36 CODE 30		37 VALUE 15.00	
38 CODE 82		39 VALUE 10.00		40 CODE 01		41 VALUE 1328.00	

101 CODE	102 DESCRIPTION	103 PRICE RATE / UNIT CODE	104 QUANTITY	105 UNIT PRICE	106 TOTAL CHARGES	107 NON-COVERED CHARGES	108
0110	ROOM-BOARD/PVT	1328.00			12 15936.00		
0206	INTERMEDIATE ICU	2734.00			3 8202.00		
0250	PHARMACY				700 14749.00		
0255	DRUGS/RADIOLOGY				50 308.00		
0258	IV SOLUTIONS				10 108.00		
0260	IV THERAPY				2 314.00		
0270	MED-SUP. SUPPLIES				2 2.00		
0272	STERILE SUPPLY				2 176.00		
0300	LABORATORY				98 11458.00		
0306	LAB/FACT-MICRO				2 401.00		
0311	PATHOLOGY/CYTOLOGY				1 145.00		
0312	PATHOLOGY/HYSTOL				1 331.00		
0320	DX X-RAY				2 2682.00		
0324	DX X-RAY/CHEST				2 654.00		
0352	CT SCAN/BODY				1 5728.00		
0360	OR SERVICES				1 518.00		
0420	PHYSICAL THERAPY				3 301.00		
0424	PHYS THERAPY/EVAL				1 162.00		
0429	OTHER PHYS THERAPY				2 0.02		
0434	OCCUP THERP/EVAL				1 117.00		
0439	OTHER OCCUP THERP				2 0.02		
0440	SPEECH PATHOLOGY				1 307.00		



PAGE 1 OF 2		CREATION DATE 021816		TOTALS	
30 PAYER NAME 618 MEDICARE A + B		31 HEALTH PLAN ID		32 PRIOR PAYMENTS	
402 BCBS FEP				33 EST. AMOUNT DUE 1072605879	
34 INSURED'S NAME		35 PRIOR 13		36 GROUP NAME	
BLANDIN, ANNA M		BLANDIN, ANNA M		104	

37 TREATMENT AUTHORIZATION CODES		38 DOCUMENT CONTROL NUMBER		39 EMPLOYER NAME	
		21513100519104SCA			
40 PATIENT REASON CODE		41 OTHER PROCEDURE CODE		42 OTHER PROCEDURE DATE	
262		70724		70703	

43 PATIENT REASON CODE		44 OTHER PROCEDURE CODE		45 OTHER PROCEDURE DATE	
262		70724		70703	
46 PATIENT REASON CODE		47 OTHER PROCEDURE CODE		48 OTHER PROCEDURE DATE	
262		70724		70703	

49 PATIENT REASON CODE		50 OTHER PROCEDURE CODE		51 OTHER PROCEDURE DATE	
262		70724		70703	
52 PATIENT REASON CODE		53 OTHER PROCEDURE CODE		54 OTHER PROCEDURE DATE	
262		70724		70703	

55 PATIENT REASON CODE		56 OTHER PROCEDURE CODE		57 OTHER PROCEDURE DATE	
262		70724		70703	
58 PATIENT REASON CODE		59 OTHER PROCEDURE CODE		60 OTHER PROCEDURE DATE	
262		70724		70703	

61 PATIENT REASON CODE		62 OTHER PROCEDURE CODE		63 OTHER PROCEDURE DATE	
262		70724		70703	
64 PATIENT REASON CODE		65 OTHER PROCEDURE CODE		66 OTHER PROCEDURE DATE	
262		70724		70703	

67 PATIENT REASON CODE		68 OTHER PROCEDURE CODE		69 OTHER PROCEDURE DATE	
262		70724		70703	
70 PATIENT REASON CODE		71 OTHER PROCEDURE CODE		72 OTHER PROCEDURE DATE	
262		70724		70703	

73 PATIENT REASON CODE		74 OTHER PROCEDURE CODE		75 OTHER PROCEDURE DATE	
262		70724		70703	
76 PATIENT REASON CODE		77 OTHER PROCEDURE CODE		78 OTHER PROCEDURE DATE	
262		70724		70703	

79 PATIENT REASON CODE		80 OTHER PROCEDURE CODE		81 OTHER PROCEDURE DATE	
262		70724		70703	
82 PATIENT REASON CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE DATE	
262		70724		70703	

85 PATIENT REASON CODE		86 OTHER PROCEDURE CODE		87 OTHER PROCEDURE DATE	
262		70724		70703	
88 PATIENT REASON CODE		89 OTHER PROCEDURE CODE		90 OTHER PROCEDURE DATE	
262		70724		70703	

MEDICAL UNIVERSITY HOSPITAL		31 PATI ENTL #		1150443245700		4 TYPE OF BILL	
162 ASHLEY AVENUE		PO BOX 931854		6 MED REG #		000036327	
CHARLESTON SC 294025836		ATLANTA GA 311931854		5 FEO TAX NO		6 STATEMENT OVERS PERIOD THROUGH	
5437922311 8437922405				571028556		041815 050315	

PATIENT NAME		PATIENT ADDRESS		SC 294151602	

BLANDIN, ANNA M		NORTH CHARLESTON		SC 294151602	

11 041815		12 010106		13 05		14 05		15 05		16 05		17 05		18 05		19 05		20 05		21 05		22 05		23 05		24 05		25 05		26 05		27 05		28 05		29 05		30 05		31 05		32 05		33 05		34 05		35 05		36 05		37 05		38 05		39 05		40 05		41 05		42 05		43 05		44 05		45 05		46 05		47 05		48 05		49 05		50 05		51 05		52 05		53 05		54 05		55 05		56 05		57 05		58 05		59 05		60 05		61 05		62 05		63 05		64 05		65 05		66 05		67 05		68 05		69 05		70 05		71 05		72 05		73 05		74 05		75 05		76 05		77 05		78 05		79 05		80 05		81 05		82 05		83 05		84 05		85 05		86 05		87 05		88 05		89 05		90 05		91 05		92 05		93 05		94 05		95 05		96 05		97 05		98 05		99 05		100 05		101 05		102 05		103 05		104 05		105 05		106 05		107 05		108 05		109 05		110 05		111 05		112 05		113 05		114 05		115 05		116 05		117 05		118 05		119 05		120 05		121 05		122 05		123 05		124 05		125 05		126 05		127 05		128 05		129 05		130 05		131 05		132 05		133 05		134 05		135 05		136 05		137 05		138 05		139 05		140 05		141 05		142 05		143 05		144 05		145 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MUSC Health
PO Box 931736
Atlanta, Ga 31193-1736

Ann Blandin

Guarantor ID: 744183

NORTH CHARLESTON, SC 29415-1602

Visit Coverages:
MEDICARE - MEDICARE A + B

This is not a bill. This is an itemization of your MUSC Health services for:

Patient: Blandin, Ann
Hospital Account: 504433457

Admission Date: 04/18/2015
Discharge Date: 05/03/2015

038.9 - Unspecified septicemia(038.9)
567.29 - Other suppurative peritonitis(567.29)
262 - Other severe protein-calorie malnutrition
707.24 - Pressure ulcer, stage IV(707.24)
707.03 - Pressure ulcer, lower back(707.03)
577.0 - Acute pancreatitis
458.9 - Hypotension, unspecified
585.6 - End stage renal disease
428.32 - Chronic diastolic heart failure
403.91 - Unspecified hypertensive kidney disease with chronic kidney disease stage V or end stage renal disease(403.91)

Current Account Balance: 0.00

Hospital Charges

Date	Rev.Code	Procedure Code	Description	Qty	Amount
04/18/15	0250	25000001	IOHEXOL 350 MG IODINE/ML SOLN 100 ML BOTTLE	1	223.00
04/18/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	3	59.00
04/18/15	0250	25000001	DEXTROSE 5% SOLP 500 ML BAG	1	28.00
04/18/15	0250	J2543	PIPERACILLIN-TAZOBACTAM IN DEXTROSE 4.5G/100ML PGBK 100 ML BAG	4	177.00
04/18/15	0324	32400001	HB XRAY CHEST FRONTAL	1	327.00
04/18/15	0255	Q9967	IOHEXOL 350 MG/ML 50 ML BOTTLE	50	308.00
04/18/15	0250	25000001	IOHEXOL 350 MG IODINE/ML SOLN 50 ML VIAL	2	588.00
04/18/15	0270	27000697	KIT CVT 418000 CONTROL ODOR FL	1	1.00
04/18/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
04/18/15	0300	83600213	HB PH,PC01,P02 BILL	1	326.00
04/18/15	0300	83600353	HB LAC VEN I	1	63.00

For inquiries regarding this document, please call 1-843-792-2311.

ROA 253

Date	Rev Code	Procedure Code	Description	Qty	Amount
04/18/15	0300	85200681	HB C DIFFICILE PCR	1	204.00
04/18/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	134.00
04/18/15	0300	85311629	HB METABOLIC PANEL	1	128.00
04/18/15	0300	85100139	HB C BLOOD	1	218.00
04/18/15	0300	85100139	HB C BLOOD	1	218.00
04/18/15	0300	85100204	HB C EX	1	176.00
04/18/15	0300	85320042	HB BODY FLUID CELL COUNT	1	118.00
04/18/15	0300	85130367	HB RESPIRATORY PATHOGEN PANEL	1	609.00
04/18/15	0300	85100600	HB WGSC	1	44.00
04/18/15	0300	85310431	HB GLUCOSE, FLUID	1	75.00
04/18/15	0300	83600445	HB CHEM 8 I	1	114.00
04/18/15	0300	83600429	HB HCT I	1	47.00
04/18/15	0300	85310654	HB LIPASE	1	97.00
04/18/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/18/15	0352	35200033	HB CT ABDOMEN & PELVIS W/CONTRAST	1	5,728.00
04/18/15	0260	26000002	HB ADMIN IV INF TX/DX; 1ST HR	1	242.00
04/18/15	0260	26000003	HB ADMIN IV INF TX/DX; EA ADDTL HR	1	72.00
04/18/15	0450	30000010	HB INS CATH FOR SPECIMEN COLLECT	1	95.00
04/18/15	0450	45000005	HB ER VISIT COMPREHENSIVE	1	1,940.00
04/18/15	0320	32000091	HB XRAY ABD,COMP,DECUB	1	308.00
04/19/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/19/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
04/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/19/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/19/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/19/15	0250	63700001	GABAPENTIN 300 MG CAP 100 EACH BLIST PACK	1	6.00
04/19/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB 270 EACH BOTTLE	1	28.00
04/19/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB 270 EACH BOTTLE	1	28.00
04/19/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/19/15	0250	J0882	DARBEPOETIN ALFA 60MCG/0.3ML SYRG 0.3 ML SYRINGE	60	1,335.00
04/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/19/15	0250	63700001	CALCIUM CARBONATE 500 MG/5 ML (1,250 MG/5 ML) SUSP 5 ML CUP	1	8.00
04/19/15	0250	63700001	ACETAMINOPHEN 325 MG TAB 100 EACH BLIST PACK	2	2.00
04/19/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
04/19/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/19/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
04/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/19/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/19/15	0300	85340180	HB URINALYSIS	1	61.00
04/19/15	0300	85100170	HB C UR	1	96.00
04/19/15	0300	83721001	HB METHYLMALONIC ACID	1	166.00
04/19/15	0300	85313302	HB FERRITIN	1	151.00
04/19/15	0300	85313294	HB FOLATE	1	165.00
04/19/15	0300	85310696	HB MAGNESIUM	1	98.00
04/19/15	0300	85310746	HB PHOSPHOROUS	1	56.00
04/19/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/19/15	0300	85320372	HB HEMOGRAM	1	77.00
04/19/15	0300	85360428	HB HEMOGLOBIN A1C	1	133.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/19/15	0272	27202948	BOOT HEELIFT SUSPENSION 991-00	2	176.00
04/19/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/20/15	0250	63700001	CALCIUM CARBONATE 500 MG/5 ML (1,250 MG/5 ML) SUSP 5 ML CUP	1	8.00
04/20/15	0250	63700001	CALCIUM CARBONATE 500 MG/5 ML (1,250 MG/5 ML) SUSP 5 ML CUP	1	8.00
04/20/15	0250	63700001	CALCIUM CARBONATE 500 MG/5 ML (1,250 MG/5 ML) SUSP 5 ML CUP	1	8.00
04/20/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/20/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/20/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
04/20/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/20/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/20/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/20/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/20/15	0940	94000026	HB WOUND CARE (COMPLEX)/ 30MIN	1	213.00
04/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/20/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,161.00
04/20/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/20/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
04/20/15	0250	63700001	OXYCODONE IR 5 MG TAB 100 EACH BLIST PACK	1	8.00
04/20/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/20/15	0300	85310696	HB MAGNESIUM	1	98.00
04/20/15	0300	85310746	HB PHOSPHOROUS	1	56.00
04/20/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/20/15	0300	85320372	HB HEMOGRAM	1	77.00
04/20/15	0300	85360501	HB HEPATITIS B SURFACE ANTIGEN N	1	101.00
04/20/15	0300	83723775	HB CHYLOMICRON SCREEN FLUID	1	190.00
04/20/15	0300	85320042	HB BODY FLUID CELL COUNT	1	118.00
04/20/15	0300	85311108	HB CHOLESTEROL FLUID	1	47.00
04/20/15	0300	85313187	HB LIPASE, FLUID	1	97.00
04/20/15	0300	85311058	HB TRIGLYCERIDES	1	80.00
04/20/15	0300	85100204	HB C EX	1	176.00
04/20/15	0300	85110047	HB CULT. FUNGUS	1	140.00
04/20/15	0300	85140390	HB AFB CULTURE	1	186.00
04/20/15	0300	85100600	HB WGSC	1	44.00
04/20/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/20/15	0300	85110096	HB FUNGAL SMEAR W/CULTURE	1	37.00
04/20/15	0300	85140044	HB AFB CULTURE DIGESTED/CONCENT	1	83.00
04/20/15	0300	85140143	HB AFB SMEAR FLUORESCENT STAIN	1	130.00
04/20/15	0311	69000016	HB CYTOLOGY FLUID SPECIMEN	1	145.00
04/20/15	0312	69000180	HB CELL BLOCK	1	331.00
04/21/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	10.00
04/21/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/21/15	0250	63700001	CINACALCET 90 MG TAB.30 EACH BOTTLE	1	158.00
04/21/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/21/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/21/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/21/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/21/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP 750 EACH BLIST PACK	1	6.00
04/21/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	11.00
04/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	10.00
04/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/21/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/21/15	0300	85310696	HB MAGNESIUM	1	98.00
04/21/15	0300	85310746	HB PHOSPHOROUS	1	56.00
04/21/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/21/15	0300	85320372	HB HEMOGRAM	1	77.00
04/21/15	0300	85320372	HB HEMOGRAM	1	77.00
04/21/15	0300	89200018	HB ABO W/RH	1	56.00
04/21/15	0300	89200174	HB D(RHO)TYPE	1	53.00
04/21/15	0300	89220255	HB ANTIBODY SCREEN 2 CELL SP	1	108.00
04/21/15	0300	85311090	HB LIPID PROFILE	1	97.00
04/21/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/22/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/22/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/22/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/22/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/22/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/22/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/22/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	10	67.00
04/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/22/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/22/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
04/22/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
04/22/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
04/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/22/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/22/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/22/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/22/15	0300	85311090	HB LIPID PROFILE	1	97.00
04/22/15	0300	85320372	HB HEMOGRAM	1	77.00
04/22/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/22/15	0300	85310696	HB MAGNESIUM	1	98.00
04/22/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/23/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/23/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/23/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/23/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/23/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/23/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/23/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/23/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/23/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	2	41.00
04/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	10	67.00
04/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/23/15	0250	25000001	TUBERCULIN 5UNITS/0.1ML SOLN 1 ML VIAL	1	10.00
04/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/23/15	0449	44900000	HB SWALLOWING LIMIT, CURRENT STAT	1	0.01
04/23/15	0449	44900001	HB SWALLOWING LIMIT, GOAL STATUS	1	0.01
04/23/15	0444	44400004	HB STANDARD EVAL DYSPHAGIA	1	399.00
04/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	10.00
04/23/15	0300	83725812	HB PTH RELATED PEPTIDE	1	209.00
04/23/15	0300	85320372	HB HEMOGRAM	1	77.00
04/23/15	0300	85310696	HB MAGNESIUM	1	98.00
04/23/15	0300	85310746	HB PHOSPHOROUS	1	56.00
04/23/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/23/15	0300	89810154	HB VITAMIN D25	1	133.00
04/23/15	0300	85313369	HB PTH(IRMA)	1	581.00
04/23/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	10.00
04/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	2	14.00
04/24/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/24/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/24/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/24/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/24/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/24/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/24/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/24/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/24/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/24/15	0440	44000003	HB STANDARD TX DYSPHAGIA	1	307.00
04/24/15	0449	44900000	HB SWALLOWING LIMIT, CURRENT STAT	1	0.01
04/24/15	0449	44900002	HB SWALLOWING LIMIT, D/C STATUS	1	0.01
04/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/24/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
04/24/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/24/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
04/24/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
04/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/24/15	0206	20600001	Post ICU (AKA Intermediate)	1	2,734.00
04/24/15	0300	85320372	HB HEMOGRAM	1	77.00
04/24/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/24/15	0300	85310696	HB MAGNESIUM	1	98.00
04/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/25/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
04/25/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/25/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/25/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/25/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/25/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/25/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/25/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/25/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/25/15	0250	63700001	SODIUM POLYSTYRENE 15 GRAM/60 ML SUSP 60 ML BLIST PACK	1	51.00
04/25/15	0250	63700001	SODIUM BICARBONATE 650 MG TAB 1,000 EACH BOTTLE	1	6.00
04/25/15	0250	63700001	SODIUM BICARBONATE 650 MG TAB 1,000 EACH BOTTLE	1	6.00
04/25/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/25/15	0424	42400001	HB PT EVAL 30MIN SIMPLE	1	162.00
04/25/15	0429	42900000	HB MOBILITY:WALK/MOVE,CURRNT STAT	1	0.01
04/25/15	0429	42900001	HB MOBILITY:WALK/MOVE,GOAL STATUS	1	0.01
04/25/15	0250	63700001	MIDODRINE 10 MG TAB 100 EACH BOTTLE	1	29.00
04/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/25/15	0439	42900009	HB SELF CARE, CURRENT STATUS	1	0.01
04/25/15	0439	42900010	HB SELF CARE, GOAL STATUS	1	0.01
04/25/15	0434	43400005	HB OT EVALUATION-BRIEF	1	117.00
04/25/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00

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Date	Rev. Code	Procedure Code	Description	Qty	Amount
04/25/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
04/25/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/25/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
04/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/25/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/25/15	0300	85310696	HB MAGNESIUM	1	98.00
04/25/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/25/15	0300	85310696	HB MAGNESIUM	-1	-98.00
04/25/15	0300	85311645	HB BASIC METABOLIC PANEL	-1	-107.00
04/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/26/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/26/15	0250	J0882	DARBEPOETIN ALFA 60MCG/0.3ML SYRG 0.3 ML SYRINGE	60	1,335.00
04/26/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/26/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/26/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/26/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP 90 EACH BOX	1	57.00
04/26/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP 90 EACH BOX	1	57.00
04/26/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP 90 EACH BOX	1	57.00
04/26/15	0250	63700001	DOCUSATE SODIUM 10 MG/1 ML LIQD 10 ML BLIST PACK	1	9.00
04/26/15	0250	63700001	CITALOPRAM 10 MG TAB 100 EACH BOTTLE	1	18.00
04/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/26/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/26/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/26/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/26/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/26/15	0258	25800024	SOLUTION BAX-2B1323Q NACL 0.9P	1	4.00
04/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/26/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/27/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/27/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/27/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/27/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/27/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP 90 EACH BOX	1	57.00
04/27/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP 90 EACH BOX	1	57.00
04/27/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP 90 EACH BOX	1	57.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/27/15	0250	63700001	MIDODRINE 10 MG TAB 100 EACH BOTTLE	1	29.00
04/27/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/27/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/27/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	10	67.00
04/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/27/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00
04/27/15	0420	42000033	HB THERAPEUTIC ACTIVITY 1:1, EA 15 MIN	1	111.00
04/27/15	0420	42000019	HB THERAPEUTIC EXER/1:1/STRENGTH/	1	95.00
04/27/15	0483	48300001	HB ECHO COMPLETE W/DOPPLER&COLOR	1	952.00
04/27/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/27/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
04/27/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
04/27/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/27/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/27/15	0206	20600001	Post ICU (AKA Intermediate)	1	2,734.00
04/27/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
04/27/15	0300	85310696	HB MAGNESIUM	1	98.00
04/27/15	0300	85310746	HB PHOSPHOROUS	1	56.00
04/27/15	0300	85320372	HB HEMOGRAM	1	77.00
04/27/15	0300	85100204	HB C EX	1	176.00
04/27/15	0300	85320042	HB BODY FLUID CELL COUNT	1	118.00
04/27/15	0300	85100600	HB WGSC	1	44.00
04/28/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/28/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
04/28/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/28/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/28/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/28/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/28/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/28/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/28/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/28/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK 100 ML BAG	2	43.00
04/28/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/28/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/28/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK 100 ML BAG	2	43.00
04/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/28/15	0940	94000026	HB WOUND CARE (COMPLEX)/ 30MIN	1	213.00
04/28/15	0940	94000019	HB FOLLOW-UP ASMNT/30 MIN	1	79.00
04/28/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/28/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/28/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/28/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/28/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/28/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/28/15	0300	89200018	HB ABO W/RH	1	56.00
04/28/15	0300	89200174	HB D(RHO)TYPE	1	53.00
04/28/15	0300	89220255	HB ANTIBODY SCREEN 2 CELL SP	1	108.00
04/28/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/29/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/29/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/29/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/29/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
04/29/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/29/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/29/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/29/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/29/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/29/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/29/15	0250	63700001	MIDODRINE 10 MG TAB 100 EACH BOTTLE	1	29.00
04/29/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/29/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/29/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/29/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/29/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/29/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/29/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/29/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
04/29/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
04/29/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	1	6.00
04/29/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/29/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/29/15	0300	85311646	HB BASIC METABOLIC PANEL	1	107.00
04/29/15	0300	85310696	HB MAGNESIUM	1	98.00
04/29/15	0300	85310746	HB PHOSPHOROUS	1	56.00
04/29/15	0300	85320372	HB HEMOGRAM	1	77.00
04/29/15	0110	11000001	Room & Board - Private General	1	1,328.00
04/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/30/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/30/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
04/30/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
04/30/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
04/30/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/30/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
04/30/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
04/30/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/30/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/30/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/30/15	0250	63700001	ACETAMINOPHEN 650 MG/20.3 ML SOLN 20.3 ML BLIST PACK	1	21.00
04/30/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00
04/30/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
04/30/15	0420	42000019	HB THERAPEUTIC EXER/1:1/STRENGTH/	1	95.00
04/30/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/30/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
04/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
04/30/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
04/30/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00
04/30/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
04/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
04/30/15	0206	20600001	Post ICU (AKA Intermediate)	1	2,734.00
04/30/15	0300	85330215	HB PROTHROMBIN TIME	1	48.00
05/01/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
05/01/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
05/01/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
05/01/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
05/01/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00
05/01/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
05/01/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
05/01/15	0250	63700001	MIDODRINE 10 MG TAB 100 EACH BOTTLE	1	29.00
05/01/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
05/01/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
05/01/15	0270	27000744	PACK OAR SAN23BS05A TRAY ANGIO	1	1.00
05/01/15	0258	25800026	SOLUTION BAX 2B1322Q NACL .9PR	1	38.00
05/01/15	0250	25000001	ONDANSETRON (PF) 2MG/ML SOLN 2 ML VIAL	1	11.00
05/01/15	0250	25000001	MIDAZOLAM (PF) 1MG/ML SOLN 2 ML VIAL	1	6.00
05/01/15	0250	25000001	FENTANYL (PF) 50MCG/ML SOLN 2 ML VIAL	1	11.00
05/01/15	0258	25800026	SOLUTION BAX 2B1322Q NACL .9PR	1	38.00
05/01/15	0258	25800011	SOLUTION BAX 2B1324X .9 NACL	1	4.00
05/01/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
05/01/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00
05/01/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
05/01/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	7.00
05/01/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	9.00
05/01/15	0110	11000001	Room & Board - Private General	1	1,328.00
05/01/15	0360	36100832	HB INJ LYMPHANGIOGRAPH (AKA HB38790)	1	518.00
05/01/15	0320	32000193	HB LYMPHANGIO PELVIC/ABD BIL S&I (AKA HB75807)	1	2,374.00
05/02/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
05/02/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
05/02/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN 473 ML BOTTLE	1	15.00
05/02/15	0250	63700001	CINACALCET 90 MG TAB 30 EACH BOTTLE	1	158.00
05/02/15	0250	63700001	FOLIC ACID 1 MG TAB 1,000 EACH BOTTLE	1	6.00

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Date	Rev.Code	Procedure Code	Description	Qty	Amount
05/02/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
05/02/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
05/02/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK 90 EACH BOX	1	57.00
05/02/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	2	7.00
05/02/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00
05/02/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
05/02/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
05/02/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN 2 ML VIAL	2	168.00
05/02/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN 10 ML VIAL	1	8.00
05/02/15	0250	63700001	METHYLPHENIDATE 10 MG TAB 100 EACH BOTTLE	1	11.00
05/02/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
05/02/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN 0.5 ML VIAL	5	36.00
05/02/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	1	6.00
05/02/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN 5 ML CUP	1	14.00
05/02/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB 100 EACH BLIST PACK	1	6.00
05/02/15	0300	85100139	HB C BLOOD	1	218.00
05/02/15	0300	85100139	HB C BLOOD	1	218.00
05/02/15	0300	85320372	HB HEMOGRAM	1	77.00
05/02/15	0300	85311645	HB BASIC METABOLIC PANEL	1	107.00
05/02/15	0300	85330215	HB PROTHROMBIN TIME	1	48.00
05/02/15	0300	85330223	HB ACT VTD PARTL THROMBOPLASTITIM	1	59.00
05/02/15	0300	85100303	HB C ST	1	108.00
05/02/15	0300	85120145	HB WBC, FE	1	43.00
05/02/15	0300	85200681	HB C DIFFICILE PCR	1	204.00
05/02/15	0300	85320042	HB BODY FLUID CELL COUNT	1	118.00
05/02/15	0300	85100204	HB C EX	1	176.00
05/02/15	0300	85110047	HB CULT, FUNGUS	1	140.00
05/02/15	0300	85140390	HB AFB CULTURE	1	186.00
05/02/15	0300	85100600	HB WGSC	1	44.00
05/02/15	0110	11000001	Room & Board - Private General	1	1,328.00
05/02/15	0300	85100600	HB WGSC	1	44.00
05/02/15	0308	85140614	HB BCID (BLOOD CULT ID BY PCR)	1	303.00
05/02/15	0306	85140624	HB MBT ID-IDENTIFICATION BY MALDI	1	98.00
05/02/15	0324	32400001	HB XRAY CHEST FRONTAL	1	327.00
05/02/15	0300	85140143	HB AFB SMEAR FLUORESCENT STAIN	1	130.00
05/02/15	0300	85140044	HB AFB CULTURE DIGESTED/CONCENT	1	83.00
05/03/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
05/03/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
05/03/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
05/03/15	0250	J0882	DARBEPOETIN ALFA 60MCG/0.3ML SYRG	60	1,335.00
05/03/15	0250	63700001	GABAPENTIN 250 MG/5 ML SOLN	1	15.00
05/03/15	0250	63700001	CINACALCET 90 MG TAB	1	158.00
05/03/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
05/03/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK	1	57.00
05/03/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWPK	1	57.00
05/03/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB	1	6.00
05/03/15	0250	63700001	METHYLPHENIDATE 10 MG TAB	1	11.00
05/03/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
05/03/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
05/03/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
05/03/15	0250	J1815	INSULIN NPH 100UNITS/ML SUSP 10 ML VIAL	2	8.00
05/03/15	0300	85320372	HB HEMOGRAM	1	77.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
05/03/15	0540	54000018	HB BLS TRANSPORT BASE NON-EMERG	1	330.00
05/03/15	0540	54000003	HB AMBULANCE LOADED MILEAGE	8	80.00

Total hospital charges:

74,957.08

Hospital Payments and Adjustments

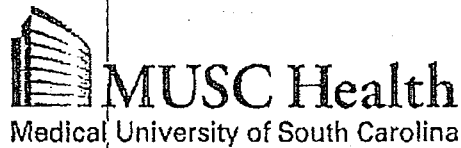
Description	Amount
BCBS FEP Payments	-3,204.93
MEDICARE Adjustments	-59,911.13
MEDICARE Payments	-11,841.02
Coinurance: 3,204.93	

Total hospital payments and adjustments:

-74,957.08

For inquiries regarding this document, please call 1-843-792-2311.

MEDICAL UNIVERSITY HOSPITAL										H50572811400										TYPE OF BILL									
162 ASHLEY AVENUE										PO BOX 931854										111									
CHARLESTON SC 294035836										ATLANTA GA 311931854																			
8437222311 8437222405										571028556										082215 082515									
PATIENT NAME										PATIENT ADDRESS																			
BLANDIN, ANNA M										NORTH CHARLESTON										SC 294151602									
10 BIRTH DATE										11 SEX										12 DATE									
082215										02										1									
13 OCCURRENCE DATE										14 OCCURRENCE DATE										15 OCCURRENCE DATE									
11 082215										12 010106																			
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MUSC Health
PO Box 931736
Atlanta, Ga 31193-1736

Ann Blandin

Guarantor ID: 744183

NORTH CHARLESTON, SC 29415-1602

Visit Coverages:
MEDICARE - MEDICARE A + B

This is not a bill. This is an itemization of your MUSC Health services for:

Patient: Blandin, Ann
Hospital Account: 505798114

Admission Date: 08/22/2015
Discharge Date: 08/25/2015

038.9 - Unspecified septicemia
707.24 - Pressure ulcer, stage IV(707.24)
707.03 - Pressure ulcer, lower back(707.03)
008.45 - Intestinal infection due to Clostridium difficile
585.6 - End stage renal disease
588.81 - Secondary hyperparathyroidism (of renal origin)
403.91 - Unspecified hypertensive kidney disease with chronic kidney disease stage V or end stage renal disease
250.40 - Type II or unspecified type diabetes mellitus with renal manifestations, not stated as uncontrolled
599.0 - Urinary tract infection, site not specified
995.91 - Sepsis(995.91)

Current Account Balance: 0.00

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
08/22/15	0300	83600445	HB CHEM 8 I	1	125.00
08/22/15	0300	83600429	HB HCT I	1	52.00
08/22/15	0300	83600460	HB TPII	1	246.00
08/22/15	0300	85320372	HB HEMOGRAM	1	85.00
08/22/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
08/22/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
08/22/15	0300	85311637	HB HEPATIC FUNCTION PANEL A	1	112.00
08/22/15	0300	85330215	HB PROTHROMBIN TIME	1	53.00
08/22/15	0300	85100139	HB C BLOOD	1	240.00
08/22/15	0300	83600213	HB PH, PC01, P02 BILL	1	359.00
08/22/15	0300	83600353	HB LAC VEN I	1	69.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
08/22/15	0300	85100139	HB C BLOOD	1	240.00
08/22/15	0300	85200681	HB C DIFFICILE PCR	1	224.00
08/22/15	0250	25000001	NALOXONE 0.4MG/ML SOLN	1	65.00
08/22/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	3	50.00
08/22/15	0250	25000001	DEXTROSE 5% SOLP 250 ML BAG	1	28.00
08/22/15	0324	32400001	HB XRAY CHEST FRONTAL	1	343.00
08/22/15	0450	26000010	HB ADMIN IV PUSH TX/DX; 1ST MED	1	121.00
08/22/15	0450	45000005	HB ER VISIT COMPREHENSIVE	1	1,940.00
08/23/15	0250	63700001	CALCITRIOL 0.25 MCG CAP	1	11.00
08/23/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
08/23/15	0250	J1815	INSULIN GLARGINE 100UNITS/ML SOLN	4	23.00
08/23/15	0250	J2020	LINEZOLID 600MG/300ML SOLP	3	265.00
08/23/15	0250	63700001	VANCOMYCIN	1	12.00
08/23/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
08/23/15	0300	85340180	HB URINALYSIS	1	61.00
08/23/15	0300	85100170	HB C UR	1	106.00
08/23/15	0250	J0692	CEFEPIME 200MG/ML SOLR 1 EACH VIAL	2	106.00
08/23/15	0250	25000001	NACL 0.9% SOLP 50 ML BAG	1	28.00
08/23/15	0250	63700001	CALCITRIOL 0.25 MCG CAP	1	11.00
08/23/15	0250	63700001	CINACALCET 30 MG TAB	1	105.00
08/23/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
08/23/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
08/23/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
08/23/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB	2	7.00
08/23/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP	1	6.00
08/23/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
08/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/23/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/23/15	0250	J2020	LINEZOLID 600MG/300ML SOLP	3	265.00
08/23/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/23/15	0250	J1815	INSULIN GLARGINE 100UNITS/ML SOLN	4	23.00
08/23/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
08/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/23/15	0250	63700001	DOCUSATE SODIUM 100 MG CAP	1	6.00
08/23/15	0250	63700001	SENNA-DOCUSATE 8.6-50 MG TAB	2	7.00
08/23/15	0300	85200681	HB C DIFFICILE PCR	1	224.00
08/23/15	0300	85120145	HB WBC, FE	1	47.00
08/23/15	0300	85320075	HB WESTERGREN SEDIMENTATION RATE	1	74.00
08/23/15	0300	85360535	HB CRP	1	145.00
08/23/15	0110	11000001	Room & Board - Private General	1	1,408.00
08/23/15	0300	85200681	HB C DIFFICILE PCR	-1	-224.00
08/23/15	0250	63700001	VANCOMYCIN	1	12.00
08/23/15	0250	63700001	VANCOMYCIN	1	12.00
08/23/15	0250	63700001	VANCOMYCIN	1	12.00
08/23/15	0260	26000002	HB ADMIN IV INF TX/DX; 1ST HR	1	262.00
08/24/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
08/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/24/15	0250	63700001	CINACALCET 30 MG TAB	1	105.00
08/24/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
08/24/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
08/24/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
08/24/15	0250	25000001	DEXTROSE 50% SYRG	1	39.00
08/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/24/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/24/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
08/24/15	0250	J0882	DARBEPOETIN ALFA 60MCG/0.3ML SYRG	60	1,335.00
08/24/15	0250	J2280	MOXIFLOXACIN 400MG/250ML PGBK	4	233.00
08/24/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
08/24/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/24/15	0250	63700001	CALCIUM ACETATE 667 MG CAP	2	16.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
08/24/15	0940	94000026	HB WOUND CARE (COMPLEX)/ 30MIN	1	226.00
08/24/15	0940	94000025	HB TEACHING SESSION/ 30MIN	1	133.00
08/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/24/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/24/15	0250	J2020	LINEZOLID 600MG/300ML SOLP	3	265.00
08/24/15	0300	85310696	HB MAGNESIUM	1	108.00
08/24/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
08/24/15	0300	85310746	HB PHOSPHOROUS	1	62.00
08/24/15	0300	85320372	HB HEMOGRAM	1	85.00
08/24/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
08/24/15	0300	85100303	HB C ST	1	119.00
08/24/15	0110	11000001	Room & Board - Private General	1	1,408.00
08/24/15	0250	J0692	CEFEPIME 200MG/ML SOLR 1 EACH VIAL	2	106.00
08/24/15	0250	25000001	NACL 0.9% SOLP 50 ML BAG	1	28.00
08/24/15	0250	63700001	VANCOMYCIN	1	12.00
08/24/15	0250	63700001	VANCOMYCIN	1	12.00
08/24/15	0250	63700001	VANCOMYCIN	1	12.00
08/24/15	0250	63700001	VANCOMYCIN	1	12.00
08/24/15	0306	85140624	HB MBT ID-IDENTIFICATION BY MALDI	1	108.00
08/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/25/15	0250	J1815	INSULIN GLARGINE 100UNITS/ML SOLN	1	10.00
08/25/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
08/25/15	0250	63700001	CALCITRIOL 0.25 MCG CAP	1	11.00
08/25/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
08/25/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
08/25/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
08/25/15	0250	63700001	CALCIUM ACETATE 667 MG CAP	2	16.00
08/25/15	0250	63700001	CALCIUM ACETATE 667 MG CAP	2	16.00
08/25/15	0250	Q0163	DIPHENHYDRAMINE 25 MG CAP	1	6.00
08/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
08/25/15	0250	J2280	MOXIFLOXACIN 400MG/250ML PGBK	4	233.00
08/25/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK	2	43.00
08/25/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK	2	43.00
08/25/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/25/15	0250	Q0163	DIPHENHYDRAMINE 25 MG CAP	1	6.00
08/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
08/25/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
08/25/15	0250	63700001	VANCOMYCIN	1	12.00
08/25/15	0300	85320372	HB HEMOGRAM	1	85.00
08/25/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
08/25/15	0300	85310696	HB MAGNESIUM	1	108.00
08/25/15	0300	85310746	HB PHOSPHOROUS	1	62.00

Total hospital charges:

13,648.00

Hospital Payments and Adjustments

Description	Amount
BCBS FEP Payments	-1,260.00
MEDICARE Adjustments	1,080.81
MEDICARE Payments	-13,468.81
Coinsurance: 1,260.00	

Total hospital payments and adjustments:

-13,648.00

For inquiries regarding this document, please call 1-843-792-2311.

ROA 268

MEDICAL UNIVERSITY HOSPITAL										169 ASHLEY AVENUE CHARLESTON, SC 294035836 8437922311 8437222405										ATLANTA, GA 311231854										STATE OF SOUTH CAROLINA HOSPITAL NO. 000036337 STATEMENT COVERED PERIOD FROM 091415 THROUGH 093015										TYPE OF BILL 111																													
PATIENT NAME BLANDIN, ANNA M										PATIENT ADDRESS NORTH CHARLESTON										SC 294151602																																																	
10 BIRTH DATE 091415										11 SEX F										12 DATE OF ADMISSION 091415										13 ICD-9-CM 030568										14 ICD-9-CM 030568																													
15 COVERAGE TYPE 010106										16 COVERAGE TYPE 010106										17 COVERAGE TYPE 010106										18 COVERAGE TYPE 010106																																							
MEDICARE A B MAIL CODE AG600 PO BOX 100238 COLUMBIA, SC 292023190										19 CODE 01										20 CODE 140800										21 CODE 83																																							
										22 CODE 48										23 CODE 7800										24 CODE 08																																							
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41 ITEM CODE										42 DESCRIPTION										43 CHARGE RATE / HOURS / MIN										44 SERVICE										45 RATE										46 TOTAL CHARGES										47 UNRECOVERED CHARGES									
0110										ROOM-BOARD / FVT										1408.00																				6										8448.00																			
0200										INTENSIVE CARE										3845.00																				10										38450.00																			
0250										PHARMACY																														993										33132.00																			
0258										IV SOLUTIONS																														16										136.00																			
0260										IV THERAPY																														2										383.00																			
0270										MED-SUR SUPPLIES																														9										709.00																			
0272										STERILE SUPPLY																														11										2227.00																			
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0320										DX X-RAY																														2										1026.00																			
0324										DX X-RAY / CHEST																														2										686.00																			
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0360										OR SERVICES																														2										2480.00																			
0402										ULTRASOUND																														1										322.00																			
0420										PHYSICAL THERAPY																														2										206.00																			
0424										PHYS THERAPY / EVAL																														1										162.00																			
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0450										EMERGENCY ROOM																														1										1940.00																			
0730										EKG-ECG																														2										184.00																			
C801										DIALY / TNET																														7										8057.00																			
PAGE 1 OF 2										CREATION DATE 021816										TOTALS																																																	
48 PAYER NAME C18 MEDICARE A + B 402 BCBS FEP										49 HEALTH PLAN ID										50 Y/N Y Y										51 PRIOR PAYMENTS										52 NET AMOUNT DUE										53 PAY 10/26/2019																			
54 SINGLED'S NAME BLANDIN, ANNA M BLANDIN, ANNA M										55 PREB 18										56 MEMBER'S ID NUMBER R00451858										57 GROUP NAME										58 EMPLOYEE GROUP NO 104																													
61 TREATMENT AUTHORIZATION CODES										62 COLLECT CONTROL NUMBER 21528500254704SCA										63 EMPLOYEE NAME																																																	
64 0393 Y 78552 Y 262 Y 70724 Y 00845 Y 70703 Y 2762 Y 5856 Y 40391 Y										65 27650 Y 5183 Y 2765 Y 5000 Y 2851 Y 28040 Y V4511 Y 32722 Y 2724 Y										66 0393										67 0393																																							
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MEDICAL UNIVERSITY HOSPITAL										162 ASHLEY AVENUE										PO BOX 931854										ATLANTA GA 311931854										MEDICARE ID: H06603908500										TYPE OF BILL: 111																													
CHARLESTON SC 294035836										8437922311 8437929405										PATIENT NAME: ELANDIN, ANNA M										PATIENT ADDRESS: NORTH CHARLESTON, SC 294151602										STATEMENT COVERS PERIOD FROM: 091415 TO: 092015										MEDICARE REG # 000036337																													
18 010106										32 OCCURRENCE CODE: 001415 20 1 5 15 03 C5 68										33 OCCURRENCE CODE: 001415 20 1 5 15 03 C5 68										34 OCCURRENCE CODE: 001415 20 1 5 15 03 C5 68										35 OCCURRENCE CODE: 001415 20 1 5 15 03 C5 68										36 OCCURRENCE CODE: 001415 20 1 5 15 03 C5 68																													
MEDICARE A B										MAIL CODE AG600										PG BOX 100238										COLUMBIA, SC 292023190										39 VALUE CODES: 01 140800 63 1600										40 VALUE CODES: 48 7800 08 100800										41 VALUE CODES: 80 1600										42 VALUE CODES: A0 2940300									
43 REVENUE CODE: 0940										44 DESCRIPTION: OTHER RX SVS										45 HCPCS RATE / HPPSCODE										46 DATE										47 UNIT										48 TOTAL CHARGES: 536.00										49 NON COVERED CHARGES																			
0001										PAGE 2 OF 2										CREATION DATE: 021816										TOTALS: 115527.04																																																	
50 PAYER NAME: E18 MEDICARE A + B										51 HEALTH PLAN ID										52 PRIOR PAYMENTS										53 WEST AND N DUE										54 INPT: 10/3605879										55 OTHER PAY ID																													
56 INSURED'S NAME: ELANDIN, ANNA M										57 PRE: 18										58 INSURED'S UNCL ID: R00451858										59 OTHER NAME										60 ENDORSEMENT GROUP NO: 104																																							
61 TREATMENT AUTHORIZATION CODES										62 DOCUMENT CONTROL NUMBER: 21528500254704SCA										63 EMPLOYER NAME																																																											
64 0333 Y 78552 Y 262 Y 70724 Y 80245 Y 70703 Y 2762 Y 5256 Y 40391 Y										65 27650 Y 5180 Y 2761 Y 5000 Y 2851 N 25040 Y 44511 Y 32723 Y 2724 Y										66 0383										67 0383										68 0383																																							
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14536-2005 N.B.C. OVER APPROVAL TESTING

NUBC 10/1/02 1/12/10/02

THE CERTIFICATE ON THE REVERSE APPLIES TO THIS BILL AND HAS BEEN MADE A PART HEREOF

ROA 270

MUSC PAGE 100 OF 104



MUSC Health
PO Box 931736
Atlanta, Ga 31193-1736

Ann Blandin

Guarantor ID: 744183

NORTH CHARLESTON, SC 29415-1602

Visit Coverages:
MEDICARE - MEDICARE A + B

This is not a bill. This is an itemization of your MUSC Health services for:

Patient: Blandin, Ann
Hospital Account: 506039085

Admission Date: 09/14/2015
Discharge Date: 09/30/2015

038.3 - Septicemia due to anaerobes
785.52 - Septic shock(785.52)
262 - Other severe protein-calorie malnutrition
707.24 - Pressure ulcer, stage IV(707.24)
008.45 - Intestinal infection due to Clostridium difficile
707.03 - Pressure ulcer, lower back(707.03)
276.2 - Acidosis
585.6 - End stage renal disease
403.91 - Unspecified hypertensive kidney disease with chronic kidney disease stage V or end stage renal disease
276.50 - Volume depletion, unspecified

Current Account Balance: 0.00

Hospital Charges

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/14/15	0250	J2543	PIPERACILLIN-TAZOBACTAM IN DEXTROSE 4.5G/100ML PGBK	4	177.00
09/14/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	3	59.00
09/14/15	0250	25000001	DEXTROSE 5% SOLP 500 ML BAG	1	28.00
09/14/15	0250	25000001	DEXTROSE 50% SYRG	1	39.00
09/14/15	0270	27000697	KIT CVT 418000 CONTROL ODOR FL	1	1.00
09/14/15	0272	27202948	BOOT HEELIFT SUSPENSION 991-00	2	226.00
09/14/15	0250	J2543	PIPERACILLIN-TAZOBACTAM IN DEXTROSE 4.5G/100ML PGBK	4	177.00
09/14/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
09/14/15	0250	63700001	VANCOMYCIN	1	7.00
09/14/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00

For inquiries regarding this document, please call 1-843-792-2311.

