

Slate of New Mexico

*Shelly Trujillo
County Clerk
575-894-2840*

*Terri Copsin
County Treasurer
575-894-3524*

*Michael Huston
County Assessor
575-894-2589*

*Tom Pestak
Probate Judge
575-894-2840*



County of Sierra

*Travis Day
Kee Chair
575-894-6215*

*Frances Luna
Commissioner
575-494-6215*

*James Paxon
Chair
575-494-6215*

*855 Van Patten Street
Truth or Consequences, New Mexico 87901*

*Bruce Swingle County Manager
575-894-6215 voice 575-494-4548 fax*

*Glenn Hamilton
County Sheriff
575-894-9150*

**BOARD OF COUNTY COMMISSIONERS
SIERRA COUNTY, NEW MEXICO**

Resolution No. 109-011

Indigent Claims

WHEREAS, the Board of Sierra County Commissioners has received Indigent Hospital and Medical Claim request for those persons unable to make proper restitution for Medical Services in the amount of 6829,34 for *new* claims, and;

WHEREAS, the Sierra County Board of Commissioners desire to provide for the equitable and reasonable payment of claims, and;

THEREFORE BE IT RESOLVED, that the Sierra County Board of Commissioners hereby approve payment to those Indigent hospital Claims in the amount of:

Sole community Providers in the amount of \$ 6829.34

to be deducted from the proper funds appropriated in the 2020-2021PY Budget.

PASSED, APPROVED and ADOPTED this 18th day of August 2020

**Board of County Commissioners
Sierra County, NM**

Travis Day

TRAVIS DAY, VICE-CHAIRMAN
Frances Luna

FRANCES LUNA, COMMISSIONER

James E. Paxon

JAMES PAXON, CHAIRMAN

Shelly K. Trujillo

**SHELLY K. TRUJILLO
SIERRA COUNTY CLERK**

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO. _____

Total amount (Claims) requested: 6829.34

CLAIMS APPROVED FOR PAYMENT	13	\$ 3887.48
SIERRA VISTA HOSPITAL	7	\$ 2509.41
ALIGN MD	2	\$ 2870.00
LUNA COUNTY DETENTION	1	\$ 586.93
SOCORRO GENERAL HOSPITAL	1	\$ 609.00
SOCORRO COUNTY	1	\$ 254.00

Total \$ 6829.34



JUL 20 2020

SIERRA COUNTY DETENTION
MEDICAL CLAIMS DEPT
855 VAN PATTEN
TRUTH OR CONSEQ NM 87901

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE

COMPICA COUNTY of SIERRA

166 ADM

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN RESERVE OTHER

2. PATIENT'S STATE (Last Name, First Name, Middle Initial) **D2019-038** 3. PATIENT'S ZIP STATE **SIERRA, COUNTY D**

4. PATIENT'S ADDRESS (No. Street) **311 N DATE ST** 5. PATIENT RELATIONSHIP TO INSURER **SIERRA, COUNTY D**

6. CITY **311 N DATE ST** 7. STATE **NM** 8. RESERVED FOR NUCC USE

9. ZIP CODE **87901** 10. TELEPHONE (Include Area Code) **87901 575 740-9142**

11. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 12. IS PATIENT EMPLOYED OR RELATED TO EMPLOYER? YES NO

13. EMPLOYER'S NAME 14. EMPLOYER'S DATE OF BIRTH **01 01 1900**

15. RESERVED FOR NUCC USE 16. RESERVED FOR NUCC USE

17. INSURANCE PLAN NAME OR PROGRAM NAME **SIERRA COUNTY DETENTION**

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Authorized persons must be authorized by the insured to provide this information. If not, please print name and relationship to insured.)

SIGNATURE ON FILE **07/13/20** SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS (M/D/Y) **07 04 20** 15. PREGNANCY CODE **431**

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. ADDITIONAL CLAIM INFORMATION (If applicable, attach copy.)

