EXHIBIT 14
DATE 2/18/2011
HB 555

STATEMENT OF TYSON PALLISTER

I am Tyson Pallister. I operated a business called TP Plumbing and Heating. I was a general and sub contractor. My business did both large and small projects.

I had a car accident on February 25, 2005. I could not continue with my contracting business. I now work for the City of Helena. We had all kinds of insurance. We had health insurance, auto insurance, all the insurance we could think of. My wife, Nikki, took care of the insurance.

In the accident, I suffered severe head trauma, which still affects me. My sternum was split all the way down the middle. The metatarsals and my cuboid were totally crushed in my left foot. The dash hit me in the knee and literally blew my leg out my back side, so I don't have a hip anymore. It was not replaced but I have an 8-inch plate on the outside of my hip, an 11-inch rod that runs from the top of my hip down underneath my testicles, and 8 pins. I have two plates in my foot. My arms were broken. My shoulder was dislocated causing permanent irreversible damage.

My medical bills were about $130,000. At first, I didn't hire a lawyer because I thought the insurance companies would pay. At first, Blue Cross said they wouldn't because it was a workers' compensation claim. I hired a lawyer and he explained I wasn't on the job when I was injured and so there was no work comp.

We had Blue Cross Blue Shield health insurance. After my accident and when I got back from Harborview Hospital in Seattle, we tried to get Blue Cross to pay my medical bills but they wouldn't.

Blue Cross paid some of the bills, about $22,000. Then they said they wouldn't pay anymore because there was automobile insurance. They also said I didn't submit them on the right forms – but my lawyers tell me it's not required to submit them on any particular form. To this day, Blue Cross has only paid a fraction of my medical bills.

Automobile insurance didn't pay for a long time, a few years. In the meantime, my wife and I got turned in for collection on medical bills even though we had Blue Cross health insurance. We mortgaged two pieces of property,

I'm here today because I feel if I have health insurance, my medical bills should be paid. Why else do you have insurance? We still owe money we borrowed to pay the medical bills. We have a lawsuit against Blue Cross to pay the medical bills and they still refuse.

We're back on our feet now but my wife, my kids and I went through hell. I went from having a successful contracting business to having threats of having our power shut off. We went through bankruptcy. By the time we got the automobile insurance money, I had to pay wholesalers and get out of contracts, the money was gone. When I needed Blue Cross to step forward and pay the bills, they didn't. I don't want this to happen to somebody else.

Blue Choice®

PLUS

BENEFITS IN DETAIL

EMPLOYERS ASSOCIATION OF WESTERN MONTANA (70/30)

Effective April 1, 2004

g. Holistic medicine.

h. Marriage counseling.

i. Religious counseling.

j. Self-help programs.

k. Stress management.

30. Sanitarium care, custodial care, rest cures, or convalescent care to help the *member* with daily living tasks. Examples include but are not limited to, help in:

a. Walking.

b. Getting in and out of bed.

c. Bathing.

d. Dressing.

e. Feeding.

f. Using the toilet.

g. Preparing special diets.

h. Supervision of medication which Is usually self-administered and does not require the continuous attention of medical personnel.

No payment will be made for admissions or parts of admissions to a *hospital*, skilled nursing facility, or extended care facility for the types of care outlined in this exclusion.

31. Vitamins or food supplements, whether or not prescribed by a *physician.*

32. Services or supplies for the medical and/or surgical treatment of obesity, including any *benefits*, services or supplies for medical and/or surgical treatment for *morbid obesity*, whether rendered for weight control or any other condition.

33. Services or supplies for weight reduction or weight control, whether rendered for weight control or any other condition.

34. Charges associated with health clubs, weight loss clubs or clinics.

35. Services or supplies for the treatment of *illness,* injury and/or complications resulting from services that are not *covered medical expenses.*

36. Education or tutoring services.

37. Any services or supplies not provided in or by a *covered provider.*

38. Services and supplies primarily for personal comfort, hygiene, or convenience which are not primarily medical in nature.

39. Services and supplies which are not listed as a *benefit* of this *member guide.*

CLAIMS

How to Obtain Payment for Covered Medical Expenses for Benefits

1. If a *member* obtains *benefits* from a *participating provider*, the *participating provider* will submit claims to *the plan* for the *member*. If a *member* obtains *benefits* from a nonparticipating provider, the *member* must submit all claims to *the plan*. All claims for services must be submitted no later than 12 months after the date on which the services were received. All claims must provide enough information about the services for *the plan* to determine whether or not they are a *covered medical expense*. Submission of the information is required before payment will be made. In certain instances, *Blue Cross and Blue Shield of Montana* may require that additional documents or information including, but not limited to, accident reports, and medical records be submitted within the timeframe requested for the additional

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HARBORVIEW MEDICAL CENTER

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

TYSON S PALLISTER 2448420
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

ADMITTED 02-25-05 DISCHARGED 03-07-05

SUMMARY OF CHARGES

DAILY SERVICE: 10 DAYS@	1,015.00	10,150.00
PHARMACY		3,042.52
DRUGS/OTHER		21.42
MED-SURG SUPPLIES		1,050.32
NON-STER SUPPLY		348.54
STERILE SUPPLY		1,817.89
SUPPLY/IMPLANTS		3,744.53
LABORATORY		745.30
DX X-RAY		4,471.00
CT SCAN		3,980.00
OR SERVICES		10,854.00
ANESTHESIA		2,531.70
BLOOD STOR-PROC		142.00
PHYSICAL THERP		176.60
PHYS THERP/EVAL		354.00
OCCUPATION THERP		122.00
OCCUP THERP/EVAL		253.80
EMERG ROOM		4,850.00
PULMONARY FUNC		160.00
DRUGS/SELF ADMIN		880.76
RECOVERY ROOM		2,369.00
TOTAL CHARGES		52,065.38

pd 4/28/05

YOUR INSURANCE WILL BE BILLED

Section II

HSD07P

EXHIBIT A-1
AFFIDAVIT OF PETAJA

3

C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

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Summary Of Charges

ADMITTED 02-25-05 DISCHARGED 03-07-05

DAILY SERVICE: 10 DAYS@	1,015.00	10,150.00
250 PHARMACY		3,042.52
259 DRUGS/OTHER		21.42
270 MED-SURG SUPPLIES		1,050.32
271 NON-STER SUPPLY		348.54
272 STERILE SUPPLY		1,817.89
278 SUPPLY/IMPLANTS		3,744.53
300 LABORATORY		745.30
320 DX X-RAY		4,471.00
350 CT SCAN		3,980.00
360 OR SERVICES		10,854.00
370 ANESTHESIA		2,531.70
390 BLOOD STOR-PROC		142.00
420 PHYSICAL THERP		176.60
424 PHYS THERP/EVAL		354.00
430 OCCUPATION THERP		122.00
434 OCCUP THERP/EVAL		253.80
450 EMERG ROOM		4,850.00
460 PULMONARY FUNC		160.00
637 DRUGS/SELF ADMIN		880.76
710 RECOVERY ROOM		2,369.00
TOTAL CHARGES		52,065.38

HSD06P

4.