ROA 271

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/14/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/14/15	0300	83600213	HB PH,PC01,P02 BILL	1	359.00
09/14/15	0300	83600353	HB LAC VEN I	1	69.00
09/14/15	0300	83600445	HB CHEM 8 I	1	125.00
09/14/15	0300	83600460	HB TPII	1	246.00
09/14/15	0300	83600429	HB HCT I	1	52.00
09/14/15	0300	85100139	HB C BLOOD	1	240.00
09/14/15	0300	85100139	HB C BLOOD	1	240.00
09/14/15	0300	85330215	HB PROTHROMBIN TIME	1	53.00
09/14/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/14/15	0300	85101566	HB PROCALCITONIN	1	278.00
09/14/15	0300	85311629	HB METABOLIC PANEL	1	141.00
09/14/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/14/15	0300	85310696	HB MAGNESIUM	1	108.00
09/14/15	0300	85310613	HB LACTIC ACID	1	69.00
09/14/15	0300	85100204	HB C EX	1	194.00
09/14/15	0300	85200681	HB C DIFFICILE PCR	1	224.00
09/14/15	0300	85100600	HB WGSC	1	48.00
09/14/15	0250	25000001	NACL 0.9% SOLN	1	27.00
09/14/15	0250	25000001	NACL 0.9% SOLN	1	27.00
09/14/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	2	8.00
09/14/15	0270	27000749	KIT SAG 6914 CLEANSING AND SUC	1	94.00
09/14/15	0324	32400001	HB XRAY CHEST FRONTAL	1	343.00
09/14/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
09/14/15	0200	20000001	Intensive Care General	1	3,845.00
09/14/15	0260	26000002	HB ADMIN IV INF TX/DX; 1ST HR	1	262.00
09/14/15	0260	26000006	HB ADMIN IV PUSH TX/DX; EA NEW MED	1	121.00
09/14/15	0402	40200043	HB US GUIDANCE VASCULAR ACCESS	1	322.00
09/14/15	0450	45000005	HB ER VISIT COMPREHENSIVE	1	1,940.00
09/15/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK	6	119.00
09/15/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/15/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
09/15/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN	1	25.00
09/15/15	0258	25800026	FLUID .9% NACL INJ 250ML	1	40.00
09/15/15	0250	63700001	CINACALCET 90 MG TAB	1	158.00
09/15/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/15/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/15/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/15/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/15/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/15/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/15/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/15/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	1	25.00
09/15/15	0250	25000001	NACL 0.9% SOLP 250 ML BAG	1	28.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	1	25.00
09/15/15	0250	25000001	NACL 0.9% SOLP 250 ML BAG	1	28.00
09/15/15	0270	27000741	TRANSDUCER SUMMIT S/L VMP172S	1	78.00
09/15/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
09/15/15	0270	27000738	KIT ARR ASK04020MUSC CATHETERI	1	156.00
09/15/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/15/15	0360	36100364	HB ARTERIAL LINE INSERTION	1	379.00
09/15/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/15/15	0250	63700001	VANCOMYCIN	1	10.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
09/15/15	0250	63700001	VANCOMYCIN	1	10.00
09/15/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	2	8.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	1	25.00
09/15/15	0250	25000001	NACL 0.9% SOLP 250 ML BAG	1	28.00
09/15/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/15/15	0940	94000026	HB WOUND CARE (COMPLEX)/ 30MIN	1	226.00
09/15/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/15/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	1	25.00
09/15/15	0250	25000001	NACL 0.9% SOLP 250 ML BAG	1	28.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	1	25.00
09/15/15	0250	25000001	NACL 0.9% SOLP 250 ML BAG	1	28.00
09/15/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/15/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/15/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/15/15	0250	J2543	PIPERACILLIN-TAZOBACTAM IN DEXTROSE 4.5G/100ML PGBK	4	177.00
09/15/15	0250	63700001	CALCITRIOL 0.25 MCG CAP	1	11.00
09/15/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	4	83.00
09/15/15	0250	25000001	DEXTROSE 5% SOLP 250 ML BAG	1	28.00
09/15/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
09/15/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
09/15/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
09/15/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/15/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/15/15	0300	85360428	HB HEMOGLOBIN A1C	1	146.00
09/15/15	0300	85320372	HB HEMOGRAM	1	85.00
09/15/15	0300	85310696	HB MAGNESIUM	1	108.00
09/15/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/15/15	0300	85311629	HB METABOLIC PANEL	1	141.00
09/15/15	0300	85360535	HB CRP	1	145.00
09/15/15	0300	85310613	HB LACTIC ACID	1	69.00
09/15/15	0300	85320075	HB WESTERGRENN SEDIMENTATION RATE	1	74.00
09/15/15	0300	85100170	HB C UR	1	106.00
09/15/15	0300	85340180	HB URINALYSIS	1	61.00
09/15/15	0324	32400001	HB XRAY CHEST FRONTAL	1	343.00
09/15/15	0250	63700001	VANCOMYCIN	1	7.00
09/15/15	0250	63700001	VANCOMYCIN	1	7.00
09/15/15	0200	20000001	Intensive Care General	1	3,845.00
09/16/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/16/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
09/16/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	7.00
09/16/15	0250	63700001	CINACALCET 90 MG TAB	1	158.00
09/16/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/16/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/16/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/16/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/16/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/16/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/16/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/16/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/16/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/16/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/16/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/16/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/16/15	0250	J0692	CEFEPIME 200MG/ML SOLR 1 EACH VIAL	2	106.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
09/16/15	0250	25000001	NACL 0.9% SOLP 50 ML BAG	1	28.00
09/16/15	0429	42900000	HB MOBILITY:WALK/MOVE,CURRNT STAT	1	0.01
09/16/15	0429	42900001	HB MOBILITY:WALK/MOVE,GOAL STATUS	1	0.01
09/16/15	0320	32000089	HB XRAY ABDOMEN AP VIEW	1	233.00
09/16/15	0424	42400001	HB PT EVAL 30MIN SIMPLE	1	162.00
09/16/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	4	83.00
09/16/15	0250	25000001	DEXTROSE 5% SOLP 250 ML BAG	1	28.00
09/16/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
09/16/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/16/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/16/15	0250	25000001	METOCLOPRAMIDE 5MG/ML SOLN	1	9.00
09/16/15	0250	25000001	METOCLOPRAMIDE 5MG/ML SOLN	2	12.00
09/16/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/16/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/16/15	0250	25000001	HEPARIN 1,000UNITS/ML SOLN	1	29.00
09/16/15	0250	25000001	IOHEXOL 350 MG IODINE/ML SOLN	1	308.00
09/16/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/16/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/16/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/16/15	0300	85310696	HB MAGNESIUM	1	108.00
09/16/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/16/15	0300	85311405	HB VANCOMYCIN	1	144.00
09/16/15	0200	20000001	Intensive Care General	1	3,845.00
09/16/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/16/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/16/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/16/15	0250	63700001	VANCOMYCIN	1	10.00
09/16/15	0250	63700001	VANCOMYCIN	1	10.00
09/16/15	0250	63700001	VANCOMYCIN	1	10.00
09/16/15	0250	63700001	VANCOMYCIN	1	10.00
09/16/15	0250	63700001	VANCOMYCIN	1	10.00
09/16/15	0250	63700001	VANCOMYCIN	1	10.00
09/17/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
09/17/15	0250	J1815	INSULIN GLARGINE 100UNITS/ML SOLN	1	10.00
09/17/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/17/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	4	83.00
09/17/15	0250	25000001	DEXTROSE 5% SOLP 250 ML BAG	1	28.00
09/17/15	0250	63700001	CINACALCET 90 MG TAB	1	158.00
09/17/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/17/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/17/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/17/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/17/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/17/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/17/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/17/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/17/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/17/15	0270	27000751	HB 02 / SUPPLEMENTAL	1	95.00
09/17/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/17/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/17/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/17/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/17/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/17/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/17/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/17/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/17/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
09/17/15	0352	35200032	HB CT ABDOMEN & PELVIS WO CONTRAST	1	4,397.00
09/17/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/17/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/17/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
09/17/15	0250	25000001	METOCLOPRAMIDE 5MG/ML SOLN	1	9.00
09/17/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/17/15	0801	80100002	HB HEMODIALYSIS CRITICAL CARE	1	1,151.00
09/17/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/17/15	0250	25000001	METOCLOPRAMIDE 5MG/ML SOLN	1	9.00
09/17/15	0250	25000001	METOCLOPRAMIDE 5MG/ML SOLN	2	12.00
09/17/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/17/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/17/15	0250	25000001	DEXTROSE 5% SOLP 500 ML BAG	1	28.00
09/17/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/17/15	0250	63700001	ACETAMINOPHEN 500 MG TAB	1	1.00
09/17/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/17/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/17/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/17/15	0300	85310696	HB MAGNESIUM	1	108.00
09/17/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/17/15	0300	85313369	HB PTH(IRMA)	1	639.00
09/17/15	0300	83600213	HB PH,PC01,P02 BILL	1	359.00
09/17/15	0300	83600338	HB LAC ART I	1	69.00
09/17/15	0300	85360501	HB HEPATITIS B SURFACE ANTIGEN N	1	111.00
09/17/15	0300	85360352	HB IMMUNOGLOBULIN A QUANTITATION	1	174.00
09/17/15	0250	J1561	IMMUNE GLOBULIN (IGG) 10% SOLN 100 ML VIAL	60	6,617.00
09/17/15	0730	73000003	HB EKG 12-LEAD TRACING ONLY	1	92.00
09/17/15	0200	20000001	Intensive Care General	1	3,845.00
09/17/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/17/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/17/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/17/15	0250	63700001	VANCOMYCIN	1	10.00
09/17/15	0250	63700001	VANCOMYCIN	1	10.00
09/17/15	0250	63700001	VANCOMYCIN	1	10.00
09/17/15	0250	63700001	VANCOMYCIN	1	10.00
09/18/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
09/18/15	0250	Q0163	DIPHENHYDRAMINE 25 MG CAP	1	6.00
09/18/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/18/15	0250	63700001	CINACALCET 90 MG TAB	1	158.00
09/18/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/18/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/18/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/18/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/18/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/18/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/18/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/18/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/18/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/18/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/18/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/18/15	0250	63700001	OXYCODONE IR 5 MG TAB	1	8.00
09/18/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK	2	43.00
09/18/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/18/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/18/15	0270	27000684	HB WHEELCHAIR CUSHION GEOMATT	1	112.00
09/18/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00

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Date	Rev.Code	Procedure Code	Description	Qty	Amount
09/18/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
09/18/15	0420	42000033	HB THERAPEUTIC ACTIVITY 1:1, EA 15 MIN	1	111.00
09/18/15	0420	42000019	HB THERAPEUTIC EXER/1:1/STRENGTH/	1	95.00
09/18/15	0801	80100002	HB HEMODIALYSIS CRITICAL CARE	1	1,151.00
09/18/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/18/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/18/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/18/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/18/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	1	87.00
09/18/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	4	83.00
09/18/15	0250	25000001	DEXTROSE 5% SOLP 250 ML BAG	1	28.00
09/18/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/18/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/18/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/18/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/18/15	0300	85360501	HB HEPATITIS B SURFACE ANTIGEN N	1	111.00
09/18/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/18/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/18/15	0300	85310696	HB MAGNESIUM	1	108.00
09/18/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/18/15	0200	20000001	Intensive Care General	1	3,845.00
09/18/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/18/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/18/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/18/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/18/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/18/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/18/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/18/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/18/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/18/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/18/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/18/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/18/15	0250	63700001	VANCOMYCIN	1	10.00
09/18/15	0250	63700001	VANCOMYCIN	1	10.00
09/18/15	0250	63700001	VANCOMYCIN	1	10.00
09/18/15	0250	63700001	VANCOMYCIN	1	10.00
09/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/19/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/19/15	0270	27000741	TRANSDUCER SUMMIT S/L VMP172S	1	78.00
09/19/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9P	1	4.00
09/19/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/19/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/19/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/19/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/19/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/19/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/19/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/19/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWPK	1	8.00
09/19/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/19/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/19/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/19/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/19/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00

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Date	Rev.Code	Procedure Code	Description	Qty	Amount
09/19/15	0270	27000749	KIT SAG 6914 CLEANSING AND SUC	1	94.00
09/19/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/19/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/19/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/19/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/19/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/19/15	0300	85310696	HB MAGNESIUM	1	108.00
09/19/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/19/15	0200	20000001	Intensive Care General	1	3,845.00
09/19/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/19/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/19/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/19/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/19/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/19/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/19/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/19/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/19/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/19/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/19/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/19/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/19/15	0250	63700001	VANCOMYCIN	1	10.00
09/19/15	0250	63700001	VANCOMYCIN	1	10.00
09/19/15	0250	63700001	VANCOMYCIN	1	10.00
09/19/15	0250	63700001	VANCOMYCIN	1	10.00
09/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/20/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/20/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/20/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/20/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/20/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/20/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/20/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWP	1	8.00
09/20/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWP	1	8.00
09/20/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWP	1	8.00
09/20/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG PWP	1	8.00
09/20/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/20/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/20/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/20/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/20/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/20/15	0250	J3475	MAGNESIUM SULFATE IN D5W 10MG/ML PGBK	2	43.00
09/20/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/20/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/20/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/20/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/20/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/20/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/20/15	0300	85310696	HB MAGNESIUM	1	108.00
09/20/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/20/15	0200	20000001	Intensive Care General	1	3,845.00
09/20/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/20/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/20/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/20/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/20/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/20/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/20/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/20/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/20/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/20/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/20/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/20/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/20/15	0250	63700001	VANCOMYCIN	1	10.00
09/20/15	0250	63700001	VANCOMYCIN	1	10.00
09/20/15	0250	63700001	VANCOMYCIN	1	10.00
09/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/21/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/21/15	0250	J0882	DARBEPOETIN ALFA 60MCG/0.3ML SYRG	60	1,335.00
09/21/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/21/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/21/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/21/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/21/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/21/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/21/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/21/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/21/15	0250	63700001	POTASSIUM AND SODIUM PHOSPHATES 280-160-250 MG/PWPK	1	8.00
09/21/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/21/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/21/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/21/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
09/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/21/15	0250	63700001	POTASSIUM CHLORIDE 1.33 MEQ/ML LIQD	2	11.00
09/21/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/21/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/21/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/21/15	0250	25000001	NOREPINEPHRINE 1MG/ML SOLN 4 ML VIAL	4	83.00
09/21/15	0250	25000001	DEXTROSE 5% SOLP 250 ML BAG	1	28.00
09/21/15	0250	J2997	ALTEPLASE 1MG/ML SOLR	2	391.00
09/21/15	0250	J2997	ALTEPLASE 1MG/ML SOLR	2	391.00
09/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/21/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
09/21/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/21/15	0801	80100002	HB HEMODIALYSIS CRITICAL CARE	1	1,151.00
09/21/15	0272	27202560	HB NEW SET-UP ADULT HEMODIALYSIS	1	75.00
09/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/21/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
09/21/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/21/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/21/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/21/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/21/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/21/15	0300	85310696	HB MAGNESIUM	1	108.00
09/21/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/21/15	0200	20000001	Intensive Care General	1	3,845.00

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Date	Rev Code	Procedure Code	Description	Qty	Amount
09/21/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/21/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/21/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/21/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/21/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/21/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/21/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/21/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/21/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/21/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/21/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/21/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/21/15	0250	63700001	VANCOMYCIN	1	10.00
09/21/15	0250	63700001	VANCOMYCIN	1	10.00
09/21/15	0250	63700001	VANCOMYCIN	1	10.00
09/21/15	0250	63700001	VANCOMYCIN	1	10.00
09/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/22/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/22/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/22/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/22/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/22/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/22/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/22/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/22/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/22/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/22/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/22/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/22/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/22/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/22/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/22/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/22/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/22/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/22/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/22/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/22/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/22/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/22/15	0300	85320372	HB HEMOGRAM	1	85.00
09/22/15	0300	85310696	HB MAGNESIUM	1	108.00
09/22/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/22/15	0250	J3370	VANCOMYCIN 100MG/ML SOLR 1 EACH VIAL	1	27.00
09/22/15	0250	25000001	NACL FOR IRRIGATION 0.9% SOLN 250 ML BOTTLE	1	29.00
09/22/15	0200	20000001	Intensive Care General	1	3,845.00
09/22/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/22/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/22/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/22/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/22/15	0250	63700001	VANCOMYCIN	1	10.00
09/22/15	0250	63700001	VANCOMYCIN	1	10.00
09/22/15	0250	63700001	VANCOMYCIN	1	10.00
09/22/15	0250	63700001	VANCOMYCIN	1	10.00
09/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/23/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00

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Date	Rev.Code	Procedure Code	Description	Qty	Amount
09/23/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/23/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/23/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/23/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/23/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/23/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/23/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/23/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/23/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/23/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/23/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/23/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/23/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/23/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/23/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
09/23/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/23/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/23/15	0801	80100002	HB HEMODIALYSIS CRITICAL CARE	1	1,151.00
09/23/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/23/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/23/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/23/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/23/15	0300	85310696	HB MAGNESIUM	1	108.00
09/23/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/23/15	0200	20000001	Intensive Care General	1	3,845.00
09/23/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/23/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/23/15	0250	25000001	METRONIDAZOLE 500MG/100ML PGBK	1	16.00
09/23/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/23/15	0250	63700001	VANCOMYCIN	1	10.00
09/23/15	0250	63700001	VANCOMYCIN	1	10.00
09/23/15	0250	63700001	VANCOMYCIN	1	10.00
09/23/15	0250	63700001	VANCOMYCIN	1	10.00
09/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/24/15	0258	25800011	SOLUTION BAX 2B1324X NACL .9 S	1	4.00
09/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/24/15	0250	J3480	POTASSIUM CHLORIDE 20MEQ/50ML PGBK	20	39.00
09/24/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/24/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/24/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/24/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/24/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/24/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/24/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/24/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/24/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/24/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/24/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/24/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/24/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/24/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/24/15	0272	27202948	BOOT HEELIFT SUSPENSION 991-00	2	226.00
09/24/15	0940	94000026	HB WOUND CARE (COMPLEX)/30MIN	1	226.00
09/24/15	0940	94000019	HB FOLLOW-UP ASMNT/30 MIN	1	84.00
09/24/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00

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Date	Rev.Code	Procedure Code	Description	Qty	Amount
09/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/24/15	0250	63700001	POTASSIUM CHLORIDE 20 MEQ PACK	2	65.00
09/24/15	0250	63700001	PETROLATUM-MINERAL OIL 42 % OINT 100 G JAR	1	29.00
09/24/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	14.00
09/24/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/24/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/24/15	0300	85310696	HB MAGNESIUM	1	108.00
09/24/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/24/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/24/15	0110	11000001	Room & Board - Private General	1	1,408.00
09/24/15	0250	25000001	FAMOT(DINE (PF) 10MG/ML SOLN	1	11.00
09/24/15	0250	63700001	VANCOMYCIN	1	10.00
09/24/15	0250	63700001	VANCOMYCIN	1	10.00
09/24/15	0250	63700001	VANCOMYCIN	1	10.00
09/24/15	0250	63700001	VANCOMYCIN	1	10.00
09/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/25/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/25/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/25/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/25/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/25/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/25/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/25/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/25/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/25/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/25/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/25/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/25/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/25/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/25/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/25/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/25/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
09/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	2	12.00
09/25/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
09/25/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/25/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/25/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/25/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/25/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	10.00
09/25/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/25/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/25/15	0300	85310696	HB MAGNESIUM	1	108.00
09/25/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/25/15	0110	11000001	Room & Board - Private General	1	1,408.00
09/25/15	0250	25000001	FAMOT(DINE (PF) 10MG/ML SOLN	1	11.00
09/25/15	0250	63700001	VANCOMYCIN	1	10.00
09/25/15	0250	63700001	VANCOMYCIN	1	10.00
09/25/15	0250	63700001	VANCOMYCIN	1	10.00
09/25/15	0250	63700001	VANCOMYCIN	1	10.00
09/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/26/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/26/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/26/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/26/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/26/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/26/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/26/15	0250	63600001	FIDAXOMICIN 200 MG TAB	1	515.00
09/26/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/26/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/26/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/26/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/26/15	0250	63700001	SEVELAMER CARBONATE 800 MG TAB	2	51.00
09/26/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/26/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/26/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/26/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/26/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/26/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/26/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/26/15	0300	85310696	HB MAGNESIUM	1	108.00
09/26/15	0300	85310748	HB PHOSPHOROUS	1	62.00
09/26/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/26/15	0110	11000001	Room & Board - Private General	1	1,408.00
09/26/15	0250	63700001	VANCOMYCIN	1	10.00
09/26/15	0250	63700001	VANCOMYCIN	1	10.00
09/26/15	0250	63700001	VANCOMYCIN	1	10.00
09/26/15	0250	63700001	VANCOMYCIN	1	10.00
09/27/15	0250	63700001	VANCOMYCIN	1	10.00
09/27/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/27/15	0250	63700001	FERROUS SULFATE 325 (65 FE) MG TAB	1	6.00
09/27/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/27/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/27/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/27/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/27/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/27/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/27/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/27/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/27/15	0250	63700001	FERROUS SULFATE 220 MG (44 MG IRON)/5 ML SOLN	1	6.00
09/27/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	9.00
09/27/15	0250	25000001	FAMOTIDINE (PF) 10MG/ML SOLN	1	11.00
09/27/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/27/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/27/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/27/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/27/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/27/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/27/15	0300	85310696	HB MAGNESIUM	1	108.00
09/27/15	0300	85310748	HB PHOSPHOROUS	1	62.00
09/27/15	0110	11000001	Room & Board - Private General	1	1,408.00
09/27/15	0250	63700001	VANCOMYCIN	1	10.00
09/27/15	0250	63700001	VANCOMYCIN	1	10.00
09/28/15	0250	25000001	HYDROMORPHONE 2MG/ML SOLN	1	14.00
09/28/15	0250	63700001	FERROUS SULFATE 220 MG (44 MG IRON)/5 ML SOLN	1	6.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/28/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/28/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/28/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/28/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/28/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/28/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/28/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/28/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/28/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/28/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/28/15	0250	63700001	VANCOMYCIN	1	7.00
09/28/15	0250	63700001	VANCOMYCIN	1	7.00
09/28/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/28/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
09/28/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
09/28/15	0449	44900000	HB SWALLOWING LIMIT, CURRENT STAT	1	0.01
09/28/15	0449	44900001	HB SWALLOWING LIMIT, GOAL STATUS	1	0.01
09/28/15	0444	44400004	HB STANDARD EVAL DYSPHAGIA	1	399.00
09/28/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	9.00
09/28/15	0250	J0882	DARBEPOETIN ALFA 60MCG/0.3ML SYRG	60	1,335.00
09/28/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/28/15	0250	J1644	HEPARIN, PORCINE (PF) 5,000UNITS/0.5ML SOLN	5	36.00
09/28/15	0250	63700001	PETROLATUM-MINERAL OIL 42 % OINT 100 G JAR	1	29.00
09/28/15	0250	63700001	VANCOMYCIN	1	10.00
09/28/15	0250	63700001	VANCOMYCIN	1	10.00
09/28/15	0250	63700001	ACETAMINOPHEN 325 MG TAB	2	1.00
09/28/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/28/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/28/15	0300	85310696	HB MAGNESIUM	1	108.00
09/28/15	0300	85310746	HB PHOSPHOROUS	1	62.00
09/28/15	0250	63700001	VANCOMYCIN	1	10.00
09/28/15	0250	63700001	VANCOMYCIN	1	10.00
09/28/15	0110	11000001	Room & Board - Private General	1	1,408.00
09/29/15	0250	63700001	FERROUS SULFATE 220 MG (44 MG IRON)/5 ML SOLN	1	6.00
09/29/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/29/15	0250	63700001	GABAPENTIN 300 MG CAP	1	6.00
09/29/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/29/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/29/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/29/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/29/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/29/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/29/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/29/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/29/15	0250	25000001	FENTANYL (PF) 50MCG/ML SOLN	1	11.00
09/29/15	0250	25000001	MIDAZOLAM (PF) 1MG/ML SOLN	1	6.00
09/29/15	0250	25000001	ONDANSETRON (PF) 2MG/ML SOLN	1	11.00
09/29/15	0258	25800026	SOLUTION BAX 2B1322Q NACL .9PR	1	40.00
09/29/15	0270	27000744	PACK CAR SAN23BS05B TRAY ANGIO	1	1.00
09/29/15	0258	25800024	SOLUTION BAX 2B1323Q NACL 0.9%	1	4.00
09/29/15	0272	27204066	ADHESIVE ETH DNX12 DERMABOND A	1	79.00
09/29/15	0272	27202728	GUIDEWIRE TERM GS3506 150CM .0	2	394.00
09/29/15	0272	95110113	CATH BARP 5833730 HEMOGLIDE ST	1	409.00
09/29/15	0272	95110114	HB PANEL INTRODUCER BAR 5833730 HEMOGLIDE	1	409.00
09/29/15	0272	95110115	HB PANEL GUIDEWIRE BAR 5833730 HEMOGLIDE	1	409.00
09/29/15	0250	25000001	HEPARIN 1,000UNITS/ML SOLN	1	22.00
09/29/15	0440	44000002	HB BASIC TX DYSPHAGIA	1	164.00
09/29/15	0250	63700001	VANCOMYCIN	1	10.00

For inquiries regarding this document, please call 1-843-792-2311.

Date	Rev Code	Procedure Code	Description	Qty	Amount
09/29/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	8.00
09/29/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	9.00
09/29/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/29/15	0250	63700001	VANCOMYCIN	1	7.00
09/29/15	0250	63700001	VANCOMYCIN	1	7.00
09/29/15	0250	63700001	VANCOMYCIN	1	7.00
09/29/15	0250	63700001	VANCOMYCIN	1	10.00
09/29/15	0250	63700001	VANCOMYCIN	1	10.00
09/29/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	9.00
09/29/15	0300	85330215	HB PROTHROMBIN TIME	1	53.00
09/29/15	0320	32000178	HB FLUORO GUIDANCE VAD PLACEMENT	1	793.00
09/29/15	0360	36100357	HB REPLACE TUN CATH W/O PORT (AKA HB36581)	1	2,101.00
09/29/15	0110	11000001	Room & Board - Private General	1	1,408.00
09/30/15	0250	63700001	FERROUS SULFATE 220 MG (44 MG IRON)/5 ML SOLN	1	6.00
09/30/15	0250	63700001	FOLIC ACID 1 MG TAB	1	6.00
09/30/15	0250	63700001	B COMPLEX WITH C#20-FOLIC ACID 1 MG CAP	1	7.00
09/30/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/30/15	0250	63700001	MIDODRINE 10 MG TAB	1	29.00
09/30/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/30/15	0250	63700001	SEVELAMER CARBONATE 0.8 GRAM PWP	2	108.00
09/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	9.00
09/30/15	0250	25000001	HEPARIN (PF) 1,000UNITS/ML SOLN	2	168.00
09/30/15	0801	80100003	HB HEMODIALYSIS IP ADULT ESRD PT	1	1,151.00
09/30/15	0250	63700001	FAMOTIDINE 20 MG TAB	1	14.00
09/30/15	0250	63700001	OXYCODONE 5 MG/5 ML SOLN	1	14.00
09/30/15	0250	J1815	INSULIN ASPART 100UNITS/ML SOLN	1	9.00
09/30/15	0300	85320372	HB HEMOGRAM	1	85.00
09/30/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/30/15	0300	85320364	HB HEMOGRAM & AUTODIFF	1	147.00
09/30/15	0300	85311645	HB BASIC METABOLIC PANEL	1	118.00
09/30/15	0300	85310944	HB BLOOD UREA NITROGEN	1	62.00
09/30/15	0540	54000018	HB BLS TRANSPORT BASE NON-EMERG	1	330.00
09/30/15	0250	63700001	VANCOMYCIN	1	10.00
09/30/15	0250	63700001	VANCOMYCIN	1	10.00
09/30/15	0250	63700001	VANCOMYCIN	1	10.00
09/30/15	0540	54000003	HB AMBULANCE LOADED MILEAGE	7	70.00

Total hospital charges:

115,997.04

Hospital Payments and Adjustments

Description	Amount
BCBS FEP Payments	-10,133.48
MEDICARE Adjustments	-99,228.09
MEDICARE Payments	-6,635.47
Coinurance: 10,133.48	

Total hospital payments and adjustments:

-115,997.04

For inquiries regarding this document, please call 1-843-792-2311.

ATIENT NO: 47834426 TRIDENT MEDICAL CENTER BILLING DATE PAGE 1 00062
 ED REC NO: 663462 9330 MEDICAL PLAZA DR 04/18/15
 UARANTOR NO:
 ATIENT: CHARLESTON SC 294069104 ADMITTED DISCHARGE
 LANDIN ANN M 03/13/15 04/14/15

ILL TO:

BLANDIN ANNA M

INPATIENT

FC=01

ADMIT THRU DISCHARGE CLAIM

N CHAS

SC

29415-1602

ATE OF	ATT	SERV	REV	ROOM AND CARE	ROOM	NONBILL
ERVICE	PHYS FC ROOM	AC CODE	CODE DEPT	DAYS CHARGE	CHARGES	CHARGES
3/13/15	3712 01 702A P	MED	111 0616	32 X 1691.00	54112.00	.00

TOTAL ROOM AND CARE 54112.00
 TOTAL NON BILLABLE ROOM AND CARE .00
 TOTAL BILLED ROOM AND CARE 54112.00

ATE OF	BATCH	F	NDC/CPT-4/	QTY	SERVICE DESCRIPTION	CHARGES
ERVICE	REF	DEPT S	PROC HCPCS			

250-PHARMACY

31615	16B588	0712	900679	1	SALINE FLUSH EA.	59.00
31615	16B589	0712	900679	1	SALINE FLUSH EA.	59.00
31715	17B716	0712	903189	1	DAKIN'S SOLUTION 0.025	210.00
31715	17B928	0712	900679	2	SALINE FLUSH EA.	118.00
31715	17B933	0712	900679	2	SALINE FLUSH EA.	118.00
31815	18B029	0712	900679	2	SALINE FLUSH EA.	118.00
31815	18B029	0712	900679	1	SALINE FLUSH EA.	59.00
31815	18B234	0712	900679	2	SALINE FLUSH EA.	118.00
31815	18B029	0712	900679	1	SALINE FLUSH EA.	59.00
31915	19B309	0712	900679	2	SALINE FLUSH EA.	118.00
31915	20B578	0712	900679	2	SALINE FLUSH EA.	118.00
32015	20B592	0712	900679	2	SALINE FLUSH EA.	118.00
32015	21B828	0712	900679	2	SALINE FLUSH EA.	118.00
32115	21B877	0712	900679	1	SALINE FLUSH EA.	59.00
32115	21B841	0712	900679	1	SALINE FLUSH EA.	59.00
32115	21B835	0712	900679	2	SALINE FLUSH EA.	118.00
32215	22B078	0712	900679	2	SALINE FLUSH EA.	118.00
32315	23B364	0712	900679	2	SALINE FLUSH EA.	118.00
32315	23B148	0712	900679	2	SALINE FLUSH EA.	118.00
32315	23B329	0712	900679	1	SALINE FLUSH EA.	59.00
32415	24B617	0712	900679	2	SALINE FLUSH EA.	118.00
32415	24B656	0712	900679	2	SALINE FLUSH EA.	118.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.



ROA 285

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	2	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
GUARANTOR NO:						
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE		
LANDIN ANN M			03/13/15	04/14/15		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32415	24B540	0712	900679		1 SALINE FLUSH EA.	59.00
32415	24B439	0712	900679		2 SALINE FLUSH EA.	118.00
32415	24B446	0712	900679		1 SALINE FLUSH EA.	59.00
32515	25B741	0712	900679		2 SALINE FLUSH EA.	118.00
32515	25B851	0712	900679		2 SALINE FLUSH EA.	118.00
32515	26B027	0712	900679		1 SALINE FLUSH EA.	59.00
32615	26B222	0712	900679		2 SALINE FLUSH EA.	118.00
32615	26B042	0712	900679		1 SALINE FLUSH EA.	59.00
32615	26B142	0712	900679		1 SALINE FLUSH EA.	59.00
32615	26B034	0712	900679		1 SALINE FLUSH EA.	59.00
32615	31B286	0712	902362		1 LIDOCAINE 2% MDV 20 ML	178.00
32615	31B286	0712	903528		1 ROCURONIUM 5 ML INJ	472.00
32715	27B332	0712	900679		2 SALINE FLUSH EA.	118.00
32715	27B520	0712	900679		1 SALINE FLUSH EA.	59.00
32715	27B522	0712	902361		1 LIDOCAINE 2% W/EPI	178.00
32715	27B557	0712	900679		2 SALINE FLUSH EA.	118.00
32715	27B324	0712	900679		2 SALINE FLUSH EA.	118.00
32715	27B324	0712	900679		1 SALINE FLUSH EA.	59.00
32815	28B602	0712	900679		2 SALINE FLUSH EA.	118.00
32815	28B636	0712	900679		1 SALINE FLUSH EA.	59.00
32815	28B602	0712	900679		1 SALINE FLUSH EA.	59.00
32815	28B602	0712	900679		1 SALINE FLUSH EA.	59.00
32815	29B723	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B736	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B830	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B802	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B801	0712	900679		1 SALINE FLUSH EA.	59.00
33015	30B900	0712	900679		2 SALINE FLUSH EA.	118.00
33015	30B071	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B182	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B182	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B182	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B357	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B278	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B278	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B789	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B548	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B753	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B561	0712	900679		1 SALINE FLUSH EA.	59.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 3	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PATIENT NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
10215	02B870	0712	900679		1 SALINE FLUSH EA.	59.00
10215	02B047	0712	900679		1 SALINE FLUSH EA.	59.00
10215	02B863	0712	900679		1 SALINE FLUSH EA.	59.00
10215	03B145	0712	900679		2 SALINE FLUSH EA.	118.00
10315	03B157	0712	900679		2 SALINE FLUSH EA.	118.00
10315	03B318	0712	900679		1 SALINE FLUSH EA.	59.00
10315	04B386	0712	900679		2 SALINE FLUSH EA.	118.00
10415	04B496	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B392	0712	900679		2 SALINE FLUSH EA.	118.00
10415	04B397	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B467	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B433	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B433	0712	900679		1 SALINE FLUSH EA.	59.00
10515	05B535	0712	900679		1 SALINE FLUSH EA.	59.00
10515	05B596	0712	900679		1 SALINE FLUSH EA.	59.00
10515	06B686	0712	900679		2 SALINE FLUSH EA.	118.00
10615	06B880	0712	900679		1 SALINE FLUSH EA.	59.00
10615	06B694	0712	900679		2 SALINE FLUSH EA.	118.00
10615	07B999	0712	900679		2 SALINE FLUSH EA.	118.00
10715	07B015	0712	900679		2 SALINE FLUSH EA.	118.00
10715	07B191	0712	900679		1 SALINE FLUSH EA.	59.00
10715	07B228	0712	900679		2 SALINE FLUSH EA.	118.00
10715	07B115	0712	900679		1 SALINE FLUSH EA.	59.00
10715	07B113	0712	900679		1 SALINE FLUSH EA.	59.00
10815	08B403	0712	900679		1 SALINE FLUSH EA.	59.00
10815	08B294	0712	900679		2 SALINE FLUSH EA.	118.00
10815	08B404	0712	900679		1 SALINE FLUSH EA.	59.00
10815	08B508	0712	900679		2 SALINE FLUSH EA.	118.00
10815	08B300	0712	900679		1 SALINE FLUSH EA.	59.00
10915	09B767	0712	900679		1 SALINE FLUSH EA.	59.00
10915	09B690	0712	900679		1 SALINE FLUSH EA.	59.00
10915	09B594	0712	900679		1 SALINE FLUSH EA.	59.00
10915	10B873	0712	900679		1 SALINE FLUSH EA.	59.00
11015	10B887	0712	900679		1 SALINE FLUSH EA.	59.00
11015	10B045	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B185	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B140	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B146	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B134	0712	900679		1 SALINE FLUSH EA.	59.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	4	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
UARRANTOR NO:						
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE		
LANDIN ANN M			03/13/15	04/14/15		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
41115	11B187	0712	900679		1 SALINE FLUSH EA.	59.00
41215	12B399	0712	900679		1 SALINE FLUSH EA.	59.00
41215	12B333	0712	900679		1 SALINE FLUSH EA.	59.00
41215	12B295	0712	900679		1 SALINE FLUSH EA.	59.00
41215	12B282	0712	900679		1 SALINE FLUSH EA.	59.00
41315	13B666	0712	900679		1 SALINE FLUSH EA.	59.00
41315	13B474	0712	900679		1 SALINE FLUSH EA.	59.00
41315	14B780	0712	900679		2 SALINE FLUSH EA.	118.00
41415	14B898	0712	900679		1 SALINE FLUSH EA.	59.00
41415	14B794	0712	900679		2 SALINE FLUSH EA.	118.00
41415	14B794	0712	900679		1 SALINE FLUSH EA.	59.00
SUBTOTAL:						9711.00
251-DRUGS/GENERIC						
40915	09B767	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
40915	10B873	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41015	10B976	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41115	11B187	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41115	11B134	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41115	12B282	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41215	12B331	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41215	12B399	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41315	13B586	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
41315	14B780	0712	901769		1 DRONABINOL 2.5MG CAP	79.00
SUBTOTAL:						790.00
258-IV SOLUTIONS						
31315	13B990	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
31615	16B620	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
31615	17B701	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
31715	17B933	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
31715	17B716	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
31715	17B818	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
31815	18B029	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
31815	18B127	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
31915	19B304	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
31915	19B309	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
31915	20B578	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
32015	20B592	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32015	20B757	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
32115	21B835	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	5	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
JARANTOR NO:						
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED		
LANDIN ANN M			03/13/15	04/14/15		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32115	21B835	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32215	22B049	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
32215	22B015	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32215	22B976	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32315	23B148	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
32315	23B148	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32315	23B329	0716	903707		1 DEX 5%/NAACL 0.45% 1000	219.00
32415	24B439	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32515	25B741	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32615	26B034	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32715	27B332	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
32915	29B736	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
33015	30B900	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
33115	31B182	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
33115	31B357	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40115	01B561	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40215	02B863	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40315	03B157	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40315	03B157	0712	902048		1 DEXTROSE 50% BOLUS	178.00
40415	04B392	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40515	05B535	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40615	06B695	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40715	07B007	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40815	08B473	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40815	08B294	0716	904307		1 NAACL 0.9% 100ML BAG	219.00
40815	08B508	0712	902048		1 DEXTROSE 50% BOLUS	178.00
41015	10B874	0712	902048		1 DEXTROSE 50% BOLUS	178.00
41115	11B135	0712	902048		1 DEXTROSE 50% BOLUS	178.00
					SUBTOTAL:	9034.00
259-PHARMACY						
31415	14B111	0714 F	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31415	14B064	0714 F	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31515	16B394	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31615	16B635	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31615	16B507	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31615	17B701	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31715	17B933	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00
31715	17B818	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00
32015	20B685	0712	425353		1 HYDROCOD/APAP 5-325 TA	79.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	6	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
GUARANTOR NO:						
ATIENT:		CHARLESTON	SC 294069104	ADMITTED	03/13/15	DISCHARGE
LANDIN ANN M						04/14/15

