State of New Mexico

Shelly Trujillo
County Clerk
575-894-2840

Terri Copsin
County Treasurer
575-894-3524

Michael Huston
County Assessor
575-894-2589

Tom Pestak
Probate Judge
575-894-2840

SIERRA COUNTY
NEW MEXICO

855 Van Patten Street
Truth or Consequences, New Mexico 87901

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

County of Sierra

Travis Day
Vice Chair
575-894-6215

Frances Luna
Commissioner
575-894-6215

James Paxon
Chair
575-894-6215

Glenn Hamilton
County Sheriff
575-894-9150

BOARD OF COUNTY COMMISSIONERS
SIERRA COUNTY, NEW NEXICO

Resolution No. 109-021
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 23799.55 for new claims, and;

WHEREAS, the Sierra County Board of Commissioners desire to provide for the equitable and reasonable payment of claims, and;

THEREFORE BE IT RESOLVED, that the Sierra County Board of Commissioners hereby approve payment to those Indigent Hospital Claims in the amount of:

Sole community Providers in the amount of $ 23799.55

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

PASSSED, APPROVED and ADOPTED this 20th day of October 2020

Board of County Commissioners
Sierra County, NM

TRAVIS DAY, VICE-CHAIRMAN

FRANCES LUNA, COMMISSIONER

Attest:

SHELLY K. TRUJILLO
SIERRA COUNTY CLERK

JAMES PAXON, CHAIRMAN

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO._____

Total amount (Claims) requested: 23799.55

CLAIMS APPROVED FOR PAYMENT	15	$ 23799.55

SIERRA VISTA HOSPITAL	6	$ 8079.24
LUNA COUNTY DETENTION	1	$ 1284.56
SOCORRO GENERAL HOSPITAL	5	$ 13440.00
SOCORRO COUNTY	1	$ 554.75
PRESBYTERIAN PHYSCIANS	2	$ 441.00

Total	$ 16062.13

IHC NUMBER	PROVIDER	AMT BILLED	AMT PAID	DATE
				20-Oct-20
	COUNTY OF SOCORRO	554.75	554.75	
D2020-028	PRESBYTERIAN PHYSICIANS	216	216	
D2020-028	SOCORRO GENERAL HOSPITAL	59	59	
D2020-022	SOCORRO GENERAL HOSPITAL	1390	1390	
S2020-028	PRESBYTERIAN PHYSICIANS	225	225	
D2020-014	SOCORRO GENERAL HOSPITAL	3369	3369	
D2020-029	SOCORRO GENERAL HOSPITAL	7651	7651	
S2020-029	SOCORRO GENERAL HOSPITAL	971	971	
2020-027	SIERRA VISTA HOSPITAL	201.88	131.22	
	LUNA COUNTY DETENTION	1284.56	1284.56	
2020-022	SIERRA VISTA HOSPITAL	64.27	41.77	
2019-037	SIERRA VISTA HOSPITAL	83.2	54.08	
2020-003	SIERRA VISTA HOSPITAL	90	58.5	
2020-021	SIERRA VISTA HOSPITAL	2653	1724.45	
2020-021	SIERRA VISTA HOSPITAL	9337.27	6069.22	
	TOTAL		23799.55	

COUNTY OF SOCORRO

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

P: 575-835-0589
F: 575-835-4629

svega@co.socorro.nm.us
www.socorrocounty.net

Bill To: Sierra County
Attention: ~~[illegible]~~ Larita Enyle
Address: 855 Van Patten
Address: T or C ,NM 87901

Phone: 575-894-6215
Fax:
Email: ktook@sierraco org

Invoice #: 21DC-08
Invoice Date: 9/3/2020

INVOICE FOR: DETENTION CENTER BILLING FOR AUGUST, 2020

Start	Stop	Description	Qty	Unit Price	Name	Price
1/29/2020	1/29/2020	OFFICE/OUTPATIENT VISIT NEW	1	155.25		$ 155.25
2/26/2020	2/26/2020	OFFICE/OUTPATIENT VISIT EST	1	106.50		$ 106.50
4/17/2020	4/17/2020	PSYTX PT&/FAMILY 45 MINUTES	1	75.00		$ 75.00
4/23/2020	4/23/2020	OFFICE/OUTPATIENT VISIT EST	1	82.50		$ 82.50
5/1/2020	4/1/2020	PSYTX PT&/FAMILY 45 MINUTES	1	75.00		$ 75.00
5/15/2020	5/15/2020	PSYTX PT&/FAMILY 30 MINUTES	1	60.00		$ 60.00
6/17/2020	6/17/2020	PSYTX PT&/FAMILY 45 MINUTES	1	75.00		$ 75.00
7/6/2020	7/6/2020	PSYTX PT&/FAMILY 30 MINUTES	1	60.00		$ 60.00
7/14/2020	7/14/2020	PSYTX PT&/FAMILY 30 MINUTES	1	60.00		$ 60.00
7/30/2020	7/30/2020	PSYTX PT&/FAMILY 45 MINUTES	1	75.00		$ 75.00
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
					Total	$ 554.25