C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

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4705 CAROL DRIVE
HELENA, MT 59602

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Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

ADMITTED 02-25-05 DISCHARGED 03-07-05

22505	00000	DAILY SERVICE LVL 1	120	322	126	322	0225A	000	1	1,015.00
22505	00000	I.V. SOLUTION	250	515	407	332	0303A	000	2	34.30
22505	00000	I.V. SOLUTION	250	515	407	332	0303A	000	3	34.30
22505	00000	I.V. SOLUTION	250	515	407	332	0303A	000	4	34.30
22505	00000	I.V. SOLUTION	250	515	407	332	0303A	000	5	34.30
22505	00000	SET PCA MINIBORE CONT IN	250	515	433	332	0303A	000	6	34.30
22505	00000	HYDROMORPHONE 2MG	250	518	110	325	0226BB	000	34	33.50
22505	00000	ONDANSETRON HCL 4MG\2ML	250	518	110	325	0226BB	000	35	47.85
22505	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0226BB	000	36	31.41
22505	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0226BB	000	37	38.25
22505	00000	HYDROMORPHONE 2MG	250	518	110	325	0226BB	000	38	33.50
22505	00000	HYDROMORPHONE 2MG	250	518	110	325	0226BB	000	39	33.50
22505	00000	POTASSIUM CL 20MEQ	250	518	130	322	0226BB	000	40	30.99
22505	00000	D51\2NS 1000ML	250	518	130	322	0226BB	000	41	34.20
22505	80100	DRUG SCREEN QUAL MX	300	378	494	378	0313AA	000	30	98.00
22505	85013	SPUN MICROHCT	300	378	497	378	0313AA	000	31	16.00
22505	86885	PSBC INDIRECT ANTI-GLOB	300	513	073	850	0226AA	317	8	31.00
22505	82055	ALCHOHOL TEST - ETHYL	300	520	003	378	0225AA	434	14	38.60
22505	82150	AMYLASE	300	520	114	378	0225AA	434	15	19.70
22505	81003	URINALYSIS-WORKUP	300	520	272	378	0225AA	434	16	9.70
22505	80048	BASIC METABOLIC PANEL	300	520	291	378	0225AA	434	17	28.50
22505	81015	URINALYSIS- MICROSCOPIC	300	520	372	378	0225AA	434	18	3.20
22505	85027	HEMOGRAM AND PLT	300	522	580	378	0225AA	434	19	16.50
22505	85384	FIBRINOGEN ACTIVITY	300	570	621	378	0225AA	434	20	21.40
22505	85730	PARTIAL THROMBOPLASTIN	300	570	623	378	0225AA	434	21	21.00
22505	85610	PROTHROMBIN	300	570	631	378	0225AA	434	22	12.00
22505	85670	THROMBIN TIME	300	570	634	378	0225AA	434	23	17.50
22505	36415	VENIPUNCTURE - ROUTINE	300	378	395	378	0313AA	000	26	22.00
22505	81002	URINALYSIS DIPSTICK(UA)	300	378	488	378	0313AA	000	29	17.00
22505	71010	CHEST/ I VIEW	320	505	002	378	0226CH	000	42	143.00
22505	72020	SPINE 1VIEW	320	505	220	378	0226CH	000	43	151.00
22505	72070	THORACIC SPINE/ 2 VIEWS	320	505	238	378	0226CH	000	44	151.00
22505	72100	LUMBAR SPINE 2-3 VIEWS	320	505	240	378	0226CH	000	45	255.00
22505	72170	PELVIS -1 OR 2 VIEWS	320	505	256	378	0226CH	000	46	140.00
22505	72190	PELVIS COMPLETE 3 VIEWS	320	505	257	378	0226CH	000	47	151.00
22505	73610	ANKLE/ MIN 3 VIEW	320	505	330	378	0226CH	000	48	221.00

HSD08P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

22505	73550	FEMUR	320	505	338	378	0226CH	000	49	155.00
22505	73630	FOOT/ MIN 3 VIEW	320	505	340	378	0226CH	000	50	166.00
22505	73564	KNEE/ COMPLETE	320	505	348	378	0226CH	000	51	232.00
22505	73590	TIBIA AND FIBULA	320	505	354	378	0226CH	000	52	201.00
22505	73130	HAND/ MIN 3 VIEW	320	505	452	378	0226CH	000	53	175.00
22505	73130	HAND/ MIN 3 VIEW	320	505	452	378	0226CH	000	54	175.00
22505	73110	WRIST/ MIN 3 VIEW	320	505	468	378	0226CH	000	55	209.00
22505	73110	WRIST/ MIN 3 VIEW	320	505	468	378	0226CH	000	56	209.00
22505	NOCPT	PORTABLE X-RAY	320	505	961	378	0226CH	000	57	.00
22505	72192	PELVIS W/O CONTRAST	350	506	218	378	0226CH	000	58	854.00
22505	73700	LOWER EXTREMTY W/O CONTR	350	506	253	378	0226CH	000	59	656.00
22505	76375	COR/SAG AND/OR OBL RECON	350	506	266	378	0226CH	000	60	480.00
22505	76375	COR/SAG AND/OR OBL RECON	350	506	266	378	0226CH	000	61	480.00
22505	72125	C-SPINE W/O CONTRAST	350	506	350	378	0226CH	000	62	656.00
22505	NOCPT	MAG/ALGOR CHANGE	350	506	403	378	0226CH	000	63	.00
22505	86900	PSBC ABO TYPING	390	513	188	850	0226AA	317	9	15.50
22505	86901	PSBC RH(D)	390	513	026	850	0226AA	317	7	15.50
22505	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0226AA	148	10	10.00
22505	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0226AA	164	11	10.00
22505	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0225AA	127	12	10.00
22505	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0226AA	317	13	10.00
22505	51702	CATH URETHRA SIMPL-FOLEY	450	378	416	378	0313AA	000	27	129.00
22505	99284	LEVEL 4 EXTENDED	450	378	245	378	0313AA	000	24	635.00
22505	20650	INSERT PIN W/APPL TRACT	450	378	369	378	0313AA	000	25	3,931.00
22505	90784	TX/PROPH/DX INJECT VEIN	450	378	561	378	0313AA	000	32	155.00
22505	94761	EAR/PULSE OXIMETRY; MULT	460	378	445	378	0313AA	000	28	160.00
22505	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0226BB	000	33	.53
22605	00000	DAILY SERVICE LVL 1	120	322	126	322	0226A	000	64	1,015.00
22605	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0227BB	000	80	31.41
22605	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0227BB	000	81	38.25
22605	00000	METOCLOPRAMIDE 10MG\2ML	250	518	110	325	0227BB	000	82	31.18
22605	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0227BB	000	83	31.41
22605	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0227BB	000	84	31.41
22605	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0227BB	000	85	38.25
22605	00000	ONDANSETRON HCL 4MG\2ML	250	518	110	325	0227BB	000	86	47.85
22605	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0227BB	000	87	38.25
22605	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0227BB	000	88	31.31
22605	00000	D51\2NS 1000ML	250	518	130	322	0227BB	000	89	34.20

