State 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

SIERRA COUNTY
NEW MEXICO

855 Van Patten Street
Truth or Consequences, New Mexico 87901

Bruce Swingle County Manager
575-894-6215 voice 575-894-9548 fax

County of Sierra

Travis Day
Vice Chair
575-894-6215

Frances Luna
Commissioner
575-894-6215

James Paxon
Chair
575-894-6215

Glenn Hamilton
County Sheriff
575-894-9150

BOARD OF COUNTY COMMISSIONERS
SIERRA COUNTY, NEW NEXICO

Resolution No. 109-019
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 16062.13 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 $ 16062.13

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

PASSSED, APPROVED and ADOPTED this 15th day of September 2020

Board of County Commissioners
Sierra County, NM

T. J Day
TRAVIS DAY, VICE-CHAIRMAN

FRANCES LUNA, COMMISSIONER

Attest:
Shelly K. Trujillo
SHELLY K. TRUJILLO
SIERRA COUNTY CLERK

James E. Paxon
JAMES PAXON, CHAIRMAN

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO._____

Total amount (Claims) requested: 16062.13

CLAIMS APPROVED FOR PAYMENT	11	$ 16062.13
SIERRA VISTA HOSPITAL	8	$ 13791.24
LUNA COUNTY DETENTION	2	$ 1758.89
SOCORRO GENERAL HOSPITAL	1	$ 609.00
SOCORRO COUNTY	1	$ 512.00

Total	$ 16062.13

HC NUMBER	PROVIDER	AMT BILLED	AMT PAID	DATE
				15-Sep-20
2020-021	SIERRA VISTA HOSPITAL	18668.98	12134.83	
2020-021	SIERRA VISTA HOSPITAL	645.25	419.41	
2020-022	SIERRA VISTA HOSPITAL	1176	764.4	
2020-028	SIERRA VISTA HOSPITAL	242.12	157.37	
2020-014	SIERRA VISTA HOSPITAL	34.68	22.54	
2020-010	SIERRA VISTA HOSPITAL	125.3	81.44	
2019-012	SIERRA VISTA HOSPITAL	125	81.25	
2020-010	SIERRA VISTA HOSPITAL	200	130	
2018-030	SOCORRO GENERAL	512	512	
	LUNA COUNTY DETENTION	601.58	601.58	
	LUNA COUNTY DETENTION	1157.31	1157.31	
	TOTAL		16062.13	

RECEIVED

INVOICE

From:

COUNTY of SIERRA

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 30246C15467
Invoice Date: 09/01/2020

Total Due: $18,668.98

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
[redacted], 72338 2020-021		12/05/1942	
399834V15467			
08/17/2020	0111	Private - Medical/Surgical/GYN	$4,600.00
08/17/2020	0412	Inhalation Services	$1,755.18
08/17/2020	0258	Pharmacy - IV Solutions	$600.00
08/17/2020	0450	Emergency Room - General	$1,961.37
08/20/2020	0460	PULSE OX MULTI DETERMINATION	$104.00
08/17/2020	0730	EKG 12 LEAD	$368.35
08/17/2020	0320	Radiology - Diagnostic -General	$172.00
08/17/2020	0250	Pharmacy - General	$784.32
08/17/2020	0300	Laboratory - General	$3,157.06
08/19/2020	0270	MASK FACE BITRAC NIV ADULT MD(055,185/6	$83.00
08/17/2020	0260	IV PUSH DRUG - SINGLE OR INITIAL	$300.84
08/17/2020	0350	CT CHEST W/WO CONTRAST	$3,484.86
08/19/2020	0410	CPAP INST & MGMT	$803.00
399835V15467	CHARLES DAVIS, MD		
08/19/2020	71045,26	PF - CHEST 1V	$85.00
399836V15467	CHARLES DAVIS, MD		
08/17/2020	71045,26	PF - CHEST 1V	$85.00
399837V15467	TAHIR ALKHAIRY, MD		
08/17/2020	71270,26	PF - CT CHEST W/WO CONTRAST	$325.00
		Patient Subtotal:	**$18,668.98**

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

Total Due: $18,668.98

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 30271C15467
Invoice Date: 09/01/2020

Total Due: $645.25

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
2338 2020-021		12/05/1942	
400238V15467			
08/17/2020	A0427.RH	ALS1 EMERGENCY	$607.00
Pickup:		RESIDENCE 1217 ORE TRUTH OR CONSEQUENCES NM 87901	
Destination:		SVH 800 E 9TH AVE TRUTH OR CONSEQUENCES NM 87901	
08/17/2020	A0425.RH	GROUND MILEAGE: 1 MILE	$38.25
		Patient Subtotal:	**$645.25**

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

Total Due: $645.25

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 30264C15467
Invoice Date: 09/01/2020

Total Due: $1,703.10

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	Description	Amount
117 2020-022		07/08/1953	
389134V15467	PHYSICIAN, PHYSICIAN		
07/08/2020	94060	PULMONARY FUNC/PRE/POST BRON	$210.68
389998V15467	JOHN GARVER, DO		
07/17/2020	99283,25	ER-LEVEL 3 MODER COMPLEX-MOD SEVERIT	$131.47
07/17/2020	96360	IV INFUSION HYDRATN ONLY-INIT UP TO 1 H	$96.05
07/17/2020	94640	HAND HELD NEB TREATMENT	$58.51
07/17/2020	71045,TC	CHEST 1V	$17.20
07/17/2020	71045,26	PF - CHEST 1V	$1.85
07/17/2020	93005	EKG 12 LEAD	$73.67
07/17/2020	0258	SOL NS 0.9% 1000ML	$15.00
07/17/2020	0637	ALBU/IPRA (DUONEB) 0.083%/0.02% NEB	$3.00
391682V15467	KARENLYNN FIATO, NP		
07/23/2020	99213	99213 OFFICE OUTPATIENT VISIT EST MOD	$34.68
392613V15467	MILES NELSON, MD		
07/24/2020	99281	ER-LEVEL 1 STRAIGHT FORWARD	$53.78
393555V15467	PHYSICIAN, PHYSICIAN		
07/29/2020	71250,TC	CT CHEST W/O CONTRAST	$468.48
07/29/2020	71250,26	PF - CT CHEST W/O CONTRAST	$11.63
		Patient Subtotal:	**$1,176.00**
[redacted] A, 66334 2020-028		06/30/1969	
387553V15467	MICHAEL STEPHENS, MD		
06/29/2020	99283,25	ER-LEVEL 3 MODER COMPLEX-MOD SEVERIT	$131.47
06/29/2020	73120,TC,LT	HAND LT 2 VIEWS	$81.52
06/29/2020	73120,26,LT	PF - HAND LT 2 VIEWS	$1.70
06/29/2020	0637	DOXYCYCLINE (VIBRAMYCIN) CAP : 100MG	$3.00
06/29/2020	90715	TETANUS/DIPHTHERIA/PERTUSSUS (TDAP) V	$24.43
		Patient Subtotal:	**$242.12**