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32015	20B685	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32015	21B828	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32015	21B828	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32115	21B937	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	22B078	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	22B050	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32215	22B015	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32215	22B015	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	22B015	0712		902932	1 POT CHLOR 20MEQ ER	40.00
32215	22B015	0712		900960	1 HUMALOG INSULIN	80.00
32215	22B976	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	23B137	0712		900960	1 HUMALOG INSULIN	80.00
32315	23B364	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32315	23B364	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32315	23B364	0712		902292	1 LACTOBACI-ACID CAP	40.00
32315	23B148	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32315	23B329	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32315	23B148	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32315	23B329	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32315	23B254	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32415	24B617	0712		900960	1 HUMALOG INSULIN	80.00
32415	24B617	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32415	24B619	0712		900960	1 HUMALOG INSULIN	80.00
32415	24B656	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32415	24B656	0712		902292	1 LACTOBACI-ACID CAP	40.00
32415	24B656	0712		902776	1 PERCOLONE 5MG TAB	79.00
32415	24B656	0712		900792	1 REMERON 15MG TABS	40.00
32415	24B439	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32415	24B541	0712		902776	1 PERCOLONE 5MG TAB	79.00
32515	25B849	0712		902776	1 PERCOLONE 5MG TAB	79.00
32515	25B922	0712		900960	1 HUMALOG INSULIN	80.00
32515	25B851	0712		900960	1 HUMALOG INSULIN	80.00
32515	25B851	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32515	26B027	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32515	26B027	0712		902292	1 LACTOBACI-ACID CAP	40.00
32515	26B027	0712		900792	1 REMERON 15MG TABS	40.00
32515	26B027	0712		900960	1 HUMALOG INSULIN	80.00
32615	26B222	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32615	26B145	0712		900960	1 HUMALOG INSULIN	80.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	7	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
JARANTOR NO:						
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED		
LANDIN ANN M			03/13/15	04/14/15		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32715	27B332	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32715	27B557	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32715	27B557	0712	902292		1 LACTOBACI-ACID CAP	40.00
32715	27B557	0712	902776		1 PERCOLONE 5MG TAB	79.00
32715	27B557	0712	900792		1 REMERON 15MG TABS	40.00
32715	27B324	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32715	27B324	0712	902292		1 LACTOBACI-ACID CAP	40.00
32715	27B324	0712	900792		1 REMERON 15MG TABS	40.00
32815	28B591	0712	900960		1 HUMALOG INSULIN	80.00
32815	28B602	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32815	28B636	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32815	28B636	0712	902292		1 LACTOBACI-ACID CAP	40.00
32815	28B636	0712	902776		1 PERCOLONE 5MG TAB	79.00
32815	29B723	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32815	29B723	0712	902292		1 LACTOBACI-ACID CAP	40.00
32815	29B723	0712	900792		1 REMERON 15MG TABS	40.00
32915	29B736	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32915	29B824	0712	903440		1 AQUAPHIL OINT 16OZ	165.00
32915	29B736	0712	900960		1 HUMALOG INSULIN	80.00
32915	29B830	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32915	29B830	0712	902292		1 LACTOBACI-ACID CAP	40.00
32915	29B830	0712	902776		1 PERCOLONE 5MG TAB	79.00
32915	29B830	0712	900792		1 REMERON 15MG TABS	40.00
32915	29B830	0712	902543		1 METOPROLOL 25 MG	40.00
32915	29B802	0712	902292		1 LACTOBACI-ACID CAP	40.00
32915	29B802	0712	900960		1 HUMALOG INSULIN	80.00
32915	29B802	0712	902543		1 METOPROLOL 25 MG	40.00
32915	29B801	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
32915	29B723	0712	902776		1 PERCOLONE 5MG TAB	79.00
33015	30B900	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
33015	30B073	0712	900960		1 HUMALOG INSULIN	80.00
33015	30B073	0712	902776		1 PERCOLONE 5MG TAB	79.00
33015	30B994	0712	900769		2 ACETAMIN TABS	14.00
33015	30B994	0712	902292		1 LACTOBACI-ACID CAP	40.00
33015	30B994	0712	902543		1 METOPROLOL 25 MG	40.00
33015	30B994	0712	902937		3 POT. CHL 20 MEQ ORAL S	141.00
33015	30B994	0712	902233		1 INSULIN DETEMIR	80.00
33015	30B889	0712	900960		1 HUMALOG INSULIN	80.00
33015	30B900	0712	900960		1 HUMALOG INSULIN	80.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	8	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
UARRANTOR NO:						
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M				03/13/15	04/14/15	

ATE OF	BATCH	F	NDC/CPT-4/			
ERVICE	REF	DEPT S	PROC	HCPCS	QTY	SERVICE DESCRIPTION
						CHARGES
33015	30B106	0712	902543		1	METOPROLOL 25 MG 40.00
33015	30B106	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
33015	30B106	0712	902292		1	LACTOBACI-ACID CAP 40.00
33015	30B106	0712	900792		1	REMERON 15MG TABS 40.00
33015	30B071	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
33015	30B995	0712	900960		1	HUMALOG INSULIN 80.00
33115	31B182	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
33115	31B182	0712	900960		1	HUMALOG INSULIN 80.00
33115	31B280	0712	900769		2	ACETAMIN TABS 14.00
33115	31B280	0712	902292		1	LACTOBACI-ACID CAP 40.00
33115	31B280	0712	900960		1	HUMALOG INSULIN 80.00
33115	31B280	0712	902233		1	INSULIN DETEMIR 80.00
33115	31B357	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
33115	31B358	0712	900960		1	HUMALOG INSULIN 80.00
33115	31B168	0712	900960		1	HUMALOG INSULIN 80.00
40115	01B675	0712	900960		1	HUMALOG INSULIN 80.00
40115	01B789	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
40115	01B789	0712	902292		1	LACTOBACI-ACID CAP 40.00
40115	01B789	0712	900792		1	REMERON 15MG TABS 40.00
40115	01B789	0712	900960		1	HUMALOG INSULIN 80.00
40115	01B562	0712	900960		1	HUMALOG INSULIN 80.00
40115	01B753	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
40115	01B753	0712	902776		1	PERCOLONE 5MG TAB 79.00
40115	01B561	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
40115	01B674	0712	901701		1	DIPHENHYDRAMINE 25MG T 7.00
40115	01B674	0712	900769		2	ACETAMIN TABS 14.00
40115	01B753	0712	900960		1	HUMALOG INSULIN 80.00
40115	01B674	0712	902292		1	LACTOBACI-ACID CAP 40.00
40115	01B547	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
40115	01B547	0712	902292		1	LACTOBACI-ACID CAP 40.00
40115	01B547	0712	900792		1	REMERON 15MG TABS 40.00
40115	01B547	0712	900960		1	HUMALOG INSULIN 80.00
40115	02B857	0712	902776		1	PERCOLONE 5MG TAB 79.00
40215	02B858	0712	900769		2	ACETAMIN TABS 14.00
40215	02B047	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
40215	02B047	0712	901934		1	FLUCONAZOLE TAB 200MG 178.00
40215	02B863	0712	902546		1	METRONIDAZOLE 500MG TA 40.00
40215	02B863	0712	902776		1	PERCOLONE 5MG TAB 79.00
40215	02B970	0712	902292		1	LACTOBACI-ACID CAP 40.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	9	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
PATIENT NO:						
PATIENT:		CHARLESTON	SC 294069104	ADMITTED		DISCHARGED
LANDIN AMN M				03/13/15		04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
10215	02B970	0712	902776		1 PERCOLONE 5MG TAB	79.00
10215	02B970	0712	902233		1 INSULIN DETEMIR	80.00
10215	03B145	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10215	03B145	0712	902292		1 LACTOBACI-ACID CAP	40.00
10215	03B145	0712	900792		1 REMERON 15MG TABS	40.00
10315	03B166	0712	902546		1 METRONIDAZOLE 500MG TA	40.00-
10315	03B157	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10315	03B318	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10315	03B254	0712	902776		1 PERCOLONE 5MG TAB	79.00
10315	03B254	0712	902418		2 MAG-OX 400MG TAB	80.00
10315	03B254	0712	902931		1 POT CHLOR 10MEQ CAP	40.00
10315	03B254	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10315	03B157	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
10315	03B157	0712	902292		1 LACTOBACI-ACID CAP	40.00
10315	04B386	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10315	04B386	0712	902292		1 LACTOBACI-ACID CAP	40.00
10315	04B386	0712	900792		1 REMERON 15MG TABS	40.00
10315	04B386	0712	901774		1 DOCUSATE SOD. 100MG	7.00
10315	04B386	0712	902776		1 PERCOLONE 5MG TAB	79.00
10315	04B386	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10415	04B435	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
10415	04B435	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10415	04B435	0712	901774		1 DOCUSATE SOD. 100MG	7.00
10415	04B435	0712	902292		1 LACTOBACI-ACID CAP	40.00
10415	04B435	0712	900960		1 HUMALOG INSULIN	80.00
10415	04B435	0712	902233		1 INSULIN DETEMIR	80.00
10415	04B496	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10415	04B496	0712	902292		1 LACTOBACI-ACID CAP	40.00
10415	04B496	0712	900792		1 REMERON 15MG TABS	40.00
10415	04B496	0712	901774		1 DOCUSATE SOD. 100MG	7.00
10415	04B468	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10415	04B468	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
10415	04B392	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10415	04B392	0712	902776		1 PERCOLONE 5MG TAB	79.00
10415	04B392	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10415	04B392	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
10415	04B467	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10415	05B524	0712	902776		1 PERCOLONE 5MG TAB	79.00
10415	05B524	0712	900960		1 HUMALOG INSULIN	80.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 10	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S. PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40515	05B535	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40515	05B535	0712	902776		1 PERCOLONE 5MG TAB	79.00
40515	05B535	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40515	05B535	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40515	05B566	0712	902233		1 INSULIN DETEMIR	80.00
40515	05B566	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
40515	05B566	0712	902292		1 LACTOBACI-ACID CAP	40.00
40515	05B597	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40515	05B597	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40515	05B536	0712	900960		1 HUMALOG INSULIN	80.00
40515	05B566	0712	900960		1 HUMALOG INSULIN	80.00
40515	05B566	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40515	05B596	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40515	05B596	0712	902776		1 PERCOLONE 5MG TAB	79.00
40515	05B524	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40515	06B686	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40515	06B686	0712	902292		1 LACTOBACI-ACID CAP	40.00
40515	06B686	0712	902776		1 PERCOLONE 5MG TAB	79.00
40515	06B686	0712	900792		1 REMERON 15MG TABS	40.00
40515	06B686	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40515	06B686	0712	901774		1 DOCUSATE SOD. 100MG	7.00
40615	06B881	0712	902776		1 PERCOLONE 5MG TAB	79.00
40615	06B915	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40615	06B915	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40615	06B702	0712	900960		1 HUMALOG INSULIN	80.00
40615	06B805	0712	902233		1 INSULIN DETEMIR	80.00
40615	06B805	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
40615	06B805	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40615	06B805	0712	901774		1 DOCUSATE SOD. 100MG	7.00
40615	06B805	0712	902292		1 LACTOBACI-ACID CAP	40.00
40615	06B805	0712	900960		1 HUMALOG INSULIN	80.00
40615	06B880	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40615	06B694	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40615	06B694	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40615	06B694	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40615	07B999	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40615	07B999	0712	902292		1 LACTOBACI-ACID CAP	40.00
40615	07B999	0712	902776		1 PERCOLONE 5MG TAB	79.00
40615	07B999	0712	900792		1 REMERON 15MG TABS	40.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 11	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN AMN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40615	07B999	0712	902538		1 METOCLOPRA TAB SMG	40.00
40615	07B999	0712	901774		1 DOCUSATE SOD. 100MG	7.00
40715	07B015	0712	902538		1 METOCLOPRA TAB SMG	40.00
40715	07B222	0712	902776		1 PERCOLONE SMG TAB	79.00
40715	07B222	0712	900960		1 HUMALOG INSULIN	80.00
40715	07B222	0712	902538		1 METOCLOPRA TAB SMG	40.00
40715	07B222	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40715	07B191	0712	902292		1 LACTOBACI-ACID CAP	40.00
40715	07B191	0712	900960		1 HUMALOG INSULIN	80.00
40715	07B191	0712	902233		1 INSULIN DETEMIR	80.00
40715	07B191	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
40715	07B191	0712	902538		1 METOCLOPRA TAB SMG	40.00
40715	07B191	0712	901774		1 DOCUSATE SOD. 100MG	7.00
40715	07B191	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40715	07B228	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40715	07B228	0712	902292		1 LACTOBACI-ACID CAP	40.00
40715	07B228	0712	900792		1 REMERON 15MG TABS	40.00
40715	07B228	0712	900960		1 HUMALOG INSULIN	80.00
40715	07B228	0712	902538		1 METOCLOPRA TAB SMG	40.00
40715	07B228	0712	901774		1 DOCUSATE SOD. 100MG	7.00
40715	07B228	0712	900769		2 ACETAMIN TABS	14.00
40715	07B007	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40715	07B007	0712	902776		1 PERCOLONE SMG TAB	79.00
40715	07B007	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40815	08B294	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40815	08B294	0712	902776		1 PERCOLONE SMG TAB	79.00
40815	08B294	0712	902538		1 METOCLOPRA TAB SMG	40.00
40815	08B294	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40815	08B404	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40815	08B508	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40815	08B508	0712	902292		1 LACTOBACI-ACID CAP	40.00
40815	08B508	0712	900792		1 REMERON 15MG TABS	40.00
40815	08B473	0712	902538		1 METOCLOPRA TAB SMG	40.00
40815	08B473	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40815	08B403	0712	900960		1 HUMALOG INSULIN	80.00
40815	08B403	0712	902538		1 METOCLOPRA TAB SMG	40.00
40815	08B401	0712	902292		1 LACTOBACI-ACID CAP	40.00
40815	08B401	0712	902233		1 INSULIN DETEMIR	80.00
40815	08B401	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 12	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN AMN M			03/13/15	04/14/15	

ATE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT S	PROC	HCPCS	QTY	CHARGES
40815	09B579	0712	900769		2 ACETAMIN TABS	14.00
40915	09B767	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40915	09B768	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40915	09B768	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40915	09B580	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40915	09B693	0712	902233		1 INSULIN DETEMIR	80.00
40915	09B693	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
40915	09B693	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40915	09B693	0712	900960		1 HUMALOG INSULIN	80.00
40915	09B693	0712	902292		1 LACTOBACI-ACID CAP	40.00
40915	09B693	0712	901446		1 CIPROFLOXACI 250MG	57.00
40915	09B587	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40915	09B587	0712	902538		1 METOCLOPRA TAB 5MG	40.00
40915	09B587	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
40915	10B873	0712	902292		1 LACTOBACI-ACID CAP	40.00
40915	10B873	0712	900792		1 REMERON 15MG TABS	40.00
40915	10B873	0712	901774		1 DOCUSATE SOD. 100MG	7.00
40915	10B873	0712	901446		1 CIPROFLOXACI 250MG	57.00
40915	10B873	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41015	10B881	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41015	10B881	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41015	10B881	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41015	10B977	0712	902233		1 INSULIN DETEMIR	80.00
41015	10B977	0712	900960		1 HUMALOG INSULIN	80.00
41015	10B874	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41015	10B045	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41015	10B046	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41015	10B046	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41015	10B046	0712	900696		1 COREG 3.125MG TAB	40.00
41015	10B976	0712	902292		1 LACTOBACI-ACID CAP	40.00
41015	10B976	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
41015	10B976	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41015	10B976	0712	901774		1 DOCUSATE SOD. 100MG	7.00
41015	10B976	0712	901446		1 CIPROFLOXACI 250MG	57.00
41015	11B134	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41015	11B134	0712	902292		1 LACTOBACI-ACID CAP	40.00
41015	11B134	0712	900792		1 REMERON 15MG TABS	40.00
41015	11B134	0712	901774		1 DOCUSATE SOD. 100MG	7.00
41015	11B134	0712	901446		1 CIPROFLOXACI 250MG	57.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

IENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 13	00062
D REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
IENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
ANDIN ANN M			03/13/15	04/14/15	

ITE OF	BATCH	F	NDC/CPT-4/	QTY	SERVICE DESCRIPTION	CHARGES
ERVICE	REF	DEPT S	PROC HCPCS			
11115	11B187	0712	902233	1	INSULIN DETEMIR	80.00
11115	11B187	0712	901931	1	FLUCONAZOLE 100 MG TAB	142.00
11115	11B187	0712	902538	1	METOCLOPRA TAB 5MG	40.00
11115	11B187	0712	902390	2	LOPERAMIDE 2MG CAP	80.00
11115	11B187	0712	900960	1	HUMALOG INSULIN	80.00
11115	11B187	0712	901446	1	CIPROFLOXACI 250MG	57.00
11115	11B187	0712	902292	1	LACTOBACI-ACID CAP	40.00
11115	11B135	0712	902538	1	METOCLOPRA TAB 5MG	40.00
11115	11B219	0712	900960	1	HUMALOG INSULIN	80.00
11115	11B219	0712	902538	1	METOCLOPRA TAB 5MG	40.00
11115	11B219	0712	902801	1	PANTOPRAZOLE PWDR PKT	52.00
11115	11B219	0712	900696	1	COREG 3.125MG TAB	40.00
11115	11B140	0712	902546	1	METRONIDAZOLE 500MG TA	40.00
11115	11B140	0712	902538	1	METOCLOPRA TAB 5MG	40.00
11115	11B140	0712	902801	1	PANTOPRAZOLE PWDR PKT	52.00
11115	11B187	0712	902546	1	METRONIDAZOLE 500MG TA	40.00
11115	12B282	0712	902546	1	METRONIDAZOLE 500MG TA	40.00
11115	12B282	0712	902292	1	LACTOBACI-ACID CAP	40.00
11115	12B282	0712	902776	1	PERCOLONE 5MG TAB	79.00
11115	12B282	0712	900792	1	REMERON 15MG TABS	40.00
11115	12B282	0712	902538	1	METOCLOPRA TAB 5MG	40.00
11115	12B282	0712	900960	1	HUMALOG INSULIN	80.00
41215	12B289	0712	902546	1	METRONIDAZOLE 500MG TA	40.00
41215	12B331	0712	902292	1	LACTOBACI-ACID CAP	40.00
41215	12B331	0712	901931	1	FLUCONAZOLE 100 MG TAB	142.00
41215	12B331	0712	902390	2	LOPERAMIDE 2MG CAP	80.00
41215	12B331	0712	901446	1	CIPROFLOXACI 250MG	57.00
41215	12B331	0712	900696	1	COREG 3.125MG TAB	40.00
41215	12B399	0712	902546	1	METRONIDAZOLE 500MG TA	40.00
41215	12B399	0712	902292	1	LACTOBACI-ACID CAP	40.00
41215	12B399	0712	900792	1	REMERON 15MG TABS	40.00
41215	12B399	0712	902538	1	METOCLOPRA TAB 5MG	40.00
41215	12B399	0712	902390	2	LOPERAMIDE 2MG CAP	80.00
41215	12B399	0712	901446	1	CIPROFLOXACI 250MG	57.00
41215	12B333	0712	902538	1	METOCLOPRA TAB 5MG	40.00
41215	12B333	0712	902546	1	METRONIDAZOLE 500MG TA	40.00
41215	12B367	0712	902538	1	METOCLOPRA TAB 5MG	40.00
41215	12B367	0712	902801	1	PANTOPRAZOLE PWDR PKT	52.00
41215	12B367	0712	902390	2	LOPERAMIDE 2MG CAP	80.00

NSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 14	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
041215	12B367	0712		900960	1 HUMALOG INSULIN	80.00
041215	12B367	0712		900696	1 COREG 3.125MG TAB	40.00
041215	12B295	0712		900960	1 HUMALOG INSULIN	80.00
041215	12B282	0712		901446	1 CIPROFLOXACI 250MG	57.00
041215	12B332	0712		902233	1 INSULIN DETEMIR	80.00
041215	12B332	0712		900960	1 HUMALOG INSULIN	80.00
041215	12B288	0712		902538	1 METOCLOPRA TAB 5MG	40.00
041215	12B288	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
041215	12B288	0712		902390	2 LOPERAMIDE 2MG CAP	80.00
041315	13B668	0712		902538	1 METOCLOPRA TAB 5MG	40.00
041315	13B668	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
041315	13B668	0712		902390	2 LOPERAMIDE 2MG CAP	80.00
041315	13B668	0712		900960	1 HUMALOG INSULIN	80.00
041315	13B668	0712		900696	1 COREG 3.125MG TAB	40.00
041315	13B666	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
041315	13B666	0712		902390	2 LOPERAMIDE 2MG CAP	80.00
041315	13B586	0712		902233	1 INSULIN DETEMIR	80.00
041315	13B586	0712		901931	1 FLUCONAZOLE 100 MG TAB	142.00
041315	13B586	0712		902390	2 LOPERAMIDE 2MG CAP	80.00
041315	13B586	0712		901446	1 CIPROFLOXACI 250MG	57.00
041315	13B586	0712		902292	1 LACTOBACI-ACID CAP	40.00
041315	13B482	0712		900960	1 HUMALOG INSULIN	80.00
041315	13B474	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
041315	13B474	0712		902538	1 METOCLOPRA TAB 5MG	40.00
041315	13B474	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
041315	13B474	0712		902390	2 LOPERAMIDE 2MG CAP	80.00
041315	13B482	0712		900696	1 COREG 3.125MG TAB	40.00
041315	13B587	0712		902538	1 METOCLOPRA TAB 5MG	40.00
041315	13B587	0712		900960	1 HUMALOG INSULIN	80.00
041315	14B780	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
041315	14B780	0712		902292	1 LACTOBACI-ACID CAP	40.00
041315	14B780	0712		902776	1 PERCOLONE 5MG TAB	79.00
041315	14B780	0712		900792	1 REHERON 15MG TABS	40.00
041315	14B780	0712		901774	1 DOCUSATE SOD. 100MG	7.00
041315	14B780	0712		901446	1 CIPROFLOXACI 250MG	57.00
041415	14B781	0712		902538	1 METOCLOPRA TAB 5MG	40.00
041415	14B781	0712		900960	1 HUMALOG INSULIN	80.00
041415	14B794	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
041415	14B794	0712		902776	1 PERCOLONE 5MG TAB	79.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 15	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
WARRANTOR NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
11415	14B794	0712	902538		1	METOCLOPRA TAB 5MG	40.00
11415	14B794	0712	900960		1	HUMALOG INSULIN	80.00
11415	14B794	0712	902801		1	PANTOPRAZOLE PWDR PKT	52.00
11415	14B900	0712	902292		1	LACTOBACI-ACID CAP	40.00
11415	14B900	0712	902233		1	INSULIN DETEMIR	80.00
11415	14B900	0712	901931		1	FLUCONAZOLE 100 MG TAB	142.00
11415	14B900	0712	901774		1	DOCUSATE SOD. 100MG	7.00
11415	14B900	0712	900960		1	HUMALOG INSULIN	80.00
11415	14B900	0712	901446		1	CIPROFLOXACI 250MG	57.00
11415	14B900	0712	900696		1	COREG 3.125MG TAB	40.00
						SUBTOTAL:	20528.00

270-MED/SURG SUPPLIES

31615	16B584	0718	491567		1	DIALYSATE 139NA 3K 2.5	113.00
31815	18B028	0718	491566		1	DIALYSATE 139NA 2K 2CA	113.00
31815	18B028	0718	425218		1	IV SET BASIC W/LL CANN	62.00
32115	21B874	0718	425218		1	IV SET BASIC W/LL CANN	62.00
32115	21B840	0718	491567		2	DIALYSATE 139NA 3K 2.5	226.00
32115	21B840	0718	425218		1	IV SET BASIC W/LL CANN	62.00
32315	23B327	0718	424444		1	IV SET 30 SECONDARY	26.00
32415	24B445	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00
32415	24B445	0718	425218		1	IV SET BASIC W/LL CANN	62.00
32615	26B040	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00
32615	26B040	0718	425218		1	IV SET BASIC W/LL CANN	62.00
32715	27B519	0718	424444		1	IV SET 30 SECONDARY	26.00
32715	31B289	0718	482136	C1769	2	KIT ANCHOR SUTURE	2668.00
32815	28B601	0718	425218		1	IV SET BASIC W/LL CANN	62.00
32815	28B601	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00
32815	28B662	0718	425020		1	VLV LPEZ ENTRL ADLT	53.00
33115	31B181	0718	491566		1	DIALYSATE 139NA 2K 2CA	113.00
33115	31B181	0718	425218		1	IV SET BASIC W/LL CANN	62.00
40115	01B751	0718	424444		1	IV SET 30 SECONDARY	26.00
40215	02B046	0718	425020		2	VLV LPEZ ENTRL ADLT	106.00
40215	02B966	0718	425218		1	IV SET BASIC W/LL CANN	62.00
40215	02B966	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00
40415	04B396	0718	425218		1	IV SET BASIC W/LL CANN	62.00
40415	04B396	0718	491565		3	DIALYSATE 139NA 2K 2.5	339.00
40715	07B111	0718	425218		1	IV SET BASIC W/LL CANN	62.00
40715	07B111	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00
40915	09B593	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 16	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

ATE OF	BATCH	F	NDC/CPT-4/		
SERVICE	REF	DEPT S	PROC	HCPCS	QTY SERVICE DESCRIPTION CHARGES
40915	09B593	0718	425218		1 IV SET BASIC W/LL CANN 62.00
41115	11B145	0718	491565		1 DIALYSATE 139NA 2K 2.5 113.00
41415	14B793	0718	491566		1 DIALYSATE 139NA 2K 2CA 113.00
					SUBTOTAL: 5395.00
272-STERILE SUPPLIES					
031315	17B894	0718	472872		1 CATH IV SFTY 18GAX1 1/ 42.00
031315	17B894	0718	424292		1 DRSG TEGADERM 2X3 16.00
031315	17B894	0718	424438		1 SET XTN .3ML 6IN IV ND 54.00
031315	17B894	0718	424434		1 SET PRIM 3 PORT 140.00
031615	16B584	0718	481781		1 DIALYZER-EXELTRA 190 464.00
031615	16B584	0718	485030		1 SET INTERGR DIAL APD 666.00
031815	18B028	0718	481781		1 DIALYZER-EXELTRA 190 464.00
031815	18B028	0718	485030		1 SET INTERGR DIAL APD 666.00
032115	21B840	0718	481781		1 DIALYZER-EXELTRA 190 464.00
032115	21B840	0718	485030		1 SET INTERGR DIAL APD 666.00
032315	23B323	0718	424028		1 DRSG GERMCDL 1X4 NTMC 172.00
032315	23B323	0718	927541	C1751	1 CATH MDLN PWRGLD 18GA 1416.00
032315	23B323	0718	496100	C1751	1 CATH MDLNE 20GA 10CM 1798.00
032415	24B445	0718	481781		1 DIALYZER-EXELTRA 190 464.00
032415	24B445	0718	485030		1 SET INTERGR DIAL APD 666.00
032615	26B040	0718	481781		1 DIALYZER-EXELTRA 190 464.00
032615	26B040	0718	485030		1 SET INTERGR DIAL APD 666.00
032615	31B286	0718	481185		1 CAUTERY ELECTRO PENCIL 177.00
032715	27B519	0718	424434		1 SET PRIM 3 PORT 140.00
032715	31B289	0718	490866		1 KIT PEG 24FR SIL PUL 1816.00
032715	31B289	0718	424128	C1769	1 GWIRE VASC180CM 6CH 1218.00
032715	31B289	0718	482891	C1894	1 INTRODUCER CATH 70CM 6 1364.00
032815	28B601	0718	481781		1 DIALYZER-EXELTRA 190 464.00
032815	28B601	0718	424432		1 KIT ADM 15 GTT 126IN N 162.00
032815	28B662	0718	499802		1 PUMP FEEDING SET 114.00
032815	28B662	0718	499801		1 TUBING FEEDING 1L PMP 132.00
033015	30B070	0718	499802		1 PUMP FEEDING SET 114.00
033015	30B070	0718	482011		1 CVP DSG TRAY/CHLOR 89.00
033015	30B070	0718	424028		1 DRSG GERMCDL 1X4 NTMC 172.00
033115	31B356	0718	424434		1 SET PRIM 3 PORT 140.00
033115	31B181	0718	481781		1 DIALYZER-EXELTRA 190 464.00
033115	31B181	0718	485030		1 SET INTERGR DIAL APD 666.00
040115	01B751	0718	424434		1 SET PRIM 3 PORT 140.00
040215	02B046	0718	499801		1 TUBING FEEDING 1L PMP 132.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 17	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
10215	02B966	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10215	02B966	0718	424432		1	KIT ADM 15 GTT 126IN N	162.00
10415	04B396	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10415	04B396	0718	481328		1	TUBING BLOOD READY SET	450.00
10715	07B111	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10715	07B111	0718	424432		1	KIT ADM 15 GTT 126IN N	162.00
10815	09B765	0718	499801		1	TUBING FEEDING 1L PMP	132.00
10915	09B593	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10915	09B593	0718	485030		1	SET INTERGR DIAL APD	666.00
10915	10B044	0718	499801		1	TUBING FEEDING 1L PMP	132.00
11015	10B044	0718	499802		1	PUMP FEEDING SET	114.00
11015	11B217	0718	472870		2	CATH SFTY IV 22GX1	84.00
11015	11B217	0718	424438		1	SET XTN .3ML 6IN IV ND	54.00
11115	11B145	0718	481781		1	DIALYZER-EXELTRA 190	464.00
11115	11B145	0718	485030		1	SET INTERGR DIAL APD	666.00
11115	12B365	0718	499802		1	PUMP FEEDING SET	114.00
11215	12B365	0718	499802		1	PUMP FEEDING SET	114.00
11415	14B793	0718	481781		1	DIALYZER-EXELTRA 190	464.00
11415	14B793	0718	485030		1	SET INTERGR DIAL APD	666.00
SUBTOTAL:							23092.00

301-LAB CHEMISTRY

31315	13B984	0791 F	414779	80053	1	COMP METABOLIC PANEL	850.00
31315	13B984	0791 F	415351	83605	1	LACTIC ACID	334.00
31315	13B984	0791 F	415631	84484	1	TROPONIN QUANT	819.00
31515	15B234	0791 F	414777	80048	1	BMP TOTAL CALCIUM	488.00-
31515	15B265	0736	415140	82607	1	VITAMIN B12	349.00-
31515	15B265	0736	415180	82746	1	FOLATE (FOLIC ACID) SE	341.00-
31515	15B265	0736	415176	82728	1	FERRITIN	342.00-
31515	15B256	0791 F	415345	83540	1	IRON	386.00
31515	15B256	0791 F	415624	84466	1	TRANSFERRIN	193.00
31515	15B256	0736	415140	82607	1	VITAMIN B12	349.00
31515	15B256	0736	415180	82746	1	FOLATE (FOLIC ACID) SE	341.00
31515	15B256	0736	415176	82728	1	FERRITIN	342.00
31515	15B224	0791 F	414777	80048	1	BMP TOTAL CALCIUM	488.00
31515	15B224	0791 F	414777	80048	1	BMP TOTAL CALCIUM	488.00
31615	16B403	0736	414777	80048	1	BMP TOTAL CALCIUM	488.00
31615	16B403	0736	415523	84100	1	PHOSPHORUS BLD	71.00
31615	16B499	0736	415353	83615	1	LDH (LD)	100.00
31715	17B808	0736	414777	80048	1	BMP TOTAL CALCIUM	488.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 18	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE:	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
031715	17B808	0736	415523	84100	1 PHOSPHORUS BLD	71.00
031715	17B808	0736	414769	83735	1 MAGNESIUM BLD	341.00
031715	17B889	0736	415543	84155	1 TOTAL PROTEIN BLD	71.00
031715	17B889	0736	415547	84165	1 PROTEIN ELECTRO SER	99.00
031715	17B889	0736	415547	84165	1 PROTEIN ELECTRO SER	99.00
031715	17B889	0736	415152	82652	1 VITAMIN D 1-25 W/VO FR	269.00
031815	18B190	0736	415533	84134	1 PREALBUMIN	193.00
031815	18B024	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
031815	18B024	0736	415523	84100	1 PHOSPHORUS BLD	71.00
031915	19B306	0736	415506	83970	1 PTH INTACT	161.00
031915	19B306	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
032115	21B902	0736	415506	83970	1 PTH INTACT	161.00
032115	21B831	0736	414839	80202	1 VANCOMYCIN QUANT	536.00
032115	21B831	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
032115	21B831	0736	415523	84100	1 PHOSPHORUS BLD	71.00
032115	21B831	0736	414769	83735	1 MAGNESIUM BLD	341.00
032215	22B979	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
032215	22B979	0736	415523	84100	1 PHOSPHORUS BLD	71.00
032215	22B979	0736	414769	83735	1 MAGNESIUM BLD	341.00
032315	23B145	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
032315	23B145	0736	415523	84100	1 PHOSPHORUS BLD	71.00
032315	23B145	0736	414769	83735	1 MAGNESIUM BLD	341.00
032415	24B442	0736	415244	83036	1 HEMOGLOBIN A1C	422.00
032515	25B755	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00-
032515	25B755	0736	415523	84100	1 PHOSPHORUS BLD	71.00-
032515	25B755	0736	414769	83735	1 MAGNESIUM BLD	341.00-
032515	25B743	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
032515	25B743	0736	415523	84100	1 PHOSPHORUS BLD	71.00
032515	25B743	0736	414769	83735	1 MAGNESIUM BLD	341.00
032615	26B148	0736	415531	84132	1 POTASSIUM BLD	71.00-
032615	26B037	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
032615	26B037	0736	415523	84100	1 PHOSPHORUS BLD	71.00
032615	26B037	0736	414769	83735	1 MAGNESIUM BLD	341.00
032615	26B136	0736	415531	84132	1 POTASSIUM BLD	71.00
032815	28B593	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
033015	30B891	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
033115	31B178	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
033115	31B178	0736	415523	84100	1 PHOSPHORUS BLD	71.00
033115	31B178	0736	414769	83735	1 MAGNESIUM BLD	341.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 19	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PATIENT NO:					
PATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGED
LANDIN AMN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
10115	01B567	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00-
10115	01B567	0736	414769	83735	1 MAGNESIUM BLD	341.00-
10115	01B568	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00-
10115	01B568	0736	414769	83735	1 MAGNESIUM BLD	341.00-
10115	01B668	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10115	01B668	0736	414769	83735	1 MAGNESIUM BLD	341.00
10115	01B745	0736	414783	80076	1 HEPATIC FUNCTION PANEL	427.00
10115	01B745	0736	414969	82150	1 AMYLASE BLD	516.00
10115	01B745	0736	415363	83690	1 LIPASE	215.00
10115	01B557	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10115	01B557	0736	414769	83735	1 MAGNESIUM BLD	341.00
10115	01B550	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10115	01B550	0736	414769	83735	1 MAGNESIUM BLD	341.00
10215	02B866	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10215	02B963	0736	415523	84100	1 PHOSPHORUS BLD	71.00
10215	02B963	0736	414769	83735	1 MAGNESIUM BLD	341.00
10315	03B154	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10315	03B154	0736	415523	84100	1 PHOSPHORUS BLD	71.00
10315	03B154	0736	414769	83735	1 MAGNESIUM BLD	341.00
10415	04B389	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10615	06B697	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10715	07B108	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10715	07B108	0736	414769	83735	1 MAGNESIUM BLD	341.00
10815	08B296	0736	414769	83735	1 MAGNESIUM BLD	341.00
10815	08B296	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10915	09B590	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
10915	09B590	0736	414769	83735	1 MAGNESIUM BLD	341.00
10915	09B590	0736	415523	84100	1 PHOSPHORUS BLD	71.00
11015	10B968	0736	415625	84478	1 TRIGLYCERIDES	71.00
11115	11B143	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
11215	12B291	0736	415523	84100	1 PHOSPHORUS BLD	71.00
11415	14B790	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
SUBTOTAL:						21602.00
302-LAB IMMUNOLOGY						
31315	13B993	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00-
31315	13B993	0791 F	421722	86900	1 ABO TYPE	222.00-
31315	13B993	0791 F	421721	86901	1 RH TYPE	222.00-
31315	13B993	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00-
31315	13B993	0791 F	421722	86900	1 ABO TYPE	222.00-

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 20	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
31315	13B993	0791 F	421721	86901	1 RH TYPE	222.00-
31315	13B017	0791 F	421720	86920	1 CROSSMATCH IMM SPIN	758.00
31315	13B017	0791 F	421720	86920	1 CROSSMATCH IMM SPIN	758.00
31315	13B984	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00
31315	13B984	0791 F	421722	86900	1 ABO TYPE	222.00
31315	13B984	0791 F	421721	86901	1 RH TYPE	222.00
31315	13B984	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00
31315	13B984	0791 F	421722	86900	1 ABO TYPE	222.00
31315	13B984	0791 F	421721	86901	1 RH TYPE	222.00
31315	13B984	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00
31315	13B984	0791 F	421722	86900	1 ABO TYPE	222.00
31315	13B984	0791 F	421721	86901	1 RH TYPE	222.00
31615	16B499	0736	415800	86141	1 C-REACTIVE PROTEIN HS	93.00
31915	20B575	0736	421725	86850	1 ANTIBODY SCREEN EA	502.00
31915	20B575	0736	421722	86900	1 ABO TYPE	222.00
31915	20B575	0736	421721	86901	1 RH TYPE	222.00
31915	20B575	0736	421720	86920	1 CROSSMATCH IMM SPIN	758.00
31915	20B575	0736	421720	86920	1 CROSSMATCH IMM SPIN	758.00
40115	01B668	0736	421725	86850	1 ANTIBODY SCREEN EA	502.00
40115	01B668	0736	421722	86900	1 ABO TYPE	222.00
40115	01B668	0736	421721	86901	1 RH TYPE	222.00
40115	01B668	0736	421720	86920	1 CROSSMATCH IMM SPIN	758.00
40115	01B669	0736	421720	86920	1 CROSSMATCH IMM SPIN	758.00
SUBTOTAL:						7479.00

