

Tx ID	Patient	Procedure	Tx Num	Tx Type	Service Dt	Post/Void Dt	Service Prov	Mtch Proc Amt
Billing Provider			CPT Code		Orig Amt	Matched Procedure		
Mtch Cr Adj Ttl								Mtch Pmt Total
162304018			2	Charge [1]	07/23/2019	07/25/2019	SAIED, FADI [35355]	
SAIED, FADI [35355]		OFFICE/OUTPT	99213		406.00	PB POS CO-PAYMENT		8.00
		VISIT,EST,LEVL III				(ACCT) [100]		72.70
		[99213]				PB BLUE SHIELD ERA PMT		325.30
						(INS) [304]		-72.70
						PB CONTRACTUAL		-325.30
						ALLOWANCE (INS) [500]		159.72
						PB BLUE SHIELD ERA PMT		238.28
						(INS) [304]		
						PB CONTRACTUAL		
						ALLOWANCE (INS) [500]		
						PB BLUE SHIELD ERA PMT		
						(INS) [304]		
						PB CONTRACTUAL		
						ALLOWANCE (INS) [500]		
238.28								167.72
180734672			10	Charge [1]	02/07/2020	02/09/2020	TODD, LANDON D. [35406]	
TODD, LANDON D. [35406]		OFFICE/OUTPT	99213		406.00	PB BLUE SHIELD ERA PMT		162.72
		VISIT,EST,LEVL III				(INS) [304]		238.28
		[99213]				PB CONTRACTUAL		5.00
						ALLOWANCE (INS) [500]		
						PB POS CO-PAYMENT		
						(ACCT) [100]		
238.28								167.72
182872749			14	Charge [1]	02/26/2020	03/02/2020	TODD, LANDON D. [35406]	
TODD, LANDON D. [35406]		X-RAY KNEE 4+	73564		200.00	PB POS CO-PAYMENT		3.00
		VIEW [73564]				(ACCT) [100]		90.11
						PB BLUE SHIELD ERA PMT		106.89
						(INS) [304]		
						PB CONTRACTUAL		
						ALLOWANCE (INS) [500]		
106.89								93.11

DIGNITY HEALTH MED FDTN-WOODLA
WOODLAND CLINIC
PO BOX 748217
LOS ANGELES CA 90074-8217

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07/25/24 599.00

DIGNITY HEALTH MED FDTN-WOODLA
WOODLAND CLINIC
PO BOX 748217
LOS ANGELES CA 90074-8217
TAX ID: 571205856

DEMAND FORMAT

	INV # 13310870	
	MENDENHALL LMFT,KRISTINE L	
	DIAGNOSIS F31.81	
10/13/23	90834 PSYCHOLTHERAPY, 45 MINS	441.00
11/13/23	BEHAVIORAL HEALTH PAYMENT	62.00-
	ADJUSTMENT	359.00-
01/18/24	ZOTEC RECEIVED AND LOADED	-
	INVOICE BALANCE:	20.00

	INV # 13658205	
	MENDENHALL LMFT,KRISTINE L	
	DIAGNOSIS F31.81	
10/27/23	90834 PSYCHOLTHERAPY, 45 MINS	441.00
11/28/23	BEHAVIORAL HEALTH PAYMENT	62.00-
	ADJUSTMENT	359.00-
01/18/24	ZOTEC RECEIVED AND LOADED	-
	INVOICE BALANCE:	20.00

INV # 14197605
GOMEZ PA-C,JULIUS

000002


Dignity Health.
Bakersfield Memorial Hospital
 420 34TH STREET
 BAKERSFIELD, CA 93301

Statement Date

3/10/20

661 327-4647

In case of error on your bill, please inquire in writing to the above address within 60 days.

Admission No.

