

## Online Claim Submission

Code: AOH

Employer: ARAG North America, Inc.

EmpID: 480722910

EmpName: McCarthy, Thomas

Submitted: January 17, 2023

Batch: 29911078

Claim Total: \$1,055.10

Attachments: 10

Line	Service Date(s)	Type	Cost	Notes
1	1/18/2022	RX	\$360.00	Provider: Hy-Vee Pharmacy. For whom: Ronda Mccarthy. Four prescriptions for \$90 each
2	11/21/2022	GENERAL	\$118.10	Provider: Dermatology Surgery Center. For whom: Thomas Mccarthy. Dermatologist
3	6/23/2022	GENERAL	\$112.00	Provider: Dermatology Surgery Center. For whom: Ronda Mccarthy. Dermatologist
4	10/11/2022	GENERAL	\$295.60	Provider: DSM Sleep LLC. For whom: Tom McCarthy. CPAP supplies
5	2/10/2022	GENERAL	\$169.40	Provider: Iowa Heart Center. For whom: Tom McCarthy.



## Year to Date Report

Plan Member Name: Ronda Mccarthy  
Plan Member Number: W00638465  
Date Run: January 18, 2023  
Date of Service: 01/01/2022 - 12/31/2022

PATIENT Health Care Provider	First Date of Service	Claim Number	Amount Charged	Amount Allowed	Network Savings	Amount Paid By Health Plan	Other Insurance	Date Paid	Your Deductible	Your Copayment	Your Coinsurance	Your Amount Not Covered	Amount You Owe
RONDA (1966-05-19)	01/05/2022	650206343100	\$63.99	\$39.92	\$24.07	\$9.92	\$0.00	01/06/2022	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00
HYVEE PHARMACY #1895	01/18/2022	620198306300	\$210.99	\$123.62	\$87.37	\$33.62	\$0.00	01/19/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
HYVEE PHARMACY #1895	01/18/2022	640200345500	\$8.99	\$1.80	\$7.19	\$1.80	\$0.00	01/19/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYVEE PHARMACY #1895	03/26/2022	650279829000	\$8.99	\$1.80	\$7.19	\$1.80	\$0.00	03/28/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYVEE PHARMACY #1895	04/18/2022	650310434700	\$210.99	\$123.62	\$87.37	\$33.62	\$0.00	05/02/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
WALGREENS 05060	07/04/2022	650368625800	\$15.00	\$10.00	\$5.00	\$10.00	\$0.00	07/05/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WALGREENS 05060	07/04/2022	650368625700	\$11.99	\$1.41	\$10.58	\$1.41	\$0.00	07/05/2022	\$0.00	\$1.41	\$0.00	\$0.00	\$1.41
WALGREENS 05060	07/04/2022	650368639500	\$44.99	\$41.04	\$3.95	\$33.04	\$0.00	07/05/2022	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
HYVEE PHARMACY #1895	07/25/2022	620344128200	\$239.99	\$115.90	\$124.09	\$25.90	\$0.00	07/26/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
HYVEE PHARMACY #1895	10/18/2022	630423153200	\$71.99	\$5.33	\$66.66	\$25.90	\$0.00	10/19/2022	\$0.00	\$5.33	\$0.00	\$0.00	\$5.33
HYVEE PHARMACY #1895	11/09/2022	640441154000	\$239.99	\$115.90	\$124.09	\$25.90	\$0.00	11/10/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
HYVEE PHARMACY #1895	12/02/2022	640461937600	\$42.99	\$38.52	\$4.47	\$38.52	\$0.00	12/05/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYVEE PHARMACY #1895	12/15/2022	630476439900	\$119.99	\$91.92	\$28.07	\$91.92	\$0.00	12/16/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$1,290.88	\$710.78	\$580.10	\$306.04	\$0.00		\$0.00	\$404.74	\$0.00	\$0.00	\$404.74

PATIENT	Total Amount Charged	Total Amount Allowed	Total Network Savings	Total Amount Paid By Health Plan	Total Other Insurance	Your Total Deductible	Your Total Copayment	Your Total Coinsurance	Your Total Amount Not Covered	Your Total Amount Owed
RONDA (1966-05-19)	\$1,290.88	\$710.78	\$580.10	\$306.04	\$0.00	\$0.00	\$404.74	\$0.00	\$0.00	\$404.74
Grand Total	\$1,290.88	\$710.78	\$580.10	\$306.04	\$0.00	\$0.00	\$404.74	\$0.00	\$0.00	\$404.74

If you choose a brand-name drug over generic, you are responsible for the difference in price. This report does not reflect that additional cost. Please request a claim summary from your pharmacist.

