Online Claim Submission

Code: FV9

Employer: Five9, Inc.

EmpID: 136748675

EmpName: Carter, Bill

Submitted: January 18, 2023

Batch: 29925341

Claim Total: \$269.17

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/1/2022	RX	\$20.00	Provider: Walgreens. For whom: Jude Carter.
2	1/1/2022	GENERAL	\$249.17	Provider: Princeton Nassau Pediatrics. For whom: Jude Carter.



Pharmacy use only

2:25PM

TUE

CONCERTA 27MG ER TABLETS

50458-**0588**-01

New-E

SAFE



Pharmacy use only

CONCERTA 27MG ER TABLETS

50458-0588-01 TUE 2:04PM

SAFE New-E

PNP Pediatrics, LLC Account # Billing Date Pay This Amount If you have any questions or concerns regarding this \$ 249.17 47423 10/24/22 balance, please contact the business office at: |Pmt Method: MC Visa Discover Amex (609) 799-4311 (ext 701). |Card#: |Amt: YOU CAN PAY YOUR BILL ONLINE NOW AT |Exp: |Sig: www.princetonnassaupediatrics.com

> Bill Carter 123 East Delaware Pennington, NJ 08534

Send Payment To:
PNP Pediatrics, LLC
301 N. Harrison Street STE 14
Princeton, NJ 08540-3512

609-799-4311

			rn Top Portion With		and the second s	The second second	Page: 01
Date or	Description of Service	s From		P	ayments &	Due From	Due From
Service	09/01/22 to 10/24		Charges	A	djustments	Insurance	Patient
	r (Dr. Riggall, NN) MOD PE 5-11 10/24/22 Ins Pmt Aet 10/24/22 Ins Adj Aet Audiogram 10/24/22 Ins Pmt Aet	na NAP MC	Open Acc \$ 50.00	\$ \$ \$	0.00- 40.83- 0.00-		\$ 199.17 \$ 50.00

* Insurance Claim Adjustment Reason Codes:

45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

49: This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam.

119: Benefit maximum for this time period or occurrence has been reached.

Acct	#: 47423 PNP	Pec	diatrics,	LLC		TAX	ID:2	22-21605	65	You Owe:	\$:	249.17
	AGING		0-29		30-59	60-89	9	90-119		120+		Total
•	Personal	\$	249.17	\$	0.00	\$ 0.00	\$	0.00	\$	0.00	\$	249.17
	Insurance	\$	0.00	\$	0.01	\$ 0.00	\$	0.00	\$	0.00	\$	0.01
	Medicaid	\$	0.00	\$	0.00	\$ 0.00	\$	0.00	\$	0.00	\$	0.00



Pharmacy use only

2:25PM

TUE

CONCERTA 27MG ER TABLETS

50458-**0588**-01

New-E

SAFE



Pharmacy use only

CONCERTA 27MG ER TABLETS

50458-0588-01 TUE 2:04PM

SAFE New-E

PNP Pediatrics, LLC Account # Billing Date Pay This Amount If you have any questions or concerns regarding this \$ 249.17 47423 10/24/22 balance, please contact the business office at: |Pmt Method: MC Visa Discover Amex (609) 799-4311 (ext 701). |Card#: |Amt: YOU CAN PAY YOUR BILL ONLINE NOW AT |Exp: |Sig: www.princetonnassaupediatrics.com

> Bill Carter 123 East Delaware Pennington, NJ 08534

Send Payment To:
PNP Pediatrics, LLC
301 N. Harrison Street STE 14
Princeton, NJ 08540-3512

609-799-4311

			rn Top Portion With		and the second s	The second second	Page: 01
Date or	Description of Service	s From		P	ayments &	Due From	Due From
Service	09/01/22 to 10/24		Charges	A	djustments	Insurance	Patient
	r (Dr. Riggall, NN) MOD PE 5-11 10/24/22 Ins Pmt Aet 10/24/22 Ins Adj Aet Audiogram 10/24/22 Ins Pmt Aet	na NAP MC	Open Acc \$ 50.00	\$ \$ \$	0.00- 40.83- 0.00-		\$ 199.17 \$ 50.00

* Insurance Claim Adjustment Reason Codes:

45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

49: This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam.

119: Benefit maximum for this time period or occurrence has been reached.

Acct	#: 47423 PNP	Pec	diatrics,	LLC		TAX	ID:2	22-21605	65	You Owe:	\$:	249.17
	AGING		0-29		30-59	60-89	9	90-119		120+		Total
•	Personal	\$	249.17	\$	0.00	\$ 0.00	\$	0.00	\$	0.00	\$	249.17
	Insurance	\$	0.00	\$	0.01	\$ 0.00	\$	0.00	\$	0.00	\$	0.01
	Medicaid	\$	0.00	\$	0.00	\$ 0.00	\$	0.00	\$	0.00	\$	0.00