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. 110-076

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 27092.81 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 $ 27092.81

to be deducted from the proper funds appropriated in the 2021-2022PY Budget. May 17, 2022

Board of County Commissioners
Sierra County, NM

JAMES PAXON, CHAIRMAN

TRAVIS DAY, VICE-CHAIRMAN

WILLIAM HOPKINS, COMMISSIONER

Attest:
SHELLY K. TRUJILLO
SIERRA COUNTY CLERK

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO. 110-071

CLAIMS APPROVED FOR 7 $ 27092.81

LUNA COUNTY	1	$ 9046.48
APP OF NEW MEXICO	1	$ 1000.00
SIERRA VISTA HOSPITAL	1	$ 165.69
DEMING CLINIC	1	$ 337.04
MIMBRES MEMORIAL	3	$ 16543.60

Total	$ 27092.81

HC NUMBER	PROVIDER	AMT BILLED	AMT PAID	DATE
				17-May-22
)2022-006	MIMBRES MEMORIAL	2529.15	1947.44	
)2022-007	MIMBRES MEMORIAL	1988.18	1530.89	
)2022-008	MIMBRES MEMORIAL	4266.15	3284.93	
)2022-007	APP OF NEW MEXICO	1000	1000	
)2022-007	DEMING CLINIC	60	60	
	LUNA COUNTY DETENTION	9046.48	9046.48	
2021-009	SIERRA VISTA HOSPITAL	254.91	165.69	
)2022-009	DEMING CLINIC	277.04	277.04	
)2022-010	MIMBRES MEMORIAL	12701.75	9780.34	
	TOTAL		27092.81	

MIMBRES MEMORIAL HOSPITAL
900 W ASH STREET
DEMING NM 880304000
5755462761 5755464510

MIMBRES MEMORIAL HOSPITAL
PO BOX 844814
DALLAS TX 75284-4814

074908401
000293745
0000
850438008 021022 021022

TYPE OF BILL 0131

1700 E 4TH ST

ALBERT BETTY J

DEMING

NM 88030

01091966 F 3 2 01

SE OCCURRENCE CODE DATE

LM OCCURRENCE CODE DATE

D2022-006

40 VALUE CODES CODE AMOUNT

1700 E 4TH ST

DEMING NM 88030

0300	LAB	36415	021022	1	3746
0301	LAB/CHEMISTRY	80053	021022	1	41049
0301	LAB/CHEMISTRY	82728	021022	1	16941
0305	LAB/HEMOTOLOGY	85379	021022	1	78677
0305	LAB/HEMOTOLOGY	85730	021022	1	16777
0305	LAB/HEMOTOLOGY	85652	021022	1	16614
0305	LAB/HEMOTOLOGY	85610	021022	1	12707
0305	LAB/HEMOTOLOGY	85027	021022	1	9935
0324	DX X-RAY/CHEST	71046	021022	1	56469

0001 PAGE 1 OF 1 CREATION DATE 040122 TOTALS 252915 000

1891075446

SIERRA COUNTY DET CENTE 999990000 Y Y 000 000

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R0602
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R0602

OTHER PROCEDURE CODE DATE

1427419357

SMYER JENNIFERDEI

OTHER PROCEDURE CODE DATE

OTHER PROCEDURE CODE DATE

B3282N00000X

SIERRA COUNTY DET CENTER
855 VAN PATTEN
T OR C NM 87901

MIMBRES MEMORIAL HOSPITAL
900 W ASH STREET
DEMING NM 880304000
5755462761 5755464510

MIMBRES MEMORIAL HOSPITAL
PO BOX 844814
DALLAS TX 75284-4814

075496501
000403965
0000
850438008 032622 032622

TYPE OF BILL 0131

105 MICHIGAN

IVERSON ROBERT

WILLIAMSBURG NM 87942

10191989 M 1 1 01

D2022-007

105 MICHIGAN

WILLIAMSBURG NM 87942

0450 EMERG ROOM	99283 25	032622	1	89823	
0921 PERI VASCUL LAB	93971 RT	032622	1	108995	

0001 PAGE 1 OF 1 CREATION DATE 033122 TOTALS 198818 000

1891075446

SIERRA COUNTY 999990000 Y Y 000 000

IVERSON ROBERT 18 10191989
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M79604 F259 F319 Z79899 F17200 Z560 Z651
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M79604

1184803934

CASHIN BRIAN V

SIERRA COUNTY
855 VAN PATTEN
ATTN THERESA
T OR C NM 87901

B3282N00000X

MIMBRES MEMORIAL HOSPITAL MIMBRES MEMORIAL HOSPITAL 075515901
900 W ASH STREET PO BOX 844814 000226194 0131
DEMING NM 880304000 DALLAS TX 75284-4814 0000
5755462761 5755464510 850438008 033022 033022

ASHBAUGH BECKY 1505A MERCURY ST TRUTH OR CONSEQUEN NM 87901

10021966 F 3 2 01

D2022-008

1505A MERCURY ST

TRUTH OR CONSEQUEN NM 87901

0351 CT SCAN/HEAD 70450 033022 1 426615

0001 PAGE 1 OF 1 CREATION DATE 040422 TOTALS 426615 000

1891075446

LCDC STATE HOLD 999990000 Y Y 000 000

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R4182
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R4182