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

22605	00000	POTASSIUM CL 20MEQ	250	518	130	322	0227BB	000	90	30.99
22605	36415	INPATIENT VENIPUNCTURE	300	519	909	322	0226AA	311	65	21.00
22605	85027	HEMOGRAM AND PLT	300	522	580	322	0226AA	311	66	16.50
22605	72170	PELVIS -1 OR 2 VIEWS	320	505	256	322	0228CH	000	91	140.00
22605	NOCPT	PORTABLE X-RAY	320	505	961	322	0228CH	000	92	.00
22605	00000	DOCUSATE 250MG	637	518	100	325	0227BB	000	78	1.65
22605	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0227BB	000	79	1.67
22605	00000	MILK OF MAGNESIA CONC 10	637	518	100	325	0227XB	000	67	1.77CR
22605	00000	DOCUSATE 250MG	637	518	100	325	0227BB	000	68	1.65
22605	00000	DIPHENHYDRAMINE 25MG	637	518	100	325	0227XB	000	69	1.63CR
22605	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0227BB	000	70	.53
22605	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0227BB	000	71	.53
22605	00000	MILK OF MAGNESIA CONC 10	637	518	100	325	0227BB	000	72	1.77
22605	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0227BB	000	73	.53
22605	00000	SENNA LAXATIVE	637	518	100	325	0227BB	000	74	1.65
22605	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0227BB	000	75	.53
22605	00000	DIPHENHYDRAMINE 25MG	637	518	100	325	0227BB	000	76	1.63
22605	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0227BB	000	77	.53
22705	00000	DAILY SERVICE LVL 1	120	322	126	322	0227A	000	93	1,015.00
22705	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0228BB	000	110	31.31
22705	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0228BB	000	111	38.25
22705	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0228BB	000	112	38.25
22705	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0228BB	000	113	31.41
22705	00000	METOCLOPRAMIDE 10MG\2ML	250	518	110	325	0228BB	000	114	31.18
22705	00000	POTASSIUM CL 20MEQ	250	518	130	322	0228BB	000	115	30.99
22705	00000	POTASSIUM CL 20MEQ	250	518	130	322	0228BB	000	116	30.99
22705	00000	D51\2NS 1000ML	250	518	130	322	0228BB	000	117	34.20
22705	00000	D51\2NS 1000ML	250	518	130	322	0228BB	000	118	34.20
22705	86885	PSBC INDIRECT ANTI-GLOB	300	513	073	850	0302AA	158	95	31.00
22705	36415	INPATIENT VENIPUNCTURE	300	519	909	322	0227AA	557	101	21.00
22705	85027	HEMOGRAM AND PLT	300	522	580	322	0227AA	557	102	16.50
22705	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0302AA	158	100	10.00
22705	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0302AA	172	98	10.00
22705	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0302AA	172	99	10.00
22705	86901	PSBC RH(D)	390	513	026	850	0302AA	158	94	15.50
22705	86900	PSBC ABO TYPING	390	513	188	850	0302AA	158	96	15.50
22705	86900	PSBC TYPE CONFIRM UNIT	390	513	489	850	0302AA	125	97	10.00
22705	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0228BB	000	103	1.67

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

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Bill Number: 1005 Date: 04-10-05

Summary Of Charges

22705	00000	DOCUSATE 250MG	637	518	100	325	0228BB	000	104	1.65
22705	00000	DOCUSATE 250MG	637	518	100	325	0228BB	000	105	1.65
22705	00000	HydrOXYzine PAMOATE 25M	637	518	100	325	0228BB	000	106	1.64
22705	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0228BB	000	107	.53
22705	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0228BB	000	108	.53
22705	00000	SENNA LAXATIVE	637	518	100	325	0228BB	000	109	1.65
22805	00000	DAILY SERVICE LVL 1	120	322	126	322	0228A	000	119	1,015.00
22805	00000	I.V. SOLUTION	250	515	407	137	0302E	000	122	34.30
22805	00000	I.V. SOLUTION	250	515	407	507	0228K	000	123	34.30
22805	99070	CEFAZOLIN 1GM ANCEF	250	413	200	850	0301WA	000	156	31.71
22805	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0301BB	000	176	38.25
22805	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0301BB	000	177	31.41
22805	00000	POTASSIUM CL 20MEQ	250	518	130	322	0301XB	000	178	30.99CR
22805	00000	POTASSIUM CL 20MEQ	250	518	130	322	0301BB	000	179	30.99
22805	00000	D51\2NS 1000ML	250	518	130	322	0301XB	000	180	34.20CR
22805	00000	D51\2NS 1000ML	250	518	130	322	0301BB	000	181	34.20
22805	99070	RESERVOIR 150 MICRON 3L	270	504	199	850	0301WA	000	158	146.83
22805	99070	TRANS PACK MONITORING KI	270	504	199	850	0301WA	000	159	39.00
22805	99070	SUCTION AND ANTICOAGULNT	270	504	199	850	0301WA	000	160	74.02
22805	99070	BLOOD WARMER	270	504	520	850	0301AA	000	161	97.97
22805	99070	BOWL PAC CELL SAVER 225M	270	504	199	850	0301WA	000	157	431.70
22805	99070	SLEEVE SCD STR THIGH LEN	271	412	099	850	0301WA	000	136	195.51
22805	99070	BAIR HUGGER UPPER BODY	271	412	099	850	0301WA	000	137	33.85
22805	99070	SUTR DEXON 2-0 T12 DTACH	272	412	199	850	0301WA	000	138	25.80
22805	99070	NACL 0.9% IRRIG SOLN 100	272	412	199	850	0301WA	000	139	3.75
22805	99070	SUTR DEXON 2-0 T12 DTACH	272	412	199	850	0301WA	000	140	25.80
22805	99070	ADAPTIC 3X16	272	412	199	850	0301WA	000	141	6.89
22805	99070	SUTR DEXON 2-0 T12 DTACH	272	412	199	850	0301WA	000	154	25.80
22805	99070	SKIN STAPLER	272	412	199	850	0301WA	000	150	49.04
22805	99070	NACL 0.9% IRRIG SOLN 100	272	412	199	850	0301WA	000	151	3.75
22805	99070	KITTNER DISSECTORS	272	412	199	850	0301WA	000	152	13.85
22805	99070	TIP WOUND TUNNELLING	272	412	199	850	0301WA	000	153	27.05
22805	99070	SUTURE 0 POLYSORB GS-21	272	412	199	850	0301WA	000	142	27.65
22805	99070	HEMOVAC 1/8	272	412	199	850	0301WA	000	143	46.31
22805	99070	NACL 0.9% 3000ML IRRIG B	272	412	199	850	0301WA	000	144	23.20
22805	99070	INTERPULSE HANDPIECE	272	412	199	850	0301WA	000	145	108.20
22805	99070	SUTR DEXON 2-0 T12 DTACH	272	412	199	850	0301WA	000	146	25.80
22805	99070	NACL 0.9% 3000ML IRRIG B	272	412	199	850	0301WA	000	147	23.20

