



AIS III 151414 16:10 00000262

AUTO ACCIDENT INS
USAA AUTO
PO BOX 5000
DAPHNE, AL 36526JML
RETURN
AUTO 0032
1

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02-12

P.C.A.

P.C.A.

1 MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (TRICARE #) <input type="checkbox"/> CHAMPVA (Member ID) <input type="checkbox"/>		2 PATIENT'S NAME (Last Name, First Name, Middle Initial) SMITH, ANGELA		3 PATIENT'S BIRTH DATE MM DD YY 10 19 1972		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4 INSURED'S NAME (Last Name, First Name, Middle Initial) SMITH, ANGELA	
5 PATIENT'S ADDRESS (No Street) 19192 FORRER		6 PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7 INSURED'S ADDRESS (No Street) 19192 FORRER		8 CITY DETROIT		STATE MI	
9 CITY DETROIT		10 STATE MI		11 ZIP CODE 48235		12 TELEPHONE (Include Area Code) (313) 7017357		13 INSURED'S ID NUMBER (For Program in Item 1) 0398837112	
14 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		15 IS PATIENT'S CONDITION RELATED TO a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 INSURED'S POLICY GROUP OR FECA NUMBER 07/12/2019		17 INSURED'S DATE OF BIRTH MM DD YY 10 19 1972		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
18 OTHER INSURED'S POLICY OR GROUP NUMBER		19 AUTO ACCIDENT? (Designated by NUCC)		20 OTHER CLAIM ID (Designated by NUCC)		21 INSURANCE PLAN NAME OR PROGRAM NAME AUTO ACCIDENT INS		22 IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 8a and 9d	
23 RESERVED FOR NUCC USE		24 RESERVED FOR NUCC USE		25 RESERVED FOR NUCC USE		26 RESERVED FOR NUCC USE		27 RESERVED FOR NUCC USE	
28 INSURANCE PLAN NAME OR PROGRAM NAME		29 CLAIM CODES (Designated by NUCC)		30 IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 8a and 9d		31 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below		32 SIGNED SIGNATURE ON FILE	
33 READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below		34 SIGNED SIGNATURE ON FILE		35 DATE 10/3/2019		36 SIGNED SIGNATURE ON FILE		37 DATE 10/3/2019	
38 DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		39 OTHER DATE MM DD YY QUAL		40 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM: MM DD YY TO: MM DD YY		41 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM: MM DD YY TO: MM DD YY		42 OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
