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

1712 Date
Truth or Consequences, New Mexico 87901

Charlene Webb 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
Chairman
575-894-6215

Glenn Hamilton
County Sheriff
575-894-9150

BOARD OF COUNTY COMMISSIONERS
SIERRA COUNTY, NEW NEXICO
Resolution No. 110-063

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 25227.23 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 $ 25227.23

to be deducted from the proper funds appropriated in the 2021-2022PY Budget. March 15 2022

Board of County Commissioners
Sierra County, NM

James E. Paxon
JAMES PAXON, CHAIRMAN

TRAVIS DAY, VICE-CHAIRMAN

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

William Hopkins
WILLIAM HOPKINS, COMMISSIONER

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO. 110-063

CLAIMS APPROVED FOR PAYMENT	14	$ 25227.23
LUNA COUNTY	1	$ 2796.45
COUNTY OF SOCORRO	1	$309.00
APP OF NEW MEXICO	1	$ 1488.00
MIMBRES MEMORIAL	2	$ 18637.62
TRICORE LABS	2	$ 340.12
MIMBRES INTERNAL MEDICINE	1	$ 18.00
CONCORD RADIOLOGY	3	$ 838.00
PATHOLOGY CONSULTANTS	1	$ 430.00
DEMING CLINIC	2	$ 370.04

Total $ 25277.23

IHC NUMBER	PROVIDER	AMT BILLED	AMT PAID	DATE
				15-Mar-22
D2022-004	TRICORE LABS	125	125	
D2022-001	MIMBRES INTERANAL MEDICINE	18	18	
D2022-002	MIMBRES MEMORIAL	23346.5	17976.8	
C2020-026	CONCORRD RADIOLOGY	29	29	
D2021-024	MIMBRES MEMORIAL	858.22	660.82	
D2021-016	PATHOLOGY CONSULTANTS	430	430	
D2021-016	CONCORRD RADIOLOGY	150	150	
D2022-002	CONCORRD RADIOLOGY	659	659	
D2021-016	DEMING CLINIC	93	93	
D2021-016	DEMING CLINIC	277.04	277.04	
D2020-006	APP OF NEW MEXICO	1488	1488	
D2022-003	TRICORE LABS	215.12	215.12	
	LUNA COUNTY DETENTION	2796.45	2796.45	PRESCRIPTIONS
	COUNTY OF SOCORRO	309	309	PRESCRIPTIONS
	TOTAL		25227.23	

TRICORE

Enroll and Pay in Paperless Billing:
https://pay.instamed.com/tricore
Enter Enrollment Code: **QCQZ5FSE**

Summary (as of 1/28/2022)

Total Charges:	$224.95
Insurance & Adjustments:	- $99.95
Previously Paid:	- $0.00

Total Balance
Payable Upon Receipt **$125.00**

Final Statement

TriCore offers a discount on many services for patients who do not have health insurance. Patients must contact our Business Office at (505) 247-0244 or Toll Free at (877) 267-2428. Office Hours are 8:00 AM to 4:45 PM M-F.

DATE	DESCRIPTION	CHARGE	PAYMENTS/ ADJUSTMENTS	TOTAL
Patient: MICHAEL NETHERTON | Account #: 338L34304 | Lab tests requested by: SMYER,JENIFER				
2/1/2021	BILL ONLY COV3	$100.00		
2/1/2021	BILL ONLY COV25	$25.00		
2/1/2021	PIUH WITHHOLDING			
	(11/19/2021,PIUH,10,4,2021111711700804,)	$99.95		
	Insurance Paid		(- $125.00)	
		$224.95	- $99.95	**$125.00**

This bill is for laboratory services requested by your doctor. It represents a summary of charges for services and any insurance remittances processed. If you feel your insurance payment is not correct, please contact your insurance carrier.

Total Balance
Payable Upon Receipt **$125.00**

NOTICE: TriCore will bill only primary commercial health insurance companies for our patients (this does not pertain to patients with Medicare, Medicaid or other government coverage).

Detach this coupon and return with your payment ☐ Check if address/Insurance changes are on back.

TRICORE
PO BOX 26688
ALBUQUERQUE, NM 87125-6688

Enroll and Pay in Paperless Billing:
https://pay.instamed.com/tricore
Pay by Phone: (505) 247-0244
Toll Free: (877) 267-2428

ISF0128B *** 7000001636 00.0005.0079 1211/1
1211 1 MB 0.485 *** AUTO MIXED AADC 604

1700 4TH ST NE
DEMING NM 88030-8968

D2022-004

IF PAYING BY DEBIT/CREDIT CARD		
Card Number		Card Type (Circle One) VISA
Name on Card	Exp Date	CVN
Signature	Zip Code	

STATEMENT DATE	ACCOUNT #	DUE DATE
1/28/2022	338L34304	UPON RECEIPT
AMOUNT DUE	**SHOW AMOUNT PAID HERE**	
$125.00		

PLEASE MAKE CHECKS PAYABLE TO:

TRICORE REFERENCE LABORATORIES
PO BOX 27561
DEPT #30775
ALBUQUERQUE, NM 87125

S0201202100000000000338L343040000000125007

SIERRA COUNTY INDIGENT

855 VAN PATTEN
TRUTH OR CONSEQUENCES, NM 87901

FEB 10 2022

COUNTY of SIERRA

HEALTH INSURANCE CLAIM FORM

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

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
[ ] (Medicare#) [ ] (Medicaid#) [ ] (ID#/DoD#) [ ] (Member ID#) [ ] (ID#) [ ] (ID#) [X] (ID#)	585726329
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [illegible] S D2022-001	3. PATIENT'S BIRTH DATE MM DD YY 09191956 SEX M [X] F [ ]
4. INSURED'S NAME (Last Name, First Name, Middle Initial) [illegible]	
5. PATIENT'S ADDRESS (No., Street) 1250 LA FONDA DR	6. PATIENT RELATIONSHIP TO INSURED Self [X] Spouse [ ] Child [ ] Other [ ]
7. INSURED'S ADDRESS (No., Street) 1250 LA FONDA DR	
CITY TRUTH OR CONSEQUENCES STATE NM	8. RESERVED FOR NUCC USE
CITY TRUTH OR CONSEQUENCES STATE NM	
ZIP CODE 87901 TELEPHONE (Include Area Code) (5752888778	
ZIP CODE 87901 TELEPHONE (Include Area Code) (5752888778	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) GARNER, CHARLES	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER 10633168000	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO
a. INSURED'S DATE OF BIRTH MM DD YY 09191956 SEX 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	
d. INSURANCE PLAN NAME OR PROGRAM NAME PRESBYTERIAN HEALTH PLAN	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] YES [ ] 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 02032022

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 QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN BASSAM AL HOMSI	17a. 17b. NPI 1629021233	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? [ ] YES [X] NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind 0 A. R06.02 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN OR SUPPLIER INFORMATION

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 12082021 12082021	22		93010		A	18.00	1		NPI	1629021233
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
742859527 [ ] [X]	11663679B	[X] YES [ ] NO	$ 18.00	$ 9.79	

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 # (5756478366
BASSAM AL HOMSI MD 02032022 SIGNED DATE	MIMBRES MEMORIAL HOSPITAL 900 W ASH ST DEMING, NM 88030-4000 a. 1881665594 b.	MIMBRES INTERNAL MEDICINE 122 S GOLD STE 3 DEMING, NM 88030-3755 a. 1083728109 b.

