

Unpaid Claims by Insurance Company

AETNA Aetna Health Care
PO Box 14089 Lexington , KY 40512-4079

(888)632-3862

Patient: 10010 Vivian Hernandez SSN: 999-99-9999 Insured Name: Hernandez Vivian Insured ID: 55555555 DOB 01/01/1982
Ins. DOB: 01/01/1982 Onset: 11/24/2010 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70323</u>	01/20/2011	\$63.00				\$63.00	41	0
Date/Procedure: 01-17-11 CMT3 98941 \$45.00; 01-17-11 I 97012 \$18.00;								

Claim Printed on 02/16/2011

<u>70403</u>	02/16/2011	\$75.00				\$75.00	14	0
Date/Procedure: 02-15-11 98941 98941 \$45.00; 02-16-11 T 97012 \$15.00; 02-16-11 VM 97119 \$15.00;								

Claim Printed on 02/16/2011

Patient Totals		\$138	\$	\$	\$	\$138		
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Totals for Aetna Health Care		\$138	\$	\$	\$	\$138		
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ALLIPA Allied Pacific Insurance
PO Box 55879 Seattle , WA 98155

(800)659-9593

Patient: 21 Dash Lee SSN: 224-56-8799 Insured Name: Lee Dash Insured ID: 225569 DOB 02/22/1990 Ins. DOB: 02/22/1990
Onset: 07/09/2010 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70334</u>	01/20/2011	\$90.00	\$17.30	\$35.00	\$15.00	\$22.70	41	19
Date/Procedure: 01-10-11 98941 98941 \$45.00; 01-10-11 CMT3 98941 \$45.00;								

Marked to Print Secondary: 01/20/2011

Marked for Reprint (Corrected): 01/20/2011

Contacted Aetna bout his claim and they are reviewing for further payment
01.20.2011

Claim Printed on 02/16/2011

Patient Totals		\$90	\$17.3	\$35	\$15	\$22.7		
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Totals for Allied Pacific Insurance 7.3		\$90	\$35	\$15	\$22.7			
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ABCBS Anthem Blue Cross/ Blue Shield
PO Box 60007 Los Angeles , CA 90060

(800)359-0640
Edward Jones

Patient: 11-C Alvaro Bautista SSN: 999-77-8913 Insured Name: Bautista Alvaro Insured ID: 1232456 DOB 06/05/1985 Ins. DOB: 06/05/1985
Onset: 01/01/2010 Tax ID: 28-5700856 Provider NPI: 2235489678 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70421</u>	02/28/2011	\$45.00				\$45.00	2	0
Date/Procedure: 02-28-11 HOME 97140 \$45.00;								

Patient Totals		\$45	\$	\$	\$	\$45		
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Totals for Anthem Blue Cross/ Blue Shield		\$45	\$	\$	\$	\$45		
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BCBS Blue Cross/ Blue Shield
PO Box 21065 Seattle , WA 98111-3065

(800)408-5374
800-539-0640

Unpaid Claims by Insurance Company

Patient: 100000 Joseph Smith SSN: 123-45-6789 Insured Name: Smith Maggie Insured ID: 78978978-02 DOB 01/02/1987 Ins. DOB: 11/06/1986 Onset: 09/15/2010 Tax ID: 28-5700856 Provider NPI: 2235489678 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70325</u>	01/20/2011	\$45.00				\$45.00	41	0

Date/Procedure: 12-20-10 98941 98941 \$45.00;

Claim Printed on 02/16/2011

<u>70402</u>	02/16/2011	\$96.00				\$96.00	14	0
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Date/Procedure: 02-15-11 98941 98941 \$45.00; 02-15-11 I 97012 \$18.00; 02-16-11 HCP 97010 \$15.00; 02-16-11 I 97012 \$18.00;

Claim Printed on 02/16/2011

Patient Totals	\$141	\$	\$	\$	\$	\$141		
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Patient: 10012 Gary White SSN: Insured Name: White Gary Insured ID: 5555555555 DOB 01/01/1982 Ins. DOB: 01/01/1982 Onset: 12/20/2010 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70404</u>	02/16/2011	\$45.00				\$45.00	14	0

