

NPI 1144641358, TIN 462839667  
**DANNY BACHOUA CHIROPRACTIC, APC**  
3691 VIA MERCADO SUITE 15  
LA MESA, CA 919418325  
Phone:619-444-3191

05/28/2024 11:05:07

ACCOUNT:  
LAST PMT:

INSURANCE	NAME	PATIENT	GUARANTOR	INSURED	INSURED ID
PRIMARY	PI LIEN - PATIENT RESPONSIBILITY	CYNTHIA WALLACE	ALEX ACCIDENT FIGHTERS	SAME AS PATIENT	VRC10495165
SECONDARY		CYNTHIA WALLACE	ALEX ACCIDENT FIGHTERS		

**STATEMENT 01/01/2023 - 05/28/2024**

Date	CPT	Diag	Description	Charge	Pri Pmt	Sec Pmt	Other Pmt	Pat Pmt	Pmt Alloc	Adjust	Copay / Coinsurance	Deductible	Refund	Balance	Ins Billed
02-26-24	98941	G44.329, M50.10, M25.512, M62.830	Chiropractic Manip 3-4 Regions	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	85.00
02-26-24	97112-59	G44.329, M50.10, M25.512, M62.830	Neuromusc Reeducation	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-26-24	99212-25	G44.329, M50.10, M25.512, M62.830	Office Or Other Outpatient Visit	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	100.00
02-20-24	0552T	G44.329, M50.10, M25.512, M62.830	Low-Level Laser Therapy	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	95.00
02-20-24	97112-59	G44.329, M50.10, M25.512, M62.830	Neuromusc Reeducation	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-20-24	98941	G44.329, M50.10, M25.512, M62.830	Chiropractic Manip 3-4 Regions	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	85.00
02-15-24	97112-59	G44.329, M50.10, M25.512, M62.830	Neuromusc Reeducation	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-15-24	98941	G44.329, M50.10, M25.512, M62.830	Chiropractic Manip 3-4 Regions	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	85.00
02-15-24	97012	G44.329, M50.10, M25.512, M62.830	Mechanical Traction Tx	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-08-24	97012	G44.329, M50.10, M25.512, M62.830	Mechanical Traction Tx	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-08-24	98941	G44.329, M50.10, M25.512, M62.830	Chiropractic Manip 3-4 Regions	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	85.00
02-08-24	97112-59	G44.329, M50.10, M25.512, M62.830	Neuromusc Reeducation	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-06-24	98941	G44.329, M50.10, M25.512, M62.830	Chiropractic Manip 3-4 Regions	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	85.00
02-06-24	97112-59	G44.329, M50.10, M25.512, M62.830	Neuromusc Reeducation	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
02-06-24	97012	G44.329, M50.10, M25.512, M62.830	Mechanical Traction Tx	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
01-30-24	97012	G44.329, M50.10, M25.512, M62.830	Mechanical Traction Tx	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00
01-30-24	98941	G44.329, M50.10, M25.512, M62.830	Chiropractic Manip 3-4 Regions	85.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	85.00
01-30-24	97112-59	G44.329, M50.10, M25.512, M62.830	Neuromusc Reeducation	60.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 0.00	0.00	0.00	0.00	60.00

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Report Settings	
Account:	VILLALPANDO,AURELIO N [312900581602]
Patient:	[REDACTED]
Submission Information	
User:	[B594616]
Time:	Mon Jan 4, 2021 8:21 AM

