

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*



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*

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

*Charlene Webb County Manager
575-894-6215 voice 575-894-9548 fax*

**BOARD OF COUNTY COMMISSIONERS
SIERRA COUNTY, NEW MEXICO
Resolution No. 110-043**

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 3486.86 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 \$ 3486.86

to be deducted from the proper funds appropriated in the 2021-2022PY Budget.

PASSED, APPROVED and ADOPTED this 11th day of January 2022

Board of County Commissioners
Sierra County, NM

James E. Paxon
JAMES PAXON, CHAIRMAN

Travis Day
TRAVIS DAY, VICE-CHAIRMAN

William Hopkins
WILLIAM HOPKINS, COMMISSIONER



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

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO. 110-043

Total amount (Claims) requested: 3486.86

CLAIMS APPROVED FOR PAYMENT	4	\$ 3486.86
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LUNA COUNTY	1	\$ 1994.04
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COUNTY OF SOCORRO	1	\$ 683.00
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CONCORD RADIOLOGY 1 \$ 149

MIMBRES MEMORIAL	1	\$ 660.82
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Total	\$ 3486.86
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[illegible]



RECEIVED

SIERRA COUNTY INMATES
855 VAN PATTEN ST
TRUTH OR CONSEQUENCES NM 87901-3201

HEALTH INSURANCE CLAIM FORM

DEC 20 2021

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

PICA		COUNTY of SIERRA		PICA	
1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)		1a INSURED'S ID NUMBER (For Program in Item 1) 0077043			
2 PATIENT'S NAME (Last Name, First Name, Middle Initial) D2021-023		3 PATIENT'S BIRTH DATE MM DD YY 05061978		4 INSURED'S NAME (Last Name, First Name, Middle Initial) SAME	
5 PATIENT'S ADDRESS (No. Street) 855 VAN PATTEN		6 PATIENT RELATIONSHIP TO INSURED Self ☒ Spouse ☐ Child ☐ Other ☐		7 INSURED'S ADDRESS (No. Street) SAME	
CITY TRUTH OR CONSEQUENCES		8 RESERVED FOR NUCC USE		CITY NM	
STATE NM				STATE	
ZIP CODE 87901		TELEPHONE (Include Area Code) (575) 894-6215		ZIP CODE ()	
TELEPHONE (Include Area Code)				TELEPHONE (Include Area Code)	
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 ☒ NO		a INSURED'S DATE OF BIRTH MM DD YY SEX 05061978 M ☐ F ☒	
b RESERVED FOR NUCC USE		b AUTO ACCIDENT? ☐ YES ☒ NO PLACE (State)		b OTHER CLAIM ID (Designated by NUCC)	
c RESERVED FOR NUCC USE		c OTHER ACCIDENT? ☐ YES ☒ NO		c INSURANCE PLAN NAME OR PROGRAM NAME SIERRA COUNTY INMATES	
d INSURANCE PLAN NAME OR PROGRAM NAME		10d CLAIM CODES (Designated by NUCC)		d IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, complete items 9, 9a, and 9d	
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 121121					
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 QUAL		15 OTHER DATE MM DD YY QUAL		16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17 NAME OF REFERRING PROVIDER OR OTHER SOURCE DN JORGE PARTIDA		17a. ☐ 17b. NPI 1851331847		18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19 ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20 OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES		22 RESUBMISSION CODE ORIGINAL REF NO	
21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind 0 A R51.9 B C D E F G H I J K L		23 PRIOR AUTHORIZATION NUMBER			
24 A DATE(S) OF SERVICE From To 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 12082021 12082021 22 70450 26 A 149.00 1.0 NPI 1548224322					
2					
3					
4					
5					
6					
25 FEDERAL TAX ID NUMBER SSN EIN 824944510 ☐ ☒		26 PATIENT'S ACCOUNT NO Z8U88RN		27 ACCEPT ASSIGNMENT? (For govt. claims, see back) ☒ YES ☐ NO	
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.) LUKAS BURTON MD		32 SERVICE FACILITY LOCATION INFORMATION MIMBRES MEMORIAL HOSPITAL 900 W ASH STREET DEMING, NM 88030-4000 a 1891075446 b		28 TOTAL CHARGE \$ 149.00 29 AMOUNT PAID \$ 0.00 30 Rsvd for NUCC Use 149.00 33 BILLING PROVIDER INFO & PH # (866) 282-7905 CONCORD RADIOLOGY PO BOX 4897 DEPT 313 HOUSTON, TX 77210-4897 a 1598260515 b	
SIGNED 121121					