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
68629 2020-014		07/01/1927	
393275V15467	WILLIAM ADKINS, MD		
07/07/2020	99213	99213 OFFICE OUTPATIENT VISIT EST MOD	$34.68
		Patient Subtotal:	**$34.68**
46845 2020-010		12/20/1961	
391606V15467	WILLIAM ADKINS, MD		
07/21/2020	J3301	TRAIMCINOLONE (KENALOG) 40MG	$0.30
392011V15467	PHYSICIAN, PHYSICIAN		
07/23/2020	77080.TC	DEXA, BONE DENSITY STUDY, 1 OR MORE SI	$125.00
		Patient Subtotal:	**$125.30**
M, 58092 2019-042		09/15/1958	
389197V15467	PHYSICIAN, PHYSICIAN		
07/09/2020	36415	VENIPUNCTURE	$18.01
07/09/2020	85025	CBC	$50.47
07/09/2020	80053	COMPREHENSIVE METABOLIC PANEL	$56.52
		Patient Subtotal:	**$125.00**

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

Total Due: **$1,703.10**

SOCORRO GENERAL HOSPITAL
1202 HIGHWAY 60 W
SOCORRO NM 878013914

2
PO BOX 911580
DENVER CO 802911580

3a PAT. CNTL # HB5018158100
b. MED. REC. # 1338409

4 TYPE OF BILL: 0131

5 FED. TAX NO. 850105601

6 STATEMENT COVERS PERIOD FROM 102119 THROUGH 102119

7

8 PATIENT NAME a

D2018-030

9 PATIENT ADDRESS a P O BOX 3052
b TRUTH OR CONSEQUENCES c NM d 87901 e

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
06221991	M			1	1		21												NM	

31 OCCURRENCE CODE	DATE	[redacted]	33 OCCURRENCE CODE	DATE	[redacted]	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
11	102119											

38
SOCORRO COUNTY DETENTION CENTER
PO BOX 598

SOCORRO, NM 87801

	39 CODE	VALUE CODES AMOUNT	[redacted]	41 CODE	VALUE CODES AMOUNT
a					
b					
c					
d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
250	N46668510010OUN1		102119	1	27 00		
250	N463739068410UN4		102119	4	21 00		
450	EMERGENCY ROOM	99283	102119	1	464 00		
0001	PAGE 1 OF 1	CREATION DATE	090420	TOTALS	512 00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
COMMERCIAL GENERIC		Y	Y		

56 NPI 1790761138
57 OTHER PRV ID

58 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
	18	226631560		NGN

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX: K047 S025XXA

67

68

69 ADMIT DX

70 PATIENT REASON DX S025XXA

71 PPS CODE

72 ECI X58XXXA Y929

73

74 PRINCIPAL PROCEDURE CODE DATE [redacted]

a OTHER PROCEDURE CODE DATE

[redacted]

d OTHER PROCEDURE CODE DATE [redacted]

75

76 ATTENDING NPI 1356662670 QUAL
LAST MEDORO FIRST AMANDA

77 OPERATING NPI QUAL
LAST FIRST

78 OTHER NPI QUAL
LAST FIRST

79 OTHER NPI QUAL

80 REMARKS

81CC a B3282NC0060X
b
c
d

LUNA COUNTY DETENTION CENTER

1700 4TH ST N.E.
DEMING, NM 88030

DATE: August 12, 2020
INVOICE 1# LB112020

FOR: Tricore billing May 2020

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

DESCRIPTION	# inm	RATE	AMOUNT
Tricore Laboratories billing			
May 2020 Inmates marked in yellow are sierra Inmates			601.58
		SUBTOTAL	**$601.58**

Make all checks payable to **Luna County Detention Center**

IHC LABS
REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

Medicare Provider ID. 850444170
NPI: 1033285044

Test Summary

Test Code	Test Description	Quantity	Amount
82746	Serum Folate	1	$27.20
83036	Hemoglobin A1C	7	$138.46
84153	Prostate Specific Antigen	1	$43.26
84443	TSH	4	$111.40
85025	CBC/DIFF-AUTOMATED	2	$20.30
85027	CBC	8	$86.72
86780	T. pallidum AB	1	$19.34
87389	HIV Screen	1	$33.03
87491	C Trachomatis Amp Probe	1	$52.48
87591	N Gonnorrhoeae Dir Probe	1	$52.47
87635	COVID-19 PCR	2	$200.00
TOTAL		45	**$1,249.44**

Patient Summary

Patient Name	Amount
SF	$73.18
	$80.66
	$60.88
	$33.03
	$100.00
	$318.94
	$81.61
	$73.18
	$100.00
	$73.18
	$101.03
	$153.75
TOTAL	~~$1,249.44~~

$601.58

PRECISE
REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

CorrHealth Luna County (32012)

6303 Goliad Ave
Dallas, TX 75214

Invoice # 202005-0

BALANCE FORWARD ACTIVITY:

