State of New Mexico

Shelly Trujillo
County Clerk
575-894-2840

Candace Chavez
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

Serina Bartoo County Manager
575-894-6215 voice 575-894-9548 fax

County of Sierra

Travis Day
Vice Chair
575-894-6215

William Hopkins
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. 109-077
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 2196.83 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 $ 8184.08

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

PASSSED, APPROVED and ADOPTED this 18th day of May 2021

Board of County Commissioners
Sierra County, NM

James E. Paxon
JAMES PAXON, CHAIRMAN

TRAVIS DAY, VICE-CHAIRMAN

Attest:
Amy Whitehead Chief Deputy
SHELLY K TRUJILLO
SIERRA COUNTY CLERK

WILLIAM HOPKINS, COMMISSIONER

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO. 109-071

Total amount (Claims) requested: 8184.08

CLAIMS APPROVED FOR PAYMENT	12	$ 8184.08
SIERRA VISTA HOSPITAL	5	$ 594.74
LUNA COUNTY	1	$ 1914.33
COUNTY OF SOCORRO	1	$ 786
ALIGNMD	2	$ 2512.00
CONCORD RADIOLOGY	1	$ 352.00
APP OF NEW MEXICO	2	$ 2025.00

Total	$ 8184.08

				18-May-21
2020-028	SIERRA VISTA HOSPITAL	25	16.25	
2021-001	SIERRA VISTA HOSPITAL	260	169	
2020-025	SIERRA VISTA HOSPITAL	75	48.75	
2021-007	SIERRA VISTA HOSPITAL	305	198.25	
2020-027	SIERRA VISTA HOSPITAL	250	162.5	
D2020-014	ALIGNMD	1489	1489	
D2019038	CONCORD RADIOLOGY	352	352	
D2021-004	APP OF NEW MEXICO	969	969	
D2021-005	APP OF NEW MEXICO	1056	1056	
D2021-006	ALIGNMD	1023	1023	
	LUNA COUNTY DETENTION	1914.33	1914.33	
	COUNTY OF SOCORRO	786	786	
	TOTAL		8184.08	
-				
-				

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 36563C15467
Invoice Date: 05/03/2021

Total Due: $915.30

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
, 75767 2020-028		02/23/1967	
431584V15467	RHEA HAZEN, CNP		
12/28/2020	99212,95	99212 OFFICE OUTPATIENT VISIT EST LOW	$25.00
		Patient Subtotal:	**$25.00**
2021-001			
, 38817		09/30/1942	
449478V15467	AMBULANCE SERVICES		
02/27/2021	A0427,RH,QN	ALS1 EMERGENCY	$260.30
Pickup:	RESIDENCE 205 COLEMAN ST 12 TRUTH OR CONSEQUENCES NM 87901		
Destination:	SVH 800 E 9TH AVE TRUTH OR CONSEQUENCES NM 87901		
02/27/2021	A0425,RH,QN	GROUND MILEAGE: 1 MILE	$0.00
		Patient Subtotal:	**$260.30**
4887 2020-025		12/20/1973	
452919V15467	RHEA HAZEN, CNP		
02/25/2021	99212,25	99212 OFFICE OUTPATIENT VISIT EST LOW	$25.00
425734V15467	RHEA HAZEN, CNP		
11/30/2020	99213,25	99213 OFFICE OUTPATIENT VISIT EST MOD	$25.00
431595V15467	RHEA HAZEN, CNP		
12/29/2020	99213,25	99213 OFFICE OUTPATIENT VISIT EST MOD	$25.00
		Patient Subtotal:	**$75.00**
~~MD~~, 46845		12/20/1961 Don't pay	
459934V15467	WILLIAM ADKINS, MD		
03/05/2021	J3301	TRAIMCINOLONE (KENALOG) 40MG	~~$0.27~~
		Patient Subtotal:	**~~$0.27~~**

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
, 55034 2021-007		12/26/1944	
448053V15467	PHYSICIAN, PHYSICIAN		
02/24/2021	71270,TC	CT CHEST W/WO CONTRAST	$125.00
456263V15467	MICHAEL STEPHENS, MD		
03/15/2021	96374	IV PUSH DRUG - SINGLE OR INITIAL	$39.54
03/15/2021	0258	SOL NS 0.9% 1000ML	$43.50
03/15/2021	0250	ALBU/IPRA (DUONEB) 0.083%/0.02% NEB	$6.96
463480V15467	EMMANUEL GALLEGOS, MD		
04/11/2021	96365	IV INFUSION MED-1ST MED UP TO 1 HOUR	$86.52
04/11/2021	0250	Pharmacy - General	$3.48
		Patient Subtotal:	**$305.00**
[redacted] 9110	2020-027	01/08/1948	
435873V15467	AMBULANCE SERVICES		
01/19/2021	A0427,RH,QN	ALS1 EMERGENCY	$250.00
Pickup:	RESIDENCE 785 CLANCY WILLIAMSBURG NM 87942		
Destination:	SVH 800 E 9TH AVE TRUTH OR CONSEQUENCES NM 87901		
01/19/2021	A0425,RH,QN	GROUND MILEAGE: 1 MILE	$0.00
		Patient Subtotal:	**$250.00**