HSD08P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

22805	99070	PACK ACETABULUM MEDLINE	272	412	199	850	0301WA	000	148	768.91
22805	99070	SUTR DEXON 2-0 T12 DTACH	272	412	199	850	0301WA	000	149	25.80
22805	99070	ADAPTER DUAL SPIKE	272	410	199	850	0301WA	000	124	72.00
22805	99070	SCRW CRTX SPHER 3.5X65MM	278	410	999	850	0301WA	000	125	73.59
22805	99070	WECK CLIP MEDIUM BLUE	278	412	999	850	0301WA	000	155	43.84
22805	99070	SCRW CRTX SPHER 3.5X40MM	278	410	999	850	0301WA	000	126	45.05
22805	99070	30 X 2.0MM 1/E	278	410	999	850	0301WA	000	127	66.70
22805	99070	SCRW CRTX SPHER 3.5X110M	278	410	999	850	0301WA	000	128	73.59
22805	99070	SCRW CRTX SPHER 3.5X40MM	278	410	999	850	0301WA	000	129	45.05
22805	99070	SCRW CRTX SPHER 3.5X28MM	278	410	999	850	0301WA	000	130	45.05
22805	99070	SCRW CRTX SPHER 3.5X65MM	278	410	999	850	0301WA	000	131	73.59
22805	99070	SCRW CRTX SPHER 3.5X70MM	278	410	999	850	0301WA	000	132	73.59
22805	99070	PLATE STR RECON 3.5 8 H	278	410	999	850	0301WA	000	133	767.86
22805	83605	LACTATE - DIRECT	300	513	490	322	0228AA	343	163	36.30
22805	82330	IONIZED CALCIUM- WHL BLD	300	513	491	322	0228AA	343	164	25.20
22805	84132	POTASSIUM- WHL BLD	300	513	492	322	0228AA	343	165	8.40
22805	82947	GLUCOSE- WHL BLD	300	513	493	322	0228AA	343	166	10.30
22805	84295	SODIUM- WHL BLD	300	513	494	322	0228AA	343	167	8.40
22805	85014	HEMATOCRIT	300	513	495	322	0228AA	343	168	8.40
22805	82805	BLOOD GASES/O2 SAT-COOX	300	513	496	322	0228AA	343	169	66.20
22805	76001	FLUOROSCOPY/ 60 MINUTES	320	505	017	137	0301CH	000	182	522.30
22805	72170	PELVIS -1 OR 2 VIEWS	320	505	256	137	0301CH	000	183	140.00
22805	NOCPT	PORTABLE X-RAY	320	505	961	137	0301CH	000	184	.00
22805	NOCPT	PORTABLE X-RAY	320	505	961	137	0301CH	000	185	.00
22805	00000	OPER RM TYPE B 10 MIN	360	411	110	850	0301AA	000	134	268.00
22805	00000	OPER RM TYPE B 4.25 HRS	360	411	131	850	0301AA	000	135	6,834.00
22805	00000	ANES B 5 HR	370	504	817	850	0301AA	000	162	1,746.00
22805	00000	HydrOXYzine PAMOATE 25M	637	518	100	325	0301BB	000	170	1.64
22805	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0301BB	000	171	1.67
22805	00000	DIPHENHYDRAMINE 25MG	637	518	100	325	0301BB	000	172	1.63
22805	00000	HydrOXYzine PAMOATE 25M	637	518	100	325	0301BB	000	173	1.64
22805	00000	DOCUSATE 250MG	637	518	100	325	0301BB	000	174	1.65
22805	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0301BB	000	175	.53
22805	00000	POST OP INMED CARE 3 HRS	710	503	205	137	0228E	000	120	1,129.20
22805	00000	PRE-OP RECV- ADMIT PHASE	710	507	010	507	0228A	000	121	204.70
30105	00000	DAILY SERVICE LVL 1	120	322	126	322	0301A	000	186	1,015.00
30105	00000	HYDROMORPH PCA0.2MG\ML30	250	518	110	325	0302BB	000	201	52.75
30105	00000	HYDROMORPH PCA0.2MG\ML30	250	518	110	325	0302BB	000	202	52.75