23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (ICD-9-CM Code) **M545 N390**

1	24. A. DATES OF SERVICE				B. PLACE OF SERVICE	C. ICD-9-CM CODE	D. PATIENT'S REFERENCE NUMBER (If other than the policy number, attach copy.)	E. ICD-9-CM CODE	F. ICD-9-CM CODE	G. ICD-9-CM CODE	H. ICD-9-CM CODE	I. ICD-9-CM CODE	J. ICD-9-CM CODE
	From	To	EMG	EMG									
1	07	04	20	23	Y	99285	A	1435	00	1	VE	1063490175	
2													
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25. FEDERAL TAX ID NUMBER **475305721** 26. PATIENT'S ACCOUNT NO. **M046351866**

27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS **HASAN ADNAN, MD** 28. SERVICE FACILITY LOCATION INFORMATION **Mimbres Memorial Hospital 900 W. Ash Street Deming NM 880304000 1881665594**

29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS **AlignMD of New Mexico PLLC P.O. Box 4458 Dept 159 Houston TX 77210-4458 1891169942**

SIGNED **07/13/20** DATE

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



SIERRA COUNTY DETENTION
 MEDICAL CLAIMS DEPT
 855 VAN PATTEN
 TRUTH OR CONSEQ NM 87901

RECEIVED

JUL 27 2020

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNION OF INSURANCE BROKERS (NUOB)

COM 166 ADM COUNTY of SIERRA

1. MEMBER NAME: [] MEMBER ID: [] POLICY NO: [] GROUP: []
 SELF SPOUSE CHILD OTHER

2. PATIENT NAME: **D2030-026** []
 3. PATIENT ADDRESS: **311 N DATE ST** []
 T OR C: **T OR C** NM
 87901

4. OTHER INFORMATION: []

5. MEMBER DATE OF BIRTH: **01 01 1900** []

6. MEMBER SOCIAL SECURITY NUMBER: []

7. MEMBER EMPLOYER: []

8. MEMBER OCCUPATION: []

9. MEMBER TYPE: **SIERRA COUNTY DETENTION**

10. MEMBER STATUS: YES NO

11. MEMBER SIGNATURE: [] DATE: **07/20/20**

12. MEMBER SIGNATURE: [] DATE: []

13. MEMBER EMPLOYER: **07 07 2020** []

14. MEMBER EMPLOYER: **431** []

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LUNA COUNTY DETENTION CENTER

1700 4TH ST N.E.
DEMING, NM 88030
Phone (575) 543-6707 Fax (575) 544-7272

DATE: July 14, 2020
INVOICE # DP182020

BILL TO:
Sierra County Detention Center
Attn: Bruce Swingle
855 Van Patten
T or C, New Mexico 87901
Phone: 575-894-6215 Fax: 575-894-9548

FOR: Medical billing for
inmates for Sierra
Inmates June 2020

DESCRIPTION		Rate	AMOUNT
Medical Billing for Inmates housed at LCDC Diamond Pharmacy 6/1/2020 - 6/30/2020			\$ 586.93
		SUBTOTAL	\$586.93

Make all checks payable to Luna County Detention Center

Diamond Drugs, Inc.



DBA Diamond Pharmacy Services
 645 Koller Drive
 Indiana, PA 15701-3570
 800-882-6337

Number: IN001048690
 Date: 6/30/2020

Sold To: Luna County Detention Center
 1700 4th St Ne
 Deming NM 88030

Attn: Chris Brice NMLA

Ship To: 1700 4th St Ne
 Deming, NM 88030

Attn: Chris Brice

Reference - P.O. No	Customer No.	Billing Rep:	Ship Via	Terms Code
	NMLA	BK		N30

Item No.	Description/Comments	Quantity	UOM	Unit Price	Amount									
XCURMEDS	Current Medications JUNE 2020	1.00000	EA	3,498.320000	3,498.32									
XCURMEDS	Current Medications SIERRA	1.00000	EA	577.050000	577.05									
XCURMEDS	Current Medications OTC	1.00000	EA	787.920000	787.92									
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Due Date</td> <td style="width: 15%;">Amount Due</td> <td style="width: 15%;">Disc. Date</td> <td style="width: 15%;">Disc. Amount</td> <td style="width: 40%;"></td> </tr> <tr> <td>7/30/2020</td> <td>4,863.29</td> <td></td> <td>0.00</td> <td></td> </tr> </table>					Due Date	Amount Due	Disc. Date	Disc. Amount		7/30/2020	4,863.29		0.00	
Due Date	Amount Due	Disc. Date	Disc. Amount											
7/30/2020	4,863.29		0.00											
					577.05 586.93 787.92									

Please reference this invoice and customer number when making payment.