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

Total Due: **$915.3[illegible]**

PO Box 23419
Jacksonville, FL 32241-4419

FINAL NOTICE

Account Number: 8281912310038
Total Amount Due: $1,489.00
Hospital Name: Mimbres Memorial Hospital
Group Name: Alignmd Of New Mexico PLLC

Dear D2020-014

We have not received a response from our previous statement(s). Unless you respond immediately we will have no alternative but to consider turning your account over to a **collection agency.**

To avoid further action:

1. Go to www.physicianbillpay.com to pay the bill in full or make payment arrangements
2. Send check, credit card information, or money order in the enclosed return envelope
3. Go to www.physicianbillpay.com to enter your insurance information.
4. Call our office and speak to a patient representative concerning your account.

Any questions regarding the accuracy or details of your bill should be addressed to our billing office at (575)208-2485. This matter requires your immediate attention. If we do not receive a response from you, Alignmd Of New Mexico PLLC may refer your account to a collection agency, which could result in negative credit reporting.

Sincerely,
Financial Services

AMOUNT DUE UPON RECEIPT:

$1,489.00

Scan this code with your smartphone for quicker access

Interactive Voice Response
Available 24 hours, 7 days a week
(866) 396-6469

Customer Service
(575)208-2485

ALIGNMD OF NEW MEXICO PLLC
P.O. BOX 4458 DEPT 159
HOUSTON TX 77210-4458

For Self-Service Payments

www.physicianbillpay.com

- File or re-file insurance
- View & update account information
- Check Account Balance
- Pay Bill

DISREGARD BILL IF PAYMENT MADE WITHIN LAST 10 BUSINESS DAYS

PO Box 23419
Jacksonville, FL 32241-4419

Electronic Service Requested

Statement Date	Pay This Amount	Due Date
04/27/20	$1,489.00	5/18/2020

Account Number	Show Amount Paid Here
8281912310038	$_____

CHECK CREDIT CARD USING PAYMENT AND FILL OUT BELOW.

☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

CARD NUMBER SECURITY CODE

CARDHOLDER NAME EXP. DATE

SIGNATURE

596206176l PRESORT PBPS152 <B>

COUNTY D LUNA
1700 4TH ST NE
DEMING NM 88030-8968

Make Checks Payable and Remit To:

ALIGNMD OF NEW MEXICO PLLC
P.O. BOX 4458 DEPT 159
HOUSTON TX 77210-4458

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on back.

CONCORD RADIOLOGY

CONCORD RADIOLOGY
PO BOX 3689 DEPT 539
SUGAR LAND, TX 77487-3689
CRYSTAL GRANSBURY
1700 4TH ST NE
DEMING NM 88030-8968

EZ Ways To Pay...

Online
www.mydocbill.com/cmgr

Automated Attendant
1.866.202.9467 (24 hours a da

For Payments Please Call: 1.866.202.9483 For Billing Questions Please Call: 1.866.202.9

Account Number	Amount Due	Statement Date	Date Due
32613-QCMGR	$352.00	10/29/20	Upon Receipt

STATEMENT

Account Summary

Account Number	32613-QCMGR
Patient Payments in Last 30 Days	0.00
Current Statement Balance	352.00
Charges Pending w/ Insurance	0.00
Total Account Balance	352.00

See Detail on Back

New & Improved Online Experience

Go Green

www.mydocbill.com/cmgr

Pay Online | Update Info | Live Agent Cha

Gain the power to pay your bill or update your information at your convenience 24 hours a day. Chat with a representative using our Live Ag Chat feature during normal business hours. This not only benefits the environment, it benefits you and your time!

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.mydocbill.com/cmgr

PRIMARY	
Insurance	SIERRA COUNTY INMATES
Group/Plan	
ID Number	606343096
SECONDARY	
Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

About Your Statement

Have a billing question or concern about your statement? E-MAIL us at cmgrbilling@mydocbill.com.

