101821

FILED FOR RECORD
SKAMANIA CO. WASH
EMANUEL HOSPITAL
Sep 10 3 44 PM '86
AUDITOR
GARY M. OLSON

FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I EMANUEL HOSPITAL hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the 15 day of August, 19 86.

2. That the place of injury was Carson, Washington - taken to Emanuel Hospital - Portland, Oregon

3. That the location and description of the defect which caused the injury are

4. That the injury is described as follows: Gunshot wound to Mark L. Setzer

5. That the amount of damages claimed is as follows: $ 12,549.70 Hospital Care

6. That the actual residence of the claimant at the time of presenting and filing this claim is 2801 North Gantenbein Ave. Portland, Oregon

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was Same as above

DATED: Sept. 10, 19 86.

/s/ Nacy McKay - Patient Accounts Rep.
(Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by No.s 2-4 of this form may be attached on the back of this Claim for Damages.

Registered S
Indexed, Dir S
Indirect S
Filmed
Mailed

Unofficial Copy

Emanuel Hospital

2801 north gantenbein avenue • portland, oregon 97227

To call writer direct phone (503) 280-4443

GARY OLSEN, AUDITOR
SKAMANIA COUNTY COURTHOUSE
STEVENSON WA 98648

DEAR SIR:

THE ATTORNEY FOR MR MARK L SETZER HAS ADVISED ME TO SUBMIT THE ENCLOSED ITEMIZATION TO YOU.

PLEASE LET ME KNOW IF YOU NEED ANY FURTHER INFORMATION.

Nancy McKay

NANCY MCKAY
PATIENT ACCOUNTS REPRESENTATIVE
PATIENT ACCOUNTS DEPARTMENT

cc/file

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SEP 1986
RECEIVED
SKAMANIA COUNTY
AUDITOR
STEVENSON, WASH.
11:00 AM

APPROVED OMB NO. 0938-0279

EMANUEL HOSPITAL
P.O. BOX 4037
PORTLAND, OR
97208 503-280-4048

3 PATIENT CONTROL NUMBER: 0-11419-9
4 TYPE OF BILL: 111
6 FEDERAL TAX NO: 93-0386323
8 MEDICAID NO: 055103

10 PATIENT'S LAST NAME: SETZER, FIRST NAME: MARK, INITIAL: L
11 PATIENT'S ADDRESS: UNK, CITY: HOOD RIVER, STATE: OR, ZIP: 97013

12 BIRTH DATE: 06-23-69, 13 SEX: M
15 DATE: 08-15-86, 16 HR: 00, 17 TYPE: 00, 18 AH: 15, 20 DH: 01, 21 STAT: 01
STATEMENT COVERS PERIOD: FROM 08-15-86 THROUGH 08-22-86
23 COV D: 7

28 OCCURRENCE: CD 05, DATE 08-14-86

34 MARK L SETZER
UNK
HOOD RIVER OR

43 DESCRIPTION	44 RC CODE	45 SERV UNITS	46 TOTAL CHARGES	54 NON COV	55	56
ROOM-BOARD/SEMI 299.00	120	7	209300			
INTENSIVE CARE 0.00	200		124600			
PHARMACY	250	198	91860			
IV SOLUTIONS	258	18	30523			
MED-SUR SUPPLIES	270	31	11781			
LAB/CHEMISTRY	301	10	53641			
LAB/HEMOTOLOGY	305	10	37757			
LAB/OTHER	309	3	10875			
PATHOLOGY LAB	310	2	6498			
DX X-RAY	320	12	70500			
OR SERVICES	360	132	296924			
ANESTHESIA	370	22	55780			
BLOOD/STOR-PROC	390	42	141803			
RESPIRATORY SVC	410	58	49055			
PHYSICAL THERP	420	2	9413			
CARDIAC CATH LAB	481	15	52600			
GRAND-TOTAL	001		1254970			