68003876825

Admitted

3/06/2020

Discharged

3/06/2020

Page

5 D

MR#: 2520032268

PT TYPE I

Guarantor:

 BARRY ALAN BYE
 6200 MAPLE AVENUE

LAKE ISABELLA, CA 93240

Ins. Code	Insurance Company	Insurance I. D. Number
1. 6072	BLUE SHIELD PPO INDV EX	XED904677732
2. 2109	HEALTH NET MCAL	86132376F
3.		
4.		

Charge #	Service Date	CPT4/SMA Code	Mod.	Bill / Rev Code	Qty.	Service Description	Hospital Charge
						** SUBTOTAL **	134.00
				0636		PHARMACY W HCPCS	
6318810	3/05/20	J3370		0636	4	VANCOMYCIN 1GM INJ	130.00
6335319	3/05/20	J7040		0636	1	NACL 0.9% 500ML INJ	54.00
6368310	3/05/20	J3490		0636	1	TRANEXAMIC 1GM/10ML	384.00
6368310	3/05/20	J3490		0636	1	TRANEXAMIC 1GM/10ML	384.00
6321525	3/05/20	J3490		0636	2	BUPIVAC PF 0.5% 30ML	82.00
6318560	3/05/20	J1888		0638	2	KETOROLAC 30MG/ML 1M	26.00
6365951	3/05/20	J0171		0636	10	EPINEPHRINE 1MG/ML 1	26.00
6338867	3/05/20	J0735		0636	1	CLONIDINE 1MG/10ML 1	201.00
6316129	3/05/20	J2250		0636	2	MI DAZOLAM 1MG/ML 2ML	28.00
6316830	3/05/20	J3010		0636	1	FENTANYL 100MCG/2ML	26.00
6324495	3/05/20	J2704		0636	20	PROPOFOL 10MG/ML 20M	30.00
6342273	3/06/20	J3490		0636	1	LIDOCAINE MPF 1% 5ML	26.00
6326898	3/05/20	J2405		0636	4	ONDANSETRON 4MG/2ML	28.00
6322358	3/05/20	J3490		0636	1	FAMOTIDINE 20MG/2ML	26.00
6322002	3/05/20	J1100		0636	4	DEXAM PH 4MG/1ML SDV	26.00
6335251	3/05/20	J7120		0636	1	LACTATED RINGERS 1L	54.00
6322242	3/05/20	J3490		0636	1	EPHEDRINE 50MG/ML 1M	47.00
6323687	3/05/20	J2370		0636	1	PHENYLEPH 1% 10MG/ML	26.00
6336929	3/05/20	J0690		0636	4	CEFAZOLIN 2GM/100ML	54.00
6378634	3/05/20	J2795		0636	20	ROPIVACA 0.2%/NS 10	26.00
6345565	3/05/20	J2795		0636	150	ROPIVACAINE 150MG/30	104.00
6322002	3/05/20	J1100		0636	4	DEXAM PH 4MG/1ML SDV	26.00
6366249	3/05/20	J0131		0636	100	ACETAMINOPH 1GM/100M	170.00
6366249	3/05/20	J0131		0636	100	ACETAMINOPH 1GM/100M	170.00
6336929	3/05/20	J0690		0636	4	CEFAZOLIN 2GM/100ML	54.00
6318810	3/05/20	J3370		0636	4	VANCOMYCIN 1GM INJ	130.00
6335319	3/05/20	J7040		0636	1	NACL 0.9% 500ML INJ	54.00
6379551	3/05/20	J1815		0638	5	INS LISPRO 25U/0.25M	26.00
6379551	3/05/20	J1815		0636	5	INS LISPRO 25U/0.25M	26.00
6336929	3/06/20	J0690		0636	4	CEFAZOLIN 2GM/100ML	54.00
6335251	3/06/20	J7120		0638	1	LACTATED RINGERS 1L	54.00
6379551	3/06/20	J1815		0636	5	INS LISPRO 25U/0.25M	26.00

