Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

GYAJ-P121215001420000799

SUMANA KETHA MD PA 58
2925 SKYWAY CIR N
IRVING TX 75038

GYAJ-P121215001420000799 01140000000000000001000160

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GYAJ-P121215001420000799 02140000000000000000170

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
United of Omaha Life Insurance Company

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00026925

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
WEEKS/MARGARET/H												
SELF												
	111312	111312	99350	400.00								
498735-88H									34.37	100	34.37	
					137.49	1						
					228.14	2						
583668073100-018												
16736Z5556												
				---							---	
			TOTAL	400.00							34.37	

TOTAL PAID: 34.37

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00026925

00026925 3437 42000 111312

CLAIM NO.: 583668073100 018
AMOUNT: ********34.37

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #16736Z5556

POLICY/PLAN NUMBER 498735-88H
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00026925⑈ ⑆104900048⑆ 09 10401 7⑈

Do not write or stamp below this line

GYAJ-P121215001420000799 031400000000000000000180

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
United of Omaha Life Insurance Company

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00026926

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
WEEKS/MARGARET/H SELF 498735-88H	093012	093012	G0181	189.00					21.10	100	21.10	
					84.42	1						
					83.48	2						
583668073100-017 16679Z5556												
			TOTAL	189.00							21.10	

TOTAL PAID: 21.10

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

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UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00026926

00026926 2110 42000 093012

CLAIM NO.: 583668073100 017
AMOUNT: ********21.10

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #16679Z5556

POLICY/PLAN NUMBER 498735-88H
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00026926⑈ ⑆104900048⑆ 09 10401 7⑈

Do not write or stamp below this line

GYAJ-P121215001420000799 04140000000000000000190

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00028150

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
United of Omaha Life Insurance Company

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
HILTON/MAECEIL												
SELF												
	072012	072012	99309	150.00								
550949-88H									17.47	100	17.47	
					69.88	1						
					62.65	2						
583730554200-052												
16507Z5556												
				---							---	
			TOTAL	150.00							17.47	
HILTON/MAECEIL												
SELF												
	081512	081512	99309	150.00								
550949-88H									17.47	100	17.47	
					69.88	1						
					62.65	2						
583730554200-052												
16508Z5556												
				---							---	
			TOTAL	150.00							17.47	

TOTAL PAID: 34.94

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

00028150 3494 52578 081512

DATE	DRAFT NO.
DEC 14 2012	00028150

CLAIM NO.	AMOUNT
583730554200 052	********34.94

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #16508Z5556

POLICY/PLAN NUMBER 550949-88H
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00028150⑈ ⑆104900048⑆ 09 10401 7⑈

#0033708 0000271

REPORT GW2232 PAGE 2
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00028150

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name Patient Policy/Plan Number Cert Number Claim Number Account Number	Date of Service		Procedure	Submitted Charges	Less Charges Not Covered		Balance	Less Deductible	Considered Charges	Benefit		Remaining Balance Due
	From	To			Amount	Note				%	Amount	

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

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GYAJ-P121215001420000799 05140000000000000000200

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
United of Omaha Life Insurance Company

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00028151

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
HILTON/MAECEIL												
SELF												
	091212	091212	99309	150.00								
550949-88H									17.47	100	17.47	
					69.88	1						
					62.65	2						
583730554200-053												
16509Z5556												
				---							---	
			TOTAL	150.00							17.47	
HILTON/MAECEIL												
SELF												
	101212	101212	99309	150.00								
550949-88H									17.47	100	17.47	
					69.88	1						
					62.65	2						
583730554200-053												
16748Z5556												
				---							---	
			TOTAL	150.00							17.47	

TOTAL PAID: 34.94

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UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00028151

00028151 3494 52578 101212

CLAIM NO.: 583730554200 053
AMOUNT: ********34.94

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #16748Z5556

POLICY/PLAN NUMBER 550949-88H
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00028151⑈ ⑆104900048⑆ 09 10401 7⑈

#0033708 0000270

REPORT GW2232 PAGE 2
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00028151

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name Patient Policy/Plan Number Cert Number Claim Number Account Number	Date of Service		Procedure	Submitted Charges	Less Charges Not Covered		Balance	Less Deductible	Considered Charges	Benefit		Remaining Balance Due
	From	To			Amount	Note				%	Amount	

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

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REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00029892

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
Woodmen of the World/ Assured Life Association