57 PAYER: A WELFARE-OREGON

60 DEDUCTIBLE | 61 CO-INSURANCE | 62 EST RESPONSIBILITY | 63 PRIOR PAYMENTS | 64 EST AMOUNT DUE

DUE FROM PATIENT ▶

66 INSURED'S NAME: A SETZER, MARK L, 67 PREL: 01
68 CERT-SSN-HIC-ID NO | 69 GROUP NAME | 70 INSURANCE GROUP NO

71 ED: P | 72 ESC | 73 EMPLOYER NAME | 74 EMPLOYEE ID | 75 EMPLOYER LOCATION

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS | 77 PRIN CODE | OTHER DIAGNOSES CODES 78 79 80 81

82 PC: 9 | 83 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS
84 PRINCIPAL PROCEDURE CD DATE | 85 OTHER PROCEDURE CD DATE | 86 OTHER PROCEDURE CD DATE

PRO VA DATA: 87 CD 2 | 88 APP FROM | 89 APP THROUGH | 90 GRC
91 TREATMENT AUTH: 0000000000
92 ATTENDING PHYSICIAN ID: 068585 GORRELL G
93 OTHER PHYSICIAN ID

94 REMARKS

VERIFIED N C STAY DATES FROM THROUGH | PR PSC D
AMT REIMBURSED | N PYM CD | APPROV BY | DATE APPROV

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

PROVIDER REPRESENTATIVE X | 98 DATE

UB-82 HCFA-1450 INSTITUTION COPY

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BLUE CROSS, BLUE SHIELD
PARTICIPATING HOSPITAL

FEDERAL I.D. NO.
93-0300823

Emanuel Hospital
p.o. box 4057 portland, oregon 97208
503-280-4040
A Division of HEALTHLINK

[redacted]

[redacted]

MARK L SETZER
UNK
HOOD RIVER OR

0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR

08/26/86 PAGE 1

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

			DATE OF ADMISSION 08/15/86		
		*** 01	ROOM AND CARE		
			MOST COMMON SEMI-PRIVATE RATE 328.00		
08/15		3508	SEMI-PRIVATE AT 299.00 PER DAY	7	2,093.00
			AREA TOTAL ***	7	2,093.00
		*** 12	ICU		
08/15	079	0401-5	TRAUMA NURSE PER 30 MINUTES	18	405.00
08/15	082	0502-0	PATIENT ACUITY LEVEL 3		841.00
			AREA TOTAL ***		1,246.00
		*** 18	CARDIOPULM		
08/15	079	7008-8	BRONCHOSCOPY THERAPEUTIC		200.00
			AREA TOTAL ***		200.00
		*** 21	RESP SERV		
08/17	086	8001-6	SETUP O2 (ADULT)		25.50
08/17	086	8005-7	INCENTIVE SPIROMETER SU ADULT		27.50
08/17	086	8006-5	OXIMETER SET UP		23.50
08/17	086	8012-3	SPIROMETER RX	5	42.50
08/17	086	8015-6	ARTERIAL PUNCTURE(ADULT)		10.75
08/17	086	8025-5	MEDICAL GAS HR	48	160.80
			AREA TOTAL ***		290.55
		*** 26	SURG		
08/15	865	1042-6	SINGLE GOWNS 510	3	16.68
08/15	865	1044-2	STERILE SLEEVES		1.99
08/15	865	1051-7	TRIFLEX GLOVES	9	5.58
08/15	865	1053-3	EXAM GLOVES	8	.88
08/15	865	1054-1	ULTRADERM GLOVES		2.94
08/15	865	1056-6	IOBAN 6651		27.05
08/15	865	1067-3	FEEDING TUBE INFANT		.84
08/15	865	1087-1	DAVOL TUBING 10' STERILE SUCTION		1.96
08/15	865	1088-9	DAVOL TUBING 20' STERILE SUCTION		3.24
08/15	854	1098-8	SALEM SUMP		2.60
08/15	865	1101-0	BOTTLE SUCTION	3	14.43
08/15	865	1111-9	URIMETER		25.35
08/15	865	1114-3	CHEST TUBE THORACIC CATH		12.46
08/15	865	1117-6	CATH TRAY WITHOUT FOLEY		4.30
					CONTINUED

X-RAY CHARGES: THE X-RAY CHARGE DOES NOT INCLUDE THE RADIOLOGIST'S FEE. YOU WILL RECEIVE A SEPARATE STATEMENT FROM THE RADIOLOGIST FOR HIS PROFESSIONAL X-RAY SERVICES.

