

Exceptional care, pure and simple, 24/7/365

BILL TO DRSF P.O. Box 267386 Weston, Fl, 33326

Next Appointment Details:

LeadER Animal Specialty Hospital Animal Medical Center at Cooper City

9410 Stirling Road Cooper City, Florida, 33024

Ph: 954-437-9630 **Fax:** 954-437-7207

Email: medicalrecords@leadERvet.com **Website:** www.leadERvet.com

 INVOICE
 877109

 DATE:
 07-21-2021

 PATIENT:
 April

 CLINICAL #:
 759709

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
EMERGENCY VISIT	1	20.00%	\$27.00	\$108.00
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
WHOLE BLOOD-250 ML UNIT (Canine)	1	20.00%	\$117.50	\$470.00
BLOOD ADMIN SET W/FILTER	1	20.00%	\$11.33	\$45.32
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
V CATHETER, INFUSION SETS, T-PORT, & EXTENTION SETS	1	20.00%	\$13.16	\$52.63
PLASMA-LYTE A BAG 1L	1	20.00%	\$3.13	\$12.50
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	0.5	20.00%	\$0.08	\$23.53
DEXTROSE 50% INJ (Per ml)	5	19.78%	\$0.02	\$23.27
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
METRONIDAZOLE 5MG/ML INJ.(Per ml)	2.27	20.01%	\$0.07	\$23.48
NTESTINAL PARASITE CHECK-IN HOUSE	1	20.00%	\$6.00	\$24.00
ENBENDAZOLE SUSP. (PANACUR) 100MG/ML (Per ml)	6	19.99%	\$0.42	\$11.27
PRAZIQUANTAL PLUS 22.7MG (DRONTAL) (Per tab)	1	20.00%	\$1.74	\$18.14
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
PONAZURIL 90MG/ML (Per ml)	1	20.00%	\$0.71	\$14.02
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
METRONIDAZOLE 5MG/ML INJ.(Per ml)	3.4	20.01%	\$0.10	\$23.62
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
ELEMENT POC (HESKA)	1	20.00%	\$10.40	\$41.60
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
AYMENT TERMS:	Subtotal			\$3,397.
Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to		Inc. TAX		
verdue accounts.		\$3,397.		
Note Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once		Paid Due		\$0. \$3,397.

bring them back in. _

cost. If you have any concerns about your pet once discharged from the hospital please be aware you should



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Due

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DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL	
CALCIUM GLUCONATE 100MG/ML INJ (Per ml)	1.13	20.00%	\$0.37	\$24.70	
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20	
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20	
NURSING CARE	1	20.00%	\$25.60	\$102.40	
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40	
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07	
JA-SEDIVUE	1	20.00%	\$10.65	\$42.59	
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18	
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	0.83	20.00%	\$0.03	\$23.33	
BLOOD TYPING CANINE-IN HOUSE	1	20.00%	\$17.00	\$67.98	
BLOOD CROSSMATCH MAJ-IN HOUSE	1	20.00%	\$28.74	\$114.95	
PACKED RED CELLS/NEGATIVE 125 ML UNIT (Canine)	1	20.00%	\$48.41	\$193.64	
PONAZURIL 90MG/ML (Per ml)	0.25	20.00%	\$0.18	\$11.91	
BLOOD ADMIN SET W/FILTER	1	20.00%	\$11.33	\$45.32	
METRONIDAZOLE ORAL SUSP. 50MG/ML (Per ml)	2.3	20.01%	\$0.28	\$12.34	
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78	
MOXICILLIN/CLAVULANIC 62.5MG/ML ORAL (Per bottle)	1	20.00%	\$0.78	\$14.34	
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18	
PROFILE-GEN. DIAG, CBC, LYTES (Heska)	1	20.00%	\$35.73	\$142.93	
ELEMENT POC (HESKA)	1	20.00%	\$10.40	\$41.60	
SUCRALFATE 1 GRAM (Per tab)	2	19.99%	\$0.18	\$11.94	
ANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.29	20.00%	\$0.05	\$23.40	
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	1.8	20.00%	\$0.30	\$24.39	
GLUCOMETER GLUCOSE-IN HOUSE	3	20.00%	\$7.42	\$29.66	
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20	
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20	
IURSING CARE	1	20.00%	\$25.60	\$102.40	
AYMENT TERMS: ayment in full is expected upon completion of treatment.	Subtotal			\$3,397. \$0.	
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MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
DEXAMETHASONE-SP 4MG/ML INJ (Per ml)	0.0025	20.00%	\$0.00	\$23.20
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
PONAZURIL 90MG/ML (Per ml)	0.25	20.00%	\$0.18	\$11.91
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
RECOVERY LIQUID 80Z BOTTLE	1	20.00%	\$3.71	\$26.05
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
ELEMENT POC (HESKA)	1	20.00%	\$10.56	\$42.25
CREMATION INDIVIDUAL LESS THAN 40LBS	1	20.00%	\$46.68	\$186.72
PAW CLAY PRINT 40 lbs OR LESS	1	20.00%	\$5.73	\$22.92

PAYMENT TERMS

Payment in full is expected upon completion of treatment. Administration fees and collection fees will be applied to overdue accounts.

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 Subtotal
 \$3,397.70

 Inc. TAX
 \$0.00

 Total
 \$3,397.70

 Paid
 \$0.00

 Due
 \$3,397.70