Remit To:

Diamond Drugs, Inc
 PO Box 536217
 Pittsburgh, PA 15253-5904

Subtotal before taxes	4,863.29
Total taxes	0.00
Total amount	4,863.29
Payment received	0.00
Discount taken	0.00
Amount due	4,863.29

EIN: 25-1378278 DUNS 05-112-8163

DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 6/1/2020 - 6/30/2020
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓		- 0081472 Sierra						
33362539		20.0	Ibuprofen 600mg Tablet	67977-0320-05	Yes	4.73	06/26/20	06/26/20	SMYER
33140163		58.0	LevETIRAcetam 500mg Tab	31722-0537-05	No	8.58	06/11/20	06/11/20	SMYER
						13.29			
	✓		0069254 Sierra						
33260651		30.0	Anciprazola 30mg Tablet	13568-0221-00	No	9.98	05/19/20	05/19/20	DULANTO
33145015		60.0	HydroXYzine HC 50mg Tab	23155-0502-10	Yes	5.59	06/12/20	06/12/20	DULANTO
32714578		29.0	Ibuprofen 600mg Tablet	67977-0321-05	Yes	5.18	06/09/20	06/09/20	SMYER
33156639		30.0	Prazosin 5mg Capsule	59762-5350-01	Yes	16.45	06/12/20	06/12/20	DULANTO
32335305		60.0	TraZODONE 100mg Tab	50111-0434-03	Yes	6.71	06/23/20	06/23/20	DULANTO
						44.02			
	✓		- 0081138 Sierra						
33143656		30.0	FLUoxetine 40mg Capsule	55862-0194-01	Yes	5.03	06/12/20	06/12/20	DULANTO
32715255		116.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	25.49	06/03/20	06/03/20	SMYER
33359972		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.02	06/25/20	06/25/20	DULANTO
33359995		90.0	OXcarbazepine 300mg Tab	51991-0293-05	Yes	13.45	06/25/20	06/25/20	SMYER
33144351		60.0	OXcarbazepine 600mg Tab	51991-0294-05	Yes	16.31	06/12/20	06/12/20	SMYER
						65.33			
	✓		- 0073576 Sierra						
33196450		10.0	Ibuprofen 400mg Tablet	67677-0319-05	Yes	4.34	06/16/20	06/16/20	SMYER
						4.34			
	✓		- 0080966 Sierra						
33064122		30.0	doMIDine 0.1mg Tablet	00226-2127-50	Yes	4.48	06/09/20	06/09/20	DULANTO
33064149		30.0	Prazosin 1mg Capsule	70954-0019-20	Yes	11.39	06/09/20	06/09/20	DULANTO
33064151		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77	06/09/20	06/09/20	DULANTO
33065144		60.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	8.72	06/09/20	06/09/20	DULANTO
						29.34			
	✓		- 0078261 Sierra						
33170718		20.0	AmoxiCav 875mg/125mg Tab	42571-0162-01	Yes	10.34	06/15/20	06/15/20	SMYER
33121369		87.0	Ibuprofen 600mg Tablet	67677-0320-05	Yes	7.26	06/10/20	06/10/20	SMYER
						17.60			

Information contained herein is proprietary and confidential to Diamond Drugs Inc., dba Diamond Pharmacy Services. No further release of any information contained herein, whether to a private or public entity or in a written or verbal manner, is authorized unless permitted in writing by an Officer of Diamond.