PAGE: 1 CLINIC # 314296 (C980) ADVANCED MD REPORT NO: CPX425.01
PRESBYTERIAN INSURANCE COMPANY INC. PROVIDER REMITTANCE DATA REPORT DATE: 02/02/2022
ADMINISTERED BY PRESBYTERIAN INSURANCE PRESBYTERIAN HEALTH PLAN 5242 PRINT DATE: 02/02/2022
ALBUQUERQUE, NM 87125 CARRIER RUN DATE: 02/02/2022 PROVIDER: 1083728109742859527 PRINT TIME: 17:53:15
REMITTANCE NOTICE
MIMBRES INTERNAL MED DATE: 02/02/2022
122 S GOLD AVE STE 3 CHECK/EFT #: 214840217
DEMING, NM 88030

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME [redacted]	HIC 11664125A			ACNT 11664125A						ICN 20220125002452		
1629021233 1206 120621			1	93010		18.00	9.38	0.00	0.00	CO-45	8.62	9.38
PT RESP	CLM STATUS 1			CLAIM TOTALS		18.00	9.38	0.00	0.00		8.62	9.38
BILL TYPE 22	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	9.38

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	18.00	9.38	.00	.00	8.62	9.38	.00	9.38

GLOSSARY: CLAIM ADJUSTMENT REASON CODES

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement

PAGE: 2 CLINIC # 314296 (C980) ADVANCED MD REPORT NO: CPX425.01
PRESBYTERIAN HEALTH PLAN INC PROVIDER REMITTANCE DATA REPORT DATE: 02/02/2022
PO BOX 27489 PRESBYTERIAN HEALTH PLAN 5242 PRINT DATE: 02/02/2022
ALBUQUERQUE, NM 87125 CARRIER RUN DATE: 02/02/2022 PROVIDER: 1083728109742859527 PRINT TIME: 17:53:15
REMITTANCE NOTICE
MIMBRES INTERNAL MED DATE: 02/02/2022
122 S GOLD AVE CHECK/EFT #: 215127252
DEMING, NM 880303755

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME [redacted] ROGER S	HIC 10534347600			ACNT 11660887A						ICN 22E037312800		
1235193228 0119 011922			1	99213	25	120.00		0.00	0.00	OA-197	120.00	0.00
0119 011922			1	17003		20.00		0.00	0.00	OA-197	20.00	0.00
0119 011922			1	17000		108.00		0.00	0.00	OA-197	108.00	0.00
PT RESP	CLM STATUS 1			CLAIM TOTALS		248.00	0.00	0.00	0.00		248.00	0.00
BILL TYPE 11	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	0.00
NAME [redacted] MARTHA	HIC 10630316100			ACNT 11659360A						ICN 22E046586600		
1629021233 0114 011422			1	99214		200.00	124.31	124.31	0.00	PR-1	124.31	0.00
										CO-45	75.69	
PT RESP	124.31 CLM STATUS 1			CLAIM TOTALS		200.00	124.31	124.31	0.00		75.69	0.00
BILL TYPE 11	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	0.00
NAME [redacted] ANGIE	HIC 10629844200			ACNT 11663668A						ICN 22E046791500		
1629021233 1210 121021			1	93010		18.00	8.21	0.00	1.64	PR-2	1.64	6.57
										CO-45	9.79	
PT RESP	1.64 CLM STATUS 1			CLAIM TOTALS		18.00	8.21	0.00	1.64		9.79	6.57
BILL TYPE 22	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	6.57
NAME [redacted] H	HIC 10629511300			ACNT 11664110A						ICN 22E047381500		
1629021233 1111 111121			1	93010		18.00	8.21	0.00	1.64	PR-2	1.64	6.57
REM: N782										CO-45	9.79	
PT RESP	1.64 CLM STATUS 1			CLAIM TOTALS		18.00	8.21	0.00	1.64		9.79	6.57
BILL TYPE 22	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	6.57
NAME [redacted] LEE A	HIC 10634116900			ACNT 2423880A						ICN 22E047381600		
1235193228 0124 012422			1	99213		120.00	88.09	88.09	0.00	PR-1	88.09	0.00
										CO-45	31.91	
PT RESP	88.09 CLM STATUS 1			CLAIM TOTALS		120.00	88.09	88.09	0.00		31.91	0.00
BILL TYPE 11	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	0.00
NAME [redacted]	DHIC 10633168000			ACNT 11663679A						ICN 22E047390300		
1629021233 1208 120821			1	93010		18.00	8.21	8.21	0.00	PR-1	8.21	0.00
										CO-45	9.79	
PT RESP	8.21 CLM STATUS 1			CLAIM TOTALS		18.00	8.21	8.21	0.00		9.79	0.00
BILL TYPE 22	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	0.00
NAME [redacted] MARGARET F	HIC 10590730400			ACNT 11660416A						ICN 22E047420100		
1235193228 0124 012422			1	99213		120.00	88.09	0.00	0.00	PR-3	10.00	78.09
										CO-45	31.91	
PT RESP	10.00 CLM STATUS 1			CLAIM TOTALS		120.00	88.09	0.00	0.00		41.91	78.09
BILL TYPE 11	DRG CD			ADJ TO TOTALS:		INTEREST	0.00		LATE FILING CHARGE	0.00	NET	78.09

PAGE: 3 CLINIC # 314296 (C980) ADVANCED MD REPORT NO: CPX425.01
PRESBYTERIAN HEALTH PLAN INC PROVIDER REMITTANCE DATA REPORT DATE: 02/02/2022
PO BOX 27489 PRESBYTERIAN HEALTH PLAN 5242 PRINT DATE: 02/02/2022
ALBUQUERQUE, NM 87125 CARRIER RUN DATE: 02/02/2022 PROVIDER: 1083728109742859527 PRINT TIME: 17:53:15
REMITTANCE NOTICE

MIMBRES INTERNAL MED
122 S GOLD AVE
DEMING, NM 880303755

DATE: 02/02/2022
CHECK/EFT #: 215127252

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME [redacted]		HIC 10629473000			ACNT 11663987A					ICN 22E050339700		
1427419357	0124 012422		1	99214		200.00	105.66	105.66	0.00	PR-1	105.66	0.00
										CO-45	94.34	
PT RESP	105.66	CLM STATUS 1		CLAIM TOTALS		200.00	105.66	105.66	0.00		94.34	0.00
BILL TYPE 11	DRG CD	ADJ TO TOTALS:		INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
NAME [redacted]		HIC 10630549900			ACNT 2417296A					ICN 22F002653800		
1568015873	1203 120321		1	99214 25		200.00	106.96	0.00	21.39	PR-2	21.39	85.57
										CO-45	93.04	
	1203 120321		1	J1100		2.00	0.12	0.00	0.02	PR-2	0.02	0.10
										CO-45	1.88	
	1203 120321		1	96372		35.00	11.50	0.00	2.30	PR-2	2.30	9.20
										CO-45	23.50	
PT RESP	23.71	CLM STATUS 1		CLAIM TOTALS		237.00	118.58	0.00	23.71		118.42	94.87
BILL TYPE 11	DRG CD	ADJ TO TOTALS:		INTEREST		0.00		LATE FILING CHARGE		0.00	NET	94.87

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	9	1,179.00	549.36	326.27	26.99	639.64	186.10	.00	186.10

GLOSSARY: CLAIM ADJUSTMENT REASON CODES

197 Precertification/authorization/notification absent.
1 Deductible Amount
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement
2 Coinsurance Amount
3 Co-payment Amount

GLOSSARY: REMITTANCE ADVICE REMARK CODES

N782 Alert: No coinsurance may be collected as patient is a Medicaid/Qualified Medicare Beneficiary. Review your records for any wrongfully collected coinsurance.

PAGE: 4 CLINIC # 314296 (C980) ADVANCED MD
PRESBYTERIAN HEALTH PLAN CENTENNIAL CA PROVIDER REMITTANCE DATA
PO BOX 27489 PRESBYTERIAN HEALTH PLAN 5242
ALBUQUERQUE, NM 87125 CARRIER RUN DATE: 02/02/2022 PROVIDER: 1083728109742859527