Unofficial Copy
DO NOT SIGNED

BLUE CROSS, BLUE SHIELD
PARTICIPATING HOSPITAL

FEDERAL I.D. NO.
93-0308823

Emanuel Hospital
p.o. box 4057 portland, oregon 97208
503-280-4010
A Division of HEALTHLINK

[redacted]

MARK L SETZER
UNK
HOOD RIVER OR

0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR

08/26/86 PAGE 2

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/15	865	1118-4	PLEUROVAC		90.66
08/15	865	1135-8	GAUZE 4X8	4	2.44
08/15	865	1146-5	TELFA	2	.62
08/15	865	1147-3	VASELINE GAUZE	2	3.60
08/15	865	1160-6	XEROFORM 1G		1.64
08/15	865	1190-3	PREP SPONGES 4X4	3	4.50
08/15	865	1191-1	LAP SPONGES 18X18	3	19.65
08/15	865	1196-0	TOWELS PKG	3	3.96
08/15	865	1200-0	FOLEY TEMP PROBE		25.85
08/15	865	1232-3	BLADES-SCALPELS	2	1.22
08/15	865	1238-0	PREP SET DISP & ACUDYNE PAINT		8.67
08/15	865	1240-6	SYRINGE DISP	6	5.40
08/15	865	1246-3	SPINAL NEEDLE		3.53
08/15	865	1253-9	DOUBLE BASIN		9.73
08/15	865	1260-4	HYPODERMICNEEDLE	4	5.96
08/15	865	3066-3	ACD SOLUTION		8.57
08/15	865	3067-1	ACD RED TOP LINER	2	82.92
08/15	865	3068-9	ACD RECEPTAL TUBING		35.34
08/15	865	3830-2	TRAUMA PACK-CUSTOM		123.01
08/15	865	5750-0	PI 30X1		67.40
08/15	865	5750-0	PDS X8		29.28
08/15	864	5756-7	WITH NEEDLE CHROMIC PLAIN		2.93
08/15	864	5760-9	WITH NEEDLE DEXON	6	12.12
08/15	864	5769-0	DACRON TAPE		1.31
08/15	864	5782-3	CV-DA PROLENE	2	10.72
08/15	864	5786-4	SILK STRANDS		1.11
08/15	864	5789-8	SILK WITH NEEDLE	10	15.80
08/15	864	5790-6	SILK MULTI WITH NEEDLE		8.06
08/15	864	5814-4	INSTRUMENT MAG PAD		10.91
08/15	864	5840-9	HEMOCLIPS	3	36.63
08/15	864	5900-1	MAJOR CAP		32.77
08/15	864	5905-0	CHEST		25.67
08/15	864	5928-2	HEAD LIGHT		35.09
08/15	864	5937-3	CAUTERY (GROUND PAD)		28.72
08/15	854	5943-1	HYPTHERMIA UNIT		29.92
08/15	864	5963-9	CAUTERY TIP		1.20

CONTINUED

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X-RAY CHARGES: THE X-RAY CHARGE DOES NOT INCLUDE THE RADIOLOGIST'S FEE. YOU WILL RECEIVE A SEPARATE STATEMENT FROM THE RADIOLOGIST FOR HIS PROFESSIONAL X-RAY SERVICES.