Billing Date(s): 6/1/2020 - 6/30/2020

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		0078275	Sierra						
33342482		60.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.24	06/25/20	06/25/20	SMYER
33342783		60.0	LIZANidine 4mg Tablet	29300-0159-10	Yes	7.72	06/25/20	06/25/20	SMYER
						13.96			
		0081131	Sierra						
33324738		58.0	Acetaminophen 325mg Tab	00904 6719 80	Yes	4.29	06/24/20	06/24/20	SMYER
33324736		28.0	Docosate Sod 100mg Cap	54257-0902-06	Yes	4.41	06/24/20	06/24/20	SMYER
33325102		15.0	Eye Drops 0.05% Op Sol	00536-1217-94	Yes	4.96	06/24/20	06/24/20	SMYER
33324827		30.0	Ferrous Sulf 324mg Tab EC	00574 0608 10	No	5.13	06/24/20	06/24/20	SMYER
33365030		30.0	Omeprazole 20mg Capsule	68462-0396-10	Yes	5.15	06/26/20	06/26/20	SMYER
						23.94			
		719	Sierra						
33359686		63.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.35	06/25/20	06/25/20	SMYER
32715661		58.0	LIZANidine 4mg Tablet	55111-0180-10	Yes	5.54	06/03/20	06/03/20	SMYER
						11.89			
		0075478	Sierra						
33145260		58.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.16	06/12/20	06/12/20	SMYER
33126913		30.0	Levetiracetam 1,000mg Tab	31722-0539-60	No	11.26	06/11/20	06/11/20	SMYER
33344308		30.0	Levetiracetam 1,000mg Tab	31722-0539-60	No	11.26	06/25/20	06/25/20	SMYER
						28.68			
		0082249	Sierra						
33273791		30.0	FLUoxetine 20mg Capsule	55892-0193-90	Yes	4.45	06/20/20	06/20/20	DULANTO
33273784		30.0	Hydroxyzine HCl 50mg Tab	23155-0502-10	Yes	4.81	06/20/20	06/20/20	DULANTO
33273793		60.0	Hydroxyzine HCl 50mg Tab	23155-0502-10	Yes	5.69	06/20/20	06/20/20	DULANTO
33273782		29.0	Levetiracetam 500mg Tab	47361-0643-10	Yes	12.33	05/20/20	06/20/20	SMYER
						27.31			
		0058487	Sierra						
33063685		87.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	7.25	06/09/20	06/09/20	SMYER
						7.25			
		0081720	Sierra						
33163647		116.0	Acetaminophen 325mg Tab	00904 6719 80	Yes	4.59	06/13/20	06/13/20	SMYER
						4.59			

Information contained herein is proprietary and confidential to Diamond Drugs Inc., dba Diamond Pharmacy Services. No further release of any information contained herein, whether to a private or public entity or in a written or verbal manner, is authorized unless permitted in writing by an Officer of Diamond.

DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 6/1/2020 - 6/30/2020
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			- 0080323 Sierra						
33140631		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.27	06/11/20	06/11/20	SMYER
						5.27			
			- 0058194 USM						
33156036		9.0	SUMatriptan 100mg Tablet	65882-0148-36	No	9.25	06/12/20	06/12/20	SMYER
						9.25			
			.65 Long						
33367906		20.0	Amox/Clav 875mg/125mg Tab	42571-0162-01	Yes	10.34	06/26/20	06/26/20	SMYER
						10.34			
			I - 0082459 USM						
33029913		29.0	Losartan Pot 25mg Tablet	68382-0135-10	No	6.26	06/04/20	06/04/20	SMYER
						6.26			
			J - 0075973 USM						
32939389		29.0	Lisinopril 20mg Tablet	43547-0354-11	Yes	5.14	06/09/20	06/09/20	SMYER
32972479		10.0	Predn SONE 20mg Tablet	00591-5443-05	Yes	4.79	06/02/20	06/02/20	SMYER
						9.93			
			- 0082531 USM						
33363960		29.0	Tamsulosin 0.4mg Capsule	65862-0598-05	Yes	5.95	06/26/20	06/26/20	SMYER
						5.95			
			LUIS - 0082718 USM						
33376463		30.0	Atorvastatin 10mg Tablet	16729-0044-17	Yes	5.23	06/26/20	06/26/20	SMYER
33377296		30.0	Cephalexin 500mg Capsule	67877-0215-05	Yes	6.58	06/26/20	06/26/20	SMYER
33380803		30.0	GlyBURIDE 5mg Tablet	75834-0204-00	Yes	5.60	06/26/20	06/26/20	SMYER
33377300		3.0	Ketoconazole 200mg Tablet	64380-0827-06	No	7.63	06/26/20	06/26/20	SMYER
33378614		30.0	Lisinopril 5mg Tablet	65180-0513-03	Yes	4.45	06/26/20	06/26/20	SMYER
						29.63			