305-LAB HEMATOLOGY

31315	13B984	0791 F	415676	85027	1 CBC	297.00
31515	15B256	0791 F	415681	85046	1 RETIC AUTO CHR DN	342.00
31515	15B224	0791 F	415676	85027	1 CBC	297.00
31615	16B403	0736	415676	85027	1 CBC	297.00
31615	16B499	0736	415748	85651	1 SED RATE WESTERGREN	269.00
31715	17B808	0736	415676	85027	1 CBC	297.00
31815	18B024	0736	415676	85027	1 CBC	297.00
31915	19B306	0736	415676	85027	1 CBC	297.00
32115	21B831	0736	415676	85027	1 CBC	297.00
32215	22B979	0736	415676	85027	1 CBC	297.00
32315	23B145	0736	415676	85027	1 CBC	297.00
32415	24B442	0736	415676	85027	1 CBC	297.00
32515	25B743	0736	415676	85027	1 CBC	297.00
32615	26B037	0736	415676	85027	1 CBC	297.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 21	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PAYOR NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
12715	27B327	0736	415676	85027	1	CBC	297.00
12815	28B593	0736	415676	85027	1	CBC	297.00
12915	29B732	0736	415676	85027	1	CBC	297.00
13015	30B891	0736	415676	85027	1	CBC	297.00
13115	31B178	0736	415676	85027	1	CBC	297.00
10115	01B558	0736	415674	85018	1	HEMOGLOBIN	157.00
10115	01B786	0736	415742	85610	1	PROTIME	341.00
10115	01B745	0736	415674	85018	1	HEMOGLOBIN	157.00
10115	01B550	0736	415676	85027	1	CBC	297.00
10215	02B866	0736	415676	85027	1	CBC	297.00
10315	03B154	0736	415676	85027	1	CBC	297.00
10415	04B389	0736	415676	85027	1	CBC	297.00
10615	06B912	0736	415668	85007	1	MANUAL DIFFERENTIAL	173.00
10615	06B697	0736	415676	85027	1	CBC	297.00
10715	07B108	0736	415676	85027	1	CBC	297.00
10815	08B296	0736	415676	85027	1	CBC	297.00
10915	09B590	0736	415676	85027	1	CBC	297.00
11015	10B968	0736	415676	85027	1	CBC	297.00
11115	11B143	0736	415676	85027	1	CBC	297.00
11215	12B291	0736	415676	85027	1	CBC	297.00
11415	14B790	0736	415676	85027	1	CBC	297.00
SUBTOTAL:							10052.00
306-LAB BACT-MICRO							
31315	13B984	0736	415446	87040	1	CULTURE BLOOD	643.00
31315	13B984	0736	415446	87040	1	CULTURE BLOOD	643.00
33115	31B272	0736	416188	87324	1	C DIFFICILE TOXIN AG E	694.00
33115	31B271	0736	415446	87040	1	CULTURE BLOOD	643.00
40115	01B544	0736	415446	87040	1	CULTURE BLOOD	643.00
40615	06B912	0736	416135	87205	1	GRAM STAIN PRIMARY SRC	321.00
40615	06B912	0736	415452	87070	1	CULTURE BODY FLUID	554.00
40615	06B874	0736	416135	87205	1	GRAM STAIN PRIMARY SRC	321.00
40615	06B874	0736	416085	87070	1	CULTURE WOUND	554.00
40615	06B799	0736	416188	87324	1	C DIFFICILE TOXIN AG E	694.00
40615	08B394	0736	416089	87077	1	AEROBIC ORG ID	282.00
40615	08B394	0736	416129	87186	1	SUSC MIC	282.00
SUBTOTAL:							6274.00
309-LAB/OTHER							
40615	06B912	0736	416307	89051	1	CELL CT&DIFF BODY FL	466.00
SUBTOTAL:							466.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 22	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
324-DX XRAY/CHEST						
31315	13B992	0721 F	413674	71010	1 XR CHEST 1 V	539.00
32415	24B545	0728	413674	71010	1 XR CHEST 1 V	539.00
32615	26B223	0728	413674	71010	1 XR CHEST 1 V	539.00
33115	31B282	0728	413674	71010	1 XR CHEST 1 V	539.00
SUBTOTAL:						2156.00
352-CT SCAN BODY						
33115	31B360	0726	422916	74177	1 CT ABD&PELVIS W/CONT	6862.00
40815	08B474	0726	422916	74177	1 CT ABD&PELVIS W/CONT	6862.00
SUBTOTAL:						13724.00
360-OR SERVICES						
32615	31B286	0701	412765		1 OR LEVEL 1 FIRST 30 MI	2344.00
32615	31B286	0701	412766		2 OR LEVEL 1 ADDL 15 MIN	702.00
SUBTOTAL:						3046.00
361-MINOR SURGERY PROC						
32715	27B523	0727	413543		1 INS GASTRO TUBE PERC	432.00
SUBTOTAL:						432.00
370-HOSP ANES EQUIP & SUPPLY						
32615	31B286	0722	412915		1 ANESTHESIA FIRST 60 MI	1263.00
SUBTOTAL:						1263.00
390-BLOOD STORAGE&PROCESSING						
32015	20B677	0758	417987	P9016	1 PRBC LR	630.00
32015	20B748	0758	417987	P9016	1 PRBC LR	630.00
40115	01B669	0758	417987	P9016	1 PRBC LR	630.00
40215	02B867	0758	417987	P9016	1 PRBC LR	630.00
SUBTOTAL:						2520.00
402-ULTRASOUND						
40115	01B755	0729	414068	76705	1 US ABDOMEN LTD	1008.00
SUBTOTAL:						1008.00
420-PHYSICAL THERAPY						
32815	28B661	0762	418084	97110GP	1 THER EXERCISES 15 MIN	183.00
SUBTOTAL:						183.00
421-VISIT CHARGE						
32315	23B324	0762	418092	97530GP	1 THER ACTIV DIR 15 MIN	205.00
33015	30B992	0762	418092	97530GP	1 THER ACTIV DIR 15 MIN	205.00
33115	31B354	0762	418092	97530GP	2 THER ACTIV DIR 15 MIN	410.00
40615	06B801	0762	418092	97530GP	1 THER ACTIV DIR 15 MIN	205.00
SUBTOTAL:						1025.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 23	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
424-PHYS THERAPY EVAL						
32315	23B324	0762	422557	97001GP	1 EVALUATION PT 1	196.00
33015	30B992	0762	418071	97002GP	1 RE-EVALUATION PT	172.00
40615	06B8Q1	0762	422562	97002GP	1 RE-EVALUATION PT 2	220.00
SUBTOTAL:						588.00
430-OCCUPATION THERAPY						
33015	30B067	0766	418370	97530GO	1 THER ACTIV DIR 15 MIN	190.00
SUBTOTAL:						190.00
434-OCCUP THERAPY EVAL						
33015	30B067	0766	422581	97003GO	1 EVALUATION OT 1	196.00
40915	09B763	0766	422585	97004GO	1 RE-EVALUATION OT 1	184.00
SUBTOTAL:						380.00
440-SPEECH PATHOLOGY						
32015	20B680	0759	418032	92610GN	1 EVAL ORAL/PHARYNG SWL	652.00
32315	23B324	0759	422617	92526GN	1 DYSPHAGIA TX BRIEF	180.00
SUBTOTAL:						832.00
450-EMERGENCY ROOM						
31315	17B894	0780	418663	99285	1 EMER DEPT LEVEL 5	2264.00
31315	17B894	0780	418650	96374	1 IVP SINGLE/INITIAL DRU	229.00
31315	17B894	0780	418651	96375	1 IVP EA ADD SEQ NEW DRU	229.00
SUBTOTAL:						2722.00
611-MRI-BRAIN						
32315	23B331	0734	414620	70551	1 MRI BRAIN W/O CONTRAST	5825.00
SUBTOTAL:						5825.00
612-MRI-SPINE						
31615	16B591	0734	421816	72195	1 MRI PELVIS W/O CONT	3341.00
SUBTOTAL:						3341.00
636-DRUGS/DETAIL CODE						
31315	13B991	0714	F 425362	J3370	1 VANCOMYCIN 1 G BAG	164.00
31315	13B990	0714	F 900764	J2543	1 PIP SOD/TAZ 4.5 G VL	246.00
31415	14B114	0714	F 900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31515	15B262	0714	F 900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31515	15B296	0714	F 902043	J1610	1 GLUCAGON 1 MG INJ	912.00
31515	15B221	0714	F 900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31615	16B620	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31615	16B508	0712	902043	J1610	1 GLUCAGON 1 MG INJ	912.00
31615	16B408	0712	902043	J1610	1 GLUCAGON 1 MG INJ	912.00
31615	16B584	0716	903701	J7030	2 NS 1000 ML	404.00
31615	16B588	0716	903701	J7030	1 NS 1000 ML	202.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 24	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
31615	16B588	0716	903701	J7030	1 NS 1000 ML	202.00
31615	16B588	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
31615	16B589	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
31615	17B701	0712	900762	J2543	1 PIP SOD/TAZ 3.375 G VL	195.00
31715	17B933	0712	900762	J2543	1 PIP SOD/TAZ 3.375 G VL	195.00
31715	17B716	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31715	17B716	0712	900762	J2543	1 PIP SOD/TAZ 3.375 G VL	195.00
31815	18B028	0716	903701	J7030	2 NS 1000 ML	404.00
31815	18B021	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31815	18B127	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
31815	18B029	0716	903701	J7030	1 NS 1000 ML	202.00
31815	18B029	0716	903701	J7030	1 NS 1000 ML	202.00
31815	18B234	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31815	18B029	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
31815	18B029	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
31815	18B128	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B404	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
31915	19B309	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B309	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
31915	19B479	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B405	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
31915	19B404	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
31915	19B402	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B402	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
32015	20B592	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32015	20B579	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32015	20B788	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32015	20B758	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
32015	20B682	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32015	20B757	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32115	21B840	0716	903701	J7030	2 NS 1000 ML	404.00
32115	21B877	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
32115	21B835	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32115	21B841	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
32115	21B841	0716	903701	J7030	1 NS 1000 ML	202.00
32115	21B841	0716	903701	J7030	1 NS 1000 ML	202.00
32115	21B909	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32115	21B841	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
32115	21B835	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 25	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
JANDIN AMN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32115	21B877	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32215	22B078	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32215	22B049	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32215	22B015	0712	901275	J3475	3 MAG SULFATE 1G/2ML VL	492.00
32215	22B976	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32315	23B143	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32315	23B364	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32315	23B148	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32315	23B329	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
32415	24B445	0716	903701	J7030	2 NS 1000 ML	404.00
32415	24B656	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32415	24B540	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
32415	24B439	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32415	24B446	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
32415	24B446	0716	903701	J7030	1 NS 1000 ML	202.00
32415	24B446	0716	903701	J7030	1 NS 1000 ML	202.00
32415	24B541	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32515	25B741	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32515	25B850	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32515	25B922	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
32515	26B027	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32615	26B040	0716	903701	J7030	2 NS 1000 ML	404.00
32615	26B145	0712	902166	J1170	1 HYDROMORPH UP TO 4 MG	138.00
32615	26B042	0716	903701	J7030	1 NS 1000 ML	202.00
32615	26B042	0716	903701	J7030	1 NS 1000 ML	202.00
32615	26B042	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
32615	26B144	0712	902119	J1644	4 HEPARIN 5000 U INJ	656.00
32615	26B142	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
32615	26B145	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32615	26B034	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32615	31B286	0712	901903	J3010	1 FENTANYL CIT 0.1 MG IN	178.00
32615	31B286	0712	902845	J2370	1 PHENYLEPHN 1 ML INJ	164.00
32615	31B286	0712	903478	J2405	1 ONDANSETRON 4 MG VL	164.00
32615	31B286	0712	906125	J2704	1 PROPOFOL 200 MG INJ	83.00
32715	27B332	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32715	27B522	0712	901903	J3010	1 FENTANYL CIT 0.1 MG IN	178.00
32715	27B522	0712	903404	J2250	1 MIDAZOLAM 2 MG INJ	178.00
32715	27B522	0712	901375	J0690	1 CEFAZOLIN 1 G VL	164.00
32715	27B522	0712	902043	J1610	1 GLUCAGON 1 MG INJ	912.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 26	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

ATE OF	BATCH	F	NDC/CPT-4/			
ERVICE	REF	DEPT S	PROC	HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32715	27B557	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32715	27B324	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32715	31B289	0712	900740	Q9966	1 LOCM 200 TO 299/ 50 ML	552.00
32815	28B601	0716	903701	J7030	1 NS 1000 ML	202.00
32815	28B591	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
32815	28B636	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32815	28B602	0716	903701	J7030	1 NS 1000 ML	202.00
32815	28B602	0716	903701	J7030	1 NS 1000 ML	202.00
32815	28B602	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
32815	28B602	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
32815	29B723	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32915	29B736	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32915	29B830	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32915	29B802	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33015	30B900	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
33015	30B073	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
33015	30B994	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33015	30B106	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33115	31B182	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
33115	31B181	0716	903701	J7030	2 NS 1000 ML	404.00
33115	31B280	0712	901277	J3475	1 MAG SULFATE 2G BAG	421.00
33115	31B280	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33115	31B182	0716	903701	J7030	1 NS 1000 ML	202.00
33115	31B182	0716	903701	J7030	1 NS 1000 ML	202.00
33115	31B278	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
33115	31B278	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
33115	31B357	0712	900737	Q9967	140 LOCM 300 TO 399 PER ML	1120.00
340115	01B753	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
340115	01B753	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
340115	01B753	0712	902802	C9113	1 PANTOPRAZOLE SODIUM VI	164.00
340115	01B789	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340115	01B561	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
340115	01B753	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340115	01B753	0716	903701	J7030	1 NS 1000 ML	202.00
340115	01B784	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340115	01B547	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
340115	02B857	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
340115	02B857	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340215	02B870	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

IENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 27	00062
D REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARRANTOR NO:					
IENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
ANDIN AM M			03/13/15	04/14/15	

ITE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT S	PROC	HCPCS	QTY	SERVICE DESCRIPTION
						CHARGES
10215	02B870	0712	902117	J1644	1	HEPARIN 10000 U INJ 164.00
10215	02B870	0716	903701	J7030	1	NS 1000 ML 202.00
10215	02B870	0716	903701	J7030	1	NS 1000 ML 202.00
10215	02B966	0716	903701	J7030	1	NS 1000 ML 202.00
10215	02B048	0712	902802	C9113	1	PANTOPRAZOLE SODIUM VI 164.00
10215	02B863	0712	902536	J2765	1	METOCLOPRAMIDE 10 MG I 164.00
10215	02B863	0712	902802	C9113	1	PANTOPRAZOLE SODIUM VI 164.00
10215	02B048	0712	902536	J2765	1	METOCLOPRAMIDE 10 MG I 164.00
10215	02B863	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10215	02B970	0712	902536	J2765	1	METOCLOPRAMIDE 10 MG I 164.00
10215	03B145	0712	902536	J2765	1	METOCLOPRAMIDE 10 MG I 164.00
10315	03B157	0712	902802	C9113	1	PANTOPRAZOLE SODIUM VI 164.00
10315	03B157	0712	902536	J2765	1	METOCLOPRAMIDE 10 MG I 164.00
10315	03B157	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10315	03B318	0712	902802	C9113	1	PANTOPRAZOLE SODIUM VI 164.00
10315	03B318	0712	901848	J0885	20	EPOTN ALFA 1000 U NESR 2940.00
10415	04B396	0716	903701	J7030	2	NS 1000 ML 404.00
10415	04B392	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10415	04B397	0716	903701	J7030	1	NS 1000 ML 202.00
10415	04B397	0716	903701	J7030	1	NS 1000 ML 202.00
10415	04B433	0712	903505	J3370	1	VANCOMYCIN 750 MG VL 164.00
10415	04B433	0712	902117	J1644	1	HEPARIN 10000 U INJ 164.00
10515	05B535	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10615	06B695	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10615	06B915	0712	901848	J0885	20	EPOTN ALFA 1000 U NESR 2940.00
10715	07B111	0716	903701	J7030	1	NS 1000 ML 202.00
10715	07B222	0712	901277	J3475	1	MAG SULFATE 2G BAG 421.00
10715	07B115	0712	903505	J3370	1	VANCOMYCIN 750 MG VL 164.00
10715	07B115	0712	902117	J1644	1	HEPARIN 10000 U INJ 164.00
10715	07B113	0716	903701	J7030	1	NS 1000 ML 202.00
10715	07B113	0716	903701	J7030	1	NS 1000 ML 202.00
10715	07B007	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10815	08B473	0712	900737	Q9967	139	LOCM 300 TO 399 PER ML 1112.00
10815	08B403	0712	902117	J1644	1	HEPARIN 10000 U INJ 164.00
10815	08B294	0712	902198	J2185	1	MEROPENEM 500 MG INJ 411.00
10815	08B473	0712	901848	J0885	20	EPOTN ALFA 1000 U NESR 2940.00
10815	08B300	0712	900915	J2997	2	ALTEPLASE RECOMB 2 MG 2124.00
10915	09B593	0716	903701	J7030	2	NS 1000 ML 404.00
10915	09B690	0712	902117	J1644	1	HEPARIN 10000 U INJ 164.00

NSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 28	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GARANTOR NO:					
ATTIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN AMN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40915	09B594	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
40915	09B594	0716	903701	J7030	1 NS 1000 ML	202.00
40915	09B594	0716	903701	J7030	1 NS 1000 ML	202.00
41015	10B046	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
41115	11B145	0716	903701	J7030	2 NS 1000 ML	404.00
41115	11B185	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
41115	11B146	0716	903701	J7030	1 NS 1000 ML	202.00
41115	11B146	0716	903701	J7030	1 NS 1000 ML	202.00
41315	13B668	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
41415	14B898	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
41415	14B793	0716	903701	J7030	2 NS 1000 ML	404.00
41415	14B794	0716	903701	J7030	1 NS 1000 ML	202.00
41415	14B794	0716	903701	J7030	1 NS 1000 ML	202.00
SUBTOTAL:						80849.00
710-RECOVERY						
032615	31B286	0704	412803		1 PACU FIRST 60 MIN	1516.00
032615	31B286	0704	412804		1 PACU ADDL 30 MIN	559.00
SUBTOTAL:						2075.00
730-EKG/ECG						
031315	14B062	0745 F	417392	93005	1 EKG TRACING ONLY	461.00
SUBTOTAL:						461.00
801-DIALY/INPT						
031615	16B584	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
031815	18B028	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032115	21B840	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032415	24B445	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032615	26B040	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032815	28B601	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
033115	31B181	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040215	02B966	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040415	04B396	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040715	07B111	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040915	09B593	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
041115	11B145	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
041415	14B793	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
SUBTOTAL:						21489.00
899-OTHER						
031315	14B061	0728	444440		1 EXAM NO CHARGE	.00
031315	14B061	0728	444440		1 EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 29	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
PTIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGED
ANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
31415	14B074	0728	444440		1 EXAM NO CHARGE	.00
31415	14B061	0728	444440		1 EXAM NO CHARGE	.00
31415	14B074	0728	444440		1 EXAM NO CHARGE	.00
31415	14B107	0728	444440		1 EXAM NO CHARGE	.00
31415	15B256	0728	444440		1 EXAM NO CHARGE	.00
31415	15B211	0728	444440		1 EXAM NO CHARGE	.00
31515	15B320	0728	444440		1 EXAM NO CHARGE	.00
31515	15B256	0728	444440		1 EXAM NO CHARGE	.00
31515	15B256	0728	444440		1 EXAM NO CHARGE	.00
31515	15B256	0728	444440		1 EXAM NO CHARGE	.00
31515	15B289	0728	444440		1 EXAM NO CHARGE	.00
31515	15B224	0728	444440		1 EXAM NO CHARGE	.00
31515	15B218	0728	444440		1 EXAM NO CHARGE	.00
31615	16B404	0728	444440		1 EXAM NO CHARGE	.00
31615	16B500	0728	444440		1 EXAM NO CHARGE	.00
31615	16B579	0728	444440		1 EXAM NO CHARGE	.00
31715	17B712	0728	444440		1 EXAM NO CHARGE	.00
31715	17B714	0728	444440		1 EXAM NO CHARGE	.00
31715	17B925	0728	444440		1 EXAM NO CHARGE	.00
31715	17B697	0728	444440		1 EXAM NO CHARGE	.00
31715	17B808	0728	444440		1 EXAM NO CHARGE	.00
31715	17B809	0728	444440		1 EXAM NO CHARGE	.00
31715	17B893	0728	444440		1 EXAM NO CHARGE	.00
31715	18B011	0728	444440		1 EXAM NO CHARGE	.00
31815	18B230	0728	444440		1 EXAM NO CHARGE	.00
31815	18B230	0728	444440		1 EXAM NO CHARGE	.00
31815	18B120	0728	444440		1 EXAM NO CHARGE	.00
31815	18B011	0728	444440		1 EXAM NO CHARGE	.00
31915	19B509	0728	444440		1 EXAM NO CHARGE	.00
31915	19B401	0728	444440		1 EXAM NO CHARGE	.00
31915	19B503	0728	444440		1 EXAM NO CHARGE	.00
31915	19B312	0728	444440		1 EXAM NO CHARGE	.00
31915	19B398	0728	444440		1 EXAM NO CHARGE	.00
32015	20B590	0728	444440		1 EXAM NO CHARGE	.00
32015	20B677	0728	444440		1 EXAM NO CHARGE	.00
32015	20B749	0728	444440		1 EXAM NO CHARGE	.00
32015	20B588	0728	444440		1 EXAM NO CHARGE	.00
32015	21B824	0728	444440		1 EXAM NO CHARGE	.00
32115	21B929	0728	444440		1 EXAM NO CHARGE	.00
32115	21B902	0728	444440		1 EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 30	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

ATE OF	BATCH	F	NDC/CPT-4/			
ERVICE	REF	DEPT S	PROC	HCPCS	QTY	SERVICE DESCRIPTION
						CHARGES
32115	21B871	0728	444440		1	EXAM NO CHARGE .00
32215	22B044	0728	444440		1	EXAM NO CHARGE .00
32215	22B979	0728	444440		1	EXAM NO CHARGE .00
32215	22B009	0728	444440		1	EXAM NO CHARGE .00
32215	23B134	0728	444440		1	EXAM NO CHARGE .00
32315	23B247	0728	444440		1	EXAM NO CHARGE .00
32315	23B145	0728	444440		1	EXAM NO CHARGE .00
32315	23B320	0728	444440		1	EXAM NO CHARGE .00
32315	24B429	0728	444440		1	EXAM NO CHARGE .00
32415	24B654	0728	444440		1	EXAM NO CHARGE .00
32415	24B536	0728	444440		1	EXAM NO CHARGE .00
32415	24B535	0728	444440		1	EXAM NO CHARGE .00
32415	24B612	0728	444440		1	EXAM NO CHARGE .00
32415	24B609	0728	444440		1	EXAM NO CHARGE .00
32515	25B846	0728	444440		1	EXAM NO CHARGE .00
32515	25B915	0728	444440		1	EXAM NO CHARGE .00
32515	25B744	0728	444440		1	EXAM NO CHARGE .00
32515	25B843	0728	444440		1	EXAM NO CHARGE .00
32515	25B842	0728	444440		1	EXAM NO CHARGE .00
32515	26B030	0728	444440		1	EXAM NO CHARGE .00
32615	26B212	0728	444440		1	EXAM NO CHARGE .00
32615	26B137	0728	444440		1	EXAM NO CHARGE .00
32615	26B211	0728	444440		1	EXAM NO CHARGE .00
32615	26B214	0728	444440		1	EXAM NO CHARGE .00
32615	27B321	0728	444440		1	EXAM NO CHARGE .00
32715	27B511	0728	444440		1	EXAM NO CHARGE .00
32715	27B334	0728	444440		1	EXAM NO CHARGE .00
32715	28B587	0728	444440		1	EXAM NO CHARGE .00
32715	30B988	0728	444440		1	EXAM NO CHARGE .00
32815	28B630	0728	444440		1	EXAM NO CHARGE .00
32815	28B659	0728	444440		1	EXAM NO CHARGE .00
32815	30B988	0728	444440		1	EXAM NO CHARGE .00
32915	29B766	0728	444440		1	EXAM NO CHARGE .00
32915	29B732	0728	444440		1	EXAM NO CHARGE .00
32915	29B732	0728	444440		1	EXAM NO CHARGE .00
32915	29B765	0728	444440		1	EXAM NO CHARGE .00
32915	30B988	0728	444440		1	EXAM NO CHARGE .00
33015	30B896	0728	444440		1	EXAM NO CHARGE .00
33015	30B896	0728	444440		1	EXAM NO CHARGE .00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 31	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PATANTOR NO:					
PATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGED
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
03015	30B989	0728		444440	1	EXAM NO CHARGE	.00
03015	31B165	0728		444440	1	EXAM NO CHARGE	.00
03115	31B178	0728		444440	1	EXAM NO CHARGE	.00
03115	31B178	0728		444440	1	EXAM NO CHARGE	.00
03115	31B389	0728		444440	1	EXAM NO CHARGE	.00
03115	31B349	0728		444440	1	EXAM NO CHARGE	.00
03115	31B350	0728		444440	1	EXAM NO CHARGE	.00
040115	01B558	0728		444440	1	EXAM NO CHARGE	.00
040115	01B671	0728		444440	1	EXAM NO CHARGE	.00
040115	01B786	0728		444440	1	EXAM NO CHARGE	.00
040115	01B669	0728		444440	1	EXAM NO CHARGE	.00
040115	01B745	0728		444440	1	EXAM NO CHARGE	.00
040215	02B964	0728		444440	1	EXAM NO CHARGE	.00
040215	02B083	0728		444440	1	EXAM NO CHARGE	.00
040215	02B083	0728		444440	1	EXAM NO CHARGE	.00
040315	03B247	0728		444440	1	EXAM NO CHARGE	.00
040315	03B247	0728		444440	1	EXAM NO CHARGE	.00
040315	03B153	0728		444440	1	EXAM NO CHARGE	.00
040315	03B309	0728		444440	1	EXAM NO CHARGE	.00
040315	04B383	0728		444440	1	EXAM NO CHARGE	.00
040415	04B462	0728		444440	1	EXAM NO CHARGE	.00
040415	04B428	0728		444440	1	EXAM NO CHARGE	.00
040415	05B521	0728		444440	1	EXAM NO CHARGE	.00
040515	05B560	0728		444440	1	EXAM NO CHARGE	.00
040515	05B532	0728		444440	1	EXAM NO CHARGE	.00
040515	05B591	0728		444440	1	EXAM NO CHARGE	.00
040515	06B683	0728		444440	1	EXAM NO CHARGE	.00
040615	06B874	0728		444440	1	EXAM NO CHARGE	.00
040615	06B917	0728		444440	1	EXAM NO CHARGE	.00
040615	06B874	0728		444440	1	EXAM NO CHARGE	.00
040615	06B697	0728		444440	1	EXAM NO CHARGE	.00
040715	07B182	0728		444440	1	EXAM NO CHARGE	.00
040715	07B219	0728		444440	1	EXAM NO CHARGE	.00
040715	07B011	0728		444440	1	EXAM NO CHARGE	.00
040815	08B299	0728		444440	1	EXAM NO CHARGE	.00
040815	08B464	0728		444440	1	EXAM NO CHARGE	.00
040815	08B395	0728		444440	1	EXAM NO CHARGE	.00
040815	08B296	0728		444440	1	EXAM NO CHARGE	.00
040815	09B583	0728		444440	1	EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 34	000002
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
40815	10B968	0728	444440		1	EXAM NO CHARGE	.00
40915	09B685	0728	444440		1	EXAM NO CHARGE	.00
40915	09B799	0728	444440		1	EXAM NO CHARGE	.00
40915	09B583	0728	444440		1	EXAM NO CHARGE	.00
40915	09B583	0728	444440		1	EXAM NO CHARGE	.00
40915	09B758	0728	444440		1	EXAM NO CHARGE	.00
41015	10B038	0728	444440		1	EXAM NO CHARGE	.00
41015	10B038	0728	444440		1	EXAM NO CHARGE	.00
41015	10B883	0728	444440		1	EXAM NO CHARGE	.00
41015	10B869	0728	444440		1	EXAM NO CHARGE	.00
41015	10B869	0728	444440		1	EXAM NO CHARGE	.00
41115	11B131	0728	444440		1	EXAM NO CHARGE	.00
41115	11B143	0728	444440		1	EXAM NO CHARGE	.00
41115	11B213	0728	444440		1	EXAM NO CHARGE	.00
41115	11B180	0728	444440		1	EXAM NO CHARGE	.00
41115	12B279	0728	444440		1	EXAM NO CHARGE	.00
41115	13B478	0728	444440		1	EXAM NO CHARGE	.00
41215	12B390	0728	444440		1	EXAM NO CHARGE	.00
41215	12B390	0728	444440		1	EXAM NO CHARGE	.00
41215	12B325	0728	444440		1	EXAM NO CHARGE	.00
41215	13B464	0728	444440		1	EXAM NO CHARGE	.00
41315	13B659	0728	444440		1	EXAM NO CHARGE	.00
41315	13B582	0728	444440		1	EXAM NO CHARGE	.00
41315	13B478	0728	444440		1	EXAM NO CHARGE	.00
41415	14B894	0728	444440		1	EXAM NO CHARGE	.00
41415	14B790	0728	444440		1	EXAM NO CHARGE	.00
41415	14B777	0728	444440		1	EXAM NO CHARGE	.00
SUBTOTAL:							.00
921-PERI VASCU LAB							
41315	13B701	0729	414145	93971RT	1	DUP VEIN UNI RT	1245.00
SUBTOTAL:							1245.00
TOTAL ANCILLARY CHARGES							259777.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

IENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 33	00062
D REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
IENT:		CHARLESTON	SC 294069104	ADMITTED	DISCHARGED
ANDIN ANN M				03/13/15	04/14/15

TOTAL CHARGES	313889.00
PAYMENTS	.00
ADJUSTMENTS	.00
BALANCE	313889.00

NSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:
ED REC NO:
UARRANTOR NO:
ATIENT:
LANDIN AMN M

47834426
663462

TRIDENT MEDICAL CENTER
9330 MEDICAL PLAZA DR

CHARLESTON

BILLING DATE
04/18/15

PAGE 34

00062

SC 294069104

ADMITTED
03/13/15

DISCHARGE
04/14/15

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0616	TMC 7TH POST SURG	54,112.00
0701	TMC OR	3,046.00
0704	TMC PACU	2,075.00
0712	TMC PHARMACY	100,476.00
0714	SMC PHARMACY	2,014.00
0716	TMC IV THERAPY	18,422.00
0718	TMC CSP	28,487.00
0721	SMC MEDICAL IMAGING	539.00
0722	TMC ANESTHESIA	1,263.00
0726	TMC CT	13,724.00
0727	TMC SPECIAL PROCEDURES	432.00
0728	TMC MEDICAL IMAGING	1,617.00
0729	TMC ULTRASOUND	2,253.00
0734	TMC MRI	9,166.00
0736	TMC LAB	39,405.00
0745	SMC SPEC TESTING	461.00
0749	TMC DIALYSIS	21,489.00
0758	BLOOD BANK	2,520.00
0759	SPEECH THERAPY	832.00
0762	TMC PHYSICIAN REHAB	1,796.00
0766	TMC OCCUPATIONAL REHAB	570.00
0780	TMC ECU	2,722.00
0791	SMC LAB	6,468.00

TOTAL CHARGES: 313,889.00
TOTAL PAYMENTS: .00
TOTAL ADJUST: .00

FS = SMC

PATIENT NO: 47834426 TRIDENT MEDICAL CENTER BILLING DATE PAGE 1 00062
 ID REC NO: 663462 9330 MEDICAL PLAZA DR 04/18/15
 PATIENT: CHARLESTON SC 294069104 ADMITTED DISCHARGED
 LANDIN ANNA M 03/13/15 04/14/15

CALL TO:

BLANDIN ANNA M

INPATIENT

FC=01

ADMIT THRU DISCHARGE CLAIM

N CHAS SC
 29415-1602

DATE OF SERVICE	ATT	SERV	REV	ROOM AND CARE DAYS	ROOM CHARGE	ROOM CHARGES	NONBILL CHARGES
3/13/15	3712	01	702A	P MED	111 0616	32 X 1691.00	54112.00 .00

TOTAL ROOM AND CARE 54112.00
 TOTAL NON BILLABLE ROOM AND CARE .00
 TOTAL BILLED ROOM AND CARE 54112.00

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
250-PHARMACY						
31615	16B588	0712	900679	1	SALINE FLUSH EA.	59.00
31615	16B589	0712	900679	1	SALINE FLUSH EA.	59.00
31715	17B716	0712	903189	1	DAKIN'S SOLUTION 0.025	210.00
31715	17B928	0712	900679	2	SALINE FLUSH EA.	118.00
31715	17B933	0712	900679	2	SALINE FLUSH EA.	118.00
31815	18B029	0712	900679	2	SALINE FLUSH EA.	118.00
31815	18B029	0712	900679	1	SALINE FLUSH EA.	59.00
31815	18B234	0712	900679	2	SALINE FLUSH EA.	118.00
31815	18B029	0712	900679	1	SALINE FLUSH EA.	59.00
31915	19B309	0712	900679	2	SALINE FLUSH EA.	118.00
31915	20B578	0712	900679	2	SALINE FLUSH EA.	118.00
32015	20B592	0712	900679	2	SALINE FLUSH EA.	118.00
32015	21B828	0712	900679	2	SALINE FLUSH EA.	118.00
32115	21B877	0712	900679	1	SALINE FLUSH EA.	59.00
32115	21B841	0712	900679	1	SALINE FLUSH EA.	59.00
32115	21B835	0712	900679	2	SALINE FLUSH EA.	118.00
32215	22B078	0712	900679	2	SALINE FLUSH EA.	118.00
32315	23B364	0712	900679	2	SALINE FLUSH EA.	118.00
32315	23B148	0712	900679	2	SALINE FLUSH EA.	118.00
32315	23B329	0712	900679	1	SALINE FLUSH EA.	59.00
32415	24B617	0712	900679	2	SALINE FLUSH EA.	118.00
32415	24B656	0712	900679	2	SALINE FLUSH EA.	118.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	2	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
GUARANTOR NO:						
ATTIENT:	CHARLESTON		SC 294069104	ADMITTED		DISCHARGE
LANDIN ANN M				03/13/15		04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32415	24B540	0712	900679		1 SALINE FLUSH EA.	59.00
32415	24B439	0712	900679		2 SALINE FLUSH EA.	118.00
32415	24B446	0712	900679		1 SALINE FLUSH EA.	59.00
32515	25B741	0712	900679		2 SALINE FLUSH EA.	118.00
32515	25B851	0712	900679		2 SALINE FLUSH EA.	118.00
32515	26B027	0712	900679		1 SALINE FLUSH EA.	59.00
32615	26B222	0712	900679		2 SALINE FLUSH EA.	118.00
32615	26B042	0712	900679		1 SALINE FLUSH EA.	59.00
32615	26B142	0712	900679		1 SALINE FLUSH EA.	59.00
32615	26B034	0712	900679		1 SALINE FLUSH EA.	59.00
32615	31B286	0712	902362		1 LIDOCAINE 2% MDV 20 ML	178.00
32615	31B286	0712	903528		1 ROCURONIUM 5 ML INJ	472.00
32715	27B332	0712	900679		2 SALINE FLUSH EA.	118.00
32715	27B520	0712	900679		1 SALINE FLUSH EA.	59.00
32715	27B522	0712	902361		1 LIDOCAINE 2% W/EPI	178.00
32715	27B557	0712	900679		2 SALINE FLUSH EA.	118.00
32715	27B324	0712	900679		2 SALINE FLUSH EA.	118.00
32715	27B324	0712	900679		1 SALINE FLUSH EA.	59.00
32815	28B602	0712	900679		2 SALINE FLUSH EA.	118.00
32815	28B636	0712	900679		1 SALINE FLUSH EA.	59.00
32815	28B602	0712	900679		1 SALINE FLUSH EA.	59.00
32815	28B602	0712	900679		1 SALINE FLUSH EA.	59.00
32815	29B723	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B736	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B830	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B802	0712	900679		2 SALINE FLUSH EA.	118.00
32915	29B801	0712	900679		1 SALINE FLUSH EA.	59.00
33015	30B900	0712	900679		2 SALINE FLUSH EA.	118.00
33015	30B071	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B182	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B182	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B182	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B357	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B278	0712	900679		1 SALINE FLUSH EA.	59.00
33115	31B278	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B789	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B548	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B753	0712	900679		1 SALINE FLUSH EA.	59.00
340115	01B561	0712	900679		1 SALINE FLUSH EA.	59.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

IENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 3	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
IENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
ANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
10215	02B870	0712	900679		1 SALINE FLUSH EA.	59.00
10215	02B047	0712	900679		1 SALINE FLUSH EA.	59.00
10215	02B863	0712	900679		1 SALINE FLUSH EA.	59.00
10215	03B145	0712	900679		2 SALINE FLUSH EA.	118.00
10315	03B157	0712	900679		2 SALINE FLUSH EA.	118.00
10315	03B318	0712	900679		1 SALINE FLUSH EA.	59.00
10315	04B386	0712	900679		2 SALINE FLUSH EA.	118.00
10415	04B496	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B392	0712	900679		2 SALINE FLUSH EA.	118.00
10415	04B397	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B467	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B433	0712	900679		1 SALINE FLUSH EA.	59.00
10415	04B433	0712	900679		1 SALINE FLUSH EA.	59.00
10515	05B535	0712	900679		1 SALINE FLUSH EA.	59.00
10515	05B596	0712	900679		1 SALINE FLUSH EA.	59.00
10515	06B686	0712	900679		2 SALINE FLUSH EA.	118.00
10615	06B880	0712	900679		1 SALINE FLUSH EA.	59.00
10615	06B694	0712	900679		2 SALINE FLUSH EA.	118.00
10615	07B999	0712	900679		2 SALINE FLUSH EA.	118.00
10715	07B015	0712	900679		2 SALINE FLUSH EA.	118.00
10715	07B191	0712	900679		1 SALINE FLUSH EA.	59.00
10715	07B228	0712	900679		2 SALINE FLUSH EA.	118.00
10715	07B115	0712	900679		1 SALINE FLUSH EA.	59.00
10715	07B113	0712	900679		1 SALINE FLUSH EA.	59.00
10815	08B403	0712	900679		1 SALINE FLUSH EA.	59.00
10815	08B294	0712	900679		2 SALINE FLUSH EA.	118.00
10815	08B404	0712	900679		1 SALINE FLUSH EA.	59.00
10815	08B508	0712	900679		2 SALINE FLUSH EA.	118.00
10815	08B300	0712	900679		1 SALINE FLUSH EA.	59.00
10915	09B767	0712	900679		1 SALINE FLUSH EA.	59.00
10915	09B690	0712	900679		1 SALINE FLUSH EA.	59.00
10915	09B594	0712	900679		1 SALINE FLUSH EA.	59.00
10915	10B873	0712	900679		1 SALINE FLUSH EA.	59.00
11015	10B887	0712	900679		1 SALINE FLUSH EA.	59.00
11015	10B045	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B185	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B140	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B146	0712	900679		1 SALINE FLUSH EA.	59.00
11115	11B134	0712	900679		1 SALINE FLUSH EA.	59.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	4	00062
MED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
GURANTOR NO:						
PATIENT:	CHARLESTON	SC 294069104	ADMITTED		DISCHARGE	
BLANDIN ANN M			03/13/15		04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
J41115	11B187	0712		900679	1 SALINE FLUSH EA.	59.00
J41215	12B399	0712		900679	1 SALINE FLUSH EA.	59.00
J41215	12B333	0712		900679	1 SALINE FLUSH EA.	59.00
J41215	12B295	0712		900679	1 SALINE FLUSH EA.	59.00
J41215	12B282	0712		900679	1 SALINE FLUSH EA.	59.00
J41315	13B666	0712		900679	1 SALINE FLUSH EA.	59.00
J41315	13B474	0712		900679	1 SALINE FLUSH EA.	59.00
J41315	14B780	0712		900679	2 SALINE FLUSH EA.	118.00
J41415	14B898	0712		900679	1 SALINE FLUSH EA.	59.00
J41415	14B794	0712		900679	2 SALINE FLUSH EA.	118.00
J41415	14B794	0712		900679	1 SALINE FLUSH EA.	59.00
SUBTOTAL:						9711.00
251-DRUGS/GENERIC						
J40915	09B767	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J40915	10B873	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41015	10B976	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41115	11B187	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41115	11B134	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41115	12B282	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41215	12B331	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41215	12B399	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41315	13B586	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
J41315	14B780	0712		901769	1 DRONABINOL 2.5MG CAP	79.00
SUBTOTAL:						790.00
258-IV SOLUTIONS						
J31315	13B990	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J31615	16B620	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00
J31615	17B701	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J31715	17B933	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J31715	17B716	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J31715	17B818	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00
J31815	18B029	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00
J31815	18B127	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J31915	19B304	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00
J31915	19B309	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J31915	20B578	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00
J32015	20B592	0716		904307	1 NAACL 0.9% 100ML BAG	219.00
J32015	20B757	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00
J32115	21B835	0716		903707	1 DEX 5%/NAACL 0.45% 1000	219.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM:

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	5	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
PATIENT NO:						
PATIENT:	CHARLESTON		SC 294069104	ADMITTED		DISCHARGED
LANDIN ANN M				03/13/15		04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32115	21B635	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32215	22B049	0716		903707	1 DEX 5%/NACL 0.45% 1000	219.00
32215	22B015	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32215	22B976	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32315	23B148	0716		903707	1 DEX 5%/NACL 0.45% 1000	219.00
32315	23B148	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32315	23B329	0716		903707	1 DEX 5%/NACL 0.45% 1000	219.00
32415	24B439	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32515	25B741	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32615	26B034	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32715	27B332	0716		904307	1 NACL 0.9% 100ML BAG	219.00
32915	29B736	0716		904307	1 NACL 0.9% 100ML BAG	219.00
33015	30B900	0716		904307	1 NACL 0.9% 100ML BAG	219.00
33115	31B182	0716		904307	1 NACL 0.9% 100ML BAG	219.00
33115	31B357	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40115	01B561	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40215	02B863	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40315	03B157	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40315	03B157	0712		902048	1 DEXTROSE 50% BOLUS	178.00
40415	04B392	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40515	05B535	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40615	06B695	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40715	07B007	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40815	08B473	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40815	08B294	0716		904307	1 NACL 0.9% 100ML BAG	219.00
40815	08B508	0712		902048	1 DEXTROSE 50% BOLUS	178.00
41015	10B874	0712		902048	1 DEXTROSE 50% BOLUS	178.00
41115	11B135	0712		902048	1 DEXTROSE 50% BOLUS	178.00
SUBTOTAL:						9034.00