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

Vendor: 0001222216

INVOICE

Presbyterian Medical Services
P. O. Box 2267
Santa Fe, NM 87504
TEL 505-237-4075

Invoice #:
Invoice Date:

01/2020-06/2020
Date of Invoice: 07/31/2020

RECEIVED
Socorro County
AUG 04 2020
Manager's Office
210 Park Street, 87801

BILL TO:
Socorro County Detention Center
P.O. Box I
Socorro, NM 87801
Attention: Accounts Payable
Email: jmartinez@co.socorro.nm.us
Phone: 575-835-0589 Ext: 1116

FOR OFFICE USE ONLY
P.O. No.:
Voucher No:

Medical services

Name	Bill	Visit Date	CPT4	CPT4 Code	Chg Amt	Adj Amt	Net Amt	Remarks
[redacted]	8018277	01/14/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8021936	01/15/2020	99212	OFFICE/OUTPATIENT VISIT EST	$110.00	-$27.50	$82.50	Courtney, John C
	8029756	01/16/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8040673	01/21/2020	99203	OFFICE/OUTPATIENT VISIT NEW	$207.00	-$51.75	$155.25	Courtney, John C
	8050772	01/23/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8070804	01/29/2020	99203	OFFICE/OUTPATIENT VISIT NEW	$207.00	-$51.75	$155.25	Courtney, John C
	8084723	01/29/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8157735	02/26/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8271316	03/31/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8338660	04/21/2020	80061	LIPID PANEL	$75.00	-$18.75	$56.25	Courtney, John C
	8338660	04/21/2020	83036	GLYCOSYLATED HEMOGLOBIN TEST	$45.00	-$11.25	$33.75	Courtney, John C
	8338660	04/21/2020	80053	COMPREHEN METABOLIC PANEL	$65.00	-$16.25	$48.75	Courtney, John C
	8338660	04/21/2020	80164	ASSAY DIPROPYLACETIC ACID	$70.00	-$17.50	$52.50	Courtney, John C
	8338660	04/21/2020	85025	COMPLETE CBC W/AUTO DIFF WB	$35.00	-$8.75	$26.25	Courtney, John C
	8345513	04/23/2020	99203	OFFICE/OUTPATIENT VISIT NEW	$207.00	-$51.75	$155.25	Courtney, John C
	8345526	04/23/2020	99212	OFFICE/OUTPATIENT VISIT EST	$110.00	-$27.50	$82.50	Courtney, John C
	8366797	04/30/2020	99213	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8379957	05/05/2020	99214	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8379957	05/05/2020	80053	COMPREHEN METABOLIC PANEL	$206.00	-$51.50	$154.50	Courtney, John C
	8380997	05/05/2020	80061	LIPID PANEL	$65.00	-$16.25	$48.75	Courtney, John C
	8380997	05/05/2020	84443	ASSAY THYROID STIM HORMONE	$75.00	-$18.75	$56.25	Courtney, John C
	8380997	05/05/2020	83036	GLYCOSYLATED HEMOGLOBIN TEST	$65.00	-$16.25	$48.75	Courtney, John C
	8380997	05/05/2020	85025	COMPLETE CBC W/AUTO DIFF WBC	$45.00	-$11.25	$33.75	Courtney, John C
	8389725	05/07/2020	99212	OFFICE/OUTPATIENT VISIT EST	$35.00	-$8.75	$26.25	Courtney, John C
	8403518	05/12/2020	83036	GLYCOSYLATED HEMOGLOBIN TEST	$110.00	-$27.50	$82.50	Courtney, John C
	8403518	05/12/2020	80053	COMPREHEN METABOLIC PANEL	$45.00	-$11.25	$33.75	Courtney, John C
	8403518	05/12/2020	99214	OFFICE/OUTPATIENT VISIT EST	$65.00	-$16.25	$48.75	Courtney, John C
	8403518	05/12/2020	80061	LIPID PANEL	$206.00	-$51.50	$154.50	Courtney, John C
	8403518	05/12/2020	85025	COMPLETE CBC W/AUTO DIFF WBC	$75.00	-$18.75	$56.25	Courtney, John C
	8412870	05/14/2020	80061	LIPID PANEL	$35.00	-$8.75	$26.25	Courtney, John C
	8412870	05/14/2020	80156	ASSAY CARBAMAZEPINE TOTAL	$75.00	-$18.75	$56.25	Courtney, John C
	8412870	05/14/2020	85025	COMPLETE CBC W/AUTO DIFF WBC	$75.00	-$18.75	$56.25	Courtney, John C
	8412870	05/14/2020	99213	OFFICE/OUTPATIENT VISIT EST	$35.00	-$8.75	$26.25	Courtney, John C
	8412870	05/14/2020	80053	COMPREHEN METABOLIC PANEL	$142.00	-$35.50	$106.50	Courtney, John C
	8412870	05/14/2020	83036	GLYCOSYLATED HEMOGLOBIN TEST	$65.00	-$16.25	$48.75	Courtney, John C
	8429503	05/20/2020	80053	COMPREHEN METABOLIC PANEL	$45.00	-$11.25	$33.75	Courtney, John C
	8429503	05/20/2020	85025	COMPLETE CBC W/AUTO DIFF WBC	$65.00	-$16.25	$48.75	Courtney, John C
	8428462	05/20/2020	99213	OFFICE/OUTPATIENT VISIT EST	$35.00	-$8.75	$26.25	Courtney, John C
	8430258	05/20/2020	99212	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8443494	06/02/2020	99213	OFFICE/OUTPATIENT VISIT EST	$110.00	-$27.50	$82.50	Courtney, John C
	8490779	06/10/2020	99212	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
	8490779	06/10/2020	99212	OFFICE/OUTPATIENT VISIT EST	$110.00	-$27.50	$82.50	Courtney, John C
	8508115	06/16/2020	99212	OFFICE/OUTPATIENT VISIT EST	$110.00	-$27.50	$82.50	Courtney, John C
	8517041	06/18/2020	99213	OFFICE/OUTPATIENT VISIT EST	$110.00	-$27.50	$82.50	Courtney, John C
	8530855	06/23/2020	99212	OFFICE/OUTPATIENT VISIT EST	$142.00	-$35.50	$106.50	Courtney, John C
TOTALS:					$110.00	-$27.50	$82.50	Courtney, John C
					$4,807.00	-$1,201.75	$3,605.25	

