



Group:FIVE POINTS UMBRELLA

Rcpt Dt:08-07-2018

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 07-23-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 07-23-2018 CONTROL #:8-219-R-00254-10  
 INSD ID: CLAIM #: 0723181967  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1568464550 FTIN:741724054  
 FACILITY/OFFICE: EL PASO PULMONARY ASSOCIATION  
 PROVIDER NAME : EMILIO GONZALES AYALA  
 4305 N MSEA SUITE A  
 EL PASO TX 79902-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	07-23-2018 07-23-2018	71250	001	467.00	174.26	292.74
TOTALS:				467.00	174.26	292.74

BILLED CHARGES 467.00  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 174.26  
 TOTAL SAVINGS 292.74