



Group:FIVE POINTS UMBRELLA

Rcpt Dt:05-29-2018

PATIENT INFORMATION

FH INFORMATION

LAST : ██████████ TYPE: Outpatient CLIENT # :997659051  
 FIRST : ██████████ MI: FROM: 05-17-2018 CLIENT ID:ELP  
 DOB : ██████████ SEX:U RL: THRU: 05-17-2018 CONTROL #:8-149-R-00190-01  
 INSD ID: ██████████ CLAIM #: 0517181990  
 PT SSN : ██████████ PT CTRL:

PROVIDER INFORMATION NPI:

FTIN:742258912

FACILITY/OFFICE: GYN PATH SERVICES INC

PROVIDER NAME : PHILIP MILES  
 8815 DYER SUITE 200  
 EL PASO TX 79904-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	05-17-2018 05-17-2018	88175	001	104.00	33.31	70.69
TOTALS:				104.00	33.31	70.69

BILLED CHARGES 104.00  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 33.31  
 TOTAL SAVINGS 70.69