Natasha

Simmons

1568686079

PATIENT **Christopher Jenkins** 

01/10/2019

DOB AGE 6 yrs SEX Male

PRN JC419211

**ADDRESS** 307 S. Kerr

Blooming Grove, TX 76626

**FACILITY** 

**HandS Healthcare** 

T (214) 716-0117 **F** (214) 919-0152 201 Amanda Lane

Suite 100

NPI:

Waxahachie, TX 75165

Billing provider:

Federal tax ID (EIN):

**Encounter information** 

Rendering provider: Natasha

Simmons

HandS

Healthcare

NPI: 1568686079

Federal tax ID (EIN):

Location:

**Bill information** 

Printed: 06/16/2025 06/05/2025 Encounter

date:

Bill ID: 09-4538-DBHGBH9-E8

Hospital admit

date:

Date of injury: Prior authorization:

Coverage Type:

Medical

COPAY:	\$0.00
PAID:	\$0.00
BALANCE:	\$25.00

Service 1	Date range:	06/05/2025 - 06/	05/2025	Place of service: 11 - Office		
Code	99214		Office or other outpatient visit for the evaluation and managemer an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health professionals, or agencies are provided consistent with the nature the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, minutes are spent face-to-face with the patient and/or family.		t 2 of these 3 key amination; Medical nseling and/or her qualified health care stent with the nature of y's needs. Usually, the h severity. Typically, 25	
Diagnosis	F90.2	(ICD-10)	Attention-deficit hyperactivity disorder, combined type			
Diagnosis	G47.00	(ICD-10)	Insomnia, unspecified			
Modifier	GT		Services delivered via interactive video and video telecommunication systems			
			Q1	ΓY: 1 UNITS	\$25.0	

PRIMARY INSURANCE MEDICAL: AMERIGROUP - AMERIGROUP						
Type:	Other	Insurance ID:	730703571	Subscriber		
Relation to insured:	Self	Group number:		Name:	Christopher Jenkins	
Start date:	06/02/22	Employer name:		DOB:	01/10/2019	
End date:		Copay amount:	\$0	Gender: Address:	Male 307 S. Kerr, Blooming Grove, TX 76626	

PATIENT sophia Brady

**DOB** 11/19/2009

AGE 15 yrs
SEX Female
PRN BS978989

PRN BS978 ADDRESS 3064 (

ADDRESS 3064 Carlton Parkway

Waxahachie, TX 75165

FACILITY

**HandS Healthcare** 

**T** (214) 716-0117 **F** (214) 919-0152 201 Amanda Lane

Suite 100

NPI:

Waxahachie, TX 75165

**Bill information** 

Printed: 06/16/2025 Encounter 06/05/2025

date:

Bill ID: 09-4538-QLFH7MX-0D

**Encounter information** 

Rendering provider:

Natasha Simmons

Location: HandS Healthcare

NPI: 1568686079

Federal tax ID (EIN):

Billing provider: Natasha

Simmons

1568686079

Federal tax ID (EIN):

Hospital admit

date:

Date of injury: Prior authorization:

Coverage Type: Medical

COPAY: \$0.00
PAID: \$0.00
BALANCE: \$125.00

Service 1	Date range	: 06/05/2025 - 06/	05/2025	Place of service: 11 - Office		
Code	99214		Office or other outpatient visit for the evaluation and manager an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medic decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified hea professionals, or agencies are provided consistent with the nat the problem(s) and the patient's and/or family's needs. Usually presenting problem(s) are of moderate to high severity. Typica minutes are spent face-to-face with the patient and/or family.		2 of these 3 key nination; Medical seling and/or er qualified health care ent with the nature of s needs. Usually, the severity. Typically, 25	
Diagnosis	F90.2	(ICD-10)	Attention-deficit hyperactivity disorder, combined type			
Modifier	GT		Services delivered via interactive video and video telecom systems		o telecommunication	
			OT	Y: 1 UNITS	\$125.00	

PRIMARY INSURANCE MEDICAL: SUPERIOR HEALTH PLAN TX - SUPERIOR HEALTH PLAN TX							
Type:	Other	Insurance ID:	530192612	Subscriber			
Relation to insured:	Self	Group number:		Name:	Sophia Brady		
Start date:	08/01/19	Employer name:		DOB:	11/19/2009		
End date:		Copay amount:	\$0	Gender:	Female		
				Address:			

Natasha

1568686079

PATIENT FACILITY

Alyssa Jenkins HandS Healthcare

 DOB
 07/29/1993
 T (214) 716-0117

 AGE
 31 yrs
 F (214) 919-0152

 SEX
 Female
 201 Amanda Lane

**PRN** JA754508 Suite 100

ADDRESS 315 North Garitty Waxahachie, TX 75165

Frost, TX 76641

**Encounter information** 

Rendering provider: Natasha

Simmons

Location: HandS

Healthcare

NPI: 1568686079

Federal tax ID (EIN):

Y Bill information

Printed: 06/16/2025 Encounter 06/05/2025

date:

Bill ID: 09-4538-34VQJ8B-A5

Hospital admit

Simmons date:

Date of injury:

Prior authorization:

Coverage Type: Medical

COPAY: \$40.00 PAID: \$0.00 BALANCE: \$125.00

Service 1	Date range:	Date range: 06/05/2025 - 06/05/2025		Place of service: 11 - Office		
Code	99214		Office or other outpatient visit for the evaluation and management an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health c professionals, or agencies are provided consistent with the nature the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 2 minutes are spent face-to-face with the patient and/or family.		t 2 of these 3 key amination; Medical nseling and/or her qualified health care stent with the nature of y's needs. Usually, the h severity. Typically, 25	
Diagnosis	F32.1	(ICD-10)	Major depressive disorder, single episode, moderate			
Diagnosis	F90.9	(ICD-10)	Attention-deficit hyperactivity disorder, unspecified type			
Modifier	GT		Services delivered via interactive video and video telecommunicati systems		deo telecommunication	
			QTY:	1 UNITS	\$125.00	

Billing provider:

Federal tax ID (EIN):

NPI:

PRIMARY INSURANC	PRIMARY INSURANCE MEDICAL: UNITED HEALTHCARE OF TX - DALLAS - UNITED HEALTHCARE OF TX - DALLAS						
Type:	Other	Insurance ID:	129344032	Subscriber			
Relation to insured:	Self	Group number:	Txonex	Name:	Alyssa Jenkins		
Start date:	08/01/24	Employer name:		DOB:	07/29/1993		
End date:		Copay amount:	\$40	Gender: Address:	Female 315 North Garitty, Frost, TX 76641		

		Encounter Info	ormation ———	
FIN: 500842925			Third Party MF	AN:
Admit Dt/Tm: 04	/09/2025 18:17		Patient Type:	Inpatient
Disch Dt/Tm:	Made DO Contracto		Medical Service	e: ORH Orthopedic - HIP
Admit Physician:	Maduri DO, Prathusha Maduri DO, Prathusha		Subspecialty:	HIP Fractured Hip Program
PCP: Wood MD, D	orian		Location: NU	
	an: Badidi MD, Oghene	tega Abraham	Room/Bed: 31	
Onset of Sympton	ns/Illness: (11) 0-	4/06/2025		: L FEMORAL NECK FX/ on: General Private
			VIP Indicator:	on: General Private
•				
Patient Name: ST	EPHENS, ROBIN E	Patient Inform	nation ————	_ <del></del>
MRN: 875003209	EFFENS, HODINE		Admin Sex: Male	Birth Sex:
	305 KINWEST PKWY		DOB: 08/07/1944	Age: 80 Years
10	IVING. TX 750633404		Religion: Christian Race: White	
County: DALLAS	1V11VG, TX 750055404		Email Address: robste	ations@shoolahal not
Home Phone: (21	4)536-1389		Mobile Phone:	hueus a språlobditile(
-		Guarantor Info	rmation —	
	STEPHENS, ROBIN E		Patient's Reitn: SELF Home Phone: (214):	
Billing Address:	1305 KINWEST PKWY IRVING, TX 75063340	4	Mobile Phone; (214):	536-1389
	INVING, 1X 75005540		4!	
Emergency Conta	uc!	Contact Inform	nation Emergency Contact	<del></del>
Contact Name:	STEPHENS, CHRISTIN	E	Contact Name:	
Patient's Reitn:			Patient's Reltn:	
Home Phone: Mobile Phone:	(214)354-0050		Home Phone:	
Mobile Filone.		Primary Inc.	Mobile Phone:	
Insurance Name:	MCR Medicare	Primary Insu		CARE
Financial Class:	Medicare			
·	Nbr: 3QC9A15GV26/		Authorization Number:	
MBI:				
	1100	Secondary Ins		
Insurance Name: Financial Class:	Non-Contracted		Claim Address: AARP	MCR SUPP
	Nbr: 06275526712 /		•	
MBI;			Authorization Number:	
Insurance Name:		Tertiary Insura	nce	<u>.</u>
Financial Class:			Ciaim Address:	
Policy Nbr/Group	Nbr: /	a 1		
MBI: (	Depund new !	\$7345.005¥	Authorization Number:	
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	RN. Anthony on 04/09/2025		Yim	/ / / - / F
Registration last update	d by: Kabeireho RN, Alex o	on 04/09/2025 18:17	/ ( N-+ .	- ~(L)

