

PATIENT  
**Christopher Jenkins**  
**DOB** 01/10/2019  
**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  
Waxahachie, TX 75165

**Bill information**  
**Printed:** 06/16/2025  
**Encounter** 06/05/2025  
**date:**  
**Bill ID:** 09-4538-DBHGBH9-E8

**Encounter information**

Rendering provider:	Natasha Simmons	Billing provider:	Natasha Simmons	Hospital admit date:	
Location:	HandS Healthcare	NPI:	1568686079	Date of injury:	
NPI:	1568686079	Federal tax ID (EIN):		Prior authorization:	
Federal tax ID (EIN):				Coverage Type:	Medical

<b>COPAY:</b>	<b>\$0.00</b>
<b>PAID:</b>	<b>\$0.00</b>
<b>BALANCE:</b>	<b>\$25.00</b>

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 management of 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 care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.		
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		
				QTY: 1 UNITS	
				\$25.00	

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:	Male
				Address:	307 S. Kerr, Blooming Grove, TX 76626

PATIENT  
**sophia Brady**

DOB11/19/2009  
AGE15 yrs  
SEXFemale  
PRNBS978989  
ADDRESS3064 Carlton Parkway  
Waxahachie, TX 75165

FACILITY  
**HandS Healthcare**

T (214) 716-0117  
F (214) 919-0152  
201 Amanda Lane  
Suite 100  
Waxahachie, TX 75165

Bill information

Printed:06/16/2025  
Encounter06/05/2025  
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

NPI:  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 management of 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 care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	
Diagnosis	F90.2	(ICD-10)	Attention-deficit hyperactivity disorder, combined type	
Modifier	GT		Services delivered via interactive video and video telecommunication systems	
			QTY: 1 UNITS	\$125.00

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

PATIENT

Alyssa Jenkins

DOB 07/29/1993  
AGE 31 yrs  
SEX Female  
PRN JA754508  
ADDRESS 315 North Garitty  
Frost, TX 76641

FACILITY

HandS Healthcare  
T (214) 716-0117  
F (214) 919-0152  
201 Amanda Lane  
Suite 100  
Waxahachie, TX 75165

Bill information

Printed: 06/16/2025  
Encounter 06/05/2025  
date:  
Bill ID: 09-4538-34VQJ8B-A5

Encounter information

Rendering provider: Natasha Simmons  
Location: HandS Healthcare  
NPI: 1568686079  
Federal tax ID (EIN):

Billing provider: Natasha Simmons  
NPI: 1568686079  
Federal tax ID (EIN):

Hospital admit date:  
Date of injury:  
Prior authorization:  
Coverage Type: Medical

COPAY:	\$40.00
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 management of 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 care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.		
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 telecommunication systems		
				QTY: 1 UNITS	
				\$125.00	

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

**Encounter Information**

FIN: 500842925

Admit Dt/Tm: 04/09/2025 18:17

Disch Dt/Tm:

Attend Physician: Maduri DO, Prathusha

Admit Physician: Maduri DO, Prathusha

PCP: Wood MD, Dorian

Referring Physician: Badidi MD, Oghenetega Abraham

Onset of Symptoms/Illness: (11) 04/06/2025

Third Party MRN:

Patient Type: Inpatient

Medical Service: ORH Orthopedic - HIP

Subspecialty: HIP Fractured Hip Program

Location: NU MID3

Room/Bed: 317 / A

Admit Reason: L FEMORAL NECK FX/

Accommodation: General Private

VIP Indicator:

**Patient Information**

Patient Name: STEPHENS, ROBIN E

MRN: 875003209

Home Address: 1305 KINWEST PKWY

IRVING, TX 750633404

County: DALLAS

Home Phone: (214)536-1389

Admin Sex: Male

Birth Sex:

DOB: 08/07/1944

Age: 80 Years

Religion: Christian

Race: White

Email Address: robstephens@sbcglobal.net

Mobile Phone:

**Guarantor Information**

Guarantor Name: STEPHENS, ROBIN E

Billing Address: 1305 KINWEST PKWY

IRVING, TX 750633404

Patient's Reltn: SELF

Home Phone: (214)536-1389

Mobile Phone:

**Contact Information****Emergency Contact**

Contact Name: STEPHENS, CHRISTINE

Patient's Reltn:

Home Phone: (214)354-0050

Mobile Phone:

**Emergency Contact**

Contact Name:

Patient's Reltn:

Home Phone:

Mobile Phone:

**Primary Insurance**

Insurance Name: MCR Medicare

Financial Class: Medicare

Policy Nbr/Group Nbr: 3QC9A15GV26 /

MBI:

Claim Address: MEDICARE

Authorization Number:

**Secondary Insurance**

Insurance Name: AARP

Financial Class: Non-Contracted

Policy Nbr/Group Nbr: 06275526712 /

MBI:

Claim Address: AARP MCR SUPP

Authorization Number:

**Tertiary Insurance**

Insurance Name:

Financial Class:

Policy Nbr/Group Nbr: /

MBI:

Claim Address:

Authorization Number:

Comments:

① femoral neck # 572-002A  
② TIA  
H 7W  
P - CA  
↑ Wld  
MIB-12  
Dio  
D07-5  
E 78-5

4113-99202  
4114-99202  
4115-99202  
4116-99202  
411A-99202

**Encounter Information**

FIN: 500837913

Admit Dt/Tm: 04/07/2025 16:13

Disch Dt/Tm:

Attend Physician: Muppidi MD, Madhavi R

Admit Physician: Muppidi MD, Madhavi R

PCP: Richardson JR. MD, John W

Referring Physician: Richardson JR. MD, John W

Onset of Symptoms/Illness: (11) 04/07/2025

Third Party MRN:

Patient Type: Inpatient

Medical Service: OTH Other Conditions

Subspecialty: CRD Cardiac Program

Location: NU MID3

Room/Bed: 303 / A

Admit Reason: MDD/ WEAKNESS/DM/

Accommodation: General Private

VIP Indicator:

**Patient Information**

Patient Name: SOLORZANO, CONSTANTINO E

MRN: 875003188

Home Address: 2106 15TH ST APT 303

BRIDGEPORT, TX 764262076

County: WISE

Home Phone: (817) 743-9811

Admin Sex: Male

DOB: 09/01/1955

Religion: Unknown

Race: White

Email Address:

Mobile Phone: (817) 743-9811

Birth Sex:

Age: 69 Years

**Guarantor Information**

Guarantor Name: SOLORZANO, CONSTANTINO E

Billing Address: 2106 15TH ST APT 303

BRIDGEPORT, TX 764262076

Patient's Reltn: SELF

Home Phone: (817) 743-9811

Mobile Phone: (817) 743-9811

**Contact Information****Emergency Contact**

Contact Name: COOGLE, HEATHER

Patient's Reltn: Child/Insured Not

Home Phone: (817) 964-2003

Mobile Phone: (817) 964-2003

**Emergency Contact**

Contact Name: MASINGALE, STEPHANIE

Patient's Reltn: Relative

Home Phone: (940) 229-8891

Mobile Phone: (940) 229-8891

**Primary Insurance**

Insurance Name: MCR Medicare

Financial Class: Medicare

Policy Nbr/Group Nbr: 1GK1KQ1VA07 /

MBI:

Claim Address: MEDICARE

Authorization Number:

**Secondary Insurance**

Insurance Name:

Financial Class:

Policy Nbr/Group Nbr: /

MBI:

Claim Address:

Authorization Number:

**Tertiary Insurance**

Insurance Name:

Financial Class:

Policy Nbr/Group Nbr:

MBI:

Claim Address:

Authorization Number:

Comments:

Definitly

ARF (COP-2)

Dmg2

↑ WBC

Def

N17-9

N18-3

E11.65

R72.829

R54

F32.A

4113-99222

4114-99222

4115-99222

4116-99222

**Encounter Information**

FIN: 500839341

Admit Dt/Tm: 04/08/2025 14:42

Disch Dt/Tm:

Attend Physician: Eastburn MD, Britton McFarland

Admit Physician: Eastburn MD, Britton McFarland

PCP: Ellenbecker DO, Beau James

Referring Physician: Schaffer M.D., Justin Michael

Onset of Symptoms/Illness: (11) 03/25/2025

Third Party MRN:

Patient Type: Inpatient

Medical Service: CRD Cardiac Program

Subspecialty: PUL Pulmonary Program

Location: NU MID1

Room/Bed: 117 / A

Admit Reason: DIASTOLIC CHF/ S/P R

Accommodation: General Private

VIP Indicator:

**Patient Information**

Patient Name: POTTER, CARLA A

MRN: 875003195

Home Address: 2248 MOUNTAINVIEW DR

HURST, TX 760542924

County: TARRANT

Home Phone: (817) 909-8977

Admin Sex: Female

Birth Sex:

DOB: 01/25/1951

Age: 74 Years

Religion: Jehovah's Witness

Race: White

Email Address: 2248Potter@gmail.com

Mobile Phone: (817) 909-8977

**Guarantor Information**

Guarantor Name: POTTER, CARLA A

Billing Address: 2248 MOUNTAINVIEW DR

HURST, TX 760542924

Patient's Reltn: SELF

Home Phone: (817) 909-8977

Mobile Phone: (817) 909-8977

**Contact Information****Emergency Contact**

Contact Name: POTTER, DON

Patient's Reltn: Spouse

Home Phone: (817) 905-4254

Mobile Phone: (817) 905-4254

**Emergency Contact**

Contact Name: REZA, CHADA

Patient's Reltn: Child/Insured No

Home Phone: (979) 575-0035

Mobile Phone: (979) 575-0035

**Primary Insurance**

Insurance Name: MCR Medicare

Financial Class: Medicare

Policy Nbr/Group Nbr: 1VT3WX1QH19 /

MBI:

Claim Address: MEDICARE

Authorization Number:

**Secondary Insurance**

Insurance Name: MUTUAL OF OMAHA

Financial Class: Non-Contracted

Policy Nbr/Group Nbr: 85073995 / PLANG

MBI:

Claim Address: MUTUAL OF OMAHA

MUTUAL OF OMAHA PLAZA  
OMAHA, NE 68175

Authorization Number:

**Tertiary Insurance**

Insurance Name:

Financial Class:

Policy Nbr/Group Nbr: /

MBI:

Claim Address:

Authorization Number:

Comments:

Severe AS  
aortic regurg  
P20  
pm  
chest  
anemia  
anxiety 100

I 35.0  
J 96.01  
J 84.848  
E 11.9  
N 18.1  
062

411.9

4117-99222  
4114-99222  
4115-99222  
4116-99222  
411A-99222  
4118-99222