MIMBRES MEMORIAL HOSPITAL 900 W ASH STREET DEMING NM 880304000 5755462761 5755464510	MIMBRES MEMORIAL HOSPITAL PO BOX 844814 DALLAS TX 75284-4814	3a PAY CNTL # 073792601 b. MED REC # 000402782 5 FED TAX NO 0000 850438008	TYPE OF BILL 0131 6 STATEMENT COVERS PERIOD FROM 112021 THROUGH 112021
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8 PATIENT NAME	9 PATIENT ADDRESS	35 ANNIE MORGAN #C
b. CHEYENNE	c. WY	d. 82001
10 BIRTHDATE 01021991	11 SEX M	12 DATE 1 1
13 HR 01	14 TYPE 1	15 SRC 1
16 DHR 01	17 STAT 01	18 19 20 21 22 23 24 25 26 27 28 29 30
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE
34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE
37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE

38	39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
335 ANNIE MORGAN #C			
CHEYENNE WY 82001			

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0250	N468084025401UN1		112021	1	276		
0450	EMERG ROOM	99283	112021	1	85546		

0001	PAGE 1 OF 1	CREATION DATE 120121	TOTALS	85822	000
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50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	57 OTHER	58
SIERRA COUNTY DET	999990000	Y	Y	000	000	1891075446		

58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
	18	585894493		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	67	68
Z139	F17200	Z79891
0		

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI
79 OTHER PROCEDURE CODE	80 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI
80 REMARKS	81 CC	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI
MISC GOVT	B3282N00000X	1255317368	HOCHHAUSER	DAVID M
SIERRA COUNTY DET				
855 VAN PATTEN				
T OR C NM 87901				

F: 575-835-4629 www.socorrocounty.net

Invoice Date: 12/3/2021[illegible]

PATIENT PROFILE

SIERRA

December 2, 2021

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

11/1/2021 through 11/30/2021

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Pharm	Price	AG	IN
0228084	07	11	11/08/2021		30	CETIRIZINE TAB 10MG	16714-0798-04	VOELKER, LARRY	\$12.00	ACF	TO
									Copay \$12.00		
0235313	03	01	11/15/2021		4	COMBIVENT 20-100 AER	00587-0024-02	VOELKER, LARRY	\$544.00	ACF	WSS
									Copay \$544.00		
0239730	05	04	11/10/2021		2 500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	\$28.00	ACF	WSS
									Copay \$28.00		
	08	04	11/18/2021		2 500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	\$21.00	ACF	TO
									Copay \$21.00		
	07	04	11/29/2021		2 500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	\$21.00	ACF	TO
									Copay \$21.00		
0242336	01	00	11/08/2021		60	FLUOXETINE CAP 20MG	16714-0721-03	COURTNEY PSYD MP JOHN	\$13.00	ACF	TO
									Copay \$13.00		
0242746	01	00	11/08/2021		30	MIRTAZAPINE 15MG TAB	13107-0031-05	COURTNEY PSYD MP, JOHN	\$14.00	ACF	TO
									Copay \$14.00		
0243259	01	00	11/23/2021		60	PRAZOSIN HCL CAP 2MG	70954-0020-10	COURTNEY PSYD MP, JOHN	\$11.00	ACF	TO
									Copay \$11.00		
0244582	00	01	11/09/2021		90	IBUPROFEN TAB 800MG	49483-0604-50	VOELKER LARRY	\$21.00	ACF	TO
									Copay \$21.00		

