



Group:FIVE POINTS UMBRELLA

Rcpt Dt:10-24-2018

PATIENT INFORMATION

PH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 10-04-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 10-04-2018 CONTROL #:8-297-R-00077-01  
 INSD ID: CLAIM #: 1004182000  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1326082603 FTIN:742896901  
 FACILITY/OFFICE: DIAGNOSTIC OUTPATIENT IMAGING  
 PROVIDER NAME : ANKUR PATEL  
 5959 GATEWAY WEST BLVD SUITE 120  
 EL PASO TX 79925-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	10-04-2018 10-04-2018	73721	RT	001	1382.00	556.81	825.19
TOTALS:					1382.00	556.81	825.19

BILLED CHARGES 1382.00  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 556.81  
 TOTAL SAVINGS 825.19