Remit to:

Presbyterian Medical Services
P. O. Box 2267
Santa Fe, NM 87504

OKAY TO PAY

[redacted]

Vendor: 0001aaa6 Mental Services

[redacted]

INVOICE

Presbyterian Medical Services
P. O. Box 2267
Santa Fe, NM 87504
TEL 505-237-4075

Invoice #:
Invoice Date:
Terms:

07/01/2020-07/31/2020
Date of Issue: 08/28/2020

RECEIVED
Socorro County

AUG 31 2020

Manager's Office
210 Park Street, 87801

BILL TO:
Socorro County Detention Center
P.O. Box 1
Socorro, NM 87801
Attention: Accounts Payable
Email: jmartinez@co.socorro.nm.us
Phone: 575-835-0589 Ext: 1116

FOR OFFICE USE ONLY
P.O. No.:
Voucher No.

Name	Bill	Date of Svc	CPT4	CPT4 Desc	Chg Amt	Adj Amt	Amt Due	Rendering
[redacted]	8508189	07/06/2020	90832	PSYTX PTR/FAMILY 30 MINUTES	$80.00	-$20.00	$60.00	Rios LPCC, Catherine L
	8538310	07/14/2020	90832	PSYTX PTR/FAMILY 30 MINUTES	$80.00	-$20.00	$60.00	Rios LPCC, Catherine L
	8651860	07/30/2020	90834	PSYTX PTR/FAMILY 45 MINUTES	$100.00	-$25.00	$75.00	Rios LPCC, Catherine L
	8615358	07/31/2020	90791	PSYCH DIAGNOSTIC EVALUATION	$175.00	-$43.75	$131.25	Rios LPCC, Catherine L
	7434670	08/26/2019	H2011	Crisis interven svc, 15 min	$90.00	$7.50	$82.50	Griego MSW, Robert Carlos
	7410865	08/27/2019	H2011	Crisis intervention svc, 15 min	$90.00	$7.50	$82.50	Rios LPCC, Catherine L
TOTALS:					$615.00	-$83.75	$571.25	

Remit to:

Presbyterian Medical Services
P. O. Box 2267
Santa Fe, NM 87504

OKAY TO PAY

Date: _____

Vendor: 0001222216

INVOICE

Presbyterian Medical Services
P. O. Box 2267
Santa Fe, NM 87504
TEL 505-237-4015

Invoice #:
Invoice Date:
Terms:

01/2020-06/2020
Date of Invoice: 07/31/2020

RECEIVED
Socorro County

AUG 04 2020

Manager's Office
210 Park Street, 87801

BILL TO:
Socorro County Detention Center
P.O. Box I
Socorro, NM 87801
Attention: Accounts Payable
Email: jmartinez@co.socorro.nm.us
Phone: 575-835-0589 Ext: 1116

FOR OFFICE USE ONLY
P.O. No.:
Voucher No:

Mental Services

Name	ID	Dt of Serv	CPT4	CPT4 Desc	Chg Amt	DB Adj	Allwd Amt	Description
[redacted]	7253468	01/07/2020	90791	PSYCH DIAGNOSTIC EVALUATION	$173.00	-$43.75	$191.25	Rico LPCC, Catherine L
	8116470	02/12/2020	H2011	Crisis interven svc, 15 min	$60.00	-$15.00	$45.00	Rico LPCC, Catherine L
	8205816	04/16/2020	H2011	Crisis interven svc, 15 min	$173.84	-$43.46	$130.38	Rico LPCC, Catherine L
	8211767	04/21/2020	H2011	Crisis interven svc, 15 min	$173.84	-$43.46	$130.38	Rico LPCC, Catherine L
	8277825	04/27/2020	90834	PSYTX PTR/FAMILY 45 MINUTES	$100.00	-$25.00	$75.00	Rico LPCC, Catherine L
	8371281	05/01/2020	90834	PSYTX PTR/FAMILY 45 MINUTES	$100.00	-$25.00	$75.00	Rico LPCC, Catherine L
	8413474	05/15/2020	90853	PSYTX PTR/FAMILY 30 MINUTES	$80.00	-$20.00	$60.00	Rico LPCC, Catherine L
	8416059	05/15/2020	H2011	Crisis interven svc, 15 min	$173.84	-$43.46	$130.38	Rico LPCC, Catherine L
	8512707	06/17/2020	90834	PSYTX PTR/FAMILY 45 MINUTES	$100.00	-$25.00	$75.00	Rico LPCC, Catherine L
TOTALS:					$1,154.53	-$284.13	$882.39	