259-PHARMACY

31415	14B111	0714	F	425353	1 HYDROCOD/APAP 5-325 TA	79.00
31415	14B064	0714	F	425353	1 HYDROCOD/APAP 5-325 TA	79.00
31515	16B394	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
31615	16B635	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
31615	16B507	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
31615	17B701	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
31715	17B933	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
31715	17B818	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32015	20B685	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	6	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
UARRANTOR NO:						
ATIENT:		CHARLESTON	SC 294069104	ADMITTED		DISCHARGE
LANDIN ANN M				03/13/15		04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32015	20B685	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32015	21B828	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32015	21B828	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32115	21B937	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	22B078	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	22B050	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32215	22B015	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32215	22B015	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	22B015	0712		902932	1 POT CHLOR 20MEQ ER	40.00
32215	22B015	0712		900960	1 HUMALOG INSULIN	80.00
32215	22B976	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32215	23B137	0712		900960	1 HUMALOG INSULIN	80.00
32315	23B364	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32315	23B364	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32315	23B364	0712		902292	1 LACTOBACI-ACID CAP	40.00
32315	23B148	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32315	23B329	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32315	23B148	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32315	23B329	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32315	23B254	0712		425353	1 HYDROCOD/APAP 5-325 TA	79.00
32415	24B617	0712		900960	1 HUMALOG INSULIN	80.00
32415	24B617	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32415	24B619	0712		900960	1 HUMALOG INSULIN	80.00
32415	24B656	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32415	24B656	0712		902292	1 LACTOBACI-ACID CAP	40.00
32415	24B656	0712		902776	1 PERCOLONE 5MG TAB	79.00
32415	24B656	0712		900792	1 REMERON 15MG TABS	40.00
32415	24B439	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32415	24B541	0712		902776	1 PERCOLONE 5MG TAB	79.00
32515	25B849	0712		902776	1 PERCOLONE 5MG TAB	79.00
32515	25B922	0712		900960	1 HUMALOG INSULIN	80.00
32515	25B851	0712		900960	1 HUMALOG INSULIN	80.00
32515	25B851	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32515	26B027	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32515	26B027	0712		902292	1 LACTOBACI-ACID CAP	40.00
32515	26B027	0712		900792	1 REMERON 15MG TABS	40.00
32515	26B027	0712		900960	1 HUMALOG INSULIN	80.00
32615	26B222	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
32615	26B145	0712		900960	1 HUMALOG INSULIN	80.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	7	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
PATIENT NO:						
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED		
LANDIN AMN M			03/13/15	04/14/15		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
12715	27B332	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12715	27B557	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12715	27B557	0712	902292		1 LACTOBACI-ACID CAP	40.00
12715	27B557	0712	902776		1 PERCOLONE 5MG TAB	79.00
12715	27B557	0712	900792		1 REMERON 15MG TABS	40.00
12715	27B324	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12715	27B324	0712	902292		1 LACTOBACI-ACID CAP	40.00
12715	27B324	0712	900792		1 REMERON 15MG TABS	40.00
12815	26B591	0712	900960		1 HUMALOG INSULIN	80.00
12815	28B602	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12815	28B636	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12815	28B636	0712	902292		1 LACTOBACI-ACID CAP	40.00
12815	28B636	0712	902776		1 PERCOLONE 5MG TAB	79.00
12815	29B723	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12815	29B723	0712	902292		1 LACTOBACI-ACID CAP	40.00
12815	29B723	0712	900792		1 REMERON 15MG TABS	40.00
12915	29B736	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12915	29B824	0712	903440		1 AQUAPHIL OINT 16OZ	165.00
12915	29B736	0712	900960		1 HUMALOG INSULIN	80.00
12915	29B830	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12915	29B830	0712	902292		1 LACTOBACI-ACID CAP	40.00
12915	29B830	0712	902776		1 PERCOLONE 5MG TAB	79.00
12915	29B830	0712	900792		1 REMERON 15MG TABS	40.00
12915	29B830	0712	902543		1 METOPROLOL 25 MG	40.00
12915	29B802	0712	902292		1 LACTOBACI-ACID CAP	40.00
12915	29B802	0712	900960		1 HUMALOG INSULIN	80.00
12915	29B802	0712	902543		1 METOPROLOL 25 MG	40.00
12915	29B801	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
12915	29B723	0712	902776		1 PERCOLONE 5MG TAB	79.00
13015	30B900	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
13015	30B073	0712	900960		1 HUMALOG INSULIN	80.00
13015	30B073	0712	902776		1 PERCOLONE 5MG TAB	79.00
13015	30B994	0712	900769		2 ACETAMIN TABS	14.00
13015	30B994	0712	902292		1 LACTOBACI-ACID CAP	40.00
13015	30B994	0712	902543		1 METOPROLOL 25 MG	40.00
13015	30B994	0712	902937		3 POT. CHL 20 MEQ ORAL S	141.00
13015	30B994	0712	902233		1 INSULIN DETEMIR	80.00
13015	30B889	0712	900960		1 HUMALOG INSULIN	80.00
13015	30B900	0712	900960		1 HUMALOG INSULIN	80.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	8	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
UARRANTOR NO:						
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M				03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
33015	30B106	0712	902543		1 METOPROLOL 25 MG	40.00
33015	30B106	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
33015	30B106	0712	902292		1 LACTOBACI-ACID CAP	40.00
33015	30B106	0712	900792		1 REMERON 15MG TABS	40.00
33015	30B071	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
33015	30B995	0712	900960		1 HUMALOG INSULIN	80.00
33115	31B182	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
33115	31B182	0712	900960		1 HUMALOG INSULIN	80.00
33115	31B280	0712	900769		2 ACETAMIN TABS	14.00
33115	31B280	0712	902292		1 LACTOBACI-ACID CAP	40.00
33115	31B280	0712	900960		1 HUMALOG INSULIN	80.00
33115	31B280	0712	902233		1 INSULIN DETEMIR	80.00
33115	31B357	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
33115	31B358	0712	900960		1 HUMALOG INSULIN	80.00
33115	31B168	0712	900960		1 HUMALOG INSULIN	80.00
40115	01B675	0712	900960		1 HUMALOG INSULIN	80.00
40115	01B789	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40115	01B789	0712	902292		1 LACTOBACI-ACID CAP	40.00
40115	01B789	0712	900792		1 REMERON 15MG TABS	40.00
40115	01B789	0712	900960		1 HUMALOG INSULIN	80.00
40115	01B562	0712	900960		1 HUMALOG INSULIN	80.00
40115	01B753	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40115	01B753	0712	902776		1 PERCOLONE 5MG TAB	79.00
40115	01B561	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40115	01B674	0712	901701		1 DIPHENHYDRAMINE 25MG T	7.00
40115	01B674	0712	900769		2 ACETAMIN TABS	14.00
40115	01B753	0712	900960		1 HUMALOG INSULIN	80.00
40115	01B674	0712	902292		1 LACTOBACI-ACID CAP	40.00
40115	01B547	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40115	01B547	0712	902292		1 LACTOBACI-ACID CAP	40.00
40115	01B547	0712	900792		1 REMERON 15MG TABS	40.00
40115	01B547	0712	900960		1 HUMALOG INSULIN	80.00
40115	02B857	0712	902776		1 PERCOLONE 5MG TAB	79.00
40215	02B858	0712	900769		2 ACETAMIN TABS	14.00
40215	02B047	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40215	02B047	0712	901934		1 FLUCONAZOLE TAB 200MG	178.00
40215	02B863	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
40215	02B863	0712	902776		1 PERCOLONE 5MG TAB	79.00
40215	02B970	0712	902292		1 LACTOBACI-ACID CAP	40.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE	9	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15			
JARANTOR NO:						
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED		
JANDIN AMN M			03/13/15	04/14/15		

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
10215	02B970	0712	902776	1 PERCOLONE 5MG TAB	79.00	
10215	02B970	0712	902233	1 INSULIN DETEHIR	80.00	
10215	03B145	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10215	03B145	0712	902292	1 LACTOBACI-ACID CAP	40.00	
10215	03B145	0712	900792	1 REMERON 15MG TABS	40.00	
10315	03B166	0712	902546	1 METRONIDAZOLE 500MG TA	40.00-	
10315	03B157	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10315	03B318	0712	902538	1 METOCLOPRA TAB 5MG	40.00	
10315	03B254	0712	902776	1 PERCOLONE 5MG TAB	79.00	
10315	03B254	0712	902418	2 MAG-OX 400MG TAB	80.00	
10315	03B254	0712	902931	1 POT CHLOR 10MEQ CAP	40.00	
10315	03B254	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10315	03B157	0712	901931	1 FLUCONAZOLE 100 MG TAB	142.00	
10315	03B157	0712	902292	1 LACTOBACI-ACID CAP	40.00	
10315	04B386	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10315	04B386	0712	902292	1 LACTOBACI-ACID CAP	40.00	
10315	04B386	0712	900792	1 REMERON 15MG TABS	40.00	
10315	04B386	0712	901774	1 DOCUSATE SOD. 100MG	7.00	
10315	04B386	0712	902776	1 PERCOLONE 5MG TAB	79.00	
10315	04B386	0712	902538	1 METOCLOPRA TAB 5MG	40.00	
10415	04B435	0712	901931	1 FLUCONAZOLE 100 MG TAB	142.00	
10415	04B435	0712	902538	1 METOCLOPRA TAB 5MG	40.00	
10415	04B435	0712	901774	1 DOCUSATE SOD. 100MG	7.00	
10415	04B435	0712	902292	1 LACTOBACI-ACID CAP	40.00	
10415	04B435	0712	900960	1 HUMALOG INSULIN	80.00	
10415	04B435	0712	902233	1 INSULIN DETEHIR	80.00	
10415	04B496	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10415	04B496	0712	902292	1 LACTOBACI-ACID CAP	40.00	
10415	04B496	0712	900792	1 REMERON 15MG TABS	40.00	
10415	04B496	0712	901774	1 DOCUSATE SOD. 100MG	7.00	
10415	04B468	0712	902538	1 METOCLOPRA TAB 5MG	40.00	
10415	04B468	0712	902801	1 PANTOPRAZOLE PWDR PKT	52.00	
10415	04B392	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10415	04B392	0712	902776	1 PERCOLONE 5MG TAB	79.00	
10415	04B392	0712	902538	1 METOCLOPRA TAB 5MG	40.00	
10415	04B392	0712	902801	1 PANTOPRAZOLE PWDR PKT	52.00	
10415	04B467	0712	902546	1 METRONIDAZOLE 500MG TA	40.00	
10415	05B524	0712	902776	1 PERCOLONE 5MG TAB	79.00	
10415	05B524	0712	900960	1 HUMALOG INSULIN	80.00	

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 10	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
40515	05B535	0712		902546	1	METRONIDAZOLE 500MG TA	40.00
40515	05B535	0712		902776	1	PERCOLONE 5MG TAB	79.00
40515	05B535	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40515	05B535	0712		902801	1	PANTOPRAZOLE PWDR PKT	52.00
40515	05B566	0712		902233	1	INSULIN DETEMIR	80.00
40515	05B566	0712		901931	1	FLUCONAZOLE 100 MG TAB	142.00
40515	05B566	0712		902292	1	LACTOBACI-ACID CAP	40.00
40515	05B597	0712		902801	1	PANTOPRAZOLE PWDR PKT	52.00
40515	05B597	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40515	05B536	0712		900960	1	HUMALOG INSULIN	80.00
40515	05B566	0712		900960	1	HUMALOG INSULIN	80.00
40515	05B566	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40515	05B596	0712		902546	1	METRONIDAZOLE 500MG TA	40.00
40515	05B596	0712		902776	1	PERCOLONE 5MG TAB	79.00
40515	05B524	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40515	06B686	0712		902546	1	METRONIDAZOLE 500MG TA	40.00
40515	06B686	0712		902292	1	LACTOBACI-ACID CAP	40.00
40515	06B686	0712		902776	1	PERCOLONE 5MG TAB	79.00
40515	06B686	0712		900792	1	REMERON 15MG TABS	40.00
40515	06B686	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40515	06B686	0712		901774	1	DOCUSATE SOD. 100MG	7.00
40615	06B881	0712		902776	1	PERCOLONE 5MG TAB	79.00
40615	06B915	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40615	06B915	0712		902801	1	PANTOPRAZOLE PWDR PKT	52.00
40615	06B702	0712		900960	1	HUMALOG INSULIN	80.00
40615	06B805	0712		902233	1	INSULIN DETEMIR	80.00
40615	06B805	0712		901931	1	FLUCONAZOLE 100 MG TAB	142.00
40615	06B805	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40615	06B805	0712		901774	1	DOCUSATE SOD. 100MG	7.00
40615	06B805	0712		902292	1	LACTOBACI-ACID CAP	40.00
40615	06B805	0712		900960	1	HUMALOG INSULIN	80.00
40615	06B880	0712		902546	1	METRONIDAZOLE 500MG TA	40.00
40615	06B694	0712		902546	1	METRONIDAZOLE 500MG TA	40.00
40615	06B694	0712		902538	1	METOCLOPRA TAB 5MG	40.00
40615	06B694	0712		902801	1	PANTOPRAZOLE PWDR PKT	52.00
40615	07B999	0712		902546	1	METRONIDAZOLE 500MG TA	40.00
40615	07B999	0712		902292	1	LACTOBACI-ACID CAP	40.00
40615	07B999	0712		902776	1	PERCOLONE 5MG TAB	79.00
40615	07B999	0712		900792	1	REMERON 15MG TABS	40.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 11	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
JANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
10615	07B999	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10615	07B999	0712	901774		1 DOCUSATE SOD. 100MG	7.00
10715	07B015	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10715	07B222	0712	902776		1 PERCOLONE 5MG TAB	79.00
10715	07B222	0712	900960		1 HUMALOG INSULIN	80.00
10715	07B222	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10715	07B222	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
10715	07B191	0712	902292		1 LACTOBACI-ACID CAP	40.00
10715	07B191	0712	900960		1 HUMALOG INSULIN	80.00
10715	07B191	0712	902233		1 INSULIN DETEMIR	80.00
10715	07B191	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
10715	07B191	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10715	07B191	0712	901774		1 DOCUSATE SOD. 100MG	7.00
10715	07B191	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10715	07B228	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10715	07B228	0712	902292		1 LACTOBACI-ACID CAP	40.00
10715	07B228	0712	900792		1 REMERON 15MG TABS	40.00
10715	07B228	0712	900960		1 HUMALOG INSULIN	80.00
10715	07B228	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10715	07B228	0712	901774		1 DOCUSATE SOD. 100MG	7.00
10715	07B228	0712	900769		2 ACETAMIN TABS	14.00
10715	07B007	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10715	07B007	0712	902776		1 PERCOLONE 5MG TAB	79.00
10715	07B007	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
10815	08B294	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10815	08B294	0712	902776		1 PERCOLONE 5MG TAB	79.00
10815	08B294	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10815	08B294	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
10815	08B404	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10815	08B508	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
10815	08B508	0712	902292		1 LACTOBACI-ACID CAP	40.00
10815	08B508	0712	900792		1 REMERON 15MG TABS	40.00
10815	08B473	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10815	08B473	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
10815	08B403	0712	900960		1 HUMALOG INSULIN	80.00
10815	08B403	0712	902538		1 METOCLOPRA TAB 5MG	40.00
10815	08B401	0712	902292		1 LACTOBACI-ACID CAP	40.00
10815	08B401	0712	902233		1 INSULIN DETEMIR	80.00
10815	08B401	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 12	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40815	09B579	0712		900769	2 ACETAMIN TABS	14.00
40915	09B767	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
40915	09B768	0712		902538	1 METOCLOPRA TAB 5MG	40.00
40915	09B768	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
40915	09B580	0712		902538	1 METOCLOPRA TAB 5MG	40.00
40915	09B693	0712		902233	1 INSULIN DETEMIR	80.00
40915	09B693	0712		901931	1 FLUCONAZOLE 100 MG TAB	142.00
40915	09B693	0712		902538	1 METOCLOPRA TAB 5MG	40.00
40915	09B693	0712		900960	1 HUMALOG INSULIN	80.00
40915	09B693	0712		902292	1 LACTOBACI-ACID CAP	40.00
40915	09B693	0712		901446	1 CIPROFLOXACI 250MG	57.00
40915	09B587	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
40915	09B587	0712		902538	1 METOCLOPRA TAB 5MG	40.00
40915	09B587	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
40915	10B873	0712		902292	1 LACTOBACI-ACID CAP	40.00
40915	10B873	0712		900792	1 REMERON 15MG TABS	40.00
40915	10B873	0712		901774	1 DUCUSATE SOD. 100MG	7.00
40915	10B873	0712		901446	1 CIPROFLOXACI 250MG	57.00
40915	10B873	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
41015	10B881	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
41015	10B881	0712		902538	1 METOCLOPRA TAB 5MG	40.00
41015	10B881	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
41015	10B977	0712		902233	1 INSULIN DETEMIR	80.00
41015	10B977	0712		900960	1 HUMALOG INSULIN	80.00
41015	10B874	0712		902538	1 METOCLOPRA TAB 5MG	40.00
41015	10B045	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
41015	10B046	0712		902538	1 METOCLOPRA TAB 5MG	40.00
41015	10B046	0712		902801	1 PANTOPRAZOLE PWDR PKT	52.00
41015	10B046	0712		900696	1 COREG 3.125MG TAB	40.00
41015	10B976	0712		902292	1 LACTOBACI-ACID CAP	40.00
41015	10B976	0712		901931	1 FLUCONAZOLE 100 MG TAB	142.00
41015	10B976	0712		902538	1 METOCLOPRA TAB 5MG	40.00
41015	10B976	0712		901774	1 DUCUSATE SOD. 100MG	7.00
41015	10B976	0712		901446	1 CIPROFLOXACI 250MG	57.00
41015	11B134	0712		902546	1 METRONIDAZOLE 500MG TA	40.00
41015	11B134	0712		902292	1 LACTOBACI-ACID CAP	40.00
41015	11B134	0712		900792	1 REMERON 15MG TABS	40.00
41015	11B134	0712		901774	1 DUCUSATE SOD. 100MG	7.00
41015	11B134	0712		901446	1 CIPROFLOXACI 250MG	57.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 13	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
PTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
ANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
41115	11B187	0712	902233		1 INSULIN DETEMIR	80.00
41115	11B187	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
41115	11B187	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41115	11B187	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41115	11B187	0712	900960		1 HUMALOG INSULIN	80.00
41115	11B187	0712	901446		1 CIPROFLOXACI 250MG	57.00
41115	11B187	0712	902292		1 LACTOBACI-ACID CAP	40.00
41115	11B135	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41115	11B219	0712	900960		1 HUMALOG INSULIN	80.00
41115	11B219	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41115	11B219	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41115	11B219	0712	900696		1 COREG 3.125MG TAB	40.00
41115	11B140	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41115	11B140	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41115	11B140	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41115	11B187	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41115	12B282	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41115	12B282	0712	902292		1 LACTOBACI-ACID CAP	40.00
41115	12B282	0712	902776		1 PERCOLONE 5MG TAB	79.00
41115	12B282	0712	900792		1 REMERON 15MG TABS	40.00
41115	12B282	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41115	12B282	0712	900960		1 HUMALOG INSULIN	80.00
41215	12B289	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41215	12B331	0712	902292		1 LACTOBACI-ACID CAP	40.00
41215	12B331	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
41215	12B331	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41215	12B331	0712	901446		1 CIPROFLOXACI 250MG	57.00
41215	12B331	0712	900696		1 COREG 3.125MG TAB	40.00
41215	12B399	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41215	12B399	0712	902292		1 LACTOBACI-ACID CAP	40.00
41215	12B399	0712	900792		1 REMERON 15MG TABS	40.00
41215	12B399	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41215	12B399	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41215	12B399	0712	901446		1 CIPROFLOXACI 250MG	57.00
41215	12B333	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41215	12B333	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41215	12B367	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41215	12B367	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41215	12B367	0712	902390		2 LOPERAMIDE 2MG CAP	80.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 14	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
41215	12B367	0712	900960		1 HUMALOG INSULIN	80.00
41215	12B367	0712	900696		1 COREG 3.125MG TAB	40.00
41215	12B295	0712	900960		1 HUMALOG INSULIN	80.00
41215	12B282	0712	901446		1 CIPROFLOXACI 250MG	57.00
41215	12B332	0712	902233		1 INSULIN DETEMIR	80.00
41215	12B332	0712	900960		1 HUMALOG INSULIN	80.00
41215	12B288	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41215	12B288	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41215	12B288	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41315	13B668	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41315	13B668	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41315	13B668	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41315	13B668	0712	900960		1 HUMALOG INSULIN	80.00
41315	13B668	0712	900696		1 COREG 3.125MG TAB	40.00
41315	13B666	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41315	13B666	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41315	13B586	0712	902233		1 INSULIN DETEMIR	80.00
41315	13B586	0712	901931		1 FLUCONAZOLE 100 MG TAB	142.00
41315	13B586	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41315	13B586	0712	901446		1 CIPROFLOXACI 250MG	57.00
41315	13B586	0712	902292		1 LACTOBACI-ACID CAP	40.00
41315	13B482	0712	900960		1 HUMALOG INSULIN	80.00
41315	13B474	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41315	13B474	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41315	13B474	0712	902801		1 PANTOPRAZOLE PWDR PKT	52.00
41315	13B474	0712	902390		2 LOPERAMIDE 2MG CAP	80.00
41315	13B482	0712	900696		1 COREG 3.125MG TAB	40.00
41315	13B587	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41315	13B587	0712	900960		1 HUMALOG INSULIN	80.00
41315	14B780	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41315	14B780	0712	902292		1 LACTOBACI-ACID CAP	40.00
41315	14B780	0712	902776		1 PERCOLONE 5MG TAB	79.00
41315	14B780	0712	900792		1 REMERON 15MG TABS	40.00
41315	14B780	0712	901774		1 DUCSATE SOD. 100MG	7.00
41315	14B780	0712	901446		1 CIPROFLOXACI 250MG	57.00
41415	14B781	0712	902538		1 METOCLOPRA TAB 5MG	40.00
41415	14B781	0712	900960		1 HUMALOG INSULIN	80.00
41415	14B794	0712	902546		1 METRONIDAZOLE 500MG TA	40.00
41415	14B794	0712	902776		1 PERCOLONE 5MG TAB	79.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

TIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 15	000002
D REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
TIENT:		CHARLESTON	SC 294069104	ADMITTED	DISCHARGED
ANDIN ANN M				03/13/15	04/14/15

TE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT S	PROC	HCPCS	QTY	SERVICE DESCRIPTION
						CHARGES
11415	14B794	0712	902538		1	METOCLOPRA TAB 5MG 40.00
11415	14B794	0712	900960		1	HUMALOG INSULIN 80.00
11415	14B794	0712	902801		1	PANTOPRAZOLE POWDR PKT 52.00
11415	14B900	0712	902292		1	LACTOBACI-ACID CAP 40.00
11415	14B900	0712	902233		1	INSULIN DETEMIR 80.00
11415	14B900	0712	901931		1	FLUCONAZOLE 100 MG TAB 142.00
11415	14B900	0712	901774		1	DOCUSATE SOD. 100MG 7.00
11415	14B900	0712	900960		1	HUMALOG INSULIN 80.00
11415	14B900	0712	901446		1	CIPROFLOXACI 250MG 57.00
11415	14B900	0712	900696		1	COREG 3.125MG TAB 40.00
						SUBTOTAL: 20528.00
270-MED/SURG SUPPLIES						
11615	16B584	0718	491567		1	DIALYSATE 139NA 3K 2.5 113.00
11815	18B028	0718	491566		1	DIALYSATE 139NA 2K 2CA 113.00
11815	18B028	0718	425218		1	IV SET BASIC W/LL CANN 62.00
12115	21B874	0718	425218		1	IV SET BASIC W/LL CANN 62.00
12115	21B840	0718	491567		2	DIALYSATE 139NA 3K 2.5 226.00
12115	21B840	0718	425218		1	IV SET BASIC W/LL CANN 62.00
12315	23B327	0718	424444		1	IV SET 30 SECONDARY 26.00
12415	24B445	0718	491565		1	DIALYSATE 139NA 2K 2.5 113.00
12415	24B445	0718	425218		1	IV SET BASIC W/LL CANN 62.00
12615	26B040	0718	491565		1	DIALYSATE 139NA 2K 2.5 113.00
12615	26B040	0718	425218		1	IV SET BASIC W/LL CANN 62.00
12715	27B519	0718	424444		1	IV SET 30 SECONDARY 26.00
12715	31B289	0718	482136	C1769	2	KIT ANCHOR SUTURE 2668.00
12815	28B601	0718	425218		1	IV SET BASIC W/LL CANN 62.00
12815	28B601	0718	491565		1	DIALYSATE 139NA 2K 2.5 113.00
12815	28B662	0718	425020		1	VLV LPEZ ENTRL ADLT 53.00
13115	31B181	0718	491566		1	DIALYSATE 139NA 2K 2CA 113.00
13115	31B181	0718	425218		1	IV SET BASIC W/LL CANN 62.00
140115	01B751	0718	424444		1	IV SET 30 SECONDARY 26.00
140215	02B046	0718	425020		2	VLV LPEZ ENTRL ADLT 106.00
140215	02B966	0718	425218		1	IV SET BASIC W/LL CANN 62.00
140215	02B966	0718	491565		1	DIALYSATE 139NA 2K 2.5 113.00
140415	04B396	0718	425218		1	IV SET BASIC W/LL CANN 62.00
140415	04B396	0718	491565		3	DIALYSATE 139NA 2K 2.5 339.00
140715	07B111	0718	425218		1	IV SET BASIC W/LL CANN 62.00
140715	07B111	0718	491565		1	DIALYSATE 139NA 2K 2.5 113.00
140915	09B593	0718	491565		1	DIALYSATE 139NA 2K 2.5 113.00

NSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

TIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 16	000062
D REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
ARANTOR NO:					
TIENT:		CHARLESTON	SC 294069104	ADMITTED	DISCHARGED
ANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
10915	09B593	0718	425218		1	IV SET BASIC W/LL CANN	62.00
11115	11B145	0718	491565		1	DIALYSATE 139NA 2K 2.5	113.00
11415	14B793	0718	491566		1	DIALYSATE 139NA 2K 2CA	113.00
						SUBTOTAL:	5395.00
272-STERILE SUPPLIES							
11315	17B894	0718	472872		1	CATH IV SFTY 18GAX1 1/	42.00
11315	17B894	0718	424292		1	DRSG TEGADERM 2X3	16.00
11315	17B894	0718	424438		1	SET XTN .3ML 6IN IV ND	54.00
11315	17B894	0718	424434		1	SET PRIM 3 PORT	140.00
11615	16B584	0718	481781		1	DIALYZER-EXELTRA 190	464.00
11615	16B584	0718	485030		1	SET INTERGR DIAL APD	666.00
11815	18B028	0718	481781		1	DIALYZER-EXELTRA 190	464.00
11815	18B028	0718	485030		1	SET INTERGR DIAL APD	666.00
12115	21B840	0718	481781		1	DIALYZER-EXELTRA 190	464.00
12115	21B840	0718	485030		1	SET INTERGR DIAL APD	666.00
12315	23B323	0718	424028		1	DRSNG GERMCDL 1X4 NTMC	172.00
12315	23B323	0718	927541	C1751	1	CATH MDLN PWRGLD 18GA	1416.00
12315	23B323	0718	496100	C1751	1	CATH MDLNE 20GA 10CM	1798.00
12415	24B445	0718	481781		1	DIALYZER-EXELTRA 190	464.00
12415	24B445	0718	485030		1	SET INTERGR DIAL APD	666.00
12615	26B040	0718	481781		1	DIALYZER-EXELTRA 190	464.00
12615	26B040	0718	485030		1	SET INTERGR DIAL APD	666.00
12615	31B286	0718	481185		1	CAUTERY ELECTRO PENCIL	177.00
12715	27B519	0718	424434		1	SET PRIM 3 PORT	140.00
12715	31B289	0718	490866		1	KIT PEG 24FR SIL PUL	1816.00
12715	31B289	0718	424128	C1769	1	GWIRE VASC180CM 6CM	1218.00
12715	31B289	0718	482891	C1894	1	INTRODUCER CATH 70CM 6	1364.00
12815	28B601	0718	481781		1	DIALYZER-EXELTRA 190	464.00
12815	28B601	0718	424432		1	KIT ADM 15 GTT 126IN N	162.00
12815	28B662	0718	499802		1	PUMP FEEDING SET	114.00
12815	28B662	0718	499801		1	TUBING FEEDING 1L PMP	132.00
133015	30B070	0718	499802		1	PUMP FEEDING SET	114.00
133015	30B070	0718	482011		1	CVP DSG TRAY/CHLOR	89.00
133015	30B070	0718	424028		1	DRSNG GERMCDL 1X4 NTMC	172.00
133115	31B356	0718	424434		1	SET PRIM 3 PORT	140.00
133115	31B181	0718	481781		1	DIALYZER-EXELTRA 190	464.00
133115	31B181	0718	485030		1	SET INTERGR DIAL APD	666.00
140115	01B751	0718	424434		1	SET PRIM 3 PORT	140.00
140215	02B046	0718	499801		1	TUBING FEEDING 1L PMP	132.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 17	00062
AD REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PATIENT NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
10215	02B966	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10215	02B966	0718	424432		1	KIT ADM 15 GTT 126IN N	162.00
10415	04B396	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10415	04B396	0718	481328		1	TUBING BLOOD READY SET	450.00
10715	07B111	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10715	07B111	0718	424432		1	KIT ADM 15 GTT 126IN N	162.00
10815	09B765	0718	499801		1	TUBING FEEDING 1L PMP	132.00
10915	09B593	0718	481781		1	DIALYZER-EXELTRA 190	464.00
10915	09B593	0718	485030		1	SET INTERGR DIAL APD	666.00
10915	10B044	0718	499801		1	TUBING FEEDING 1L PMP	132.00
11015	10B044	0718	499802		1	PUMP FEEDING SET	114.00
11015	11B217	0718	472870		2	CATH SFTY IV 22GX1	84.00
11015	11B217	0718	424438		1	SET XTN .3ML 6IN IV ND	54.00
11115	11B145	0718	481781		1	DIALYZER-EXELTRA 190	464.00
11115	11B145	0718	485030		1	SET INTERGR DIAL APD	666.00
11115	12B365	0718	499802		1	PUMP FEEDING SET	114.00
11215	12B365	0718	499802		1	PUMP FEEDING SET	114.00
11415	14B793	0718	481781		1	DIALYZER-EXELTRA 190	464.00
11415	14B793	0718	485030		1	SET INTERGR DIAL APD	666.00
SUBTOTAL:							23092.00

301-LAB CHEMISTRY

31315	13B984	0791 F	414779	80053	1	COMP METABOLIC PANEL	850.00
31315	13B984	0791 F	415351	83605	1	LACTIC ACID	334.00
31315	13B984	0791 F	415631	84484	1	TROPONIN QUANT	819.00
31515	15B234	0791 F	414777	80048	1	BMP TOTAL CALCIUM	488.00-
31515	15B265	0736	415140	82607	1	VITAMIN B12	349.00-
31515	15B265	0736	415180	82746	1	FOLATE (FOLIC ACID) SE	341.00-
31515	15B265	0736	415176	82728	1	FERRITIN	342.00-
31515	15B256	0791 F	415345	83540	1	IRON	386.00
31515	15B256	0791 F	415624	84466	1	TRANSFERRIN	193.00
31515	15B256	0736	415140	82607	1	VITAMIN B12	349.00
31515	15B256	0736	415180	82746	1	FOLATE (FOLIC ACID) SE	341.00
31515	15B256	0736	415176	82728	1	FERRITIN	342.00
31515	15B224	0791 F	414777	80048	1	BMP TOTAL CALCIUM	488.00
31515	15B224	0791 F	414777	80048	1	BMP TOTAL CALCIUM	488.00
31615	16B403	0736	414777	80048	1	BMP TOTAL CALCIUM	488.00
31615	16B403	0736	415523	84100	1	PHOSPHORUS BLD	71.00
31615	16B499	0736	415353	83615	1	LDH (LD)	100.00
31715	17B808	0736	414777	80048	1	BMP TOTAL CALCIUM	488.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 18	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN AMN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
31715	17B808	0736	415523	84100	1 PHOSPHORUS BLD	71.00
31715	17B808	0736	414769	83735	1 MAGNESIUM BLD	341.00
31715	17B889	0736	415543	84155	1 TOTAL PROTEIN BLD	71.00
31715	17B889	0736	415547	84165	1 PROTEIN ELECTRO SER	99.00
31715	17B889	0736	415547	84165	1 PROTEIN ELECTRO SER	99.00
31715	17B889	0736	415152	82652	1 VITAMIN D 1-25 W/VO FR	269.00
31815	18B190	0736	415533	84134	1 PREALBUMIN	193.00
31815	18B024	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
31815	18B024	0736	415523	84100	1 PHOSPHORUS BLD	71.00
31915	19B306	0736	415506	83970	1 PTH INTACT	161.00
31915	19B306	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
32115	21B902	0736	415506	83970	1 PTH INTACT	161.00
32115	21B831	0736	414839	80202	1 VANCOMYCIN QUANT	536.00
32115	21B831	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
32115	21B831	0736	415523	84100	1 PHOSPHORUS BLD	71.00
32115	21B831	0736	414769	83735	1 MAGNESIUM BLD	341.00
32215	22B979	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
32215	22B979	0736	415523	84100	1 PHOSPHORUS BLD	71.00
32215	22B979	0736	414769	83735	1 MAGNESIUM BLD	341.00
32315	23B145	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
32315	23B145	0736	415523	84100	1 PHOSPHORUS BLD	71.00
32315	23B145	0736	414769	83735	1 MAGNESIUM BLD	341.00
32415	24B442	0736	415244	83036	1 HEMOGLOBIN A1C	422.00
32515	25B755	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00-
32515	25B755	0736	415523	84100	1 PHOSPHORUS BLD	71.00-
32515	25B755	0736	414769	83735	1 MAGNESIUM BLD	341.00-
32515	25B743	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
32515	25B743	0736	415523	84100	1 PHOSPHORUS BLD	71.00
32515	25B743	0736	414769	83735	1 MAGNESIUM BLD	341.00
32615	26B148	0736	415531	84132	1 POTASSIUM BLD	71.00-
32615	26B037	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
32615	26B037	0736	415523	84100	1 PHOSPHORUS BLD	71.00
32615	26B037	0736	414769	83735	1 MAGNESIUM BLD	341.00
32615	26B136	0736	415531	84132	1 POTASSIUM BLD	71.00
32815	28B593	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
33015	30B891	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
33115	31B178	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
33115	31B178	0736	415523	84100	1 PHOSPHORUS BLD	71.00
33115	31B178	0736	414769	83735	1 MAGNESIUM BLD	341.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 19	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATTIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN AMN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40115	01B567	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00-
40115	01B567	0736	414769	83735	1 MAGNESIUM BLD	341.00-
40115	01B568	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00-
40115	01B568	0736	414769	83735	1 MAGNESIUM BLD	341.00-
40115	01B668	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40115	01B668	0736	414769	83735	1 MAGNESIUM BLD	341.00
40115	01B745	0736	414783	80076	1 HEPATIC FUNCTION PANEL	427.00
40115	01B745	0736	414969	82150	1 AMYLASE BLD	516.00
40115	01B745	0736	415363	83690	1 LIPASE	215.00
40115	01B557	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40115	01B557	0736	414769	83735	1 MAGNESIUM BLD	341.00
40115	01B550	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40115	01B550	0736	414769	83735	1 MAGNESIUM BLD	341.00
40215	02B866	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40215	02B963	0736	415523	84100	1 PHOSPHORUS BLD	71.00
40215	02B963	0736	414769	83735	1 MAGNESIUM BLD	341.00
40315	03B154	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40315	03B154	0736	415523	84100	1 PHOSPHORUS BLD	71.00
40315	03B154	0736	414769	83735	1 MAGNESIUM BLD	341.00
40415	04B389	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40615	06B697	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40715	07B108	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40715	07B108	0736	414769	83735	1 MAGNESIUM BLD	341.00
40815	08B296	0736	414769	83735	1 MAGNESIUM BLD	341.00
40815	08B296	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40915	09B590	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
40915	09B590	0736	414769	83735	1 MAGNESIUM BLD	341.00
40915	09B590	0736	415523	84100	1 PHOSPHORUS BLD	71.00
41015	10B968	0736	415625	84478	1 TRIGLYCERIDES	71.00
41115	11B143	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
41215	12B291	0736	415523	84100	1 PHOSPHORUS BLD	71.00
41415	14B790	0736	414777	80048	1 BMP TOTAL CALCIUM	488.00
SUBTOTAL:						21602.00
302-LAB IMMUNOLOGY						
31315	13B993	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00-
31315	13B993	0791 F	421722	86900	1 ABO TYPE	222.00-
31315	13B993	0791 F	421721	86901	1 RH TYPE	222.00-
31315	13B993	0791 F	421725	86850	1 ANTIBODY SCREEN EA	502.00-
31315	13B993	0791 F	421722	86900	1 ABO TYPE	222.00-

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 20	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
31315	13B993	0791 F	421721	86901	1	RH TYPE	222.00-
31315	13B017	0791 F	421720	86920	1	CROSSMATCH IMM SPIN	758.00
31315	13B017	0791 F	421720	86920	1	CROSSMATCH IMM SPIN	758.00
31315	13B984	0791 F	421725	86850	1	ANTIBODY SCREEN EA	502.00
31315	13B984	0791 F	421722	86900	1	ABO TYPE	222.00
31315	13B984	0791 F	421721	86901	1	RH TYPE	222.00
31315	13B984	0791 F	421725	86850	1	ANTIBODY SCREEN EA	502.00
31315	13B984	0791 F	421722	86900	1	ABO TYPE	222.00
31315	13B984	0791 F	421721	86901	1	RH TYPE	222.00
31315	13B984	0791 F	421725	86850	1	ANTIBODY SCREEN EA	502.00
31315	13B984	0791 F	421722	86900	1	ABO TYPE	222.00
31315	13B984	0791 F	421721	86901	1	RH TYPE	222.00
31615	16B499	0736	415800	86141	1	C-REACTIVE PROTEIN HS	93.00
31915	20B575	0736	421725	86850	1	ANTIBODY SCREEN EA	502.00
31915	20B575	0736	421722	86900	1	ABO TYPE	222.00
31915	20B575	0736	421721	86901	1	RH TYPE	222.00
31915	20B575	0736	421720	86920	1	CROSSMATCH IMM SPIN	758.00
31915	20B575	0736	421720	86920	1	CROSSMATCH IMM SPIN	758.00
340115	01B668	0736	421725	86850	1	ANTIBODY SCREEN EA	502.00
340115	01B668	0736	421722	86900	1	ABO TYPE	222.00
340115	01B668	0736	421721	86901	1	RH TYPE	222.00
340115	01B668	0736	421720	86920	1	CROSSMATCH IMM SPIN	758.00
340115	01B669	0736	421720	86920	1	CROSSMATCH IMM SPIN	758.00
SUBTOTAL:							7479.00

305-LAB HEMATOLOGY

31315	13B984	0791 F	415676	85027	1	CBC	297.00
31515	15B256	0791 F	415681	85046	1	RETIC AUTO CHR DM	342.00
31515	15B224	0791 F	415676	85027	1	CBC	297.00
31615	16B403	0736	415676	85027	1	CBC	297.00
31615	16B499	0736	415748	85651	1	SED RATE WESTERGREN	269.00
31715	17B808	0736	415676	85027	1	CBC	297.00
31815	18B024	0736	415676	85027	1	CBC	297.00
31915	19B306	0736	415676	85027	1	CBC	297.00
32115	21B831	0736	415676	85027	1	CBC	297.00
32215	22B979	0736	415676	85027	1	CBC	297.00
32315	23B145	0736	415676	85027	1	CBC	297.00
32415	24B442	0736	415676	85027	1	CBC	297.00
32515	25B743	0736	415676	85027	1	CBC	297.00
32615	26B037	0736	415676	85027	1	CBC	297.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 21	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PATIENT NO:					
PATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGED
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
02715	27B327	0736	415676	85027	1	CBC	297.00
02815	28B593	0736	415676	85027	1	CBC	297.00
02915	29B732	0736	415676	85027	1	CBC	297.00
03015	30B891	0736	415676	85027	1	CBC	297.00
03115	31B178	0736	415676	85027	1	CBC	297.00
040115	01B558	0736	415674	85018	1	HEMOGLOBIN	157.00
040115	01B786	0736	415742	85610	1	PROTIME	341.00
040115	01B745	0736	415674	85018	1	HEMOGLOBIN	157.00
040115	01B550	0736	415676	85027	1	CBC	297.00
040215	02B866	0736	415676	85027	1	CBC	297.00
040315	03B154	0736	415676	85027	1	CBC	297.00
040415	04B389	0736	415676	85027	1	CBC	297.00
040615	06B912	0736	415668	85007	1	MANUAL DIFFERENTIAL	173.00
040615	06B697	0736	415676	85027	1	CBC	297.00
040715	07B108	0736	415676	85027	1	CBC	297.00
040815	08B296	0736	415676	85027	1	CBC	297.00
040915	09B590	0736	415676	85027	1	CBC	297.00
041015	10B968	0736	415676	85027	1	CBC	297.00
041115	11B143	0736	415676	85027	1	CBC	297.00
041215	12B291	0736	415676	85027	1	CBC	297.00
041415	14B790	0736	415676	85027	1	CBC	297.00
SUBTOTAL:							10052.00
306-LAB BACT-MICRO							
031315	13B984	0736	415446	87040	1	CULTURE BLOOD	643.00
031315	13B984	0736	415446	87040	1	CULTURE BLOOD	643.00
033115	31B272	0736	416188	87324	1	C DIFFICILE TOXIN AG E	694.00
033115	31B271	0736	415446	87040	1	CULTURE BLOOD	643.00
040115	01B544	0736	415446	87040	1	CULTURE BLOOD	643.00
040615	06B912	0736	416135	87205	1	GRAM STAIN PRIMARY SRC	321.00
040615	06B912	0736	415452	87070	1	CULTURE BODY FLUID	554.00
040615	06B874	0736	416135	87205	1	GRAM STAIN PRIMARY SRC	321.00
040615	06B874	0736	416085	87070	1	CULTURE WOUND	554.00
040615	06B799	0736	416188	87324	1	C DIFFICILE TOXIN AG E	694.00
040615	06B394	0736	416089	87077	1	AEROBIC ORG ID	282.00
040615	06B394	0736	416129	87186	1	SUSC MIC	282.00
SUBTOTAL:							6274.00
309-LAB/OTHER							
040615	06B912	0736	416307	89051	1	CELL CT&DIFF BODY FL	466.00
SUBTOTAL:							466.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 22	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

