

## EMERGENCY ROOM PROVISION FEES

Item	Cost	Quantity	Total
<b>PHARMACEUTICAL:</b>			
<i>(BAR:FSPDREC/Misc: FSPDR) for billing purposes only</i>			
Medication Dispensing	\$10.00		
Atrovent Puffer	\$20.00		
Ear Drops	\$15.00		
Eye Drops	\$15.00		
Flovent Puffer	\$20.00		
Ointment	\$10.00		
Ventolin Puffer	\$15.00		
Suspensions Paediatric	\$10.00/Prescription		
<b>SUPPLIES:</b>			
<i>(BAR:FSMES/Misc:FSERR) for billing purposes only</i>			
Aero chamber Paediatric w/ Mask	\$10.00		
Catheter Replacement Bag	\$ 5.00		
Clavicle Brace	\$10.00		
Colles Splint	\$12.00		
Crutches Medium	\$15.00		
Crutches Large	\$30.00		
Fiberglass Cast Adult	\$25.00		
Fiberglass Cast Child	\$15.00		
Shoulder Immobilizer	\$16.00		
Splint Finger	\$5.00		
Staple Remover	\$5.00		
Tensors	\$5.00		
<b>PROCEDURES:</b>			
<i>(BAR:FSPDREC/Misc: FSPDR) for billing purposes only</i>			
Depomedrol	\$10.00		
Lovenox	\$20.00		
Cryotherapy(cosmetic)	\$10.00		
Other:	\$10.00		
<b>SUBTOTAL</b>			
<b>GRAND TOTAL</b>			

**Please pay at the Reception desk prior to leaving the hospital.**

**Goods and Services Rendered After Business Hours: You will be sent an invoice with payment due upon receipt.**



**For more payment option information call (705) 338-1154**