

Collections, Insurance Delinquency







Description

This report lists insurance carriers who are late in sending payments and who are associated with patient visits that have a Collections status (assigned through the Billing component). This report can be used for identifying and contacting insurance carriers with delinquent accounts.

Note: A visit must have a status of Collections to display on this report.

Close

Input Parameters

Doctor	<input type="text"/>		
Company	<input type="text"/>		
Facility	<input type="text"/>		
Date	<input checked="" type="radio"/> Date of Service	<input type="radio"/> Date of Entry	
Insurance Carrier	<input type="text"/>		
Insurance Group	<input type="text"/>		
Footer	<input type="text" value="Default"/>		
Criteria	<input checked="" type="radio"/> None	<input type="radio"/> First Page	<input type="radio"/> Separate Page

Insurance Delinquency

<u>Carrier Name</u> Aetna US Healthcare	<u>Address</u> PO Box 1125	<u>City/State/Zip</u> Blue Bell, PA 19422	<u>Contact</u>	<u>Phone(s)</u> (412)788-0500
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<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Taylor, Catherine	19	Taylor, Catherine		02/01/2004	Reed MD, Steve B	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/01/2004	88142	1.00	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$101.00	\$101.00		
02/01/2004	99203	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of ca	\$191.00	\$191.00		
Patient Balance:				\$20.00	Totals:		\$292.00
Insurance Balance:				\$272.00			
Total Balance:				\$292.00			

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Taylor, Catherine	19	Taylor, Catherine		02/16/2004	Reed MD, Steve B	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/16/2004	81002	1.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$101.00	\$101.00		
02/16/2004	93230	1.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis	\$335.00	\$335.00		
02/16/2004	99212	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou	\$75.00	\$75.00		
02/16/2004			Payment - Payment			(\$20.00)	

Patient Name

Taylor, Catherine

Patient ID

19

Subscriber

Taylor, Catherine

Subscriber ID

Visit Date

02/16/2004

Doctor

Reed MD, Steve B

Facility

Main Office

Patient Balance: \$0.00
Insurance Balance: \$491.00
Total Balance: \$491.00

Totals: \$511.00 (\$20.00)

Total Aetna US Healthcare Collections Balance: \$763.00

Carrier Name

Alliance

Address

501 S Cherry St, Ste 900

City/State/Zip

Denver, CO 80246

Contact**Phone(s)**

(303)333-6767

Patient Name

Myers, Christopher W

Patient ID

12

Subscriber

Myers, Christopher W

Subscriber ID

524399959

Visit Date

02/11/2004

Doctor

Perry MD, Katherine

Facility

Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/11/2004	81002	1.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$101.00	\$101.00		
02/11/2004	92552	1.00	Pure tone audiometry (threshold); air only	\$34.00	\$34.00		
02/11/2004	99203	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of ca	\$191.00	\$191.00		

Patient Balance: \$10.00**Insurance Balance: \$316.00****Total Balance: \$326.00****Totals: \$326.00****Total Alliance Collections Balance: \$316.00**

Carrier Name

Blue Cross & Blue Shield of Texas

Address

PO Box 655730

City/State/Zip

Richardson, TX 75080

Contact**Phone(s)**

(972)766-6900

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Young, Judy	3	Young, Judy	165879442	02/19/2004	Kumar MD, Sanjay	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/19/2004	45380	1.00	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	\$1,045.00	\$1,045.00		
02/19/2004	99204	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coo	\$271.00	\$271.00		
02/19/2004			Payment - Payment				(\$10.00)
Patient Balance:	\$0.00			Totals:	\$1,316.00		(\$10.00)
Insurance Balance:	\$1,306.00						
Total Balance:	\$1,306.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Wright, Kenneth P	32		519972128	02/23/2004	Reed MD, Steve B	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/23/2004	94640	1.00	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (eg, with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device)	\$57.00	\$57.00		
02/23/2004	99203	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of ca	\$191.00	\$191.00		
Patient Balance:	\$25.00			Totals:	\$248.00		
Insurance Balance:	\$223.00						
Total Balance:	\$248.00						

Total Blue Cross & Blue Shield of Texas Collections Balance: \$1,529.00

Carrier Name
Cigna Corporation

Address
PO Box 6839

City/State/Zip
Richmond, VA 232300839

Contact

Phone(s)
(804)346-3600

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Collins, William T	40	Collins, William T	391377151	01/21/2004	Lambert MD, Charlene	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/21/2004	44394	1.00	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	\$930.00	\$930.00		
01/21/2004	99201	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordi	\$71.00	\$71.00		
01/21/2004			Payment - Payment			(\$20.00)	
Patient Balance:	\$0.00			Totals:	\$1,001.00	(\$20.00)	
Insurance Balance:	\$981.00						
Total Balance:	\$981.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Gray, Juan	26	Gray, Juan	518339322	01/26/2004	Perry MD, Katherine	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/26/2004	22585	1.00	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	\$709.00	\$709.00		
01/26/2004	99204	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coo	\$271.00	\$271.00		
01/26/2004			Payment - Payment			(\$25.00)	
Patient Balance:	\$0.00			Totals:	\$980.00	(\$25.00)	
Insurance Balance:	\$955.00						
Total Balance:	\$955.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Collins, William T	40	Collins, William T	391377151	02/05/2004	Lambert MD, Charlene	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Collins, William T	40	Collins, William T	391377151	02/05/2004	Lambert MD, Charlene	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/05/2004	84702	1.00	Gonadotropin, chorionic (hCG); quantitative	\$101.00	\$101.00		
02/05/2004	99214	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling	\$164.00	\$164.00		

