



Animal Specialty Hospital

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

DATE: 876089
 PATIENT: 07-21-2021
 CLINICAL #: Nova
 758712

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
EMERGENCY VISIT	1	20.00%	\$27.00	\$108.00
PROFILE-GEN. DIAG, CBC, LYLES (Heska)	1	20.00%	\$35.73	\$142.93
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
BLOOD TYPING CANINE-IN HOUSE	1	20.00%	\$17.00	\$67.98
WHOLE BLOOD-250 ML UNIT (Canine)	0.25	20.00%	\$29.38	\$117.50
BLOOD HEMONATE FILTER	1	20.00%	\$6.17	\$24.69
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
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
NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
IV 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
INFUSION SAIV KIT	1	20.00%	\$11.86	\$47.42
BURETROL ADMINISTRATION SET	1	20.00%	\$6.67	\$26.67
DEXTROSE 50% INJ (Per ml)	11.1	19.78%	\$0.04	\$23.36
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.5	20.00%	\$0.21	\$24.05
METRONIDAZOLE 5MG/ML INJ.(Per ml)	2.27	20.01%	\$0.07	\$23.48
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	0.83	20.00%	\$0.03	\$23.33
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
DEXTROSE 50% INJ (Per ml)	7.2	19.78%	\$0.03	\$23.31
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.2	20.00%	\$0.08	\$23.54
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63

PAYMENT TERMS:

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

****Note**** Your ER visit within 24 hours of discharge is at no
 cost. If you have any concerns about your pet once
 discharged from the hospital please be aware you should
 bring them back in. _____

Subtotal	\$9,474.36
Inc. TAX	\$0.00
Total	\$9,474.36
Paid	\$0.00
Due	\$9,474.36



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AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
GLUCOMETER GLUCOSE-IN HOUSE	6	20.00%	\$14.83	\$59.33
RECOVERY LIQUID 8OZ BOTTLE	1	20.00%	\$3.71	\$26.05
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
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
RADIOGRAPHS/FIRST TWO	1	20.00%	\$39.25	\$157.01
RADIOLOGIST INTERPRETATION STAT	1	20.00%	\$40.55	\$162.19
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.1	20.00%	\$0.04	\$23.37
DEXTROSE 50% INJ (Per ml)	3	19.78%	\$0.01	\$23.24
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	0.83	20.00%	\$0.03	\$23.33
ONDANSETRON 2MG/ML INJ (Per ml)	1.44	20.00%	\$0.19	\$23.94
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
TUBE FEEDING DAILY FEE	1	20.00%	\$6.29	\$25.16
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

PAYMENT TERMS:
Payment in full is expected upon completion of treatment.
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overdue accounts.

****Note** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. _____**

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DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
IV CATHETER,INFUSION SETS,T-PORT,& EXTENTION SETS	1	20.00%	\$13.16	\$52.63
INFUSION SAIV KIT	1	20.00%	\$11.86	\$47.42
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
RADIOGRAPHS 3 VIEW THORAX	1	20.00%	\$49.23	\$196.90
RADIOLOGIST INTERPRETATION STAT	1	20.00%	\$40.55	\$162.19
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
DEXTROSE 50% INJ (Per ml)	1.1	19.78%	\$0.00	\$23.22
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
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
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
TUBE FEEDING DAILY FEE	1	20.00%	\$6.29	\$25.16
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
FENBENDAZOLE SUSP. (PANACUR) 100MG/ML (Per ml)	1.8	19.99%	\$0.13	\$10.10
GLUCOMETER GLUCOSE-IN HOUSE	3	20.00%	\$7.42	\$29.66
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63