1427419357

SMYER JENNIFERDEI

B3282N00000X

LCDC STATE HOLD
855 VAN PATTEN
TRUTHORCONSEQUE NM 87901

RECEIVED

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

HEALTH INSURANCE CLAIM FORM

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

COUNTY of SIERRA

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN X / FECA BLK LUNG / OTHER

1a. INSURED'S I.D. NUMBER: 10191989

2. PATIENT'S NAME: ...ON, ROBERT, D2622-007

3. PATIENT'S BIRTH DATE: 10 19 1989 — SEX: M X

4. INSURED'S NAME:

5. PATIENT'S ADDRESS: 105 MICHIGAN
CITY: WILLIAMSBURG — STATE: NM
ZIP CODE: 87942 — TELEPHONE: (575) 740 8193

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS: 105 MICHIGAN
CITY: WILLIAMSBURG — STATE: NM
ZIP CODE: 87942 — TELEPHONE: (575) 740 8193

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous): NO X
b. AUTO ACCIDENT?: NO X — PLACE (State)
c. OTHER ACCIDENT?: NO X
10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH: 10 19 1989 — SEX: M X
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME: SIERRA CTY DETENTION
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?: NO X

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE — SIGNED: SIGNATURE ON FILE — DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE — SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP): 03 26 2022 — QUAL: 431

15. OTHER DATE — QUAL

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION — FROM / TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN BRIAN CASHIN MD
17a.
17b. NPI: 1184803934

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES — FROM / TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY — ICD Ind. 0
A. M79.604

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24A. DATE(S) OF SERVICE From (MM DD YY)	To (MM DD YY)	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H.	I. ID QUAL.	J. RENDERING PROVIDER ID. #
1	03 26 22	03 26 22	23	Y	99284		A	1000 00	1		NPI	1184803934
2											NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

25. FEDERAL TAX I.D. NUMBER: 475305721 — SSN / EIN: X

26. PATIENT'S ACCOUNT NO.: 0105769183

27. ACCEPT ASSIGNMENT?: YES X

28. TOTAL CHARGE: $ 1000 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.)
BRIAN CASHIN MD
SIGNED: SOF — DATE: 04/08/22

32. SERVICE FACILITY LOCATION INFORMATION:
MIMBRES MEMORIAL HOSP
900 W ASH ST
DEMING, NM 88030-4098
a. 1891075446

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

NUCC Instruction Manual available at: www.nucc.org — PLEASE PRINT OR TYPE — APPROVED OMB-0938-1197 FORM 1500 (02-12)

COMMERCIAL INSURANCE CASE#

SIERRA COUNTY INDEGENT
855 VAN PATTEN ST

TRUTH OR CONSEQUENCES, NM 879013201

HEALTH INSURANCE CLAIM FORM

XXX XXX

CARRIER

PATIENT AND INSURED INFORMATION

D2022-007	10191989
10 19 1989 X	
105 MICHIGAN	105 MICHIGAN
WILLIAMSBURG NM	WILLIAMSBURG NM
87942 (575) 7408193	87942 (575) 7408193
X	10 19 1989 X
X	
X	SIERRA COUNTY INDEGENT
	X
SIGNATURE ON FILE 03 31 2022	SIGNATURE ON FILE

03 26 2022 431

I82401 0

X

PHYSICIAN OR SUPPLIER INFORMATION

1	03 26 22	03 26 22	22	93971	26	A	60 00	1	1811008196
2									
3									
4									
5									
6									

850454692 X 335065V1596 X 60 00 0 00 60 00

GARY SMITH, MD

MIMBRES MEMORIAL HOSPITAL
900 WEST ASH
DEMING NM 880304000

DEMING CLINIC CORP
PO BOX 19072
BELFAST ME 049154085

03 31 2022 1881665594 1205835808

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500(02-12)

335065

LUNA COUNTY DETENTION CENTER

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

DATE: April 13, 2022
INVOICE # DP392022

FOR: Medical billing for inmates for Sierra Inmates March 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 03/1/2022 - 03/31/2022			$ 9,045.48
Back up Pharmacy Order			
		SUBTOTAL	$ 9,045.48

Gauadalupe Sandoval / Billing

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

Diamond Drugs, Inc.

Invoice

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

Number: IN001220141
Date: 3/31/2022

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 MAR 2022	1.00000	EA	3,803.880000	3,803.88
XCURMEDS	Current Medications OTC	1.00000	EA	527.020000	527.02
XCURMEDS	Current Medications SIERRA	1.00000	EA	9,039.350000	~~9,039.35~~
XCURRET	Credit for Returns	1.00000	EA	-1,181.450000	-1,181.45

Due Date	Amount Due	Disc. Date	Disc. Amount
4/30/2022	12,188.80		0.00

Sierra $9045.48

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	12,188.80
Total taxes	0.00
Total amount	12,188.80
Payment received	0.00
Discount taken	0.00
Amount due	12,188.80