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Billing Date(s): 6/1/2020 - 6/30/2020
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
LUNA COUNTY DETENTION CENTER, NMLA -									
33066363	LUNA COUNTY	600.0	Ca's. Antac Assort Tabs	00904-6412-92	Yes	11.92	06/09/20	06/09/20	SMYER
33089034	LUNA COUNTY	400.0	Docusate Sodium 250mg Cap	00904-6999-60	No	22.45	06/09/20	06/09/20	SMYER
33089051	LUNA COUNTY	60.0	Eye Drops 0.05% Op Sol	00536-1217-94	Yes	11.92	06/09/20	06/09/20	SMYER
33089143	LUNA COUNTY	272.0	Fixodent Free Cream	76660-0300-02	No	26.97	06/09/20	06/09/20	SMYER
33220575	LUNA COUNTY	448.0	Hydrocortisone 1% Cream	45802-0438-03	Yes	47.58	06/17/20	06/17/20	SMYER
33313598	LUNA COUNTY	6000.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	92.75	06/23/20	06/23/20	SMYER
32983810	LUNA COUNTY	100.0	Locks Rat-tailed Numbered	99999-9999-99	No	27.04	06/02/20	06/02/20	SMYER
33313536	LUNA COUNTY	800.0	Lo-atadine 10mg Tablet	51660-0526-01	Yes	42.92	06/23/20	06/23/20	SMYER
33359764	LUNA COUNTY	120.0	Miconazole 2% Cream	69396-0014-20	Yes	11.92	06/25/20	06/25/20	SMYER
33433948	LUNA COUNTY	400.0	Monoject 1cc 29gsal Syr	08881-5111-10	No	101.68	06/30/20	06/30/20	SMYER
33221625	LUNA COUNTY	600.0	Mucinex 600mg Tablet	63824-6008-15	No	208.34	06/17/20	06/17/20	SMYER
33086392	LUNA COUNTY	180.0	Oxymetazoline Nasal Spray	00904-6761-30	Yes	17.83	06/09/20	06/09/20	SMYER
33089070	LUNA COUNTY	828.0	Selenium 1% Sulf Shampoo	00536-1995-53	Yes	16.59	06/09/20	06/09/20	SMYER
33313490	LUNA COUNTY	828.0	Selenium 1% Sulf Shampoo	00536-1995-53	Yes	16.59	06/23/20	06/23/20	SMYER
33220853	LUNA COUNTY	675.0	Sensodyne Toothpaste	10158-0081-11	No	46.37	06/17/20	06/17/20	SMYER
33370271	LUNA COUNTY	227.2	Triple Antibiotic Oint	69396-0002-20	Yes	23.84	06/26/20	06/26/20	SMYER
						726.86			
33238108		113.0	Sensodyne Toothpaste	10158-0081-11	No	9.31	06/18/20	06/18/20	SMYER
						9.31			
33140516		120.0	Acetaminophen 325mg Tab	00904-6719-80	Yes	4.61	06/11/20	06/11/20	SMYER
						4.61			
33251159		8.0	Anti-Diarrheal 2mg Caplet	57896-0381-96	Yes	4.16	06/18/20	06/18/20	SMYER
						4.16			
32988625		12.0	Mucosa 400mg Tablet	43292-0564-37	No	4.42	06/03/20	06/03/20	SMYER
						4.42			
LUNA COUNTY DETENTION						787.92			
Grand Total						787.92			

