



Group:FIVE POINTS UMBRELLA

Rcpt Dt:08-02-2018

PATIENT INFORMATION

FH INFORMATION

LAST : ██████████ TYPE: Outpatient CLIENT # :997659051
 FIRST : ██████████ MI: FROM: 04-27-2018 CLIENT ID:ELP
 DOB : ██████████ SEX:U RL: THRU: 04-27-2018 CONTROL #:8-214-R-00259-04
 INSD ID: ██████████ CLAIM #: 0427181991
 PT SSN : ██████████ PT CTRL:

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

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	04-27-2018 04-27-2018	76856	001	283.00	153.84	129.16
002	04-27-2018 04-27-2018	76830	59 001	282.00	155.45	126.55
TOTALS:				565.00	309.29	255.71
				BILLED CHARGES	565.00	
				EXCLUDED AMOUNT	0.00	
				NEGOTIATED RATE	309.29	
				TOTAL SAVINGS	255.71	