43 NAME OF REFERRING PROVIDER OR OTHER SOURCE DN RADDEN, LOUIS DO		44 17b NPI 1184675886		45 RESUBMISSION CODE		46 ORIGINAL REF NO		47 PRIOR AUTHORIZATION NUMBER 06D2108666	
48 ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		49 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-I to services below (24E)) A. M54.06 B. M54.07 C. G89.4 D. E. F. G. H. I. K.		50 ICD-10 M54.06		51 RESUBMISSION CODE		52 ORIGINAL REF NO	
53 DATE(S) OF SERVICE From: MM DD YY To: MM DD YY		54 B. PLACE OF SERVICE ESP, CE		55 C. ENG		56 D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT HCPCS		57 E. DIAGNOSIS POINTER	
58 F. \$ CHARGES		59 G. DAYS		60 H. ID		61 I. QUAL		62 J. RENDERING PROVIDER ID #	
63 09 26 2019 09 26 2019 81		64 80336		65 ABC		66 18.79 1		67 NPI 1952777831	
68 09 26 2019 09 26 2019 81		69 80375		70 ABC		71 18.79 1		72 NPI 1952777831	
73 09 26 2019 09 26 2019 81		74 80334		75 ABC		76 18.79 1		77 NPI 1952777831	
78 09 26 2019 09 26 2019 81		79 80321		80 ABC		81 18.79 1		82 NPI 1952777831	
83 09 26 2019 09 26 2019 81		84 80323		85 ABC		86 18.79 1		87 NPI 1952777831	
88 09 26 2019 09 26 2019 81		89 80324		90 ABC		91 18.79 1		92 NPI 1952777831	
93 FEDERAL TAX ID NUMBER 47-3611341		94 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		95 PATIENT'S ACCOUNT NO 59-00001079501		96 ACCEPT ASSIGNMENT? (For cash, use back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		97 TOTAL CHARGE \$ 112.74	
98 AMOUNT PAID \$ 0.00		99 BILLING PROVIDER INFO & PH # (719) 2971996		100 QUASAR ANALYTICAL 4775 CENTENNIAL BLVD SUITE 120 COLORADO SPRINGS, CO 80919-3309		101 QUASAR ANALYTICAL LABORATORIES, LLC 4419 CENTENNIAL BLVD PMB#250 COLORADO SPRINGS, CO 80907-3309		102 BILLING PROVIDER ID # 1952777831	
103 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on this revenue apply to this bill and are made a part thereof) LABORATORIES, QUASAR ANALYTIC LLC 10/8/2019		104 SERVICE FACILITY LOCATION INFORMATION QUASAR ANALYTICAL 4775 CENTENNIAL BLVD SUITE 120 COLORADO SPRINGS, CO 80919-3309		105 BILLING PROVIDER ID # 1952777831		106 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on this revenue apply to this bill and are made a part thereof) LABORATORIES, QUASAR ANALYTIC LLC 10/8/2019		107 DATE 10/8/2019	