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

Billing Date(s): 3/1/2022 - 3/31/2022

NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	- 0066438	Sierra					
43750240		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 03/05/22	03/05/22	SMYER
43750264		10.2	Budes/Formot 80-4.5 Aer	00310-7372-20	No	261.37 03/05/22	03/05/22	SMYER
43806435		20.0	Ciprofloxacin 500mg Tab	00143-9928-01	Yes	9.23 03/08/22	03/08/22	SMYER
43868639		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03 03/12/22	03/12/22	HERRELL
42919516		30.0	Gabapentin 100mg Capsule	67877-0222-10	No	4.88 03/02/22	03/02/22	SMYER
42919516		30.0	Gabapentin 100mg Capsule	67877-0222-10	No	4.88 03/24/22	03/24/22	SMYER
42918850		60.0	Indomethacin 25mg Capsule	31722-0542-01	Yes	8.07 03/24/22	03/24/22	SMYER
43458002		11.0	Losartan 50mg Tablet	65862-0202-99	No	4.59 03/24/22	03/24/22	SMYER
44213597		30.0	Losartan 50mg Tablet	65862-0202-99	No	5.63 03/31/22	03/31/22	SMYER
43935798		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 03/15/22	03/15/22	HERRELL
43935797		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 03/15/22	03/15/22	HERRELL
42919138		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 03/24/22	03/24/22	SMYER
44085241		9.4	Orajel Severe 4x Med Gel	10310-0325-01	No	12.10 03/24/22	03/24/22	SMYER
						358.98		
	✓	- 0082747	Sierra					
43307630		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 03/24/22	03/24/22	HERRELL
44097118		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23 03/24/22	03/24/22	HERRELL
44097108		30.0	Olanzapine 2.5mg Tablet	55111-0163-05	Yes	6.14 03/24/22	03/24/22	HERRELL
43307584		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61 03/22/22	03/22/22	HERRELL
						27.38		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓		-0079158 Sierra						
43794149		40.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.46	03/08/22	03/08/22	SMYER
43984400		6.1	Alvesco 160mcg Inhaler	70515-0712-01	No	123.43	03/18/22	03/18/22	SMYER
43861777		30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20	03/11/22	03/11/22	SMYER
43802821		14.0	Cephalexin 500mg Capsule	65862-0019-06	Yes	5.54	03/08/22	03/08/22	SMYER
43934928		60.0	Divalproex DR 250mg Tab	62756-0797-13	Yes	6.25	03/15/22	03/15/22	HERRELL
43984358		30.0	Docusate Sod 100mg Cap	54257-0902-06	Yes	4.44	03/18/22	03/18/22	SMYER
43861775		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.22	03/24/22	03/24/22	SMYER
43861770		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	03/24/22	03/24/22	SMYER
43935229		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.69	03/15/22	03/15/22	HERRELL
44129260		90.0	Sildenafil 20mg Tablet	13668-0185-90	No	11.10	03/26/22	03/26/22	SMYER
43984371		29.0	Xarelto 20mg Tablet	50458-0579-30	No	470.25	03/18/22	03/18/22	SMYER
						643.07			
	✓		0069254 Sierra						
43810359		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.78	03/09/22	03/09/22	HERRELL
43810346		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88	03/09/22	03/09/22	HERRELL
43810373		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/09/22	03/09/22	HERRELL
						15.79			
	✓		J - 0069422 Sierra						
43222648		30.0	Aspirin 81mg Chew Tab	16103-0366-11	Yes	4.53	03/22/22	03/22/22	SMYER
42674732		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72	03/15/22	03/15/22	HERRELL
42844145		60.0	Gemfibrozil 600mg Tablet	69097-0821-12	Yes	8.45	03/24/22	03/24/22	SMYER
43256660		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.22	03/22/22	03/22/22	SMYER
43222631		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43	03/15/22	03/15/22	SMYER
44104273		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/24/22	03/24/22	HERRELL
						34.48			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		G - 0083129 Sierra						
43806289		30.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95 03/08/22	03/08/22	HERRELL
43806290		60.0	Duloxetine 60mg DR Cap	27241-0099-90	Yes	13.42 03/08/22	03/08/22	HERRELL
43806308		30.0	LamoTRIgine 200mg TAB	65862-0230-60	Yes	6.10 03/08/22	03/08/22	HERRELL
43806302		30.0	Mirtazapine 45mg Tablet	13107-0032-05	Yes	6.38 03/08/22	03/08/22	HERRELL
43806305		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 03/08/22	03/08/22	HERRELL
43806297		30.0	Prazosin 1mg Capsule	70954-0019-20	No	11.39 03/08/22	03/08/22	HERRELL
43806313		60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	6.71 03/08/22	03/08/22	HERRELL
						56.27		
		0084380 Sierra						
44165525		30.0	Metoprolol ER 50mg Tablet	68382-0565-10	No	6.46 03/29/22	03/29/22	SMYER
44165526		30.0	Pravastatin 40mg Tablet	00093-7202-10	Yes	6.05 03/29/22	03/29/22	SMYER
						12.51		
		I - 0084130 Sierra						
43930268		30.0	Cetirizine 10mg Tablet	54257-0270-05	Yes	4.95 03/15/22	03/15/22	SMYER
43691795		60.0	Lithium Carb 300mg Caps	31722-0545-10	Yes	5.92 03/02/22	03/02/22	HERRELL
43691795		58.0	Lithium Carb 300mg Caps	31722-0545-10	Yes	5.85 03/24/22	03/24/22	HERRELL
43678289		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73 03/02/22	03/02/22	HERRELL
						21.45		
		0069805 Sierra						
44006598		14.0	Acyclovir 400mg Tablet	31722-0777-01	Yes	4.77 03/19/22	03/19/22	SMYER
44075505		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77 03/23/22	03/23/22	HERRELL
						9.54		
		0075748 Sierra						
43985107		29.0	Docusate Sod 100mg Cap	54257-0902-06	Yes	4.42 03/18/22	03/18/22	SMYER
44031357	R	14.0	Magnesium Oxide 400mg Tab	51645-0785-08	Yes	4.28 03/21/22	03/21/22	SMYER
44213602		30.0	Magnesium Oxide 400mg Tab	10006-0730-38	Yes	4.65 03/31/22	03/31/22	SMYER