REPORT NO: CPX425.01
REPORT DATE: 02/02/2022
PRINT DATE: 02/02/2022
PRINT TIME: 17:53:15

REMITTANCE NOTICE

MIMBRES INTERNAL MED
122 S GOLD AVE
DEMING, NM 880303755

DATE: 02/02/2022
CHECK/EFT #: 215142699

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME [redacted]		HIC 10561970700			ACNT 2417296A					ICN 22E002653800		
1568015873	1203 120321		1	99214 25		200.00	17.47	0.00	0.00	CO-45	182.53	17.47
										CO-23	-85.57	
										OA-23	85.57	
	1203 120321		1	J1100		2.00	0.02	0.00	0.00	CO-45	1.98	0.02
										CO-23	-0.10	
										OA-23	0.10	
	1203 120321		1	96372		35.00	2.30	0.00	0.00	CO-45	32.70	2.30
										CO-23	-9.20	
										OA-23	9.20	
PT RESP		CLM STATUS 2		CLAIM TOTALS		237.00	19.79	0.00	0.00		217.21	19.79
BILL TYPE 11	DRG CD	ADJ TO TOTALS:		INTEREST		0.00		LATE FILING CHARGE		0.00	NET	19.79
NAME [redacted]		HIC 10633728300			ACNT 2406137A					ICN 22E003364300		
1629021233	1108 110821		1	99213		120.00		0.00	0.00	OA-16	120.00	0.00
REM: MA04												
PT RESP		CLM STATUS 2		CLAIM TOTALS		120.00	0.00	0.00	0.00		120.00	0.00
BILL TYPE 11	DRG CD	ADJ TO TOTALS:		INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
NAME [redacted]		HIC 10633728300			ACNT 2409398A					ICN 22E003730100		
1629021233	1110 111021		1	99213		120.00		0.00	0.00	OA-16	120.00	0.00
REM: MA04												
PT RESP		CLM STATUS 2		CLAIM TOTALS		120.00	0.00	0.00	0.00		120.00	0.00
BILL TYPE 11	DRG CD	ADJ TO TOTALS:		INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
NAME [redacted]		HIC 10608034200			ACNT 2395906B					ICN 22E003791500		
1629021233	1005 100521		1	99215		260.00		0.00	0.00	OA-16	260.00	0.00
REM: MA04												
PT RESP		CLM STATUS 2		CLAIM TOTALS		260.00	0.00	0.00	0.00		260.00	0.00
BILL TYPE 11	DRG CD	ADJ TO TOTALS:		INTEREST		0.00		LATE FILING CHARGE		0.00	NET	0.00
NAME [redacted]		HIC 10608079900			ACNT 2389164A					ICN 22E005250200		
1629021233	0917 091721		1	99214		200.00	2.37	0.00	0.00	CO-45	197.63	2.37

MIMBRES MEMORIAL HOSPITA 900 W ASH STREET DEMING NM 88030-4000	MIMBRES MEMORIAL HOSPITAL PO BOX 844814 DALLAS, TX 75284-4814	3a PAT CNTL # 074016901 b MED REC # 000402934	4 TYPE OF BILL 0131
		5 FED TAX NO 850438008	6 STATEMENT COVERS PERIOD FROM 120721 THROUGH 120721

8 PATIENT NAME: a [redacted] b [redacted] C D2022-002

9 PATIENT ADDRESS: a 1700 4TH ST b DEMING c NM d 88030

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
11151980	M			1	1		01													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a														
b														

38 ## LUNA COUNTY
1700 4TH ST NE
DEMING, NM 88030-8968

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	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
0250	N467457019602ML2.000		120721	2	73 72	
0250	N454643564901ML10.000		120721	1	35 19	
0250	N400641604425ML6.000		120721	3	10 59	
0250	N451079014101UN2.000		120721	2	5 52	
0258	N400338004904ML2000.000		120721	2	98 52	
0300	LAB	C9803	120721	1	103 36	
0300	LAB	36415	120721	1	35 68	
0301	LAB/CHEMISTRY	80053	120721	1	390 94	
0301	LAB/CHEMISTRY	84484	120721	1	249 77	
0301	LAB/CHEMISTRY	82553	120721	1	207 88	
0301	LAB/CHEMISTRY	83735	120721	1	145 82	
0301	LAB/CHEMISTRY	83690	120721	1	144 25	
0301	LAB/CHEMISTRY	82550	120721	1	44 98	
0305	LAB/HEMOTOLOGY	85025	120721	1	94 62	
0306	LAB/BACT-MICRO	0241U	120721	1	589 68	
0306	LAB/BACT-MICRO	U0005	120721	1	25 00	
0351	CT SCAN/HEAD	70450	120721	1	4063 00	
0352	CT SCAN/BODY	74176	120721	1	8792 36	
0352	CT SCAN/BODY	71250	120721	1	3708 72	
0450	EMERG ROOM	9928525	120721	1	2001 95	
0450	EMERG ROOM	96365	120721	1	781 58	
0450	EMERG ROOM	96361	120721	3	412 17	
	PAGE 1 OF 2	CREATION DATE	122121	TOTALS		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	57 OTHER PRV ID
LUNA COUNTY		Y	Y			1891075446	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted]	18	0084048		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX: F1020 F32A Z79899 0

67 ADMIT DX | 70 PATIENT REASON DX: R251 | 71 PPS CODE | 72 ECI: Y909 | 73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING NPI 1184803934 QUAL
LAST CASHIN FIRST BRIAN V
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS

81 CC: a B3282N00000X b c d

APPROVED OMB NO 0938-0997

NUBC TFP243/4587

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

MIMBRES MEMORIAL HOSPITA 900 W ASH STREET DEMING NM 88030-4000	MIMBRES MEMORIAL HOSPITAL PO BOX 844814 DALLAS, TX 75284-4814	3a PAT. CNTL # 074016901 b. MED REC. # 000402934	4. TYPE OF BILL 0131
		5 FED. TAX NO 850438008	6 STATEMENT COVERS PERIOD FROM 120721 THROUGH 120721

8 PATIENT NAME a D2022-002

9 PATIENT ADDRESS a 1700 4TH ST b DEMING c NM d 88030

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
11151980	M			1	1		01													

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37

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

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
0450	EMERG ROOM	96375	120721	1	342 78	
0450	EMERG ROOM	96374XU	120721	1	286 63	
0730	EKG/ECG	93005	120721	1	701 79	
0001	PAGE 2 OF 2	CREATION DATE	122121	TOTALS	23346 50	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI 1891075446
LUNA COUNTY		Y	Y			57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
C	18	0084048		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX														66
	F1020	F32A	Z79899											
0														

69 ADMIT DX | 70 PATIENT REASON DX R251 | 71 PPS CODE | 72 ECI Y909 | 73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75

c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

80 REMARKS

a1 CC	a2
a	B3282N00000X
b	
c	
d	

76 ATTENDING NPI 1184803934 QUAL | LAST CASHIN | FIRST BRIAN V
77 OPERATING NPI QUAL | LAST | FIRST
78 OTHER NPI QUAL | LAST | FIRST
79 OTHER NPI QUAL | LAST | FIRST

FORM CMS-1450 APPROVED OMB NO. 0938-0997 NUBC TFP2439458 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

CONCORD RADIOLOGY

CONCORD RADIOLOGY
PO Box 1259 Dept. #165957
Oaks, PA 19456

January 4, 2022

: D2020-026

1700 4TH ST NE
DEMING, NM 88030

EZ Ways To Pay...

Online
www.mydocbill.com/cmgr

Automated Attendant
866.202.9467 (24 hours a day)

*For **Payments** Please Call: 866.202.9483 For **Billing Questions** Please Call: 866.202.9467*
Live Agent Chat - During normal business hours

Account Number	Amount Due	Statement Date	Date Due
32617-QCMGR	$29.00	01/04/22	Upon Receipt

FINAL NOTICE FINAL NOTICE FINAL NOTICE

Dear: CHRISTOVAL D. LOPEZ

Our records indicate you have not responded to our initial notice and your account is still outstanding. If you have made a payment within the last 10 days please disregard this notice.

This is the final notice you will receive before your account is referred to a licensed collections agency.

You can resolve your outstanding balance through the following methods: visit our website @ www.mydocbill.com/cmgr, call our Automated Phone System 24/7 or utilize our Call Center at 866-202-9467 during standard business hours.

Once the account has been sent to the collection agency, payment arrangements and any other communication will need to be handled with the agency.

Date of Service	Date of Filing	Ref. NO.	Service	Amount	Payments	Balance
06/18/2021	08/26/2021	322803	US EXAM OF HEAD AND NECK	99.00	0.00	29.00
Totals	**Location of Services: MIMBRES MEMORIAL HOSPITAL OP**			**99.00**	**0.00**	**29.00**

1 of 1

CONCORD RADIOLOGY
PO Box 1259 Dept. #165957
Oaks, PA 19456

Amount Due!