HSD05P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30105	00000	HydrOXYzine 50MG/ML	250	518	110	325	0302BB	000	203	31.07
30105	00000	MORPHINE (PCA) 1MG\ML 30	250	518	110	325	0302BB	000	204	38.25
30105	00000	HYDROMORPH PCA 1MG\ML 30	250	518	110	325	0302BB	000	205	52.75
30105	00000	HYDROMORPH PCA0.2MG\ML30	250	518	110	325	0302BB	000	206	52.75
30105	00000	NALOXONE 400MCG\1ML	250	518	110	325	0302BB	000	207	31.46
30105	00000	METOCLOPRAMIDE 10MG\2ML	250	518	110	325	0302BB	000	208	31.18
30105	00000	DIPHENHYDRAMINE 50MG\1ML	250	518	110	325	0302BB	000	209	31.41
30105	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0302BB	000	210	31.31
30105	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0302BB	000	211	31.31
30105	00000	HYDROMORPH PCA0.2MG\ML30	250	518	110	325	0302BB	000	212	52.75
30105	00000	DILUENT	250	518	140	322	0302BB	000	213	33.51
30105	00000	DILUENT	250	518	140	322	0302BB	000	214	33.51
30105	00000	DILUENT	250	518	140	322	0302BB	000	215	33.51
30105	00000	CEFAZOLIN 1GM	250	518	140	322	0302BB	000	216	31.71
30105	00000	CEFAZOLIN 1GM	250	518	140	322	0302BB	000	217	31.71
30105	00000	CEFAZOLIN 1GM	250	518	140	322	0302BB	000	218	31.71
30105	36415	INPATIENT VENIPUNCTURE	300	519	909	322	0301AA	302	188	21.00
30105	85027	HEMOGRAM AND PLT	300	522	580	322	0301AA	302	189	16.50
30105	72192	PELVIS W/O CONTRAST	350	506	218	137	0302CH	000	219	854.00
30105	NOCPT	MAG/ALGOR CHANGE	350	506	403	137	0302CH	000	220	.00
30105	NOCPT	S-CARE COORDINATION	420	171	222	332	0301C	000	187	.00
30105	00000	DOCUSATE 250MG	637	518	100	325	0302BB	000	200	1.65
30105	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0302BB	000	198	.53
30105	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0302BB	000	199	1.67
30105	00000	HydrOXYzine PAMOATE 25M	637	518	100	325	0302BB	000	190	1.64
30105	00000	DOCUSATE 250MG	637	518	100	325	0302BB	000	191	1.65
30105	00000	HydrOXYzine PAMOATE 25M	637	518	100	325	0302BB	000	192	1.64
30105	00000	OXYCODONE *SR* 20MG	637	518	100	325	0302BB	000	193	4.71
30105	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0302BB	000	194	.53
30105	00000	ACETAMINOPHEN 500MG	637	518	100	325	0302BB	000	195	.54
30105	00000	OXYCODONE *SR* 20MG	637	518	100	325	0302BB	000	196	9.43
30105	00000	SENNA LAXATIVE	637	518	100	325	0302BB	000	197	1.65
30205	00000	DAILY SERVICE LVL 1	120	332	126	332	0302A	000	221	1,015.00
30205	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0303BB	000	245	31.31
30205	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0303BB	000	246	31.31
30205	00000	CEFAZOLIN 1GM	250	518	140	322	0303BB	000	247	31.71
30205	00000	DILUENT	250	518	140	322	0303BB	000	248	33.51
30205	00000	CEFAZOLIN 1GM	250	518	140	322	0303BB	000	249	31.71

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30205	00000	CEFAZOLIN 1GM	250	518	140	322	0303BB	000	250	31.71
30205	00000	CEFAZOLIN 1GM	250	518	140	322	0303BB	000	251	31.71
30205	00000	CEFAZOLIN 1GM	250	518	140	322	0304XB	000	252	31.71CR
30205	00000	DILUENT	250	518	140	322	0304XB	000	253	33.51CR
30205	00000	DILUENT	250	518	140	322	0303BB	000	254	33.51
30205	00000	DILUENT	250	518	140	322	0303BB	000	255	33.51
30205	00000	DILUENT	250	518	140	322	0303BB	000	256	33.51
30205	00000	BISACODYL 10MG	250	518	160	325	0303BB	000	257	1.55
30205	36415	INPATIENT VENIPUNCTURE	300	519	909	322	0302AA	546	227	21.00
30205	85027	HEMOGRAM AND PLT	300	522	580	322	0302AA	546	228	16.50
30205	NOCPT	S-PATIENT VISIT	420	171	227	332	0302B	000	226	.00
30205	NOCPT	S-CARE COORDINATION	420	171	222	332	0302B	000	223	.00
30205	NOCPT	S-CARE COORDINATION	420	171	222	332	0302B	000	224	.00
30205	NOCPT	S-DOCUMENTATION -10MIN	420	171	225	332	0302B	000	225	.00
30205	97001	PT EVALUAION	424	171	152	332	0302B	000	222	177.00
30205	00000	OXYCODONE HCL 5MG	637	518	100	325	0303BB	000	229	17.25
30205	00000	OXYCODONE HCL 5MG	637	518	100	325	0303BB	000	230	17.25
30205	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0303BB	000	231	1.67
30205	00000	OXYCODONE *SR* 20MG	637	518	100	325	0303BB	000	232	14.16
30205	00000	LACTULOSE 20GM\30ML	637	518	100	325	0303BB	000	233	2.15
30205	00000	LACTULOSE 20GM\30ML	637	518	100	325	0303BB	000	234	2.15
30205	00000	ACETAMINOPHEN 500MG	637	518	100	325	0303BB	000	235	.54
30205	00000	ACETAMINOPHEN 500MG	637	518	100	325	0303BB	000	236	.54
30205	00000	ACETAMINOPHEN 500MG	637	518	100	325	0303BB	000	237	.54
30205	00000	DOCUSATE 250MG	637	518	100	325	0303BB	000	244	1.65
30205	00000	OXYCODONE *SR* 20MG	637	518	100	325	0303BB	000	242	14.16
30205	00000	DOCUSATE 250MG	637	518	100	325	0303BB	000	243	1.65
30205	00000	ACETAMINOPHEN 500MG	637	518	100	325	0303BB	000	238	.54
30205	00000	OXYCODONE HCL 5MG	637	518	100	325	0303BB	000	239	34.50
30205	00000	MILK OF MAGNESIA CONC 10	637	518	100	325	0303BB	000	240	1.77
30205	00000	OXYCODONE *SR* 20MG	637	518	100	325	0303BB	000	241	14.16
30305	00000	DAILY SERVICE LVL 1	120	332	126	332	0303A	000	258	1,015.00
30305	00000	I.V. SOLUTION	250	515	407	137	0304R	000	264	43.40
30305	99070	CEFAZOLIN 1GM ANCEF	250	413	200	850	0304WA	000	287	31.71
30305	00000	MORPHINE 2MG\1ML	250	518	110	325	0304BB	000	306	33.47
30305	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0304BB	000	307	31.31
30305	00000	MORPHINE 4MG\1ML	250	518	110	325	0304BB	000	308	33.49
30305	00000	MORPHINE 4MG\1ML	250	518	110	325	0304BB	000	309	33.49

