



Group:FIVE POINTS UMBRELLA

Rept Dt:07-25-2018

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 07-10-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 07-10-2018 CONTROL #:8-206-R-00317-02  
 INSD ID: CLAIM #: 0710181974  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1639392533

FTIN:742797430

FACILITY/OFFICE: EL PASO VINTON DIAGNOSTIC PA

PROVIDER NAME : HERAMB SINGH  
 7930 DONIPHAN DRIVE  
 VINTON TX 79821-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	07-10-2018 07-10-2018	76705	26	001	164.00	31.81	132.19
TOTALS:					164.00	31.81	132.19

BILLED CHARGES 164.00  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 31.81  
 TOTAL SAVINGS 132.19