43307624		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94 03/31/22	03/31/22	HERRELL
43307609		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73 03/31/22	03/31/22	HERRELL
						24.02		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓		- 0079666 Sierra						
43678317		30.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95	03/02/22	03/02/22	HERRELL
43985084	C	29.0	Docusate Sod 100mg Cap	54257-0902-06	Yes	4.42	03/18/22	03/18/22	SMYER
42995410	A	11.0	Potassium Cl 10mEq Tab	65862-0987-99	No	5.11	03/02/22	03/02/22	SMYER
43750217		30.0	Potassium Cl 10mEq Tab	65862-0987-99	No	7.07	03/05/22	03/05/22	SMYER
						21.55			
	✓		060533 Sierra						
43861779		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43	03/11/22	03/11/22	SMYER
						6.43			
	✓		1 - 0072539 Sierra						
43876573		10.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.10	03/11/22	03/11/22	SMYER
44137628		30.0	LamoTRIgine 25mg Chew Tab	68462-0229-01	Yes	8.56	03/28/22	03/28/22	HERRELL
44112915		7.0	Miconazole 100mg Vag Sup	61269-0736-07	Yes	10.03	03/25/22	03/25/22	SMYER
						22.69			
	✓		- 0084319 Sierra						
43941735		30.0	Levothyroxine 75mcg Tab	16729-0449-17	Yes	7.65	03/16/22	03/16/22	SMYER
43941116		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	03/16/22	03/16/22	SMYER
43943242		60.0	Serevent Diskus 50mcg	00173-0521-00	No	413.47	03/16/22	03/16/22	SMYER
						425.61			
	✓		1 - 0068734 Sierra						
42581349		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30	03/08/22	03/08/22	HERRELL
43939858		60.0	Benztropine 1mg Tablet	69315-0137-10	Yes	9.37	03/16/22	03/16/22	HERRELL
43939836		60.0	OXcarbazepine 300mg Tab	51991-0293-05	Yes	11.10	03/16/22	03/16/22	HERRELL
						25.77			
	✓		- J067940 Sierra						
44004396		10.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	4.33	03/19/22	03/19/22	SMYER
						4.33			
	✓		- 0083543 Sierra						
43984327	R	28.4	Hydrocortisone 1% Cream	69396-0050-01	Yes	5.25	03/18/22	03/18/22	SMYER
						5.25			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		M - 0083628 Sierra						
43749901		30.0	amLODIPine 5mg Tablet	67877-0198-10	Yes	4.36 03/05/22	03/05/22	SMYER
43749845		30.0	Farxiga 5mg Tablet	00310-6205-30	No	519.05 03/05/22	03/05/22	SMYER
43749851	Z,	30.0	Pioglitazone 15mg Tablet	57237-0219-05	No	6.11 03/05/22	03/05/22	SMYER
						529.52		
		N G - 0084201 Sierra						
43862157		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 03/11/22	03/11/22	SMYER
44041492		30.0	Multivitamin Tablets	80681-0020-00	Yes	4.25 03/22/22	03/22/22	HERRELL
44041493		29.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.52 03/22/22	03/22/22	HERRELL
						35.38		
		- 0083357 Sierra						
44111404		60.0	BusPIRone 7.5mg Tablet	00378-1145-01	Yes	18.85 03/25/22	03/25/22	HERRELL
44111409		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57 03/25/22	03/25/22	HERRELL
44111400		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 03/25/22	03/25/22	HERRELL
44111412		30.0	Duloxetine 60mg DR Cap	27241-0099-90	Yes	8.70 03/25/22	03/25/22	HERRELL
44164911		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03 03/29/22	03/29/22	HERRELL
44102781		60.0	Gabapentin 600mg Tablet	65862-0523-05	No	7.82 03/24/22	03/24/22	SMYER
44111408		60.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	5.00 03/25/22	03/25/22	HERRELL
44188226		30.0	Meloxicam 15mg Tablet	69097-0159-12	Yes	4.37 03/30/22	03/30/22	SMYER
44189142		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 03/30/22	03/30/22	SMYER
						67.72		
		I - 0081485 Sierra						
43975743		28.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.32 03/17/22	03/17/22	SMYER
44194221		7.5	Cipro/Dexameth Otic Susp	43598-0326-75	No	143.33 03/30/22	03/30/22	SMYER
44100128		60.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4.68 03/24/22	03/24/22	SMYER
43812686		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73 03/09/22	03/09/22	HERRELL
						157.06		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	- 0072516 Sierra						
44138920		45.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	5.43 03/27/22	03/27/22	HERRELL
44137624		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57 03/28/22	03/28/22	HERRELL
44137625		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 03/28/22	03/28/22	HERRELL
44137626		30.0	OXcarbazepine 600mg Tab	51991-0294-05	Yes	10.15 03/28/22	03/28/22	HERRELL
44137627		60.0	Prazosin 5mg Capsule	70954-0021-20	No	28.94 03/28/22	03/28/22	HERRELL
						56.22		
	✓	)67797 Sierra						
43861772		60.0	Acetaminophen ER 650mg Tb	54257-0573-03	No	7.95 03/11/22	03/11/22	SMYER
43697713		30.0	Atorvastatin 10mg Tablet	16729-0044-17	Yes	5.23 03/17/22	03/17/22	SMYER
43698480		15.0	Eye Drops 0.05% Op Sol	00536-1217-94	Yes	4.93 03/02/22	03/02/22	SMYER
43820558		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 03/09/22	03/09/22	HERRELL
42635506		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 03/15/22	03/15/22	SMYER
43935639		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.69 03/15/22	03/15/22	HERRELL
42636606		30.0	Montelukast 10mg Tablet	31722-0726-10	No	5.65 03/17/22	03/17/22	SMYER
43697693		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 03/02/22	03/02/22	SMYER
43861768		30.0	Valsart/Hctz 320-25mg Tab	00378-6325-77	No	11.47 03/11/22	03/11/22	SMYER
43750224		30.0	Xarelto 20mg Tablet	50458-0579-30	No	486.33 03/05/22	03/05/22	SMYER
						544.88		
	✓	)070821 Sierra						
44186165		60.0	Melatonin 5mg Tablets	80681-0040-02	No	5.40 03/30/22	03/30/22	HERRELL
44061024		30.0	Prazosin 1mg Capsule	70954-0019-20	No	11.39 03/23/22	03/23/22	HERRELL
						16.79		