101959

Statement Date	Amount Due	Account No.
01/04/22	$29.00	32617-QCMGR

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

SHOW AMOUNT PAID HERE $

Patient Name: CHRISTOVAL D. LOPEZ
Invoice #: 9253930
Billing Questions: 866.202.9467

156286 - 8

1700 4TH ST NE
DEMING NM 88030-8968

0067 003580

MAKE CHECKS PAYABLE / REMIT TO:

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

092539300000290000000032617CMGR5

Pay Online: www.mydocbill.com/cmgr

156286-1-SWR2-8

MIMBRES MEMORIAL HOSPITAL 900 W ASH STREET DEMING NM 880304000 5755462761 5755464510	MIMBRES MEMORIAL HOSPITAL PO BOX 844814 DALLAS TX 75284-4814	3a PAT CNTL # 073792601 b MED REC # 000402782 5 FED TAX NO 0000	TYPE OF BILL 0131 6 STATEMENT COVERS PERIOD FROM 850438008 112021 THROUGH 112021

8 PATIENT NAME a [redacted]
b [redacted]

9 PATIENT ADDRESS a 335 ANNIE MORGAN #C
b CHEYENNE c WY d 82001 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
01021991	M			1	1		01													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

13 : D2021-024
335 ANNIE MORGAN #C

CHEYENNE WY 82001

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT

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 013122	TOTALS		85822	000	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI
SIERRA COUNTY DETENTION	999990000	Y	Y	000	000	1891075446

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted]	18	585894493		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX Z139 F17200 Z79891
0

69 ADMIT DX | 70 PATIENT REASON DX Z0289 | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING NPI 1255317368 QUAL
LAST HOCHHAUSER FIRST DAVID M
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
SIERRA COUNTY DETENTION
855 VAN PATTEN
T OR C NM 87901

81CC a B3282N00000X
b
c
d

PATHOLOGY CONSULTANTS OF NEW MEXICO

Patient Name: [redacted] D2021-016

Patient Account Number: 001182982

Summary (as of 12/3/2021)	
Total Charges:	$430.00
Insurance & Adjustments:	- $0.00
Previously Paid:	- $0.00
Total Balance	**$430.00** Due Upon Receipt

Your Statement

Thank you for choosing PATHOLOGY CONSULTANTS OF NEW MEXICO for your laboratory services. Insurance has processed your claim and the balance is now your responsibility. The outstanding balance is now due. Please pay this amount in full. If you have questions please call our Customer Service Department at (575) 625-3777.

Download **InstaMed®** to take a picture of this bill and pay in a snap!

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pay.instamed.com/pathologyconsult
Enter Code: **QMBUC684**

Make Payments Securely

Set Up Automatic Payments

Enroll in eStatements

InstaMed

Contact Information

Our patient advocate team is here to serve you
Monday- Friday, 8 a.m.- 5p.m.
Email: patient@pcnm.com or call us at
(575) 625-3777.

Financial Assistance

Payment is due in full at time of receipt. If you are facing financial hardship, please contact our office to make arrangements. If you have medical coverage and believe you received this bill in error, it is your responsibility to contact our office to update the information upon receipt of this bill.

Detach this coupon and return with your payment ☐ Check if address/Insurance changes are on back

PATHOLOGY CONSULTANTS OF NEW MEXICO

PO BOX 2208
ROSWELL, NM 88202

Pay and Enroll in Paperless Billing:
https://pay.instamed.com/pathologyconsult
Pay by Phone: (575) 625-3777

ISB1203E *** 7000004394 00.0012.0281 3044/1
3044 1 AB 0.461 *** AUTO ALL FOR AADC 798

1700 4TH ST NE
DEMING NM 88030-8968

IF PAYING BY DEBIT/CREDIT CARD

Card Number | Card Type (Circle One) VISA MC DISC AMEX

Name on Card | Exp Date | CVN

Signature | Zip Code

STATEMENT DATE	PATIENT ACCOUNT NO.	DUE DATE
12/3/2021	001182982	Due Upon Receipt
AMOUNT DUE	**SHOW AMOUNT PAID HERE**	
$430.00		

PLEASE MAKE CHECKS PAYABLE TO:

PATHOLOGY CONSULTANTS OF NEW MEXICO
PO BOX 2208
ROSWELL, NM 88202

PATHOLOGY™ CONSULTANTS OF NEW MEXICO

FOCUSED ON PRECISION

Patient Name: I

Patient Account Number: 001182982

DATE	DESCRIPTION	CHARGE	PAYMENTS / ADJUSTMENTS	TOTAL
Patient: TINA ARVIZU | Patient ID: *001182982* **- (at PATHOLOGY CONSULTANTS OF NEW MEXICO)**				
7/19/2021	SOLIS, JAIME, 87491 - CHLYMD TRACH DNA TINA ARVIZ	$190.00		
7/19/2021	SOLIS, JAIME, 87591 - N. GONORRHOEAE DNA TINA ARVIZ	$190.00		
7/19/2021	SOLIS, JAIME, 99000 - SPECIMEN PREP TINA ARVIZ	$50.00		
		$430.00	$0.00	**$430.00**

Total Balance
Payable Upon Receipt

$430.00

TOTAL BALANCE
$430.00

90+ Days
$430.00

If any of the following has changed since your last statement, please indicate

Your Name (Last, First, Middle Initial) | Date of Birth

Address

City | State | Zip

Telephone | Social Security #

Employer's Name | Telephone

Employer's Address

City | State | Zip

Please Indicate If Applicable: ☐ **Auto Accident** ☐ **Worker's Compensation**

Date of Injury

Your **PRIMARY** Insurance Company's Name

Primary Insurance Company's Address

City | State | Zip

Policyholder Name | **Date of Birth** | Sex

Policyholder's ID Number | Group Plan Number

Your SECONDARY Insurance Company's Name

Secondary Insurance Company's Address

City | State | Zip

Policyholder Name | Date of Birth | Sex

Policyholder's ID Number | Group Plan Number

CONCORD RADIOLOGY

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

November 30, 2021

[redacted] D2021-016
1700 4TH ST NE
DEMING, NM 88030

EZ Ways To Pay...

Online
www.mydocbill.com/cmgr

Automated Attendant
866.202.9467 (24 hours a day)

*For **Payments** Please Call: 866.202.9483 For **Billing Questions** Please Call: 866.202.9467*
Live Agent Chat - During normal business hours

Account Number	Amount Due	Statement Date	Date Due
121158-QCMGR	$150.00	11/30/21	Upon Receipt

FINAL NOTICE FINAL NOTICE FINAL NOTICE

Dear: OQUINN PERVIS

Our records indicate you have not responded to our initial notice and your account is still outstanding. If you have made a payment within the last 10 days please disregard this notice.

This is the final notice you will receive before your account is referred to a licensed collections agency.

You can resolve your outstanding balance through the following methods: visit our website @ www.mydocbill.com/cmgr, call our Automated Phone System 24/7 or utilize our Call Center at 866-202-9467 during standard business hours.

Once the account has been sent to the collection agency, payment arrangements and any other communication will need to be handled with the agency.

Date of Service	Date of Filing	Ref. NO.	Service	Amount	Payments	Balance
06/17/2021	07/15/2021	321972	CT MAXILLOFACIAL W/O DYE	150.00	0.00	150.00
Totals	**Location of Services: MIMBRES MEMORIAL HOSPITAL OP**			**150.00**	**0.00**	**150.00**

1 of 1

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

10/1/20 - 7/9/21 Sierra

Amount Due!

101959

Statement Date	Amount Due	Account No.
11/30/21	$150.00	121158-QCMGR

CREDITS MADE AFTER STATEMENT DATE APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE $

Patient Name: OQUINN PERVIS
Invoice #: 9244155
Billing Questions: 866.202.9467

1562

[redacted]
1700 4TH ST NE
DEMING NM 88030-8968

0005 032451

MAKE CHECKS PAYABLE / REMIT TO: [redacted]

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

092441550001500000000121158CMGR2

Pay Online: www.mydocbill.com/cmgr

156286-1-SWR2-34

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

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 (ID#) FECA BLK LUNG (ID#) OTHER (ID#) X		1a. INSURED'S I.D. NUMBER (For Program in Item 1): 0084048
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): D2022-002	3. PATIENT'S BIRTH DATE MM DD YY: 11151980 SEX: M X F	4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME
5. PATIENT'S ADDRESS (No., Street): 1700 4TH ST	6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other	7. INSURED'S ADDRESS (No., Street): SAME
CITY: DEMING STATE: NM	8. RESERVED FOR NUCC USE	CITY STATE
ZIP CODE: 88030 TELEPHONE (Include Area Code): (575) 543-6714		ZIP 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 X NO	a. INSURED'S DATE OF BIRTH MM DD YY: 11151980 SEX: 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 COUNTY INMATES
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: 121321

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 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 BRIAN CASHIN	17a 17b NPI: 1184803934	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES X NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind. 0 A R10.9 B R42. 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. #
1	12072021	12072021	22		74176	26	A	305.00	1.0		NPI	1396122149
2	12072021	12072021	22		71250	26	A	205.00	1.0		NPI	1396122149
3	12072021	12072021	22		70450	26	B	149.00	1.0		NPI	1396122149
4											NPI	
5											NPI	
6											NPI	