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CBC (Heska)	1	20.00%	\$8.46	\$33.84
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
TUBE FEEDING DAILY FEE	1	20.00%	\$6.29	\$25.16
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
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
DEXTROSE 50% INJ (Per ml)	5	19.78%	\$0.02	\$23.27
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.2	20.00%	\$0.08	\$23.54
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
GLUCOMETER GLUCOSE-IN HOUSE	3	20.00%	\$7.42	\$29.66
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
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NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION-ICU ADD/ON CLASS 1	1	20.00%	\$11.60	\$46.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
METOCLOPRAMIDE 5MG/ML INJ.(Per ml)	0.2	20.00%	\$0.08	\$23.54
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.25	20.00%	\$0.26	\$24.24

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MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
IV CATHETER	1	20.00%	\$7.21	\$28.86
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.25	20.00%	\$0.26	\$24.24
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/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
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
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
GLUCOMETER GLUCOSE-IN HOUSE	4	20.00%	\$9.89	\$39.55
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.25	20.00%	\$0.26	\$24.24

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NURSING CARE	1	20.00%	\$25.60	\$102.40
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07
GLUCOMETER GLUCOSE-IN HOUSE	2	20.00%	\$4.94	\$19.78
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	2.49	20.00%	\$0.10	\$23.60
ONDANSETRON 2MG/ML INJ (Per ml)	0.84	20.00%	\$0.11	\$23.63
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
CONVENIA 80MG/ML INJ (Per ml)	0.11	20.00%	\$1.89	\$30.77
METRONIDAZOLE 5MG/ML INJ.(Per ml)	4.54	20.01%	\$0.14	\$23.76
CBC W/ RETIC COUNT	1	20.00%	\$10.24	\$40.96
CAPSTAR 2-25 lbs (Per tab)	1	20.00%	\$2.01	\$19.25
BLOOD TYPING CANINE-IN HOUSE	1	20.00%	\$17.00	\$67.98
BLOOD CROSSMATCH MAJ-IN HOUSE	1	20.00%	\$28.74	\$114.95
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.25	20.00%	\$0.26	\$24.24
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
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
CAPSTAR 2-25 lbs (Per tab)	1	20.00%	\$2.01	\$19.25
BLOOD HEMONATE FILTER	1	20.00%	\$6.17	\$24.69
DIPHENHYDRAMINE 50MG/ML INJ (Per ml)	0.05	20.00%	\$0.04	\$23.37
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.11	20.00%	\$0.47	\$25.07

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GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
ONDANSETRON 2MG/ML INJ (Per ml)	0.56	20.00%	\$0.07	\$23.49
CITAL FLOW BLOOD SET/EXT SET	1	20.00%	\$11.33	\$45.32
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
METRONIDAZOLE 5MG/ML INJ.(Per ml)	2.27	20.01%	\$0.07	\$23.48
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
ENROFLOXACIN 22.7MG/ML INJ (Per ml)	0.25	20.00%	\$0.26	\$24.24
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
HOSPITALIZATION/ADD- ISOLATION	1	20.00%	\$25.80	\$103.20
MAROPITANT (CERENIA) 16MG (Per box)	1	20.00%	\$5.28	\$32.32
METRONIDAZOLE ORAL SUSP. 50MG/ML (Per ml)	10	20.01%	\$1.24	\$16.14
ONDANSETRON 4MG (Per tab)	5	20.00%	\$0.19	\$11.96
ENROFLOXACIN 22.7 MG (Per tab)	3	20.00%	\$0.64	\$13.75
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20

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

****Note** Your ER visit within 24 hours of discharge is at no cost. If you have any concerns about your pet once discharged from the hospital please be aware you should bring them back in. _____**

Subtotal	\$9,474.36
Inc. TAX	\$0.00
Total	\$9,474.36
Paid	\$0.00
Due	\$9,474.36



Animal Specialty Hospital

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

BILL TO
Pam Weiner 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 876089
DATE: 07-21-2021
PATIENT: Nova
CLINICAL #: 758712

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
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
GLUCOMETER GLUCOSE-IN HOUSE	1	20.00%	\$2.47	\$9.89
HOSPITALIZATION PER 24 HOURS	0.5	20.00%	\$24.30	\$97.20
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