PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 Skyway Circle North
Irving, TX 75038

PMCS Control #	5070358
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	04/05/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546622100
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99232	4/5/2012-4/5/2012	$125.00	$0.00	$0.00	$125.00	$87.50	$0.00	$0.00	$0.00	$87.50
Totals		**$125.00**	**$0.00**	**$0.00**	**$125.00**	**$87.50**	**$0.00**	**$0.00**	**$0.00**	**$87.50**

Dates of service
04/05/2012

Total Due Provider: $87.50

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ ********87.50

Eighty-seven and 50 / 100 U.S. Dollar DOLLARS

MEMO

VOID AFTER 90 DAYS

⑈0000731616⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070358	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731616 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070358	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731616 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 Skyway Circle North
Irving, TX 75038

PMCS Control #	5070357
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	04/04/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546622000
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99232	4/4/2012-4/4/2012	$125.00	$0.00	$0.00	$125.00	$87.50	$0.00	$0.00	$0.00	$87.50
Totals		**$125.00**	**$0.00**	**$0.00**	**$125.00**	**$87.50**	**$0.00**	**$0.00**	**$0.00**	**$87.50**

Dates of service
04/04/2012

Total Due Provider: $87.50

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******87.50

Eighty-seven and 50 / 100 U.S. Dollar DOLLARS

MEMO

VOID AFTER 90 DAYS

⑈0000731619⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070357	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731619 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070357	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731619 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 Skyway Circle North
Irving, TX 75038

PMCS Control #	5070353
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	04/10/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546621500
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99232	4/10/2012-4/10/2012	$125.00	$0.00	$0.00	$125.00	$87.50	$0.00	$0.00	$0.00	$87.50
Totals		**$125.00**	**$0.00**	**$0.00**	**$125.00**	**$87.50**	**$0.00**	**$0.00**	**$0.00**	**$87.50**

Dates of service
04/10/2012

Total Due Provider: $87.50

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA

Eighty-seven and 50 / 100 U.S. Dollar $:********87.50

DOLLARS

MEMO

VOID AFTER 90 DAYS

MP

⑈0000731617⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070353	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731617 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070353	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731617 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 Skyway Circle North
Irving, TX 75038

PMCS Control #	5070345
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	04/07/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546620600
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99232	4/7/2012-4/7/2012	$125.00	$0.00	$0.00	$125.00	$87.50	$0.00	$0.00	$0.00	$87.50
Totals		**$125.00**	**$0.00**	**$0.00**	**$125.00**	**$87.50**	**$0.00**	**$0.00**	**$0.00**	**$87.50**

Dates of service
04/07/2012

Total Due Provider: $87.50

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA

Eighty-seven and 50 / 100 U.S. Dollar $ *********87.50

DOLLARS

MEMO

VOID AFTER 90 DAYS

⑈0000731615⑈ ⑆122106002⑆ 95⑈172844⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070345	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731615 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070345	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731615 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 Skyway Circle North
Irving, TX 75038

PMCS Control #	5070344
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	04/06/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546620500
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99232	4/6/2012-4/6/2012	$125.00	$0.00	$0.00	$125.00	$87.50	$0.00	$0.00	$0.00	$87.50
Totals		**$125.00**	**$0.00**	**$0.00**	**$125.00**	**$87.50**	**$0.00**	**$0.00**	**$0.00**	**$87.50**

Dates of service
04/06/2012

Total Due Provider: $87.50

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA

Eighty-seven and 50 / 100 U.S. Dollar $ ********87.50

DOLLARS

MEMO

VOID AFTER 90 DAYS

⑈0000731618⑈ ⑆122106002⑆ 95⑈172844⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070344	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731618 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070344	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731618 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Department
2925 Skyway Circle North
Irving, TX 75038

PMCS Control #	5070342
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	04/08/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546620200
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Charges	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99232	4/8/2012-4/8/2012	$125.00	$0.00	$0.00	$125.00	$87.50	$0.00	$0.00	$0.00	$87.50
Totals		**$125.00**	**$0.00**	**$0.00**	**$125.00**	**$87.50**	**$0.00**	**$0.00**	**$0.00**	**$87.50**

Dates of service
04/08/2012

Total Due Provider: $87.50

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ ********87.50

Eighty-seven and 50 / 100 U.S. Dollar DOLLARS

MEMO

VOID AFTER 90 DAYS

MP

⑈0000731620⑈ ⑆122106002⑆ 95⑈172844⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070342	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731620 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070342	CHRISTENSEN, LARRY D *5977	87.50

CHECK: 0000731620 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

NT

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070350
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/22/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546621200
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/22/2012-3/22/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/22/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

MEMO

VOID AFTER 90 DAYS

⑈0000732127⑈ ⑆122106002⑆ 95⑈172841⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070350	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732127 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070350	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732127 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070349
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/23/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546621000
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/23/2012-3/23/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/23/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

⑈0000732128⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070349	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732128 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070349	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732128 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5050728
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	05/23/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06550836000
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99309	5/23/2012-5/23/2012	$150.00	$0.00	$0.00	$150.00	$105.00	$0.00	$0.00	$0.00	$105.00
Totals		**$150.00**	**$0.00**	**$0.00**	**$150.00**	**$105.00**	**$0.00**	**$0.00**	**$0.00**	**$105.00**