See Statement Details on Back

155108-10

CONCORD RADIOLOGY
PO BOX 3689 DEPT 539
SUGAR LAND, TX 77487-3689

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
10/29/20	$352.00	32613-QCMGR

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE $

Patient Name: CRYSTAL GRANSBURY
Invoice Number: 9175911
Billing Questions: 1.866.202.9467

155108 - 10

D2019-038

1700 4TH ST NE
DEMING NM 88030-8968

MAKE CHECKS PAYABLE / REMIT TO:

CONCORD RADIOLOGY
PO BOX 3689 DEPT 539
SUGAR LAND, TX 77487-3689

LUNA CTY DETENTION
1700 4TH ST
DEMING, NM 88030

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE ( ) (Medicare#) MEDICAID ( ) (Medicaid#) TRICARE ( ) (ID#/DoD#) CHAMPVA ( ) (Member ID#) GROUP HEALTH PLAN (X) (ID#) FECA BLKLUNG ( ) (ID#) OTHER ( ) (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
	11031969	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
~ D2021-004	11 03 1969 M (X) F ( )	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
1700 4TH ST NE	Self (X) Spouse ( ) Child ( ) Other ( )	1700 4TH ST NE
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
DEMING NM		DEMING NM
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
88030-8968 (575) 544 0191		88030-8968 (575) 544 0191
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) ( ) YES (X) NO	a. INSURED'S DATE OF BIRTH MM DD YY SEX
		11 03 1969 M (X) F ( )
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? ( ) YES (X) NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	C.OTHER ACCIDENT? ( ) YES (X) NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
		LUNA CTY DETENTION
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ( ) YES (X) NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
09 20 2020 QUAL. 431		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
DN HASAN ADNAN MD	17b. NPI 1063490175	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ( ) YES ( ) NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0		22. RESUBMISSION CODE ORIGINAL REF. NO.
A. E13.65 B. C. D.		23. PRIOR AUTHORIZATION NUMBER
E. F. G. H.		
I. J. K. L.		

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 09 20 20 09 20 20	23	Y	99284		A	969 00	1		NPI	1063490175
2									NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
475305721 ( ) (X)	0092018296	(X) YES ( ) NO	$ 969 00	$ 0 00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (800) 225 0953
HASAN ADNAN MD	MIMBRES MEMORIAL HOSP 900 W ASH ST DEMING, NM 88030-4098	APP OF NEW MEXICO ED PLLC PO BOX 4458 DEPT 159 HOUSTON, TX 77210-4458
SIGNED SOF DATE 10/16/20	a. 1891075446 b.	a. 1891169942 b.

LUNTY CTY
1700 E 4TH ST
DEMING, NM 88030

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA yes PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#) X	FECA BLKLUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1): 0071313

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): JD2021-005

3. PATIENT'S BIRTH DATE MM DD YY: 08 04 1992 — SEX: M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial):

5. PATIENT'S ADDRESS (No., Street): 1700 4TH ST NE

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street): 1700 4TH ST NE

CITY: DEMING	STATE: NM	CITY: DEMING	STATE: NM
ZIP CODE: 88030-8968	TELEPHONE (Include Area Code): (575) 544 0191	ZIP CODE: 88030-8968	TELEPHONE (Include Area Code): (575) 544 0191

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. RESERVED FOR NUCC USE

c. RESERVED FOR NUCC USE

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous): YES NO X

b. AUTO ACCIDENT? YES NO X PLACE (State)

C. OTHER ACCIDENT? YES NO X

10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY: 08 04 1992 — SEX: M X F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME: LUNTY CTY

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO X *If yes,* complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 03 23 2021 QUAL. 431

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN DOUGLAS KINKEL MD

17a.

17b. NPI 1417003377

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. F15.129 B. F11.129 C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
03 23 21	03 23 21	23	Y	99284		AB	1000 00	1		NPI	1417003377
03 23 21	03 23 21	23	Y	99053		AB	56 00	1		NPI	1417003377
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 475305721 X	**26. PATIENT'S ACCOUNT NO.**: 0096147276	**27. ACCEPT ASSIGNMENT?** (For govt. claims, see back) YES X NO	**28. TOTAL CHARGE**: $ 1056 00	**29. AMOUNT PAID**: $ 0 00	**30. Rsvd for NUCC Use**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

DOUGLAS KINKEL MD

SIGNED SOF 04/02/21

32. SERVICE FACILITY LOCATION INFORMATION

MIMBRES MEMORIAL HOSP
900 W ASH ST
DEMING, NM 88030-4098

a. 1891075446 b.

33. BILLING PROVIDER INFO & PH # (800) 225 0953

APP OF NEW MEXICO ED PLLC
PO BOX 4458 DEPT 159
HOUSTON, TX 77210-4458

a. 1891169942 b.

PO Box 23419
Jacksonville, FL 32241-4419

Sierra County

FINAL NOTICE

Account Number: 8282002170010
Total Amount Due: $1,023.00
Hospital Name: Mimbres Memorial Hospital
Group Name: Alignmd Of New Mexico PLLC

Dear D2021-006

We have not received a response from our previous statement(s). Unless you respond immediately we will have no alternative but to consider turning your account over to a **collection agency.**

To avoid further action:

1. Go to www.physicianbillpay.com to pay the bill in full or make payment arrangements
2. Send check, credit card information, or money order in the enclosed return envelope
3. Go to www.physicianbillpay.com to enter your insurance information.
4. Call our office and speak to a patient representative concerning your account.