Prescriptions Agency: \$0.00

Copay: \$683.00

Private Pay: \$0.00

LUNA COUNTY DETENTION CENTER

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

DATE: December 13, 2021
INVOICE # DP352021

FOR: Medical billing for
inmates for Sierra
Inmates November
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 11/1/2021 - 11/30/2021 Back up Pharmacy Order			\$ 1,994.04
SUBTOTAL			\$ 1,994.04



Guadalupe Sandoval / Billing

Make all checks payable to Luna County Detention Center

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 12/10/2021 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 11/1/2021 - 11/30/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Page 1
 10:08:08 AM

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	066438	Sierra					
41372358		60.0	BusPIRone 30mg Tablet	64380-0744-03	Yes	9.98 11/29/21	11/29/21	DULANTO
41803445		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03 11/11/21	11/11/21	DULANTO
41110098		30.0	Gabapentin 100mg Capsule	67877-0222-10	No	4.88 11/04/21	11/04/21	SMYER
41364318		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/24/21	11/24/21	DULANTO
41803436		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 11/11/21	11/11/21	DULANTO
						33.34		
	✓	0082747	Sierra					
41906422		30.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4.32 11/18/21	11/18/21	SMYER
42026942		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/24/21	11/24/21	HERRELL
						10.45		
	✓	-0080394	Sierra					
41883526		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55 11/17/21	11/17/21	HERRELL
41883544		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23 11/17/21	11/17/21	HERRELL
						13.78		
	✓	31120	Sierra					
41674231		30.0	Furosemide 20mg Tablet	69315-0116-10	Yes	4.64 11/04/21	11/04/21	SMYER
41674230		60.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	13.70 11/04/21	11/04/21	SMYER
41674222		30.0	Metoprolol ER 100mg Tab	68382-0566-10	No	8.10 11/04/21	11/04/21	SMYER
41674282		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18 11/04/21	11/04/21	SMYER
41674285		30.0	Potassium Micro 10meq Tab	63304-0076-10	No	7.14 11/04/21	11/04/21	SMYER
						38.76		
	✓	-0069422	Sierra					
41116912		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72 11/30/21	11/30/21	DULANTO
41205155		30.0	Lisinopril-HCTZ 20/12.5mg	68180-0519-02	No	5.84 11/29/21	11/29/21	SMYER
41116903		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/09/21	11/09/21	DULANTO
						16.69		

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.

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 12/10/2021 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 11/1/2021 - 11/30/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Page 2
 10:08:08 AM

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓		1063971 Sierra					
41118185		30.0	Aripiprazole 15mg Tablet	67877-0433-05	Yes	5.67 11/29/21	11/29/21	DULANTO
40842902		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.78 11/25/21	11/25/21	DULANTO
41910755		15.0	Nystatin Cream	45802-0059-35	Yes	7.75 11/18/21	11/18/21	SMYER
41990167		30.0	Oxymetazoline Nasal Spray	00904-6761-30	Yes	5.47 11/23/21	11/23/21	SMYER
						23.67		
	✓		1 - 0077043 Sierra					
41691516		60.0	Np Thyroid 15mg Tablet	42192-0327-01	No	32.23 11/05/21	11/05/21	SMYER
						32.23		
	✓		2 - 0081138 Sierra					
42049481		30.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	5.77 11/26/21	11/26/21	HERRELL
40604170		120.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	23.42 11/25/21	11/25/21	SMYER
42049515		15.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	5.05 11/26/21	11/26/21	DULANTO
42049526		180.0	OXcarbazepine 150mg Tab	62756-0183-13	Yes	20.17 11/26/21	11/26/21	HERRELL
42049691		30.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	4.71 11/26/21	11/26/21	HERRELL
42049680		30.0	risperiDONE 4mg Tablet	27241-0006-50	Yes	5.35 11/26/21	11/26/21	HERRELL
						64.47		
	✓		1 - 0075678 Sierra					
41741391		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	6.50 11/09/21	11/09/21	HERRELL
41627317		4.0	B cillin LA 2.4munit/4ml	60793-0702-10	No	345.27 11/02/21	11/02/21	SMYER
41686296		60.0	LevETIRAcetam ER 500mg	68180-0117-07	No	12.36 11/05/21	11/05/21	SMYER
41741258		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23 11/09/21	11/09/21	HERRELL
						370.36		
	✓		0083292 Sierra					
41822453		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55 11/12/21	11/12/21	HERRELL
41822214		30.0	Citalopram 40mg Tablet	69097-0824-12	Yes	5.29 11/12/21	11/12/21	HERRELL
41822220		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 11/12/21	11/12/21	HERRELL
41822222		30.0	LamoTRigine 100mg Tab	68382-0008-10	Yes	5.01 11/12/21	11/12/21	HERRELL
41949385		207.0	Selenium 1% Sulf Shampoo	00536-1995-53	Yes	6.84 11/20/21	11/20/21	SMYER
						33.09		