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30305	00000	MORPHINE 2MG\1ML	250	518	110	325	0304BB	000	310	33.47
30305	00000	MORPHINE 2MG\1ML	250	518	110	325	0304BB	000	311	33.47
30305	00000	CEFAZOLIN 1GM	250	518	140	322	0304BB	000	312	31.71
30305	00000	POTASSIUM CL 20MEQ	250	518	140	322	0304XB	000	313	30.99CR
30305	00000	CEFAZOLIN 1GM	250	518	140	322	0304XB	000	314	31.71CR
30305	00000	DILUENT	250	518	140	322	0304BB	000	315	33.51
30305	00000	D5 1\2NS	250	518	140	322	0304BB	000	316	34.21
30305	00000	POTASSIUM CL 20MEQ	250	518	140	322	0304BB	000	317	30.99
30305	00000	CEFAZOLIN 1GM	250	518	140	322	0304BB	000	318	31.71
30305	00000	DILUENT	250	518	140	322	0304XB	000	319	33.51CR
30305	00000	DILUENT	250	518	140	322	0304BB	000	320	33.51
30305	00000	CEFAZOLIN 1GM	250	518	140	322	0304BB	000	321	31.71
30305	00000	D5 1\2NS	250	518	140	322	0304XB	000	322	34.21CR
30305	00000	DILUENT	250	518	140	322	0304BB	000	323	33.51
30305	99070	BLOOD WARMER	270	504	520	850	0304AA	000	288	97.97
30305	99070	LEG SPLINT/LEG CAST	270	410	399	850	0304WA	000	265	162.83
30305	99070	BAIR HUGGER UPPER BODY	271	412	099	850	0304WA	000	278	33.85
30305	99070	SUTURE 3-0 DERMALON CE-6	272	412	199	850	0304WA	000	279	4.90
30305	99070	ESMARK, 6" STERILE	272	412	199	850	0304WA	000	280	25.13
30305	99070	ADAPTIC 3X16	272	412	199	850	0304WA	000	281	6.89
30305	99070	SUTURE 3-0 DERMALON CE-6	272	412	199	850	0304WA	000	282	4.90
30305	99070	PACK LOWER EXTREMITY MED	272	412	199	850	0304WA	000	283	412.80
30305	99070	SUTR DEXON 2-0 T12 DTACH	272	412	199	850	0304WA	000	284	25.80
30305	99070	IOBAN, SMALL #6650	272	412	199	850	0304WA	000	285	30.92
30305	99070	NACL 0.9% IRRIG SOLN 100	272	412	199	850	0304WA	000	286	3.75
30305	99070	SCRW SS SELF TAP 2.4MM X	278	410	999	850	0304WA	000	270	155.25
30305	99070	SCRW SS SELF TAP 2.4MM X	278	410	999	850	0304WA	000	271	155.25
30305	99070	PLATE 2.4MM LC-DCP 8HOLE	278	410	999	850	0304WA	000	272	830.76
30305	99070	SCRW CRTX SELTAP HEXSM24	278	410	999	850	0304WA	000	273	66.70
30305	99070	SCRW CRTX SELTAP HEXSM32	278	410	999	850	0304WA	000	274	66.70
30305	99070	SCRW CRTX SELTAP HEXSM14	278	410	999	850	0304WA	000	275	66.70
30305	99070	SCRW SS SELF TAP 2.4MM X	278	410	999	850	0304WA	000	266	155.25
30305	99070	SCRW SS SELF TAP 2.4MM X	278	410	999	850	0304WA	000	267	155.25
30305	99070	SCRW CRTX SELTAP HEXSM14	278	410	999	850	0304WA	000	268	66.70
30305	99070	PLATE RECON 2.7MM 80MM 1	278	410	999	850	0304WA	000	269	718.06
30305	76001	FLUOROSCOPY/ 60 MINUTES	320	505	017	137	0304CH	000	324	522.30
30305	76000	FLUOROSCOPY 15 MINUTES	320	505	018	137	0304CH	000	325	130.70
30305	76000	FLUOROSCOPY 15 MINUTES	320	505	018	137	0304CH	000	326	130.70
30305	73620	FOOT/ PARTIAL	320	505	339	137	0304CH	000	327	151.00

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30305	NOCPT	PORTABLE X-RAY	320	505	961	137	0304CH	000	328	.00
30305	NOCPT	PORTABLE X-RAY	320	505	961	137	0304CH	000	329	.00
30305	NOCPT	PORTABLE X-RAY	320	505	961	137	0304CH	000	330	.00
30305	NOCPT	PORTABLE X-RAY	320	505	961	137	0304CH	000	331	.00
30305	00000	OPER RM TYPE B 5 MIN	360	411	105	850	0304AA	000	276	134.00
30305	00000	OPER RM TYPE B 2.25 HRS	360	411	123	850	0304AA	000	277	3,618.00
30305	00000	ANES B 2 1/4 HR	370	504	806	850	0304AA	000	289	785.70
30305	NOCPT	S-DOCUMENTATION -10MIN	420	171	225	322	0303B	000	260	.00
30305	NOCPT	S-CARE COORDINATION	430	161	222	322	0303C	000	259	.00
30305	00000	ACETAMINOPHEN 500MG	637	518	100	325	0304BB	000	290	.54
30305	00000	ACETAMINOPHEN 500MG	637	518	100	325	0304BB	000	291	.54
30305	00000	SENNA LAXATIVE	637	518	100	325	0304BB	000	292	1.65
30305	00000	DOCUSATE 250MG	637	518	100	325	0304BB	000	293	1.65
30305	00000	DIPHENHYDRAMINE 25MG	637	518	100	325	0304BB	000	294	1.63
30305	00000	OXYCODONE *SR* 20MG	637	518	100	325	0304BB	000	295	14.16
30305	00000	ACETAMINOPHEN (325MG X	637	518	100	325	0304BB	000	296	.53
30305	00000	SENNA LAXATIVE	637	518	100	325	0304XB	000	297	1.65CR
30305	00000	OXYCODONE HCL 5MG	637	518	100	325	0304BB	000	298	8.62
30305	00000	OXYCODONE HCL 5MG	637	518	100	325	0304BB	000	299	25.87
30305	00000	OXYCODONE HCL 5MG	637	518	100	325	0304BB	000	300	34.50
30305	00000	OXYCODONE HCL 5MG	637	518	100	325	0304BB	000	301	34.50
30305	00000	ACETAMINOPHEN 500MG	637	518	100	325	0304BB	000	302	.54
30305	00000	OXYCODONE *SR* 20MG	637	518	100	325	0304BB	000	303	14.16
30305	00000	OXYCODONE HCL 5MG	637	518	100	325	0304BB	000	304	34.50
30305	00000	OXYCODONE *SR* 20MG	637	518	100	325	0304BB	000	305	14.16
30305	00000	POST OP INMED CARE 3/4HR	710	503	202	137	0303A	000	261	282.30
30305	00000	POST OP INMED CARE 2 HRS	710	503	204	137	0303A	000	262	752.80
30305	00000	PRE-OPERATIVE CARE	710	503	605	137	0303A	000	263	.00
30405	00000	DAILY SERVICE LVL 1	120	332	126	332	0304A	000	332	1,015.00
30405	00000	MORPHINE 2MG\1ML	250	518	110	325	0305BB	000	364	33.47
30405	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0305BB	000	365	31.31
30405	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0305BB	000	366	31.31
30405	00000	CEFAZOLIN 1GM	250	518	140	322	0306XB	000	367	31.71CR
30405	00000	DILUENT	250	518	140	322	0306XB	000	368	33.51CR
30405	00000	DILUENT	250	518	140	322	0306XB	000	369	33.51CR
30405	00000	CEFAZOLIN 1GM	250	518	140	322	0306XB	000	370	31.71CR
30405	00000	CEFAZOLIN 1GM	250	518	140	322	0305BB	000	371	31.71
30405	00000	CEFAZOLIN 1GM	250	518	140	322	0305BB	000	372	31.71