Any questions regarding the accuracy or details of your bill should be addressed to our billing office at (575)208-2485. This matter requires your immediate attention. If we do not receive a response from you, Alignmd Of New Mexico PLLC may refer your account to a collection agency, which could result in negative credit reporting.

Sincerely,
Financial Services

AMOUNT DUE UPON RECEIPT:

$1,023.00

Scan this code with your smartphone for quicker access

Interactive Voice Response
Available 24 hours, 7 days a week
(866) 396-6469

Customer Service
(575)208-2485

ALIGNMD OF NEW MEXICO PLLC
P.O. BOX 4458 DEPT 159
HOUSTON TX 77210-4458

For Self-Service Payments

www.physicianbillpay.com

- File or re-file insurance
- View & update account information
- Check Account Balance
- Pay Bill

DISREGARD BILL IF PAYMENT MADE WITHIN LAST 10 BUSINESS DAYS

PO Box 23419
Jacksonville, FL 32241-4419

Electronic Service Requested

Statement Date	Pay This Amount	Due Date
06/04/20	$1,023.00	6/25/2020

Account Number	Show Amount Paid Here
8282002170010	$_____

CHECK CREDIT CARD USING PAYMENT AND FILL OUT BELOW.

☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

CARD NUMBER SECURITY CODE

CARDHOLDER NAME EXP. DATE

SIGNATURE

5738026997 PRESORT PBPS067 <B>

COUNTY D LUNA
1700 4TH ST NE
DEMING NM 88030-8968

Make Checks Payable and Remit To:

ALIGNMD OF NEW MEXICO PLLC
P.O. BOX 4458 DEPT 159
HOUSTON TX 77210-4458

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on back.

LUNA COUNTY DETENTION CENTER

INVOICE

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

DATE: April 19, 2021
INVOICE # DP272021

FOR: Medical billing for inmates for Sierra Inmates March 2021

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 03/1/2021 - 03/31/2021			$ 1,914.33
		SUBTOTAL	$1,914.33

Gauadalupe Sandoval / Billing

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: IN001120917
Date: 3/31/2021

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 MARCH 2021	1.00000	EA	2,404.660000	2,404.66
XCURMEDS	Current Medications OTC	1.00000	EA	413.510000	413.51
XCURMEDS	Current Medication SIERRA	1.00000	EA	1,914.330000	1,914.33
XCURRET	Credit for Returns	1.00000	EA	-4,285.760000	-4,285.76

Due Date	Amount Due	Disc. Date	Disc. Amount
4/30/2021	446.74		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	446.74
Total taxes	0.00
Total amount	446.74
Payment received	0.00
Discount taken	0.00
Amount due	446.74

