

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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	60.00	

000009

Report Settings

Account: VILLALPANDO,AURELIO N [312900581602]

Patient:

Submission Information

User: [B594616]

Time: Mon Jan 4, 2021 8:21 AM

Transaction Information					
Charges		Service Date From	Service Date To	Total Amount	
		10/27/2010	01/04/2021	24,337.00	
Tx #	Procedure	Diagnoses	Service Provider	Date	Amount
139	99202-OFFICE/OUTPATI...	300.00 (ICD-9-CM)-ANXI...	Paik, Steven Zum-Ming (...)	06/10/2013	210.00
		530.81 (ICD-9-CM)-ESOPHA			
		278.01 (ICD-9-CM)-MORBID			
		709.9 (ICD-9-CM)-UNSPECI			
	(Match Adj) 140	3010-CAPITATION INSUR CR ADJUSTMENT		06/10/2013	210.00
142	99386-INITIAL PREVENT...	V72.31 (ICD-9-CM)-ROU...	Fox, Gary Michael (M.D.)...	06/11/2013	455.00
		V76.2 (ICD-9-CM)-SCREENI			
		V73.81 (ICD-9-CM)-SPECIAL			
		V76.10 (ICD-9-CM)-UNSPEC			
	(Match Adj) 143	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	455.00
144	G0202-SCREENING MA...	V76.12 (ICD-9-CM)-OTH...	MG RM2 HOLOGIC LS E...	06/11/2013	169.00
	(Match Adj) 145	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	169.00
146	87621-IADNA PAPILOM...	V73.81 (ICD-9-CM)-SPE...	Fox, Gary Michael (M.D.)...	06/11/2013	242.00
	(Match Adj) 147	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	242.00
148	80061-LIPID PANEL	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	93.00
	(Match Adj) 157	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	93.00
149	84132-POTASSIUM SER...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	32.00
	(Match Adj) 158	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	32.00
150	84295-SODIUM SERUM...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	34.00
	(Match Adj) 159	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	34.00
151	84443-ASSAY OF THYR...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	116.00
	(Match Adj) 160	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	116.00
152	85027-BLOOD COUNT C...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	45.00
	(Match Adj) 161	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	45.00
153	85008-BLD COUNT SME...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	24.00
	(Match Adj) 162	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	24.00
154	87088-CULTURE BCT IS...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	46.00
	(Match Adj) 163	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	46.00
155	83540-ASSAY OF IRON	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	45.00
	(Match Adj) 164	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	45.00
156	83550-IRON BINDING C...	300.00 (ICD-9-CM)-ANXI...	SSC-LAB [50030509]	06/11/2013	49.00
	(Match Adj) 165	3010-CAPITATION INSUR CR ADJUSTMENT		06/11/2013	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 # 1851503237

WOMEN'S MEDICAL GROUP
□ VELLORE R. BHUPATHY, M.D., P.C., F.A.C.O.G.
CA Lic # A-26441
□ STEVE J. VILLARREAL, M.D.
CA Lic # G 57663
OBSTETRICS AND GYNECOLOGY SURGERY
□ 14350 WHITTIER BOULEVARD
SUITE 205
WHITTIER, CA 90605
562-945-3707 FAX: 562-945-0120
□ 11181 E. WASHINGTON BOULEVARD
WHITTIER, CA 90606
562-695-2250 FAX: 562-695-1569

NAME _____ DOB _____
ADDRESS _____ DATE 8-22-13

R (PLEASE PRINT)

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

2) Ibuprofen 800mg #30
→ po TID. pc, prn

☐ LABELREFILL 5 TIMES

PRN NR

☐ DO NOT SUBSTITUTE

INITIALS

S. Villarreal

M.D.

05-13-13

TR130613_100167415-05_02_87894