



Group:FIVE POINTS UMBRELLA

Rcpt Dt:11-10-2018

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051
 FIRST : MI: FROM: 10-24-2018 CLIENT ID:ELP
 DOB : SEX:U RL: THRU: 10-24-2018 CONTROL #:8-314-R-00041-07
 INSD ID: CLAIM #: 1024181968
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1225137078

FTIN:742642478

FACILITY/OFFICE: SW ULTRA DBA DESERT IMAGING

PROVIDER NAME : HUGO ISUANI
 122 WEST CASTELLANO
 EL PASO TX 79912-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	10-24-2018 10-24-2018	73030	RT	001	88.80	33.78	55.02
TOTALS:					88.80	33.78	55.02

BILLED CHARGES 88.80
 EXCLUDED AMOUNT 0.00
 NEGOTIATED RATE 33.78
 TOTAL SAVINGS 55.02