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DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 12/10/2021 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 11/1/2021 - 11/30/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Page 3
 10:08:08 AM

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
✓			- 0079515 Sierra					
41791647	-	30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 11/11/21	11/11/21	HERRELL
						7.24		
✓			- 0071559 Sierra					
41920202	C	30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 11/18/21	11/18/21	HERRELL
						7.24		
✓			- 079666 Sierra					
41860438		30.0	Divalproex DR 250mg Tab	62756-0797-13	Yes	5.11 11/16/21	11/16/21	HERRELL
41860020		30.0	Divalproex DR 500mg Tab	62756-0798-13	Yes	6.68 11/16/21	11/16/21	HERRELL
						11.79		
✓			0068444 Sierra					
41617022		30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83 11/02/21	11/02/21	HERRELL
41616918		30.0	TraZODONE 100mg Tab	50111-0561-03	Yes	5.35 11/02/21	11/02/21	HERRELL
						12.18		
✓			B - 0068391 Sierra					
41883500		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49 11/17/21	11/17/21	SMYER
						4.49		
✓			- 0068900 Sierra					
41614256		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/01/21	11/01/21	HERRELL
						6.13		
✓			- 0083016 Sierra					
41688885		60.0	Baclofen 20mg Tablet	71930-0007-13	No	9.25 11/05/21	11/05/21	SMYER
						9.25		
✓			- 0082866 Sierra					
41687327		30.0	Allopurinol 100mg Tablet	16729-0134-16	Yes	5.17 11/05/21	11/05/21	SMYER
						5.17		
✓			082460 Sierra					
42023869		30.0	Spironolactone 50mg Tab	16729-0226-16	Yes	6.09 11/24/21	11/24/21	SMYER
						6.09		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓		J068734 Sierra						
42041216		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30	11/26/21	11/26/21	HERRELL
42041196		60.0	Benzotropine 1mg Tablet	69315-0137-10	Yes	9.37	11/26/21	11/26/21	HERRELL
42041197		60.0	OXcarbazepine 300mg Tab	51991-0293-05	Yes	10.32	11/26/21	11/26/21	HERRELL
						24.99			
	✓		J075099 Sierra						
41617048		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57	11/02/21	11/02/21	HERRELL
41617027		30.0	HydroXYzine HCl 25mg Tab	00093-5061-10	No	4.49	11/02/21	11/02/21	HERRELL
41617035		60.0	HydroXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40	11/02/21	11/02/21	HERRELL
41617003		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01	11/02/21	11/02/21	HERRELL
41616985		30.0	Sertraline 100mg Tablet	65862-0013-05	Yes	5.16	11/02/21	11/02/21	HERRELL
						35.63			
	✓		0083357 Sierra						
41619728		60.0	Ibuprofen 800mg Tablet	67877-0321-05	Yes	7.56	11/02/21	11/02/21	SMYER
41619730		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18	11/02/21	11/02/21	SMYER
						12.74			
	✓		082993 Sierra						
41670659		14.0	MetroNIDazole 500mg Tab	16571-0664-50	Yes	5.44	11/04/21	11/04/21	SMYER
						5.44			
	✓		- 0067797 Sierra						
41703227		60.0	Gemfibrozil 600mg Tablet	69097-0821-12	Yes	8.45	11/05/21	11/05/21	SMYER
42032851		60.0	Indomethacin 25mg Capsule	68462-0406-10	Yes	7.25	11/25/21	11/25/21	SMYER
41206854		30.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	5.20	11/30/21	11/30/21	SMYER
41206842		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09	11/29/21	11/29/21	SMYER
41206849		30.0	Metoprolol ER 50mg Tablet	68382-0565-10	No	6.46	11/29/21	11/29/21	SMYER
41117545		30.0	Venlafaxine ER 75mg Cap	65862-0528-99	No	7.84	11/11/21	11/11/21	DULANTO
						40.29			
	✓		7070821 Sierra						
42041185		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24	11/26/21	11/26/21	HERRELL
41616910		60.0	HydroXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40	11/02/21	11/02/21	HERRELL
41616920		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	11/02/21	11/02/21	HERRELL
						20.27			