Dates of service
05/23/2012

Total Due Provider: $105.00

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******105.00

One hundred five and xx / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

⑈0000732129⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5050728	CHRISTENSEN, LARRY D *5977	105.00

CHECK: 0000732129 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5050728	CHRISTENSEN, LARRY D *5977	105.00

CHECK: 0000732129 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070360
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/29/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546622300
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/29/2012-3/29/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/29/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $:*******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

MP

⑈0000732130⑈ ⑆122106002⑆ 95⑈172844⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070360	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732130 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070360	CHRISTENSEN, LARRY D *5977	125.30

PAYMENT RECORD

CHECK: 0000732130 4/11/2013 SUMANA KETHA MD, PA

3DGNT

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070347
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/26/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546620800
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/26/2012-3/26/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/26/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

MEMO

VOID AFTER 90 DAYS

⑈0000732131⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070347	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732131 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070347	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732131 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070348
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/21/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546620900
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99223	3/21/2012-3/21/2012	$346.00	$0.00	$0.00	$346.00	$242.20	$0.00	$0.00	$0.00	$242.20
Totals		**$346.00**	**$0.00**	**$0.00**	**$346.00**	**$242.20**	**$0.00**	**$0.00**	**$0.00**	**$242.20**

Dates of service
03/21/2012

Total Due Provider: $242.20

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******242.20

Two hundred forty-two and 20 / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

⑈0000732122⑈ ⑆122106002⑆ 95⑈172841⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070348	CHRISTENSEN, LARRY D *5977	242.20

CHECK: 0000732122 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070348	CHRISTENSEN, LARRY D *5977	242.20

CHECK: 0000732122 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070356
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/30/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546621900
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/30/2012-3/30/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/30/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

MP

⑈0000732124⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070356	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732124 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070356	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732124 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070361
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/27/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546622400
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/27/2012-3/27/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/27/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

MP

⑈0000732126⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070361	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732126 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070361	CHRISTENSEN, LARRY D *5977	125.30

PAYMENT RECORD

CHECK: 0000732126 4/11/2013 SUMANA KETHA MD, PA

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5050729
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	05/09/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06550836100
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99309	5/9/2012-5/9/2012	$150.00	$0.00	$0.00	$150.00	$105.00	$0.00	$0.00	$0.00	$105.00
Totals		**$150.00**	**$0.00**	**$0.00**	**$150.00**	**$105.00**	**$0.00**	**$0.00**	**$0.00**	**$105.00**

Dates of service
05/09/2012

Total Due Provider: $105.00

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******105.00

One hundred five and xx / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

MP

⑈0000732125⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5050729	CHRISTENSEN, LARRY D *5977	105.00

CHECK: 0000732125 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5050729	CHRISTENSEN, LARRY D *5977	105.00

PAYMENT RECORD

CHECK: 0000732125 4/11/2013 SUMANA KETHA MD, PA

PMCS
Preferred Medical Claim Solutions

Return Service Requested
SUMANA KETHA MD PA
Attention Billing Dept
2925 SKYWAY CIRCLE NORTH
IRVING, TX 75038

PMCS Control #	5070355
Patient Name	CHRISTENSEN, LARRY D
Patient ID#	22156567
Patient ID #	22156567
Service Dates	03/31/2012
Insured Name	LARRY D CHRISTENSEN
Insured ID#	22156567

Claim # 06546621700
EIN: 20-1401614
Administrator GEHA
Sub-Group GEHA

Provider Explanation Of Payment

CPT Code	Dates of Service	Total Billed	R And C Reduction	Exclusions	Allowed Charges	Adjusted Amount	Deductible	Co-Pay	Co Insurance	Total Due
99233	3/31/2012-3/31/2012	$179.00	$0.00	$0.00	$179.00	$125.30	$0.00	$0.00	$0.00	$125.30
Totals		**$179.00**	**$0.00**	**$0.00**	**$179.00**	**$125.30**	**$0.00**	**$0.00**	**$0.00**	**$125.30**

Dates of service
03/31/2012

Total Due Provider: $125.30

Please Retain For Tax Purposes

Payment is being made in accordance with the purchase agreement executed through Preferred Medical Claim Solutions.

9060 East Via Linda * Suite 250 * Scottsdale * Arizona 85258
Telephone 800.905.2589 FAX 480.905.9480
E-mail: providerrelations@pmcsonline.com

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK IN PAPER. SEE BACK SIDE FOR OTHER SECURITY FEATURES

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC
9060 E. VIA LINDA, SUITE 250
SCOTTSDALE, AZ 85258-5417
(480) 905-8987

THE BILTMORE BANK OF ARIZONA
5055 N. 32nd St. • Phoenix, AZ 85018
91-600/1221

4/11/2013

PAY TO THE ORDER OF SUMANA KETHA MD, PA $ *******125.30

One hundred twenty-five and 30 / 100 U.S. Dollar DOLLARS

VOID AFTER 90 DAYS

MEMO

MP MP

⑈0000732123⑈ ⑆122106002⑆ 95⑈17284⑈

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070355	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732123 4/11/2013 SUMANA KETHA MD, PA

PREFERRED MEDICAL CLAIM SOLUTIONS, LLC

PMCS Claim Number	Patient Name	Payment Amount
5070355	CHRISTENSEN, LARRY D *5977	125.30

CHECK: 0000732123 4/11/2013 SUMANA KETHA MD, PA

PAYMENT RECORD

DGNT