ATE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT	S	PROC	HCPCS	QTY SERVICE DESCRIPTION CHARGES
324-DX XRAY/CHEST						
31315	13B992	0721	F	413674	71010	1 XR CHEST 1 V 539.00
32415	24B545	0728		413674	71010	1 XR CHEST 1 V 539.00
32615	26B223	0728		413674	71010	1 XR CHEST 1 V 539.00
33115	31B282	0728		413674	71010	1 XR CHEST 1 V 539.00
						SUBTOTAL: 2156.00
352-CT SCAN BODY						
33115	31B360	0726		422916	74177	1 CT ABD&PELVIS W/CONT 6662.00
40815	08B474	0726		422916	74177	1 CT ABD&PELVIS W/CONT 6662.00
						SUBTOTAL: 13724.00
360-OR SERVICES						
032615	31B286	0701		412765		1 OR LEVEL 1 FIRST 30 MI 2344.00
032615	31B286	0701		412766		2 OR LEVEL 1 ADDL 15 MIN 702.00
						SUBTOTAL: 3046.00
361-MINOR SURGERY PROC						
032715	27B523	0727		413543		1 INS GASTRO TUBE PERC 432.00
						SUBTOTAL: 432.00
370-HOSP ANES EQUIP & SUPPLY						
032615	31B286	0722		412915		1 ANESTHESIA FIRST 60 MI 1263.00
						SUBTOTAL: 1263.00
390-BLOOD STORAGE&PROCESSING						
032015	20B677	0758		417987	P9016	1 PRBC LR 630.00
032015	20B748	0758		417987	P9016	1 PRBC LR 630.00
040115	01B669	0758		417987	P9016	1 PRBC LR 630.00
040215	02B867	0758		417987	P9016	1 PRBC LR 630.00
						SUBTOTAL: 2520.00
402-ULTRASOUND						
040115	01B755	0729		414068	76705	1 US ABDOMEN LTD 1008.00
						SUBTOTAL: 1008.00
420-PHYSICAL THERAPY						
032815	28B661	0762		418084	97110GP	1 THER EXERCISES 15 MIN 183.00
						SUBTOTAL: 183.00
421-VISIT CHARGE						
032315	23B324	0762		418092	97530GP	1 THER ACTIV DIR 15 MIN 205.00
033015	30B992	0762		418092	97530GP	1 THER ACTIV DIR 15 MIN 205.00
033115	31B354	0762		418092	97530GP	2 THER ACTIV DIR 15 MIN 410.00
040615	06B801	0762		418092	97530GP	1 THER ACTIV DIR 15 MIN 205.00
						SUBTOTAL: 1025.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 23	00062
CD REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PATANTOR NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
424-PHYS THERAPY EVAL						
02315	23B324	0762	422557	97001GP	1 EVALUATION PT 1	196.00
03015	30B992	0762	418071	97002GP	1 RE-EVALUATION PT	172.00
040615	06B801	0762	422562	97002GP	1 RE-EVALUATION PT 2	220.00
SUBTOTAL:						588.00
430-OCCUPATION THERAPY						
03015	30B067	0766	418370	97530GO	1 THER ACTIV DIR 15 MIN	190.00
SUBTOTAL:						190.00
434-OCCUP THERAPY EVAL						
03015	30B067	0766	422581	97003GO	1 EVALUATION OT 1	196.00
040915	09B763	0766	422585	97004GO	1 RE-EVALUATION OT 1	184.00
SUBTOTAL:						380.00
440-SPEECH PATHOLOGY						
032015	20B680	0759	418032	92610GN	1 EVAL ORAL/PHARYNG SWL	652.00
032315	23B324	0759	422617	92526GN	1 DYSPHAGIA TX BRIEF	180.00
SUBTOTAL:						832.00
450-EMERGENCY ROOM						
031315	17B894	0780	418663	99285	1 EMER DEPT LEVEL 5	2264.00
031315	17B894	0780	418650	96374	1 IVP SINGLE/INITIAL DRU	229.00
031315	17B894	0780	418651	96375	1 IVP EA ADD SEQ NEW DRU	229.00
SUBTOTAL:						2722.00
611-MRI-BRAIN						
032315	23B331	0734	414620	70551	1 MRI BRAIN W/O CONTRAST	5825.00
SUBTOTAL:						5825.00
612-MRI-SPINE						
031615	16B591	0734	421816	72195	1 MRI PELVIS W/O CONT	3341.00
SUBTOTAL:						3341.00
636-DRUGS/DETAIL CODE						
031315	13B991	0714 F	425362	J3370	1 VANCOMYCIN 1 G BAG	164.00
031315	13B990	0714 F	900764	J2543	1 PIP SOD/TAZ 4.5 G VL	246.00
031415	14B114	0714 F	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
031515	15B262	0714 F	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
031515	15B296	0714 F	902043	J1610	1 GLUCAGON 1 MG INJ	912.00
031515	15B221	0714 F	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
031615	16B620	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
031615	16B508	0712	902043	J1610	1 GLUCAGON 1 MG INJ	912.00
031615	16B408	0712	902043	J1610	1 GLUCAGON 1 MG INJ	912.00
031615	16B584	0716	903701	J7030	2 NS 1000 ML	404.00
031615	16B588	0716	903701	J7030	1 NS 1000 ML	202.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 24	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
31615	16B588	0716	903701	J7030	1 NS 1000 ML	202.00
31615	16B588	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
31615	16B589	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
31615	17B701	0712	900762	J2543	1 PIP SOD/TAZ 3.375 G VL	195.00
31715	17B933	0712	900762	J2543	1 PIP SOD/TAZ 3.375 G VL	195.00
31715	17B716	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31715	17B716	0712	900762	J2543	1 PIP SOD/TAZ 3.375 G VL	195.00
31815	18B028	0716	903701	J7030	2 NS 1000 ML	404.00
31815	18B021	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31815	18B127	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
31815	18B029	0716	903701	J7030	1 NS 1000 ML	202.00
31815	18B029	0716	903701	J7030	1 NS 1000 ML	202.00
31815	18B234	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31815	18B029	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
31815	18B029	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
31815	18B128	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B404	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
31915	19B309	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B309	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
31915	19B479	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B405	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
31915	19B404	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
31915	19B402	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
31915	19B402	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
32015	20B592	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32015	20B579	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32015	20B788	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32015	20B758	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
32015	20B682	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32015	20B757	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32115	21B840	0716	903701	J7030	2 NS 1000 ML	404.00
32115	21B877	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
32115	21B835	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32115	21B841	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
32115	21B841	0716	903701	J7030	1 NS 1000 ML	202.00
32115	21B841	0716	903701	J7030	1 NS 1000 ML	202.00
32115	21B909	0712	900633	J2270	1 MORPHINE SULF 2MG INJ	178.00
32115	21B841	0712	905036	J3370	1 VANCOMYCIN 500 MG BAG	421.00
32115	21B835	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 25	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PAYOR NO:					
PATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
32115	21B877	0712	900633	J2270	1	MORPHINE SULF 2MG INJ	178.00
32215	22B078	0712	900633	J2270	1	MORPHINE SULF 2MG INJ	178.00
32215	22B049	0712	900633	J2270	1	MORPHINE SULF 2MG INJ	178.00
32215	22B015	0712	901275	J3475	3	MAG SULFATE 1G/2ML VL	492.00
32215	22B976	0712	902198	J2185	1	MEROPENEM 500 MG INJ	411.00
32315	23B143	0712	900633	J2270	1	MORPHINE SULF 2MG INJ	178.00
32315	23B364	0712	902119	J1644	1	HEPARIN 5000 U INJ	164.00
32315	23B148	0712	902198	J2185	1	MEROPENEM 500 MG INJ	411.00
32315	23B329	0712	901848	J0885	20	EPOTN ALFA 1000 U NESR	2940.00
32415	24B445	0716	903701	J7030	2	NS 1000 ML	404.00
32415	24B656	0712	902119	J1644	1	HEPARIN 5000 U INJ	164.00
32415	24B540	0712	902117	J1644	1	HEPARIN 10000 U INJ	164.00
32415	24B439	0712	902198	J2185	1	MEROPENEM 500 MG INJ	411.00
32415	24B446	0712	903505	J3370	1	VANCOMYCIN 750 MG VL	164.00
32415	24B446	0716	903701	J7030	1	NS 1000 ML	202.00
32415	24B446	0716	903701	J7030	1	NS 1000 ML	202.00
32415	24B541	0712	902119	J1644	1	HEPARIN 5000 U INJ	164.00
32515	25B741	0712	902198	J2185	1	MEROPENEM 500 MG INJ	411.00
32515	25B850	0712	902119	J1644	1	HEPARIN 5000 U INJ	164.00
32515	25B922	0712	901848	J0885	20	EPOTN ALFA 1000 U NESR	2940.00
32515	26B027	0712	902119	J1644	1	HEPARIN 5000 U INJ	164.00
32615	26B040	0716	903701	J7030	2	NS 1000 ML	404.00
32615	26B145	0712	902166	J1170	1	HYDROMORPH UP TO 4 MG	138.00
32615	26B042	0716	903701	J7030	1	NS 1000 ML	202.00
32615	26B042	0716	903701	J7030	1	NS 1000 ML	202.00
32615	26B042	0712	903505	J3370	1	VANCOMYCIN 750 MG VL	164.00
32615	26B144	0712	902119	J1644	4	HEPARIN 5000 U INJ	656.00
32615	26B142	0712	902117	J1644	1	HEPARIN 10000 U INJ	164.00
32615	26B145	0712	902119	J1644	1	HEPARIN 5000 U INJ	164.00
32615	26B034	0712	902198	J2185	1	MEROPENEM 500 MG INJ	411.00
32615	31B286	0712	901903	J3010	1	FENTANYL CIT 0.1 MG IN	178.00
32615	31B286	0712	902845	J2370	1	PHENYLEPHN 1 ML INJ	164.00
32615	31B286	0712	903478	J2405	1	ONDANSETRON 4 MG VL	164.00
32615	31B286	0712	906125	J2704	1	PROPOFOL 200 MG INJ	83.00
32715	27B332	0712	902198	J2185	1	MEROPENEM 500 MG INJ	411.00
32715	27B522	0712	901903	J3010	1	FENTANYL CIT 0.1 MG IN	178.00
32715	27B522	0712	903404	J2250	1	MIDAZOLAM 2 MG INJ	178.00
32715	27B522	0712	901375	J0690	1	CEFAZOLIN 1 G VL	164.00
32715	27B522	0712	902043	J1610	1	GLUCAGON 1 MG INJ	912.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 26	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATTIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32715	27B557	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32715	27B324	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32715	31B289	0712	900740	Q9966	1 LOCM 200 TO 299/ 50 ML	552.00
32815	28B601	0716	903701	J7030	1 NS 1000 ML	202.00
32815	28B591	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
32815	28B636	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32815	28B602	0716	903701	J7030	1 NS 1000 ML	202.00
32815	28B602	0716	903701	J7030	1 NS 1000 ML	202.00
32815	28B602	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
32815	28B602	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
32815	29B723	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32915	29B736	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
32915	29B830	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
32915	29B802	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33015	30B900	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
33015	30B073	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
33015	30B994	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33015	30B106	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33115	31B182	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
33115	31B181	0716	903701	J7030	2 NS 1000 ML	404.00
33115	31B280	0712	901277	J3475	1 MAG SULFATE 2G BAG	421.00
33115	31B280	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
33115	31B182	0716	903701	J7030	1 NS 1000 ML	202.00
33115	31B182	0716	903701	J7030	1 NS 1000 ML	202.00
33115	31B278	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
33115	31B278	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
33115	31B357	0712	900737	Q9967	140 LOCM 300 TO 399 PER ML	1120.00
340115	01B753	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
340115	01B753	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
340115	01B753	0712	902802	C9113	1 PANTOPRAZOLE SODIUM VI	164.00
340115	01B789	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340115	01B561	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
340115	01B753	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340115	01B753	0716	903701	J7030	1 NS 1000 ML	202.00
340115	01B784	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340115	01B547	0712	902119	J1644	1 HEPARIN 5000 U INJ	164.00
340115	02B857	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
340115	02B857	0712	902421	J3480	1 POTASS CL 10MEQ BAG	421.00
340215	02B870	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PATIENT NO: 47834426 TRIDENT MEDICAL CENTER BILLING DATE PAGE 27 00062
 ID REC NO: 663462 9330 MEDICAL PLAZA DR 04/18/15
 PATIENT NO: CHARLESTON SC 294069104 ADMITTED DISCHARGED
 PATIENT: 03/13/15 04/14/15
 ANDIN AMM M

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40215	02B870	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
40215	02B870	0716	903701	J7030	1 NS 1000 ML	202.00
40215	02B870	0716	903701	J7030	1 NS 1000 ML	202.00
40215	02B966	0716	903701	J7030	1 NS 1000 ML	202.00
40215	02B048	0712	902802	C9113	1 PANTOPRAZOLE SODIUM VI	164.00
40215	02B863	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
40215	02B863	0712	902802	C9113	1 PANTOPRAZOLE SODIUM VI	164.00
40215	02B048	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
40215	02B863	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40215	02B970	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
40215	03B145	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
40315	03B157	0712	902802	C9113	1 PANTOPRAZOLE SODIUM VI	164.00
40315	03B157	0712	902536	J2765	1 METOCLOPRAMIDE 10 MG I	164.00
40315	03B157	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40315	03B318	0712	902802	C9113	1 PANTOPRAZOLE SODIUM VI	164.00
40315	03B318	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
40415	04B396	0716	903701	J7030	2 NS 1000 ML	404.00
40415	04B392	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40415	04B397	0716	903701	J7030	1 NS 1000 ML	202.00
40415	04B397	0716	903701	J7030	1 NS 1000 ML	202.00
40415	04B433	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
40415	04B433	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
40515	05B535	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40615	06B695	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40615	06B915	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
40715	07B111	0716	903701	J7030	1 NS 1000 ML	202.00
40715	07B222	0712	901277	J3475	1 MAG SULFATE 2G BAG	421.00
40715	07B115	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
40715	07B115	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
40715	07B113	0716	903701	J7030	1 NS 1000 ML	202.00
40715	07B113	0716	903701	J7030	1 NS 1000 ML	202.00
40715	07B007	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40815	08B473	0712	900737	Q9967	139 LOCM 300 TO 399 PER ML	1112.00
40815	08B403	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
40815	08B294	0712	902198	J2185	1 MEROPENEM 500 MG INJ	411.00
40815	08B473	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
40815	08B300	0712	900915	J2997	2 ALTEPLASE RECOMB 2 MG	2124.00
40915	09B593	0716	903701	J7030	2 NS 1000 ML	404.00
40915	09B690	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 28	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
GUARANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN AMN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40915	09B594	0712	903505	J3370	1 VANCOMYCIN 750 MG VL	164.00
40915	09B594	0716	903701	J7030	1 NS 1000 ML	202.00
40915	09B594	0716	903701	J7030	1 NS 1000 ML	202.00
41015	10B046	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
41115	11B145	0716	903701	J7030	2 NS 1000 ML	404.00
41115	11B185	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
41115	11B146	0716	903701	J7030	1 NS 1000 ML	202.00
41115	11B146	0716	903701	J7030	1 NS 1000 ML	202.00
41315	13B668	0712	901848	J0885	20 EPOTN ALFA 1000 U NESR	2940.00
41415	14B898	0712	902117	J1644	1 HEPARIN 10000 U INJ	164.00
41415	14B793	0716	903701	J7030	2 NS 1000 ML	404.00
41415	14B794	0716	903701	J7030	1 NS 1000 ML	202.00
41415	14B794	0716	903701	J7030	1 NS 1000 ML	202.00
SUBTOTAL:						80849.00
710-RECOVERY						
032615	31B286	0704	412803		1 PACU FIRST 60 MIN	1516.00
032615	31B286	0704	412804		1 PACU ADDL 30 MIN	559.00
SUBTOTAL:						2075.00
730-EKG/ECG						
031315	14B062	0745 F	417392	93005	1 EKG TRACING ONLY	461.00
SUBTOTAL:						461.00
801-DIALY/INPT						
031615	16B584	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
031815	18B028	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032115	21B840	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032415	24B445	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032615	26B040	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
032815	28B601	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
033115	31B181	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040215	02B966	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040415	04B396	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040715	07B111	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
040915	09B593	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
041115	11B145	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
041415	14B793	0749	423194	90935	1 HEMODIALYSIS SGL PHY E	1653.00
SUBTOTAL:						21489.00
899-OTHER						
031315	14B061	0728	444440		1 EXAM NO CHARGE	.00
031315	14B061	0728	444440		1 EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 29	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATTIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGED
JANDIN ANN M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
31415	14B074	0728	444440		1 EXAM NO CHARGE	.00
31415	14B061	0728	444440		1 EXAM NO CHARGE	.00
31415	14B074	0728	444440		1 EXAM NO CHARGE	.00
31415	14B107	0728	444440		1 EXAM NO CHARGE	.00
31415	15B256	0728	444440		1 EXAM NO CHARGE	.00
31415	15B211	0728	444440		1 EXAM NO CHARGE	.00
31515	15B320	0728	444440		1 EXAM NO CHARGE	.00
31515	15B256	0728	444440		1 EXAM NO CHARGE	.00
31515	15B256	0728	444440		1 EXAM NO CHARGE	.00
31515	15B256	0728	444440		1 EXAM NO CHARGE	.00
31515	15B289	0728	444440		1 EXAM NO CHARGE	.00
31515	15B224	0728	444440		1 EXAM NO CHARGE	.00
31515	15B218	0728	444440		1 EXAM NO CHARGE	.00
31615	16B404	0728	444440		1 EXAM NO CHARGE	.00
31615	16B500	0728	444440		1 EXAM NO CHARGE	.00
31615	16B579	0728	444440		1 EXAM NO CHARGE	.00
31715	17B712	0728	444440		1 EXAM NO CHARGE	.00
31715	17B714	0728	444440		1 EXAM NO CHARGE	.00
31715	17B925	0728	444440		1 EXAM NO CHARGE	.00
31715	17B697	0728	444440		1 EXAM NO CHARGE	.00
31715	17B808	0728	444440		1 EXAM NO CHARGE	.00
31715	17B809	0728	444440		1 EXAM NO CHARGE	.00
31715	17B893	0728	444440		1 EXAM NO CHARGE	.00
31715	18B011	0728	444440		1 EXAM NO CHARGE	.00
31815	18B230	0728	444440		1 EXAM NO CHARGE	.00
31815	18B230	0728	444440		1 EXAM NO CHARGE	.00
31815	18B120	0728	444440		1 EXAM NO CHARGE	.00
31815	18B011	0728	444440		1 EXAM NO CHARGE	.00
31915	19B509	0728	444440		1 EXAM NO CHARGE	.00
31915	19B401	0728	444440		1 EXAM NO CHARGE	.00
31915	19B503	0728	444440		1 EXAM NO CHARGE	.00
31915	19B312	0728	444440		1 EXAM NO CHARGE	.00
31915	19B398	0728	444440		1 EXAM NO CHARGE	.00
32015	20B590	0728	444440		1 EXAM NO CHARGE	.00
32015	20B677	0728	444440		1 EXAM NO CHARGE	.00
32015	20B749	0728	444440		1 EXAM NO CHARGE	.00
32015	20B588	0728	444440		1 EXAM NO CHARGE	.00
32015	21B824	0728	444440		1 EXAM NO CHARGE	.00
32115	21B929	0728	444440		1 EXAM NO CHARGE	.00
32115	21B902	0728	444440		1 EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 30	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATTIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGE
LANDIN ANN M				03/13/15	04/14/15

ATE OF ERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
32115	21B871	0728	444440		1 EXAM NO CHARGE	.00
32215	22B044	0728	444440		1 EXAM NO CHARGE	.00
32215	22B979	0728	444440		1 EXAM NO CHARGE	.00
32215	22B009	0728	444440		1 EXAM NO CHARGE	.00
32215	23B134	0728	444440		1 EXAM NO CHARGE	.00
32315	23B247	0728	444440		1 EXAM NO CHARGE	.00
32315	23B145	0728	444440		1 EXAM NO CHARGE	.00
32315	23B320	0728	444440		1 EXAM NO CHARGE	.00
32315	24B429	0728	444440		1 EXAM NO CHARGE	.00
32415	24B654	0728	444440		1 EXAM NO CHARGE	.00
32415	24B536	0728	444440		1 EXAM NO CHARGE	.00
32415	24B535	0728	444440		1 EXAM NO CHARGE	.00
32415	24B612	0728	444440		1 EXAM NO CHARGE	.00
32415	24B609	0728	444440		1 EXAM NO CHARGE	.00
32515	25B846	0728	444440		1 EXAM NO CHARGE	.00
32515	25B915	0728	444440		1 EXAM NO CHARGE	.00
32515	25B744	0728	444440		1 EXAM NO CHARGE	.00
32515	25B843	0728	444440		1 EXAM NO CHARGE	.00
32515	25B842	0728	444440		1 EXAM NO CHARGE	.00
32515	26B030	0728	444440		1 EXAM NO CHARGE	.00
32615	26B212	0728	444440		1 EXAM NO CHARGE	.00
32615	26B137	0728	444440		1 EXAM NO CHARGE	.00
32615	26B211	0728	444440		1 EXAM NO CHARGE	.00
32615	26B214	0728	444440		1 EXAM NO CHARGE	.00
32615	27B321	0728	444440		1 EXAM NO CHARGE	.00
32715	27B511	0728	444440		1 EXAM NO CHARGE	.00
32715	27B334	0728	444440		1 EXAM NO CHARGE	.00
32715	28B587	0728	444440		1 EXAM NO CHARGE	.00
32715	30B988	0728	444440		1 EXAM NO CHARGE	.00
32815	28B630	0728	444440		1 EXAM NO CHARGE	.00
32815	28B659	0728	444440		1 EXAM NO CHARGE	.00
32815	30B988	0728	444440		1 EXAM NO CHARGE	.00
32915	29B766	0728	444440		1 EXAM NO CHARGE	.00
32915	29B732	0728	444440		1 EXAM NO CHARGE	.00
32915	29B732	0728	444440		1 EXAM NO CHARGE	.00
32915	29B765	0728	444440		1 EXAM NO CHARGE	.00
32915	30B988	0728	444440		1 EXAM NO CHARGE	.00
33015	30B896	0728	444440		1 EXAM NO CHARGE	.00
33015	30B896	0728	444440		1 EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

PTIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 31	00062
ID REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
PARANTOR NO:					
PTIENT:	CHARLESTON		SC 294069104	ADMITTED	DISCHARGED
LANDIN AMW M				03/13/15	04/14/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
33015	30B989	0728	444440		1 EXAM NO CHARGE	.00
33015	31B165	0728	444440		1 EXAM NO CHARGE	.00
33115	31B178	0728	444440		1 EXAM NO CHARGE	.00
33115	31B178	0728	444440		1 EXAM NO CHARGE	.00
33115	31B389	0728	444440		1 EXAM NO CHARGE	.00
33115	31B349	0728	444440		1 EXAM NO CHARGE	.00
33115	31B350	0728	444440		1 EXAM NO CHARGE	.00
40115	01B558	0728	444440		1 EXAM NO CHARGE	.00
40115	01B671	0728	444440		1 EXAM NO CHARGE	.00
40115	01B786	0728	444440		1 EXAM NO CHARGE	.00
40115	01B669	0728	444440		1 EXAM NO CHARGE	.00
40115	01B745	0728	444440		1 EXAM NO CHARGE	.00
40215	02B964	0728	444440		1 EXAM NO CHARGE	.00
40215	02B083	0728	444440		1 EXAM NO CHARGE	.00
40215	02B083	0728	444440		1 EXAM NO CHARGE	.00
40315	03B247	0728	444440		1 EXAM NO CHARGE	.00
40315	03B247	0728	444440		1 EXAM NO CHARGE	.00
40315	03B153	0728	444440		1 EXAM NO CHARGE	.00
40315	03B309	0728	444440		1 EXAM NO CHARGE	.00
40315	04B383	0728	444440		1 EXAM NO CHARGE	.00
40415	04B462	0728	444440		1 EXAM NO CHARGE	.00
40415	04B428	0728	444440		1 EXAM NO CHARGE	.00
40415	05B521	0728	444440		1 EXAM NO CHARGE	.00
40515	05B560	0728	444440		1 EXAM NO CHARGE	.00
40515	05B532	0728	444440		1 EXAM NO CHARGE	.00
40515	05B591	0728	444440		1 EXAM NO CHARGE	.00
40515	06B683	0728	444440		1 EXAM NO CHARGE	.00
40615	06B874	0728	444440		1 EXAM NO CHARGE	.00
40615	06B917	0728	444440		1 EXAM NO CHARGE	.00
40615	06B874	0728	444440		1 EXAM NO CHARGE	.00
40615	06B697	0728	444440		1 EXAM NO CHARGE	.00
40715	07B182	0728	444440		1 EXAM NO CHARGE	.00
40715	07B219	0728	444440		1 EXAM NO CHARGE	.00
40715	07B011	0728	444440		1 EXAM NO CHARGE	.00
40815	08B299	0728	444440		1 EXAM NO CHARGE	.00
40815	08B464	0728	444440		1 EXAM NO CHARGE	.00
40815	08B395	0728	444440		1 EXAM NO CHARGE	.00
40815	08B296	0728	444440		1 EXAM NO CHARGE	.00
40815	09B583	0728	444440		1 EXAM NO CHARGE	.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 32	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

DATE OF SERVICE	BATCH REF	F DEPT S	NDC/CPT-4/ PROC	HCPCS	QTY SERVICE DESCRIPTION	CHARGES
40815	10B968	0728	444440		1 EXAM NO CHARGE	.00
40915	09B685	0728	444440		1 EXAM NO CHARGE	.00
40915	09B799	0728	444440		1 EXAM NO CHARGE	.00
40915	09B583	0728	444440		1 EXAM NO CHARGE	.00
40915	09B583	0728	444440		1 EXAM NO CHARGE	.00
40915	09B758	0728	444440		1 EXAM NO CHARGE	.00
41015	10B038	0728	444440		1 EXAM NO CHARGE	.00
41015	10B038	0728	444440		1 EXAM NO CHARGE	.00
41015	10B883	0728	444440		1 EXAM NO CHARGE	.00
41015	10B869	0728	444440		1 EXAM NO CHARGE	.00
41015	10B869	0728	444440		1 EXAM NO CHARGE	.00
41115	11B131	0728	444440		1 EXAM NO CHARGE	.00
41115	11B143	0728	444440		1 EXAM NO CHARGE	.00
41115	11B213	0728	444440		1 EXAM NO CHARGE	.00
41115	11B180	0728	444440		1 EXAM NO CHARGE	.00
41115	12B279	0728	444440		1 EXAM NO CHARGE	.00
41115	13B478	0728	444440		1 EXAM NO CHARGE	.00
41215	12B390	0728	444440		1 EXAM NO CHARGE	.00
41215	12B390	0728	444440		1 EXAM NO CHARGE	.00
41215	12B325	0728	444440		1 EXAM NO CHARGE	.00
41215	13B464	0728	444440		1 EXAM NO CHARGE	.00
41315	13B659	0728	444440		1 EXAM NO CHARGE	.00
41315	13B582	0728	444440		1 EXAM NO CHARGE	.00
41315	13B478	0728	444440		1 EXAM NO CHARGE	.00
41415	14B894	0728	444440		1 EXAM NO CHARGE	.00
41415	14B790	0728	444440		1 EXAM NO CHARGE	.00
41415	14B777	0728	444440		1 EXAM NO CHARGE	.00
					SUBTOTAL:	.00
921-PERI VASCU LAB						
41315	13B701	0729	414145	93971RT	1 DUP VEIN UNI RT	1245.00
					SUBTOTAL:	1245.00

TOTAL ANCILLARY CHARGES 259777.00

INSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 33	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
JARANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGED	
LANDIN ANN M			03/13/15	04/14/15	

TOTAL CHARGES	313889.00
PAYMENTS	.00
ADJUSTMENTS	.00
BALANCE	313889.00

NSURANCE BENEFITS ASSIGNED TO TRIDENT HEALTH SYSTEM.

ATIENT NO:	47834426	TRIDENT MEDICAL CENTER	BILLING DATE	PAGE 34	00062
ED REC NO:	663462	9330 MEDICAL PLAZA DR	04/18/15		
UARRANTOR NO:					
ATIENT:	CHARLESTON	SC 294069104	ADMITTED	DISCHARGE	
LANDIN ANN M			03/13/15	04/14/15	

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0616	TMC 7TH POST SURG	54,112.00
0701	TMC OR	3,046.00
0704	TMC PACU	2,075.00
0712	TMC PHARMACY	100,476.00
0714	SMC PHARMACY	2,014.00
0716	TMC IV THERAPY	18,422.00
0718	TMC CSP	28,487.00
0721	SMC MEDICAL IMAGING	539.00
0722	TMC ANESTHESIA	1,263.00
0726	TMC CT	13,724.00
0727	TMC SPECIAL PROCEDURES	432.00
0728	TMC MEDICAL IMAGING	1,617.00
0729	TMC ULTRASOUND	2,253.00
0734	TMC MRI	9,166.00
0736	TMC LAB	39,405.00
0745	SMC SPEC TESTING	461.00
0749	TMC DIALYSIS	21,489.00
0758	BLOOD BANK	2,520.00
0759	SPEECH THERAPY	832.00
0762	TMC PHYSICIAN REHAB	1,796.00
0766	TMC OCCUPATIONAL REHAB	570.00
0780	TMC ECU	2,722.00
0791	SMC LAB	6,468.00

TOTAL CHARGES:	313,889.00
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

FS = SMC

date: 9/29/2016 9:18:00

Patient Report
Legally authenticated

User: HMSCL

Page 1

VIBRA HOSPITAL OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT, SC 29464

A 5/3/15 D 7/01/15

PK439421

Patient Name: BLANDIN, ANNA

Encounter Number: 4001406

Medical Record Number: 32124

Dictating Provider: SILBIGER, ADAM



Document Type: KD

Report: \H\-- DISCHARGE SUMMARY --\N\
\H\--PROBLEMS/PROCEDURES--\N\
Admission date: 05/03/15

\ZU\Problems:\N\

\ZI\Admitting Diagnoses:\N\ - Anemia in chronic renal disease

- Chylous ascites
- ESRD (end stage renal disease)
- Fever
- Hypercalcemia
- Leukocytosis
- Osteomyelitis
- Protein-calorie malnutrition, severe
- Renal osteodystrophy
- Sacral decubitus ulcer, stage IV
- Thrombocytosis
- Type II diabetes mellitus

\ZI\Discharge Diagnoses:\N\ - Anemia in chronic renal disease

- Chylous ascites
- ESRD (end stage renal disease)
- Hypercalcemia
- Leukocytosis
- Osteomyelitis
- Protein-calorie malnutrition, severe
- Renal osteodystrophy
- Sacral decubitus ulcer, stage IV
- Thrombocytosis
- Type II diabetes mellitus

\ZU\Approximate time spent (direct patient care):\N\>30 (minutes)

\H\--HOSPITAL COURSE--\N\

\ZU\Hospital Course:\N\

HISTORY OF PRESENT ILLNESS: (as previously documented) The patient is a 71-year-old African-American female with a history of hypertension, hyperlipidemia, diabetes mellitus type 2 and end-stage renal disease, previously on peritoneal dialysis but now on hemodialysis, who initially presented to MUSC on 04/18/2015 in transfer from White Oak nursing facility due to low-grade fever and diffuse abdominal pain. It should be noted that the patient had been changed from peritoneal dialysis to hemodialysis in the proceeding months and the peritoneal dialysis catheter remained in place. The patient also has had a PEG tube placed due to severe malnutrition and failure to thrive. On presentation to the emergency room, the patient's abdomen was noted to be quite distended. A dialysis nurse was contacted, who was able to drain a large amount of fluid.
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ROA 353

Legally authenticated

approximately 3.2 L, from the patient's PD catheter that was initially concerning for tube feeds. The patient's abdominal pain had resolved once the peritoneal fluid was drained. General Surgery was consulted due to concerns that the patient's PEG tube was originally malpositioned. She underwent a CAT scan of the abdomen and pelvis, which showed appropriate placement of the PEG tube without any leakage. Given that the G tube was not malfunctioning, further analysis of the peritoneal fluid revealed cholesterol of 22, lipase of 23, and ANC of 5. Cytopathology was negative for malignant cells. Further, all cultures from the peritoneal fluid were negative. Given that chylomicrons were noted to be present in the peritoneal fluid, there was concern for injury to the thoracic duct. The patient had apparently been in a motor vehicle collision several months prior. Interventional Radiology was subsequently consulted to perform lymphangiography which the patient successfully underwent on May 1st; however, the lymphangiography showed there was no leak in the lymphatic system. The primary team's working diagnosis was a sheath injury to the thoracic duct at one point following the motor vehicle collision, which had subsequently repaired itself. The patient required initial drainage, but no further leak was found and the patient's abdominal fluid did not reaccumulate. The evening following the patient's lymphangiogram, she was noted to be febrile to 101 and mildly tachycardic. She underwent blood cultures x 2.

On the date of discharge, one of two of the blood cultures was positive for coag negative staph which was thought to be a contaminant. The patient was observed in the hospital for an additional 24 hours following a fever and remained afebrile without any further intervention.

With regard to the patient's end-stage renal disease on hemodialysis, Nephrology saw the patient throughout her hospitalization. She received hemodialysis Monday, Wednesday and Friday via her tunneled PermCath. It should be noted that the patient did require midodrine prior to dialysis sessions in order to obtain appropriate blood pressure for dialysis. Due to the patient's hypertension, she underwent an echocardiogram on the 27th of April which showed a normal LV ejection fraction at 70% and no pericardial effusion. She is otherwise continued on darbepoetin for her anemia of chronic disease and Sensipar for secondary hyperparathyroidism as well as sevelamer for phosphate binding.

In addition, the discharge summary from MUSC discusses goals of care and states that the patient was a DNR/DNI. However, the patient is not completely coherent at times. I discussed this with the patient's daughter who was present on arrival and stated emphatically that the patient was a full code and she is unclear how it became documented in the MUSC system that the patient was a DNR/DNI. It should also be noted that there is mention in the MUSC discharge summary of refusal of blood products due to religious beliefs. However, the patient's daughter also states that this is inaccurate and the patient can receive blood products if she so needs.

Hospital Course Here at Vibra:

1. Osteomyelitis

A: Bone cx with Ecoli/Enterococcus. Bcx remained neg.

P: Completed treatment with Ampicillin and Cipro. Was followed by ID with Dr. Greg Thomas, switch to Augmen at this time for additional 4-6 weeks.

2. Sacral decubitus ulcer, stage IV

A: Chronic not d/t DM. with underlying Osteomyelitis.

P: C/w Wound Care per Dr. Fann. R hand wound d/t IV infiltration. Wound care following. Continue VAC to the posterior sacral wound and change it three times a week. Her right heel should be treated with softenssing agents and pressure relief. Her right hand will have a non-adherent dressing placed.

3. Type II diabetes mellitus

A: stable

P: NPH titrated to 10 untis BID with moderate sliding scale correction. continue titrating as needed.

4. ESRD (end stage renal disease)

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date: 9/29/2016 9:18:00

Patient Report

User: HMSCL

Page 3

Legally authenticated

P: Continue HD. continue midodrine prior to dialysis. Sensipar and sevelamer.
Pt will need pressure relief cushion to be sent with her to use with HD.

5. Hypercalcemia

A: etiol: poss immobility and ESRD. C/w sevelamer as phosphate binder; improved after zometa. SPEP nonspecific.

P: stable, monitor.

6. Anemia in chronic renal disease

A: d/t ESRD. stable s/p 2 units

P: Continue ESA. Discussed with daughter POA Corona, who insists that patient would want blood transfusion despite previous discussions. S/p 2units PRBCs with HD 6/10.

7. Thrombocytosis

A: reactive? Iron deficiency.

P: Monitor. stable trending down.

8. Chylous ascites

A: Large-volume chylous ascites. Thorough evaluation at MUSC showed no lymphatic leak based on negative lymphangiography. Working was likely a previous thoracic duct leak d/t MVA which resolved. Infectious workups negative.

P: monitor for any signs of re accumulation. Can likely remove PD cath.

9. Protein-calorie malnutrition, severe

P: Monitor pAlb. C/w TFs and supplements. pt remains NPO due to mental status.