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PARTICIPATING HOSPITAL

FEDERAL I.D. NO.
93-0366523

Emanuel Hospital
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503-280-4040
A Division of HEALTHLINK

[redacted]

[redacted]

MARK L SETZER
UNK
HOOD RIVER OR

0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR

08/26/86 PAGE 3

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/15	865	5970-4	TRAUMA TRAY	2	43.76
08/15	865	5971-2	TRAUMA CHEST TRAY		50.63
08/15	865	6753-3	1000CC SODIUM CHLORIDE	5	9.50
08/15	865	6757-4	1500CC STERILE WATER		1.92
08/15	864	9802-5	FIRST 1/2 HR OR TIME 3 STAFF PERSON		352.57
08/15	864	9806-6	EACH ADDN 15 MN OR TIME 3 STAFFPRSN	15	1,603.65
			AREA TOTAL ***		2,969.24
		*** 40	CENT SERV		
08/15	151	0908-0	UNDERPAD XLRG 25X30 5'S		9.00
08/16	187	0274-7	EQUIP WALL SUCTION DAILY		12.00
08/16	187	0275-4	SUCTION TYPE 11		12.00
08/16	187	0339-8	CATHETER SUCTION COUDE 14FR	5	10.00
08/16	196	0485-9	TOOTHPASTE CREST 3/4OZ		.75
08/16	195	0486-7	TOOTHBRUSH ADULT 28		.50
08/16	196	0495-8	MOUTHWASH CEPACOL 4OZ		.50
08/16	196	0332-2	SET INSTR BLUNT DISP		6.45
08/16	192	9126-0	SOLUTION IRR WATR 1000ML BT		1.50
08/16	187	9585-7	EQUIP WALL SUCTION SET UP		8.00
08/17	173	0274-7	EQUIP WALL SUCTION DAILY	2	24.00
08/17	179	8820-9	SPONGE NU GAUZE 4X4 3 PLY		.13
08/17	173	9585-7	EQUIP WALL SUCTION SET UP	2	16.00
08/18	304	0484-2	PETROLEUM JRT 10# TUBE 36364 6		1.50
08/18	296	0908-0	UNDERPAD XLRG 25X30 5'S		9.00
08/18	290	9468-6	SLIPPERS SIZE 9.5-10.5		1.33
08/19	361	0486-7	TOOTHBRUSH ADULT 28		.50
08/21	433	8820-9	SPONGE NU GAUZE 4X4 3 PLY	4	.52
08/21	432	9006-4	DRESSING VASELINE 3X9		.97
08/23	465	0486-7	TOOTHBRUSH ADULT 28		.50
08/23	465	1034-4	SLIPPERS SIZE 8-9		1.33
08/23	465	9468-6	SLIPPERS SIZE 9.5-10.5		1.33
			AREA TOTAL ***		117.81
		*** 43	CHEMIS		
08/15	079	1010-8	ABG + HCT 80002		61.57
08/15	079	1010-8	ABG + HCT 80002		61.57
08/15	079	1030-6	ABG + HCT + K 80003	1-	82.94CR
08/15	079	1030-6	ABG + HCT + K 80003		82.94

CONTINUED

X-RAY CHARGES: THE X-RAY CHARGE DOES NOT INCLUDE THE RADIOLOGIST'S FEE. YOU WILL RECEIVE A SEPARATE STATEMENT FROM THE RADIOLOGIST FOR HIS PROFESSIONAL X-RAY SERVICES.

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PARTICIPATING HOSPITAL

FEDERAL I.D. NO.
93-0306823

Emanuel Hospital
p.o. box 4057 portland, oregon 97208
503-280-4000
A Division of HEALTHLINK

[redacted]