EIN: 25-1378278 DUNS: 05-112-8163

Billing Date(s): 3/1/2021 - 3/31/2021

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	0066773								
37799644		40.0	Clindamycin 300mg Capsule	42571-0252-01	Yes	18.84	03/25/21	03/25/21	SMYER
37799656		20.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	4.73	03/25/21	03/25/21	SMYER
						23.57			
	✓		0080762						
36896283		60.0	HydrOXYzine HCl 25mg Tab	23155-0501-01	Yes	5.45	03/08/21	03/08/21	DULANTO
37697998		60.0	Pain Reliever Plus Tabs	54257-0858-02	Yes	5.35	03/18/21	03/18/21	SMYER
36895145		30.0	Prazosin 1mg Capsule	70954-0019-20	Yes	11.39	03/08/21	03/08/21	DULANTO
36895587		60.0	risperiDONE 2mg Tablet	27241-0004-50	Yes	5.85	03/16/21	03/16/21	DULANTO
36229817		60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	11.27	03/23/21	03/23/21	DULANTO
						39.31			
	✓		0075678						
37293632		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/23/21	03/23/21	DULANTO
37493770		30.0	Prazosin 1mg Capsule	70954-0019-20	Yes	11.39	03/07/21	03/07/21	DULANTO
37263346		60.0	Venlafaxine ER 150mg Cap	65862-0697-05	No	13.59	03/23/21	03/23/21	DULANTO
						31.11			
	✓		- 0067835						
37727758		18.0	Albuterol HFA 90mcg Inh	66993-0019-68	No	37.44	03/20/21	03/20/21	SMYER
37728138		60.0	Wixela Inh 250/50mcg Aer	00378-9321-32	No	145.37	03/20/21	03/20/21	SMYER
						182.81			
	✓		0082568						
37842982		30.0	Claritin 10mg Redi-tabs	11523-7157-02	No	32.06	03/27/21	03/27/21	SMYER
37870238		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.46	03/30/21	03/30/21	DULANTO
37839908		7.0	DiphenhydrAMINE 25mg Cap	00904-5306-80	Yes	4.07	03/27/21	03/27/21	SMYER
36528759		30.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	5.45	03/30/21	03/30/21	DULANTO
						46.04			
	✓		0079666						
37800067		40.0	Cephalexin 500mg Capsule	67877-0219-05	Yes	7.83	03/25/21	03/25/21	SMYER
						7.83			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓	0078261							
37517039		30.0	BusPIRone 15mg Tablet	69584-0093-50	Yes	5.85	03/09/21	03/09/21	DULANTO
36670627		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35	03/30/21	03/30/21	DULANTO
						12.20			
	✓	82519							
37479732		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94	03/30/21	03/30/21	DULANTO
37263830		30.0	Prazosin 2mg Capsule	70954-0020-20	Yes	12.01	03/23/21	03/23/21	DULANTO
37762096		29.0	Topiramate 50mg Tablet	68382-0139-05	Yes	4.93	03/23/21	03/23/21	SMYER
36667190		30.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	5.21	03/23/21	03/23/21	DULANTO
						28.09			
	✓	0083286							
37902409		60.0	Duloxetine 30mg DR Cap	67877-0264-10	Yes	10.73	03/31/21	03/31/21	DULANTO
37870235		90.0	Gabapentin 800mg Tablet	65862-0524-05	No	11.05	03/30/21	03/30/21	SMYER
37876729		10.0	Levemir 100 Units/ml Vial	00169-3687-12	No	290.18	03/30/21	03/30/21	SMYER
37870229		30.0	Lisinopril 10mg Tablet	68180-0980-03	Yes	4.44	03/30/21	03/30/21	SMYER
37870221		60.0	metFORMIN ER 500mg	62756-0142-02	No	5.55	03/30/21	03/30/21	SMYER
37870214		30.0	Simvastatin 10mg Tablet	16729-0004-17	Yes	4.39	03/30/21	03/30/21	SMYER
37870210		30.0	Tradjenta 5mg Tablet	00597-0140-90	No	389.12	03/30/21	03/30/21	SMYER
37902390		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	03/31/21	03/31/21	DULANTO
						720.19			
	✓	0071063							
37394472		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/02/21	03/02/21	DULANTO
37757815		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	03/23/21	03/23/21	DULANTO
37394441		60.0	Propranolol 20mg Tablet	69292-0532-10	Yes	8.95	03/02/21	03/02/21	DULANTO
37394418		14.0	Venlafaxine ER 37.5mg Cap	68382-0034-10	No	5.60	03/02/21	03/02/21	DULANTO
37394426		60.0	Venlafaxine ER 75mg Cap	65862-0528-99	No	11.73	03/02/21	03/02/21	DULANTO
						38.64			
		0083152							
37386901		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	03/01/21	03/01/21	SMYER
						4.49			