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30405	00000	DILUENT	250	518	140	322	0305BB	000	373	33.51
30405	00000	DILUENT	250	518	140	322	0305BB	000	374	33.51
30405	00000	DILUENT	250	518	140	322	0305BB	000	375	33.51
30405	00000	CEFAZOLIN 1GM	250	518	140	322	0305BB	000	376	31.71
30405	99070	SPIROMETER COACH INCENTI	271	535	100	850	0305WA	000	339	15.88
30405	99070	SLEEVE SCD REPRCSD KNEE	271	535	100	850	0305WA	000	340	53.00
30405	99070	STOCKING KNEE LENGTH LG-	271	535	100	850	0305WA	000	341	16.45
30405	85014	HEMATOCRIT	300	522	512	332	0304AA	469	338	8.00
30405	36415	INPATIENT VENIPUNCTURE	300	519	909	332	0304AA	469	337	21.00
30405	NOCPT	S-PATIENT VISIT	420	171	227	322	0306I	000	336	.00
30405	NOCPT	S-CARE COORDINATION	420	171	222	322	0306I	000	335	.00
30405	97001	PT EVALUAION	424	171	152	322	0306I	000	334	177.00
30405	NOCPT	S-CARE COORDINATION	430	161	222	322	0306G	000	333	.00
30405	00000	ACETAMINOPHEN 500MG	637	518	100	325	0305BB	000	342	.54
30405	00000	ACETAMINOPHEN 500MG	637	518	100	325	0305BB	000	343	.54
30405	00000	ACETAMINOPHEN 500MG	637	518	100	325	0305BB	000	344	.27
30405	00000	OXYCODONE *SR* 20MG	637	518	100	325	0305BB	000	345	14.16
30405	00000	ACETAMINOPHEN 500MG	637	518	100	325	0305BB	000	346	.54
30405	00000	MILK OF MAGNESIA CONC 10	637	518	100	325	0305BB	000	347	1.77
30405	00000	ACETAMINOPHEN 500MG	637	518	100	325	0305BB	000	348	.54
30405	00000	ACETAMINOPHEN 500MG	637	518	100	325	0305BB	000	349	.54
30405	00000	OXYCODONE *SR* 20MG	637	518	100	325	0305BB	000	362	14.16
30405	00000	OXYCODONE *SR* 20MG	637	518	100	325	0305BB	000	363	14.16
30405	00000	DOCUSATE 250MG	637	518	100	325	0305BB	000	358	1.65
30405	00000	DIPHENHYDRAMINE 25MG	637	518	100	325	0305BB	000	359	1.63
30405	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0305BB	000	360	1.64
30405	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0305BB	000	361	1.64
30405	00000	SENNA LAXATIVE	637	518	100	325	0305BB	000	350	1.65
30405	00000	OXYCODONE HCL 5MG	637	518	100	325	0305BB	000	351	34.50
30405	00000	OXYCODONE HCL 5MG	637	518	100	325	0305BB	000	352	34.50
30405	00000	OXYCODONE HCL 5MG	637	518	100	325	0305BB	000	353	34.50
30405	00000	OXYCODONE HCL 5MG	637	518	100	325	0305BB	000	354	34.50
30405	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0305BB	000	355	1.67
30405	00000	LACTULOSE 20GM\30ML	637	518	100	325	0305BB	000	356	2.15
30405	00000	DOCUSATE 250MG	637	518	100	325	0305BB	000	357	1.65
30505	00000	DAILY SERVICE LVL 1	120	332	126	332	0305A	000	377	1,015.00
30505	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0306BB	000	402	31.31
30505	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0306BB	000	403	31.31

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30505	00000	D5 1\2NS	250	518	140	332	0307XB	000	404	34.21CR
30505	00000	CEFAZOLIN 1GM	250	518	140	332	0307XB	000	405	31.71CR
30505	00000	CEFAZOLIN 1GM	250	518	140	322	0306BB	000	406	31.71
30505	00000	POTASSIUM CL 20MEQ	250	518	140	332	0307XB	000	407	30.99CR
30505	00000	DILUENT	250	518	140	322	0306BB	000	408	33.51
30505	00000	DILUENT	250	518	140	332	0307XB	000	409	33.51CR
30505	00000	DILUENT	250	518	140	322	0306XB	000	410	33.51CR
30505	00000	DILUENT	250	518	140	322	0306BB	000	411	33.51
30505	00000	POTASSIUM CL 20MEQ	250	518	140	332	0306BB	000	412	30.99
30505	00000	DILUENT	250	518	140	332	0306BB	000	413	33.51
30505	00000	D5 1\2NS	250	518	140	332	0306BB	000	414	34.21
30505	00000	CEFAZOLIN 1GM	250	518	140	322	0306XB	000	415	31.71CR
30505	00000	CEFAZOLIN 1GM	250	518	140	322	0306BB	000	416	31.71
30505	00000	CEFAZOLIN 1GM	250	518	140	332	0306BB	000	417	31.71
30505	97110	T-THERAPEUTIC EX-EA 15MN	420	171	207	322	0306E	000	382	57.30
30505	NOCPT	S-CARE COORDINATION	420	171	222	322	0306E	000	383	.00
30505	NOCPT	S-DOCUMENTATION -10MIN	420	171	225	322	0306E	000	384	.00
30505	NOCPT	S-PATIENT VISIT	420	171	227	322	0306E	000	385	.00
30505	97530	T-THRP FUNCT ACTV-EA 15M	420	171	187	322	0306E	000	381	62.00
30505	NOCPT	S-DOCUMENTATION -10MIN	430	161	225	322	0306C	000	380	.00
30505	NOCPT	S-CARE COORDINATION	430	161	222	322	0306C	000	379	.00
30505	97003	OCCUP THERAPY EVAL	434	161	175	322	0306C	000	378	198.00
30505	00000	DOCUSATE 250MG	637	518	100	325	0306BB	000	386	1.65
30505	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0306BB	000	387	1.64
30505	00000	DOCUSATE 250MG	637	518	100	325	0306BB	000	388	1.65
30505	00000	LACTULOSE 20GM\30ML	637	518	100	325	0306BB	000	389	2.15
30505	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0306BB	000	390	1.64
30505	00000	MILK OF MAGNESIA CONC 10	637	518	100	325	0306BB	000	391	1.77
30505	00000	OXYCODONE *SR* 20MG	637	518	100	325	0306BB	000	392	14.16
30505	00000	OXYCODONE *SR* 20MG	637	518	100	325	0306BB	000	393	14.16
30505	00000	ACETAMINOPHEN 500MG	637	518	100	325	0306BB	000	394	.54
30505	00000	ACETAMINOPHEN 500MG	637	518	100	325	0306BB	000	395	.54
30505	00000	OXYCODONE HCL 5MG	637	518	100	325	0306BB	000	396	17.25
30505	00000	OXYCODONE HCL 5MG	637	518	100	325	0306BB	000	397	34.50
30505	00000	OXYCODONE HCL 5MG	637	518	100	325	0306BB	000	398	34.50
30505	00000	OXYCODONE HCL 5MG	637	518	100	325	0306BB	000	399	34.50
30505	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0306BB	000	400	1.67
30505	00000	ALUM\MAG\SIMETH 30ML	637	518	100	325	0306BB	000	401	2.05
30605	00000	DAILY SERVICE LVL 1	120	332	126	332	0306A	000	418	1,015.00