DOS	Trans Date	Accession	Patient Name	Description	CPT	Amount
INVOICE: 202002-0				Beginning Balance:		$157.14
2/29/2020	5/14/2020		Payment... Thank You	Check Number: 668149116		($169.99)
	5/14/2020			INTEREST FEE		$4.99
	5/14/2020			LATE FEE		$7.86
		Adjustments: $-157.14		INVOICE: 202002-0		$0.00
INVOICE: 202003-0				Beginning Balance:		$1,343.62
3/5/2020	5/6/2020	327L126584	[redacted]	AFP, Tumor Marker	82105	($39.57)
3/5/2020	5/6/2020	327L126584	[redacted]	C Trachomatis Amp Probe	87491	($52.48)
3/13/2020	5/6/2020	327L294227	[redacted]	C-Reactive Protein	86140	($15.47)
3/13/2020	5/6/2020	327L294119	[redacted]	CBC/DIFF-AUTOMATED	85025	($20.30)
3/13/2020	5/6/2020	327L294227	[redacted]	CBC/DIFF-AUTOMATED	85025	($20.30)
3/13/2020	5/6/2020	327L294227	[redacted]	Comprehens Metabol Panel	80053	($22.19)
3/13/2020	5/6/2020	327L294119	[redacted]	Comprehens Metabol Panel	80053	($22.19)
3/13/2020	5/6/2020	327L294227	[redacted]	ESR Automaled	85652	($6.78)
3/13/2020	5/6/2020	327L294119	[redacted]	Hemoglobin A1C	83036	($19.78)
3/5/2020	5/6/2020	327L126584	[redacted]	LDH	83615	($10.03)
3/13/2020	5/6/2020	327L294119	[redacted]	Lipid Panel	80061	($20.37)
3/5/2020	5/6/2020	327L126584	[redacted]	N Gonnorrhoeae Dir Probe	87591	($52.47)
3/31/2020	5/14/2020		Payment... Thank You	Check Number: 668149116		($1,431.96)
	5/14/2020			INTEREST FEE		$21.16
	5/14/2020			LATE FEE		$67.18
		Adjustments: $-1645.55		INVOICE: 202003-0		($301.93)
INVOICE: 202004-0				Beginning Balance:		$1,147.65
4/30/2020	5/14/2020		Payment... Thank You	Check Number: 668149116		($1,147.65)
		Adjustments: $-1147.65		INVOICE: 202004-0		$0.00
				TOTAL BALANCE FORWARD		($301.93)

CURRENT INVOICE ACTIVITY: 202005-0

DOS	Accession	Patient Name		Physician Name	
	Description		CPT	Standard Price	Your Price
02/06/20	326L133432	[redacted] Sierra		SMYER,JENIFER	
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	HIV Screen		1 X 87389	$33.03	$33.03
	CBC		1 X 85027	$10.84	$10.84
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
	Serum Folate		1 X 82746	$27.20	$27.20

REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

CURRENT INVOICE ACTIVITY: 202005-0

DOS	Accession / Description	Patient Name	CPT	Physician Name / Standard Price	Your Price
	Hepatitis Acute Panel		1 X 80074	$81.61	$81.61
	T. pallidum AB		1 X 86780	$19.34	$19.34
	C Trachomatis Amp Probe		1 X 87491	$104.95	$52.48
	N Gonnorrhoeae Dir Probe		1 X 87591	$104.95	$52.47
03/13/20	327L292344	[illegible] USM		SMYER,JENIFER	
	Lipid Panel		1 X 80061	$20.37	$20.37
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
	Prostate Specific Antigen		1 X 84153	$43.26	$43.26
	TSH		1 X 84443	$27.85	$27.85
	CBC/DIFF-AUTOMATED		2 X 85025	$20.30	$20.30
04/16/20	328L236140	) Sierra		SMYER,JENIFER	
	Hepatitis Acute Panel		1 X 80074	$81.61	$81.61
04/16/20	328L236198	< USM		SMYER,JENIFER	
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84
	TSH		1 X 84443	$27.85	$27.85
04/16/20	328L236290	Sierra		SMYER,JENIFER	
	Lipid Panel		1 X 80061	$20.37	$20.37
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
	TSH		1 X 84443	$27.85	$27.85
04/23/20	328L347627	Sierra		SMYER,JENIFER	
	COVID-19 PCR		1 X 87635	$100.00	$100.00
05/07/20	329L132487	USM		SMYER,JENIFER	
	Lipid Panel		1 X 80061	$20.37	$20.37
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84

TRUCARE
REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

CURRENT INVOICE ACTIVITY: 202005-0

DOS	Accession / Description	Patient Name	CPT	Physician Name / Standard Price	Your Price
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
05/07/20	329L132954	[redacted] USA		SMYER,JENIFER	
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
	TSH		1 X 84443	$27.85	$27.85
05/07/20	329L132962	[redacted] to USA		SMYER,JENIFER	
	Lipid Panel		1 X 80061	$20.37	$20.37
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
04/30/20	329L1629	[redacted] / Long		SMYER,JENIFER	
	Lipid Panel		1 X 80061	$20.37	$20.37
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84
	Hemoglobin A1C		1 X 83036	$19.78	$19.78
05/14/20	329L272647	[redacted] / Long		SMYER,JENIFER	
	Comprehens Metabol Panel		1 X 80053	$22.19	$22.19
	CBC		1 X 85027	$10.84	$10.84
05/04/20	329L65891	[redacted] Long		SMYER,JENIFER	
	COVID-19 PCR		1 X 87635	$100.00	$100.00

SUBTOTAL	$1,249.44
G.E.T. TAX	$0.00
TOTAL CURRENT INVOICE ACTIVITY: 202005-(	$1,249.44

Test Summary

Test Code	Test Description	Quantity	Amount
80053	Comprehens Metabol Panel	9	$199.71
80061	Lipid Panel	5	$101.85
80074	Hepatitis Acute Panel	2	$163.22

TRICORE
REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

Balances reflect payments and charges posted through 5/31/2020

Please remit with payment

Invoice Summary

Invoice Number	Age	Original Charge	Total Adjustments	Total Payments	Late Fees	Interest	Balance Due	Amount Enclosed
202005-0	current	$1,249.44	$0.00	$0.00			$1,249.44	
202003-0	61-90 days	$1,343.62	($213.59)	($1,431.96)			($301.93)	
TOTALS		$2,593.06		($1,431.96)			$947.51	

*Unless otherwise specified in a Service Agreement, all invoices are due, in full within 30 days from the date billed Any charges unpaid after 30 days may be subject to a one time late fee of 5% and interest of 1 5% per month, both before and after judgment and continuing each month until paid Charges still outstanding after 90 days from invoice date are subject to collection, and all collection and arbitration expenses attorney's fees, and court costs will be borne by the purchaser. All claims, requests for adjustment, or notification of errors must be made with n 15 business days, or charges are considered accepted No terms or cond tions hereof may be changed except by written consent of TriCore Reference Laboratories

