Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
tient:	Nelva Brunst	ing				
icher:	2690140					
10/20/10	99214	Office/outpatient Visit	152.50			
10/20/10	94760	Measure Blood Oxygen Le	15.50		j	
10/20/10	71020	Chest X-Ray	57.00			
11/05/10	888546636	Medicare Payment			-106.14	
11/05/10	888546636	Medicare Adjustment			-76.83	
11/05/10	888546636	Medicare Payment			0.00	
11/05/10	888546636	Medicare Adjustment			-15.50	
11/05/10	888546636	Medicare Transfer			1	
12/07/10	1041187587	Commercial Insurance Pa		e e	-21.22	· · ·
12/07/10	1041187587	Commercial Insurance Tr	* [14 C
	· · ·	Visit Total				5.31
Voucher:	2789760				· · · ,	
11/11/10	99213	Office/outpatient Visit	102.00		}	
11/30/10	888727019	Medicare Payment			-54.22	
11/30/10	888727019	Medicare Adjustment			-34.23	
11/30/10	888727019	Medicare Transfer		and the second second		
12/21/10	1QG90026431	Commercial Insurance Pa			-10.84	
12/21/10	1QG90026431	Commercial Insurance Tr		1		
		Visit Total	.]			2.71

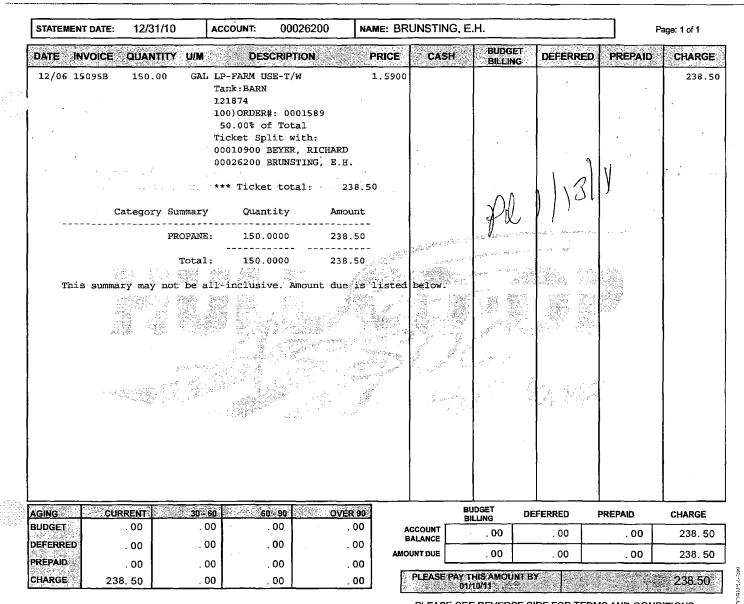
MEMORIAL CLINICAL ASSOCIATES 1201 DAIRY ASHFORD STE 200 HOUSTON, TX 77079-3023

01836 7800893 001837 001837 00001/00001 920966912

Account Number: Office Phone Number: 969650 (713)407-3000

Patient Balance:

8.02 92096S11028



THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT REMEMBER TO CHECK THE CONDITION OF YOUR STORED GRAIN. PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS Hull Cooperative Association * PO Box 811 * Hull, IA 51239

AKRON BILLING CENTER 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527

Patient Name: NELVA E BRUNSTING

AMT DUE: \$7.23

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY



32622571-106-2667 NELVA E BRUNSTING T152 P1 PS/041172 13630 PINEROCK LN HOUSTON TX 77079-5914 Յուսեկութնկումումիվութիրիչինուսներիունուներինությո

DETACH AND RETURN THIS COUPON WITH THE REVERSE SIDE COMPLETED TO PAY BY CREDIT CARD, TO PROVIDE INSURANCE **INFORMATION OR FOR CHANGE OF ADDRESS.**

Credit card charges will appear as "Team Health"

106 ACS PRIMARY CARE PHYS SW PA DEPT: A D B D C D (check one - see reverse) 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527 հետեվություններներներներներներներներներ