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DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 6/1/2020 - 6/30/2020
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty	Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
				.J77268 Sierra						
33395578		30.0		Hydrocortisone 2.5% Cream	00472-0337-30	Yes	8.40	06/28/20	06/28/20	SMYER
33137598		30.0		Omeprazole 20mg Capsule	62175-0118-43	Yes	5.27	06/11/20	06/11/20	SMYER
32547739		30.0		Sertraline 100mg Tablet	68180-0353-02	Yes	5.16	06/18/20	06/18/20	DULANTO
							18.83			
				.0069460 Sierra						
33174975		20.0		Amox/Clav 875mg/125mg Tab	42571-0162-01	Yes	10.34	06/15/20	06/15/20	SMYER
33253692		87.0		Ibuprofen 600mg Tablet	67877-0320-05	Yes	7.26	06/19/20	06/19/20	SMYER
							17.60			
				.0080323 Sierra						
33265951		60.0		Doxepin 100mg Capsule	59651-0177-01	Yes	67.85	06/19/20	06/19/20	DULANTO
33266099		30.0		Duloxetine 30mg DR Cap	51991-0747-10	Yes	8.23	06/19/20	06/19/20	DULANTO
32900339		30.0		HydroXYzine Pam 25mg Cap	00185-0674-05	No	5.30	06/09/20	06/09/20	DULANTO
32900347		60.0		HydroXYzine Pam 50mg Cap	14539-0675-05	No	7.47	06/03/20	06/03/20	DULANTO
33362357		60.0		Lisinopril 40mg Tablet	43547-0356-11	Yes	8.82	06/26/20	06/26/20	SMYER
32715205		29.0		Loraladine 10mg Tablet	51660-0526-01	Yes	5.05	06/03/20	06/03/20	SMYER
33362304		30.0		Metoprolol 25mg Tablet	52917-0360-00	Yes	4.69	06/26/20	06/26/20	SMYER
32784109		30.0		Prazosin 1mg Capsule	70954-0019-20	Yes	11.39	06/03/20	06/03/20	DULANTO
33265958		30.0		Prazosin 2mg Capsule	70954-0020-20	Yes	12.01	06/19/20	06/19/20	DULANTO
33362105		60.0		tiZANidine 4mg Tablet	29300-0169-10	Yes	7.72	06/26/20	06/26/20	SMYER
							136.53			
				.0062421 Sierra						
33121159		30.0		Aripiprazole 15mg Tablet	13663-0219-05	Yes	7.69	06/10/20	06/10/20	DULANTO
33121150		30.0		Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.02	06/10/20	06/10/20	DULANTO
							13.71			
				0051706 Sierra						
32952690		20.0		CC Ca/c Antac 1,000mg Chw	63868 0048-72	No	4.42	06/01/20	06/01/20	SMYER
							4.42			
				0076645 Sierra						
33362291		58.0		Acetaminophen 500mg Tab	00904 6730-80	Yes	4.45	06/26/20	06/26/20	SMYER
33138958		16.0		Fluticasone 0.05% Nasal S	60505-0829-01	No	7.66	06/11/20	06/11/20	SMYER
							12.11			