ACCOUNT #	INVOICE #	
32012	202005-0	CorrHealth Luna County
IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW		
___ VISA ___ MASTER CARD ___ DISCOVER		
CARD NUMBER		EXP DATE
SIGNATURE		AMOUNT

CorrHealth Luna County

6303 Gol ad Ave
Dallas, TX 75214

*Unless otherwise specified n a Service Agreement, all invoices are due in full, within 30 days from the date billed Any charges unpaid after 30 days may be subject to a one time late fee of 5% and interest of 1 5% per month, both before and after judgment and continuing each month until paid Charges still outstanding after 90 days from invoice date are subject to collection, and all collection and arbitration expenses, attorney's fees, and court costs will be borne by the purchaser All claims requests for adjustment or notification of errors must be made within 15 business days, or charges are considered accepted No terms or cond tions hereof may be changed except by written consent of TriCore Reference Laboratories

LUNA COUNTY DETENTION CENTER

1700 4TH ST N.E.
DEMING, NM 88030

DATE: August 12, 2020
INVOICE #: LB122020

FOR: Tricore billing June 2020

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

DESCRIPTION	# Inm	RATE	AMOUNT
Tricore Laboratories billing			
June 2020 Inmates marked in yellow are sierra Inmates			1,284.56
		SUBTOTAL	**$1,284.56**

Make all checks payable to **Luna County Detention Center**

TRUCARE
REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

Medicare Provider ID: 650444170
NPI: 1033285044

Patient Summary

Patient Name	Amount
	$101.03
	$104.95
	$100.00
	$100.00
	$81.61
	$238.93
	$117.23
	$135.57
	$100.00
	$100.00
TOTAL	~~$1,784.56~~

$1284.56

TRICORE
REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

Medicare Provider ID: 850444170
NPI: 1033285044

July 1, 2020

CorrHealth Luna County (32012)

6303 Goliad Ave
Dallas, TX 75214

Invoice # 202006-0

CURRENT INVOICE ACTIVITY: 202006-0

POS	Accession	Patient Name	Description	CPT	Amount
2/13/2020	326L297998		CBC	1 x 85027	$10.84
2/13/2020	326L297998		Hemoglobin A1C	1 x 83036	$19.78
2/13/2020	326L297998		C Trachomatis Amp Probe	1 x 87491	$52.48
2/13/2020	326L297998		N Gonnorrhoeae Dir Probe	1 x 87591	$52.47
3/26/2020	327L535221		Lip'd Panel	1 x 80061	$20.37
3/26/2020	327L535221		Comprehens Metabol Panel	1 x 80053	$22.19
3/26/2020	327L535221		CBC	1 x 85027	$10.84
3/26/2020	327L535221		Hemoglobin A1C	1 x 83036	$19.78
3/26/2020	327L535221		TSH	1 x 84443	$27.85
4/2/2020	328L32884		Basic Metabolic Panel	1 x 80048	$16.20
4/16/2020	328L236193		C Trachomatis Amp Probe	1 x 87491	$52.48
4/16/2020	328L236193		N Gonnorrhoeae Dir Probe	1 x 87591	$52.47
4/23/2020	328L349415		Hepatitis Acute Panel	1 x 80074	$81.61
5/14/2020	329L272725		Comprehens Metabol Panel	1 x 80053	$22.19
5/14/2020	329L272725		HIV Screen	1 x 87389	$33.03
5/14/2020	329L272725		CBC	1 x 85027	$10.84
5/14/2020	329L272725		Hepatitis Acute Panel	1 x 80074	$81.61
5/14/2020	329L272725		C Trachomatis Amp Probe	1 x 87491	$52.48
5/14/2020	329L272725		N Gonnorrhoeae Dir Probe	1 x 87591	$52.47
5/14/2020	329L273084		Comprehens Metabol Panel	1 x 80053	$22.19
5/14/2020	329L273084		HIV Screen	1 x 87389	$33.03
5/14/2020	329L273084		CBC	1 x 85027	$10.84
5/14/2020	329L273084		Hepatitis Acute Panel	1 x 80074	$81.61

PRECISION REFERENCE LABORATORIES
PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

5/14/2020	329L273084	N Sierra	C Trachomatis Amp Probe	1 x 87491	$52.48
5/14/2020	329L273084	"	N Gonnorrhoeae Dir Probe	1 x 87591	$52.47
5/28/2020	329L569231	A Sierra	Lipid Panel	1 x 80061	$20.37
5/28/2020	329L569231	"	Comprehens Metabol Panel	1 x 80053	$22.19
5/28/2020	329L569231	"	CBC	1 x 85027	$10.84
5/28/2020	329L569231	A "	Hemoglobin A1C	1 x 83036	$19.78
5/28/2020	329L569231	A "	TSH	1 x 84443	$27.85
5/28/2020	329L583314	Laura	Bill only COV3	1 x 87635	$100.00
5/29/2020	329L605415	N Laura	BILL ONLY COV2	1 x U0002	$100.00
5/29/2020	329L606096	Laura	Bill only COV3	1 x 87635	$100.00
6/2/2020	330L89685	USM	Bill only COV3	1 x 87635	$100.00
6/4/2020	330L106915	Sierra	HIV Screen	1 x 87389	$33.03
6/4/2020	330L106915	"	Hepatitis Acute Panel	1 x 80074	$81.61
6/4/2020	330L106915	"	T. pallidum AB	1 x 86780	$19.34
6/4/2020	330L106915	ON "	C Trachomatis Amp Probe	1 x 87491	$52.48
6/4/2020	330L106915	N "	N Gonnorrhoeae Dir Probe	1 x 87591	$52.47
6/11/2020	330L281980	—	Bill only COV3	1 x 87635	$100.00
			SUBTOTAL		**$1,784.56**
			G.E.T. TAX		**$0.00**
			TOTAL CURRENT INVOICE ACTIVITY: 202006-(		**$1,784.56**