10. DVT prophylaxis

P: heparin

11. Full code: Patient's mental status waxes and wanes. Patients POA Corona states that she is a full code.

\H\--DISCHARGE MEDICATIONS--\N\

- Aranesp (Darbepoetin) 200 MCG/0.4 ML I 200 MCG WED12 SQ
- Benadryl (diphenhydramine HCL) 25 MG 25 MG Q6HPRN PO
- Docusate/Sennosides 50 MG-8.6 MG TA 2 TAB Q12HB FT
- Folic Acid 1 MG TAB 1 MG DAILY9 FT
- Healthy shot (nutritional suppl.) 1 BT TID FT
- Heparin Sodium 1000 Units/ML INJ 1000 UNT DIA-PRN DIALYSIS
- Heparin Sodium 5000 units INJ 5000 UNT Q12HB SQ
- Insulin Aspart, Recombinant 100 UNI 1 UNT Q6HA SQ
- Insulin Human Isophane (NPH) 100 UN 10 UNT HS SQ
- Insulin Human Isophane (NPH) 100 UN 10 UNT DAILY SQ
- Midodrine Hydrochloride 5 MG TAB 10 MG MWF FT
- Ointment Base . OIN 1 APP Q12HA TOP
- Ritalin (methylphenidate) 5 MG Tab 5 MG BID FT
- Sensipar (Cinacalcet HCL) 30 MG TAB 90 MG DAILY FT
- Sevelamer Carbonate 0.8 GM/Package P 0.8 GM TIDWM FT
- Silver Nitrate/K Nitrate 75%-25% SW 1 APP ONCALLPRN TOP
- Tylenol (APAP) 160 MG/5ML SUS 650 MG Q6HPRN FT

\H\--FOLLOW UP--\N\ZU\Discharge Condition Level:\N\
Good

\ZU\Pending Labs/Test at Time of Discharge:\N\

\ZI\Pending Labs:\N\

\ZI\Pending Tests:\N\

Recommendations and Discharge Instructions:

Patient will need pressure relief cushion with HD.
NPO

\ZU\Scheduled follow up appointments:\N\

Renal

Wound care

PCP 4 weeks

\ZU\Fax to Physicians:\N\

Legally authenticated by SILBINGER ADAM 2015-07-21 11:35:00

VIBRA HOSPITAL OF CHARLESTON

PATIENT: BLANDIN ANNA M

PATIENT#: 4001406

MR#:000032124

DATE : 9/29/16

DSCHG DX: NONINFECT LYMPH DIS NEC

ATT PHYS: SILBINGER ADAM

DISCHARGE INSTRUCTIONS

SPECIAL INSTRUCTIONS:

1. Special Discharge Instructions: Follow plan of care at next facility.

2. PATIENT CONDITION AT TIME OF DISCHARGE

Afebrile (x) Yes () No
Pain free (x) Yes () No
Alert (x) Yes () No
Forgetful () Yes (x) No
Lethargic (x) Yes () No
Confused () Yes (x) No
Comatose () Yes (x) No
Self care () Yes (x) No
Self care with assist () Yes (x) No
Total care (x) Yes () No
Self feed () Yes (x) No
Assist with feeding () Yes (x) No
Taking PO fluids () Yes (x) No
Taking fluids via tube (x) Yes () No
Continent () Yes (x) No
Incontinent bowel (x) Yes () No
Incontinent bladder (x) Yes () No
Indwelling urinary catheter () Yes (x) No
Ostomy () Yes (x) No
Ambulates independently () Yes (x) No
Ambulates with assistance () Yes (x) No
Stairs independently () Yes (x) No
Stairs with assistance () Yes (x) No
Chair rest () Yes (x) No
Bedridden (x) Yes () No
Assistive device(s) () Yes (x) No Type:
Functions independently () Yes (x) No
Hemiplegia (x) Yes () No
Paraplegia () Yes (x) No
Quadraplegia () Yes (x) No
+++++

PHYSICIAN: _____

NURSE SIGNATURE: _____

PATIENT/DESIGNATE SIGNATURE: _____

PATIENT : BLANDIN ANNA M
PATIENT#: 4001406
DSC DATE: 7/21/15
DSC TIME: 13:30

VIBRA HOSPITAL OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC 29464
843-375-4000

ROA 356

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE
5/03/15DIS. DATE
7/21/15PAGE
1101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/04/15 0000001	ADJUSTMENT			210415.01CR	
7/24/15 0000001	ADJUSTMENT			38687.48CR	
7/29/15 0000001	ADJUSTMENT			23932.55CR	
7/29/15 0000000	PAYMENT			45799.80CR	
7/29/15 0000001	ADJUSTMENT			934.69CR	
8/21/15 0000001	ADJUSTMENT			158.70CR	
8/25/15 0000000	PAYMENT			17640.00CR	
8/25/15 0000000	PAYMENT			45799.80	
8/25/15 0000001	ADJUSTMENT			934.69	
8/25/15 0000000	PAYMENT			54047.84CR	
8/25/15 0000001	ADJUSTMENT			1103.02CR	
12/22/15 0000000	PAYMENT			11970.00CR	
5/03/15 3100000	R&B	1	2427.65	2427.65	
5/04/15 3100000	R&B	1	2427.65	2427.65	
5/05/15 3100000	R&B	1	2427.65	2427.65	
5/06/15 3100000	R&B	1	2427.65	2427.65	
5/07/15 3100000	R&B	1	2427.65	2427.65	
5/08/15 3100000	R&B	1	2427.65	2427.65	
5/09/15 3100000	R&B	1	2427.65	2427.65	
5/10/15 3100000	R&B	1	2427.65	2427.65	
5/11/15 3100000	R&B	1	2427.65	2427.65	
5/12/15 3100000	R&B	1	2427.65	2427.65	
5/13/15 3100000	R&B	1	2427.65	2427.65	
5/14/15 3100000	R&B	1	2427.65	2427.65	
5/15/15 3100000	R&B	1	2427.65	2427.65	
5/16/15 3100000	R&B	1	2427.65	2427.65	
5/17/15 3100000	R&B	1	2427.65	2427.65	
5/18/15 3100000	R&B	1	2427.65	2427.65	
5/19/15 3100000	R&B	1	2427.65	2427.65	
5/20/15 3100000	R&B	1	2427.65	2427.65	
5/21/15 3100000	R&B	1	2427.65	2427.65	
5/22/15 3100000	R&B	1	2427.65	2427.65	
5/23/15 3100000	R&B	1	2427.65	2427.65	
5/24/15 3100000	R&B	1	2427.65	2427.65	
5/25/15 3100000	R&B	1	2427.65	2427.65	
5/26/15 3100000	R&B	1	2427.65	2427.65	
5/27/15 3100000	R&B	1	2427.65	2427.65	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
2

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
[REDACTED]
R00451858
[REDACTED]

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/28/15 3100000	R&B	1	2427.65	2427.65	
5/29/15 3100000	R&B	1	2427.65	2427.65	
5/30/15 3100000	R&B	1	2427.65	2427.65	
5/31/15 3100000	R&B	1	2427.65	2427.65	
6/01/15 3100000	R&B	1	2427.65	2427.65	
6/02/15 3100000	R&B	1	2427.65	2427.65	
6/03/15 3100000	R&B	1	2427.65	2427.65	
6/04/15 3100000	R&B	1	2427.65	2427.65	
6/05/15 3100000	R&B	1	2427.65	2427.65	
6/06/15 3100000	R&B	1	2427.65	2427.65	
6/07/15 3100000	R&B	1	2427.65	2427.65	
6/08/15 3100000	R&B	1	2427.65	2427.65	
6/09/15 3100000	R&B	1	2427.65	2427.65	
6/10/15 3100000	R&B	1	2427.65	2427.65	
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6/13/15 3100000	R&B	1	2427.65	2427.65	
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6/15/15 3100000	R&B	1	2427.65	2427.65	
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7/01/15 3100000	R&B	1	2427.65	2427.65	
7/02/15 3100000	R&B	1	2427.65	2427.65	
7/03/15 3100000	R&B	1	2427.65	2427.65	

ROA 358

DEMAND-BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
3

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

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R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/04/15 3100000	R&B	1	2427.65	2427.65	
7/05/15 3100000	R&B	1	2427.65	2427.65	
7/06/15 3100000	R&B	1	2427.65	2427.65	
7/07/15 3100000	R&B	1	2427.65	2427.65	
7/08/15 3100000	R&B	1	2427.65	2427.65	
7/09/15 3100000	R&B	1	2427.65	2427.65	
7/10/15 3100000	R&B	1	2427.65	2427.65	
7/11/15 3100000	R&B	1	2427.65	2427.65	
7/12/15 3100000	R&B	1	2427.65	2427.65	
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7/16/15 3100000	R&B	1	2427.65	2427.65	
7/17/15 3100000	R&B	1	2427.65	2427.65	
7/18/15 3100000	R&B	1	2427.65	2427.65	
7/19/15 3100000	R&B	1	2427.65	2427.65	
7/20/15 3100000	R&B	1	2427.65	2427.65	
5/04/15 4010004	DRESSING HYDROGL SKN	1	55.00	55.00	
5/04/15 4010007	DRESS GEL IODO 40G	1	130.00	130.00	
5/04/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
5/04/15 4011310	4X4 GAUZE DRSG BRDR	1	5.00	5.00	
5/04/15 4011585	6X6 GAUZE DRSG BRDR	1	17.00	17.00	
5/04/15 4011586	DISP SCISSORS 5.5 ST	1	378.00	378.00	
5/06/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/07/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/08/15 4010278	WOUND VAC PER DAY	1	5.00	5.00	
5/08/15 4011585	6X6 GAUZE DRSG BRDR	1	378.00	378.00	
5/09/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/10/15 4010278	WOUND VAC PER DAY	1	56.00	56.00	
5/11/15 4010096	KIT CENTRAL LINE DRSN	1	19.00	19.00	
5/11/15 4010146	SEAL COHESIVE EAKIN	1	378.00	378.00	
5/11/15 4010278	WOUND VAC PER DAY	1	57.00	57.00	
5/11/15 4011371	6X8TRANSPARENT DRSG	1	37.00	37.00	
5/12/15 4010000	DRESSING FOAM 4X4 BI	1	30.00	30.00	
5/12/15 4010027	DRESSING BIATAIN BRD	1	30.00	30.00	
5/12/15 4010027	DRESSING BIATAIN BRD	1	378.00	378.00	
5/12/15 4010278	WOUND VAC PER DAY	1			

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15 DIS. DATE 7/21/15

PAGE
4

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/13/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/14/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/15/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/16/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/17/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/18/15 4010179	SET SAFETY SPKE W/FL	1	38.00	38.00	
5/18/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/19/15 4010178	SET EPUMP FEED FLUSH	1	46.00	46.00	
5/19/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/20/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/21/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/22/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/23/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/24/15 4010007	DRESS GEL IODO 40G	1	108.00	108.00	
5/24/15 4010237	DRESSING, OPTIFOAM 6X	1	35.00	35.00	
5/24/15 4010237	DRESSING, OPTIFOAM 6X	1	35.00	35.00	
5/24/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/25/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
5/25/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/26/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/27/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
5/27/15 4010177	VALVE ENTERAL (LOPEZ	1	18.00	18.00	
5/27/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/28/15 4010146	SEAL COHESIVE EAKIN	1	19.00	19.00	
5/28/15 4010179	SET SAFETY SPKE W/FL	1	38.00	38.00	
5/28/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/28/15 4011366	MEDELA CANISTER 300M	1	64.00	64.00	
5/29/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/30/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
5/31/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/01/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/02/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/03/15 4010024	DRESSING MEPITEL SIL	1	47.00	47.00	
6/03/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
6/03/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/03/15 4011381	DOUBLE LUMEN TUBING	1	60.00	60.00	
6/04/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
5

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/05/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/06/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/07/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/08/15 4011585	6X6 GAUZE DRSG BRDR	1	5.00	5.00	
6/16/15 4010000	DRESSING FOAM 4X4 BI	1	37.00	37.00	
6/16/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
6/16/15 4011585	6X6 GAUZE DRSG BRDR	1	5.00	5.00	
6/17/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
6/18/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
6/21/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
6/21/15 4010027	DRESSING BIATAIN BRD	1	30.00	30.00	
6/21/15 4010028	DRESSING BIATAIN BRD	1	52.00	52.00	
6/24/15 4010074	HEMOSTAT ABS SURGICE	1	374.00	374.00	
6/24/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
6/24/15 4011585	6X6 GAUZE DRSG BRDR	1	5.00	5.00	
6/27/15 4010025	DRESSING MEPILEX HBE	1	77.00	77.00	
6/28/15 4010007	DRESS GEL IODO 40G	1	130.00	130.00	
6/28/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
6/28/15 4010179	SET SAFETY SPKE W/FL	1	38.00	38.00	
6/29/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
6/29/15 4010027	DRESSING BIATAIN BRD	1	30.00	30.00	
6/29/15 4010028	DRESSING BIATAIN BRD	1	52.00	52.00	
6/29/15 4010237	DRESSING, OPTIFOAM 6X	1	35.00	35.00	
6/29/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/30/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/01/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
7/02/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
7/02/15 4010027	DRESSING BIATAIN BRD	1	30.00	30.00	
7/02/15 4010146	SEAL COHESIVE EAKIN	1	19.00	19.00	
7/02/15 4010237	DRESSING, OPTIFOAM 6X	1	35.00	35.00	
7/02/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/02/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	CR
7/03/15 4010179	SET SAFETY SPKE W/FL	1	38.00	38.00	
7/03/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/04/15 4010027	DRESSING BIATAIN BRD	1	30.00	30.00	
7/04/15 4010028	DRESSING BIATAIN BRD	1	52.00	52.00	
7/04/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
6101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
[REDACTED]
R00451858
[REDACTED]AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/04/15 4011368	ADV FOAM DRSG KIT M	1	151.00	151.00	
7/05/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/06/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/06/15 4011585	6X6 GAUZE DRSG BRDR	1	5.00	5.00	
7/07/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/08/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
7/08/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/09/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/10/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/11/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/12/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/13/15 4010007	DRESS GEL IODO 40G	1	130.00	130.00	
7/13/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
7/13/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
7/13/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/13/15 4011585	6X6 GAUZE DRSG BRDR	1	5.00	5.00	
7/14/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/14/15 4011570	PICC DRSG CHNGE TRAY	1			
7/15/15 4010096	KIT CENTRAL LNE DRSN	1	56.00	56.00	
7/15/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/16/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/17/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/18/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/19/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/20/15 4010000	DRESSING FOAM 4X4 BI	1	37.00	37.00	
7/20/15 4010022	DRESSING XEROFORM 5X	1	5.00	5.00	
7/20/15 4010027	DRESSING BIATAIN BRD	1	30.00	30.00	
7/20/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/20/15 4011585	6X6 GAUZE DRSG BRDR	1	5.00	5.00	
7/21/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
7/21/15 4010278	WOUND VAC PER DAY	1	378.00	378.00	
6/01/15 4151112	EXT VEIN DUP LIM RT	1	1344.35	1344.35	93971 RT
6/08/15 4151145	XR CHEST 2V W/APICAL	1	294.40	294.40	71021
5/03/15 4306016	CULTURE SCREEN MRSA	1	51.75	51.75	87081
5/03/15 4306023	CULTURE VRE SCREEN	1	48.30	48.30	87081
5/04/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/04/15 4300083	RH TYPING	1	58.65	58.65	86901

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15 DIS. DATE 7/21/15

PAGE
7

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/04/15 4300084	BLOOD TYPING ABO	1	66.70	66.70	86900
5/04/15 4300086	BNP	1	186.30	186.30	83880
5/04/15 4300151	CMP	1	232.30	232.30	80053
5/04/15 4300160	PROTHROMBIN TIME	1	48.30	48.30	85610
5/04/15 4300272	HEPATITIS B SURF AB	1	52.90	52.90	86706
5/04/15 4300355	MAGNESIUM	1	51.75	51.75	83735
5/04/15 4300390	PHOSPHOROUS SERUM	1	46.00	46.00	84100
5/04/15 4300402	PREALBUMIN	1	116.15	116.15	84134
5/04/15 4303702	CROSSMATCH IMED SPIN	1	138.00	138.00	86920
5/04/15 4303755	HEP B SUR AG	1	48.30	48.30	87340
5/04/15 4307049	ANTIBODY SCREEN	1	79.35	79.35	86850
5/06/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/07/15 4300223	FERRITIN	1	39.10	39.10	82728
5/07/15 4300402	PREALBUMIN	1	116.15	116.15	84134
5/07/15 4300512	TRANSFERRIN SERUM	1	64.40	64.40	84466
5/07/15 4303743	IRON BINDING CAPACIT	1	48.30	48.30	83550
5/10/15 4300169	CREATININE RAN URINE	1	48.30	48.30	82570
5/10/15 4300470	SODIUM, URINE	1	33.35	33.35	84300
5/10/15 4307044	UREA NITROGEN URINE	1	71.30	71.30	84540
5/11/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
5/11/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/11/15 4300355	MAGNESIUM	1	51.75	51.75	83735
5/11/15 4300390	PHOSPHOROUS SERUM	1	46.00	46.00	84100
5/15/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
5/15/15 4300402	PREALBUMIN	1	116.15	116.15	84134
5/18/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
5/18/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/19/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/20/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/21/15 4300402	PREALBUMIN	1	116.15	116.15	84134
5/23/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/24/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
5/25/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
5/25/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/28/15 4300211	PROTEIN ELECTROPHORE	1	80.50	80.50	84165
5/28/15 4300402	PREALBUMIN	1	116.15	116.15	84134
6/01/15 4300074	CBC, AUTO W/O DIFF	1	51.75	51.75	85027

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
9

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/10/15 4308008	RBC LEUKOREduced	1	531.30	531.30	P9016 BL
6/10/15 4308008	RBC LEUKOREduced	1	531.30	531.30	P9016 BL
6/11/15 4300402	PREALBUMIN	1	116.15	116.15	84134
6/12/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
6/12/15 4300272	HEPATITIS B SURF AB	1	52.90	52.90	86706
6/12/15 4300552	VANCOMYCIN	1	98.90	98.90	80202
6/12/15 4303755	HEP B SUR AG	1	48.30	48.30	87340
6/15/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
6/15/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
6/18/15 4300160	PROTHROMBIN TIME	1	48.30	48.30	85610
6/18/15 4300402	PREALBUMIN	1	116.15	116.15	84134
6/18/15 4302710	PTT	1	49.45	49.45	85730
6/20/15 4302700	ARTERIAL BLOOD GAS	1	196.65	196.65	82803
6/21/15 4300519	UA AUTO W/MICROSCO	1	27.60	27.60	81001
6/22/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
6/22/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
6/25/15 4300402	PREALBUMIN	1	116.15	116.15	84134
6/28/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
6/28/15 4300074	CBC, AUTO W/O DIFF	1	51.75	51.75	85027
6/28/15 4300355	MAGNESIUM	1	51.75	51.75	83735
6/29/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
6/29/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
7/01/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
7/01/15 4300151	CMP	1	232.30	232.30	80053
7/02/15 4300402	PREALBUMIN	1	116.15	116.15	84134
7/06/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
7/06/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
7/13/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
7/13/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
7/13/15 4300402	PREALBUMIN	1	116.15	116.15	84134
7/16/15 4300402	PREALBUMIN	1	116.15	116.15	84134
7/20/15 4300068	METABOLIC PAN TOT CA	1	162.15	162.15	80048
7/20/15 4300072	CBC, W/ AUTO DIFF	1	46.00	46.00	85025
5/03/15 4400376	GLUCAGEN HYPOKIT IMG	1	941.00	941.00	
5/03/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/03/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/03/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
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ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
10

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BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/03/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/03/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/04/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/04/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/04/15 4401380	HYDROPHOR OINT	1	44.10	44.10	
5/04/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/04/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/04/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/04/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/04/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/04/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/05/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/05/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/05/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/05/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
5/05/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
5/05/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/05/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/05/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/05/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/05/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/05/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/05/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/05/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/05/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/05/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/05/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/05/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/05/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/05/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/05/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/05/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/05/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/06/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/06/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/06/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/06/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/06/15 4401422	ARANESP (ALBUMIN FRE	1	1944.95	1944.95	
5/06/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
11

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
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POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/06/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/06/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/06/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/06/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/06/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/06/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/07/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/07/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/07/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
5/07/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/07/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/07/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/07/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/07/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/07/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/07/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/07/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/07/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/07/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/07/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/07/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/07/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/08/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/08/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/08/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
5/08/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/08/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/08/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/08/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/08/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/08/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/08/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/08/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/08/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/08/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/08/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/08/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
12

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/08/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/08/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/08/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/08/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/08/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/09/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/09/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/09/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
5/09/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/09/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/09/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/09/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/09/15 4400596	HEPARIN SOD 10000UNI	3	87.85	263.55	
5/09/15 4401426	SENSIPAR 30 MGTB	1	61.15	61.15	
5/09/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/09/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/09/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/09/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/09/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/09/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/09/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/09/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/10/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/10/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/10/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
5/10/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/10/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/10/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/10/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/10/15 4400596	HEPARIN SOD 10000UNI	3	87.85	263.55	
5/10/15 4401426	SENSIPAR 30 MGTB	1	61.15	61.15	
5/10/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/10/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/10/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/10/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/10/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
5/10/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/10/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/10/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/11/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/11/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/11/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
13101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/11/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/11/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/11/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/11/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/11/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/11/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/11/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/11/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/11/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/11/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/11/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/11/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/12/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/12/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/12/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/12/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/12/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/12/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/12/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/12/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/12/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/12/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/12/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/12/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/12/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/12/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/12/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/12/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/12/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/13/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/13/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/13/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/13/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/13/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/13/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/13/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/13/15 4401120	APLISOL 5 UN/0.1ML	1	21.05	21.05	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
14

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/13/15 4401423	ARANESP (ALBUMIN FRE	1	3241.90	3241.90	
5/13/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
5/13/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/13/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/13/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/13/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/13/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/13/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/13/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/14/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/14/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/14/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/14/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/14/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/14/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/14/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/14/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
5/14/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/14/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/14/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/14/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/14/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/14/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/15/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/15/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/15/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/15/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/15/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/15/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/15/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/15/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/16/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/16/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/16/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/16/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/16/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/16/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
15101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71.DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/16/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/16/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/16/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/16/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/16/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/16/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/16/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/16/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/16/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/17/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/17/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/17/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/17/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/17/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/17/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/17/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/17/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/17/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/17/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/17/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/17/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/17/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/17/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/18/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/18/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/18/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/18/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/18/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/18/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/18/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/18/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/18/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/18/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
5/18/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/19/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
5/19/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/19/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
16

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/19/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
5/19/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/19/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/19/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/19/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/19/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/19/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/19/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/19/15 4401666	SENNAL PLUS 8.6-50MGT	2	5.00	10.00	
5/19/15 4401666	SENNAL PLUS 8.6-50MGT	2	5.00	10.00	
5/19/15 4401666	SENNAL PLUS 8.6-50MGT	2	5.00	10.00	
5/19/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/19/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/19/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/20/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/20/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/20/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
5/20/15 4400377	NOVOLOG 100 UN/ML	1	5.00	5.00	
5/20/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/20/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/20/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/20/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/20/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/20/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/20/15 4401423	ARANESP (ALBUMIN FRE	1	3241.90	3241.90	
5/20/15 4401423	ARANESP (ALBUMIN FRE	1	3241.90	3241.90	
5/20/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/20/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/20/15 4401441	RENVELA 0.8 GMPACK	1	61.15	61.15	
5/20/15 4401666	SENNAL PLUS 8.6-50MGT	2	5.00	10.00	
5/20/15 4401666	SENNAL PLUS 8.6-50MGT	2	5.00	10.00	
5/20/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/20/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/20/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/21/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
17

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/21/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/21/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/21/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/21/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/21/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/21/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/21/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/21/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/21/15 4401441	REVELA 0.8 GMPACK	1	61.15	61.15	
5/21/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/21/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/21/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
5/21/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
5/21/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
5/21/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/21/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/22/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/22/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/22/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/22/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/22/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/22/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/22/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/22/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/22/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/22/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/22/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
5/22/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
5/22/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/22/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/22/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/23/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/23/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/23/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/23/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/23/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/23/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
18

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/23/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/23/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
5/23/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/23/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/23/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/23/15 4401666	SENNAL PLUS 8.6-50MG TB	2	5.00	10.00	
5/23/15 4401666	SENNAL PLUS 8.6-50MG TB	2	5.00	10.00	
5/23/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/23/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/24/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/24/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/24/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/24/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/24/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/24/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/24/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/24/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
5/24/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/24/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/24/15 4401666	SENNAL PLUS 8.6-50MG TB	2	5.00	10.00	
5/24/15 4401666	SENNAL PLUS 8.6-50MG TB	2	5.00	10.00	
5/24/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/24/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/25/15 4400310	POTASSIUM CHL 20MEQ/	2	5.00	10.00	
5/25/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/25/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/25/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/25/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/25/15 4401650	OXYCODONE 5MG/5ML SO	1	20.40	20.40	
5/25/15 4401666	SENNAL PLUS 8.6-50MG TB	2	5.00	10.00	
5/25/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/25/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
5/26/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/26/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/26/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/26/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/26/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
19

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/26/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/26/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/26/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
5/26/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/26/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/26/15 4401666	SENNA PLUS 8.6-50MG T	2	5.00	10.00	
5/26/15 4401666	SENNA PLUS 8.6-50MG T	2	5.00	10.00	
5/26/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/26/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/27/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/27/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/27/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/27/15 4400472	MIDODRINE 5MG TB	2	17.90	35.80	
5/27/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/27/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/27/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/27/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/27/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
5/27/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
5/27/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	CR
5/27/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
5/27/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/27/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/27/15 4401666	SENNA PLUS 8.6-50MG T	2	5.00	10.00	
5/27/15 4401666	SENNA PLUS 8.6-50MG T	2	5.00	10.00	
5/27/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/27/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/27/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/28/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/28/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/28/15 4400391	FLUCONAZOLE 100 MG TB	1	35.00	35.00	
5/28/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
5/28/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/28/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
5/28/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/28/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/28/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
20

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
502
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/28/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/28/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/28/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/28/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
5/28/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
5/28/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/28/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/29/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/29/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/29/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
5/29/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
5/29/15 4400391	FLUCONAZOLE 100 MGTB	1	35.00	35.00	
5/29/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/29/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
5/29/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/29/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/29/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/29/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/29/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/29/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/29/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/29/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
5/29/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
5/29/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/29/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/29/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/30/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/30/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/30/15 4400391	FLUCONAZOLE 100 MGTB	1	35.00	35.00	
5/30/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
5/30/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/30/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
5/30/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/30/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/30/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
5/30/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
5/30/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
21

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

P/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/30/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/30/15 4401666	SENNAL PLUS 8.6-50MG	2	5.00	10.00	
5/30/15 4401666	SENNAL PLUS 8.6-50MG	2	5.00	10.00	
5/30/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/30/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/31/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
5/31/15 4400391	FLUCONAZOLE 100 MG	1	35.00	35.00	
5/31/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
5/31/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
5/31/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
5/31/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/31/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
5/31/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
5/31/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/31/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
5/31/15 4401666	SENNAL PLUS 8.6-50MG	2	5.00	10.00	
5/31/15 4401666	SENNAL PLUS 8.6-50MG	2	5.00	10.00	
5/31/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
5/31/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/01/15 4400229	ZOMETA 4 MG/5MLCONC	1	670.60	670.60	
6/01/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/01/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/01/15 4400391	FLUCONAZOLE 100 MG	1	35.00	35.00	
6/01/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
6/01/15 4400472	MIDODRINE 5MG	2	17.90	35.80	
6/01/15 4400506	DEXT 5 %	1	7.30	7.30	
6/01/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/01/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/01/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/01/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/01/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
6/01/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/01/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/01/15 4401666	SENNAL PLUS 8.6-50MG	2	5.00	10.00	
6/01/15 4401666	SENNAL PLUS 8.6-50MG	2	5.00	10.00	
6/01/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/01/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
22

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/01/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/02/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
6/02/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/02/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/02/15 4400391	FLUCONAZOLE 100 MGTB	1	35.00	35.00	
6/02/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/02/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/02/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/02/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/02/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/02/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/02/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/02/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/02/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/02/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/02/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/02/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/02/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/03/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
6/03/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/03/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/03/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/03/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
6/03/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/03/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/03/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
6/03/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/03/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/03/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/04/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/04/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/04/15 4400391	FLUCONAZOLE 100 MGTB	1	35.00	35.00	
6/04/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/04/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/04/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/04/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/04/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
23

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/04/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/04/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/04/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/04/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/04/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
6/04/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/04/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/04/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/04/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/05/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/05/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/05/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/05/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/05/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/05/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/05/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
6/05/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/05/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/05/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/06/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/06/15 4400377	NOVOLOG 100 UN/ML	6	.50	3.00	
6/06/15 4400377	NOVOLOG 100 UN/ML	3	1.00	3.00	
6/06/15 4400391	FLUCONAZOLE 100 MGTB	1	35.00	35.00	
6/06/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/06/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/06/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/06/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/06/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/06/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/06/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/06/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/06/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/06/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
6/06/15 4401650	OXYCODONE 5MG/5MLSO	1	20.40	20.40	
6/06/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/06/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/06/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
24

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
PO BOX 71602
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
249680970A
R00451858
249680970

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/06/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/07/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/07/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/07/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/07/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/07/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
6/07/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/07/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/07/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/07/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/07/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
6/07/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/07/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/07/15 4401666	SENNA PLUS 8.6-50MG TB	2	5.00	10.00	
6/07/15 4401666	SENNA PLUS 8.6-50MG TB	2	5.00	10.00	
6/07/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/07/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/07/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/08/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
6/08/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
6/08/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/08/15 4400377	NOVOLOG 100 UN/ML	3	1.00	3.00	
6/08/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/08/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/08/15 4400503	DEXT 5 %	1	7.55	7.55	
6/08/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/08/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/08/15 4400664	VANCOMYCIN 1000MG	1	63.75	63.75	
6/08/15 4400720	DAKINS 0.4-0.5 %	1	46.00	46.00	
6/08/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/08/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/08/15 4401666	SENNA PLUS 8.6-50MG TB	2	5.00	10.00	
6/08/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/08/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/09/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/09/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/09/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/09/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15 DIS. DATE 7/21/15

PAGE
25

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
[REDACTED]
R00451858
[REDACTED]

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/09/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/09/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/09/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/09/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/09/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/09/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/09/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/09/15 4400697	DEXT 5 %	1	7.70	7.70	
6/09/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/09/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/09/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/09/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/09/15 4401568	CEFEPIME 1GM	1	27.85	27.85	
6/09/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
6/09/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
6/09/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/09/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/10/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/10/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/10/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/10/15 4400377	NOVOLOG 100 UN/ML	1	7.55	7.55	
6/10/15 4400503	DEXT 5 %	1	5.00	5.00	
6/10/15 4400574	METHYLIN 5 MGTB	1	24.95	24.95	
6/10/15 4400596	HEPARIN SOD 10000UNI	1	63.75	63.75	
6/10/15 4400664	VANCOMYCIN 1000MG	1	7.70	7.70	
6/10/15 4400697	DEXT 5 %	1	7.70	7.70	
6/10/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
6/10/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/10/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/10/15 4401568	CEFEPIME 1GM	1	27.85	27.85	
6/10/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
6/10/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/11/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/11/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/11/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/11/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/11/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/11/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/11/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
26

101024 GUARANTOR NAME/ADDR.
BLANDIN ANNA M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/11/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/11/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/11/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/11/15 4400697	DEXT 5 %	1	7.70	7.70	
6/11/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/11/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/11/15 4401568	CEFEPIME 1GM	1	27.85	27.85	
6/11/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/11/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/11/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/12/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/12/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/12/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/12/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/12/15 4400503	DEXT 5 %	1	7.55	7.55	
6/12/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/12/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/12/15 4400664	VANCOMYCIN 1000MG	1	63.75	63.75	
6/12/15 4400697	DEXT 5 %	1	7.70	7.70	
6/12/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/12/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/12/15 4401568	CEFEPIME 1GM	1	27.85	27.85	
6/12/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/12/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/13/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/13/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/13/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/13/15 4400377	NOVOLOG 100 UN/ML	3	1.00	3.00	
6/13/15 4400377	NOVOLOG 100 UN/ML	3	1.00	3.00	
6/13/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/13/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/13/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/13/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/13/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/13/15 4400697	DEXT 5 %	1	7.70	7.70	
6/13/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/13/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
27101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/13/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/13/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/13/15 4401568	CEFEPIME 1GM	1	27.85	27.85	
6/13/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/13/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/13/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/14/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/14/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/14/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/14/15 4400377	NOVOLOG 100 UN/ML	3	1.00	3.00	
6/14/15 4400377	NOVOLOG 100 UN/ML	3	1.00	3.00	
6/14/15 4400377	NOVOLOG 100 UN/ML	1	1.00	1.00	
6/14/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
6/14/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/14/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/14/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/14/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/14/15 4400697	DEXT 5 %	1	7.70	7.70	
6/14/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
6/14/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/14/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/14/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/14/15 4401568	CEFEPIME 1GM	1	27.85	27.85	
6/14/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/14/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/14/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/15/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/15/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/15/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/15/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/15/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/15/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/15/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/15/15 4400377	NOVOLOG 100 UN/ML	5	1.00	5.00	
6/15/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/15/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/15/15 4400687	CEFTRIAXONE SOD 2GM	1	37.90	37.90	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE 5/03/15
DIS. DATE 7/21/15PAGE
28101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/15/15 4400697	DEXT 5 %	1	7.70	7.70	
6/15/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/15/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/15/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/15/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/16/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/16/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/16/15 4400371	NOVOLIN N 100UN/ML	6	.50	3.00	
6/16/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/16/15 4400377	NOVOLOG 100 UN/ML	5	1.00	5.00	
6/16/15 4400377	NOVOLOG 100 UN/ML	8	1.00	8.00	
6/16/15 4400377	NOVOLOG 100 UN/ML	8	1.00	8.00	
6/16/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/16/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
6/16/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/16/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/16/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/16/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/16/15 4400687	CEFTRIAXONE SOD 2GM	1	37.90	37.90	
6/16/15 4400697	DEXT 5 %	1	7.70	7.70	
6/16/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
6/16/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/16/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/16/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/16/15 4401650	OXYCODONE 5MG/5ML SO	1	20.40	20.40	
6/16/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/16/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/16/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/17/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/17/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/17/15 4400377	NOVOLOG 100 UN/ML	6	1.00	6.00	
6/17/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/17/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/17/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/17/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
6/17/15 4400472	MIDODRINE 5MG TB	2	17.90	35.80	
6/17/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/17/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
6/17/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29454-3251
843-375-4000

PATIENT NAME ACCOUNT NO. ADMIT DATE DIS. DATE PAGE
BLANDIN ANNA M 4001406 5/03/15 7/21/15 29

101024 GUARANTOR NAME/ADDR. F/C INS. CO/PLANS POLICY #
BLANDIN ANN M CI MEDICARE
NORTH CHARLESTON SC 29415 BCBS FEDERAL R00451858
AFLAC

AGE DR. NAME
71 SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/17/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/17/15 4400658	FUROSEMIDE 10 MG/ML	1	16.90	16.90	
6/17/15 4400687	CEFTRIAXONE SOD 2GM	1	37.90	37.90	
6/17/15 4400697	DEXT 5 %	1	7.70	7.70	
6/17/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
6/17/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/17/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/17/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/17/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/17/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/17/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/17/15 4401754	GABAPENTIN 300 MG CAP	1	5.50	5.50	
6/18/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/18/15 4400069	ZYVOX 2 MG/ML	1	749.75	749.75	
6/18/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/18/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/18/15 4400377	NOVOLOG 100 UN/ML	6	1.00	6.00	
6/18/15 4400377	NOVOLOG 100 UN/ML	8	1.00	8.00	
6/18/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/18/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/18/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/18/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/18/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/18/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/18/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/18/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/18/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/18/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/18/15 4400720	DAKINS 0.4-0.5 %	1	46.00	46.00	
6/18/15 4401380	HYDROPHOR OINT	1	44.10	44.10	
6/18/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/18/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/18/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/18/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/18/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/18/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/18/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE 5/03/15
DIS. DATE 7/21/15PAGE
30101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/18/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/18/15 4401754	GABAPENTIN 300 MG	1	5.50	5.50	
6/19/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/19/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/19/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/19/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/19/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/19/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
6/19/15 4400472	MIDODRINE 5MG	2	17.90	35.80	
6/19/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/19/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/19/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/19/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/19/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/19/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
6/19/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/19/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
6/19/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/19/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/19/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/19/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/19/15 4401754	GABAPENTIN 300 MG	1	5.50	5.50	
6/19/15 4401754	GABAPENTIN 300 MG	1	5.50	5.50	
6/20/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/20/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/20/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/20/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/20/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
6/20/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/20/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/20/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/20/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/20/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/20/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/20/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
31

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/20/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/20/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/20/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/20/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/20/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/20/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/20/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/20/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/20/15 4401754	GABAPENTIN 300 MGCAP	1	5.50	5.50	
6/21/15 4400371	NOVOLIN N 100UN/ML	8	.50	4.00	
6/21/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/21/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/21/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/21/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/21/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
6/21/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/21/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/21/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/21/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/21/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/21/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/21/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/21/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/21/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/21/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/21/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/21/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/21/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/21/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/21/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/21/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/22/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/22/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/22/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/22/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/22/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
6/22/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
32

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

P/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/22/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/22/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/22/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/22/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/22/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/22/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/22/15 4400720	DAKINS 0.4-0.5 %	1	46.00	46.00	
6/22/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/22/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/22/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/22/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/22/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/22/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/22/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/23/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/23/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/23/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/23/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/23/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/23/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/23/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/23/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/23/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/23/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/23/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/23/15 4400719	DAKINS (1/2 STR) 0.2-	1	46.00	46.00	
6/23/15 4400719	DAKINS (1/2 STR) 0.2-	1	46.00	46.00	
6/23/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/23/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/23/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/23/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/23/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/23/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/23/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/23/15 4401666	SENNALUS 8.6-50MGT	2	5.00	10.00	
6/24/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/24/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/24/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
33101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/24/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/24/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/24/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/24/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/24/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
6/24/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/24/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/24/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/24/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
6/25/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/25/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/25/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/25/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/25/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/25/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/25/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/25/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/25/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/25/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/25/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/25/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/25/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/25/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/25/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/25/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/25/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/25/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/25/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
6/25/15 4401666	SENN PLUS 8.6-50MGT	2	5.00	10.00	
6/26/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/26/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/26/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/26/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/26/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/26/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/26/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/26/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
34

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
[REDACTED]
R00451858
[REDACTED]

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/26/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/26/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/26/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/26/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/26/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/26/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/27/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/27/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/27/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
6/27/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/27/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/27/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/27/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/27/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/27/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/27/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/27/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
6/27/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/27/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/27/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/27/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/27/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/27/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
6/28/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/28/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/28/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/28/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
6/28/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/28/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/28/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/28/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
6/28/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/28/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/28/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/28/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
6/28/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
6/28/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406

ADMIT DATE 5/03/15 DIS. DATE 7/21/15

PAGE
35

101024 GUARANTOR NAME/ADDR.

BLANDIN ANNA M

NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #

R00451858

AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/28/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/28/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/28/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/28/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/28/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/29/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
6/29/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/29/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/29/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/29/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/29/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/29/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/29/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/29/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/29/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/29/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/30/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/30/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
6/30/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
6/30/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
6/30/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/30/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
6/30/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/30/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
6/30/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/30/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
6/30/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
6/30/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
6/30/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/30/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/30/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
6/30/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/30/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
6/30/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/30/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/01/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
7/01/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
36

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/01/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
7/01/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/01/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/01/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/01/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/01/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
7/01/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/01/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/01/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/01/15 4401666	SENNAPLUS 8.6-50MG	2	5.00	10.00	
7/02/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
7/02/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/02/15 4400377	NOVOLOG 100 UN/ML	4	1.00	4.00	
7/02/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
7/02/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
7/02/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/02/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/02/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/02/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/02/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/02/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/02/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/02/15 4401380	HYDROPHOR OINT	1	44.10	44.10	
7/02/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/02/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/02/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/02/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/02/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/02/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/02/15 4401666	SENNAPLUS 8.6-50MG	2	5.00	10.00	
7/02/15 4401666	SENNAPLUS 8.6-50MG	2	5.00	10.00	
7/03/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/03/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/03/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/03/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
7/03/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
7/03/15 4400472	MIDODRINE 5MG TB	2	17.90	35.80	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
37101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/03/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/03/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/03/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/03/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/03/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/03/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/03/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/03/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/03/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/03/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/03/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/03/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/03/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/03/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/04/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/04/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/04/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
7/04/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/04/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/04/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/04/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/04/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/04/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/04/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/04/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/04/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/04/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/04/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/04/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/04/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/04/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/04/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/05/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/05/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
7/05/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/05/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/05/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406

ADMIT DATE 5/03/15 DIS. DATE 7/21/15

PAGE
38101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
R00451858AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/05/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/05/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/05/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/05/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/05/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/05/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/05/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/05/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/05/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/05/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/05/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/05/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/06/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/06/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/06/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/06/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/06/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/06/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/06/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/06/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/06/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/07/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/07/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/07/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
7/07/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
7/07/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/07/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/07/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/07/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/07/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/07/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/07/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/07/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/07/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/07/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/07/15 4401441	RENEVELA 0.8 GMPACK	1	67.25	67.25	
7/07/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
39101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
[REDACTED]
R00451858
[REDACTED]AGE
71DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/07/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/07/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/08/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/08/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/08/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
7/08/15 4400472	MIDODRINE 5MG	2	17.90	35.80	
7/08/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/08/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/08/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/08/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/08/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/08/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/08/15 4400647	CIPROFLOXACIN D5W40	1	13.30	13.30	
7/08/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	
7/08/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
7/08/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/08/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/08/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/08/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/08/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/08/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/09/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
7/09/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/09/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/09/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
7/09/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/09/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/09/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/09/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/09/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/09/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/09/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/09/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/09/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
7/09/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/09/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/09/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406

ADMIT DATE 5/03/15 DIS. DATE 7/21/15

PAGE
40101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #

R00451858

AGE
71DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/09/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/09/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/09/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/09/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/09/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/10/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/10/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/10/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
7/10/15 4400472	MIDODRINE 5MG	2	17.90	35.80	
7/10/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/10/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/10/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/10/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/10/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/10/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/10/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
7/10/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/10/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/10/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/10/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/10/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/10/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/10/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/10/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/11/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/11/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/11/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
7/11/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/11/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/11/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/11/15 4400574	METHYLIN 5 MG	1	5.00	5.00	
7/11/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/11/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/11/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/11/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/11/15 4401426	SENSIPAR 30 MG	3	87.85	263.55	
7/11/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
41

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/11/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/11/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/11/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/11/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/11/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/11/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/11/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/11/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/12/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/12/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/12/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
7/12/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/12/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/12/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/12/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/12/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/12/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/12/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/12/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
7/12/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/12/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/12/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/12/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/12/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/12/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/12/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/12/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/12/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/13/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/13/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
7/13/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
7/13/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/13/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/13/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/13/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/13/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/13/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE 5/03/15
DIS. DATE 7/21/15

PAGE
42

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/13/15 4400811	GLUTOSE 15 40%GEL	1	15.75	15.75	
7/13/15 4401120	APLISOL 5 UN/0.1ML	1	22.55	22.55	
7/13/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/13/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/13/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/13/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/13/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/13/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/13/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/13/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/13/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/14/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
7/14/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/14/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/14/15 4400416	FOLIC ACID 1MG TB	1	5.00	5.00	
7/14/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/14/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/14/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/14/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/14/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/14/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/14/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/14/15 4401426	SENSIPAR 30 MG TB	3	87.85	263.55	
7/14/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/14/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/14/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/14/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/14/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/14/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/14/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/14/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/14/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/15/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/15/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/15/15 4400574	METHYLIN 5 MG TB	1	5.00	5.00	
7/15/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/15/15 4401393	ARANESP (ALBUMIN FRE	1	5326.15	5326.15	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
43101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
[REDACTED]
R00451858
[REDACTED]AGE
71DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/15/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/15/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/15/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/15/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/16/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/16/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/16/15 4400416	FOLIC ACID 1MG	1	5.00	5.00	
7/16/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/16/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/16/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/16/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/16/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/16/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/16/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
7/16/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/16/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/16/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/16/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/16/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/16/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/16/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/16/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/16/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/17/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
7/17/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/17/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/17/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/17/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/17/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/17/15 4401006	DIPHENHYDRAMINE 25M	1	5.00	5.00	
7/17/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/17/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/17/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/17/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/17/15 4401666	SENNA PLUS 8.6-50MG	2	5.00	10.00	
7/17/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/18/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
44101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CT MEDICARE
BCBS FEDERAL
AFLACPOLICY #
[REDACTED]
R00451858
[REDACTED]AGE
71DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/18/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
7/18/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/18/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/18/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/18/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/18/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/18/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/18/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
7/18/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/18/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/18/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/18/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/18/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/18/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
7/18/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
7/18/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/18/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/19/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/19/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/19/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/19/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
7/19/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/19/15 4400514	SODIUM CHL 0.9%	1	7.25	7.25	
7/19/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/19/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/19/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/19/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
7/19/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/19/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/19/15 4401441	RENVELA 0.8 GMPACK	1	67.25	67.25	
7/19/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/19/15 4401575	AMPICILLIN SOD 2GM	1	38.10	38.10	
7/19/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
7/19/15 4401666	SENNAPLUS 8.6-50MGT	2	5.00	10.00	
7/19/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	
7/19/15 4401670	CIPROFLOXACIN 250MG	1	21.80	21.80	

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME ACCOUNT NO. ADMIT DATE DIS. DATE PAGE
BLANDIN ANNA M 4001406 5/03/15 7/21/15 45