MARK L SETZER
UNK
HOOD RIVER OR

0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR

08/26/86 PAGE 4

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/15	079	1030-6	ABG + HCT + K	80003		82.94
08/15	079	2020-6	ALCOHOL-ETOH	82055		45.80
08/15	079	2040-4	AMYLASE-SERUM	82150		30.53
08/15	079	2060-2	BLOOD GASES-ARTERIAL	82803		52.00
08/15	079	2060-2	BLOOD GASES-ARTERIAL	82803		52.00
08/15	079	2248-3	CHEM 6+GLUCOSE	80007		49.00
08/15	079	2248-3	CHEM 6+GLUCOSE	80007		49.00
08/16	082	2060-2	BLOOD GASES-ARTERIAL	82803		52.00
08/16	079	2060-2	BLOOD GASES-ARTERIAL	82803		52.00
08/16	079	2248-3	CHEM 6+GLUCOSE	80007		49.00
08/26	014	2060-2	BLOOD GASES-ARTERIAL	82803	1-	52.00CR
08/26	014	2248-3	CHEM 6+GLUCOSE	80007	1-	49.00CR
				AREA TOTAL ***		536.41
		*** 46	HEMOTOL			
08/15	079	3030-2	CBC-COULTER	85027		21.60
08/15	079	3030-2	CBC-COULTER	85027	1-	21.60CR
08/15	079	3030-2	CBC-COULTER	85027		21.60
08/15	079	3035-1	CBC-COULTER & DIFF	85028		30.00
08/15	079	3045-0	DIFFERENTIAL/BLOOD	85007		8.40
08/15	079	3045-0	DIFFERENTIAL/BLOOD	85007	1-	8.40CR
08/15	079	3045-0	DIFFERENTIAL/BLOOD	85007		8.40
08/15	079	5042-5	DIC BASELNE PNL			N / C
08/15	079	7070-4	URINALYSIS-ROUTINE			14.65
08/15	079	8042-2	Z HOSP DIC BASELINE PANEL	80099		135.86
08/15	079	9042-1	Z PHY DIC BASELINE PAN 800	99-26		55.46
08/16	079	3035-1	CBC-COULTER & DIFF	85028		30.00
08/16	079	3035-1	CBC-COULTER & DIFF	85028		30.00
08/16	079	3035-1	CBC-COULTER & DIFF	85028		30.00
08/17	082	3035-1	CBC-COULTER & DIFF	85028		30.00
08/18	084	3035-1	CBC-COULTER & DIFF	85028		30.00
08/19	090	3030-2	CBC-COULTER	85027		21.60
08/26	014	3035-1	CBC-COULTER & DIFF	85028	1-	30.00CR
08/26	014	3035-1	CBC-COULTER & DIFF	85028	1-	30.00CR
				AREA TOTAL ***		377.57
		*** 46	SPC			
08/15	079	4800-2	SMAC(23)	80019		36.25

CONTINUED

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[redacted]

[redacted]

MARK L SETZER
UNK
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0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR

08/26/86 PAGE 5

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/16	079	4800-2	SMAC(23)	80019		36.25
08/16	079	4800-2	SMAC(23)	80019		36.25
08/20	090	4800-2	SMAC(23)	80019		36.25
08/26	014	4800-2	SMAC(23)	80019	1-	36.25CR
				AREA TOTAL ***		108.75
		*** 47	PATHOLOGY			
08/15	203	6554-1	MICR-GROSS 3 BK 88305			17.05
08/15	203	7554-0	PHY MICR-GRS 3 BK 88305-26			67.93
08/15	203	8554-9	MICR GROSS 3 BK			N / C
				AREA TOTAL ***		84.98
		*** 50	BLOOD BANK			
08/15	223	2130-8	WHOLE BLOOD-PACKED CELSS PRO	CES	9	466.20
08/15	223	3025-9	BLOOD BANK PREP CHG	86999	9	137.43
08/15	223	3041-6	CAB FARE		3	12.00
08/15	220	4060-5	ABO GROUP	86080	2	44.78
08/15	220	4080-3	ANTIBODY SCREEN	86016		25.44
08/15	220	4085-2	XMATCH	860[illegible]-22	18	732.78
				AREA TOTAL ***		1,418.63
		*** 56	CARDIAC LAB			
08/15	079	1001-9	TECH LABOR 20 MIN		10	200.00
08/15	079	1009-2	HEMODYNAMIC MONITOR SET UP			136.00
08/15	079	1015-9	ARTERIAL EXTENSION			45.00
08/15	079	1016-7	TRANSDUCER			30.00
08/15	079	1017-5	ARTERIAL CANNULAR			70.00
08/15	079	1088-6	IV HEPARIN FLUSH 500CC			45.00
				AREA TOTAL ***		526.00
		*** 58	XRAY DIAG HOSP			
08/15	079	7100-9	CHEST 1 VIEW(PA/PORT/TUBE CH ECK)			64.00
08/15	079	7100-9	CHEST 1 VIEW(PA/PORT/TUBE CH ECK)			64.00
08/15	079	7100-9	CHEST 1 VIEW(PA/PORT/TUBE CH ECK)			64.00
08/15	079	7479-7	PORTABLE IN SURGERY			34.00
08/15	079	7480-5	EXAM AT BEDSIDE			40.00
08/16	082	7100-9	CHEST 1 VIEW(PA/PORT/TUBE CH ECK)			64.00
08/16	082	7480-5	EXAM AT BEDSIDE			40.00
08/17	084	7100-9	CHEST 1 VIEW(PA/PORT/TUBE CH ECK)			64.00
08/18	086	7101-7	CHEST 2 VIEWS(PA&LAT/ROUTINE)			69.00

CONTINUED

X-RAY CHARGES: THE X-RAY CHARGE DOES NOT INCLUDE THE RADIOLOGIST'S FEE. YOU WILL RECEIVE A SEPARATE STATEMENT FROM THE RADIOLOGIST FOR HIS PROFESSIONAL X-RAY SERVICES.

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[redacted]

MARK L SETZER
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0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR

08/26/86 PAGE 6

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/19	090	7101-7	CHEST 2 VIEWS(PA&LAT/ROUTINE)		69.00
08/20	094	7100-9	CHEST 1 VIEW(PA/PORT/TUBE CH ECK)		64.00
08/22	002	7101-7	CHEST 2 VIEWS(PA&LAT/ROUTINE)		69.00
			AREA TOTAL ***		705.00
		*** 67	PHARMACY		
08/15	854	3649-0	SUBLIMAZE 5CC		10.63
08/15	377	5172-1	ANCEF (CEFAZOLIN) 2 GM	4	99.60
08/16	121	1719-3	HEPARIN 10U/ML 10CC(INVENEX	4	39.06
08/16	121	2020-5	ANCEF 1GM INJ	2	41.03
08/16	121	2020-5	ANCEF 1GM INJ	14	287.21
08/16	121	2233-4	BUPIVACAINE/EPI 0.25% 30ML		10.02
08/16	121	2944-6	DURAMORPH PF 10MG/ML AMP		16.99
08/16	121	3027-9	POTASSIUM CHLORIDE 20MEQV	4	27.66
08/16	121	4336-3	XYLOCAINE 0.5%/ EPI 50 CC 0/20		8.67
08/18	123	0765-7	PROCHLORPERAZINE 10MG TUBEX	4	33.22
08/18	123	0765-7	PROCHLORPERAZINE 10MG TUBEX	3	24.92
08/18	123	0765-7	PROCHLORPERAZINE 10MG TUBEX		8.31
08/18	123	1719-3	HEPARIN 10U/ML 10CC(INVENE	7-	68.35CR
08/18	123	2020-5	ANCEF 1GM INJ	6-	123.09CR
08/18	123	3027-9	POTASSIUM CHLORIDE 20MEQ	1-	6.91CR
08/18	123	3027-9	POTASSIUM CHLORIDE 20MEQV	4-	27.66CR
08/18	123	4267-0	HYDROXYZINE 50MG/CC VIAL	3	21.30
08/18	123	4267-0	HYDROXYZINE 50MG/CC VIAL	4	28.40
08/18	123	4267-0	HYDROXYZINE 50MG/CC VIAL	4	28.40
08/18	123	5022-8	BISACODYL SUPP. 10MG (UPS)		1.39
08/18	123	5022-8	BISACODYL SUPP. 10MG (UPS)		1.39
08/18	123	5022-8	BISACODYL SUPP. 10MG (UPS)		1.39
08/18	123	5217-4	NARCOTIC-SEDATIVE INJECTION		8.10
08/18	123	5217-4	NARCOTIC-SEDATIVE INJECTION	7	56.70
08/18	123	8000-1	MILK OF MAGNESIA UD	1-	1.51CR
08/18	123	8100-9	NARCOTIC-SEDATIVE ORAL	8	21.20
08/19	266	0000-9	BUPRENEX INJ	4-	30.89CR
08/19	266	1723-5	HEPARIN 10U FLUSH TUBEX	2	14.28
08/19	266	2161-7	LOPRESSOR 50MG UD	2	3.11
08/19	266	4267-0	HYDROXYZINE 50MG/CC VIAL	2	14.20
08/19	266	5022-8	BISACODYL SUPP. 10MG (UPS)		1.39

