



Group:FIVE POINTS UMBRELLA

Rept Dt:10-17-2018

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 09-17-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 09-17-2018 CONTROL #:8-290-R-00220-01  
 INSD ID: CLAIM #: 0917182007  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1578615704 FTIN:260114759  
 FACILITY/OFFICE: NORTHEAST CORNERSTONE PEDIATRICS  
 PROVIDER NAME : A AKINJAIYEJU  
 10755 KENWORTHY ST  
 EL PASO TX 79924-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	09-17-2018 09-17-2018	99214	25	001	180.00	77.53	102.47
002	09-17-2018 09-17-2018	96110	59	001	75.00	15.27	59.73
TOTALS:					255.00	92.80	162.20

BILLED CHARGES 255.00  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 92.80  
 TOTAL SAVINGS 162.20