Remit to:

Presbyterian Medical Services
P. O. Box 2267
Santa Fe, NM 87504

[redacted]

OKAY TO PAY

SOCORRO COUNTY DENTENTION CENTER GENERIC COM
PO BOX 598

SOCORRO, NM 87801

HEALTH INSURANCE CLAIM FORM

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

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)

2 PATIENT'S NAME (Last Name, First Name, Middle Initial)

D2020-025

3. PATIENT'S BIRTH DATE MM DD YY — SEX F

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

5. PATIENT'S ADDRESS (No. Street)

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

7 INSURED'S ADDRESS (No. Street)

CITY

STATE

TRUTH OR CONSEQUENCES NM

ZIP CODE

87901

TELEPHONE (Include Area Code)

( )

8. RESERVED FOR NUCC USE

CITY

STATE

TRUTH OR CONSEQUENCES NM

ZIP CODE

87901

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

NGN

a. OTHER INSURED'S POLICY OR GROUP NUMBER

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

a. INSURED'S DATE OF BIRTH DD YY — 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

SOCORRO COUNTY DENTENTION CEN

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.

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 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 06/02/2020

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 VOELKER, LARRY

17a.

17b. NPI 1033215611

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. N40.1 B. R39.11 C. R35.0 D. E. F. G. H. I. J. K.

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. #
06 02 20	06 02 20	11		99214		ABC	216 00	1		ZZ	207Q00000X
										NPI	1033215611
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER: 850105601 SSN EIN X

26. PATIENT'S ACCOUNT NO: SO10276025770

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

28. TOTAL CHARGE: $ 216 00

29. AMOUNT PAID: $

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.)

VOELKER, LARRY

SIGNED

DATE 060520

32. SERVICE FACILITY LOCATION INFORMATION:

SOCORRO
1202 HIGHWAY 60 WEST BUILD
SOCORRO NM 878013914

a. 1104802354

33. BILLING PROVIDER INFO & PH. # ( )

PRESBYTERIAN PHYSICIAN BILLING
PO BOX 911589
DENVER CO 802911589

a. 1104802354 b. ZZ193200000X

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

WCMS-1500CS-12

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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SOCORRO NM 878013914

DENVER CO 802911580

4896985

0131

850105601 051920 051920

SECTION D2120-028

TRUTH OR CONSEQUENCES NM 87901

4 3 1 01

SOCORRO COUNTY DETENTION CENTER ATTN EDD
PO BOX 598

SOCORRO, NM 87801

0300 LABORATORY 84153 051920 1 59 00

001 PAGE 1 OF 1

CREATION DATE 080620

TOTALS 59 00

OCORRO COUNTY DETENTI

Y Y

1790761138

850105601

18

GENERIC COMMER

3911 R300

B3282NC0060X

1104802354

CNM LAB

DN 1033215611

VOELKER LARRY

NUBC

SOCORRO NM 878013914 DENVER CO 802911580 1341023 0131

850105601 072620 072620

D2020-022 TRUTH OR CONSEQUENCES NM 87901

M 1 1 21 NM

SOCORRO COUNTY DETENTION CENTER
ATTNEDDIE GARCIA
PO BOX 598
SOCORRO, NM 87801

45 99 00

1250 N400904595961UN8

1402 ULTRASOUND	76536	072620	8	31 00
1450 EMERGENCY ROOM	99283	072620	1	388 00
		072620	1	971 00

)01 PAGE 1 OF 1 CREATION DATE 073120 TOTALS 1390 00

OMMERCIAL GENERIC Y Y 1790761138

18 GENERIC COMMER

0211

L0211

1366411126

BARRETT TIMOTHY

B3282NC0060X

NPI

SOCORRO COUNTY DETENTION CENTER / ATTN EDDIE
PO BOX 598
SOCORRO, NM 87801

HEALTH INSURANCE CLAIM FORM

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

PICA

CARRIER

1 MED CARE (Medicare #)	MEDICAID (Medicaid #)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)
						X

PICA

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

PATIENT AND INSURED INFORMATION

2 PATIENT'S NAME (Last Name, First Name, Middle Initial)	3 PATIENT'S BIRTH DATE MM DD YY / SEX
D2020-028	M F

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

5 PATIENT'S ADDRESS (No. Street)	6 PATIENT RELATIONSHIP TO INSURED
	Self X Spouse Child Other

7 INSURED'S ADDRESS (No. Street)	

CITY	STATE	8 RESERVED FOR NUCC USE
TEUTH OR CONSEQUENCES	NM	

CITY	STATE
TRUTH OR CONSEQUENCES	NM

ZIP CODE	TELEPHONE (Include Area Code)
87901	( )

