



Group:FIVE POINTS UMBRELLA

Rcpt Dt:10-12-2018

PATIENT INFORMATION

PH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997659051  
 FIRST : MI: FROM: 07-25-2018 CLIENT ID:ELP  
 DOB : SEX:U RL: THRU: 07-25-2018 CONTROL #:8-285-R-00312-01  
 INSD ID: CLAIM #: 0725181998  
 PT SSN : PT CTRL:

PROVIDER INFORMATION NPI:1427300078 FTIN:460793836  
 FACILITY/OFFICE: REGENT CROSS MEDICAL CLINIC  
 PROVIDER NAME : IKEDIEZE IGWE CHUKWU  
 1418 GEORGE DIETER DR SUITE 100  
 EL PASO TX 79936-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD	UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	07-25-2018 07-25-2018	99385	25	001	250.00	111.72	138.28
002	07-25-2018 07-25-2018	G0444	59	001	27.74	16.64	11.10
003	07-25-2018 07-25-2018	G0442	59	001	27.74	16.64	11.10
TOTALS:					305.48	145.00	160.48

BILLED CHARGES 305.48  
 EXCLUDED AMOUNT 0.00  
 NEGOTIATED RATE 145.00  
 TOTAL SAVINGS 160.48