HSD06P

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30605	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0307BB	000	438	31.31
30605	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0307BB	000	439	31.31
30605	00000	DILUENT	250	518	140	332	0307XB	000	440	33.51CR
30605	00000	DILUENT	250	518	140	332	0307BB	000	441	33.51
30605	00000	DILUENT	250	518	140	332	0307XB	000	442	33.51CR
30605	00000	DILUENT	250	518	140	332	0307BB	000	443	33.51
30605	00000	CEFAZOLIN 1GM	250	518	140	332	0307XB	000	444	31.71CR
30605	00000	CEFAZOLIN 1GM	250	518	140	332	0307BB	000	445	31.71
30605	00000	CEFAZOLIN 1GM	250	518	140	332	0307XB	000	446	31.71CR
30605	00000	CEFAZOLIN 1GM	250	518	140	332	0307BB	000	447	31.71
30605	97504	ORTHOTIC FITNG/TRG EA15M	430	161	212	322	0306B	000	419	61.00
30605	97504	ORTHOTIC FITNG/TRG EA15M	430	161	212	322	0306B	000	420	61.00
30605	NOCPT	S-DOCUMENTATION -10MIN	430	161	225	322	0306B	000	421	.00
30605	NOCPT	S-PATIENT VISIT	430	161	227	322	0306B	000	422	.00
30605	00000	OXYCODONE *SR* 20MG	637	518	100	325	0307BB	000	423	12.27
30605	00000	OXYCODONE *SR* 20MG	637	518	100	325	0307BB	000	424	9.43
30605	00000	OXYCODONE *SR* 20MG	637	518	100	325	0307BB	000	425	14.16
30605	00000	ACETAMINOPHEN 500MG	637	518	100	325	0307BB	000	426	.54
30605	00000	ACETAMINOPHEN 500MG	637	518	100	325	0307BB	000	427	.54
30605	00000	ACETAMINOPHEN 500MG	637	518	100	325	0307BB	000	428	.54
30605	00000	SENNA LAXATIVE	637	518	100	325	0307BB	000	429	1.65
30605	00000	SENNA LAXATIVE	637	518	100	325	0307BB	000	430	1.65
30605	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0307BB	000	431	1.67
30605	00000	ALUM\MAG\SIMETH 30ML	637	518	100	325	0307BB	000	432	2.05
30605	00000	DOCUSATE 250MG	637	518	100	325	0307BB	000	433	1.65
30605	00000	DOCUSATE 250MG	637	518	100	325	0307BB	000	434	1.65
30605	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0307BB	000	435	1.64
30605	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0307BB	000	436	1.64
30605	00000	ACETAMINOPHEN 500MG	637	518	100	325	0307BB	000	437	.54
30705		Dextrose 5%/0.45% NaCl-K	250	518	730	332	0308AA	000	474	43.10
30705		Dextrose 5%/0.45% NaCl-K	250	518	730	332	0309XA	000	473	43.10CR
30705	00000	HEPARIN 5000 UNITS\1ML	250	518	110	325	0308BB	000	467	31.31
30705	A9270	Docusate 250mg cap	259	518	703	332	0308AA	000	468	1.66
30705	A9270	Oxycodone CR 20mg tab	259	518	703	332	0308AA	000	469	15.93
30705	A9270	Ferrous sulfate EC 324mg	259	518	703	332	0308AA	000	472	1.64
30705	A9270	Acetaminophen 500mg tab	259	518	703	332	0308AA	000	470	.54
30705	A9270	Senna 8.6mg tab	259	518	703	332	0308AA	000	471	1.65
30705	97110	T-THERAPEUTIC EX-EA 15MN	420	171	207	322	0307C	000	452	57.30

HSDDEP

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C01-C03-11

HARBORVIEW MEDICAL CENTER
UW Medicine

Patient: PALLISTER, TYSON S

Account: 2-44-84-20

Bill to: TYSON S PALLISTER
4705 CAROL DRIVE
HELENA, MT 59602

For Account Questions
Please call: (206)685-1121
Weekdays: 8AM - 4PM

Bill Number: 1005 Date: 04-10-05

Summary Of Charges

30705	NOCPT	S-CARE COORDINATION	420	171	222	322	0307C	000	453	.00
30705	NOCPT	S-DOCUMENTATION -10MIN	420	171	225	322	0307C	000	454	.00
30705	NOCPT	S-PATIENT VISIT	420	171	227	322	0307C	000	455	.00
30705	NOCPT	S-DOCUMENTATION -10MIN	430	161	225	322	0307C	000	450	.00
30705	NOCPT	S-PATIENT VISIT	430	161	227	322	0307C	000	451	.00
30705	NOCPT	S-CARE COORDINATION	430	161	222	322	0307C	000	449	.00
30705	97703	T-SPLINT/PROSTH CHECK	434	161	217	322	0307C	000	448	55.80
30705	00000	OXYCODONE *SR* 20MG	637	518	100	325	0308BB	000	456	12.27
30705	00000	DOCUSATE 250MG	637	518	100	325	0308BB	000	457	1.65
30705	00000	FERROUS SULFATE*EC* 325	637	518	100	325	0308BB	000	458	1.64
30705	00000	OXYCODONE *SR* 20MG	637	518	100	325	0308BB	000	459	12.27
30705	00000	ACETAMINOPHEN 500MG	637	518	100	325	0308BB	000	460	.54
30705	00000	ACETAMINOPHEN 500MG	637	518	100	325	0308BB	000	461	.54
30705	00000	VITAMIN PRENAT\\FOLATE 1	637	518	100	325	0308BB	000	466	1.67
30705	00000	ACETAMINOPHEN 500MG	637	518	100	325	0308BB	000	462	.54
30705	00000	SENNA LAXATIVE	637	518	100	325	0308BB	000	463	1.65
30705	00000	OXYCODONE HCL 5MG	637	518	100	325	0308BB	000	464	34.50
30705	00000	OXYCODONE HCL 5MG	637	518	100	325	0308BB	000	465	34.50
							TOTAL CHARGES			52,065.38

HSD06P