The list above may not include all claims. This is because some claims, such as dental, vision and pharmacy are not processed by Wellmark.

This information is not a guarantee of benefits or the level of benefits available under the plan. Adjustments may impact the plan's annual deductible and out-of-pocket accumulations.

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DERMATOLOGY SURGERY CENTER  
8131 UNIVERSITY BLVD  
CLIVE IA 50325



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[patientbilling.mysecurebill.com](http://patientbilling.mysecurebill.com).

### CLINIC STATEMENT

For help with billing questions please call:  
(515) 282-2120

Group Code: DDSC

#### Addressee

Page 1 of 1

Account Number  
51671

Due Date  
Upon Receipt

Amount Due  
\$112.00

Amount Paid  
\$

Please make checks payable and remit to:

DERMATOLOGY SURGERY CENTER  
8131 UNIVERSITY BLVD  
CLIVE IA 50325

RHONDA L MCCARTHY  
1629 66TH ST  
WINDSOR HEIGHTS IA 50324-1653  
USA

☐ Check if address/insurance changes are on back

myEasyMatch Code: X-47652-3182-4045

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
51671	RHONDA L MCCARTHY	08/12/2022	Upon Receipt

Date	Service Description	Ins. Code	Charges	Payments/ Adjustments	Patient Balance
07/21/2022	Provider: HARLAN Tissue exam by pathologist	2	\$150.00	-\$121.60	\$28.40
06/23/2022	Provider: SELDEN Office/outpatient visit new	2	\$165.00	-\$138.80	\$26.20
06/23/2022	Destruct b9 lesion 1-14	2	\$223.00	-\$183.60	\$39.40
06/23/2022	TANGNTL BX SKIN SINGLE LES	2	\$200.00	-\$182.00	\$18.00
Insurance Codes Explanation					
2 Coinsurance Amount					
You can pay your balance online at <a href="http://www.doctorharlan.com">www.doctorharlan.com</a>					

### MESSAGES

Thank you for choosing us for your medical care. Your balance is due within 30 days.

### STATEMENT SUMMARY

Total Charges: .....\$738.00  
Insurance Payments/Adjustments: .....-\$626.00  
Patient Payments/Adjustments: .....\$0.00

**AMOUNT DUE: \$112.00**

DERMATOLOGY SURGERY CENTER  
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CLIVE IA 50325



## Enroll in eStatements

It's fast, easy, and eliminates mail & paper.  
eStatements are now available at  
[patientbilling.mysecurebill.com](http://patientbilling.mysecurebill.com).

### CLINIC STATEMENT

**i** For help with billing questions please call:  
(515) 282-2120

Group Code: DDSC

#### Addressee



THOMAS E MCCARTHY  
1629 66TH ST  
WINDSOR HEIGHTS IA 50324-1653  
USA

Page 1 of 1

#### Account Number

33549

#### Due Date

Upon Receipt

#### Amount Due

\$118.10

#### Amount Paid

\$

Please make checks payable and remit to:



DERMATOLOGY SURGERY CENTER  
8131 UNIVERSITY BLVD  
CLIVE IA 50325

☐ Check if address/insurance changes are on back

myEasyMatch Code: X-01765-2417-9188

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
33549	THOMAS E MCCARTHY	12/23/2022	Upon Receipt

Date	Service Description	Ins. Code	Charges	Payments/ Adjustments	Patient Balance
11/21/2022	<b>Provider: HARLAN</b> Tissue exam by pathologist	2	\$150.00	-\$121.60	\$28.40
11/21/2022	<b>Provider: VAN WYK</b> Office/outpatient visit est	2	\$110.00	-\$88.60	\$21.40
11/21/2022	PUNCH BX SKIN SINGLE LESION	2	\$250.00	-\$205.40	\$44.60
11/21/2022	Destruct premalg les 2-14	2	\$110.00	-\$98.00	\$12.00
11/21/2022	Destruct premalg lesion	2	\$150.00	-\$138.30	\$11.70
<b>Insurance Codes Explanation</b>					
<b>2 Coinsurance Amount</b>					
You can pay your balance online at <a href="http://www.doctorharlan.com">www.doctorharlan.com</a> .					