ZIP CODE	TELEPHONE (Include Area Code)
87901	( )

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 / SEX	
01 10 1971	M X F

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	

d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
SOCORRO COUNTY DETENTION CENTER	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 05/19/2020

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

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	QUAL	15. OTHER DATE MM DD YY	QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM / MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a	17b. NPI
DN, VOELKER, LARRY		1033215611

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM / MM DD YY TO	20. OUTSIDE LAB? YES NO	$ CHARGES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	22. RESUBMISSION CODE	ORIGINAL REF. NO.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))	ICD Ind.	0
A. R39.11 B. R30.0 C. N40.1 D. E. F. G. H. I. J. K. L.		

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. #
05 19 20 05 19 20	11		81002		AB	9 00	1		ZZ	207Q00000X
									NP	1033215611
05 19 20 05 19 20	11		99214		ABC	216 00	1		ZZ	207Q00000X
									NP	1033215611
									NPI	
									NPI	
									NPI	
									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
850105601	X	SO10276025780	X YES NO	$ 225 00		

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH. # ( )
VOELKER, LARRY	SOCORRO 1202 HIGHWAY 60 WEST BUILD SOCORRO NM 878013914	PRESBYTERIAN PHYSICIAN BILLING PO BOX 911589 DENVER CO 802911589
SIGNED 080520 DATE	a. 1104802354 b.	a. 1104802354 b. ZZ193200000X

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

1500CMS-1500DS-12

SOCORRO NM 878013914

DENVER CO 802911580

2143717

0131

D2020-014

850105601 091820 091820

PATIENT NAME

11251992 F

TRUTH OR CONSEQUENCES NM 87901

NM

SOCORRO COUNTY DETENTION CENTER
PO BOX 598

SOCORRO, NM 87801

45 99 00

0250	N463739069110UN1				
0300	LABORATORY	36415	091820	1	7 00
0300	LABORATORY	80053	091820	1	46 00
0300	LABORATORY	85025	091820	1	81 00
0300	LABORATORY	85379	091820	1	74 00
0301	LAB/CHEMISTRY	84484	091820	1	150 00
0324	DX X-RAY/CHEST	71045	091820	1	194 00
0450	EMERGENCY ROOM	9928525	091820	1	205 00
0730	EKG-ECG	93005	091820	1	2284 00
			091820	1	328 00

0001 PAGE 1 OF 1

CREATION DATE 092320 TOTALS 3369 00

COMMERCIAL GENERIC
HP SALUD NON PMG PCP

Y Y
Y Y

1790761138

18
18 10528673100

NGN
IN0M1814HSH10019X

0789 R001 R0602 J45909 Z7951 Z79899

R0789

1598755068
GEURTS MAURICE

1598755068
GEURTS MAURICE

B3282NC0060X

SOCORRO GENERAL HOSPITAL
1202 HIGHWAY 60 W
SOCORRO NM 878013914

PO BOX 911580
DENVER CO 802911580

1a PAT CNTL # HB5019093001
b MED REC # 1338409
013
5 FED TAX NO 850105601
6 STATEMENT COVERS PERIOD FROM 020220 THROUGH 020320

PATIENT NAME 2 I 20026-029
3 PATIENT ADDRESS 4 AY
5 TRUTH OR CONSEQUENCES 6 NM 87901
7 BIRTHDATE 8 SEX 9 DATE 10 ADMISSION HR 11 TYPE 12 SRC 13 DHR 14 STAT 1 1 70
15 CONDITION CODES 16 17 18 19 20 21 22 23 24 25 26 27 28
29 ACDT STATE NM 30
31 OCCURRENCE CODE 1 DATE 020220
32 OCCURRENCE CODE DATE
33 OCCURRENCE SPAN CODE FROM THROUGH
34 OCCURRENCE SPAN CODE FROM THROUGH
35 OCCURRENCE SPAN CODE FROM THROUGH
36

ATTN EDDIE GARCIA SOCORRO COUNTY DETENTI
PO BOX 598

SOCORRO, NM 87801

37 a b c d
38 VALUE CODES CODE AMOUNT
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
250	N400121176130ML30		020220	1	15 00		
250	N450383077515ML10		020220	1	7 00		
300	LABORATORY	36415	020220	1	46 00		
300	LABORATORY	80048	020220	1	66 00		
300	LABORATORY	81003	020220	1	43 00		
300	LABORATORY	85025	020220	1	74 00		
301	LAB/CHEMISTRY	80076	020220	1	65 00		
301	LAB/CHEMISTRY	83690	020220	1	140 00		
352	CT SCAN/BODY	74177	020220	1	4398 00		
450	EMERGENCY ROOM	9928525	020220	1	2284 00		
636	N4633230739l6ML2	S0028	020220	1	16 00		
636	N400641612501ML1	J2270	020320	1	137 00		
636	N400270131535ML100	Q9967	020320	100	360 00		