NUCC Instruction Manual available at: www.nucc.org

PLEASE 000126 TYPE

APPROVED OMB 0938-1197 FORM 1500 (02-12)

10/8/2019
WCMS-1500C-12

0000068

JANALIS

Kaiser Foundation Health Plan
FILE 50445
Los Angeles, CA 90074-0445

PHYSICIAN BILL FOR SERVICES

Tax ID: 95-1750445

ALMACHRKI,ATEF
2477 W. LINCOLN AVENUE APT 25
ANAHEIM, CA 92801

Billing Questions?
Contact: Patient Financial Services
Call Center
Monday - Friday, 8 am - 5 pm
1-800-498-2748

Date Prepared: 02/04/21

Guarantor: ALMACHRKI,ATEF

Guarantor Account Number: 214900658547

If you have received several types of services during an office visit, emergency room visit or an inpatient stay (for inpatient, outpatient hospital-based, physician, lab and/or x-rays) you may be billed separately for these services. Therefore, this bill may not include the entire amount you owe for these services.

AMOUNT DUE:						\$0.00
<u>Charges</u>						
<u>Date of Service</u>	<u>Service Location</u>	<u>Patient's Name</u>	<u>Procedure</u>	<u>Qty</u>	<u>Service Description</u>	<u>Charges</u>
11/25/15	EMOU	ALMACHRKI,ATEF	99213	1	Office visit	\$225.00
12/26/15	HBMU	ALMACHRKI,ATEF	92002	1	Eye exam	\$100.00
12/26/15	HBMU	ALMACHRKI,ATEF	92015	1	Lens eye wear prescription assessment	\$30.00
01/04/16	KM2U	ALMACHRKI,ATEF	99244	1	Office consultation visit	\$571.00
01/18/16	EMOU	ALMACHRKI,ATEF	71020	1	RADIOLOGY:CHEST X-RAY, 2 VIEWS	\$95.00
01/19/16	OCAL	ALMACHRKI,ATEF	71020	1	RADIOLOGY:CHEST X-RAY, 2 VIEWS	\$53.00
01/21/16	LAL	ALMACHRKI,ATEF	99222	1	Initial hospital care for moderate severity problem	\$426.00
01/22/16	LAL	ALMACHRKI,ATEF	71010	1	RADIOLOGY:CHEST XRAY, SINGLE VIEW	\$44.00
01/22/16	LAL	ALMACHRKI,ATEF	93880	1	Ultrasound scan of head and neck vessel blood flow	\$102.00
01/22/16	LAL	ALMACHRKI,ATEF	36556	1	INSERTION, NON-TUNNELED CENTRALLY INSERTED VENOUS CATHETER; > 5 YEARS	\$796.00
01/22/16	LAL	ALMACHRKI,ATEF	36620	1	ARTERIAL CATHETERIZATION/CANNULATION , MONITORING/TRANSFUSION (SEP PROC); PERCUTANEOUS	\$177.00
01/22/16	LAL	ALMACHRKI,ATEF	33508	1	ENDOSCOPY W/VIDEO-ASSISTED VEIN HARVEST, CABG PROC	\$57.00
01/22/16	LAL	ALMACHRKI,ATEF	33518	1	CORONARY ARTERY BYPASS, VENOUS/ARTERIAL GRAFTS; 2 VENOUS GRAFTS	\$1,448.00
01/22/16	LAL	ALMACHRKI,ATEF	33533	1	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$6,552.00
01/23/16	LAL	ALMACHRKI,ATEF	99024	1	Postoperative followup visit	\$0.00
01/23/16	LAL	ALMACHRKI,ATEF	71010	1	RADIOLOGY:CHEST XRAY, SINGLE VIEW	\$44.00
01/23/16	LAL	ALMACHRKI,ATEF	71010	1	RADIOLOGY:CHEST XRAY, SINGLE VIEW	\$44.00
01/24/16	LAL	ALMACHRKI,ATEF	99024	1	Postoperative followup visit	\$0.00
01/24/16	LAL	ALMACHRKI,ATEF	71010	1	RADIOLOGY:CHEST XRAY, SINGLE VIEW	\$44.00
01/25/16	LAL	ALMACHRKI,ATEF	99024	1	Postoperative followup visit	\$0.00
01/25/16	LAL	ALMACHRKI,ATEF	71010	1	RADIOLOGY:CHEST XRAY, SINGLE VIEW	\$44.00
01/25/16	LAL	ALMACHRKI,ATEF	71010	1	RADIOLOGY:CHEST XRAY, SINGLE VIEW	\$44.00
01/26/16	LAL	ALMACHRKI,ATEF	99239	1	Hospital discharge day visit, extended	\$330.00
01/26/16	LAL	ALMACHRKI,ATEF	71020	1	RADIOLOGY:CHEST X-RAY, 2 VIEWS	\$53.00
02/01/16	EMOU	ALMACHRKI,ATEF	99213	1	Office visit	\$225.00
02/05/16	KM2U	ALMACHRKI,ATEF	99214	1	Office visit	\$332.00