IF YOU HAVE ANY QUESTIONS, CALL:
(877) 223-4244

DIRECT INQUIRIES TO:
WOODMEN OF THE WORLD
ASSURED LIFE ASSOCIATION
PO BOX 2397
OMAHA, NE 68103-2397
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Nature of Service	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
LOUDERMILK/DAVID/D												
SELF												
	092112	092112	99306	284.00								
628425-887									32.29	100	32.29	
					129.18	1						
					122.53	2						
583697622000-077												
16476Z5556												
				------							------	
			TOTAL	284.00							32.29	

TOTAL PAID: 32.29

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

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WOODMEN OF THE WORLD
ASSURED LIFE ASSOCIATION

Woodmen of the World
Assured Life Association
P.O. Box 2397, Omaha, NE 68103-2397

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012

DRAFT NO.: 00029892

00029892 3229 60584 092112

CLAIM NO.: 583697622000 077

AMOUNT: ********32.29

PAY TO THE ORDER OF

PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #16476Z5556

POLICY/PLAN NUMBER 628425-887
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00029892⑈ ⑆104900048⑆09 10608 6⑈

Do not write or stamp below this line

GYAJ-P121215001420000799 071400000000000000000220

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
United of Omaha Life Insurance Company

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00035193

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
HOFFMAN/DARLENE												
SELF												
	032812	032812	99356	156.00								
	032812	032812	99233	179.00								
935680-88H									37.87	100	37.87	
					151.46	1						
					145.67	2						
583723401100-027												
7104Z5556												
				------							------	
			TOTAL	335.00							37.87	
HOFFMAN/DARLENE												
SELF												
	031912	031912	99233	179.00								
935680-88H									20.10	100	20.10	
					80.38	1						
					78.52	2						
583723401100-027												
7096Z5556												
				------							------	
			TOTAL	179.00							20.10	
HOFFMAN/DARLENE												
SELF												
	040212	040212	99232	125.00								

CONTINUED ON REVERSE SIDE

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00035193

00035193 16305 45168 031312

CLAIM NO.: 583723401100 027
AMOUNT: *******163.05

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #7026Z5556

POLICY/PLAN NUMBER 935680-88H
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00035193⑈ ⑆104900048⑆ 09 10401 7⑈

#0033706 0000268

REPORT GW2232 PAGE 2
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00035193

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name Patient Policy/Plan Number Cert Number Claim Number Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Less Charges Not Covered Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
935680-88H									14.02	100	14.02	
					56.07	1						
					54.91	2						
583723401100-027 7109Z5556												
				------							------	
			TOTAL	125.00							14.02	
HOFFMAN/DARLENE SELF												
	032412	032412	99233	179.00								
935680-88H									20.10	100	20.10	
					80.38	1						
					78.52	2						
583723401100-027 7101Z5556												
				------							------	
			TOTAL	179.00							20.10	
HOFFMAN/DARLENE SELF												
	040412	040412	99232	125.00								
	040412	040412	99356	156.00								
935680-88H									31.79	100	31.79	
					127.15	1						
					122.06	2						

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Do not write or stamp below this line

Explanation of Payment Report

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
583723401100-027												
7111Z5556												
				---								---
			TOTAL	281.00								31.79
HOFFMAN/DARLENE												
SELF												
	031312	031312	99223	346.00								
935680-88H									39.17	100		39.17
					156.67	1						
					150.16	2						
583723401100-027												
7026Z5556												
				---								---
			TOTAL	346.00								39.17

TOTAL PAID: 163.05

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 AMOUNTS IN EXCESS OF THE MEDICARE APPROVED CHARGE ARE NOT COVERED.

GYAJ-P121215001420000799 09140000000000000000240

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
United of Omaha Life Insurance Company

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00035194

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
HOFFMAN/DARLENE												
SELF												
	031612	031612	99232	125.00								
935680-88H									14.02	100	14.02	
					56.07	1						
					54.91	2						
583723401100-026												
7028Z5556												
				---							---	
			TOTAL	125.00							14.02	
HOFFMAN/DARLENE												
SELF												
	031412	031412	99232	125.00								
935680-88H									14.02	100	14.02	
					56.07	1						
					54.91	2						
583723401100-026												
7027Z5556												
				---							---	
			TOTAL	125.00							14.02	
HOFFMAN/DARLENE												
SELF												
	031812	031812	99233	179.00								
935680-88H									20.10	100	20.10	

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UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00035194

00035194 32971 45168 033012

CLAIM NO.: 583723401100 026
AMOUNT: *******329.71

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #7106Z5556

POLICY/PLAN NUMBER 935680-88H
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00035194⑈ ⑆104900048⑆ 09 10401 7⑈