101 PAGE 1 OF 1 CREATION DATE 100620 TOTALS 7651 00

50 PAYER NAME COMMERCIAL GENERIC
51 HEALTH PLAN ID
52 REL INFO Y
53 ASG BEN Y
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI 1790761138
57 OTHER PRV ID

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

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 ICD 828 K8040 R740 2930
67 PRINCIPAL PROCEDURE CODE DATE
68
69 ADMIT DIAG
70 PATIENT REASON DX R1013
71 PPS CODE
72 ECI
73
74 PRINCIPAL PROCEDURE CODE DATE
74a OTHER PROCEDURE CODE DATE
74b OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1023403151 QUAL LAST SOUERS FIRST JOANNA
77 OPERATING NPI 1023403151 QUAL LAST SOUERS FIRST JOANNA
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS
81 CC a B3282NC0060X b c d

SOCORRO GENERAL HOSPITAL
1202 HIGHWAY 60 W
SOCORRO NM 878013914

PO BOX 911580
DENVER CO 802911580

3a PAT CNTL # HB5019189100
3b MED REC # 1338409
5 FED TAX NO 850105601
6 STATEMENT COVERS PERIOD FROM 021020 THROUGH 021020

1 PATIENT NAME 02020-029
2 PATIENT ADDRESS
3 BIRTHDATE
4 SEX M
5 ADMISSION 12 DATE 13 HR 14 TYPE 15 SRC 1 1
16 DHR
17 STAT 21
18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES
29 ACDT STATE
30

a
b TRUTH OR CONSEQUENCES AY
c NM
d 87901
e

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

ATTN EDDIE GARCIA SOCORRO COUNTY DETENTI
PO BOX 598

SOCORRO, NM 87801

38 VALUE CODES AMOUNT
39 VALUE CODES AMOUNT
40 VALUE CODES AMOUNT
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	49
0150	EMERGENCY ROOM	99283	021020	1	971 00		
0101	PAGE 1 OF 1	CREATION DATE 100620		TOTALS	971 00		

50 PAYER NAME: COMMERCIAL GENERIC
51 HEALTH PLAN ID
52 REL INFO Y
53 ASG BEN Y
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI 1790761138
57 OTHER PRV ID

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

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

91872

66
67 PRINCIPAL PROCEDURE CODE DATE
68 ADMITTING DIAGNOSIS R238
69 PATIENT REASON DX
70 PRINCIPAL PROCEDURE CODE DATE
71 PPS CODE
72 ECI
73
74 a OTHER PROCEDURE CODE DATE
b OTHER PROCEDURE CODE DATE
c OTHER PROCEDURE CODE DATE
d OTHER PROCEDURE CODE DATE
e OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1366411126 QUAL
LAST BARRETT FIRST TIMOTHY
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

REMARKS
80
a B3282NC0060X
b
c
d

SIERRA VISTA HOSPITAL

Guarantor Name: 2020 -027
Patient Account #: 79110A15467
Statement Date: 09/01/2020

Your Account Status

Your insurance provider notified us that you were not covered under their plan. Your balance is past due. If this is incorrect, contact your insurer.

Payment due

$519.79

Upon Receipt

Choose a Payment Method

Pay Online Recommended

Make a secure online payment: www.quickpayportal.com
QuickPay Code: 6HGY-5LFP-9LG-1L6L

Mail your payment with the coupon below.
Make checks payable to: SIERRA VISTA HOSPITAL.
Please include your account # on the check.

Questions? Have a question about your balance, or need to update your insurance information with us? Call 575-894-3221.

Thank you for choosing SIERRA VISTA HOSPITAL 69

Your account is overdue; please pay this balance immediately. With a Patient Portal account, you can opt into paperless statements, pay your bill online, review recent lab results, send messages to your practice, and more. Visit http://svhnm.org and click Patient Portal to register today!

Enjoy the ease and security of paperless statements. Sign up today at https://15467.portal.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.

SIERRA VISTA HOSPITAL 69
PO BOX 14099
BELFAST, ME 04915

Pay Online at QuickPay
www.quickpayportal.com | QuickPay Code:
6HGY-5LFP-9LG-1L6L

Due Date	Patient Account #
Upon Receipt	79110A15467
Amount Due	**Amount Enclosed**
$519.79	

Make checks payable to: SIERRA VISTA HOSPITAL

Indigent will cover 201-88

2020 - 027

TRUTH OR CONSEQUENCES NM 87901-3260

SIERRA VISTA HOSPITAL
ATTN # 20999Y
PO BOX 14000
BELFAST ME 04915-4033

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

SIERRA VISTA HOSPITAL

Guarantor Name:
Patient Account #: 79110A15467
Statement Date: 09/01/2020

Your Account Status

Your insurance provider notified us that you were not covered under their plan. Your balance is past due. If this is incorrect, contact your insurer.

Charges	$1,330.00
Previous Payments & Credits	$810.21
Total Balance	$519.79
Payment Due Upon Receipt	**$519.79**

CLINIC FEES

Charges for services at a rural or federally qualified clinic. Your Medicare summary may have additional charges not on this statement.

