

## Online Claim Submission

Code: BIS

Employer: Binswanger Enterprises, LLC

EmplID: 440063129

EmpName: THAGARD, CODY

Submitted: February 11, 2023

Batch: 30292167

Claim Total: \$240.00

Attachments: 10

Line	Service Date(s)	Type	Cost	Notes
1	1/7/2023	RX	\$10.00	Provider: Walmart Pharmacy. For whom: Sharee Wright-Tagard.
2	1/9/2023	COUNSEL	\$30.00	Provider: Bonnie Lovett. For whom: Cody Tagard.
3	1/9/2023	COUNSEL	\$30.00	Provider: Latibule. For whom: Sharee Wright-Tagard.
4	1/13/2023	COUNSEL	\$30.00	Provider: Bonnie Lovet. For whom: Sharee Wright-Tagard.
5	1/16/2023	COUNSEL	\$30.00	Provider: Bonnie Lovett. For whom: Cody Tagard.
6	1/17/2023	COUNSEL	\$30.00	Provider: Latibule Connections. For whom: Sharee Wright-Tagard.
7	1/24/2023	COUNSEL	\$30.00	Provider: Latibule Connections. For whom: Sharee Wright-Tagard.
8	1/26/2023	RX	\$10.00	Provider: Sams Pharmacy. For whom: Sharee WrightThagard.
9	1/31/2023	COUNSEL	\$30.00	Provider: Latibule Connections. For whom: Sharee Wright-Tagard.
10	2/1/2023	RX	\$10.00	Provider: Walmart Pharmacy. For whom: Sharee Wright-Tagard.

**LATIBULE THERAPEUTIC  
CONNECTIONS****Paid**Patient **SHAREE WRIGHT THAGARD**Claim # **0202301750V25780X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 17, 2023**Claim submitted **Jan 17, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$150.00**

Paid By Health Plan \$65.60

Paid By Another Source \$0.00

Network Discounts and Reductions \$54.40

**You may owe** **\$30.00**[View Service Costs](#)

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**WALMART PHARMACY****Paid****10-5323 105323**Patient **SHAREE WRIGHT THAGARD**Claim # **230073076616022**Claim type **Prescription Drug**Claim status **Paid**Date of Service **Jan 7, 2023**Claim submitted **Jan 7, 2023****Claim total****\$34.55****You may owe****\$10.00****ALBUTEROL SULFATE HFA**

Quantity

8.5

Number of days

17

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**SAMS PHARMACY****Paid****10-4761 104761**Patient **SHAREE WRIGHT THAGARD**Claim # **230263245978005**Claim type **Prescription Drug**Claim status **Paid**Date of Service **Jan 26, 2023**Claim submitted **Jan 26, 2023****Claim total****\$31.18****You may owe****\$10.00****AMPHETAMINE/DEXTROAMPHETAMINE**

Quantity 60.0

Number of days 30

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**WALMART PHARMACY****Paid****10-5323 105323**Patient **SHAREE WRIGHT THAGARD**Claim # **230326016383009**Claim type **Prescription Drug**Claim status **Paid**Date of Service **Feb 1, 2023**Claim submitted **Feb 1, 2023****Claim total****\$29.98****You may owe****\$10.00****ALBUTEROL SULFATE HFA**

Quantity

8.5

Number of days

30

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**LATIBULE THERAPEUTIC  
CONNECTIONS****Paid**Patient **SHAREE WRIGHT THAGARD**Claim # **0202303150C91760X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 31, 2023**Claim submitted **Jan 31, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$150.00**

Paid By Health Plan \$65.60

Paid By Another Source \$0.00

Network Discounts and Reductions \$54.40

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**BONNIE LOVETT LPC****Paid**Patient **CODY THAGARD**Claim # **02023023504059N0X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 16, 2023**Claim submitted **Jan 23, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$125.00**

Paid By Health Plan \$35.09

Paid By Another Source \$0.00

Network Discounts and Reductions \$59.91

**You may owe** **\$30.00**[View Service Costs](#)

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**LATIBULE THERAPEUTIC  
CONNECTIONS****Paid**Patient **SHAREE WRIGHT THAGARD**Claim # **0202300950V12480X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 9, 2023**Claim submitted **Jan 9, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$150.00**

Paid By Health Plan \$65.60

Paid By Another Source \$0.00

Network Discounts and Reductions \$54.40

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**BONNIE LOVETT LPC****Paid**Patient **CODY THAGARD**Claim # **020230195020A110X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 9, 2023**Claim submitted **Jan 19, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$150.00**

Paid By Health Plan \$65.60

Paid By Another Source \$0.00

Network Discounts and Reductions \$54.40

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**BONNIE LOVETT LPC****Paid**Patient **SHAREE WRIGHT THAGARD**Claim # **020230195021A350X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 13, 2023**Claim submitted **Jan 19, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$150.00**

Paid By Health Plan \$65.60

Paid By Another Source \$0.00

Network Discounts and Reductions \$54.40

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**LATIBULE THERAPEUTIC  
CONNECTIONS****Paid**Patient **SHAREE WRIGHT THAGARD**Claim # **0202302450363B50X**Claim type **Medical**Claim status **Paid**Date of Service **Jan 24, 2023**Claim submitted **Jan 24, 2023**[Full Claim Detail \(EOB\)](#)**Claim total** **\$150.00**

Paid By Health Plan \$65.60

Paid By Another Source \$0.00

Network Discounts and Reductions \$54.40

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