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	0071099	Sierra					
41368448		13.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.37 11/24/21	11/24/21	DULANTO
42097921		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88 11/30/21	11/30/21	HERRELL
42097955		180.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	7.03 11/30/21	11/30/21	HERRELL
40604415		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 11/29/21	11/29/21	SMYER
41801154		60.0	Methocarbamol 500mg Tab	69584-0611-50	Yes	7.51 11/11/21	11/11/21	SMYER
41686243		60.0	Naproxen 500mg Tablet	68462-0190-05	Yes	7.20 11/05/21	11/05/21	SMYER
41207093		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18 11/09/21	11/09/21	SMYER
40372464		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01 11/09/21	11/09/21	DULANTO
42097901		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01 11/30/21	11/30/21	HERRELL
41803553		60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	6.71 11/11/21	11/11/21	DULANTO
40372448		60.0	Venlafaxine 75mg *ER* Tab	75834-0217-30	No	80.48 11/09/21	11/09/21	DULANTO
						152.47		
	✓	0081720	Sierra					
42013105		60.0	Celecoxib 200mg Capsule	33342-0157-15	No	9.47 11/24/21	11/24/21	SMYER
						9.47		
	✓	0083088	Sierra					
41793455		15.0	Artificial Tears Drops	57896-0181-05	Yes	5.15 11/11/21	11/11/21	SMYER
						5.15		
	✓	1083461	Sierra					
42013101		30.0	Escitalopram 10mg Tablet	16729-0169-17	Yes	5.36 11/24/21	11/24/21	HERRELL
42013118		30.0	HCTZ 12.5mg Tablet	16729-0182-17	Yes	5.25 11/24/21	11/24/21	SMYER
42013098		30.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	4.49 11/24/21	11/24/21	HERRELL
42013112		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 11/24/21	11/24/21	SMYER
42013110		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 11/24/21	11/24/21	SMYER
42013114		30.0	Potassium Micro 10meq Tab	63304-0076-10	No	7.14 11/24/21	11/24/21	SMYER
42013097		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01 11/24/21	11/24/21	HERRELL
42013115		30.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.70 11/24/21	11/24/21	SMYER
42013108		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79 11/24/21	11/24/21	SMYER
						512.97		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
✓			0083653 Sierra					
41860365		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55 11/16/21	11/16/21	HERRELL
						7.55		
✓			0083955 Sierra					
41786352		15.0	Acetic Acid 2% Otic Sol	60432-0741-16	Yes	20.95 11/10/21	11/10/21	SMYER
41800551		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/11/21	11/11/21	HERRELL
41681042		60.0	Naproxen 500mg Tablet	68462-0190-05	Yes	7.20 11/04/21	11/04/21	SMYER
						34.28		
✓			0082867 Sierra					
41597773		14.0	Amox/Clav 875mg/125mg Tab	65862-0503-01	Yes	9.89 11/01/21	11/01/21	SMYER
						9.89		
✓			080054 Sierra					
41235093		90.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	5.50 11/04/21	11/04/21	DULANTO
						5.50		
✓			59988 Sierra					
41815131		14.0	MetroNIDazole 500mg Tab	70518-3110-01	Yes	5.73 11/12/21	11/12/21	SMYER
41865476		7.0	Miconazole 100mg Vag Sup	61269-0736-07	Yes	10.03 11/16/21	11/16/21	SMYER
						15.76		
✓			0083080 Sierra					
41167471		120.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	5.42 11/04/21	11/04/21	SMYER
40494802		30.0	buPROPion-XL 150mg Tablet	16729-0443-16	No	7.85 11/04/21	11/04/21	DULANTO
