



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: 877261
07-22-2021
PATIENT: Zola
CLINICAL #: 759882

DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
EMERGENCY VISIT	1	20.00%	\$27.00	\$108.00
INTESTINAL PARASITE CHECK-BRING SAMPLE	1	20.00%	\$5.97	\$23.87
PROFILE-GEN. DIAG, CBC, LYLES (Heska)	1	20.00%	\$35.73	\$142.93
INTESTINAL PARASITE CHECK-IN HOUSE	1	20.00%	\$6.00	\$24.00
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
IV CATHETER,INFUSION SETS,T-PORT,& EXTENTION SETS	1	20.00%	\$13.16	\$52.63
PLASMA-LYTE A BAG 1L	1	20.00%	\$5.30	\$21.22
PARVO FECAL TEST (IVLS)	1	20.00%	\$11.19	\$44.76
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.12	20.00%	\$0.51	\$25.24
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.31	20.00%	\$0.05	\$23.42
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	0.9	20.00%	\$0.04	\$23.35
METRONIDAZOLE 5MG/ML INJ.(Per ml)	2.45	20.01%	\$0.08	\$23.50
BURETROL ADMINISTRATION SET	1	20.00%	\$6.67	\$26.67
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	0.75	20.00%	\$0.12	\$23.70
VITAMIN B COMPLEX 100MG/ML INJ (Per ml)	0.05	20.00%	\$0.00	\$23.21
BURETROL ADMINISTRATION SET	1	20.00%	\$6.67	\$26.67
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3.21	20.00%	\$0.13	\$23.72
VITAMIN B COMPLEX 100MG/ML INJ (Per ml)	0.14	20.00%	\$0.00	\$23.22
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	2.1	20.00%	\$0.35	\$24.59
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.82	20.01%	\$0.18	\$23.91
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

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	\$2,648.55
Inc. TAX	\$0.00
Total	\$2,648.55
Paid	\$0.00
Due	\$2,648.55



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Pam Weiner DRSF
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DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.15	20.00%	\$0.64	\$25.75
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.36	20.00%	\$0.06	\$23.45
PONAZURIL 90MG/ML (Per ml)	0.47	20.00%	\$0.33	\$12.53
GIARDIA TEST (IVLS)	1	20.00%	\$6.84	\$27.34
POTASSIUM CHLORIDE 2MEQ/ML INJ (Per ml)	0.75	20.00%	\$0.12	\$23.70
VITAMIN B COMPLEX 100MG/ML INJ (Per ml)	0.05	20.00%	\$0.00	\$23.21
HEMATOCRIT-IN HOUSE	1	20.00%	\$3.30	\$13.18
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
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
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.36	20.00%	\$0.06	\$23.45
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3.21	20.00%	\$0.13	\$23.72
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.82	20.01%	\$0.18	\$23.91
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.15	20.00%	\$0.64	\$25.75
METRONIDAZOLE 5MG/ML INJ.(Per ml)	5.82	20.01%	\$0.18	\$23.91
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
CBC (Heska)	1	20.00%	\$8.46	\$33.84
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64
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
PANTOPRAZOLE (PROTONIX) 4MG/ML INJ (Per ml)	0.36	20.00%	\$0.06	\$23.45
FENBENDAZOLE SUSP. (PANACUR) 100MG/ML (Per ml)	3.7	19.99%	\$0.26	\$10.63
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3.21	20.00%	\$0.13	\$23.72

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DESCRIPTION	QTY	DISC.	DISC. (\$)	TOTAL
FECAL DX ANTIGEN + GIARDIA (IDX)	1	20.00%	\$14.80	\$59.19
MAROPITANT (CERENIA) 10MG/ML INJ (Per ml)	0.15	20.00%	\$0.64	\$25.75
METRONIDAZOLE 5MG/ML INJ.(Per ml)	2.91	20.01%	\$0.09	\$23.56
AMPICILLIN & SULBACTAM 30MG/ML INJ (Per ml)	3.21	20.00%	\$0.13	\$23.72
ALBUMIN (Heska)	1	20.00%	\$3.18	\$12.70
ELECTROLYTES (Heska)	1	20.00%	\$4.41	\$17.64

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