Patient Name

Provider Name: **William Adkins, MD**

Service Location: **Sierra Vista Rural Health Clinic**

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
07/09/2020	99213 OFFICE OUTPATIENT VISIT EST MOD		$173.40		
08/04/2020	Credit - Insurance Adjustment: Medicare A-NM	PROCESSED		$128.80	
08/04/2020	Credit - Insurance Payment: Medicare A-NM	PROCESSED		-$238.03	
	Patient Balance - COINSURANCE				$64.17 ✓
07/24/2020	99213 OFFICE OUTPATIENT VISIT EST MOD		$173.40		
08/19/2020	Credit - Insurance Payment: Medicare A-NM	PROCESSED		-$238.03	
08/19/2020	Credit - Insurance Adjustment: Medicare A-NM	PROCESSED		$99.31	
08/26/2020	Credit - Insurance Company: Medicaid-NM	NOT ELIG		$0.00	
	Patient Balance - MISC.				$34.68 ✓

FACILITY FEES

Charges for the use of the healthcare facility, equipment, supplies, and staff supporting your provider.

Patient Name

Service Location: **OP Laboratory**

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
06/19/2020	CBC		$87.02		
07/22/2020	Credit - Insurance Company: Medicare A-NM	NON-COVER		$0.00	
	Patient Balance - MISC.				$87.02
06/19/2020	HGB A1C		$92.10		
07/22/2020	Credit - Insurance Company: Medicare A-NM	NON-COVER		$0.00	
	Patient Balance - MISC.				$92.10
06/19/2020	TSH THYROID STIMULATING HORMONE		$138.79		
07/22/2020	Credit - Insurance Company: Medicare A-NM	NON-COVER		$0.00	
	Patient Balance - MISC.				$138.79

Not Covered by Indigent

Patient Name

Service Location: **OP Radiology**

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
07/24/2020	CHEST 2V PA/LAT		$86.00		
08/13/2020	Credit - Insurance Payment: Medicare A-NM	PROCESSED		-$18.92	
08/13/2020	Credit - Insurance Adjustment: Medicare A-NM	PROCESSED		-$49.88	
	Patient Balance - COINSURANCE				$17.20 ✓

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

SIERRA VISTA HOSPITAL

Guarantor Name: [redacted]
Patient Account #: 79110A15467
Statement Date: 09/01/2020

Your Account Status

Your insurance provider notified us that you were not covered under their plan. Your balance is past due. If this is incorrect, contact your insurer.

Charges	$1,330.00
Previous Payments & Credits	$810.21
Total Balance	$519.79
Payment Due Upon Receipt	**$519.79**

Patient Name
Cynthia Whitt

Service Location
OP Radiology

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
07/24/2020	HAND LT 3 VIEWS, LEFT SIDE		$409.29		
08/13/2020	Credit - Insurance Payment: Medicare A-NM	PROCESSED		-$90.04	
08/13/2020	Credit - Insurance Adjustment: Medicare A-NM	PROCESSED		-$237.39	
	Patient Balance - COINSURANCE				$81.86

PROFESSIONAL FEES

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

Patient Name
[redacted]

Provider Name
Physician, Physician

Service Location
OP Radiology

Date	Description	Charge Status	Charges	Payments/ Credits	Patient Balance
07/24/2020	PF - HAND LT 3 VIEWS, LEFT SIDE		$85.00		
08/13/2020	Credit - Insurance Payment: Medicare A-NM	PROCESSED		-$8.15	
08/13/2020	Credit - Insurance Adjustment: Medicare A-NM	PROCESSED		-$75.08	
	Patient Balance - COINSURANCE				$1.77
07/24/2020	PF - CHEST 2V PA/LAT		$85.00		
08/13/2020	Credit - Insurance Payment: Medicare A-NM	PROCESSED		-$10.12	
08/13/2020	Credit - Insurance Adjustment: Medicare A-NM	PROCESSED		-$72.68	
	Patient Balance - COINSURANCE				$2.20
	TOTAL PATIENT BALANCE				**$519.79**

LUNA COUNTY DETENTION CENTER

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

DATE: August 12, 2020
INVOICE # LB122020

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

FOR: Tricore billing June 2020

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

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

TRIPATH
REFERENCE LABORATORIES

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

Patient Summary

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

$1284.56

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

Medicare Provider ID: 850444170
NPI: 1033285044

July 1, 2020

CorrHealth Luna County (32012)

6303 Goliad Ave
Dallas, TX 75214

Invoice # 202006-0

CURRENT INVOICE ACTIVITY: 202006-0

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

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 30984C15467
Invoice Date: 10/01/2020

Total Due: $237.47

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
	2020-022		
399887V15467	RHEA HAZEN, CNP		
08/19/2020	90832	PSYTX PT &/ FAMILY 30 MINUTES	$29.59
400601V15467	KARENLYNN FIATO, NP		
08/26/2020	99213	99213 OFFICE OUTPATIENT VISIT EST MOD	$34.68
		Patient Subtotal:	**$64.27**
400049V15467	WILLIAM ADKINS, MD	Removed	
08/24/2020	J3301	TRAIMCINOLONE (KENALOG) 40MG	$0.30
		Patient Subtotal:	**$0.30**
	78369 2019-037 C		
401039V15467	CHAD BERRYMAN , MD		
08/27/2020	99282	ER-LEVEL 2 LOW COMPLEXITY	$83.20
		Patient Subtotal:	**$83.20**
	2020-003		
382204V15467	MILES NELSON, MD		
06/10/2020	0258	SOL NS 0.9% 1000ML	$43.50
06/10/2020	0250	PANTOPRAZOLE (PROTONIX) IVP SDV : 40MG	$21.75
06/10/2020	96361,59	IV INFUSION HYDRATION-ADDITIONAL HRS	$24.75
		Patient Subtotal:	**$90.00**