25. FEDERAL TAX I.D. NUMBER: 824944510 SSN EIN: X	26. PATIENT'S ACCOUNT NO.: Z8UH7TL	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES X NO	28. TOTAL CHARGE: $ 659.00	29. AMOUNT PAID: $ 0.00	30. Rsvd for NUCC Use: 659.00

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.): KEVIN TAYLOR MD SIGNED 121321 DATE	32. SERVICE FACILITY LOCATION INFORMATION: MIMBRES MEMORIAL HOSPITAL 900 W ASH STREET DEMING, NM 88030-4000 a 1891075446 b	33. BILLING PROVIDER INFO & PH #: (866) 282-7905 CONCORD RADIOLOGY PO BOX 4897 DEPT 313 HOUSTON, TX 77210-4897 a 1598260515 b

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

INVOICE

From:

DEMING CLINIC CORP
Tax ID: 850454692

Invoice ID: 59914C1596
Invoice Date: 11/01/2021

Total Due: $93.00

009478 2/4

To:

LUNA COUNTY DETENTION CENTER
1700 4TH ST NE
DEMING NM 880308968

Please return top portion with payment to:

DEMING CLINIC CORP
PO BOX 19072
BELFAST ME 049154085

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
, , , , , , 86645 308100V1596 08/05/2021 Sierra	D2021-016 GARY SMITH, MD 93970,26	05/28/1976 EXTREMITY STUDY	$93.00 **Patient Subtotal:** **$93.00**

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

Total Due: $93.00

INVOICE

From:

DEMING HOSPITAL CORPORATION DBA: MIMBRES MEMO
Tax ID: 850438008
Contract Number: 6552

Invoice ID: 59915C1596
Invoice Date: 11/01/2021

Total Due: $3,543.25

To:

LUNA COUNTY DETENTION CENTER
1700 4TH ST NE
DEMING NM 880308968

Please return top portion with payment to:

DEMING HOSPITAL CORPORATION DBA: MIMBRES MEMORIAL HOSPITAL
PO BOX 8565
BELFAST ME 049158565

Patient Name, Patient ID / Claim ID / Date	Provider Name / Procedure	DOB / Description	Amount
... N, 70592		07/02/1995	
305127V1596	JAIME SOLIS, MD		
07/16/2021	0502F,Q6	SUBSEQUENT PRENATAL CARE	$0.00
07/16/2021	82950,QW	GLUCOSE TEST	$19.00
07/16/2021	81002	URINALYSIS NONAUTO W/O SCOPE	$10.00
07/16/2021	1036F	TOBACCO NON-USER	$0.01
07/16/2021	1126F	AMNT PAIN NOTED NONE PRSNT	$0.01
07/16/2021	1160F	RVW MEDS BY RX/DR IN RCRD	$0.01
07/16/2021	3008F	BODY MASS INDEX DOCD	$0.01
07/16/2021	3074F	SYST BP LT 130 MM HG	$0.01
07/16/2021	3078F	DIAST BP <80 MM HG	$0.01
316989V1596	JAIME SOLIS, MD		
10/30/2021	59612	VBAC DELIVERY ONLY	$2,537.00
		Patient Subtotal:	**$2,566.06**
, 86130	D2021 - 016	05/28/1976	
304996V1596	JAIME SOLIS, MD		
07/19/2021	99203,Q6	OFFICE/OUTPATIENT VISIT NEW	$277.00
07/19/2021	1160F	RVW MEDS BY RX/DR IN RCRD	$0.01
07/19/2021	3008F	BODY MASS INDEX DOCD	$0.01
07/19/2021	3074F	SYST BP LT 130 MM HG	$0.01
07/19/2021	3079F	DIAST BP 80-89 MM HG	$0.01
		Patient Subtotal:	**$277.04**
	85363	11/23/1997	
300774V1596	ELIZABETH DONIGAN, CRNP		
06/04/2021	99203,25	OFFICE/OUTPATIENT VISIT NEW	$277.00
06/04/2021	81002	URINALYSIS NONAUTO W/O SCOPE	$10.00
06/04/2021	1036F	TOBACCO NON-USER	$0.01
06/04/2021	1160F	RVW MEDS BY RX/DR IN RCRD	$0.01
06/04/2021	3008F	BODY MASS INDEX DOCD	$0.01
06/04/2021	3074F	SYST BP LT 130 MM HG	$0.01
06/04/2021	3079F	DIAST BP 80-89 MM HG	$0.01
		Patient Subtotal:	**$287.05**

RECEIVED

FEB 15 2022

COUNTY of SIERRA

SIERRA CTY DETENTION
855 VAN PATTEN ST
TRUTH OR CONSE, NM 87901-3201

CARRIER

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 (ID#)	FECA BLKLUNG (ID#)	OTHER (ID#)
				X		

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 0077043

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [illegible] SANDRA D2020-006

3. PATIENT'S BIRTH DATE MM DD YY: 05 06 1978 SEX M [ ] F [X]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [illegible]A

5. PATIENT'S ADDRESS (No., Street): 855 VAN PATTEN ST

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

7. INSURED'S ADDRESS (No., Street): 855 VAN PATTEN ST

CITY: T OR C — STATE: NM

8. RESERVED FOR NUCC USE

CITY: T OR C — STATE: NM

ZIP CODE: 87901-3201 — TELEPHONE (Include Area Code): (575) 894 6215

ZIP CODE: 87901-3201 — TELEPHONE (Include Area Code): (575) 894 6215

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 [X]

a. INSURED'S DATE OF BIRTH MM DD YY: 05 06 1978 SEX M [ ] F [X]

b. RESERVED FOR NUCC USE:

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

b. OTHER CLAIM ID (Designated by NUCC):

c. RESERVED FOR NUCC USE:

C OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME: SIERRA CTY DETENTION

d. INSURANCE PLAN NAME OR PROGRAM NAME:

10d. CLAIM CODES (Designated by NUCC):

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: 12 08 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 JORGE PARTIDA MD

17a.

17b. NPI: 1851331847

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. S01.81XA B. W50.0XXA C. Y92.149 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. #
1 12 08 21	12 08 21	23	Y	99284	25	ABC	1000 00	1		NPI	1851331847
2 12 08 21	12 08 21	23	Y	12002		ABC	488 00	1		NPI	1851331847
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN: 475305721 [X]

26. PATIENT'S ACCOUNT NO.: 0104067519

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]

28. TOTAL CHARGE: $ 1488 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.)

JORGE PARTIDA MD

SIGNED SOF 01/28/22

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.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

COMMERCIAL INSURANCE CASE# 0039-0000740376 PHN# (888) 987-7983

TRICORE

Enroll and Pay in Paperless Billing:
https://pay.instamed.com/tricore
Enter Enrollment Code: **QHQGXBTX**

Summary (as of 1/24/2022)

Total Charges:	$215.12
Insurance & Adjustments:	- $0.00
Previously Paid:	- $0.00

Total Balance
Payable Upon Receipt **$215.12**

Final Statement

TriCore offers a discount on many services for patients who do not have health insurance. Patients must contact our Business Office at (505) 247-0244 or Toll Free at (877) 267-2428. Office Hours are 8:00 AM to 4:45 PM M-F.

DATE	DESCRIPTION	CHARGE	PAYMENTS/ ADJUSTMENTS	TOTAL
Patient: COTEY KRCMARIK | Account #: 347L290497 | Lab tests requested by: SMYER,JENIFER				
11/11/2021	COMPREHENS METABOL PANEL	$46.39		
11/11/2021	HEMOGLOBIN A1C	$41.34		
11/11/2021	LIPASE	$46.50		
11/11/2021	TSH	$58.22		

continue to back ▸

NOTICE: TriCore will bill only primary commercial health insurance companies for our patients (this does not pertain to patients with Medicare, Medicaid or other government coverage).

Detach this coupon and return with your payment ☐ Check if address/Insurance changes are on back

TRICORE
PO BOX 26688
ALBUQUERQUE, NM 87125-6688

Enroll and Pay in Paperless Billing:
https://pay.instamed.com/tricore
Pay by Phone: (505) 247-0244
Toll Free: (877) 267-2428

ISF0124D *** 7000001555 00.0004.0264 1195/1
1195 1 MB 0.485 *** AUTO MIXED AADC 604

1700 4TH ST NE
DEMING NM 88030-8968

D2022-003 Sierra

IF PAYING BY DEBIT/CREDIT CARD

Card Number	Card Type (Circle One)	
Name on Card	Exp Date	CVN
Signature	Zip Code	

STATEMENT DATE	ACCOUNT #	DUE DATE
1/24/2022	347L290497	UPON RECEIPT
AMOUNT DUE	**SHOW AMOUNT PAID HERE**	
$215.12		

PLEASE MAKE CHECKS PAYABLE TO:

TRICORE REFERENCE LABORATORIES
PO BOX 27561
DEPT #30775
ALBUQUERQUE, NM 87125

S1111202100000000003 47L290497000000215122

LUNA COUNTY DETENTION CENTER

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

DATE: February 14, 2022
INVOICE # DP372022

FOR: Medical billing for inmates for Sierra Inmates January 2022

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 01/1/2022 - 01/31/2022			$ 2,796.45
Back up Pharmacy Order			
		SUBTOTAL	$ 2,796.45

Gauadalupe Sandoval / Billing

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

Invoice

Diamond Drugs, Inc.