Transaction Information					
		Service Date From	Service Date To		
Charges		10/27/2010	01/04/2021		
Tx #	Procedure	Diagnoses	Service Provider		
			Date		
			Amount		
139	99202-OFFICE/OUTPATI...	300.00 (ICD-9-CM)-ANXI... 530.81 (ICD-9-CM)-ESOPHA 278.01 (ICD-9-CM)-MORBID 709.9 (ICD-9-CM)-UNSPECI (Match Adj) 140	Paik, Steven Zum-Ming (...  3010-CAPITATION INSUR CR ADJUSTMENT	06/10/2013	210.00
142	99386-INITIAL PREVENT...	V72.31 (ICD-9-CM)-ROU... V76.2 (ICD-9-CM)-SCREENI V73.81 (ICD-9-CM)-SPECIAL V76.10 (ICD-9-CM)-UNSPEC (Match Adj) 143	Fox, Gary Michael (M.D.)...  3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013	455.00
144	G0202-SCREENING MA...	V76.12 (ICD-9-CM)-OTH... (Match Adj) 145	MG RM2 HOLOGIC LS E... 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	169.00 169.00
146	87621-IADNA PAPILLOM...	V73.81 (ICD-9-CM)-SPE... (Match Adj) 147	Fox, Gary Michael (M.D.)... 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	242.00 242.00
148	80061-LIPID PANEL	300.00 (ICD-9-CM)-ANXI... (Match Adj) 157	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	93.00 93.00
149	84132-POTASSIUM SER...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 158	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	32.00 32.00
150	84295-SODIUM SERUM...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 159	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	34.00 34.00
151	84443-ASSAY OF THYR...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 160	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	116.00 116.00
152	85027-BLOOD COUNT C...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 161	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	45.00 45.00
153	85008-BLD COUNT SME...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 162	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	24.00 24.00
154	87088-CULTURE BCT IS...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 163	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	46.00 46.00
155	83540-ASSAY OF IRON	300.00 (ICD-9-CM)-ANXI... (Match Adj) 164	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	45.00 45.00
156	83550-IRON BINDING C...	300.00 (ICD-9-CM)-ANXI... (Match Adj) 165	SSC-LAB [50030509] 3010-CAPITATION INSUR CR ADJUSTMENT	06/11/2013 06/11/2013	49.00 49.00

## Transaction Totals Report

Guarantor Time  
GREEN, EDWARD H [312901959114] 7/18/2024 12:28 PM

Charge Service Dates Patient  
3/24/2018 to 7/18/2024

### Transactions

Total: 0.00

Tx #	Procedure	Diagnoses	Service Provider	Service Date	Amount
826	99203 (CPT®) - Office visit	Z30.09-ENCOUNTER FOR OTH GENERAL CNSL AND ADVICE ON CONTRACEPTION, Z11.3-ENCNTR SCREEN FOR INFECTIONS W SEXL MODE OF TRANSMISS, Q95.0-BALANCED TRANSLOCATION AND INSERTION IN NORMAL INDIVIDUAL, Z70.8-OTHER SEX COUNSELING	Sheppard, Jennifer May (M.D.)	03/25/2019	243.00
832	1094 - Internal Claim Insurance Payment			04/01/2019	0.00
833	3010 - Insurance Payment			04/01/2019	-200.00
834	3023 - Insurance Adjustment			04/01/2019	-43.00
836	99212 (CPT®) - Office visit	Z00.129-ENCNTR FOR ROUTINE CHILD HEALTH EXAM W/O ABNORMAL FINDINGS, N39.0-URINARY TRACT INFECTION, SITE NOT SPECIFIED, Z71.82-EXERCISE COUNSELING, Z71.3-DIETARY COUNSELING AND SURVEILLANCE	Ratanasen, Rutt Mark (M.D.)	04/04/2019	100.00
842	1094 - Internal Claim Insurance Payment			04/10/2019	0.00
843	3010 - Insurance Payment			04/10/2019	-85.00
844	3023 - Insurance Adjustment			04/10/2019	-15.00
838	87088 (CPT®) - Urine culture bacterial identification lab test	R30.0-DYSURIA	Lab, The Permanente Medical Group - Berkeley Clinical	04/04/2019	42.00