Patient Balance:	\$20.00	Totals:	\$265.00
Insurance Balance:	\$245.00		
Total Balance:	\$265.00		

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Collins, William T	40	Collins, William T	391377151	02/23/2004	Lambert MD, Charlene	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/23/2004	92568	1.00	Acoustic reflex testing	\$29.00	\$29.00		
02/23/2004	99213	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	\$104.00	\$104.00		
02/23/2004			Payment - Payment			(\$20.00)	

Patient Balance:	\$0.00	Totals:	\$133.00	(\$20.00)
Insurance Balance:	\$113.00			
Total Balance:	\$113.00			

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Gray, Juan	26	Gray, Juan	518339322	02/28/2004	Perry MD, Katherine	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/28/2004	81002	1.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$101.00	\$101.00		
02/28/2004	93543	1.00	Injection procedure during cardiac catheterization; for selective left ventricular or left atrial angiography	\$64.00	\$64.00		
02/28/2004	99212	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key	\$75.00	\$75.00		

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Gray, Juan	26	Gray, Juan	518339322	02/28/2004	Perry MD, Katherine	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/28/2004			components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou Payment - Payment			(\$25.00)	

Patient Balance:	\$0.00	Totals:	\$240.00	(\$25.00)
Insurance Balance:	\$215.00			
Total Balance:	\$215.00			

Total Cigna Corporation Collections Balance: \$2,509.00

Carrier Name

MCaid Tx

Address

PO Box 200555

City/State/Zip

Austin, TX 78720

Contact**Phone(s)**

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Peters, Myra D	77	Peters, Myra D	518593555	10/01/2003	Donnell MD, Craig	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
10/11/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
10/11/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
10/11/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
10/11/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
10/11/2003	97530	1.00	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$16.02	\$16.02		
10/11/2003	97530	1.00	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$16.02	\$16.02		
Patient Balance:	\$0.00			Totals:	\$96.12		
Insurance Balance:	\$96.12						
Total Balance:	\$96.12						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Peters, Myra D	77	Peters, Myra D	518593555	09/03/2003	Donnell MD, Craig	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
09/03/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
09/10/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
09/12/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
09/17/2003	7009X	1.00	Hospital Care	\$16.02	\$16.02		
Patient Balance:	\$0.00			Totals:	\$64.08		
Insurance Balance:	\$64.08						
Total Balance:	\$64.08						

Total MCaid Tx Collections Balance: \$160.20

Carrier Name
Medicare - Part B TX

Address
P O Box 660031

City/State/Zip
Dallas, TX 75266-0031

Contact

Phone(s)
(903)463-4886

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Sandy	52	Miller, Sandy	528873033A	01/08/2004	Kumar MD, Sanjay	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/08/2004	22846	1.00	Anterior instrumentation; 4 to 7 vertebral segments	\$1,603.00	\$1,603.00		
01/08/2004	99202	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Coun	\$128.00	\$128.00		
Patient Balance:	\$0.00			Totals:	\$1,731.00		
Insurance Balance:	\$1,731.00						
Total Balance:	\$1,731.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Carl H	56	Miller, Carl H	556519740A	01/10/2004	Snell MD, Thomas	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/10/2004	76805	1.00	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	\$261.00	\$261.00		
01/10/2004	99203	1.00	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of ca	\$191.00	\$191.00		
Patient Balance:	\$0.00			Totals:	\$452.00		
Insurance Balance:	\$452.00						
Total Balance:	\$452.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Sandy	52	Miller, Sandy	528873033A	01/23/2004	Kumar MD, Sanjay	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/23/2004	45381	1.00	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	\$101.00	\$101.00		
01/23/2004	99212	1.00	Office or other outpatient visit for the evaluation	\$75.00	\$75.00		

02/22/2005 2:53 pm
Insurance Delinquency

Practice Name Here

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Sandy	52	Miller, Sandy	528873033A	01/23/2004	Kumar MD, Sanjay	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
			and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou				
Patient Balance:	\$0.00			Totals:	\$176.00		
Insurance Balance:	\$176.00						
Total Balance:	\$176.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Carl H	56	Miller, Carl H	556519740A	01/25/2004	Snell MD, Thomas	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/25/2004	93731	1.00	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis	\$87.00	\$87.00		
01/25/2004	99212	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou	\$75.00	\$75.00		
Patient Balance:	\$0.00			Totals:	\$162.00		
Insurance Balance:	\$162.00						
Total Balance:	\$162.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Brown, Brenda	9	Brown, Brenda	337807389A	01/26/2004	Donnell MD, Craig	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/26/2004	81002	1.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$101.00	\$101.00		
01/26/2004	84443	1.00	Thyroid stimulating hormone (TSH)	\$101.00	\$101.00		
01/26/2004	99212	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key	\$75.00	\$75.00		

