[redacted]

Group:FIVE POINTS [redacted] UMBRELLA

Rcpt Dt:12-05-2018

PATIENT INFORMATION

FH INFORMATION

LAST : [redacted]

FIRST : [redacted] MI:

DOB : [redacted] SEX:U RL:

INSD ID: [redacted]

PT SSN :

TYPE: Outpatient

FROM: 09-19-2018

THRU: 09-19-2018

CLAIM #: 0919181958

PT CTRL:

CLIENT # :997659051

CLIENT ID:ELP

CONTROL #:8-339-R-00088-03

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	09-19-2018 09-19-2018	71250		001	822.00	283.36	538.64
TOTALS:					822.00	283.36	538.64

BILLED CHARGES	822.00
EXCLUDED AMOUNT	0.00
NEGOTIATED RATE	283.36
TOTAL SAVINGS	538.64