### MESSAGES

Thank you for choosing us for your medical care. Your balance is due within 30 days.

### STATEMENT SUMMARY

Total Charges: .....\$770.00  
Insurance Payments/Adjustments: .....-\$651.90  
Patient Payments/Adjustments: .....\$0.00

AMOUNT DUE:

**\$118.10**



**DSM Sleep LLC**

PO Box 71248  
Charlotte NC 28272-1248

**Payment Required Now**

Jan 05, 2023

Pay online at:  
<https://DSMSleep.hmebillpay.com>

**Past Due Summary**

INVOICE #	DATE OF SERVICE	BALANCE
88230	10/11/2022	\$295.60
TOTAL PAST DUE:		\$295.60

Account Number:  
11561

Patient Name:  
Thomas E McCarthy

Responsible Party:

Thomas McCarthy

Current  
\$0.00

+

Past Due  
\$295.60

+

Ready for Collections  
\$0.00

=

TOTAL DUE

**\$295.60**

Dear Thomas McCarthy,

We still have not received payment for the balance shown. If you don't agree with the balance due, please contact us at (515) 850-1037. Otherwise please send your payment today.

To avoid further collection activity, please ensure that payment is received at the address below within 10 days of the date of this letter. Thank you for allowing us to be of service to you.

Sincerely,  
DSM Sleep LLC

**Billing Questions**  
(515) 850-1037

Monday - Friday  
8:00 am - 5:00 CST

Pay online at:

<https://DSMSleep.hmebillpay.com>

0421-PDS-1-L2-51136-38722

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

**TOTAL PAST DUE: \$295.60**

Payments not accepted at this address

**DSM Sleep LLC**  
PO Box 1259 Dept # 140418  
Oaks, PA 19456



☐ If your address has changed, please check the box and fill in the new address below.

Amount Enclosed: \$

Account #: 11561 Invoice(s): 88230

Mail Payment to:

DSM Sleep LLC  
PO Box 71248  
Charlotte NC 28272-1248

**THOMAS MCCARTHY**

1629 66TH ST  
WINDSOR HEIGHTS IA 50324-1653



1 of 1

050982 0000011561 5 0176961834 010523 00029560 0



DATE	DESCRIPTION	CHECK #	FEE	UNITS	INSURANCE	PATIENT
------	-------------	---------	-----	-------	-----------	---------

Thomas E Mccarthy(488087)/Randolph R Rough MD/9371496

Location: MercyOne Iowa Heart Center West Des Moines

02-10-2022	Ofc/new/moderate		\$391.00	1	\$391.00	\$0.00
02-11-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$132.00)	\$0.00
02-14-2022	Filed charges of 391.00 to Blue Cross Blue Shield of Iowa					
03-02-2022	Contractual adjustment from Wellmark BC/BS	2913360			(\$28.00)	\$0.00
03-02-2022	Payment from Wellmark BC/BS	2913360			(\$184.80)	\$0.00
03-02-2022	Transfer from Insurance from Wellmark BC/BS	2913360			(\$46.20)	\$46.20

Subtotal: \$0.00 \$46.20

Thomas E Mccarthy(488087)/Randolph R Rough MD/9372176

Location: MercyOne Iowa Heart Center West Des Moines

02-10-2022	Ekg		\$82.00	1	\$82.00	\$0.00
02-11-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$51.00)	\$0.00
02-14-2022	Filed charges of 82.00 to Blue Cross Blue Shield of Iowa					
03-02-2022	Contractual adjustment from Wellmark BC/BS	2913360			\$0.00	\$0.00
03-02-2022	Payment from Wellmark BC/BS	2913360			(\$24.80)	\$0.00
03-02-2022	Transfer from Insurance from Wellmark BC/BS	2913360			(\$6.20)	\$6.20