Test Summary

Test Code	Test Description	Quantity	Amount
80048	Basic Metabolic Panel	1	$16.20
80053	Comprehens Metabol Panel	4	$88.76
80061	Lipid Panel	2	$40.74
80074	Hepatitis Acute Panel	4	$326.44
83036	Hemoglobin A1C	3	$59.34
84443	TSH	2	$55.70
85027	CBC	5	$54.20
86780	T. pallidum AB	1	$19.34
87389	HIV Screen	3	$99.09
87491	C Trachomatis Amp Probe	5	$262.40
87591	N Gonnorrhoeae Dir Probe	5	$262.35
87635	Bill only COV3	4	$400.00
U0002	BILL ONLY COV2	1	$100.00
TOTAL		40	**$1,784.56**

Patient Summary

Patient Name	Amount
	$252.62
	$252.62
	$100.00

LUNA COUNTY DETENTION CENTER

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

DATE: August 18, 2020
INVOICE # DP192020

FOR: Medical billing for inmates for Sierra Inmates July 2020

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

DESCRIPTION		Rate	AMOUNT
Medical Billing for Inmates housed at LCDC			
Diamond Pharmacy 7/1/2020 - 7/31/2020			$ 1,157.31
		SUBTOTAL	$1,157.31

Make all checks payable to **Luna County Detention Center**

Diamond Drugs, Inc.

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

Invoice

Number: IN001056714
Date: 7/31/2020

Sold To:	Ship To:
Luna County Detention Center 1700 4th St Ne Deming, NM 88030	1700 4th St Ne Deming, NM 88030
Attn:Chris Brice NMLA	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 JULY 2020	1.00000	EA	7,596.610000	7,596.61
XCURMEDS	Current Medications SIERRA	1.00000	EA	580.980000	1,157.31 ~~580.98~~
XCURMEDS	Current Medications OTC	1.00000	EA	1,279.600000	1,279.60
XEMEDS	ASCELLA	1.00000	EA	399.970000	399.97
XCURRET	Credit for Returns	1.00000	EA	-21.282128	-21.28
XCURRET	PRICING CORRECT FROM NOV 19	1.00000	EA	-1,129.320000	-1,129.32

Due Date	Amount Due	Disc. Date	Disc. Amount
8/30/2020	8,706.56		0.00

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	8,706.56
Total taxes	0.00
Total amount	8,706.56
Payment received	0.00
Discount taken	0.00
Amount due	8,706.56

EIN: 25-1378278 DUNS 05-112-8163

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			- 0082787 USM					
33837462		8.5	Albuterol HFA Inhaler	45802-0068-01	No	43.38 07/25/20	07/25/20	SMYER
33837514		10.2	Budes/Formot 80-4.5 Aer	00310-7372-20	No	251.37 07/25/20	07/25/20	SMYER
						304.75		
			I - 0080169 USM					
33569243		20.0	tiZANidine 4mg Tablet	29300-0169-10	Yes	5.23 07/09/20	07/09/20	SMYER
33703775		20.0	tiZANidine 4mg Tablet	29300-0169-10	Yes	4.81 07/16/20	07/16/20	SMYER
33944470		14.0	Venlafaxine ER 37.5mg Cap	68382-0034-10	No	5.14 07/31/20	07/31/20	DULANTO
33944475		60.0	Venlafaxine ER 75mg Cap	68382-0035-10	No	10.06 07/31/20	07/31/20	DULANTO
						25.24		
			R - 0082749 Lung					
33688466		58.0	Baclofen 10mg Tablet	71930-0006-13	Yes	8.43 07/15/20	07/16/20	SMYER
						8.43		
			J ISABEL - 0062707 USM					
33538319		60.0	Ibuprofen 800mg Tablet	67877-0320-05	Yes	6.24 07/07/20	07/07/20	SMYER
						6.24		
			- 0062740 Lung					
33609586		29.0	Diclofenac Sod 75mg DR T	61442-0103-10	No	6.39 07/23/20	07/23/20	SMYER
						6.39		
			- 0078100 Lung					
33569291		29.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.46 07/09/20	07/09/20	SMYER
						4.46		
			S - 0080705 USM					
33727731		60.0	BusPirone 15mg Tablet	23155-0025-05	Yes	6.84 07/15/20	07/15/20	DULANTO
						6.84		
			/8275 Sierra					
33716576		60.0	BusPirone 15mg Tablet	23155-0025-05	Yes	6.84 07/17/20	07/17/20	DULANTO
33716647		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.65 07/17/20	07/17/20	DULANTO
33716574		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35 07/17/20	07/17/20	DULANTO
						17.84		
			0082795 USM					
33947296		30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83 07/31/20	07/31/20	DULANTO
						6.83		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		- 0082726 USM						
33718413		30.0	Aripiprazole 10mg Tablet	13668-0218-05	Yes	7.54 07/17/20	07/17/20	DULANTO
33718622		1000.0	Escitalopram 10mg Tablet	43547-0281-11	Yes	51.12 07/17/20	07/17/20	DULANTO
						58.66		
		182739 USM						
33499421		30.0	amLODIPine 5mg Tablet	29300-0242-10	Yes	4.32 07/04/20	07/04/20	SMYER
33499389		30.0	Atorvastatin 20mg Tablet	16729-0045-17	Yes	5.28 07/04/20	07/04/20	SMYER
33499385		90.0	Baclofen 10mg Tablet	00527-1330-10	Yes	11.64 07/04/20	07/04/20	SMYER
33500704		58.0	Duloxetine 60mg DR Cap	27241-0099-90	Yes	12.39 07/04/20	07/04/20	SMYER
33499391	A,	30.0	Fenofibrate 160mg Tablet	27241-0117-03	Yes	10.34 07/04/20	07/04/20	SMYER
33499404		30.0	Levothyroxine 137mcg Tab	47781-0659-10	Yes	15.05 07/04/20	07/04/20	SMYER
33499393		30.0	Montelukast 10mg Tablet	33342-0102-15	No	5.61 07/04/20	07/04/20	SMYER
33499400		30.0	Olmesartan 40mg Tablet	16729-0322-15	No	7.77 07/04/20	07/04/20	SMYER
33499402		30.0	Omeprazole 40mg Capsule	62175-0136-43	Yes	5.70 07/04/20	07/04/20	SMYER
33760414		30.0	Sertraline 100mg Tablet	65862-0013-05	Yes	5.16 07/21/20	07/21/20	DULANTO
						83.26		
		- 0082771 USM						
33643016		30.0	Atorvastatin 40mg Tablet	60505-2580-08	Yes	5.19 07/14/20	07/14/20	SMYER
33643012		60.0	glipiZIDE 5mg Tablet	60505-0141-01	Yes	5.03 07/14/20	07/14/20	SMYER
33643023		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49 07/14/20	07/14/20	SMYER
33643029		60.0	metFORMIN 1,000mg Tab	23155-0104-05	Yes	5.37 07/14/20	07/14/20	SMYER
						20.08		
		- 0052434 Lung						
33736202		29.0	Metoprolol ER 100mg Tab	45963-0677-11	No	8.04 07/20/20	07/20/20	SMYER
						8.04		
		W - 0075478 Sierra						
33736805		60.0	LevETIRAcetam 1,000mg Tab	31722-0539-60	No	18.53 07/20/20	07/20/20	SMYER
						18.53		
		- 0072761 Lung						
33934562		29.0	Levothyroxine 88mcg Tab	47781-0649-10	Yes	13.34 07/31/20	07/31/20	SMYER
33934563		29.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.14 07/31/20	07/31/20	SMYER
						18.48		

