



Group:FIVE POINTS UMBRELLA

Rcpt Dt:01-15-2019

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051
 FIRST : MI: FROM: 10-30-2018 CLIENT ID:ELP
 DOB : SEX:U RL: THRU: 10-30-2018 CONTROL #:9-015-R-00179-01
 INSD ID: CLAIM #: 1030181980
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1043615263

FTIN:472190514

FACILITY/OFFICE: EPIPHANY DERMATOLOGY PA

PROVIDER NAME : ELVIS JACOME

6601 VAUGHT RANCH RD 200
AUSTIN TX 78730-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	10-30-2018 10-30-2018	99201	001	130.00	50.18	79.82
TOTALS:				130.00	50.18	79.82

BILLED CHARGES 130.00
 EXCLUDED AMOUNT 0.00
 NEGOTIATED RATE 50.18
 TOTAL SAVINGS 79.82