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Brown, Brenda	9	Brown, Brenda	337807389A	01/26/2004	Donnell MD, Craig	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
			components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou				
Patient Balance:	\$0.00			Totals:	\$277.00		
Insurance Balance:	\$277.00						
Total Balance:	\$277.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Martinez, Gloria	28	Martinez, Gloria	X518818217	01/30/2004	Donnell MD, Craig	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
01/30/2004	81002	1.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$101.00	\$101.00		
01/30/2004	99212	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou	\$75.00	\$75.00		
01/30/2004	G0105	1.00	Colorectal cancer screening; colonoscopy on individual at high risk	\$101.00	\$101.00		
Patient Balance:	\$0.00			Totals:	\$277.00		
Insurance Balance:	\$277.00						
Total Balance:	\$277.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Sandy	52	Miller, Sandy	528873033A	02/10/2004	Kumar MD, Sanjay	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/10/2004	90472	1.00	Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$8.00	\$8.00		
02/10/2004	99213	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused	\$104.00	\$104.00		

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Sandy	52	Miller, Sandy	528873033A	02/10/2004	Kumar MD, Sanjay	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
			history; an expanded problem focused examination; medical decision making				
Patient Balance:	\$0.00			Totals:	\$112.00		
Insurance Balance:	\$112.00						
Total Balance:	\$112.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Miller, Carl H	56	Miller, Carl H	556519740A	02/12/2004	Snell MD, Thomas	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/12/2004	45330	1.00	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$220.00	\$220.00		
02/12/2004	99213	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	\$104.00	\$104.00		
Patient Balance:	\$0.00			Totals:	\$324.00		
Insurance Balance:	\$324.00						
Total Balance:	\$324.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>	
Brown, Brenda	9	Brown, Brenda	337807389A	02/13/2004	Donnell MD, Craig	Main Office	
<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/13/2004	90788	1.00	Intramuscular injection of antibiotic (specify)	\$9.00	\$9.00		
02/13/2004	99211	1.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these	\$42.00	\$42.00		
Patient Balance:	\$0.00			Totals:	\$51.00		
Insurance Balance:	\$51.00						
Total Balance:	\$51.00						

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Martinez, Gloria	28	Martinez, Gloria	X518818217	02/17/2004	Donnell MD, Craig	Main Office

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Martinez, Gloria	28	Martinez, Gloria	X518818217	02/17/2004	Donnell MD, Craig	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/17/2004	64573	1.00	Incision for implantation of neurostimulator electrodes; cranial nerve	\$1,079.00	\$1,079.00		
02/17/2004	81002	1.00	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$101.00	\$101.00		
02/17/2004	99212	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Cou	\$75.00	\$75.00		

Patient Balance:	\$0.00
Insurance Balance:	\$1,255.00
Total Balance:	\$1,255.00

Totals: \$1,255.00

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Miller, Sandy	52	Miller, Sandy	528873033A	02/25/2004	Kumar MD, Sanjay	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/25/2004	31255	1.00	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	\$869.00	\$869.00		
02/25/2004	99211	1.00	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these	\$42.00	\$42.00		

Patient Balance:	\$0.00
Insurance Balance:	\$911.00
Total Balance:	\$911.00

Totals: \$911.00

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Miller, Carl H	56	Miller, Carl H	556519740A	02/27/2004	Snell MD, Thomas	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/27/2004	80053	1.00	Comprehensive metabolic panel This panel must include the following: Albumin (82040)	\$101.00	\$101.00		

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Miller, Carl H	56	Miller, Carl H	556519740A	02/27/2004	Snell MD, Thomas	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/27/2004	99211	1.00	Bilirubin, total (82247) Calcium (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these	\$42.00	\$42.00		

Patient Balance:	\$0.00	Totals:	\$143.00
Insurance Balance:	\$143.00		
Total Balance:	\$143.00		

<u>Patient Name</u>	<u>Patient ID</u>	<u>Subscriber</u>	<u>Subscriber ID</u>	<u>Visit Date</u>	<u>Doctor</u>	<u>Facility</u>
Brown, Brenda	9	Brown, Brenda	337807389A	02/28/2004	Donnell MD, Craig	Main Office

<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	<u>Fee</u>	<u>Extended Fee</u>	<u>Trans. Amt</u>	<u>TransNotes</u>
02/28/2004	93227	1.00	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage, with visual superimposition scanning; physician review and interpretation	\$56.00	\$56.00		
02/28/2004	99214	1.00	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling	\$164.00	\$164.00		

Patient Balance:	\$0.00	Totals:	\$220.00
Insurance Balance:	\$220.00		
Total Balance:	\$220.00		

Total Medicare - Part B TX Collections Balance: \$6,091.00