Billing Date(s): 7/1/2020 - 7/31/2020

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓	) - 0068487 Sierra							
33706550		30.0	tiZANidine 4mg Tablet	55111 0180 10	Yes	5.23	07/17/20	07/17/20	SMYER
						5.23			
	✓	0081720 Sierra							
33687090		8.5	Albuterol HFA Inhaler	45802-0088-01	No	43.38	07/16/20	07/16/20	SMYER
33687353		45.0	Hydrocort Butyrate 0.1% C	51672-4074 06	No	75.10	07/16/20	07/16/20	SMYER
33687074		56.0	tiZANidine 4mg Tablet	55111-0180-10	Yes	6.40	07/16/20	07/16/20	SMYER
						124.88			
	✓	)0 - 0077268 Sierra							
33853354		30.0	Sertraline 100mg Tablet	68180-0353-02	Yes	5.16	07/27/20	07/27/20	DULANTO
						5.16			
	LUNA COUNTY DETENTION CENTER, NMLA -								
33685099	LUNA COUNTY	12000.0	0.9% NSS 500mL Bag	00338-0049-03	No	39.08	07/15/20	07/15/20	SMYER
33684791	LUNA COUNTY	28000.0	0.9% NSS Soln 1,000ml	00338-0049-04	No	52.73	07/16/20	07/16/20	SMYER
33867071	LUNA COUNTY	81.6	Budes/Formot 80-4.5 Aer	00310-7372-20	No	2285.03	07/27/20	07/27/20	SMYER
33794575	LUNA COUNTY	20.0	Dexamethasone 10mg/ml	00641-0367-25	No	59.60	07/22/20	07/22/20	SMYER
33782497	LUNA COUNTY	90.0	Levothyroxine 100mcg Tab	47781-0651-10	Yes	41.19	07/22/20	07/22/20	SMYER
33931030	LUNA COUNTY	120.0	Lidocaine 1% MDV Inj.	00409 4276-01	Yes	17.52	07/30/20	07/30/20	SMYER
33931043	LUNA COUNTY	80.0	Lidocaine 1%-Epi 20mL MDV	00409 3178-01	Yes	12.26	07/30/20	07/30/20	SMYER
33782503	LUNA COUNTY	180.0	Losartan 50mg Tablet	31722 0701 90	No	52.52	07/22/20	07/22/20	SMYER
33782511	LUNA COUNTY	60.0	Propranolol 60mg Tablet	00115-1591-01	Yes	9.27	07/22/20	07/22/20	SMYER
33448983	LUNA COUNTY	60.0	rOPINIRole 0.25mg Tablet	16729-0232-01	No	5.96	07/01/20	07/01/20	SMYER
33448985	LUNA COUNTY	120.0	rOPINIRole 0.5mg Tablet	16729-0233-01	No	11.92	07/01/20	07/01/20	SMYER
33661151	LUNA COUNTY	90.0	Valsart/Hctz 320-12.5 Tab	62332-0082-90	No	62.51	07/14/20	07/14/20	SMYER
						2529.94			
		3 - 0051794 Lung							
33592283	DS	58.0	Baclofen 20mg Tablet	71930-0007-13	No	12.49	07/29/20	07/29/20	SMYER
						12.49			
		- 0082523 Hidalgo							
33358240		58.0	Meloxicam 7.5mg Tab	23300-0124-10	Yes	4.87	07/23/20	07/23/20	SMYER
						4.87			

P - DIAMOND PHARMACY SERVICES
Billing Date(s): 7/1/2020 - 7/31/2020
NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			-0076645 Sierra						
33603929	TAFOYA,	90.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	6.00	07/10/20	07/10/20	DULANTO
						6.00			

AP - DIAMOND PHARMACY SERVICES
Billing Date(s): 7/1/2020 - 7/31/2020
NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		J81472 Sierra						
33601444		60.0	LevETIRAcetam 500mg Tab	31722-0537-05	No	8.72 07/10/20	07/10/20	SMYER
						8.72		
		-0081138 Sierra						
33603042		90.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	6.00 07/10/20	07/10/20	DULANTO
33852739		90.0	HydrOXYzine HCl 25mg Tab	23155-0501-01	Yes	6.19 07/27/20	07/27/20	DULANTO
33494530		60.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	6.13 07/03/20	07/03/20	SMYER
33852743		60.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	6.13 07/27/20	07/27/20	SMYER
33143628		115.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	25.49 07/01/20	07/01/20	SMYER
33601534		56.0	OXcarbazepine 600mg Tab	51991-0294-05	Yes	15.49 07/10/20	07/10/20	SMYER
33603033		30.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	4.68 07/10/20	07/10/20	DULANTO
33852740	R	30.0	risperiDONE 4mg Tablet	27241-0006-50	Yes	5.35 07/27/20	07/27/20	DULANTO
						75.46		
		078261 Sierra						
33839150		56.0	Acetaminophen 325mg Tab	00904-6719-80	Yes	4.28 07/25/20	07/25/20	ALDEEN
33839143		16.0	Amox/Clav 875mg/125mg Tab	65862-0503-01	No	10.74 07/25/20	07/25/20	ALDEEN
33604820		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.95 07/10/20	07/10/20	DULANTO
33604970		30.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	4.84 07/10/20	07/10/20	DULANTO
33358776		87.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	7.26 07/28/20	07/28/20	SMYER
33839148		16.0	Naproxen 500mg Tablet	68462-0190-05	Yes	5.34 07/25/20	07/25/20	ALDEEN
33620079		30.0	TraZODONE 100mg Tab	50111-0434-03	Yes	5.35 07/12/20	07/12/20	DULANTO
						42.76		
		-0078342 Sierra						
33445693		28.4	Hydrocortisone 1% Cream	69396-0050-01	Yes	5.25 07/01/20	07/01/20	SMYER
						5.25		
		-0078275 Sierra						
33627225		20.0	Amox/Clav 875mg/125mg Tab	65862-0503-01	Yes	12.42 07/13/20	07/13/20	SMYER
33609559		60.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.24 07/11/20	07/11/20	SMYER
						18.66		