Billing Date(s): 3/1/2021 - 3/31/2021

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		K - 0068444							
37755971		30.0	Duloxetine 30mg DR Cap	67877-0264-10	Yes	7.36	03/23/21	03/23/21	DULANTO
37755975		30.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	4.84	03/23/21	03/23/21	DULANTO
37755968	N,	30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83	03/23/21	03/23/21	DULANTO
						19.03			
		'92277							
37868812		30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83	03/29/21	03/29/21	DULANTO
						6.83			
		081645							
37614650		60.0	Triamcinolone 0.1% Cream	45802-0064-36	Yes	9.09	03/13/21	03/13/21	SMYER
37614650		60.0	Triamcinolone 0.1% Cream	45802-0064-36	Yes	9.09	03/30/21	03/30/21	SMYER
						18.18			
		0082460							
37639700		60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	11.27	03/16/21	03/16/21	DULANTO
36895084		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35	03/08/21	03/08/21	DULANTO
						17.62			
		· 0078628							
36774712		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.65	03/16/21	03/16/21	DULANTO
						4.65			
		· 0082993							
37800457		20.0	Amox/Clav 875mg/125mg Tab	65862-0503-01	No	12.42	03/25/21	03/25/21	SMYER
37800924		20.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	4.70	03/25/21	03/25/21	SMYER
						17.12			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	0067797							
37686769		18.0	Albuterol HFA 90mcg Inh	66993-0019-68	No	37.44 03/18/21	03/18/21	SMYER
37689531		30.0	Aspir-low 81mg EC Tablet	70518-2988-00	Yes	4.13 03/18/21	03/18/21	SMYER
37685345		30.0	Atorvastatin 40mg Tablet	60505-2580-08	Yes	5.19 03/18/21	03/18/21	SMYER
37685252		30.0	Cetirizine 10mg Tablet	54257-0270-05	Yes	4.95 03/18/21	03/18/21	SMYER
37687668		16.0	Fluticasone 0.05% Nasal S	60505-0829-01	No	7.66 03/18/21	03/18/21	SMYER
37685290		90.0	Ibuprofen 800mg Tablet	67877-0321-05	No	7.71 03/18/21	03/18/21	SMYER
37685278		30.0	Losartan 25mg Tablet	65862-0201-99	No	5.07 03/18/21	03/18/21	SMYER
37685308		30.0	Metoprolol 50mg Tablet	00378-0032-10	Yes	4.42 03/18/21	03/18/21	SMYER
37696541		30.0	Venlafaxine ER 150mg Cap	65862-0697-05	No	8.78 03/18/21	03/18/21	DULANTO
						85.35		
			i - 0067625					
37870242		30.0	Aripiprazole 20mg Tablet	67877-0434-05	Yes	5.83 03/30/21	03/30/21	DULANTO
37872711		14.0	Cephalexin 500mg Capsule	67877-0219-05	Yes	5.33 03/30/21	03/30/21	SMYER
37870208		30.0	TraZODONE 100mg Tab	50111-0561-03	Yes	7.63 03/30/21	03/30/21	DULANTO
						18.79		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		- 0083251						
37512343		60.0	B-Complex Tablet	30768-0006-01	No	6.01 03/08/21	03/08/21	SMYER
37850155		60.0	B-Complex Tablet	54629-0563-01	No	6.01 03/28/21	03/28/21	SMYER
37512355		30.0	Chlorthalidone 25mg Tab	75834-0109-10	Yes	9.47 03/08/21	03/08/21	SMYER
37850160		30.0	Chlorthalidone 25mg Tab	75834-0109-10	Yes	9.47 03/28/21	03/28/21	SMYER
37512354		60.0	Docusate Sod 100mg Cap	00536-1062-10	Yes	4.61 03/08/21	03/08/21	SMYER
37850164	M	60.0	Docusate Sod 100mg Cap	00536-1062-10	Yes	4.61 03/28/21	03/28/21	SMYER
37512359		30.0	Finasteride 5mg Tablet	16729-0090-16	No	5.72 03/08/21	03/08/21	SMYER
37850168		30.0	Finasteride 5mg Tablet	16729-0090-16	No	5.72 03/28/21	03/28/21	SMYER
37512360		30.0	Losartan 100mg Tablet	65862-0203-99	No	5.74 03/08/21	03/08/21	SMYER
37850153		30.0	Losartan 100mg Tablet	65862-0203-99	No	5.74 03/28/21	03/28/21	SMYER
37512364		30.0	Oxybutynin-ER 5mg Tablet	16729-0317-16	No	8.06 03/08/21	03/08/21	SMYER
37850162		30.0	Oxybutynin-ER 5mg Tablet	16729-0317-16	No	6.50 03/28/21	03/28/21	SMYER
37512365		60.0	Tamsulosin 0.4mg Capsule	57237-0014-05	Yes	8.77 03/08/21	03/08/21	SMYER
37850170		60.0	Tamsulosin 0.4mg Capsule	33342-0159-15	Yes	8.27 03/28/21	03/28/21	SMYER
37512368		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35 03/08/21	03/08/21	DULANTO
37902412		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35 03/31/21	03/31/21	DULANTO
37512353		120.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	5.58 03/08/21	03/08/21	SMYER
37850157		120.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	5.58 03/28/21	03/28/21	SMYER
						118.56		
		68670						
37611237		30.0	Aripiprazole 10mg Tablet	13668-0218-05	Yes	5.36 03/13/21	03/13/21	DULANTO
37544344		60.0	Bumetanide 1mg Tablets	69238-1490-05	Yes	21.48 03/10/21	03/10/21	SMYER
37544347		60.0	Carvedilol 6.25mg Tablet	68382-0093-05	Yes	4.81 03/10/21	03/10/21	SMYER
37559570		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.46 03/10/21	03/10/21	DULANTO
37611210		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 03/13/21	03/13/21	DULANTO
37544343		30.0	Spironolactone 25mg Tab	16729-0225-17	Yes	5.27 03/10/21	03/10/21	SMYER
						48.70		
		0083167						
37614613		14.0	Amoxicillin 500mg Capsule	00781-2613-05	Yes	4.90 03/13/21	03/13/21	SMYER
						4.90		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		0075100							
37499332		30.0	Aspirin 81mg Chew Tab	16103-0366-11	Yes	4.53	03/08/21	03/08/21	SMYER
37448120		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	03/04/21	03/04/21	SMYER
						9.02			
		- 0070360							
37517077		60.0	OXcarbazepine 300mg Tab	51991-0293-05	Yes	10.32	03/09/21	03/09/21	DULANTO
37457390		30.0	Prazosin 1mg Capsule	70954-0019-20	Yes	11.39	03/04/21	03/04/21	DULANTO
37457545		180.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	11.34	03/04/21	03/04/21	DULANTO
37517074		60.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	6.43	03/09/21	03/09/21	DULANTO
37517083		30.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	5.45	03/09/21	03/09/21	DULANTO
						44.93			
		0080054							
37639943		30.0	HydrOXYzine HCl 25mg Tab	23155-0501-01	Yes	4.72	03/16/21	03/16/21	DULANTO
37510222		60.0	HydrOXYzine Pam 25mg Cap	00185-0674-05	No	6.61	03/08/21	03/08/21	DULANTO
37244680		30.0	Lisinopril 40mg Tablet	68180-0517-03	Yes	5.20	03/30/21	03/30/21	SMYER
37606573		30.0	Sertraline 100mg Tablet	65862-0013-05	Yes	5.16	03/13/21	03/13/21	DULANTO
37639949		30.0	Sertraline 50mg Tablet	65862-0012-05	Yes	5.32	03/16/21	03/16/21	DULANTO
37639955		60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	11.27	03/16/21	03/16/21	DULANTO
37510223		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35	03/08/21	03/08/21	DULANTO
						44.63			
		- 0083030							
37757008		30.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	4.84	03/23/21	03/23/21	DULANTO
37684266		58.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	5.39	03/18/21	03/18/21	DULANTO
37757017		30.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	4.71	03/23/21	03/23/21	DULANTO
37757035		30.0	risperiDONE 2mg Tablet	27241-0004-50	Yes	4.91	03/23/21	03/23/21	DULANTO
						19.85			
		- 0072396							
37606587		30.0	Duloxetine 30mg DR Cap	67877-0264-10	Yes	7.36	03/13/21	03/13/21	SMYER
37388405		30.0	Meloxicam 15mg Tablet	69097-0159-12	Yes	4.37	03/01/21	03/01/21	SMYER
37898412		30.0	Meloxicam 15mg Tablet	69097-0159-12	Yes	4.37	03/31/21	03/31/21	SMYER
						16.10			