Rx #	Patient		Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		J - 0071099 Sierra								
43985869			30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88	03/18/22	03/18/22	HERRELL
43985887			180.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	7.03	03/18/22	03/18/22	HERRELL
43860767			30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09	03/11/22	03/11/22	SMYER
43860764			60.0	Methocarbamol 500mg Tab	69584-0611-50	Yes	7.51	03/11/22	03/11/22	SMYER
43941245			30.0	Methocarbamol 500mg Tab	69584-0611-50	Yes	5.75	03/16/22	03/16/22	SMYER
43941252			30.0	Naproxen 500mg Tablet	68462-0190-05	Yes	5.59	03/16/22	03/16/22	SMYER
43860759			30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	03/11/22	03/11/22	SMYER
43985877			30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01	03/18/22	03/18/22	SMYER
43985866			60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	6.71	03/18/22	03/18/22	HERRELL
43985874			60.0	Venlafaxine 75mg "ER" Tab	75834-0217-30	No	80.48	03/18/22	03/18/22	HERRELL
							140.19			
		N - 0068891 Sierra								
43938224			30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	03/16/22	03/16/22	HERRELL
							4.73			
		0070623 Sierra								
43810391		L	60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57	03/09/22	03/09/22	HERRELL
							5.57			
		V - 0083461 Sierra								
44088671			6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61	03/24/22	03/24/22	SMYER
44079067			4.0	Azithromycin 250mg Tab	65862-0641-30	Yes	5.46	03/23/22	03/23/22	SMYER
44079063			1.0	Azithromycin 500mg Tab	62332-0252-30	Yes	4.28	03/23/22	03/23/22	SMYER
43060206			60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55	03/08/22	03/08/22	HERRELL
43681440			30.0	Escitalopram 20mg Tablet	16729-0170-17	Yes	6.04	03/02/22	03/02/22	HERRELL
43458424			30.0	HCTZ 12.5mg Tablet	16729-0182-17	Yes	5.25	03/15/22	03/15/22	SMYER
43681557			30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94	03/02/22	03/02/22	HERRELL
43060193			30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61	03/15/22	03/15/22	HERRELL
44064399			30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	03/23/22	03/23/22	SMYER
44032474		V	60.0	Simethicone 180mg Cap	00536-1306-08	Yes	5.78	03/21/22	03/21/22	SMYER
43862810		W	30.0	Xarelto 20mg Tablet	50458-0579-30	No	486.33	03/11/22	03/11/22	SMYER
							562.99			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		- 0083653 Sierra							
44061006		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55	03/23/22	03/23/22	HERRELL
44060987		60.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	5.00	03/23/22	03/23/22	HERRELL
44053608		120.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	8.29	03/22/22	03/22/22	SMYER
43807059		30.0	Venlafaxine ER 150mg Cap	65862-0697-05	No	8.78	03/08/22	03/08/22	HERRELL
						29.62			
		0078968 Sierra							
44057900		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/22/22	03/22/22	HERRELL
						6.13			
		J - 0076576 Sierra							
44164228		30.0	Aspirin 81mg Chew Tab	16103-0366-11	Yes	4.53	03/29/22	03/29/22	SMYER
						4.53			
		- 0084381 Sierra							
44209738		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61	03/31/22	03/31/22	SMYER
44186270		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57	03/30/22	03/30/22	HERRELL
						30.18			
		- 0083080 Sierra							
43999948		40.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.46	03/18/22	03/18/22	SMYER
43860769		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24	03/11/22	03/11/22	SMYER
44063163		7.0	LamoTRIgine 25mg Chew Tab	68462-0229-01	Yes	5.05	03/23/22	03/23/22	HERRELL
44000101		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09	03/18/22	03/18/22	SMYER
43862150		60.0	Magnesium Oxide 400mg Tab	10006-0730-38	Yes	5.33	03/11/22	03/11/22	SMYER
43768554		140.0	Nystatin Suspension	66689-0008-16	Yes	9.03	03/07/22	03/07/22	SMYER
						36.20			
		073368 Sierra							
44092612		40.0	Cephalexin 500mg Capsule	65862-0019-05	Yes	8.45	03/24/22	03/24/22	SMYER
44092621		22.0	Mupirocin 2% Ointment	51672-1312-00	No	7.07	03/24/22	03/24/22	SMYER
						15.52			
		- 0050389 Sierra							