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #

R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
7/20/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/20/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
7/20/15 4400472	MIDODRINE 5MGTB	2	17.90	35.80	
7/20/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/20/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/20/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
7/20/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/20/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/20/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
7/21/15 4400307	APAP 160 MG/5ML	1	5.00	5.00	
7/21/15 4400371	NOVOLIN N 100UN/ML	10	.50	5.00	
7/21/15 4400377	NOVOLOG 100 UN/ML	2	1.00	2.00	
7/21/15 4400416	FOLIC ACID 1MGTB	1	5.00	5.00	
7/21/15 4400574	METHYLIN 5 MGTB	1	5.00	5.00	
7/21/15 4400596	HEPARIN SOD 10000UNI	1	24.95	24.95	
7/21/15 4401426	SENSIPAR 30 MGTB	3	87.85	263.55	
7/21/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/21/15 4401441	REVELA 0.8 GMPACK	1	67.25	67.25	
7/21/15 4401666	SENNA PLUS 8.6-50MGT	2	5.00	10.00	
6/09/15 4600055	DEBRIDEMENT-SKIN	2	408.25	816.50	SURG
6/16/15 4600055	DEBRIDEMENT-SKIN	2	408.25	816.50	SURG
6/23/15 4600055	DEBRIDEMENT-SKIN	1	408.25	408.25	SURG
5/04/15 4650194	PT EVALUATION	1	241.50	241.50	97001 GP
5/04/15 4650199	PT THEREX 15 MIN	3	101.20	303.60	97110 GP
5/04/15 4650423	PT THER EXER 15 MIN	2	67.85	135.70	97110 GP
5/11/15 4670252	ST EVAL SWALLOWING	1	295.55	295.55	92611 GN
5/12/15 4670036	ST TX SWALLOW DYS	1	154.10	154.10	92526 GN
5/12/15 4670046	ST LANGUAGE TREATMEN	1	136.85	136.85	92507 GN
5/12/15 4670046	ST LANGUAGE TREATMEN	1-	136.85	136.85CR	92507 GN
5/13/15 4670036	ST TX SWALLOW DYS	1	154.10	154.10	92526 GN
5/13/15 4670046	ST LANGUAGE TREATMEN	1	136.85	136.85	92507 GN
5/13/15 4670046	ST LANGUAGE TREATMEN	1-	136.85	136.85CR	92507 GN
7/07/15 4670252	ST EVAL SWALLOWING	1	295.55	295.55	92611 GN
5/04/15 4690072	OT EVALUATION	1	267.95	267.95	97003 GO
5/04/15 4690075	OT THERA EXER 15 MIN	1	101.20	101.20	97110 GO
5/04/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/06/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935

DEMAND BILL

VIBA HOSP OF CHARLESTON
1200 HOSPITAL DRIVE
MT PLEASANT SC
29464-3251
843-375-4000

PATIENT NAME
BLANDIN ANNA M

ACCOUNT NO.
4001406

ADMIT DATE DIS. DATE
5/03/15 7/21/15

PAGE
46

101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
NORTH CHARLESTON SC 29415

F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLAC

POLICY #
R00451858

AGE
71

DR. NAME
SILBINGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
5/08/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/11/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/13/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/15/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/18/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/20/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/22/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/25/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/27/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
5/29/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/01/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/03/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/05/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/08/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/10/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/12/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/15/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/17/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/19/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/22/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/24/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/26/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
6/29/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/01/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/03/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/06/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/08/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/10/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/13/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/15/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/17/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935
7/20/15 4730000	RENAL-HEMODIALYSIS	1	699.20	699.20	90935

DEMAND BILL

VIBA HOSP OF CHARLESTON

1200 HOSPITAL DRIVE

MT PLEASANT SC

29464-3251

843-375-4000

PATIENT NAME
BLANDIN ANNA MACCOUNT NO.
4001406ADMIT DATE DIS. DATE
5/03/15 7/21/15PAGE
47101024 GUARANTOR NAME/ADDR.
BLANDIN ANN M
[REDACTED]
NORTH CHARLESTON SC 29415F/C INS. CO/PLANS
CI MEDICARE
BCBS FEDERAL
AFLACPOLICY #
[REDACTED]
R00451858
[REDACTED]AGE
71DR. NAME
SILBIGER ADAM

CHRG CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE

** SUMMARY OF CHARGES **					
** TOTAL CHARGES **				357954.60	
** TOTAL PAYMENTS **				83657.84CR	
** TOTAL ADJUSTMENTS **				274296.76CR	
** TOTAL AMOUNT DUE **				.00	

MEDICAL EXPENSE SUMMARY

D/A: 01/03/2015

Client Name: ANN M. BLANDIN



<u>HOSPITALIZATIONS</u>	<u>Dates of Service</u>	<u>Costs Incurred</u>
Medical University of South Carolina	01.03.15 – 01.06.15	\$ 27,861.04
Medical University of South Carolina	01.11.15 – 01.21.15	\$ 29,606.04
Medical University of South Carolina	01.27.15 – 01.28.15	\$ 4,847.00
Medical University of South Carolina	02.19.15 – 03.05.15	\$ 67,737.04
Medical University of South Carolina	04.18.15 – 05.03.15	\$ 74,547.08
Medical University of South Carolina	08.05.15	\$ 9,341.00
Medical University of South Carolina	08.10.15 – 08.13.15	\$ 15,237.09
Medical University of South Carolina	08.22.15 – 08.25.15	\$ 13,648.00
Medical University of South Carolina	09.14.15 – 09.30.15	\$ 115,597.04
Summerville Medical Center	03.13.15	\$ 940.00
Trident Medical Center	03.13.15 – 04.14.15	\$ 313,889.00
Vibra Hospital of Charleston	05.13.15 – 07.21.15	\$ 357,954.60
		\$1,031,204.93
<u>NURSING HOMES</u>		
White Oak Manor	03.05.15 – 03.15.15	\$ 6,142.36
Mount Pleasant Manor	08.25.15 – 12.16	\$ 106,874.54
		\$ 113,016.90
<u>AMBULANCES</u>		
MUSC	03.15.15	\$ 500.00
MUSC	05.03.15	\$ 410.00
MUSC	08.13.15	\$ 400.00
MUSC	09.30.15	\$ 400.00
Charleston County EMS	01.03.15	\$ 508.30
Charleston County EMS	01.11.15	\$ 509.15
Charleston County EMS	01.27.15	\$ 509.15
Charleston County EMS	02.19.15	\$ 458.30
Charleston County EMS	04.18.15	\$ 567.80
Charleston County EMS	08.22.15	\$ 484.50
Medtrust Medical Transport, LLC	08.25.15	\$ 892.00
Personal Care Transport	06.19.15 – 09.12.16	\$ 174,712.20
		\$ 180,351.40
<u>PHYSICIANS</u>		
MUSC Health Professional Services	01.03.15 – 01.06.15	\$ 1,838.00
MUSC Health Professional Services	01.03.15	\$ 537.00

MUSC Health Professional Services	01.03.15	\$ 1,237.00
MUSC Health Professional Services	01.03.15	\$ 346.00
MUSC Health Professional Services	01.03.15	\$ 46.00
MUSC Health Professional Services	01.04.15	\$ 84.00
MUSC Health Professional Services	01.11.15 – 01.21.15	\$ 7,398.00
MUSC Health Professional Services	01.11.15	\$ 46.00
MUSC Health Professional Services	01.27.15 – 01.28.15	\$ 678.00
MUSC Health Professional Services	01.27.15	\$ 1,800.00
MUSC Health Professional Services	01.27.15	\$ 88.00
MUSC Health Professional Services	02.19.15 – 03.05.15	\$ 15,201.00
MUSC Health Professional Services	02.19.15	\$ 46.00
MUSC Health Professional Services	02.25.15	\$ 46.00
MUSC Health Professional Services	02.27.15	\$ 99.00
MUSC Health Professional Services	02.27.15	\$ 80.00
MUSC Health Professional Services	02.27.15	\$ 4,491.00
MUSC Health Professional Services	03.01.15	\$ 660.00
MUSC Health Professional Services	03.01.15	\$ 640.00
MUSC Health Professional Services	03.04.15	\$ 1,690.00
MUSC Health Professional Services	04.18.15	\$ 46.00
MUSC Health Professional Services	04.18.15 – 05.03.15	\$ 11,067.00
MUSC Health Professional Services	04.18.15	\$ 69.00
MUSC Health Professional Services	04.18.15	\$ 830.00
MUSC Health Professional Services	05.01.15	\$ 2,044.00
MUSC Health Professional Services	05.02.15	\$ 46.00
MUSC Health Professional Services	05.06.15	\$ 292.00
MUSC Health Professional Services	05.11.15	\$ 198.00
MUSC Health Professional Services	06.01.15	\$ 198.00
MUSC Health Professional Services	06.08.15	\$ 198.00
MUSC Health Professional Services	06.16.15	\$ 3,235.00
MUSC Health Professional Services	06.23.15	\$ 1,165.00
MUSC Health Professional Services	06.23.15	\$ 292.00
MUSC Health Professional Services	06.29.15	\$ 198.00
MUSC Health Professional Services	07.01.15	\$ 646.00
MUSC Health Professional Services	07.06.15	\$ 217.00
MUSC Health Professional Services	07.13.15	\$ 296.00
MUSC Health Professional Services	07.20.15	\$ 154.00
MUSC Health Professional Services	08.01.15	\$ 890.00
MUSC Health Professional Services	08.05.15	\$ 2,153.00
MUSC Health Professional Services	08.10.15 – 08.13.15	\$ 3,012.00
MUSC Health Professional Services	08.10.15	\$ 46.00
MUSC Health Professional Services	08.11.15	\$ 99.00
MUSC Health Professional Services	08.11.15	\$ 52.00
MUSC Health Professional Services	08.22.15 – 08.25.15	\$ 2,566.00
MUSC Health Professional Services	08.22.15	\$ 46.00
MUSC Health Professional Services	09.01.15	\$ 890.00
MUSC Health Professional Services	09.14.15	\$ 46.00
MUSC Health Professional Services	09.15.15	\$ 46.00
MUSC Health Professional Services	09.16.15	\$ 49.00
MUSC Health Professional Services	09.17.15	\$ 740.00

MUSC Health Professional Services	09.29.15	\$ 3,750.00
MUSC Health Professional Services	09.14.15 – 09.30.15	\$ 19,363.00
MUSC Health Professional Services	10.01.15	\$ 1,113.00
		\$ 93,103.00
Poseidon Inpatient Services	03.13.15 – 04.14.15	\$ 1,585.00
Charleston Radiologists	03.13.15 – 04.13.15	\$ 1,457.00
Lowcountry Infectious Diseases	03.18.15 -03.29.15	\$ 970.00
Agape Senior Primary Care	03.19.15 – 04.01.15	\$ 652.00
Trident Anesthesia Group, LLC	03.26.15	\$ 1,100.00
Vibra Physicians	05.03.15 – 07.21.15	\$ 17,422.10
Tidewater Surgical Group	03.24.15 – 03.26.15	\$ 2,262.00
Palmetto Primary Care	04.01.15 – 04.03.15	\$ 693.09
South Carolina Radiology	06.19.15	\$ 517.00
		\$ 26,658.19
<u>NURSING CARE</u>		
House Calls - MD	03.09.15 – 05.06.15	\$ 464.00
Amedisys Home Health	01.23.15 – 02.19.15	\$ 6,392.49
		\$ 6,856.49
TOTAL		\$1,451,190.91

LAW OFFICES
PETERS, MURDAUGH, PARKER, ELTZROTH & DETRICK

JOHN E. PARKER
CLYDE A. ELTZROTH, JR.
J. PAUL DETRICK
DANIEL E. HENDERSON
MARK D. BALL
RANDOLPH MURDAUGH, IV
RONNIE L. CROSBY
R. ALEXANDER MURDAUGH
BERT G. UTSEY, III
RANDOLPH MURDAUGH, III
GRAHAME E. HOLMES
LEE D. COPE
MATTHEW V. CREECH
LEAGUE B. CREECH
STEVEN D. MURDAUGH
WILLIAM F. BARNES, III
AUSTIN H. CROSBY
NEIL E. ALGER

INACTIVE

PROFESSIONAL ASSOCIATION
101 MULBERRY STREET EAST
P.O. BOX 457
HAMPTON, SOUTH CAROLINA
29924-0457

RANDOLPH MURDAUGH, SR.
(1987-1940)
RANDOLPH MURDAUGH, JR.
(1915-1998)
J. ROBERT PETERS, JR.
(1927-2008)

TELEPHONE
(803) 943-2111
TOLL FREE
(866) 943-2113
FACSIMILE
(803) 943-3943
(803) 914-2014
WEBSITE
www.pmped.com

May 11, 2016

John E. Parker
Direct Dial: (803) 914-2004
Email: jparker@pmped.com
Asst. Email: dmann@pmped.com

CERTIFIED MAIL
RETURN RECEIPT #7014 1820 0000 8695 8665

Mayor R. Keith Summey
2500 City Hall Lane
North Charleston, SC 29406

*Re: Blandin v. City of North Charleston
Civil Action No.: 2015-CP-10-3392*

Dear Mayor Summey:

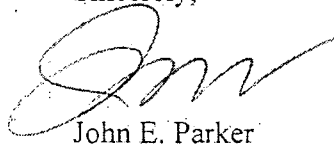
Please be advised that a default hearing has been scheduled before the Honorable Mikel Scarborough, Master-in-Equity, in the above-referenced matter as follows:

DATE: July 7, 2016
TIME: 2:00 p.m.
LOCATION: 100 Broad Street
Courtroom 2A
Charleston, SC 29401

If you need any further information regarding the hearing, please let us know.

With kind regards, I am

Sincerely,



John E. Parker

JEP/dm
Cc: Lawrence Kobrovsky, Esquire
Hon. Mikel Scarborough, Master-in-Equity

June 1, 2016

The Honorable Mikell R. Scarborough
100 Broad St., Ste 266
Charleston, SC 29401-2243

Re: Ann M. Blandin v. City of North Charleston
C/A No. 2015-CP-10-3392, Charleston CP
HLF File No. 236.136

Dear Judge Scarborough:

My law firm has been retained to represent the City of North Charleston in this case. We understand that you have been assigned to hear the Plaintiff's Motion for Default Damages on July 7, 2016 at 2:00 p.m.

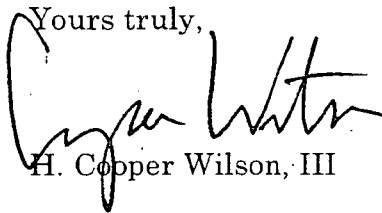
We wanted to let you know that the Defendant filed a Motion to Set Aside Entry of Default and for Late Answer in the above-referenced case. We are attaching the filed motion and corresponding documents to this letter for your review.

We would respectfully like our Motion to Set Aside Default heard before you hear the Plaintiff's Motion for Default Damages. At this time, we did not know whether you wanted to hear our Motion or whether one of the other local judges would hear it as part of a normal roster call. To that end, we are copying Caroline Leonard in the Clerk of Court's office on this letter in order to hopefully get some guidance on how best to proceed.

Please let us know procedurally what works best for the Court regarding these motions. If you have any questions, please call me anytime.

Warm personal regards,

Yours truly,



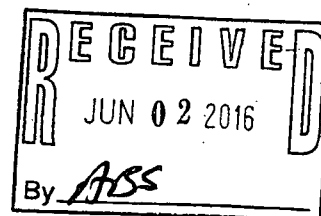
H. Cooper Wilson, III

HCW/spc

Enclosure(s)

cc: Caroline C. Leonard [Via E-Mail]
Lawrence C. Kobrovsky, Esquire
John E. Parker, Esquire

E-MAILED JUN - 1 2016



172 Meeting Street, Charleston, SC 29401

Phone: (843) 577-4435 • Fax: (843) 722-1630 • Email: Info@hoodlaw.com

www.hoodlaw.com

Subject: Fw: E&O Coverage for City of North Charleston
Date: Tuesday, October 10, 2017 at 9:42:52 AM Eastern Daylight Time
From: Brady Hair
To: Derk Van Raalte

Brady Hair
Law Offices of J. Brady Hair
2500 City Hall Lane
P.O. Box 61896
North Charleston, SC 29419
Phone: (843) 572-8700
Fax: (843) 745-1082
brady@bradyhair.com

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Circular 230 Disclosure: U.S. Treasury Department Regulations require us to advise you that unless otherwise expressly indicated, any federal tax advice contained in this communication, including attachments, is not intended to be used and should not be used to avoid tax-related penalties under the Internal Revenue Code or to promote to third person any tax-related matters that may be addressed herein

From: Johnny Parker <JParker@pmped.com>
Sent: Tuesday, June 14, 2016 2:43 PM
To: Brady Hair; JNicholsonJ@sccourts.org; JNicholsonLC@sccourts.org; Cooper Wilson
Subject: RE: E&O Coverage for City of North Charleston

I do not believe there is any public policy involved since the court and legislature both did not include municipalities in the prohibition against defaults in Rule 55(e). I also believe coverage would be provided by either the General Tort Liability or Professional Liability coverage but not having the policy I cannot state that with certainty.

From: Brady Hair [mailto:Brady@bradyhair.com]
Sent: Tuesday, June 14, 2016 1:11 PM
To: JNicholsonJ@sccourts.org; JNicholsonLC@sccourts.org; Johnny Parker; Cooper Wilson
Subject: E&O Coverage for City of North Charleston

Judge Nicholson,
Sorry to bother you but I need to clear up the question of whether the City has E&O coverage. I

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Date: Tuesday, October 10, 2017 at 9:42:52 AM Eastern Daylight Time
From: Brady Hair
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Subject: E&O Coverage for City of North Charleston

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Sorry to bother you but I need to clear up the question of whether the City has E&O coverage. I

checked with Jim Doty of the Insurance Reserve Fund and he confirms that we do not have E&O coverage and the IRF doesn't offer that coverage. That was my memory, but when I asked in court I was told we had the coverage. I am attaching his email to our risk manager Leslie Mitchum. I am also attaching the City's renewal cover page that shows the coverages we have and it does not include E&O.

I would ask you to consider my public policy argument as originally offered. As I stated to the Court, I do not know if the IRF will deny coverage, but having dealt with them and other Insurance companies for 25 years, I have that concern.

Thanks for your consideration.
Brady Hair

Brady Hair

Law Offices of J. Brady Hair
2500 City Hall Lane
P.O. Box 61896
North Charleston, SC 29419
Phone: (843) 572-8700
Fax: (843) 745-1082
brady@bradyhair.com

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received this message in error, please notify the sender immediately
either by
phone (803-943-2111) or reply to this e-mail and delete all copies of
this
message.

Subject: Fw: E&O Coverage for City of North Charleston
Date: Tuesday, October 10, 2017 at 9:42:38 AM Eastern Daylight Time
From: Brady Hair
To: Derk Van Raalte
Attachments: CONC Ins. Renewal Cover.pdf, Doty IRF email.pdf

Brady Hair

Law Offices of J. Brady Hair
2500 City Hall Lane
P.O. Box 61896
North Charleston, SC 29419
Phone: (843) 572-8700
Fax: (843) 745-1082
brady@bradyhair.com

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From: Brady Hair
Sent: Tuesday, June 14, 2016 1:10 PM
To: JNicholsonJ@sccourts.org; JNicholsonLC@sccourts.org; jparker@pmped.com; Cooper Wilson
Subject: E&O Coverage for City of North Charleston

Judge Nicholson,

Sorry to bother you but I need to clear up the question of whether the City has E&O coverage. I checked with Jim Doty of the Insurance Reserve Fund and he confirms that we do not have E&O coverage and the IRF doesn't offer that coverage. That was my memory, but when I asked in court I was told we had the coverage. I am attaching his email to our risk manager Leslie Mitchum. I am also attaching the City's renewal cover page that shows the coverages we have and it does not include E&O.

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Brady Hair

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FW: E&O

Mitchum, Leslie <lmitchum@northcharleston.org>

Tue 6/14/2016 12:22 PM

Inbox

To: Brady Hair <Brady@bradyhair.com>;

This is what he sent me. But I'll get it in letter form.

-----Original Message-----

From: Doty, Jim [mailto:jdoty@irfsc.gov]

Sent: Tuesday, June 14, 2016 11:17 AM

To: Mitchum, Leslie <lmitchum@northcharleston.org>

Subject: Re: E&O

The IRF doesn't provide E&O.

Sent from my iPhone

> On Jun 14, 2016, at 10:35 AM, Mitchum, Leslie <lmitchum@northcharleston.org> wrote:

>

> Do we have coverage with y'all?

>

> Sent from my iPhone

INSURANCE RENEWAL PACKAGE

CITY OF NORTH CHARLESTON
POST OFFICE BOX 190016
N CHARLESTON, SC 29419

RETURN TO: INSURANCE RESERVE FUND
1201 MAIN STREET - SUITE 500
PO BOX 11066
COLUMBIA SC 29201

IT IS IMPORTANT THAT YOU RETURN THIS ENTIRE INSURANCE RENEWAL PACKAGE AND INCLUDE YOUR SIGNATURE, CURRENT DATE AND PHONE NUMBER ON THE FIRST PAGE OF EVERY WORKSHEET. KEEP A COPY OF THE RETURN PACKAGE FOR YOUR RECORDS. THE POLICIES LISTED BELOW WILL EXPIRE ON **01 JUL 2016**. FAILURE TO RESPOND COULD RESULT IN LAPSED COVERAGE. **DO NOT** SEND PAYMENT UNTIL YOU ARE INVOICED BY THE ACCOUNTING DEPARTMENT WHICH WILL BE AFTER YOU RECEIVE YOUR RENEWED POLICIES.

CURRENTLY WE DO NOT PLAN TO VISIT YOU DURING THIS RENEWAL PERIOD. HOWEVER, IF YOU HAVE QUESTIONS OR CONCERNS PLEASE CONTACT YOUR FIELD AGENT, WILLEM BUISMAN, AT (803) 737-0020. **THE COMPLETED RENEWAL PACKAGE MUST BE RECEIVED IN THIS OFFICE NO LATER THAN FOURTEEN DAYS BEFORE YOUR CURRENT EXPIRATION DATE.** THIS WILL INSURE THAT YOUR RENEWAL IS PROCESSED AND IN PLACE BEFORE YOUR CURRENT POLICIES EXPIRE.

CURRENT LIST OF POLICIES

<u>POLICY NUMBER</u>	<u>TYPE OF COVERAGE</u>	<u>POLICY NUMBER</u>	<u>TYPE OF COVERAGE</u>
C144240016	AUTOMOBILE COMP & COLLISION	C144240016A	AUTOMOBILE COMP & COLLISION
D144240016	DATA PROCESSING	F144240016A	BUILDINGS & PERSONAL PROPERTY
L144240016	AUTOMOBILE LIABILITY	M144240016	INLAND MARINE
M144240016C	INLAND MARINE	M144240016E	INLAND MARINE
M144240016L	INLAND MARINE	M144240016M	INLAND MARINE
M144240016N	INLAND MARINE	P144240016	PROFESSIONAL LIABILITY
T144240016A	GENERAL (TORT) LIABILITY		

OTHER IMPORTANT INFORMATION

THIS IS YOUR NEW INSURANCE RENEWAL PACKAGE. PLEASE READ IT CAREFULLY IN ORDER TO FAMILIARIZE YOURSELF WITH ITS FORMAT AND THE INFORMATION THERE ON. YOU WILL FIND A RENEWAL WORKSHEET FOR EACH OF YOUR POLICIES. THERE IS A SHADED BOX TO CHANGE, CORRECT OR WRITE DELETE FOR EVERY ITEM INSURED. WORKSHEETS ARE ALSO INCLUDED FOR ADDITIONAL (NEW) ITEMS NOT PREVIOUSLY COVERED. ADDITIONALLY, THE IRF NEEDS TO KNOW THE STATUS OF ANY THIRD PARTIES WITH INTEREST IN YOUR POLICIES. IF PRESENT IN YOUR PACKAGE PLEASE INDICATE THEIR STATUS BY CHECKING RETAIN OR DELETE.

PLEASE NOTE: EFFECTIVE MARCH 1, 2014, THE MINIMUM DEDUCTIBLE FOR COMPREHENSIVE AND/OR COLLISION COVERAGE HAS CHANGED TO \$500. ALL COMPREHENSIVE AND COLLISION POLICIES THAT CURRENTLY HAVE A \$200 DEDUCTIBLE FOR EITHER COMPREHENSIVE AND/OR COLLISION COVERAGE WILL BE CHANGED TO THE NEW \$500 MINIMUM DEDUCTIBLE AT THE NORMAL POLICY RENEWAL DATE.

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

The Honorable Mikell R. Scarborough, Master-In-Equity

Case No.: 2015-CP-10-3392

FILED
2017 AUG -2 PM 1:48
JULIE J. ARMSTRONG
CLERK OF COURT

Ann M. Blandin Respondent-Appellant,

-v-

City of North Charleston Appellant-Respondent.

NOTICE OF APPEAL

PLEASE take notice that Ann M. Blandin ("Respondent"), pursuant to Rule 203, SCACR, appeals the Order of the Honorable Mikell R. Scarborough dated June 21, 2017, capping and reducing Plaintiff's judgment to \$300,000.00 (Exhibit A).

Respondent received written notice of entry of the Order reducing judgment to \$300,000.00 on July 05, 2017. A copy of the Order appealed is attached to this Notice.

[SIGNATURE PAGE TO FOLLOW]

Respectfully submitted,

PETERS, MURDAUGH, PARKER, ELTZROTH
& DETRICK, P.A.

August 1, 2017
Hampton, South Carolina

BY:



John E. Parker
William F. Barnes, III
101 Mulberry Street, East
P.O. Box 457
Hampton, SC 29924
Phone: (803) 943-2111
Email: jparker@pmped.com
Email: wbarnes@pmped.com

-And-

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Charleston, SC 29401
Phone: (843) 853-3703
Email: kobrovskyl@bellsouth.net

Attorneys for Respondent-Appellant

Other Counsel of Record:

Robert H. Hood, Jr., Esquire
William G. DesChamps, IV, Esquire
Hood Law Firm, LLC
Post Office Box 1508
Charleston, SC 29402

Attorneys for Appellant-Respondent

IN THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

The Honorable Mikell R. Scarborough, Master-In-Equity

Case No.: 2015-CP-10-3392

Ann M. Blandin Respondent-Appellant,

-v-

City of North Charleston, ... Appellant-Respondent.

PROOF OF SERVICE

The undersigned certifies that a copy of the foregoing Notice of Appeal has been served upon the following counsel of record by mailing a copy of the same, postage prepaid, in the United States Mail, addressed as shown below this 1st day of August, 2017.

Robert H. Hood, Jr., Esquire
William G. DesChamps, IV, Esquire
Hood Law Firm, LLC
Post Office Box 1508
Charleston, SC 29402

William J. Horvath, Esquire
Turner Padgett Graham & Laney, PA
Post Office Box 22129
Charleston, SC 29413

[SIGNATURE PAGE TO FOLLOW]

FILED
2017 AUG -2 PM 1:48
JULIE J. ARMSTRONG
CLERK OF COURT

PETERS, MURDAUGH, PARKER, ELTZROTH
& DETRICK, P.A.

August 1, 2017
Hampton, South Carolina

BY: William F. Barnes, III

William F. Barnes, III
John E. Parker
101 Mulberry Street, East
P.O. Box 457
Hampton, SC 29924
Phone: (803) 943-2111
Email: jparker@pmped.com
Email: wbarnes@pmped.com

-And-

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Charleston, SC 29401
Phone: (843) 853-3703
Email: kobrovskyl@bellsouth.net

Attorneys for Respondent-Appellant

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Charleston County
Court of Common Pleas
Mikell R. Scarborough, Master-in-Equity

Case No. 2015-CP-10-3392

FILED
2017 AUG -3 PM 3:17
JULIE J. ARMSTRONG
CLERK OF COURT

Ann M. Blandin,

Respondent,

v.

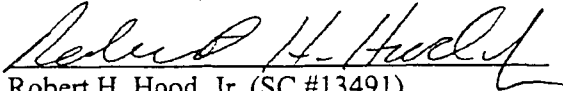
City of North Charleston,

Appellant.

NOTICE OF APPEAL

City of North Charleston appeals from the Order-Judgment of the Honorable Mikell R. Scarborough, filed June 23, 2017. The undersigned received written notice of entry of the final order ending the case on July 3, 2017.

Hood Law Firm, LLC



Robert H. Hood, Jr. (SC #13491)

William G. DesChamps, IV (SC #100596)

Deborah H. Sheffield, *Of Counsel* (SC #2757)

172 Meeting Street ~ P.O. Box 1508

Charleston, South Carolina 29402

Phone: (843) 577-4435 / Facsimile: (843) 722-1630

Attorneys for the Appellant

City of North Charleston

July 28, 2017
Charleston, South Carolina

Other Counsel of Record:

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Post Office Box 1726
Charleston, SC 29402-1726
Ph: (843) 853-3703 / Fax: (843) 853-2331
kobrovskyl@bellsouth.net

And

John E. Parker, Esquire
Peters, Murdaugh, Parker, Eltzroth & Detrick, P.A.
101 Mulberry Street East
P.O. Box 457
Hampton, SC 29924
P: 803-943-2111 / P: 803-580-6928/F: 803-914-2014
E: jparker@pmped.com

Attorneys for the Respondent

Certificate of Service

I, Robert H. Hood, Jr., attorney for the Appellant do hereby certify that on 7/28, 2017, I served a copy of the Notice of Appeal on Counsel for Respondent, via U.S. Mail, first class, postage prepaid to the following address:

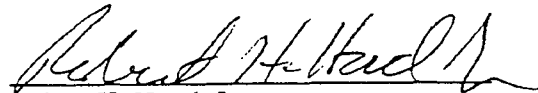
Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Post Office Box 1726
Charleston, SC 29402-1726
Ph: (843) 853-3703 / Fax: (843) 853-2331
kobrovskyl@bellsouth.net

And

John E. Parker, Esquire
Peters, Murdaugh, Parker, Eltzroth & Detrick, P.A.
101 Mulberry Street East
P.O. Box 457
Hampton, SC 29924
P: 803-943-2111 / P: 803-580-6928/F: 803-914-2014
E: jparker@pmped.com

I further certify that I filed a copy of the Notice of Appeal with the Clerk of the Court for Charleston on this same date at:

Julie Armstrong, Clerk
Charleston County – Court of Common Pleas
100 Broad Street, Suite 106
Charleston, South Carolina 29401-2258


Robert H. Hood, Jr.

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Charleston County
Court of Common Pleas
Mikell R. Scarborough, Master-in-Equity
J.C. Nicholson, Jr., Circuit Judge

RECEIVED

JAN 22 2018

SC Court of Appeals

Case No. 2015-CP-10-3392
Appeal No. 2017-001628

Ann M. Blandin,

Respondent-Appellant,

v.

City of North Charleston,

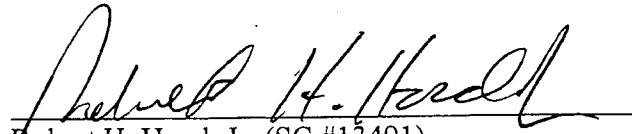
Appellant-Respondent.

AMENDED NOTICE OF APPEAL

City of North Charleston appeals from the Order-Judgment of the Honorable Mikell R. Scarborough, filed June 23, 2017. The undersigned received written notice of entry of the final order ending the case on July 3, 2017. The City also seeks review of the intermediate orders of the Honorable J.C. Nicholson, Jr., filed June 15, 2016 (denying Rule 55(c) motion), and July 12, 2016 (denying motion to reconsider).

Respectfully submitted,

HOOD LAW FIRM, LLC



Robert H. Hood, Jr. (SC #13491)

Deborah H. Sheffield, *Of Counsel* (SC #2757)

172 Meeting Street ~ P.O. Box 1508

Charleston, South Carolina 29402

Phone: (843) 577-4435

Facsimile: (843) 722-1630

LAW OFFICES OF J. BRADY HAIR

J. Brady Hair (SC# 9040)

Derk Van Raalte IV (SC # 9286)

2500 City Hall Lane North

P.O. Box 61896

Charleston, South Carolina 29419

Phone: (843) 843-572-8700

Facsimile: (843) 843-745-1082

**Attorneys for the Appellant/Respondent
City of North Charleston**

January 19, 2018

Other Counsel of Record:

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Post Office Box 1726
Charleston, SC 29402-1726
Ph: (843) 853-3703 / Fax: (843) 853-2331
kobrovskyl@bellsouth.net

And

John E. Parker, Esquire
Peters, Murdaugh, Parker, Eltzroth & Detrick, P.A.
101 Mulberry Street East
P.O. Box 457
Hampton, SC 29924
P: 803-943-2111 / P: 803-580-6928/F: 803-914-2014
jparker@pmped.com
Attorneys for the Respondent-Appellant

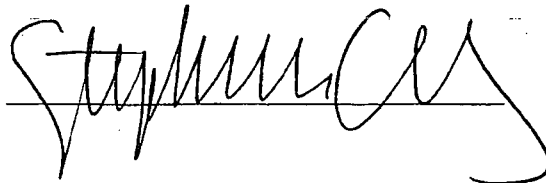
RECEIVED
JAN 22 2018
SC Court of Appeals

Certificate of Service

I, secretary to Robert H. Hood, Jr., attorney for the Appellant/Respondent do hereby certify that on January 19, 2018, I served a copy of the Amended Notice of Appeal on Counsel for Respondent/Appellant, via U.S. Mail, first class, postage prepaid to the following address:

Lawrence C. Kobrovsky, Esquire
123 Meeting Street
Post Office Box 1726
Charleston, SC 29402-1726

John E. Parker, Esquire
Peters, Murdaugh, Parker, Eltzroth &
Detrick, P.A.
101 Mulberry Street East
P.O. Box 457
Hampton, SC 29924



LAW OFFICES
PETERS, MURDAUGH, PARKER, ELTZROTH & DETRICK

JOHN E. PARKER
CLYDE A. ELTZROTH, JR.
DANIEL E. HENDERSON
MARK D. BALL
RANDOLPH MURDAUGH, IV
RONNIE L. CROSBY
R. ALEXANDER MURDAUGH
BERT G. UTSEY, III
RANDOLPH MURDAUGH, III
GRAHAME E. HOLMES
LEE D. COPE
MATTHEW V. CREECH
LEAGUE B. CREECH
STEVEN D. MURDAUGH
WILLIAM F. BARNES, III
AUSTIN H. CROSBY
NEIL E. ALGER

INACTIVE

PROFESSIONAL ASSOCIATION
101 MULBERRY STREET EAST
P.O. BOX 457
HAMPTON, SOUTH CAROLINA
29924-0457

August 1, 2017

RANDOLPH MURDAUGH, SR.
(1887-1940)
RANDOLPH MURDAUGH, JR.
(1915-1998)
J. ROBERT PETERS, JR.
(1927-2008)
J. PAUL DETRICK
(1948-2016)

TELEPHONE
(803) 943-2111
TOLL FREE
(866) 943-2113
FACSIMILE
(803) 943-3943
(803) 914-2014
WEBSITE
www.pmped.com

William F. Barnes, III
Direct Dial: (803) 914-6702
Email: wbarnes@pmped.com
Paralegal: mdavis@pmped.com

Christine Smith
Charleston County Courthouse
100 Broad Street, Suite 266
Charleston, SC 29401

Re: *Ann M. Blandin v. City of North Charleston*
Civil Action No.: 2015-CP-10-3392

Dear Ms. Smith:

Plaintiff's Damages Hearing was heard May 2, 2017 before Judge Scarborough. As the court reporter for this hearing, please allow this letter to serve as our formal request for a copy of the complete transcript as soon as conveniently possible.

Please forward an invoice with the transcript and we will remit payment upon receipt as provided by Rule 607, SCACR. Thank you for your assistance in this matter.

If you need any additional information, please let us know.

With kind regards, I am

Sincerely,



William F. Barnes, III

WFB/mcd

cc: Honorable Jenny Abbott Kitchings
SC Court Administration
Robert H. Hood, Jr., Esquire
William G. DesChamps, IV, Esquire
Lawrence C. Kobrovsky, Esquire

RECEIVED

AUG 03 2017

SC Court of Appeals

LAW OFFICES
PETERS, MURDAUGH, PARKER, ELTZROTH & DETRICK

JOHN E. PARKER
* CLYDE A. ELTZROTH, JR.
DANIEL E. HENDERSON
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P.O. BOX 457
HAMPTON, SOUTH CAROLINA
29924-0457

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(803) 914-2014
WEBSITE
www.pmped.com

William F. Barnes, III
Direct Dial: (803) 914-6702
Email: wbarnes@pmped.com
Paralegal: mdavis@pmped.com

The Honorable Julie J. Armstrong
Charleston County Clerk of Court
100 Broad Street, Ste. 106
Charleston, SC 29401

Re: Ann M. Blandin v. City of North Charleston
Civil Action No.: 2015-CP-10-3392

Dear Ms. Armstrong:

Enclosed for filing please find the original and one copy of the Notice of Appeal in the above-referenced case. Please file the documents and return a file-stamped copy to me in the enclosed self-addressed, stamped envelope.

By copy of this letter, I am serving all counsel of record with a copy of the same.

If you have any questions, please do not hesitate to contact our office.

With kind regards, I am

Sincerely,



William F. Barnes, III

WFB/mcd
Enclosures as stated

cc: The Honorable Jenny Abbott Kitchings
Robert H. Hood, Jr., Esquire
William G. DesChamps, IV, Esquire
William J. Horvath, Esquire
Lawrence C. Kobrovsky, Esquire

LAW OFFICES
PETERS, MURDAUGH, PARKER, ELTZROTH & DETRICK

JOHN E. PARKER
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WILLIAM F. BARNES, III
AUSTIN H. CROSBY
NEIL E. ALGER

* INACTIVE

PROFESSIONAL ASSOCIATION
101 MULBERRY STREET EAST
P.O. BOX 457
HAMPTON, SOUTH CAROLINA
29924-0457

RANDOLPH MURDAUGH, SR.
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(803) 914-2014
WEBSITE
www.pmped.com

August 1, 2017

RECEIVED
William F. Barnes, III
Direct Dial: (803) 914-6702
Email: wbarnes@pmped.com
Paralegal: mdavis@pmped.com

AUG 03 2017

SC Court of Appeals

The Honorable Jenny Abbott Kitchings
S.C. Court of Appeals Clerk of Court
Post Office Box 11629
Columbia, SC 29211-1629

Re: *Ann M. Blandin v. City of North Charleston*
Civil Action No.: 2015-CP-10-3392

Dear Ms. Kitchings:

Enclosed for filing please find the original and one copy of the Notice of Appeal in the above-referenced case. Also enclosed is proof of service of the Notice of Appeal on Appellant-Respondent, City of North Charleston, a copy of the Order challenged on appeal, and a check in the amount of \$100.00 for the filing fee. Please file the documents and return a file-stamped copy to me in the enclosed self-addressed, stamped envelope.

By copy of this letter, I am serving all counsel of record with a copy of the same.

If you have any questions, please do not hesitate to contact our office.

With kind regards, I am..

Sincerely,



William F. Barnes, III

WFB/mcd
Enclosures as stated

cc: The Honorable Julie J. Armstrong
Robert H. Hood, Jr., Esquire
William G. DesChamps, IV, Esquire
William J. Horvath, Esquire
Lawrence C. Kobrovsky, Esquire

100 YEARS OF LEGAL SERVICE 1910-2010

ROA 428

LAW OFFICES
PETERS, MURDAUGH, PARKER, ELTZROTH & DETRICK

PROFESSIONAL ASSOCIATION

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RONNIE L. CROSBY
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(1915-1998)
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(1927-2008)
J. PAUL DETRICK
(1948-2016)
CLYDE A. ELTZROTH, JR. - RET.

October 4, 2017

William F. Barnes, III
Direct Dial: (803) 914-6702
Email: wbarnes@pmped.com
Paralegal: mdavis@pmped.com

The Honorable Jenny Abbott Kitchings
S.C. Court of Appeals Clerk of Court
Post Office Box 11629
Columbia, SC 29211-1629

*Re: Ann Blandin v. City of North Charleston
Appellate Case No.: 2017-001628*

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OCT 09 2017

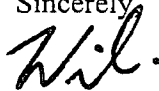
SC Court of Appeals

Dear Ms. Kitchings:

Please be advised the transcript of record ordered from Christine A. Smith, the court reporter who covered the hearing in the above-referenced matter, was received on October 3, 2017.

With kind regards, I am

Sincerely,



William F. Barnes, III

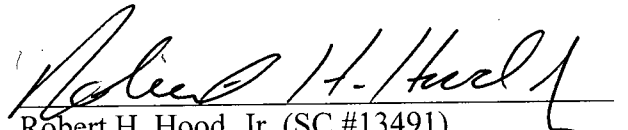
WFB/mcd
Enclosures as stated

cc: Robert H. Hood, Jr., Esquire
William G. DesChamps, IV, Esquire
Deborah Harrison Sheffield, Esquire
Lawrence C. Kobrovsky, Esquire
SC Court Administration

CERTIFICATE OF COUNSEL

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

The undersigned further certifies that the Record on Appeal has been redacted in compliance with the Order of the South Carolina Supreme Court, dated April 15, 2014, RE: Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings, Appellate Case No. 2013-002681.


Robert H. Hood, Jr. (SC #13491)
Deborah H. Sheffield, Of Counsel (SC #2757)
172 Meeting Street~ P.O. Box 1508
Charleston, South Carolina 29402
Phone: (843)577-4435
Facsimile: (843) 722-1630
Attorneys for the Appellants

August 7, 2018

RECEIVED
AUG 27 2018
SC Court of Appeals