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BLUE CROSS, BLUE SHIELD
PARTICIPATING HOSPITAL

FEDERAL I.D. NO.
93-0366823

Emanuel Hospital
p.o. box 4097 portland, oregon 97208
503-280-4040
A Division of HEALTHUNK

[redacted]

MARK L SETZER
UNK
HOOD RIVER OR

0-11419-9 | 08/22/86
SETZER MARK L 0114199

REGULAR 08/26/86 PAGE 7

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/19	266	5022-8	BISACODYL SUPP. 10MG (UPS)	2	2.79
08/19	266	5217-4	NARCOTIC-SEDATIVE INJECTION	12	97.20
08/19	266	8000-1	MILK OF MAGNESIA UD	2	3.02
08/19	266	8000-1	MILK OF MAGNESIA UD	2	3.02
08/19	266	8100-9	NARCOTIC-SEDATIVE ORAL		2.65
08/20	312	1723-5	HEPARIN 10U FLUSH TUBEX	4	28.55
08/20	312	2161-7	LOPRESSOR 50MG UD	2	3.11
08/20	312	5022-8	BISACODYL SUPP. 10MG (UPS)		1.39
08/20	312	5217-4	NARCOTIC-SEDATIVE INJECTION	2	16.20
08/20	312	8000-1	MILK OF MAGNESIA UD		1.51
08/20	312	8000-1	MILK OF MAGNESIA UD		1.51
08/20	312	8100-9	NARCOTIC-SEDATIVE ORAL	19	50.35
08/21	333	5217-4	NARCOTIC-SEDATIVE INJECTION	2	16.20
08/21	333	8100-9	NARCOTIC-SEDATIVE ORAL	14	37.10
08/22	391	0402-7	BENADRYL 25MG UD	6	8.26
08/22	391	2161-7	LOPRESSOR 50MG UD		1.55
08/22	391	5022-8	BISACODYL SUPP. 10MG (UPS)	2-	2.79CR
08/22	391	8000-1	MILK OF MAGNESIA UD	3-	4.52CR
08/22	391	8100-9	NARCOTIC-SEDATIVE ORAL	38	100.70
08/23	403	1723-5	HEPARIN 10U FLUSH TUBEX	3	21.41
08/23	403	2161-7	LOPRESSOR 50MG UD	2	3.11
08/23	403	3734-0	HYDROCODONE AND APAP	20	7.53
08/23	403	8100-9	NARCOTIC-SEDATIVE ORAL	20	53.00
08/25	456	0402-7	BENADRYL 25MG UD	6-	8.26CR
08/25	456	0765-7	PROCHLORPERAZINE 10MG TUBEX	6-	49.84CR
08/25	456	1723-5	HEPARIN 10U FLUSH TUBEX	3-	21.41CR
08/25	456	4267-0	HYDROXYZINE 50MG/CC VIAL	7-	49.70CR
08/25	456	5022-8	BISACODYL SUPP. 10MG (UPS)	1-	1.39CR
08/25	456	8000-1	MILK OF MAGNESIA UD	1-	1.51CR
08/25	456	8100-9	NARCOTIC-SEDATIVE ORAL	18	47.70
			AREA TOTAL ***		918.60
		*** 69	ANESTHES		
08/15	854	6461-3	EXTENSION SET	2	13.64
08/15	854	6462-1	DISP BREATHING CIRCUIT		12.90
08/15	854	6473-8	EPIDURAL TRAY		31.42
08/15	854	6477-9	CATHLON OR ANGIOCATH		8.07