43941451		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	03/16/22	03/16/22	SMYER
						5.14			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		A - 0083720 Sierra							
43060334		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.69	03/24/22	03/24/22	HERRELL
42964013		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	03/24/22	03/24/22	HERRELL
44096735	RT	30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32	03/24/22	03/24/22	HERRELL
						18.24			
		0083496 Sierra							
43984435		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61	03/18/22	03/18/22	SMYER
43810331		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/09/22	03/09/22	HERRELL
						30.74			
		A - 0068259 Sierra							
44018379		30.0	Descovy 200-25mg Tablet	61958-2002-01	No	1976.55	03/21/22	03/21/22	SMYER
44018378		30.0	Tivicay 50mg Tablet	49702-0228-13	No	1949.99	03/21/22	03/21/22	SMYER
						3926.54			
		0079846 Sierra							
44088677		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61	03/24/22	03/24/22	SMYER
						24.61			
		0075899 Sierra							
43985938		30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20	03/18/22	03/18/22	SMYER
43985936		30.0	Aspir-low 81mg EC Tablet	54257-0274-06	Yes	4.13	03/18/22	03/18/22	SMYER
43985929		30.0	Atorvastatin 10mg Tablet	72205-0022-05	Yes	4.68	03/18/22	03/18/22	SMYER
43985931		30.0	Atorvastatin 10mg Tablet	72205-0022-05	Yes	4.68	03/18/22	03/18/22	SMYER
43985933		30.0	Donepezil 10mg Tablet	43547-0276-11	No	4.76	03/18/22	03/18/22	SMYER
43985941		30.0	Finasteride 5mg Tablet	16729-0090-16	No	5.72	03/18/22	03/18/22	SMYER
44165043		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72	03/29/22	03/29/22	HERRELL
43988534		30.0	Memantine 5mg Tablet	72578-0003-05	No	5.42	03/18/22	03/18/22	SMYER
43985935		30.0	Multivitamin Tablets	80681-0020-00	Yes	4.25	03/18/22	03/18/22	SMYER
43985927		30.0	Tamsulosin 0.4mg Capsule	33342-0159-15	Yes	4.95	03/18/22	03/18/22	SMYER
						47.51			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
		- 0062830 Sierra						
43789914		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 03/08/22	03/08/22	SMYER
44213076		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 03/31/22	03/31/22	SMYER
43790534		30.0	Lantus (insulin Glargin)	00088-2220-33	Yes	456.65 03/08/22	03/08/22	SMYER
43943239		10.0	Lantus (insulin Glargin)	00088-2220-33	Yes	154.07 03/10/22	03/10/22	SMYER
44053293		10.0	Lantus (insulin Glargin)	00088-2220-33	Yes	154.87 03/22/22	03/22/22	SMYER
43789917		30.0	Lisinopril 5mg Tablet	68180-0513-03	Yes	4.53 03/08/22	03/08/22	SMYER
44213469		30.0	Lisinopril 5mg Tablet	68180-0513-03	Yes	4.53 03/31/22	03/31/22	SMYER
43790530		10.0	NovoLIN R 100unit/ml Vi	00169-1833-11	Yes	51.70 03/08/22	03/08/22	SMYER
44216002		10.0	NovoLIN R 100unit/ml Vi	00169-1833-11	Yes	51.70 03/31/22	03/31/22	SMYER
43797646		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73 03/08/22	03/08/22	SMYER
44213464		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73 03/31/22	03/31/22	SMYER
						902.79		
		)76710 Sierra						
44165040		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 03/29/22	03/29/22	SMYER
43941440	L	58.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.16 03/16/22	03/16/22	SMYER
43599930		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43 03/31/22	03/31/22	SMYER
						19.83		
		J - 0083940 Sierra						
44225839		40.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	5.49 03/31/22	03/31/22	SMYER
43751056		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 03/05/22	03/05/22	SMYER
						10.58		
		0083134 Sierra						
43682358		60.0	BusPIRone 10mg Tablet	29300-0245-05	Yes	6.58 03/02/22	03/02/22	HERRELL
43698267		60.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	5.77 03/02/22	03/02/22	HERRELL
40292143		120.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	23.42 03/15/22	03/15/22	SMYER
42844170		60.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	6.43 03/02/22	03/02/22	HERRELL
43698059		60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92 03/02/22	03/02/22	HERRELL
43698059		60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92 03/24/22	03/24/22	HERRELL
						56.04		