1785981	2/16/2011 EMERGENCY DEPT VISIT	\$123.00	\$0.00	\$0.00	\$0.00 LANGLEY, JOHN M
1785981	3/15/2011 EMERGENCY DEPT VISIT	\$230.00	\$0.00	\$0.00	\$0.00 MCCONNELL, RICHARD
1785981	9/25/2011 EMERGENCY DEPT VISIT	\$230.00	\$0.00	\$0.00	\$0.00 HEBERT, VICKY S
1785981	9/25/2011 SPINE CERVICAL, AP & LAT	\$32.00	\$0.00	\$0.00	\$0.00 BLUTH, EDWARD I
1785981	9/25/2011 X-RAY EXAM OF LOWER SPINE	\$32.00	\$0.00	\$0.00	\$0.00 BLUTH, EDWARD I
1785981	2/13/2012 CAT SCAN OF HEAD OR BRAIN	\$85.00	\$0.00	\$0.00	\$0.00 OGDEN, BRIAN
1785981	2/15/2012 SUBSEQUENT HOSPITAL CARE	\$139.00	\$0.00	\$0.00	\$0.00 ARAPOS, LEONIDAS
1785981	2/14/2012 SUBSEQUENT HOSPITAL CARE	\$139.00	\$0.00	\$0.00	\$0.00 ARAPOS, LEONIDAS
1785981	2/13/2012 INITIAL HOSPITAL CARE	\$265.00	\$0.00	\$0.00	\$0.00 REMUS, JEREMY G
1785981	4/3/2012 EMERGENCY DEPT VISIT	\$231.00	\$0.00	\$0.00	\$0.00 HILL, TRAVIS W
1785981	2/16/2012 EMERGENCY DEPT VISIT	\$123.00	\$0.00	\$0.00	\$0.00 LANGLEY, JOHN M
1785981	2/13/2012 EMERGENCY DEPT VISIT	\$339.00	\$0.00	\$0.00	\$0.00 SKEINS, ELIZABETH C
1785981	2/13/2012 SPINAL FLUID TAP, DIAGNOS	\$431.00	\$0.00	\$0.00	\$0.00 SKEINS, ELIZABETH C
1785981	7/25/2012 EMERGENCY DEPT VISIT	\$231.00	\$0.00	\$0.00	\$0.00 LANGLEY, JOHN M
		\$5,234.50	\$567.23	\$609.27	\$0.00