Billing Date(s): 3/1/2021 - 3/31/2021

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		0067582						
37469058		10.0	Amoxicillin 500mg Capsule	00781-2613-05	Yes	4.64 03/05/21	03/05/21	SMYER
37755953		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30 03/23/21	03/23/21	DULANTO
37794330		10.0	Ciprofloxacin 500mg Tab	00143-9928-01	Yes	6.02 03/24/21	03/24/21	SMYER
37502278		30.0	HC/Pramoxine 1-1% Cream	45802-0144-64	No	88.91 03/08/21	03/08/21	SMYER
37687662		28.3	Hydrocortisone 1% Cream	63868-0689-01	Yes	5.25 03/18/21	03/18/21	SMYER
37687662		28.3	Hydrocortisone 1% Cream	63868-0689-01	Yes	5.25 03/23/21	03/23/21	SMYER
37755942		30.0	LamoTRIgine 100mg Tab	68382-0008-10	Yes	5.01 03/23/21	03/23/21	DULANTO
37755941		14.0	LamoTRIgine 25mg Tablet	29300-0111-05	Yes	4.25 03/23/21	03/23/21	DULANTO
37755949		7.0	LamoTRIgine 25mg Tablet	29300-0111-05	Yes	4.12 03/23/21	03/23/21	DULANTO
37469059		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49 03/05/21	03/05/21	SMYER
37755946		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35 03/23/21	03/23/21	DULANTO
						139.59		
		- 0083049						
37756987		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 03/23/21	03/23/21	DULANTO
37756999		30.0	Prazosin 1mg Capsule	70954-0019-20	Yes	11.39 03/23/21	03/23/21	DULANTO
37756962		14.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	4.55 03/23/21	03/23/21	DULANTO
37756977		60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92 03/23/21	03/23/21	DULANTO
						28.99		
		0082646						
37756951		30.0	Duloxetine 30mg DR Cap	67877-0264-10	Yes	7.36 03/23/21	03/23/21	DULANTO
						7.36		
		0075899						
37386782		30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20 03/01/21	03/01/21	SMYER
37457550		30.0	HydrOXYzine Pam 25mg Cap	00185-0674-05	No	5.30 03/04/21	03/04/21	DULANTO
37386785		30.0	Rosuvastatin 10mg Tablet	72205-0003-99	Yes	5.91 03/01/21	03/01/21	SMYER
36929641		30.0	Sertraline 25mg Tablet	65862-0011-05	Yes	4.83 03/08/21	03/08/21	DULANTO
36929642		30.0	Sertraline 50mg Tablet	65862-0012-05	Yes	5.32 03/08/21	03/08/21	DULANTO
						25.56		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		0067428							
37794831		10.0	Ciprofloxacin 500mg Tab	00143-9928-01	Yes	6.02	03/24/21	03/24/21	SMYER
						6.02			
		76710							
37616992		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18	03/14/21	03/14/21	SMYER
37616990		30.0	Valsart/Hctz 320-25mg Tab	00378-6325-77	No	11.47	03/14/21	03/14/21	SMYER
						16.65			
		[illegible]3584							
37706909		20.0	Amox/Clav 875mg/125mg Tab	42571-0162-01	No	12.42	03/19/21	03/19/21	SMYER
37706899		30.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	5.11	03/19/21	03/19/21	SMYER
37112725		30.0	Losartan 50mg Tablet	65862-0202-99	No	5.04	03/08/21	03/08/21	SMYER
						22.57			
		083134							
37689521		30.0	Acetaminophen 325mg Tab	54257-0720-02	Yes	4.51	03/18/21	03/18/21	SMYER
37685802		20.0	Amox/Clav 875mg/125mg Tab	42571-0162-01	No	12.42	03/18/21	03/18/21	SMYER
37706914		21.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	4.77	03/19/21	03/19/21	SMYER
37157732		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94	03/30/21	03/30/21	DULANTO
37157725		60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92	03/30/21	03/30/21	DULANTO
						34.56			
		83250							
37493783		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	03/07/21	03/07/21	SMYER
						4.49			
LUNA COUNTY DETENTION						1914.33			
Grand Total						1914.33			