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		0084038 Cautron							
43751041		90.0	Dicyclomine 20mg Tablet	00591-0795-10	No	10.17	03/05/22	03/05/22	SMYER
43941583		30.0	Finasteride 5mg Tablet	16729-0090-16	No	5.72	03/16/22	03/16/22	SMYER
43808173		60.0	Indomethacin 25mg Capsule	68462-0406-10	Yes	13.56	03/08/22	03/08/22	SMYER
43862504		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	03/11/22	03/11/22	SMYER
						34.59			
		- 0083080 Sierra							
43917637		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/15/22	03/15/22	HERRELL
						6.13			
		- 0083381 Luna							
42676888		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32	03/02/22	03/02/22	HERRELL
42676887	F	30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01	03/02/22	03/02/22	HERRELL
						19.33			

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
		- - 0078139 Sierra							
43678349		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	03/02/22	03/02/22	HERRELL
						4.73			
		R - 0083722 Sierra							
43682360		14.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.35	03/02/22	03/02/22	HERRELL
43682361		7.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.17	03/02/22	03/02/22	HERRELL
						8.52			
		- 0084305 Sierra							
43765624		30.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95	03/07/22	03/07/22	HERRELL
43765626		30.0	FLUoxetine 20mg TABLET	43598-0566-01	Yes	9.02	03/07/22	03/07/22	HERRELL
43941120	E	30.0	Losartan 50mg Tablet	65862-0202-99	No	5.63	03/16/22	03/16/22	SMYER
43938284		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13	03/16/22	03/16/22	HERRELL
						25.73			
LUNA COUNTY DETENTION						9039.35			
Grand Total						9039.35			

+ 6.13

$ 9045.48

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 46167C15467
Invoice Date: 05/02/2022

Total Due: $254.91

To:

INDIGENT
855 VAN PATTEN ST
TRUTH OR CONSEQUENCES NM 879013201

Please return top portion with payment to:

SIERRA VISTA HOSPITAL 69
PO BOX 20999
BELFAST ME 049154106

Patient Name, Patient ID / Claim ID / Date	Provider Name / Procedure	DOB / Description	Amount
, 79668 2021-099		03/05/1957	
542594V15467	RHEA HAZEN, CNP		
02/11/2022	99215	99215 OFFICE OUTPATIENT VISIT EST HIGH	$254.91
		Patient Subtotal:	**$254.91**

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

Total Due: $254.91

DEMING CLINIC CORP

MAY 02 2022

COUNTY of SIERRA

Guarantor Name: SIERRA COUNTY THERESA INDIG
Patient Account #: 91418A1596
Statement Date: 04/23/2022

Your Account Status

We do not have your health insurance information on file. This balance is your responsibility.

Payment due

$277.04

Upon Receipt

D2022-009

Choose a Payment Method

Pay Online Recommended

Make a secure & easy payment online at
payment.athenahealth.com
Statement Code: **GLPQ-BHJ8-MP1-12S7**

Mail Payment

Mail your payment with the coupon below.
Make checks payable to: DEMING CLINIC CORP.
Please include your account # on the check.

Questions? Have a question about your balance, or need to update your insurance information with us? Call **833-686-0724**.

Thank you for choosing DEMING CLINIC CORP

Payment in full is expected upon receipt of your statement. Thank you.

PLEASE CALL OUR CREDIT CARD PAYMENT LINE TOLL FREE AT (833) 686-0724 FROM 7:30 AM TO 4:30 PM CST TO MAKE A PAYMENT BY CREDIT CARD. MASTERCARD, VISA, AND DISCOVER CREDIT CARDS ARE ACCEPTED.

Enjoy the ease & security of paperless statements and payments. Sign up today at payment.athenahealth.com

detailed summary ➤

Detach coupon below and return with your payment. Please include your account number on the check, and use the envelope provided for faster processing.

Account Number: 91418A1596

Due Date: Upon Receipt	**Amt Due:** $277.04
Enter Amount Enclosed ->	

Note: If paying by check, please include this coupon & your acct no. on check

DEMING CLINIC CORP
PO BOX 14099
BELFAST, ME 04915

MB 01 083398 57519 H 256 A

SIERRA COUNTY THERESA INDIGENT CLAIMS
855 VAN PATTEN
TRUTH OR CONSEQUENCES NM 87901-3201

Make checks payable to: DEMING CLINIC CORP

DEMING CLINIC CORP
ATTN # 19072X
PO BOX 14000
BELFAST ME 04915-4033

☐ Check box if insurance or patient information has changed.
Please indicate changes on reverse side.

DEMING CLINIC CORP

Guarantor Name: SIERRA COUNTY THERESA INDIG
Patient Account #: 91418A1596
Statement Date: 04/23/2022

Your Account Status

We do not have your health insurance information on file. This balance is your responsibility.

Charges	$277.04
Previous Payments & Credits	$0.00
Total Balance	$277.04
Payment Due Upon Receipt	**$277.04**

PROFESSIONAL FEES

Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name
...

Provider Name
Kelly Fitzpatrick, DO

Service Location
Deming Orthopedic Services

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
04/21/2022	OFFICE/OUTPATIENT VISIT NEW		$277.00		
	Patient Balance - UNINSURED				$277.00
04/21/2022	TOBACCO NON-USER		$0.01		
	Patient Balance - UNINSURED				$0.01
04/21/2022	AMNT PAIN NOTED NONE PRSNT		$0.01		
	Patient Balance - UNINSURED				$0.01
04/21/2022	RVW MEDS BY RX/DR IN RCRD		$0.01		
	Patient Balance - UNINSURED				$0.01
04/21/2022	BODY MASS INDEX DOCD		$0.01		
	Patient Balance - UNINSURED				$0.01
	TOTAL PATIENT BALANCE				**$277.04**

Any dispute regarding this statement or any amounts due must be submitted in writing to:
P.O. Box 19000, Belfast, ME 04915-4085
Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.

