



Group:FIVE POINTS UMBRELLA

Rept Dt:12-26-2018

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 10-08-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 10-08-2018 CONTROL #:8-360-R-00057-05  
 INSD ID: CLAIM #: 1008181960  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1053530907

FTIN:201186648

FACILITY/OFFICE: SOUTHWEST EYE INSTITUTE

PROVIDER NAME : JAMES COLE  
 1400 COMMON DRIVE  
 EL PASO TX 79936-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	10-08-2018 10-08-2018	66984	RT	001	3382.00	1007.33	2374.67
TOTALS:					3382.00	1007.33	2374.67

BILLED CHARGES 3382.00  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 1007.33  
 TOTAL SAVINGS 2374.67