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

Total Due: $237.47

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 30991C15467
Invoice Date: 10/01/2020

Total Due: $2,653.00

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
: 72338 2020-021			
404150V15467			
09/04/2020	A0427,RH	ALS1 EMERGENCY	$607.00
Pickup:	RESIDENCE 1217 ORE WILLIAMSBURG NM 87942		
Destination:	SVH 800 E 9TH AVE TRUTH OR CONSEQUENCES NM 87901		
09/04/2020	A0425,RH	GROUND MILEAGE: 1 MILE	$38.25
404150V15467			
09/04/2020	A0425,HH	GROUND MILEAGE: 1 MILE	$1,032.75
09/04/2020	A0434,HH	SPECIALTY CARE TRANSPORT (SCT)	$975.00
Pickup:	SVH 800 E 9TH AVE TRUTH OR CONSEQUENCES NM 87901		
Destination:	MMC 2450 S TELSHOR BLVD LAS CRUCES NM 88011		
		Patient Subtotal:	**$2,653.00**

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

Total Due:	**$2,653.00**

Patient doesn't have any other Ins. -PH

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 30960C15467
Invoice Date: 10/01/2020

Total Due: $9,337.27

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
[illegible], MADELINE	2020-021		
401617V15467			
08/31/2020	71046,TC	CHEST 2V PA/LAT	$86.00
401618V15467	CHARLES DAVIS, MD		
08/31/2020	71046,26	PF - CHEST 2V PA/LAT	$85.00
403921V15467			
09/04/2020	0258	Pharmacy - IV Solutions	$150.00
09/04/2020	0250	Pharmacy - General	$792.30
09/04/2020	71045,TC	CHEST 1V	$86.00
09/04/2020	85025	CBC	$87.02
09/04/2020	80053	COMPREHENSIVE METABOLIC PANEL	$242.75
09/04/2020	84484	TROPONIN QUANTITIVE	$161.20
09/04/2020	85730	THROMBOPLASTIN PTT	$170.00
09/04/2020	85610	PROTHROMBIN TIME - INR	$58.26
09/04/2020	86140	CRP QUANTITATIVE	$31.34
09/04/2020	C9803,CS	HOSPITAL OUTPATIENT CLINIC VISIT SPECI	$57.48
09/04/2020	U0003,CS	SARS-COV-2/2019-NCOV (COVID-19)	$100.00
09/04/2020	J0696	CEFTRIAXONE (ROCEPHIN) ADDV : 1GM	$3.57
09/04/2020	81001	.UA AUTO W/ MICRO	$69.21
09/04/2020	83605	LACTIC ACID PLASMA	$135.30
09/04/2020	J0171	EPINEPHRINE (ADRENALINE) 1:1000 : 1ML	$144.55
09/04/2020	J2060	LORAZEPAM (ATIVAN) SDV : 2MG	$5.40
09/04/2020	J2060	LORAZEPAM (ATIVAN) SDV : 2MG	$5.40
09/04/2020	J3475	MAG SULFATE PREMIX 1GM/100ML D5W	$41.16
09/04/2020	J1265	DOPAMINE (INTROPIN) PREMIX IVPB : 400MG	$9.00
09/04/2020	J1265,JW	DOPAMINE (INTROPIN) PREMIX IVPB : 400MG	$66.00
09/04/2020	96361,59	IV INFUSION HYDRATION-ADDITIONAL HRS	$180.20
09/04/2020	96365	IV INFUSION MED-1ST MED UP TO 1 HOUR	$571.66
09/04/2020	96366	IV INFUSION MED(S) ADDITIONAL HRS	$164.77
09/04/2020	96375,59	IV PUSH - EACH ADDITIONAL NEW DRUG	$2,563.95
09/04/2020	93005	EKG 12 LEAD	$368.35
09/04/2020	96376,59	IV PUSH - EACH SUBSQUENT PUSH SAME ME	$1,035.00
09/04/2020	99285,25	ER-LEVEL 5 HIGH COMPLEXITY	$1,719.78
09/04/2020	J3010	FENTANYL (SUBLIMAZE) SDV : 250MCG	$26.55
09/04/2020	J2930	METHYLPREDNISO (SOLU-MEDROL) IVP : 125	$35.07
		Patient Subtotal:	**$9,252.27**

Patient doesn't have any other Ins. -PH

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
403922V15467 09/04/2020	JOSE OSPINA, MD 71045.26	PF - CHEST 1V	$85.00
		Patient Subtotal:	**$85.00**

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

Total Due: **$9,337.27**