DBA Diamond Pharmacy Services/Diamond Medical Supply
645 Kolter Drive
Indiana, PA 15701
800-882-6337

Number: IN001204428
Date: 1/31/2022

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

Attn: Chris Brice NMLA

Sold 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		Net 30 days

Item No.	Description/Comments	Quantity	UOM	Unit Price	Amount
XCURMEDS	Current Medications JAN 2022	1.00000	EA	3,562.280000	3,562.28
XCURMEDS	Current Medications OTC	1.00000	EA	441.070000	441.07
XCURMEDS	Current Medications SIERRA	1.00000	EA	2,796.450000	2,796.45

Due Date	Amount Due	Disc. Date	Disc. Amount
3/2/2022	6,799.80		0.00

Payment on all invoices shall be by check or electronic fund transfer (EFT) within 30 days of receipt of invoice. Payments received after 30 days are subject to a Late Fee of 1.25% monthly. Credit or Purchase Card payments are subject to a 3% Convenience Fee. Payments returned for any reason are subject to a $35 Return Fee.

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	6,799.80
Total taxes	0.00
Total amount	6,799.80
Payment received	0.00
Discount taken	0.00
Amount due	6,799.80

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

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		0066438						
43112886		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 01/28/22	01/28/22	SMYER
42781638		60.0	BusPIRone 30mg Tablet	64380-0744-03	Yes	9.98 01/10/22	01/10/22	HERRELL
42781635		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03 01/10/22	01/10/22	HERRELL
42919516		30.0	Gabapentin 100mg Capsule	67877-0222-10	No	4.88 01/18/22	01/18/22	SMYER
42781629		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 01/10/22	01/10/22	HERRELL
42918850		60.0	Indomethacin 25mg Capsule	68462-0406-10	Yes	7.25 01/18/22	01/18/22	SMYER
42781625		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 01/10/22	01/10/22	HERRELL
42336242		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 01/04/22	01/04/22	HERRELL
42781633		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 01/10/22	01/10/22	HERRELL
42919138		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 01/18/22	01/18/22	SMYER
						86.06		
		- 0082747						
42772474		40.0	Clindamycin 300mg Capsule	42571-0252-01	Yes	18.84 01/09/22	01/09/22	SMYER
42772475		20.0	Doxycycline Hyc 100mg Cap	00143-9803-05	Yes	5.83 01/09/22	01/09/22	SMYER
42488729		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61 01/18/22	01/18/22	HERRELL
						31.28		
		L - 0079158						
43015551		84.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.99 01/23/22	01/23/22	SMYER
42762352		90.0	Acetaminophen 500mg Tab	00904-6730-80	Yes	4.88 01/08/22	01/08/22	SMYER
42765568		6.1	Alvesco 160mcg Inhaler	70515-0712-01	No	123.43 01/08/22	01/08/22	SMYER
42762345		30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20 01/08/22	01/08/22	SMYER
42763042		60.0	Docusate Sodium 100mg Cap	00904-6998-80	Yes	4.78 01/08/22	01/08/22	SMYER
42763023		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.25 01/08/22	01/08/22	SMYER
42763054		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49 01/08/22	01/08/22	SMYER
42411056		60.0	PARoxetine 30mg Tablet	68382-0099-10	Yes	8.56 01/28/22	01/28/22	HERRELL
43015552		20.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.46 01/23/22	01/23/22	SMYER
43015550		20.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	4.25 01/23/22	01/23/22	SMYER
42952490		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79 01/19/22	01/19/22	SMYER
						632.08		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		- 0069422						
42846697		30.0	Aspirin 81mg Chew Tab	16103-0366-11	Yes	4.53 01/13/22	01/13/22	SMYER
42722494		30.0	Atorvastatin 20mg Tablet	72205-0023-05	Yes	5.11 01/06/22	01/06/22	SMYER
42674732		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72 01/04/22	01/04/22	HERRELL
42844145	J	60.0	Gemfibrozil 600mg Tablet	69097-0821-12	Yes	8.45 01/13/22	01/13/22	SMYER
42846699		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.25 01/13/22	01/13/22	SMYER
42846701	J	30.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	5.89 01/13/22	01/13/22	SMYER
41205155	J	30.0	Lisinopril-HCTZ 20/12.5mg	68180-0519-02	No	5.84 01/05/22	01/05/22	SMYER
42674721	J	30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 01/04/22	01/04/22	HERRELL
						44.92		
		0084130						
42890325		60.0	Lithium Carb 300mg Caps	31722-0545-10	Yes	5.92 01/15/22	01/15/22	HERRELL
43056641		60.0	Lithium Carb 300mg Caps	31722-0545-10	Yes	5.92 01/25/22	01/25/22	HERRELL
42890326		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 01/15/22	01/15/22	HERRELL
43056653		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 01/25/22	01/25/22	HERRELL
						24.10		
		- 0081138						
42216493		120.0	BusPIRone 10mg Tablet	29300-0245-05	Yes	9.18 01/04/22	01/04/22	HERRELL
42134443		120.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	23.42 01/11/22	01/11/22	SMYER
42215517		15.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	5.05 01/04/22	01/04/22	HERRELL
						37.65		
		- 0075678						
42746300		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30 01/07/22	01/07/22	HERRELL
42858723	M	60.0	Divalproex DR 125mg Tab	62756-0796-13	Yes	6.58 01/13/22	01/13/22	SMYER
42997336		40.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4.44 01/21/22	01/21/22	SMYER
42746302		60.0	LevETIRAcetam 500mg Tab	31722-0537-05	No	8.72 01/07/22	01/07/22	SMYER
42834069		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 01/12/22	01/12/22	HERRELL
						31.17		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓		**- 0073576**						
42937472		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72	01/19/22	01/19/22	HERRELL
42937464		30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83	01/19/22	01/19/22	HERRELL
						11.55			
	✓		**079666**						
42944648		30.0	Citalopram 20mg Tablet	13668-0010-05	Yes	4.96	01/19/22	01/19/22	HERRELL
42890380		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.58	01/15/22	01/15/22	HERRELL
42890397		30.0	Divalproex DR 250mg Tab	62756-0797-13	Yes	5.11	01/15/22	01/15/22	HERRELL
42890400		30.0	Divalproex DR 500mg Tab	62756-0798-13	Yes	6.68	01/15/22	01/15/22	HERRELL
43037841		30.0	Docusate Sodium 100mg Cap	00904-6998-80	Yes	4.38	01/25/22	01/25/22	SMYER
42996364		36.0	Furosemide 20mg Tablet	69315-0116-10	Yes	4.77	01/21/22	01/21/22	SMYER
42995410		30.0	Potassium Cl 10mEq Tab	65862-0987-99	No	7.07	01/21/22	01/21/22	SMYER
						37.55			
	✓		**0083299**						
42800183		30.0	amLODIPine 5mg Tablet	67877-0198-10	Yes	4.36	01/11/22	01/11/22	SMYER
						4.36			
	✓		**0083595**						
42339405		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77	01/18/22	01/18/22	HERRELL
						4.77			
	✓		**- 0083152**						
42723725	IN	30.0	METOPROL TAR TAB 50MG	57237-0101-99	Yes	4.42	01/06/22	01/06/22	SMYER
42746304	N	60.0	METOPROL TAR TAB 50MG	57237-0101-99	Yes	4.87	01/07/22	01/07/22	SMYER
						9.29			
	✓		**- 0072539**						
42672104		30.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95	01/03/22	01/03/22	HERRELL
42672203		30.0	LamoTRIgine 100mg Tab	68382-0008-10	Yes	5.01	01/03/22	01/03/22	HERRELL
42672073		14.0	Lamotrigine 25mg Tab	29300-0111-01	Yes	4.65	01/03/22	01/03/22	HERRELL
42672077		7.0	LamoTRIgine 25mg Tablet	65862-0227-01	Yes	4.28	01/03/22	01/03/22	HERRELL
42672070		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61	01/03/22	01/03/22	HERRELL
						25.50			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			- 0068391						
42833841		28.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.32	01/12/22	01/12/22	SMYER
42833846		14.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	4.48	01/12/22	01/12/22	SMYER
42822174		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	01/12/22	01/12/22	SMYER