Patient ID	Date of Service	Charge Desc	Charge	Total Ins P	Total Adj	Balance	BD Provider Name
1785981	8/20/2001	BLOOD PRESSURE CHECK	\$0.00	\$0.00	\$0.00	\$0.00	WOOD, JOCELYN B
1785981	8/20/2001	HEIGHT	\$0.00	\$0.00	\$0.00	\$0.00	WOOD, JOCELYN B
1785981	8/20/2001	OFFICE/HOSP OUTPT VISIT	\$95.00	\$0.00	\$80.00	\$0.00	WOOD, JOCELYN B
1785981	8/20/2001	WEIGHT	\$0.00	\$0.00	\$0.00	\$0.00	WOOD, JOCELYN B
1785981	7/13/2001	BLOOD PRESSURE CHECK	\$0.00	\$0.00	\$0.00	\$0.00	SCHECHTMAN, ANDREW D
1785981	7/13/2001	HEIGHT	\$0.00	\$0.00	\$0.00	\$0.00	SCHECHTMAN, ANDREW D
1785981	7/13/2001	OFFICE/HOSP OUTPT VISIT	\$112.00	\$0.00	\$112.00	\$0.00	SCHECHTMAN, ANDREW D
1785981	7/13/2001	TEMPERATURE CHECK	\$0.00	\$0.00	\$0.00	\$0.00	SCHECHTMAN, ANDREW D
1785981	7/13/2001	WEIGHT	\$0.00	\$0.00	\$0.00	\$0.00	SCHECHTMAN, ANDREW D
1785981	10/19/2001	X-RAY EXAM OF SINUSES	\$142.00	\$41.16	\$100.84	\$0.00	KENNEY, ARTHUR J
1785981	1/17/2003	CONTACT LENS FOLLOW-UP	\$25.00	\$0.00	\$0.00	\$0.00	HOHN, ROBERT L
1785981	1/17/2003	NEW PATIENT COMPRE	\$125.00	\$89.41	\$20.59	\$0.00	HOHN, ROBERT L
1785981	2/26/2003	ALLERGY SKIN TESTS	\$6.00	\$3.97	\$2.03	\$0.00	DORION, BRANDON J
1785981	2/26/2003	ALLERGY SKIN TESTS	\$39.50	\$29.44	\$10.06	\$0.00	DORION, BRANDON J
1785981	2/26/2003	OFFICE CONSULTATION	\$160.00	\$112.67	\$22.33	\$0.00	DORION, BRANDON J
1785981	2/26/2003	SPIROMETRY	\$74.00	\$39.91	\$34.09	\$0.00	DORION, BRANDON J
1785981	9/4/2003	OFFICE/HOSP OUTPT VISIT	\$67.00	\$39.50	\$2.50	\$0.00	WILD, LAURIANNE G
1785981	8/20/2004	DEPO MEDROL 40MG/CC	\$10.00	\$4.77	\$5.23	\$0.00	OCHSNER JR, J LOCKWOOD
1785981	8/20/2004	INJ TENDON/LIGAMENT/CYST	\$155.00	\$72.63	\$82.37	\$0.00	OCHSNER JR, J LOCKWOOD
1785981	8/20/2004	OFFICE/HOSP OUTPT VISIT	\$156.00	\$96.94	\$34.06	\$0.00	OCHSNER JR, J LOCKWOOD
1785981	8/20/2004	X-RAY EXAM OF HAND, RT	\$140.00	\$36.83	\$103.17	\$0.00	EICK, JOHN J
1785981	4/1/2009	MUMPS AB, IGG	\$106.00	\$0.00	\$0.00	\$0.00	SOSSAMAN, GREGORY N SH/IM
1785981	4/1/2009	ROUTINE VENIPUNCTURE	\$14.00	\$0.00	\$0.00	\$0.00	SOSSAMAN, GREGORY N VP LA
1785981	4/1/2009	RUBELLA IGG	\$87.00	\$0.00	\$0.00	\$0.00	SOSSAMAN, GREGORY N SH/CH
1785981	4/1/2009	RUBEOLA IGG	\$130.00	\$0.00	\$0.00	\$0.00	SOSSAMAN, GREGORY N SH/IM
1785981	4/1/2009	VARICELLA IGG, EMP HEALTH	\$91.00	\$0.00	\$0.00	\$0.00	SOSSAMAN, GREGORY N SH/IM
1785981	7/16/2009	HEPAT-B-SURF.ANTI- BODY	\$72.00	\$0.00	\$0.00	\$0.00	RODWIG, FRANCIS SH/BL BK
1785981	7/16/2009	ROUTINE VENIPUNCTURE	\$14.00	\$0.00	\$0.00	\$0.00	SOSSAMAN, GREGORY N VP LA
1785981	7/23/2010	CAT SCAN OF HEAD OR BRAIN	\$123.00	\$0.00	\$0.00	\$0.00	BELLEVILLE, FRANCINE
1785981	7/23/2010	CAT SCAN OF SKULL	\$185.00	\$0.00	\$0.00	\$0.00	BELLEVILLE, FRANCINE
1785981	7/23/2010	EMERGENCY DEPT VISIT	\$230.00	\$0.00	\$0.00	\$0.00	SUNDELL, ERIK T
1785981	10/11/2010	EMERGENCY DEPT VISIT	\$123.00	\$0.00	\$0.00	\$0.00	HERBERT, KRISTIN A
1785981	11/25/2010	EMERGENCY DEPT VISIT	\$123.00	\$0.00	\$0.00	\$0.00	HILL, TRAVIS W

NPI # 1851503239

WOMEN'S MEDICAL GROUP  
 VELLORE R. BHUPATHY, M.D., P.C., F.A.C.O.G.  
CALL # A-26441  
 STEVE J. VILLARREAL, M.D.  
CA LIC # G 57663  
OBSTETRICS AND GYNECOLOGY SURGERY  
 14350 WHITTIER BOULEVARD  11161 E. WASHINGTON BOULEVARD  
SUITE 205 WHITTIER, CA 90605 WHITTIER, CA 90606  
562-945-3707 FAX: 562-945-0120 562-695-2250 FAX: 562-695-1569

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
DOB \_\_\_\_\_  
DATE 8-22-13

Rx (PLEASE PRINT)

1) Imitrex 100 mg #9  
→ PO prn migraine!  
may repeat in 2hr.

2) Ibuprofen 800 mg #30  
→ PO TID PCP p19

 LABELREFILL 5

PRN NR

 DO NOT SUBSTITUTE

M.D.

05-13-13

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