ALL BILLS DUE AND PAYABLE UPON RECEIPT. PATIENT AMOUNT DUE IS SUBJECT TO REVISION BASED ON ACTUAL COVERAGE WHEN PAID. CHARGES OR CREDITS NOT IN THE BUSINESS OFFICE AT TIME OF THIS STATEMENT WILL BE BILLED TO YOU AT A LATER DATE.						Thank You!	PAY THIS AMOUNT
--	--	--	--	--	--	------------	-----------------

01/18/24	ZOTEC RECEIVED AND LOADED	-
	INVOICE BALANCE:	339.00

	INV # 15138682	
	MENDENHALL LMFT,KRISTINE L	
	DIAGNOSIS F31.81	
01/31/24	90832 PSYCHOTHERAPY, 30MINS	165.00
02/29/24	BEHAVIORAL HEALTH PAYMENT	44.00-
	ADJUSTMENT	121.00-

	INV # 15391062	
	MENDENHALL LMFT,KRISTINE L	
	DIAGNOSIS F31.81	
02/14/24	90834 PSYCHOLTHERAPY, 45 MINS	441.00
04/03/24	BEHAVIORAL HEALTH PAYMENT	82.00-

CONTINUED

DIGNITY HEALTH MED FDTN-WOODLA	PAGE:3
WOODLAND CLINIC	
PO BOX 748217	
LOS ANGELES CA 90074-8217	

07/25/24 599.00

DIGNITY HEALTH MED FDTN-WOODLA
WOODLAND CLINIC
PO BOX 748217
LOS ANGELES CA 90074-8217

000004

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

PHYSICIAN BILL FOR SERVICES

Tax ID: 95-1750445

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

Date Prepared: 02/04/21

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

Make Checks Payable To:

Community Orthopedic Medical Grp
PO Box 843780
LOS ANGELES, CA 90084-3780
USA
STATEMENT

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
10/04/2021	\$44.77	0001000000064434
SHOW AMOUNT PAID HERE \$		

REMIT TO:

Community Orthopedic Medical Grp
PO Box 843780
LOS ANGELES, CA 90084-3780
USA

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Provider	Service	Description of Service	Charge	Insurance Receipt	Patient Receipt	Adjust	Insurance Balance	Patient Balance
01/29/14	Bonnie	Hanjan MC	99205	new patient complex	\$398.00	\$178.71	\$0.00	\$219.29	\$0.00	\$0.00
01/29/14	Bonnie	Hanjan MC	72050	Spine Cerv Xray; 4 Views Mini	\$154.00	\$53.00		\$101.00	\$0.00	\$0.00
01/29/14	Bonnie	Hanjan MC	72141	MRI Spinal Canal Cerv; Wo Cr	\$1,593.00	\$300.00	\$35.00	\$1,258.00	\$0.00	\$0.00
02/03/14	Bonnie	Hanjan MC	99215	estab pt comprehensive	\$280.00	\$91.15	\$35.00	\$153.85	\$0.00	\$0.00
02/04/14	Bonnie	Waldman I	99245	Offic Cons New/estab Mod-hi	\$504.00	\$159.17	\$35.00	\$309.83	\$0.00	\$0.00
02/10/14	Bonnie	Hanjan MC	DF	Disability Form (Not State)	\$35.00		\$35.00		\$0.00	\$0.00
03/07/14	Bonnie	Hanjan MC	99214	Estab Mod-hi 2	\$209.00	\$53.74	\$45.00	\$110.26	\$0.00	\$0.00
03/13/14	Bonnie	Hanjan MC	62310	Injection Epidural Cervical/Thc	\$514.00	\$88.80	\$22.20	\$403.00	\$0.00	\$0.00
03/13/14	Bonnie	Hanjan MC	77003	Fluoro Guid & Localiz Needle	\$171.00	\$0.00	\$29.22	\$141.78	\$0.00	\$0.00
03/13/14	Bonnie	Hanjan MC	99144	Conscious Sed 5yrs 30min	\$294.00	\$0.00		\$294.00	\$0.00	\$0.00
03/20/14	Bonnie	Hanjan MC	99214	Estab Mod-hi 2	\$209.00	\$33.74	\$65.00	\$110.26	\$0.00	\$0.00
04/21/14	Bonnie	Hanjan MC	DNKA	Did Not Keep Appointment Off	\$25.00		\$25.00		\$0.00	\$0.00
05/15/15	Bonnie	Hanjan MC	99214	Estab Mod-hi 2	\$209.00	\$33.74	\$65.00	\$110.26	\$0.00	\$0.00
08/09/21	Bonnie	Evangelist	99205	new patient complex	\$398.00	\$194.29		\$188.71	\$0.00	\$15.00
08/09/21	Bonnie	Evangelist	73502	X-Ray Exam Hip Uni 2-3 View	\$123.00	\$53.57		\$66.04	\$0.00	\$13.39
08/12/21	Bonnie	Evangelist	27096	Inj Proc SI Jt Arthr/Strd	\$576.00	\$65.50		\$494.12	\$0.00	\$16.38