42833776		20.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	4.25	01/12/22	01/12/22	SMYER
42833786		20.0	Vitamin D3 2,000unit Cap	40985-0274-16	Yes	4.48	01/12/22	01/12/22	SMYER
						22.02			
			E - 0079553						
43060224		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61	01/26/22	01/26/22	HERRELL
43060242		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77	01/26/22	01/26/22	HERRELL
						11.38			
			0067940						
43106558		30.0	Escitalopram 10mg Tablet	16729-0169-17	Yes	5.36	01/28/22	01/28/22	HERRELL
43106561		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	01/28/22	01/28/22	HERRELL
						10.09			
			0084102						
42913823		14.0	Ciprofloxacin 500mg Tab	00143-9928-01	Yes	6.83	01/18/22	01/18/22	SMYER
						6.83			
			- aut37522						
42656185		90.0	Gabapentin 400mg Capsule	67877-0224-05	No	7.94	01/03/22	01/03/22	SMYER
42656184		90.0	hydrALAZINE 50mg Tablet	23155-0003-10	Yes	6.89	01/03/22	01/03/22	SMYER
42656183		60.0	METOPROL TAR TAB 50MG	57237-0101-99	Yes	4.87	01/03/22	01/03/22	SMYER
42656186		30.0	Mucus Relief 600mg ER Tab	00904-6986-40	No	11.82	01/03/22	01/03/22	SMYER
						31.52			
			R - 0082993						
42124393		30.0	Minocycline 50mg Capsule	00591-5694-01	No	7.95	01/04/22	01/04/22	SMYER
						7.95			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		167797							
42762990		60.0	Acetaminophen ER 650mg Tb	54257-0573-03	No	7.95	01/08/22	01/08/22	SMYER
42983155		30.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	6.19	01/21/22	01/21/22	HERRELL
42762977		30.0	Valsart/Hctz 320-25mg Tab	00378-6325-77	No	11.47	01/08/22	01/08/22	SMYER
42474226		30.0	Venlafaxine ER 150mg*TAB*	75834-0218-30	No	24.11	01/28/22	01/28/22	HERRELL
						49.72			
		- 0067625							
42935131		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	01/19/22	01/19/22	HERRELL
42935121		30.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	4.71	01/19/22	01/19/22	HERRELL
42935115	L	30.0	risperiDONE 2mg Tablet	27241-0004-50	Yes	4.91	01/19/22	01/19/22	HERRELL
						14.25			
		0821							
42041185		25.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	6.70	01/04/22	01/04/22	HERRELL
42936246		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40	01/19/22	01/19/22	HERRELL
42936252		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	01/19/22	01/19/22	HERRELL
42620202		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	01/28/22	01/28/22	HERRELL
						24.36			
		J71099							
42983168		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88	01/21/22	01/21/22	HERRELL
42097955		180.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	7.03	01/12/22	01/12/22	HERRELL
42762248		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	01/08/22	01/08/22	SMYER
42983139		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01	01/21/22	01/21/22	HERRELL
						29.06			
		YAN - 0068891							
42931466	L	30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	01/18/22	01/18/22	HERRELL
						4.73			
		- 0081720							
42983984		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	01/21/22	01/21/22	HERRELL
						4.63			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		- 0070243							
43064775		90.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	7.21	01/26/22	01/26/22	SMYER
43067295		6.0	Ondansetron 4mg Tablet	65862-0187-30	Yes	4.35	01/26/22	01/26/22	SMYER
43064673		20.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.46	01/26/22	01/26/22	SMYER
43064672		20.0	Vitamin C 500mg Tablet	00904-0523-60	Yes	4.37	01/26/22	01/26/22	SMYER
						20.39			
		- 0070876							
42901889		60.0	Eliquis 5mg Tablet	00003-0894-21	No	515.80	01/17/22	01/17/22	SMYER
43037820		10.0	Furosemide 20mg Tablet	69315-0116-10	Yes	4.20	01/25/22	01/25/22	SMYER
42897791	EL	30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94	01/16/22	01/16/22	SMYER
						525.94			
		0068358							
42656831		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61	01/03/22	01/03/22	SMYER
						24.61			
		- 0083461							
42674807		60.0	BusPIRone 10mg Tablet	29300-0245-05	Yes	6.58	01/04/22	01/04/22	HERRELL
43060206		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55	01/26/22	01/26/22	HERRELL
42674814		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	01/04/22	01/04/22	HERRELL
43060193		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61	01/26/22	01/26/22	HERRELL
43031583		207.0	Selenium 1% Sulf Shampoo	00536-1995-53	Yes	6.84	01/24/22	01/24/22	SMYER
42388918		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79	01/18/22	01/18/22	SMYER
						496.00			
		0083653							
42805222		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55	01/11/22	01/11/22	HERRELL
42723351		60.0	Gemfibrozil 600mg Tablet	69097-0821-12	Yes	8.45	01/06/22	01/06/22	SMYER
42805223		30.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	4.49	01/11/22	01/11/22	DULANTO
						20.49			
		0050389							
43120138		10.0	Acidophilus Tab	31604-0027-61	No	5.39	01/28/22	01/28/22	SMYER
43078631		4.0	Bicillin LA 2.4munit/4ml	60793-0702-10	No	379.40	01/26/22	01/26/22	SMYER
43074824		14.0	Doxycycline Mono 100mg Cp	68180-0652-08	Yes	6.33	01/26/22	01/26/22	SMYER
						391.12			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		- 0083720							
43060334		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	01/26/22	01/26/22	HERRELL
42805327		10.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	4.73	01/11/22	01/11/22	HERRELL
42984013		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	01/21/22	01/21/22	HERRELL
42682152		5.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	4.54	01/04/22	01/04/22	HERRELL
42805334		11.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	5.21	01/11/22	01/11/22	HERRELL
42984010		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32	01/21/22	01/21/22	HERRELL
						32.66			
		AS J - 0070718							
41863208		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.17	01/12/22	01/12/22	HERRELL
						5.17			
		- 0083134							
41807777		30.0	Atorvastatin 20mg Tablet	72205-0023-05	Yes	5.11	01/04/22	01/04/22	SMYER
43066225		12.0	Chlorpheniramine 4mg Tab	69618-0022-10	Yes	4.04	01/26/22	01/26/22	SMYER
42844188		60.0	CloNIDine 0.2mg Tablet	62332-0055-91	Yes	5.22	01/13/22	01/13/22	HERRELL
43066224		15.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	4.52	01/26/22	01/26/22	SMYER
40292143	EL	120.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	23.42	01/28/22	01/28/22	SMYER
42844231	EL	30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83	01/13/22	01/13/22	HERRELL
42844215	EL	60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92	01/13/22	01/13/22	HERRELL
43066227	EL	20.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.46	01/26/22	01/26/22	SMYER
43066226		20.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	4.25	01/26/22	01/26/22	SMYER
						64.77			
		R - 0083722							
42339723		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88	01/12/22	01/12/22	HERRELL
42844155		30.0	Melatonin ER 5mg Tablet	74312-0530-98	No	7.37	01/13/22	01/13/22	HERRELL
42339437		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	01/28/22	01/28/22	HERRELL
						18.48			
LUNA COUNTY DETENTION						**2796.45**			
Grand Total						**2796.45**			

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 #:	22DC-038
Attention:	Larita Engle	Fax:	Invoice Date:	2/4/2022
Address:	855 Van Patten	Email: lengle@sierraco.org		
Address:	T or C ,NM 87901			

INVOICE FOR: INMATE RX, BILLING FOR JANUARY 2022

FILLED		Description	Qty	Unit Price		Price
✓ 1/14/2022	1/14/2022		1	12.00		$ 12.00
✓ 1/10/2022	1/10/2022		1	25.00		$ 25.00
✓ 1/5/2022	1/28/2022		1	190.00		$ 190.00
✓ 1/6/2022	1/19/2022		1	82.00		$ 82.00
					Invoice Subtotal	$ 309.00
					TOTAL	$ 309.00

