

[REDACTED]
 ATTN: NORMAN RHODES II
 935 SUNDLAND PARK DRIVE
 SUITE 101
 EL PASO TX 79922
 [REDACTED]

[REDACTED]

Rept Dt:07-17-2018

PATIENT INFORMATION

FH INFORMATION

LAST : [REDACTED] TYPE: Outpatient CLIENT # :997659051
 FIRST : [REDACTED] MI: FROM: 06-19-2018 CLIENT ID:ELP
 DOB : [REDACTED] SEX:U RL: THRU: 06-19-2018 CONTROL #:8-198-R-00311-02
 INSD ID: [REDACTED] CLAIM #: 0619181975
 PT SSN : [REDACTED] PT CTRL:

PROVIDER INFORMATION NPI:1982110219 FTIN:461894468
 FACILITY/OFFICE: MEDPOST NORTH ZARAGOZA
 PROVIDER NAME : MICHAEL PEREZ
 P.O. BOX 844691
 DALLAS TX 75284-

LINE	DATES OF SERVICE	PROCEDURE CODE	MOD UNIT	BILLED CHARGES	NEGOTIATED RATE	SAVINGS
001	06-19-2018 06-19-2018	J1040	001	30.00	22.50	7.50
002	06-19-2018 06-19-2018	96372	001	30.00	22.50	7.50
003	06-19-2018 06-19-2018	99202	25 001	260.00	195.00	65.00
TOTALS:				320.00	240.00	80.00

SVC

LIN CODE DESCRIPTION

TMFL CONTRACT CONTAINS TIMELY FILING DAYS 365

BILLED CHARGES 320.00
 EXCLUDED AMOUNT 0.00
 NEGOTIATED RATE 240.00
 TOTAL SAVINGS 80.00