40292120		180.0	Gabapentin 300mg Capsule	67877-0223-10	No	12.31 11/03/21	11/03/21	SMYER
41109365		60.0	Magnesium Oxide 400mg Tab	10006-0730-38	Yes	5.33 11/04/21	11/04/21	SMYER
41109364		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18 11/04/21	11/04/21	SMYER
41109371		30.0	Tamsulosin 0.4mg Capsule	33342-0159-15	Yes	6.12 11/04/21	11/04/21	SMYER
						42.21		
✓			0083720 Sierra					
41779955		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/10/21	11/10/21	DULANTO
41862355		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23 11/16/21	11/16/21	HERRELL
41779952		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 11/10/21	11/10/21	DULANTO
						19.68		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	0083564	Sierra					
41741370		30.0	Aripiprazole 2mg Tablet	67877-0430-05	Yes	4.71 11/09/21	11/09/21	HERRELL
41807678		20.0	Chlorpheniramine 4mg Tab	69618-0022-10	Yes	4.09 11/12/21	11/12/21	SMYER
						8.80		
	✓	- 0083997	Sierra					
41960709		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57 11/22/21	11/22/21	HERRELL
						5.57		
	✓	1070718	Sierra					
41863202		30.0	Aripiprazole 5mg Tablet	27241-0052-08	Yes	5.84 11/16/21	11/16/21	HERRELL
41863208		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57 11/16/21	11/16/21	HERRELL
41709846		30.0	Lithium Carb -150mg- Cap	00054-2526-25	Yes	5.30 11/06/21	11/06/21	HERRELL
41710610		30.0	Lithium Carb 300mg Caps	31722-0545-10	Yes	4.95 11/06/21	11/06/21	HERRELL
41709845		30.0	risperiDONE 0.5mg Tablet	27241-0003-50	Yes	4.61 11/06/21	11/06/21	HERRELL
41709843		30.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	4.71 11/06/21	11/06/21	HERRELL
						30.98		
	✓	0076710	Sierra					
41594738		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 11/01/21	11/01/21	SMYER
						24.61		
		- 0083989						
41837550		10.0	Lantus (insulin Glargin)	00088-2220-33	Yes	100.00 11/14/21	11/14/21	SMYER
41864119		10.0	Lantus (insulin Glargin)	00088-2220-33	Yes	100.00 11/16/21	11/16/21	SMYER
						200.00		
	✓	- 0083134	Sierra					
41807777		30.0	Atorvastatin 20mg Tablet	62175-0891-43	Yes	4.93 11/29/21	11/29/21	SMYER
42029679		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88 11/24/21	11/24/21	HERRELL
42029143		120.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	23.42 11/13/21	11/13/21	SMYER
42029640		60.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	6.43 11/24/21	11/24/21	HERRELL
40372080		60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92 11/11/21	11/11/21	DULANTO
						46.58		

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DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 12/10/2021 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 11/1/2021 - 11/30/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Page 8
 10:08:08 AM

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			- . 0083722 Sierra					
41862158		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57 11/16/21	11/16/21	HERRELL
41862156		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 11/16/21	11/16/21	HERRELL
						11.70		
			0069785 Sierra					
41960691	W	30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 11/22/21	11/22/21	SMYER
						5.09		
						1994.04		
			LUNA COUNTY DETENTION					
			Grand Total			1994.04		

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