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	DATE	- INVOICE#	DESCRIPTION	PROVIDER	DEBITS CREDITS
	11/30/10 11/30/10 01/12/11 01/12/11 01/16/11 01/16/11 03/08/11 03/08/11 03/08/11 03/14/11	97046610 97046610 97046610 97046610 98211454 98211454 98211454 98211454	EMERGENCY DEPT VISIT ELECTROCARDIOGRAM REPORT EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT EDI AUTOMATIC MANAGED CARE PAYMENT EMERGENCY DEPT VISIT ELECTROCARDIOGRAM REPORT EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT EDI AUTOMATIC MANAGED CARE PAYMENT EDI AUTOMATIC SELF PAY PAYMENT	MARCONI DO, ANDREA MARCONI DO, ANDREA CHENG MD, THANH CHI CHENG MD, THANH CHI	\$748.00 \$68.00 \$151.27 \$626.91 \$30.26 \$860.00 \$78.00 \$144.62 \$757.22 \$28.93 \$7.56
1	ACCO	JNT NUME		/ICES BILL AND IS SEPARATE FROM THE HOSPITAL E	TAL NOW DUE: \$7.23

Fog Fung Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

Store #37552 Trans# 92 Receipt # (Sales Tr	Clark 22		1 12:46:55 RDT 033111 REG-MAIN
Sales Tx Tax C Tax E	0.64 6.0 0.00	Tax B Tax D Tax F	0.00 0.00 0.00
AMT TEND	8.43CH	**TOTAL ANGE DUE	8.43
CHANGE	DUE\$	0.00	

- 1

Approval No: 21138B Reference No: 21138B Account No: ************6626 Card Issuer: VISA Amount: \$8.43

Take our 1-minute Survey at www.tellsubway.com and receive a free cookie. Keep your receipt and write your unique coupon code here______

Host Order ID: 0717.tseE

		Patient St	<u></u>		· · · · · · · · · · · · · · · · · · ·
	MA	KE CHECKS PAYABLE TO:		BY CREDIT CARD, F	
	IOLOGY AS ESSNER	SOCIATES OF HOUSTON PA			Master Cottre
SUITE	400	Cardiology	CARD NUMBER		EXP. DATE
HOUS	TON, TX 770	Associates	SIGNATURE	PRINT N	ME
RETUR	RN SERVICE	E REQUESTED	STATEMENT DATE 03/31/2011	PAY THIS AMOU \$28.6	
FOR B	BILLING INQ	UIRIES, PLEASE CALL: 713-467-0605		SHOW A PAID HE	MOUNT RE \$
Nel 136	Iva Brunst 630 PINER		CARDIOLOGY AS 925 GESSNER STE 400 HOUSTON TX	77024-2545	-
	و مرو م				
		Detach at perforation and return Make address and insurance changes on r		ment.	
Date	СРТ	Description		Total Fee	Insurance Patient
01/17/2011 02/11/2011 02/11/2011 03/08/2011 03/08/2011 This char		Subsequent observation care, per day, for t Insurance Adjustment from Medicare Insurance payment Payment from Medicare Insurance payment Payment from United Healt Transfer from Insurance lied to your yearly deductible. Please forwar	chcare PPO Options	\$110.00 \$.00 \$.00 \$.00 \$.00 BALANCE:	\$110.00 \$00 \$-35.50 \$.00 \$-59.60 \$.00 \$.00 \$.00 \$-14.90 \$14.90 \$.00 \$14.90
PatientN	elva BrunA	ccount #:11426 Doctor: Jon E Heine MD	Code:MC035289 Locatio	h:Memorial Herma	nn Memorial City
01/17/2011 02/18/2011 02/18/2011 03/09/2011 03/09/2011 This bala		Ekg Interpretation & Reporting Hospital IP Insurance Adjustment from Medicare Insurance payment Payment from Medicare Insurance payment Payment from United Healt Transfer from Insurance to your co-insurance not met for this visit.	chcare PPO Options	\$15.00 \$.00 \$.00 \$.00 \$.00	\$15.00 \$-6.07 \$-0 \$-7.14 \$.00 \$-1.43 \$.00 \$-36 \$.36
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TEASE PAY	BALANCE DI	UE IN PATIENT COLUMN. THANK YOU 0-30 31-60 61-90			Page