00008

Patient Financial Services



500 W Hospital Road
French Camp Ca 95231 9693

(209) 468 6800,

RICHARDS, CHARLES G
2672 W YOSEMITE AVE
MANTECA, CA 95337

Admit Date

Discharge Date

ITEMIZED STATEMENT

Transaction Code	Description	Transaction Date	Quantity	Amount	Physician Name	Physician Number
Account #: 211230487						
40641029	RH: (D) TYPING	3/27/2016	1	\$63.00	ALI, ZIAD	7770
41401571	FOOT RT PORT	3/27/2016	1	\$167.09	ALI, ZIAD	7770
41401571	FOOT RT PORT	3/27/2016	1	\$371.91	ALI, ZIAD	7770
42302455	IN INFUSION PRO THER/DX 1ST HR	3/27/2016	2	\$1,102.00	TABARAE E, EHSAN	405
42302489	IV INJECTION ADDITIONAL	3/27/2016	1	\$193.00	TABARAE E, EHSAN	405
42303024	APPL OF SHORT LEG SPLINT	3/27/2016	1	\$297.00	TABARAE E, EHSAN	405
42308361	HYDRATE IV INFUSION, ADD-ON	3/27/2016	1	\$297.00	TABARAE E, EHSAN	405
42309914	TRTRM COMPLEX CARE LEVEL 5	3/27/2016	1	\$3,022.00	TABARAE E, EHSAN	405
71501415	0.9% SOD CHLORIDE 50ML	3/27/2016	1	\$51.69	TABARAE E, EHSAN	405
71501415	0.9% SOD CHLORIDE 50ML	3/27/2016	1	\$37.23	ALI, ZIAD	7770
71501480	0.9% SOD. CHLORIDE 100ML	3/27/2016	1	\$33.66	ALI, ZIAD	7770
71501480	0.9% SOD. CHLORIDE 100ML	3/27/2016	1	\$33.66	TABARAE E, EHSAN	405
71501480	0.9% SOD. CHLORIDE 100ML	3/27/2016	1	\$40.98	TABARAE E, EHSAN	405
71501480	0.9% SOD. CHLORIDE 100ML	3/27/2016	-1	(\$33.66)	TABARAE E, EHSAN	405
71506232	GENTAMICIN \$80MG	3/27/2016	-1	(\$3.88)	TABARAE E, EHSAN	405
71506232	GENTAMICIN \$80MG	3/27/2016	1	\$11.64	TABARAE E, EHSAN	405
71506232	GENTAMICIN \$80MG	3/27/2016	1	\$3.88	TABARAE E, EHSAN	405
71506232	GENTAMICIN \$80MG	3/27/2016	1	\$3.88	ALI, ZIAD	7770
71507123	CEFAZOLIN\$500MG (1GM) OP	3/27/2016	1	\$3.00	ALI, ZIAD	7770

TELEPHONE: (559) 447-4022
FED TAX ID: 20-3710108

CALIF IMAGING INSTITUTE
PO BOX 65010
PINEDALE CA 93650-5010

RONALD WHITE
3137 N 10TH ST
FRESNO CA 93703

ACCOUNT: 401767682
PATIENT: RONALD

WHITE

DATE OF SERVICE	PROC CODE	TRANSACTION DESCRIPTION	DIAG CODE	UNITS	AMOUNT
07/08/10		PATIENT PYMNT-CHECK			35.58-
10/11/10	73221	MR IMAGING ANY JOINT OF U PPE	726.19	1	1572.00
11/08/10		MEDICARE PYMNT			351.62-
		COINSURANCE AMOUNT			
11/08/10		MEDICARE CONT ADJ			1132.48-
12/07/10		PATIENT PYMNT-CHECK			20.00-
01/05/11		PATIENT PYMNT-CHECK			20.00-
01/31/11		A/R ONLINE COLLECTION ADJ			47.90-
09/21/12		ONLINE COLLECTION ADJ			27.50
09/21/12		PT PYMNT AGENCY DATA			27.50-
03/23/12	Q9967	LO OSM 300-399MG PER ML	562.10	75	75.00
09/04/12		MEDICARE OTHER PYMNT			9.24-
		COINSURANCE AMOUNT			
09/04/12		MEDICARE OTHER ADJ			63.45-
10/17/12		PATIENT PYMNT-CHECK			2.31-
03/23/12	74178	CT ABD&PEL 1+SECTION/REGN	562.10	1	2496.00
09/04/12		MEDICARE OTHER PYMNT			389.18-
		COINSURANCE AMOUNT			
09/04/12		MEDICARE OTHER ADJ			2009.53-
10/17/12		PATIENT PYMNT-CHECK			22.69-
11/14/12		PATIENT PYMNT-CHECK			37.30-
11/16/12		PATIENT PYMNT-CHECK			25.00-
11/20/12		PATIENT PYMNT-CHECK			25.00-
12/21/12	70551	MR IMAGING BRAIN; WITHOUT CO	781.0	1	1611.00
01/25/13		MEDICARE PYMNT			352.23-

PLEASE SEE NEXT PAGE