Subtotal: \$0.00 \$6.20

Thomas E Mccarthy(488087)/Randolph R Rough MD/9396501

Location: MercyOne Des Moines Medical Center

03-01-2022	Stress Test/dr Sup'v Only		\$86.00	1	\$86.00	\$0.00
03-01-2022	Stress Test/intrp & Report		\$76.00	1	\$76.00	\$0.00
03-01-2022	Stress Test Tracing		\$0.00	1	\$0.00	\$0.00
03-02-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$40.00)	\$0.00
03-02-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$45.00)	\$0.00
03-03-2022	Filed charges of 162.00 to Blue Cross Blue Shield of Iowa					
03-09-2022	Transfer from Insurance from Wellmark BC/BS	2921573			(\$77.00)	\$77.00
03-09-2022	Payment from Wellmark BC/BS	2921573			\$0.00	\$0.00

Total Balance	Ins. Balance	Pat. Balance
\$169.40	\$0.00	\$169.40

MercyOne Iowa Heart Center \* PO Box 9170 \* Des Moines, IA 50306-0361 \* (515) 633-3800

**MERCYONE**

PO Box 9170  
Des Moines, IA 50306-0361  
(515) 633-3800  
(888) 884-8286

Iowa  
Heart  
Center



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IF PAYING BY CREDIT CARD, PLEASE SELECT CORRECT CARD AND FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER		V.CODE
SIGNATURE		EXPR. DATE
DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
04-07-2022	\$169.40	488087
AMOUNT PAID		



Thomas E Mccarthy  
1629-66th St  
Windsor Heights, IA 50324-1653

MercyOne Iowa Heart Center  
PO Box 9170  
Des Moines, IA 50306-9170





## Year to Date Report

Plan Member Name: Ronda Mccarthy  
Plan Member Number: W00638465  
Date Run: January 18, 2023  
Date of Service: 01/01/2022 - 12/31/2022

PATIENT Health Care Provider	First Date of Service	Claim Number	Amount Charged	Amount Allowed	Network Savings	Amount Paid By Health Plan	Other Insurance	Date Paid	Your Deductible	Your Copayment	Your Coinsurance	Your Amount Not Covered	Amount You Owe
RONDA (1966-05-19)	01/05/2022	650206343100	\$63.99	\$39.92	\$24.07	\$9.92	\$0.00	01/06/2022	\$0.00	\$30.00	\$0.00	\$0.00	\$30.00
HYVEE PHARMACY #1895	01/18/2022	620198306300	\$210.99	\$123.62	\$87.37	\$33.62	\$0.00	01/19/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
HYVEE PHARMACY #1895	01/18/2022	640200345500	\$8.99	\$1.80	\$7.19	\$1.80	\$0.00	01/19/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYVEE PHARMACY #1895	03/26/2022	650279829000	\$8.99	\$1.80	\$7.19	\$1.80	\$0.00	03/28/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYVEE PHARMACY #1895	04/18/2022	650310434700	\$210.99	\$123.62	\$87.37	\$33.62	\$0.00	05/02/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
WALGREENS 05060	07/04/2022	650368625800	\$15.00	\$10.00	\$5.00	\$10.00	\$0.00	07/05/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
WALGREENS 05060	07/04/2022	650368625700	\$11.99	\$1.41	\$10.58	\$1.41	\$0.00	07/05/2022	\$0.00	\$1.41	\$0.00	\$0.00	\$1.41
WALGREENS 05060	07/04/2022	650368639500	\$44.99	\$41.04	\$3.95	\$33.04	\$0.00	07/05/2022	\$0.00	\$8.00	\$0.00	\$0.00	\$8.00
HYVEE PHARMACY #1895	07/25/2022	620344128200	\$239.99	\$115.90	\$124.09	\$25.90	\$0.00	07/26/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
HYVEE PHARMACY #1895	10/18/2022	630423153200	\$71.99	\$5.33	\$66.66	\$25.90	\$0.00	10/19/2022	\$0.00	\$5.33	\$0.00	\$0.00	\$5.33
HYVEE PHARMACY #1895	11/09/2022	640441154000	\$239.99	\$115.90	\$124.09	\$25.90	\$0.00	11/10/2022	\$0.00	\$90.00	\$0.00	\$0.00	\$90.00
HYVEE PHARMACY #1895	12/02/2022	640461937600	\$42.99	\$38.52	\$4.47	\$38.52	\$0.00	12/05/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HYVEE PHARMACY #1895	12/15/2022	630476439900	\$119.99	\$91.92	\$28.07	\$91.92	\$0.00	12/16/2022	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total			\$1,290.88	\$710.78	\$580.10	\$306.04	\$0.00		\$0.00	\$404.74	\$0.00	\$0.00	\$404.74