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Billing Date(s): 6/1/2020 - 6/30/2020
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			. - 0082573 <i>Sierra</i>						
33137725		30.0	Loratadine 10mg Tablet	51660-0529-01	Yes	5.09	05/11/20	06/11/20	SMYER
33154014		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32	06/12/20	06/12/20	DULANTO
33154610		30.0	Prazosin 2mg Capsula	70954-0020-20	Yes	12.01	05/12/20	06/12/20	DULANTO
						24.42			
			10510 <i>Sierra</i>						
33283196		9.0	buPROPion 100mg Tablet	60505-0157-01	No	5.05	06/22/20	06/22/20	DULANTO
33283194		9.0	buPROPion-XL 150mg Tablet	68180-0319-02	Yes	5.53	06/22/20	06/22/20	DULANTO
33283180		7.0	PARoxetine 20mg Tablet	68382-0038-10	Yes	4.36	06/22/20	06/22/20	DULANTO
33283193		30.0	PARoxetine 40mg Tablet	68382-0001-05	Yes	6.55	06/22/20	06/22/20	DULANTO
						21.49			
			. - 0078139 <i>Sierra</i>						
33045396		20.0	Amox/Clav 875mg/125mg Tab	42571-0162-01	No	10.34	06/05/20	06/05/20	SMYER
33382499		30.0	BusPIRone 30mg Tablet	68382-0183-14	Yes	8.68	06/26/20	06/26/20	DULANTO
33140028		30.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	5.11	06/11/20	06/11/20	SMYER
33362430		60.0	lamoTRAligine 25mg Tablet	29300-0111-10	Yes	5.24	06/26/20	06/26/20	DULANTO
33362275		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.02	06/26/20	06/26/20	DULANTO
						35.39			
						577.05			
						-577.05			
						\$ 586.93			

LUNA COUNTY DETENTION
 Grand Total

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RECEIVED

AUG 05 2020

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

COUNTY of SIERRA

Invoice ID: 29547C15467
Invoice Date: 08/03/2020

Total Due: \$ 663.34

To:

DETENTION CENTER
855 VAN PATTEN ST
TRUTH OR CONSEQUENCES NM 879013201

Please return top portion with payment to:

SIERRA VISTA HOSPITAL 69
PO BOX 20999
BELFAST ME 049154106

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
38E408V15467 07/10/2020 07/10/2020	44304 99283 0637	<i>D2020-027</i> ER-LEVEL 3 MODER COMPLEX-MOD SEVERIT CLONIDINE (CATAPRES) TAB : 0.1MG	\$657.34 \$6.00 Patient Subtotal: \$663.34

Comments:

Total payment is due within 30 days of invoice receipt.
Please include the Invoice ID on your check.

Total Due: \$ 663.34

RECEIVED

AUG 05 2020

INVOICE

From: COUNTY of SIERRA

Invoice ID: 29559C15467
 Invoice Date: 08/03/2020

SIERRA VISTA HOSPITAL 69
 Tax ID: 850422820

Total Due: \$3,197.02

To: INDIGENT
 855 VAN PATTEN ST
 TRUTH OR CONSEQUENCES NM 879013201

Please return top portion with payment to:

SIERRA VISTA HOSPITAL 69
 PO BOX 20999
 BELFAST ME 049154106

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
<i>117 2020-022</i>			
384676V15467	MICHAEL STEPHENS, MD		
06/23/2020	99283.25	ER-LEVEL 3 MODER COMPLEX-MOD SEVERIT	\$657.34
06/23/2020	94640	HAND HELD NEB TREATMENT	\$292.53
06/23/2020	0637	ALBU/IPRA (DUONEB) 0.083%/0.02% NEB	\$3.00
386626V15467	KARENLYNN FIATO, NP		
07/01/2020	99214	99214 OFFICE OUTPATIENT VISIT EST MOD	\$209.57
Patient Subtotal:			\$1,162.44
<i>EM, 63998 2019-026</i>			
385464V15467	PHYSICIAN, PHYSICIAN		
06/25/2020	70553.TC	MRI BRAIN W/WO	\$817.38
06/25/2020	70491	CT SOFT TISSUE NECK WITH	\$520.94
06/25/2020	70491	PF - CT SOFT TISSUE NECK WITH	\$13.20
06/25/2020	70553.26	PF - MRI BRAIN W/WO	\$23.06
Patient Subtotal:			\$1,374.58
<i>54887 2019-027</i>			
386614V15467	KIM KEEYSJORDAN, MSPT		
06/30/2020	97110.GP	THERAP EXERC 15MIN	\$35.00
Patient Subtotal:			\$35.00
<i>46845 2020-010</i>			
386602V15467	KIM KEEYSJORDAN, MSPT		
06/24/2020	97112.GP	NEUROMUSCULAR REED EACH I	\$35.00
06/29/2020	97112.GP	NEUROMUSCULAR REED EACH I	\$35.00
06/01/2020	97110.GP	THERAP EXERC 15MIN	\$35.00
06/03/2020	97110.GP	THERAP EXERC 15MIN	\$35.00
06/17/2020	97110.GP	THERAP EXERC 15MIN	\$35.00
06/22/2020	97110.GP	THERAP EXERC 15MIN	\$35.00
Patient Subtotal:			\$210.00