MIMBRES MEMORIAL HOSPITAL
900 W ASH STREET
DEMING NM 880304000
5755462761 5755464510

MIMBRES MEMORIAL HOSPITAL
PO BOX 844814
DALLAS TX 75284-4814

075507601
000403974
0131
0000
850438008 032822 032822

1310 SONORA RD NE

BIZIEN MARCEL | RIO RANCHO | NM 87144

01011964 M 1 1 01

EOB

D2022-010

A2 17500 A3 1189166

1310 SONORA RD NE

RIO RANCHO NM 87144

0250	N400904632361UN1			032822	1	687
0250	N400641604425ML2			032822	1	371
0250	N466553000101UN1			032822	1	305
0255	DRUGS/INCIDENT RAD			032822	100	93100
0258	N400338004904ML1000			032822	1	5172
0300	LAB	36415		032822	1	3746
0301	LAB/CHEMISTRY	83874		032822	1	43980
0301	LAB/CHEMISTRY	84484		032822	1	26226
0301	LAB/CHEMISTRY	84484	XU	032822	1	26226
0301	LAB/CHEMISTRY	80048		032822	1	21177
0301	LAB/CHEMISTRY	83880		032822	1	18082
0305	LAB/HEMOTOLOGY	85379		032822	1	78677
0305	LAB/HEMOTOLOGY	85025		032822	1	9935
0324	DX X-RAY/CHEST	71045		032822	1	48713
0352	CT SCAN/BODY	71275	MA	032822	1	536511
0450	EMERG ROOM	99285	25	032822	1	210205
0450	EMERG ROOM	96361		032822	3	43278
0450	EMERG ROOM	96374	XU	032822	1	30096
0730	EKG/ECG	93005		032822	1	73688

0001 PAGE 1 OF 1 CREATION DATE 041322 TOTALS 1270175 000

1891075446

BLUE CROSS NM 999990116 Y Y 1189166 000
SIERRA COUNTY INDIGENT 999990000 Y Y 000 17500

18 R59764644
18 84380

OFEPNM

02022102508536S0X00

R0789 Z653
0
R0789 F419

1811259310
BUCKINGHAM CLARE S

B3282N00000X

SIERRA COUNTY INDIGENT
855 VAN PATTEN
T OR C NM 87901

BLUE CROSS National Standard Intermediary Remittance Advice

MIMBRES MEMORIAL HOSPITAL
900 W ASH STREET
DEMING NM 880304000
NPI: 1891075446

FPE: 12/31/22
PAID: 04/14/22
CLM#:
TOB: 131

BLUE CROSS NM
PO BOX 27630
ALBUQUERQUE NM 871257630

PATIENT: L
MID: R597646411
CLAIM STAT: 1
COR MID:

SVC FROM: 03/28/2022
THRU: 03/28/2022

PCN: 075507601
MRN: 000403974
ICN: 02022102508536S0X00

CHARGES:
12701.75-REPORTED
0.00-NCVD/DENIED
635.09-CLAIM ADJS
12066.66-COVERED
DAYS/VISITS:
0.00-COST RPT
0.00-COVD/UTIL
0.00-NON COVERED
0.00-COVD VISITS
0.00-NCOV VISITS

PAYMENT DATA: -DRG
0.00-DRG AMOUNT
0.00-DRG/OPER/CAP
0.00-LINE ADJ AMT
0.00-OUTLIER
0.00-CAP OUTLIER
0.00-CASH DEDUCT
0.00-BLOOD DEDUCT
175.00-COINSURANCE
0.00-PAT REFUND

0.00-REIM RATE
0.00-MSP PRIM PAYER
0.00-PROF COMPONENT
0.00-ESRD AMOUNT
0.00-PROC CD AMOUNT
12066.66-ALLOW/REIM
0.00-SEQUESTRATN
0.00-INTEREST
635.09-CONTRACT ADJ
0.00-PER DIEM AMT
11891.66-NET REIM AMT

CLAIM LEVEL REMARK CODES:

REV LICN / SVC Desc	DATE	HCPCS HCPI	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	RARC
0250	03/28				1	6.87	6.53	CO	45	0.34	
0250	03/28				1	3.71	3.52	CO	45	0.19	
0250	03/28				1	3.05	2.90	CO	45	0.15	
0255	03/28				100	931.00	884.45	CO	45	46.55	
0258	03/28				1	51.72	49.13	CO	45	2.59	
0300	03/28				1	37.46	35.59	CO	45	1.87	
0301	03/28				1	439.80	417.81	CO	45	21.99	
0301	03/28				1	262.26	249.15	CO	45	13.11	
0301	03/28				1	262.26	249.15	CO	45	13.11	
0301	03/28				1	211.77	201.18	CO	45	10.59	
0301	03/28				1	180.82	171.78	CO	45	9.04	
0305	03/28				1	786.77	747.43	CO	45	39.34	
0305	03/28				1	99.35	94.38	CO	45	4.97	
0324	03/28				1	487.13	462.77	CO	45	24.36	
0352	03/28				1	5365.11	5096.85	CO	45	268.26	
0450	03/28				1	2102.05	1821.95	PR	2	175.00	
								CO	45	105.10	
0450	03/28				3	432.78	411.14	CO	45	21.64	
0450	03/28				1	300.96	285.91	CO	45	15.05	
0730	03/28				1	736.88	700.04	CO	45	36.84	

GLOSSARY: Refer to website http://www.wpc-edi.com/codes for verbiage.

GROUP/CARC CODES: CO PR 45 2
CO Contractual Obligations
PR Patient Responsibility
45 Charges exceed your contracted/ legislated fee arrangement. This change to be effective 6/1/07: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
2 Coinsurance Amount