PATIENT	Total Amount Charged	Total Amount Allowed	Total Network Savings	Total Amount Paid By Health Plan	Total Other Insurance	Your Total Deductible	Your Total Copayment	Your Total Coinsurance	Your Total Amount Not Covered	Your Total Amount Owed
RONDA (1966-05-19)	\$1,290.88	\$710.78	\$580.10	\$306.04	\$0.00	\$0.00	\$404.74	\$0.00	\$0.00	\$404.74
Grand Total	\$1,290.88	\$710.78	\$580.10	\$306.04	\$0.00	\$0.00	\$404.74	\$0.00	\$0.00	\$404.74

If you choose a brand-name drug over generic, you are responsible for the difference in price. This report does not reflect that additional cost. Please request a claim summary from your pharmacist.

The list above may not include all claims. This is because some claims, such as dental, vision and pharmacy are not processed by Wellmark.

This information is not a guarantee of benefits or the level of benefits available under the plan. Adjustments may impact the plan's annual deductible and out-of-pocket accumulations.

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## CLINIC STATEMENT



**AMOUNT DUE: \$112.00**



DERMATOLOGY SURGERY CENTER  
8131 UNIVERSITY BLVD  
CLIVE IA 50325



## Enroll in eStatements

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[patientbilling.mysecurebill.com](http://patientbilling.mysecurebill.com).

## CLINIC STATEMENT

For help with billing questions please call:  
(515) 282-2120

Group Code: DDSC

### Addressee



THOMAS E MCCARTHY  
1629 66TH ST  
WINDSOR HEIGHTS IA 50324-1653  
USA

Page 1 of 1

### Account Number

33549

### Due Date

Upon Receipt

### Amount Due

\$118.10

### Amount Paid

\$

Please make checks payable and remit to:



DERMATOLOGY SURGERY CENTER  
8131 UNIVERSITY BLVD  
CLIVE IA 50325

☐ Check if address/insurance changes are on back

myEasyMatch Code: X-01765-2417-9188

Please detach and return top portion with payment.

Account Number	Account Name	Statement Date	Due Date
33549	THOMAS E MCCARTHY	12/23/2022	Upon Receipt

Date	Service Description	Ins. Code	Charges	Payments/ Adjustments	Patient Balance
11/21/2022	Provider: HARLAN Tissue exam by pathologist	2	\$150.00	-\$121.60	\$28.40
11/21/2022	Provider: VAN WYK Office/outpatient visit est	2	\$110.00	-\$88.60	\$21.40
11/21/2022	PUNCH BX SKIN SINGLE LESION	2	\$250.00	-\$205.40	\$44.60
11/21/2022	Destruct premalg les 2-14	2	\$110.00	-\$98.00	\$12.00
11/21/2022	Destruct premalg lesion	2	\$150.00	-\$138.30	\$11.70
Insurance Codes Explanation					
2 Coinsurance Amount					
You can pay your balance online at <a href="http://www.doctorharlan.com">www.doctorharlan.com</a> .					

## MESSAGES

Thank you for choosing us for your medical care. Your balance is due within 30 days.

## STATEMENT SUMMARY

Total Charges: .....\$770.00  
Insurance Payments/Adjustments: .....-\$651.90  
Patient Payments/Adjustments: .....\$0.00

AMOUNT DUE:

**\$118.10**

**DSM Sleep LLC**

PO Box 71248  
Charlotte NC 28272-1248

**Payment Required Now**

Jan 05, 2023

Pay online at:  
<https://DSMSleep.hmebillpay.com>

**Past Due Summary**

INVOICE #	DATE OF SERVICE	BALANCE
88230	10/11/2022	\$295.60
TOTAL PAST DUE:		\$295.60

Account Number:  
11561

Patient Name:  
Thomas E McCarthy

Responsible Party:

Thomas McCarthy

Current  
\$0.00

+

Past Due  
\$295.60

+

Ready for Collections  
\$0.00

=

TOTAL DUE

**\$295.60**

Dear Thomas McCarthy,

We still have not received payment for the balance shown. If you don't agree with the balance due, please contact us at (515) 850-1037. Otherwise please send your payment today.