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
46845 2020-010			
386006V1546/	PHYSICIAN, PHYSICIAN		
06/08/2020	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTI	\$131.25
06/08/2020	0258	SOL LACTATED RINGERS 1000ML	\$43.50
06/08/2020	0250	Pharmacy - General	\$25.25
Patient Subtotal:			\$200.00
55751 2019-026			
385724V15467	PHYSICIAN, PHYSICIAN		
06/24/2020	36415	VENIPUNCTURE	\$18.00
06/24/2020	84439	T4 FREE	\$86.54
06/24/2020	84443	TSH THYROID STIMULATING HORMONE	\$20.46
Patient Subtotal:			\$125.00
M, 58092 2019-012			
384461V15467	MILES NELSON, MD		
06/22/2020	82728	FERRITIN	\$85.26
06/22/2020	80053	COMPREHENSIVE METABOLIC PANEL	\$4.74
Patient Subtotal:			\$90.00
Comments: Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.			Total Due: \$3,197.02

KELLY'S PHARMACY
 312 N CALIFORNIA ST
 SOCORRO, NM 87801

(\$8,972.93)
AMOUNT DUE

DUE DATE: 08/31/20

KELLY'S PHARMACY
 312 N CALIFORNIA ST
 SOCORRO, NM 87801

DETENTION CENTER (INMATE)
 PO BOX 698
 SOCORRO, NM 87801

ACCT NUMBER	BILLING DATE	AMT ENCLOSED
1	07/31/20	

TRANS DATE	DESCRIPTION / TRANSACTION NUMBER	CHARGES	SALES TAX	PYMTS / CREDITS
✓	PATIENT:			
07/07/20	CHG -1 RX-199827 QTY-90.0, PRAZOSIN HCL 2MG CAP	79.00		
07/07/20	CHG -0 RX-202638 QTY-90.0, IBUPROFEN TAB 800MG	23.00		
07/28/20	CHG -0 RX-204245 QTY-5.0, TOBRA/DEXAME 0.3-0.1% SL 5	126.00		
07/30/20	CHG -1 RX-201576 QTY-30.0, MIRTAZAPINE 15MG TAB	13.00		
07/30/20	CHG -1 RX-201575 QTY-90.0, FLUOXETINE 20MG CAP	13.00		
	TOTAL FOR SOLOMON HAYHURST:	5154.00	50.00	50.00

SOCORRO NM 878013914

DENVER CO 802911580

1341023

0131

D2020-022

51 MERCURY
TRUTH OR CONSEQUENCES

850105601 071520 071520

NM 87901

07251988 M

1 1

21

OTHER PROCEDURE
CODE 2 07/15/20 DATE

OTHER PROCEDURE
CODE 2 07/15/20 DATE

NM

SOCORRO COUNTY DETENTION CENTER
ATTNEDDIE GARCIA
PO BOX 598
SOCORRO, NM 87801

45

99 00

450 EMERGENCY ROOM

99282

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001 PAGE 1 OF 1

CREATION DATE 072320

TOTALS

609 00

COMMERCIAL GENERIC

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1790761138

18 533134069

GENERIC COMMER

L640

2888

R221

OTHER PROCEDURE
CODE 2 07/15/20 DATE

1205875242

MESHEL

ELLYN

OTHER PROCEDURE
CODE 2 07/15/20 DATE

OTHER PROCEDURE
CODE 2 07/15/20 DATE

B1282NC0060X