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

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 #:	22DC-039
Attention:	Larita Engle	Fax:		Invoice Date:	2/4/2022
Address:	855 Van Patten	Email:	lengle@sierraco.org		
Address:	T or C ,NM 87901				

INVOICE FOR: INMATE RX, BILLING JULY 2021 - DECEMBER 2021

FILLED		Description	Qty	Unit Price		Price
7/1/2022	12/31/2021	T	1	3,343.00		$ 3,343.00
					Invoice Subtotal	$ 3,343.00
					TOTAL	$ 3,343.00

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

PATIENT PROFILE

February 3, 2022

W
1048 East Riverside Dr Trl 8
TRUTH OR CONSEQUENCES,NM 87901
Phone: (575) 835-0945
SS#: - -

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

1/1/2022 through 1/31/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0249923	00	03	01/14/2022		60	ACETAMIN TAB 500MG	00904-6720-40	VOELKER, LARRY	$12.00	ACF	TO
									Copay: $12.00		

Prescriptions Agency: $0.00 Copay: $12.00 Private Pay: $0.00

PATIENT PROFILE

February 3, 2022

51 MERCURY
TRUTH OR CONSEQUENCE,NM 87901
Phone: (575) 740-7015
SS#: - -

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

1/1/2022 through 1/31/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0248344	01	03	01/10/2022		30	TRAZODONE TAB 50MG	68382-0805-10	VOELKER, LARRY	$12.00 Copay: $12.00	ACF	TO
0248345	01	03	01/10/2022		30	ESCITALOPRAM TAB 10MG	43547-0281-11	VOELKER, LARRY	$13.00 Copay: $13.00	ACF	TO

Prescriptions Agency: $0.00 | Copay: $25.00 | Private Pay: $0.00

PATIENT PROFILE

February 3, 2022

[redacted]
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

1/1/2022 through 1/31/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0228084	09	11	01/06/2022		30	CETIRIZINE TAB 10MG	16714-0799-04	VOELKER, LARRY	$12.00	ACF	TO
									Copay: $12.00		
0239730	10	04	01/05/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	$21.00	ACF	WSS
									Copay: $21.00		
	11	04	01/10/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	$21.00	ACF	TO
									Copay: $21.00		
	12	04	01/12/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	$21.00	ACF	TO
									Copay: $21.00		
	13	04	01/21/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	$21.00	ACF	WSS
									Copay: $21.00		
	14	04	01/28/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	$21.00	ACF	TO
									Copay: $21.00		
0248444	01	00	01/28/2022		60	PRAZOSIN HCL CAP 2MG	70954-0020-10	COURTNEY PSYD MP, JOHN	$25.00	ACF	TO
									Copay: $25.00		
0249250	00	01	01/07/2022		90	IBUPROFEN TAB 800MG	49483-0604-50	VOELKER, LARRY	$21.00	ACF	TO
									Copay: $21.00		
0249893	00	00	01/13/2022		30	MIRTAZAPINE 15MG TAB	13107-0031-05	COURTNEY PSYD MP, JOHN	$14.00	ACF	TO
									Copay: $14.00		
0249894	00	00	01/13/2022		60	FLUOXETINE CAP 20MG	16714-0721-03	COURTNEY PSYD MP, JOHN	$13.00	ACF	TO
									Copay: $13.00		

Prescriptions Agency: $0.00 Copay: $190.00 Private Pay: $0.00

PATIENT PROFILE

February 3, 2022

SCDC
SOCORRO,NM 87801
Phone: (575) -
SS#: - -

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

1/1/2022 through 1/31/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0227570	01	01	01/19/2022		100	ACCU-CHEK TES GUIDE	65702-0712-10	BONU, COMFORT	$68.00	ACF	WSS
									Copay: $68.00		
0246850	01	04	01/06/2022		90	GABAPENTIN 100MG CAP	16714-0661-02	CATES, CONRAD	$14.00	ACF	TO
									Copay: $14.00		

Prescriptions Agency: $0.00 | Copay: $82.00 | Private Pay: $0.00

PATIENT PROFILE

February 3, 2022

SCDC
SOCORRO,NM 87801
Phone: (575) -
SS#: - -

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

7/1/2021 through 12/31/2021

RX #	R#	FA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0223079	01	02	09/17/2021		15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	BONU, COMFORT	$406.00	ACF	TO
									Copay: $406.00		
	02	02	10/19/2021		15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	BONU, COMFORT	$406.00	ACF	TO
									Copay: $406.00		
0223591	02	02	07/07/2021		30	TRAZODONE TAB 50MG	68382-0805-10	VOELKER, LARRY	$12.00	ACF	PJJ
									Copay: $12.00		
0226096	01	02	07/07/2021	21188200010874670	15	NOVOLOG INJ FLEXPEN	00169-6339-10	BONU, COMFORT	$546.40	AFA	PJJ
									Copay: $0.00		
	02	02	08/30/2021		15	NOVOLOG INJ FLEXPEN	00169-6339-10	BONU, COMFORT	$695.00	ACF	TO
									Copay: $695.00		
0234336	00	00	07/02/2021	21183200010437200	15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	GEURTS, MAURICE	$324.60	AFA	TO
									Copay: $0.00		
0234337	00	00	07/02/2021	21183200010437900	10	TRAZODONE TAB 50MG	68382-0805-10	GEURTS, MAURICE	$7.86	AFA	TO
									Copay: $0.00		
0234422	00	00	07/05/2021	21186200010464650	6	ONDANSETRON TAB 4MG	71930-0017-30	GEURTS, MAURICE	$3.24	AFA	TO
									Copay: $0.00		
0234423	00	00	07/05/2021	21186200010351650	20	FAMOTIDINE 20MG TAB	61442-0121-10	GEURTS, MAURICE	$10.00	AFA	TO
									Copay: $0.00		
0235842	00	02	07/20/2021	21201200011212070	30	TRAZODONE TAB 50MG	68382-0805-10	VOELKER, LARRY	$10.00	AFA	TO
									Copay: $0.00		
0240666	00	00	09/23/2021		21	AMOXICILLIN 500MG CAP	16714-0299-04	VAHDANI, AMIR	$13.00	ACF	TO
									Copay: $13.00		
0240667	00	00	09/23/2021		18	IBUPROFEN TAB 800MG	49483-0604-50	VAHDANI, AMIR	$13.00	ACF	TO
									Copay: $13.00		
0242445	00	00	10/13/2021		18	IBUPROFEN TAB 800MG	49483-0604-50	VAHDANI, AMIR	$13.00	ACF	TO
									Copay: $13.00		
0243218	00	02	10/22/2021		15	NOVOLOG INJ FLEXPEN	00169-6339-10	VOELKER, LARRY	$695.00	ACF	TO
									Copay: $695.00		
0246848	00	02	12/07/2021		30	TRAZODONE TAB 50MG	68382-0805-10	CATES, CONRAD	$12.00	ACF	WSS
									Copay: $12.00		
	01	02	12/31/2021		30	TRAZODONE TAB 50MG	68382-0805-10	CATES, CONRAD	$12.00	ACF	TO
									Copay: $12.00		
0246849	00	00	12/07/2021		1	ACCU-CHEK KIT GUIDE	65702-0729-10	CATES, CONRAD	$44.00	ACF	WSS
									Copay: $44.00		

PATIENT PROFILE

February 3, 2022

SCDC
SOCORRO,NM 87801
Phone: (575) -
SS#: - -

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

7/1/2021 through 12/31/2021

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0246850	00	04	12/07/2021		90	GABAPENTIN 100MG CAP	16714-0661-02	CATES, CONRAD	$14.00 Copay: $14.00	ACF	WSS
0246851	00	00	12/07/2021		15	LANTUS INJ SOLOSTAR	00088-2219-05	CATES, CONRAD	$523.00 Copay: $523.00	ACF	WSS
0246869	00	00	12/07/2021		50	ACCU-CHEK TES GUIDE	65702-0711-10	CATES, CONRAD	$39.00 Copay: $39.00	ACF	WSS
0246870	00	00	12/07/2021		100	SOFTCLIX MIS LANCETS	50924-0971-10	CATES, CONRAD	$28.00 Copay: $28.00	ACF	WSS
0247984	00	03	12/21/2021		30	LISINOPRIL 5MG TAB	43547-0352-11	CATES, CONRAD	$12.00 Copay: $12.00	ACF	TO
0247985	00	00	12/21/2021		15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	CATES, CONRAD	$406.00 Copay: $406.00	ACF	TO

Prescriptions Agency: $902.10 Copay: $3343.00 Private Pay: $0.00