		Encounter In	formation —	·		
FIN: 500837913			Third Party MRN:			
Admit Dt/Tm; 04	/07/2025 16:13		Patient Type: Inpatient			
Tch Dt/Tm:			Medical Service: OTH Other Conditions			
Attend Physician:	Muppidi MD, Madh	iavi R	Subspecialty: CRD Cardiac Program			
PCP: Richardeon	Muppidi MD, Madha JR, MD, John W	vi R	•	n: NU MID3		
	an: Richardson JR		Room/Bed: 303 / A			
Onset of Symptor		11) 04/07/2025	Admit Reason: MDD/ WEAKNESS/DM/ Accommodation: General Private			
Onoci oi oyinpioi	1	11) 04/01/2023				
:			VIP India	cator:		
•						
		Patient Infor	mation			
Patient Name: SC	DLORZANO, CONST	TANTINO E	Admin Sex: Mai	e Birth Sex:		
MRN: 875003188			DOB: 09/01/1955			
Home Address: 2	106 15TH ST APT 3	03	Religion: Unkno			
B	RIDGEPORT, TX 7	764262076	Race: White	****		
County: WISE	meder diri, ix 7	04202070	Email Address:			
Home Phone: (81	17) 743–9811		Mobile Phone: (	(817) 743–9811		
		<ul> <li>Guarantor Infe</li> </ul>	ormation ——			
Guarantor Name:	SOLORZANO, CO	NSTANTINO E	Patient's Reitn:	SELF		
Billing Address:	2106 15TH ST AP	T 303	Home Phone:	(817) 743-9811		
_	BRIDGEPORT, TX	764262076	Mobile Phone:	(817) 743-9811		
		<ul> <li>Contact infor</li> </ul>	mation			
mergency Conta	ect		Emergency Con	tact		
Fontact Name:	COOGLE, HEATH	ER	Contact Name:	MASINGALE, STEPHANIE		
Patient's Reltn:	Child/Insured Not		Patient's Reltn:	Relative		
Home Phone:	(817) 964–2003		Home Phone:	(940) 229–8891		
Mobile Phone:	(817) 964-2003		Mobile Phone:	(940) 229-8891		
	HOD M. C.	— Primary Inst		LIEBIO L DE		
Insurance Name:	MCR Medicare		Claim Address:	MEDICARE		
Financial Class:	Medicare	n= /		•		
	Nbr: 1GK1KQ1VA	07 /	Authorization Nu	ımber:		
MBI:		<u>.</u>				
Insurance Name:		— Secondary In	nsurance ——— Claim Address:			
Financial Class:			Çibilli Address.			
Policy Nbr/Group	Nhr: /					
MBI:	1-671		Authorization Nu	mber:		
Insurance Name:		Tertiary Insur	Claim Address:	<del></del> -		
Financial Class:						
Policy Nbr/Group	Nbr: / <sub>C</sub>					
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**************************************	Encounter Informatio	n ———		
FIN: 500839341		Third Party I	MRN:	
admit Dt/Tm: 04/08/2025 14:42		Patient Type: Inpatient		
∄sch Dt/Tm:		Medical Service: CRD Cardiac Program		
Attend Physician: Eastburn MD, Britton Me	farland	Subspecialty	y: PUL Pulmonary Program	
Admit Physician: Eastburn MD, Britton Mcfa PCP: Ellenbecker DQ, Beau James	rland	Location: N	, •	
	Michael	Room/Bed:	117/A	
Referring Physician: Schaffer M.D., Justi Onset of Symptoms/Illness: (11) 03		Admit Reaso	n: DIASTOLIC CHF/ S/P R	
Offset of Symptoms/fillness: (11) 03	/25/2025	Accommode	tion: General Private	
		VIP Indicator	r:	
•				
	Patient Information			
Patient Name: POTTER, CARLA A	Admir	Sex: Female	Birth Sex:	
MRN: 875003195	DOB:	01/25/1951	Age: 74 Years	
Home Address: 2248 MOUNTAINVIEW DF	Religie	on: Jehovahis i	Witness	
HURST, TX 760542924	Race:	White		
County: TARRANT			8Potter@gmail.com	
Home Phone: (817) 909-8977	Mobile	Phone: (817)	909-8977	
<del></del>	Guarantor Information	1 <del></del>		
Guarantor Name: POTTER, CARLA A	4.4	t's Reitn: SE		
Billing Address: 2248 MOUNTAINVIEW	Mohile		7) 909-8977 7) 909-8977	
HUR\$T, TX 76054292	1	11101101 (01	.,, 555 557.	
	Contact Information			
mergency Contact		rency Contact	TA CUADA	
Sontact Name: POTTER, DON Patient's Reitn: Spouse			ZA, CHADA ild/Insured No	
Patient's Reitn: Spouse Home Phone: (817) 905-4254			9) 575–0035	
Mobile Phone: (817) 905–4254		· · · · · · · · · · · · · · · · · · ·	9) 575-0035	
(27),000	Primary Insurance	,	-,	
Insurance Name: MCR Medicare		Address: ME	DICARE	
Financial Class: Medicare				
Policy Nbr/Group Nbr: 1VT3WX1QH19 /	Author	ization Numbe	<b>.</b>	
MBI:	Adillo	ization wante		
	Secondary Insurance	·		
Insurance Name: MUTUAL OF OMAHA	-		ITUAL OF OMAHA	
Financial Class: Non-Contracted			ITUAL OF OMAHA PLAZA	
Policy Nbr/Group Nbr: 85073995 / PLAN	G Audhan		MAHA, NE 68175	
MBI:	Author	ization Numbe	r.	
	Tertiary Insurance -		· ·	
Insurance Name:	Claim	Address:		
Financial Class:				
Policy Nbr/Group Nbr: /	A.dha.	Huntinu kleumbar	A.V.I	
MBI: Severe As I?		rization Numbe		
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