To avoid further collection activity, please ensure that payment is received at the address below within 10 days of the date of this letter. Thank you for allowing us to be of service to you.

Sincerely,  
DSM Sleep LLC

**Billing Questions**  
(515) 850-1037

Monday - Friday  
8:00 am - 5:00 CST

Pay online at:

<https://DSMSleep.hmebillpay.com>

0421-PDS-1-L2-51136-38722

PLEASE DETACH HERE AND RETURN BOTTOM PORTION

**TOTAL PAST DUE: \$295.60**

Payments not accepted at this address

**DSM Sleep LLC**  
PO Box 1259 Dept # 140418  
Oaks, PA 19456



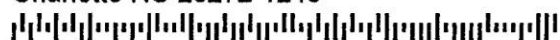
☐ If your address has changed, please check the box and fill in the new address below.

Amount Enclosed: \$

Account #: 11561 Invoice(s): 88230

Mail Payment to:

DSM Sleep LLC  
PO Box 71248  
Charlotte NC 28272-1248

**THOMAS MCCARTHY**

1629 66TH ST  
WINDSOR HEIGHTS IA 50324-1653



1 of 1

050982 0000011561 5 0176961834 010523 00029560 0



DATE	DESCRIPTION	CHECK #	FEE	UNITS	INSURANCE	PATIENT
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Thomas E Mccarthy(488087)/Randolph R Rough MD/9371496

Location: MercyOne Iowa Heart Center West Des Moines

02-10-2022	Ofc/new/moderate		\$391.00	1	\$391.00	\$0.00
02-11-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$132.00)	\$0.00
02-14-2022	Filed charges of 391.00 to Blue Cross Blue Shield of Iowa					
03-02-2022	Contractual adjustment from Wellmark BC/BS	2913360			(\$28.00)	\$0.00
03-02-2022	Payment from Wellmark BC/BS	2913360			(\$184.80)	\$0.00
03-02-2022	Transfer from Insurance from Wellmark BC/BS	2913360			(\$46.20)	\$46.20

Subtotal: \$0.00 \$46.20

Thomas E Mccarthy(488087)/Randolph R Rough MD/9372176

Location: MercyOne Iowa Heart Center West Des Moines

02-10-2022	Ekg		\$82.00	1	\$82.00	\$0.00
02-11-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$51.00)	\$0.00
02-14-2022	Filed charges of 82.00 to Blue Cross Blue Shield of Iowa					
03-02-2022	Contractual adjustment from Wellmark BC/BS	2913360			\$0.00	\$0.00
03-02-2022	Payment from Wellmark BC/BS	2913360			(\$24.80)	\$0.00
03-02-2022	Transfer from Insurance from Wellmark BC/BS	2913360			(\$6.20)	\$6.20

Subtotal: \$0.00 \$6.20

Thomas E Mccarthy(488087)/Randolph R Rough MD/9396501

Location: MercyOne Des Moines Medical Center

03-01-2022	Stress Test/dr Sup'v Only		\$86.00	1	\$86.00	\$0.00
03-01-2022	Stress Test/intrp & Report		\$76.00	1	\$76.00	\$0.00
03-01-2022	Stress Test Tracing		\$0.00	1	\$0.00	\$0.00
03-02-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$40.00)	\$0.00
03-02-2022	Contractual adjustment from Blue Cross Blue Shield of Iowa				(\$45.00)	\$0.00
03-03-2022	Filed charges of 162.00 to Blue Cross Blue Shield of Iowa					
03-09-2022	Transfer from Insurance from Wellmark BC/BS	2921573			(\$77.00)	\$77.00
03-09-2022	Payment from Wellmark BC/BS	2921573			\$0.00	\$0.00

Total Balance	Ins. Balance	Pat. Balance
\$169.40	\$0.00	\$169.40

MercyOne Iowa Heart Center \* PO Box 9170 \* Des Moines, IA 50306-0361 \* (515) 633-3800

**MERCYONE**

PO Box 9170  
Des Moines, IA 50306-0361  
(515) 633-3800  
(888) 884-8286

Iowa  
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DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
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AMOUNT PAID		



Thomas E Mccarthy  
1629-66th St  
Windsor Heights, IA 50324-1653

MercyOne Iowa Heart Center  
PO Box 9170  
Des Moines, IA 50306-9170

