Patient History - Summary

DENVER DIAGNOSTIC PAIN CORPORATION

By Date of Service All Date ranges All Providers Show last billed date Open Items Only

Chart #: 8843 **Home Phone:**

(720) 461-0920

Patient Name:

ANGEL, THEODORE

Office Phone:

Address: 6002 GRAPE DR Resp. Party:

ANGEL, THEODORE

City, State, Zip:

COMMERCE CITY, CO 80022

Resp. Acct#

13040579

U Code	Source	I	В	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
99214	1	Υ	Υ	11/8/2023	JRDDP	10960366	\$736.00	\$0.00	\$0.00	\$736.00	\$736.00 PRIPAY	11/14/2023	13040579
99214		Υ	Υ	8/2/2023	JRDDP	10957909	\$736.00	\$0.00	\$0.00	\$736.00	\$736.00 PRIPAY	08/08/2023	13040579
99214		Υ	Υ	6/28/2023	JRDDP	10952659	\$736.00	\$0.00	\$0.00	\$736.00	\$736.00 PRIPAY	07/06/2023	13040579
99152		Υ	Υ	6/14/2023	JRDDP	10952657	\$500.00	\$0.00	\$0.00	\$500.00	\$500.00 PRIPAY	06/15/2023	13040579
99153		Υ	Υ	6/14/2023	JRDDP	10952657	\$500.00	\$0.00	\$0.00	\$500.00	\$500.00 PRIPAY	06/15/2023	13040579
64483		Υ	Υ	6/14/2023	JRDDP	10952657	\$1,795.00	\$0.00	\$0.00	\$1,795.00	\$1,795.00 PRIPAY	06/15/2023	13040579
99204		Υ	Υ	5/10/2023	JRDDP	10950831	\$1,120.00	\$0.00	\$0.00	\$1,120.00	\$1,120.00 PRIPAY	05/15/2023	13040579
Grand Total:							\$6,123.00	\$0.00	\$0.00	\$6,123.00	\$6,123.00		

^{*} U = Unapplied * I = Bill Insurance * B = Insurance Billed