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08/26/86 PAGE 8

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/15	854	6485-2	ENDO TUBE		13.95
08/15	854	6487-8	BLOOD WARMER AND BAG	2	37.70
08/15	854	6490-2	MNTR LEADS 3 OR PADS & ECG	2	25.74
08/15	854	6501-6	1000 LACTATED RINGERS		19.13
08/15	854	6503-2	1000 NORMAL SALINE 0 9	2	37.84
08/15	854	6508-1	IV VENOSET 72		7.22
08/15	854	6573-5	GENERAL ANESTHESIA SUP 4HR		204.44
08/15	854	6607-1	Y BLOOD PUMP SET	2	28.90
08/15	854	6615-4	COOK CATHETER		13.90
08/15	854	6616-2	HUMIDIFIER GAS WARMING		25.02
08/15	854	6625-3	ESOPHAGEAL TEMPERATURE PROBE		12.22
08/15	854	6630-3	OXIMETER		34.47
08/15	854	6635-2	A-LINE		31.24
			AREA TOTAL ***		557.80
		*** 72	PHYSICAL THER		
08/18	090	8883-0	PTS HELPER TRAPEZE		32.92
08/18	090	8885-5	OVERHEAD TRA FRM		61.21
			AREA TOTAL ***		94.13
		*** 77	IV SOLUTIONS		
08/15	376	6637-1	D5-1/2NS + 20MEQ KCL		21.28
08/15	378	6853-4	HARVARD MICROBORE TUBING .8		18.52
08/16	238	6637-1	D5-1/2NS + 20MEQ KCL		21.28
08/17	124	6637-1	D5-1/2NS + 20MEQ KCL		21.28
08/17	7	6637-1	D5-1/2NS + 20MEQ KCL		21.28
08/17	313	6637-1	D5-1/2NS + 20MEQ KCL	1-	21.28CR
08/18	123	6588-6	1000ML D5W		20.99
08/18	123	6596-9	500ML D5W		20.68
08/18	123	6644-7	1000ML D5 .25		20.97
08/18	123	6833-6	ARGYLE HL	3	46.20
08/18	123	6836-9	EXTENDER		15.68
08/18	123	6852-6	REGULAR SET		16.00
08/18	123	6892-2	BURETROL 150 OR 100		18.77
08/18	123	6904-5	.22 IVEX		17.01
			AREA TOTAL ***		258.66
		*** 78	IV NURSING		
08/16	082	0003-0	IV-HL START/RESTART ACUITY#3		40.99

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08/26/86 PAGE 9

PATIENT: SETZER MARK L AGE 17 PHY 2294 93 REV W

08/16	082	0432-1	GAUZE 2X2	2	.08
08/17	084	0011-3	IV SITE EVALUATION		5.50
			AREA TOTAL ***		46.57
			BALANCE DUE		12,549.70

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NANCY PT. ACCTS.

EMANUEL HOSPITAL
PATIENT ACCOUNTS DEPARTMENT
2801 N GANTENBEIN
PORTLAND OR 97227-1674

SKAMANIA COUNTY
SKAMANIA COUNTY COURTHOUSE
STEVENSON WA 98648

ATTN: GARY OLSEN, AUDITOR

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