Date/Procedure: 02-15-11 98941 98941 \$45.00;

Claim Printed on 02/16/2011

Patient Totals	\$45	\$	\$	\$	\$	\$45		
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Totals for Blue Cross/ Blue Shield	\$186	\$	\$	\$	\$	\$186		
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CHSP Carpenters Health & Security (800)552-0635
PO Box 1929 Seattle, WA 98111-1929

Patient: 2 Jane Bond SSN: 123-45-6788 Insured Name: Lily Anderson Insured ID: 3334455555 DOB 02/04/1984 Ins. DOB: 07/06/1983 Onset: 07/09/2010 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70407</u>	02/16/2011	\$63.00				\$63.00	14	0

Date/Procedure: 02-14-11 98941 98941 \$45.00; 02-14-11 I 97012 \$18.00;

Claim Printed on 02/16/2011

Patient Totals	\$63	\$	\$	\$	\$	\$63		
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Totals for Carpenters Health & Security	\$63	\$	\$	\$	\$	\$63		
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CIGTN Cigna Health Care - TN (800)809-0660
PO Box 182223 Chattanooga, TN 37422 800-244-6224

Patient: 3 Alexa Gomez SSN: 123-45-6788 Insured Name: Gomez Alexa Insured ID: 559876 DOB 02/04/1984 Ins. DOB: 02/04/1984 Onset: 12/01/2009 Tax ID: 28-5700856 Provider NPI: 2235489678 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70411</u>	02/16/2011	\$80.00				\$80.00	14	0

Date/Procedure: 02-15-11 98941 98941 \$45.00; 02-15-11 HCP 97010 \$15.00; 02-16-11 US 97035 \$20.00;

Claim Printed on 02/16/2011

<u>70414</u>	02/22/2011	\$2.92				\$2.92	8	0
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Date/Procedure: 02-21-11 }~ 97035 \$2.92;

Claim Printed on 02/22/2011

Unpaid Claims by Insurance Company

Patient Totals	\$82.92	\$	\$	\$	\$82.92
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Totals for Cigna Health Care - TN	\$82.92	\$	\$	\$	\$82.92
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CIGIL Cigna Health Care Illinois (800)832-3211
PO Box 3077 Bourbonnais , IL 60914

Patient: 10 Jorge Lorenzo SSN: 225-56-9737 Insured Name: Lorenzo Jorge Insured ID: 8899576 DOB 05/05/1987 Ins. DOB: 05/05/1987 Onset: 07/07/2009 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70322</u>	01/20/2011	\$45.00				\$45.00	41	0
Date/Procedure: 01-19-11 98941 98941 \$45.00;								

Claim Printed on 02/16/2011

<u>70401</u>	02/16/2011	\$60.00				\$60.00	14	0
Date/Procedure: 02-16-11 CMT3 98941 \$45.00; 02-16-11 T 97012 \$15.00;								

Claim Printed on 02/16/2011

Patient Totals	\$105	\$	\$	\$	\$105
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Totals for Cigna Health Care Illinois	\$105	\$	\$	\$	\$105
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GEICO Geico (800)841-3000
PO Box 85650 San Diego , CA 92150

Patient: 22 Ariel Eric SSN: 556-67-8941 Insured Name: Toni Melendez Insured ID: 2255689 DOB 04/05/1988 Ins. DOB: 07/02/1980 Onset: 06/04/2010 Tax ID: 28-5700856 Provider NPI: 2235489678 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70327</u>	01/20/2011	\$25.00				\$25.00	41	0
Date/Procedure: 07-30-10 FCLI 97012 \$25.00;								

Claim Printed on 02/16/2011

<u>70328</u>	01/20/2011	\$54.00				\$54.00	41	0
Date/Procedure: 08-11-10 MANIP 97012 \$54.00;								

Claim Printed on 02/16/2011

<u>70329</u>	01/20/2011	\$98.00				\$98.00	41	0
Date/Procedure: 10-28-10 001 97012 \$55.00; 10-28-10 HCP 97010 \$15.00; 10-28-10 I 97012 \$28.00;								