#0033706 0000266

REPORT GW2232 PAGE 2
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00035194

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report

DIRECT INQUIRIES TO:
UNITED OF OMAHA
LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175-0001

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 546-5906

CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name Patient Policy/Plan Number Cert Number Claim Number Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
					80.38	1						
					78.52	2						
583723401100-026 7095Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE SELF												
	032312	032312	99233	179.00								
935680-88H									20.10	100		20.10
					80.38	1						
					78.52	2						
583723401100-026 7100Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE SELF												
	040112	040112	99232	125.00								
935680-88H									14.02	100		14.02
					56.07	1						
					54.91	2						
583723401100-026												

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Do not write or stamp below this line

Explanation of Payment Report

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
7108Z5556												
				---								---
			TOTAL	125.00								14.02
HOFFMAN/DARLENE												
SELF												
	032212	032212	99233	179.00								
935680-88H									20.10	100		20.10
					80.38	1						
					78.52	2						
583723401100-026												
7099Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE												
SELF												
	032512	032512	99233	179.00								
935680-88H									20.10	100		20.10
					80.38	1						
					78.52	2						
583723401100-026												
7102Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE												
SELF												
	032612	032612	99233	179.00								
935680-88H									20.10	100		20.10
					80.38	1						
					78.52	2						
583723401100-026												
7113Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE												
SELF												
	032912	032912	99233	179.00								
935680-88H									20.10	100		20.10
					80.38	1						
					78.52	2						

CONTINUED ON REVERSE SIDE

Explanation of Payment Report

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Less Charges Not Covered Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
583723401100-026												
7105Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE												
SELF												
	032712	032712	99233	179.00								
935680-88H									20.10	100		20.10
					80.38	1						
					78.52	2						
583723401100-026												
7103Z5556												
				---								---
			TOTAL	179.00								20.10
HOFFMAN/DARLENE												
SELF												
	040312	040312	99232	125.00								
935680-88H									14.02	100		14.02
					56.07	1						
					54.91	2						
583723401100-026												
7110Z5556												
				---								---
			TOTAL	125.00								14.02
HOFFMAN/DARLENE												
SELF												
	040512	040512	99239	180.00								
935680-88H									20.74	100		20.74
					82.94	1						
					76.32	2						
583723401100-026												
7112Z5556												
				---								---
			TOTAL	180.00								20.74
HOFFMAN/DARLENE												
SELF												
	033112	033112	99356	156.00								
	033112	033112	99232	125.00								

CONTINUED ON NEXT PAGE

Explanation of Payment Report

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
935680-88H									31.79	100	31.79	
					127.15	1						
					122.06	2						
583723401100-026												
7107Z5556												
				---							---	
			TOTAL	281.00							31.79	
HOFFMAN/DARLENE												
SELF												
	032012	032012	99233	179.00								
935680-88H									20.10	100	20.10	
					80.38	1						
					78.52	2						
583723401100-026												
7097Z5556												
				---							---	
			TOTAL	179.00							20.10	
HOFFMAN/DARLENE												
SELF												
	032112	032112	99233	179.00								
935680-88H									20.10	100	20.10	
					80.38	1						
					78.52	2						
583723401100-026												
7098Z5556												
				---							---	
			TOTAL	179.00							20.10	
HOFFMAN/DARLENE												
SELF												
	031712	031712	99233	179.00								
935680-88H									20.10	100	20.10	
					80.38	1						
					78.52	2						
583723401100-026												
7094Z5556												
				---							---	
			TOTAL	179.00							20.10	
HOFFMAN/DARLENE												

CONTINUED ON REVERSE SIDE

Explanation of Payment Report

Insured's Name Patient Policy/Plan Number Cert Number Claim Number Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Less Charges Not Covered Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
SELF												
	033012	033012	99233	179.00								
935680-88H									20.10	100	20.10	
					80.38	1						
					78.52	2						
583723401100-026 7106Z5556												
				------							------	
			TOTAL	179.00							20.10	

TOTAL PAID: 329.71

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 AMOUNTS IN EXCESS OF THE MEDICARE APPROVED CHARGE ARE NOT COVERED.