Billing Date(s): 7/1/2020 - 7/31/2020

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	G - 0082422 Sierra						
33609679		87.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	7.26 07/11/20	07/11/20	SMYER
33555042		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 07/08/20	07/08/20	SMYER
33675161		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 07/28/20	07/28/20	SMYER
						17.44		
	✓	- 0081131 Sierra						
33594077		15.0	Eye Drops 0.05% Op Sol	00536-1217-94	Yes	4.96 07/10/20	07/10/20	SMYER
33501373		10.0	Levofloxacin 500mg Tablet	55111-0250-50	Yes	5.89 07/06/20	07/06/20	SMYER
						10.85		
	✓	- 0081719 Sierra						
33686187		30.0	Duloxetine 30mg DR Cap	27241-0098-09	Yes	7.14 07/16/20	07/16/20	SMYER
33603558		60.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.24 07/10/20	07/10/20	SMYER
33727988	BY	10.0	Levofloxacin 500mg Tablet	55111-0250-50	Yes	5.89 07/18/20	07/18/20	SMYER
33137599	BY	58.0	tiZANidine 4mg Tablet	29300-0169-10	Yes	7.60 07/07/20	07/07/20	SMYER
						25.87		
	✓	- 0075478 Sierra						
33609675	EL	58.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.16 07/11/20	07/11/20	SMYER
						6.16		
	✓	- 0082249 Sierra						
33273794		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	5.69 07/28/20	07/28/20	DULANTO
33487432		30.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	5.11 07/03/20	07/03/20	SMYER
33912184		29.0	Levothyroxine 75mcg Tab	47781-0646-10	Yes	13.20 07/30/20	07/30/20	SMYER
						24.00		
	✓	- 0068487 Sierra						
33577599		100.0	Lidocaine Viscous 2% So	50383-0775-04	Yes	11.34 07/09/20	07/09/20	SMYER
33569235	AL	20.0	tiZANidine 4mg Tablet	29300-0169-10	Yes	5.23 07/09/20	07/09/20	SMYER
						16.57		
	✓	- 0081720 Sierra						
33590302		120.0	Acetaminophen 325mg Tab	00904-6719-80	Yes	4.61 07/10/20	07/10/20	SMYER
33594081		15.0	Visine A.C. Drops	74300-0004-0*	No	7.40 07/10/20	07/10/20	SMYER
						12.01		

Billing Date(s): 7/1/2020 - 7/31/2020

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		- 0077268 Sierra							
33603666		28.0	Omeprazole 20mg Capsule	68462-0396-10	Yes	5.10	07/10/20	07/10/20	SMYER
						5.10			
		- 0069460 Sierra							
33571072		30.0	Aspir-low 81mg EC Tablet	54257-0274-06	Yes	4.13	07/09/20	07/09/20	SMYER
33603825	IAN N	58.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.16	07/10/20	07/10/20	SMYER
						10.29			
		JIA - 0080323 Sierra							
33601800		120.0	Acetaminophen 325mg Tab	00904-6719-80	Yes	4.61	07/10/20	07/10/20	SMYER
32900339		30.0	HydrOXYzine Pam 25mg Cap	00185-0674-05	No	6.77	07/09/20	07/09/20	DULANTO
32900347		60.0	HydrOXYzine Pam 50mg Cap	14539-0675-05	No	7.47	07/07/20	07/07/20	DULANTO
33852742		58.0	Lisinopril 40mg Tablet	68180-0517-03	Yes	6.34	07/27/20	07/27/20	SMYER
33601807		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.69	07/10/20	07/10/20	SMYER
33852745		29.0	Metoprolol 25mg Tablet	52817-0360-00	Yes	4.67	07/27/20	07/27/20	SMYER
33601810		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18	07/10/20	07/10/20	SMYER
33265958		30.0	Prazosin 2mg Capsule	70954-0020-20	Yes	12.01	07/28/20	07/28/20	DULANTO
33590281		207.0	Selenium 1% Sulf Shampoo	00536-1995-53	Yes	6.84	07/10/20	07/10/20	SMYER
33852762		325.0	Selsun Blue Dry Scalp 1%	41167-0602-03	No	10.69	07/27/20	07/27/20	SMYER
						69.67			
		- 0076903 Sierra							
33680850		60.0	Simethicone 180mg Cap	00536-3604-08	No	5.78	07/15/20	07/15/20	SMYER
						5.78			