Claim Printed on 02/16/2011

<u>70330</u>	01/20/2011	\$60.00				\$60.00	41	0
Date/Procedure: 12-14-10 98941 98941 \$45.00; 12-14-10 T 97012 \$15.00;								

Claim Printed on 02/16/2011

Patient Totals	\$237	\$	\$	\$	\$237
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Totals for Geico	\$237	\$	\$	\$	\$237
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LNICV Labor & Industries (800)762-3416
Crime Victims Comp PO Box 44520 Olympia , WA 98504

Patient: 11 Alvaro Bautista SSN: 999-77-8913 Insured Name: Bautista Alvaro Insured ID: 5656565656 DOB 06/05/1985 Ins. DOB: 06/05/1985 Onset: 01/01/2010 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70405</u>	02/16/2011	\$45.00				\$45.00	14	0
Date/Procedure: 02-15-11 98941 98941 \$45.00;								

Unpaid Claims by Insurance Company

Patient Totals	\$45	\$	\$	\$	\$45
Totals for Labor & Industries	\$45	\$	\$	\$	\$45

MEDICB Medicare Part B (877)908-8431
 PO Box 6700 Fargo , ND 58108-6700 800-933-0614

Patient: 23 Daisy Fernandez SSN: 556-67-8941 Insured Name: Fernandez Daisy Insured ID: 56277901A DOB 04/05/1941 Ins. DOB: 04/05/1941 Onset: 09/03/2009 Tax ID: 28-5700856 Provider NPI: 2235489678 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70321</u>	01/14/2011	\$60.00	\$0.00			\$60.00	47	0
Date/Procedure: 01-14-11 98940 98940 AT \$45.00; 01-14-11 HCP 97010 \$15.00;								

Claim Printed on 02/16/2011

<u>70409</u>	02/16/2011	\$63.90				\$63.90	14	0
Date/Procedure: 02-14-11 98940 98940 AT \$60.00; 02-14-11 9894}~ 98940 AT \$3.90;								

Patient Totals	\$123.9	\$	\$	\$	\$123.9
Totals for Medicare Part B	\$123.9	\$	\$	\$	\$123.9

REGE Regence Blue Shield (800)322-1737
 Claims Office PO Box 30271 Salt Lake City , UT 84130-0271 ZLF (800)253-0838

Patient: 12 Loris Capirossi SSN: 999-77-8911 Insured Name: Louisa Capirossi Insured ID: Capirossi22 DOB 06/05/1990 Ins. DOB: 03/04/1970 Onset: 07/06/2010 Tax ID: 28-5700856 Provider NPI: 2235489678 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70406</u>	02/16/2011	\$33.00				\$33.00	14	0
Date/Procedure: 02-15-11 HCP 97010 \$15.00; 02-15-11 I 97012 \$18.00;								

Patient Totals	\$33	\$	\$	\$	\$33
Totals for Regence Blue Shield	\$33	\$	\$	\$	\$33

REGE1 Regence Blue Shield (800)322-1737
 P.O. Box 21267 Seattle , WA 98111-3267

Patient: 16 Sussy Gaston SSN: 111-45-7892 Insured Name: Armstrong Russell Insured ID: 9876522 DOB 05/05/1887 Ins. DOB: 03/30/1954 Onset: 02/16/2010 Tax ID: 28-5700856 Provider NPI: 1789531238 Group NPI: 4587963024

Claim #	Original Date Submitted	Charges	Paid	Write Off	Asgn. Patient	Remaining	Age	Per Cent Paid
<u>70417</u>	02/24/2011	\$83.00	\$0.00	\$0.00	\$0.00	\$83.00	6	0
Date/Procedure: 10-28-10 001 97012 \$55.00; 10-28-10 I 97012 \$28.00; 11-11-10 001 97012 \$0.00;								

<u>70419</u>	02/24/2011	\$2.92				\$2.92	6	0
Date/Procedure: 02-21-11 }~ 97012 \$2.92;								

Patient Totals	\$85.92	\$	\$	\$	\$85.92
Totals for Regence Blue Shield	\$85.92	\$	\$	\$	\$85.92

ReportTotals	\$1,234.74	\$17.3	\$35	\$15	\$1,167.44
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