COUNTY OF SOCORRO

FINANCE DEPARTMENT
ATTN: SAMMIE VEGA
PO Box I
Socorro, NM 87801

P: 575-835-0589 svega@co.socorro.nm.us
F: 575-835-4629 www.socorrocounty.net

Bill To:	Sierra County	**Phone:**	575-894-6215	**Invoice #:**	21DC-042
Attention:	Larita Engle	**Fax:**		**Invoice Date:**	2/2/2021
Address:	855 Van Patten	**Email:**	leng e@sierraco.org		
Address:	T or C ,NM 87901				

NVOICE FOR: INMATE RX, BILLING FOR MARCH 2021

FILLED		Description	Qty	Unit Price		Price
3/8/2021	3/17/2021		1	789.00		$ 789.00

Invoice Subtotal	$ 789.00
TOTAL	$ 789.00

Make all checks payable to COUNTY OF SOCORRO.
AYMENT DUE UPON RECEIPT

PATIENT PROFILE

April 5, 2021

HAYHURST, SOLOMON
P.O BOX 808
TRUTH OR CONSEQUENCE,NM 87901
Phone: (575) 517-0775
SS#: - -

KELLY'S PHARMACY
312 N CALIFORNIA ST
SOCORRO, NM 87801
Phone: (575) 835-2125
NCPDP: 3213244

3/1/2021 through 3/31/2021

RX #	RF	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0205382	01	02	03/08/2021		90	PRAZOSIN HCL CAP 2MG	70954-0020-10	VOELKER, LARRY	43.00	ACF	TO
									Copay: 43.00		
0212227	09	11	03/05/2021		2.500	OLOPATADINE SOL 0.2%	59651-0066-05	COUNTY, LAURA	31.00	ACF	TO
									Copay: 31.00		
	10	11	03/15/2021		2.500	OLOPATADINE SOL 0.2%	59651-0066-05	COUNTY, LAURA	47.00	ACF	TO
									Copay: 47.00		
	11	11	03/26/2021		2.500	OLOPATADINE SOL 0.2%	00093-7684-32	COUNTY, LAURA	47.00	ACF	TO
									Copay: 47.00		
0217665	02	00	03/12/2021		90	FLUOXETINE 20MG CAP	65862-0193-99	COURTNEY PSYD MP, JOHN	13.00	ACF	TO
									Copay: 13.00		
0219645	01	01	03/05/2021		4	COMBIVENT 20-100 AER	00597-0024-02	MCLAUGHLIN, LINDSAY	533.00	ACF	TO
									Copay: 533.00		
0224829	00	01	03/12/2021		90	IBUPROFEN TAB 800MG	11788-0010-05	VOELKER, LARRY	17.00	ACF	TO
									Copay: 17.00		
0225243	00	00	03/17/2021		60	PRAZOSIN HCL CAP 2MG	70954-0020-10	COURTNEY PSYD MP, JOHN	32.00	ACF	TO
									Copay: 32.00		
0225244	00	00	03/17/2021		45	MIRTAZAPINE TAB 15MG	57237-0008-30	COURTNEY PSYD MP, JOHN	13.00	ACF	TO
									Copay: 13.00		
0225245	00	00	03/17/2021		90	FLUOXETINE 20MG CAP	65862-0193-99	COURTNEY PSYD MP, JOHN	13.00	ACF	TO
									Copay: 13.00		

Prescriptions Agency: 0.00 Copay: 789.00 Private Pay: 0.00

PATIENT PROFILE

April 5, 2021

PADILLA, URIAH
PO BOX 3052
SOCORRO,NM 87801
Phone: (575) 312-3670
SS#: - -

KELLY'S PHARMACY
312 N CALIFORNIA ST
SOCORRO, NM 87801
Phone: (575) 835-2125
NCPDP: 3213244

3/1/2021 through 3/31/2021

RX #	Re	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0224202	00	00	03/04/2021	210635423353010	40	AMOXICILLIN CAP 500MG	57237-0031-05	GARVER, JOHN	5.16	AFS	TO
									Copay: 0.00		

Prescriptions Agency: 5.16 | Copay: 0.00 | Private Pay: 0.00