Billing Date(s): 7/1/2020 - 7/31/2020

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			- 0082739 USM					
33499423		120.0	Acetaminophen 325mg Tab	00904-6719-60	Yes	4.61 07/04/20	07/04/20	SMYER
						4.61		
			0081131 Sierra					
33593139		28.0	Ferrous Sulf 324mg Tab EC	00574-0608-10	No	5.05 07/10/20	07/10/20	SMYER
						5.05		
			AS - 0072761 Long					
33934566	JE	29.0	Vit D3 1,000 IU (25mcg)	00904-5824-93	Yes	4.36 07/31/20	07/31/20	SMYER
						4.36		
	LUNA COUNTY DETENTION CENTER, NMLA -							
33784541	LUNA COUNTY	4000.0	Acetaminophen 325mg Tab	00904-6719-60	Yes	30.57 07/22/20	07/22/20	SMYER
33820319	LUNA COUNTY	600.0	Calc Antac Assort Tabs	00904-6412-92	Yes	11.92 07/04/20	07/06/20	SMYER
33678153	LUNA COUNTY	1778.0	Citrate of Mag CHERRY	00536-0393-35	Yes	17.68 07/09/20	07/09/20	SMYER
33661190	LUNA COUNTY	254.0	Deep Sea Nasal Spray	00904-3865-75	Yes	17.88 07/14/20	07/14/20	SMYER
33930362	LUNA COUNTY	500.0	Docusate Sod 100mg Cap	00904-5457-60	Yes	17.88 07/30/20	07/30/20	SMYER
33784537	LUNA COUNTY	400.0	Fexofenadine 180mg Tablet	54257-0702-02	No	105.00 07/22/20	07/22/20	SMYER
33784532	LUNA COUNTY	360.0	Gas relief 180mg cap	00904-5572-52	No	24.01 07/22/20	07/22/20	SMYER
33678625	LUNA COUNTY	4000.0	Ibuprofen 200mg Tablet	00904-5747-80	Yes	61.83 07/09/20	07/09/20	SMYER
33784340	LUNA COUNTY	5000.0	Ibuprofen 200mg Tablet	00904-5747-80	Yes	92.75 07/22/20	07/22/20	SMYER
33884772	LUNA COUNTY	60.0	IV TUB AGILIA UNFILTERED	22000-2200-22	No	215.69 07/16/20	07/16/20	SMYER
33930939	LUNA COUNTY	30.0	Ketotifen 0.025% Eye Drop	17478-0717-10	No	78.04 07/30/20	07/30/20	SMYER
33794067	LUNA COUNTY	1778.0	Mag Citrate Lemon Soln	70000-0424-01	Yes	17.68 07/22/20	07/22/20	SMYER
33884745	LUNA COUNTY	100.0	MICROCLAVE EXT SET	00000-0033-02	No	*72.99 07/16/20	07/16/20	SMYER
33856490	LUNA COUNTY	4.0	Rx Destroyer 64oz	58320-0002-02	No	89.96 07/01/20	07/01/20	SMYER
33866848	LUNA COUNTY	1212.0	Selenium 1% Sulf Shampoo	00536-1395-53	Yes	24.88 07/27/20	07/27/20	SMYER
33856837	LUNA COUNTY	904.0	Sensodyne Toothpaste	10156-0081-11	No	54.75 07/27/20	07/27/20	SMYER
33448386	LUNA COUNTY	240.0	Simeticone 180mg Cap	00536-3604-03	No	11.92 07/01/20	07/01/20	SMYER
33678538	LUNA COUNTY	266.0	Triple Antibiotic Oin U/D	67777-0217-05	No	36.77 07/09/20	07/09/20	SMYER
33883733	LUNA COUNTY	5000.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	138.30 07/28/20	07/28/20	SMYER
33867141	LUNA COUNTY	600.0	Zinc Gluc 30mg Tablet	31604-0212-77	No	29.66 07/27/20	07/27/20	SMYER
						1247.98		

ıckup Pharmacy Orders

AscellaHealth

For Month Ending: 7/31/2020

Luna County Detention Center

Customer Number: *NMLA*

ıg Repı sentative BK

Below is the detail of the charges you incurred from your backup pharmacy that were processed online through AscellaHealth. These charges are forwarded to you as a pass-thru from your backup pharmacy. Please verify the charges and notify your backup pharmacy or billing clerk at Diamond of any irregularities.

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le from: **WALGREENS #15603**

ıtient Name		RX Number	Date Filled	Drug Name	NDC	Qty	Price	Prescriber Name
IEL	Sierra	000000984773	07/04/2020	ARIPIPRAZOLE 10 MG	13668021830	30	399.97	DULANTO, LUIGI ALBERTO MD
							399.97	

Total Orders from the Backup Pharmacy **399.97**

Billing Date(s): 7/1/2020 - 7/31/2020

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	-	381848	USM						
33851831	[illegible]	75.0	Orasol 20% Gel Packet	07415-0824 74	No	17.60	07/14/20	07/14/20	SMYER
									17.60
LUNA COUNTY DETENTION									1279.50
Grand Total									1279.50

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓		0080510 Sierra					
33760146		4.0	buPROPion 100mg Tablet	60505-0157-01	No	4.46 07/21/20	07/21/20	DULANTO
33759861		5.0	buPROPion-SR 150mg Tab	00185-0415-05	No	4.28 07/21/20	07/21/20	DULANTO
33724378		87.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	7.25 07/18/20	07/18/20	SMYER
33779036		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.02 07/22/20	07/22/20	DULANTO
33759867		5.0	PARoxetine 20mg Tablet	68382-0098-10	Yes	4.25 07/21/20	07/21/20	DULANTO
33759865		30.0	PARoxetine 30mg Tablet	68382-0099-10	Yes	6.27 07/21/20	07/21/20	DULANTO
						32.54		
	✓		- 0082746 Sierra					
33537624		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.46 07/07/20	07/07/20	DULANTO
33537630		30.0	Venlafaxine ER 75mg Cap	68382-0035-10	No	7.02 07/07/20	07/07/20	DULANTO
						11.48		
	✓		- 0082820 Sierra					
33914094		30.0	Baclofen 10mg Tablet	71930-0006-13	Yes	6.28 07/30/20	07/30/20	SMYER
33914129		30.0	Ibuprofen 800mg Tablet	67877-0321-05	No	5.22 07/30/20	07/30/20	SMYER
						11.50		
	✓		- 0078139 Sierra					
33839083		56.0	Acetaminophen 325mg Tab	00904-6713-80	Yes	4.28 07/25/20	07/25/20	ALDEEN
33839076		16.0	Naproxen 500mg Tablet	68462-0190-05	Yes	5.34 07/25/20	07/25/20	ALDEEN
						9.62		
	✓		- 0072692 Sierra					
32900206		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 07/01/20	07/01/20	DULANTO
						6.13		
LUNA COUNTY DETENTION						580.98		
Grand Total						~~580.98~~		

$ 1,157.31