GYAJ-P121215001420000799 121400000000000000000270

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
Woodmen of the World/ Assured Life Association

IF YOU HAVE ANY QUESTIONS, CALL:
(877) 223-4244

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00139712

DIRECT INQUIRIES TO:
WOODMEN OF THE WORLD
ASSURED LIFE ASSOCIATION
PO BOX 2397
OMAHA, NE 68103-2397
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Nature of Service	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
LOUDERMILK/DAVID/D												
SELF												
	102312	102312	99309	150.00								
628425-887									17.47	100	17.47	
					69.88	1						
					62.65	2						
583697622000-078												
1719Z5556												
				------							------	
			TOTAL	150.00							17.47	

TOTAL PAID: 17.47

NOTES:
1 THIS IS THE AMOUNT PAID BY MEDICARE.
2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

WOODMEN OF THE WORLD ASSURED LIFE ASSOCIATION

Woodmen of the World
Assured Life Association
P.O. Box 2397, Omaha, NE 68103-2397

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012

DRAFT NO.: 00139712

00139712 1747 60584 102312

CLAIM NO.: 583697622000 078

AMOUNT: ********17.47

PAY TO THE ORDER OF

PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #1719Z5556

POLICY/PLAN NUMBER 628425-887
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00139712⑈ ⑆104900048⑆09 10608 6⑈

Do not write or stamp below this line

GYAJ-P121215001420000799 1314000000000000000000280

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
GPM Life Insurance Company

IF YOU HAVE ANY QUESTIONS, CALL:
(866) 865-7631

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00153456

DIRECT INQUIRIES TO:
GOVERNMENT PERSONNEL MUTUAL
LIFE INSURANCE COMPANY
PO BOX 2679
OMAHA, NE 68103-2679
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Nature of Service	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
BAKER/LAQUITA/J												
SELF												
	091312	091312	99215	211.00								
829890-88B									28.17	100	28.17	
					112.66	1						
					70.17	2						
583664953400-020												
17248Z5556												
				---							---	
			TOTAL	211.00							28.17	

TOTAL PAID: 28.17

NOTES:
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GPM LIFE
P.O. Box 2679
Omaha, NE 68103-2679

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00153456

00153456 2817 4459 091312

CLAIM NO.: 583664953400 020
AMOUNT: ********28.17

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #17248Z5556

POLICY/PLAN NUMBER 829890-88B
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00153456⑈ ⑆104900048⑆09 10660 4⑈

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GYAJ-P121215001420000799 1414000000000000000000290

SUMANA KETHA MD PA
2925 SKYWAY CIR N

IRVING TX 75038

Explanation of Payment Report
The Mutual of Omaha Companies

REPORT GW2232 PAGE 1
PERIOD ENDING DATE 12/14/12
DRAFT/CHECK NUMBER: 00678638

IF YOU HAVE ANY QUESTIONS, CALL:
(800) 775-1000

DIRECT INQUIRIES TO:
MUTUAL OF OMAHA COMPANIES
CLAIMS DEPARTMENT
MUTUAL OF OMAHA PLAZA
OMAHA, NE 68175
CLAIMS PROCESSED UNDER TIN/EIN: 201401614

Insured's Name / Patient / Policy/Plan Number / Cert Number / Claim Number / Account Number	Date of Service From	Date of Service To	Procedure	Submitted Charges	Less Charges Not Covered Amount	Note	Balance	Less Deductible	Considered Charges	Benefit %	Benefit Amount	Remaining Balance Due
HILL/NANCY/M												
SELF												
	092112	092112	99309	150.00								
185409-99M									17.47	100	17.47	
					69.88	1						
					62.65	2						
583668067400-033												
1649Z5556												
				---							---	
			TOTAL	150.00							17.47	

TOTAL PAID: 17.47

NOTES:
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2 PROVIDER ACCEPTED MEDICARE ASSIGNMENT. YOU ARE NOT LIABLE FOR THIS.

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MUTUAL OF OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175

PAYABLE THRU FIRST NATIONAL BANK OF OMAHA
OMAHA, NE 68102
FREMONT NATIONAL BANK & TRUST CO.

76-4
1049

DATE: DEC 14 2012
DRAFT NO.: 00678638

00678638 1747 82648 092112

CLAIM NO.: 583668067400 033
AMOUNT: ********17.47

PAY TO THE ORDER OF PLEASE CASH IMMEDIATELY

58

SUMANA KETHA MD PA
2925 SKYWAY CIR N
IRVING TX 75038

ACCT #1649Z5556

POLICY/PLAN NUMBER 185409-99M
*

AUTHORIZED SIGNATURE Stephen A. Amdor

⑈00678638⑈ ⑆104900048⑆ 09 10100 7⑈

Do not write or stamp below this line