



Group:FIVE POINTS UMBRELLA

Rcpt Dt:07-30-2018

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 07-17-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 07-17-2018 CONTROL #:8-211-R-00381-03  
 INSD ID: CLAIM #: 0717181967  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1194769497

FTIN:742554159

FACILITY/OFFICE: CLINICAL PATHOLOGY LABS INC

PROVIDER NAME : MARK SILBERMAN  
 P.O. BOX 141669  
 AUSTIN TX 78714-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	07-17-2018 07-17-2018	36415	001	5.25	2.25	3.00
002	07-17-2018 07-17-2018	82565	001	42.75	4.89	37.86
003	07-17-2018 07-17-2018	83880	001	327.75	32.37	295.38
004	07-17-2018 07-17-2018	84520	001	42.75	3.77	38.98
005	07-17-2018 07-17-2018	85025	001	41.50	7.41	34.09
006	07-17-2018 07-17-2018	85610	001	31.50	3.75	27.75
TOTALS:				491.50	54.44	437.06

BILLED CHARGES 491.50  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 54.44  
 TOTAL SAVINGS 437.06