Balance past due. Please remit payment. If payment is not received within 30 days Late Fees will be added.

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
0001000000064434	\$0.00	\$44.77	\$0.00	\$0.00	\$0.00	\$44.77

SSAGE:

For billing questions, call 1-844-627-6412, M-F 5am - 5pm PST Customer service representatives available for English and Spanish.

Please Pay This
AMOUNT >>>> \$44.77

** PAYMENT DUE UPON RECEIPT *THANK YOU **
STATEMENT

Page: 1 of 1

000008

Re:
D.O.I.: 7/1/16;10/6/15-9/2716M
Ins.:

Date of Exam: 3/14/18

Subjective Complaints:

has complaint of occasional mild headaches. The patient complains of intermittent moderate upper/mid back pain and stiffness. She has complaint of frequent moderate low back pain and stiffness. The patient has complaint of intermittent mild to moderate left hip pain and stiffness. Ms. Lozano-Medina is complaining of intermittent moderate right hip pain and stiffness. The patient has complaint of frequent moderate right knee pain. She has frequent moderate left hand pain. The patient complains of frequent moderate right hand pain. There is complaint of loss of sleep due to pain. There are psychological complaints. She has respiratory complaints due to chemical exposures.

Objective findings:(Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

HT: 5'1", WT: 185 lbs. BP: 152/104, P: 93 bpm.

Head: Cranial nerves were within normal limits.

Respiratory System: Examination deferred to specialist.

Thoracic Spine:

There is +3 tenderness to palpation of the thoracic paravertebral muscles.

The thoracic ranges of motion are painful.

Kemp's causes pain.

Lumbar Spine:

There is +3 tenderness to palpation of the lumbar paravertebral muscles.

The lumbar ranges of motion are decreased and painful.

Kemp's causes pain.

Left Hip:

There is +3 tenderness to palpation of the posterior hip and lateral hip.

The left hip ranges of motion are decreased and painful.

Iliac Compression causes pain. Patrick's FABERE causes pain.

Right Hip:

There is +3 tenderness to palpation of the posterior hip and lateral hip.

The right hip ranges of motion are decreased and painful.

Iliac Compression causes pain. Patrick's FABERE causes pain.

Right Knee:

There is +3 tenderness to palpation of the posterior knee and medial knee.

The right knee ranges of motion are decreased and painful.

McMurray's causes pain.

Bilateral Hands:

There is pain and tenderness of the right hand index finger DIP joint.

There is pain and tenderness with swelling of the left hand MP joints and fingers and thumb MP joint.

Diagnosis:

Headache [R51]

Thoracic sprain/strain [S23.8XXA]

Lumbar sprain/strain [S33.5XXA, S39.011A]

Hip sprain / strain, left [S73.102A]

Hip sprain / strain, right [S73.101A, S76.011A]

Knee sprain / strain, right [S83.91XA]

Hand pain, right [M79.641]

Hand pain, left [M79.642]

Left moderate carpal tunnel syndrome and right severe carpal tunnel syndrome

Complaint of respiratory problems

Loss of Sleep [G47.9]

Psych component