5/07

REORDER # 0611829

Date	CPT	انتکر کی کارائی	Description		Total Fee	Insurance	Patient
						· · · · · ·	
PatientNe	elva BrunA	ccount #:11426	Doctor: Mark A Yeoman MD	Code:MC034429 Loca	ation:Memorial Her	nann Memorial	City Hospita
12/04/2010	99232		pital care, per day, moderate	complexity	\$95.00	\$95.00	n - 1 - 1 - 1 - 1 - 1 - 1
12/30/2010			stment from Medicare		\$.00	\$-23.46	
12/30/2010			ment Payment from Medicare		\$.00	\$-57.23	
01/19/2011 01/19/2011		Transfer from	ment Payment from United Healt!	ncare PPO Options	\$.00 \$.00	\$-11.45	
			rance not met for this visit.		ş.00	\$-2.86	\$2.86
IIIIS Dala	ice was uu	e to your co-mst	france not met for this visit.			l l	
02/03/2011		Conveyance Par	ment from Brunsting, Nelva		\$.00	\$.00	\$-2.47
	ĺ				BALANCE:	\$.00	
						, ···]	
PatientN	elva BrunA	ccount #:11426	Doctor: Harold A Condara Jr	Code:OFC13360 Loca	ation:Cardiology A	ssociates of	Houston P A
12/20/2010	99214	Established Pa	tient Detailed	· · · · ·	\$145.00	\$145.00	\$.0 0
01/10/2011			istment from Medicare		\$.00	\$-43.55	\$.0 0
01/10/2011			ment Payment from Medicare		\$.00	\$-81.16	
01/31/2011			ment Payment from United Healt	hcare Choice/Select	. \$.00	\$-16.23	
01/31/2011		Transfer from			\$.00	\$-4.06	\$4.06
This bala	ice was du	e to your co-insu	arance not met for this visit.			•	
	1						
1					BALANCE:	\$.00	\$4.06
Patientie	elva Bruna	ccount #:11426	Doctor: Charles H Caplan MD	Code:MC035192 Loca	ation:Memorial Her	lann Memorial	City
01/16/2011	99220	Tritial observ	vation care, high complexity		\$245.00	\$245.00	\$.00
02/11/2011	55220		Istment from Medicare		\$.00	\$-93.05	(a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
02/11/2011			ment Payment from Medicare		\$.00	\$-121.56	Fig. 1 - 1 - 1 - 1 - 1
03/09/2011			ment Payment from United Healt	hcare PPO Options	\$.00	\$-21.50	
03/09/2011	Į	Transfer from			\$.00	\$-8.89	
	nce was du		mance not met for this visit.		,	1	
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					BALANCE:	\$.00	\$8.89
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PatientN	elva Bruna	ccount #:11426	Doctor: Harold A Condara Jr	Code:MC035204 Loca	ation:Memorial Her	nann Memorial	City
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CONTINUED on next page

Page 1

5/07

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Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
•						• • • •	

REORDER # 0611829

CARDIOLOGY AS	SSOCIATES OF HOUSTON	PA					Mastereon	DISCOVER
925 GESSNER								
SUITE 400		Cardiology		CARD NUMBER			EXP	. DATE
HOUSTON, TX 77	024-2545	Associates		SIGNATURE		PRINT	I NAME	
RETURN SERVIC		OF HOUSTON, PA		0\$7/077/2017	PATE	PAY THIS AM	2.60	11 426 .*
FOR BILLING INC	QUIRIES, PLEASE CALL: 71	13-467-0605				SHOW AMOUNT	\$	
Nelva Brunst 13630 PINER		ւկիրերին 26		CARDIOLOG 925 GESSN STE 400 HOUSTON		SOCIATES O 77024-2545		N PA
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Date CPT		Description				Total Fee	Insurance	Patient
PatientNelva BrunAc	count #:11426 Docto	r: Mark A Yeoman M	MD C	Ode:MC034429 Lo	ocation	Memorial Hern	nann Memorial	City Hospit
12/04/2010 99232	Subsequent hospital c	are, per dav, mode	erate com	plexity		\$95.00	\$95.00	5.00
12/04/2010 99232 12/30/2010	Subsequent hospital c Insurance Adjustment		erate com	plexity		\$95.00 \$.00	\$95.00 \$-23.46	Construction of the Constr
2/30/2010 2/30/2010	Insurance Adjustment Insurance payment Pay	from Medicare ment from Medicare	e			\$.00 \$.00	\$-23.46 \$-57.23	5 \$.00 5.00
12/30/2010 12/30/2010 01/19/2011	Insurance Adjustment Insurance payment Pay Insurance payment Pay	from Medicare ment from Medicare ment from United P	e			\$.00 \$.00 \$.00	\$-23.46 \$-57.23 \$-11.45	5 \$.00 5 \$.00 5 \$.00
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12/30/2010 12/30/2010 12/30/2010 10/19/2011 This balance was due 12/03/2011 PatientNelva BrunAc 12/20/2010 10/10/2011 10/31/2011 10/31/2011	Insurance Adjustment Insurance payment Pay Insurance payment Pay Transfer from Insuran to your co-insurance n Conveyance Payment fr count #:11426 Docto Established Patient D Insurance Adjustment Insurance payment Pay Insurance payment Pay Transfer from Insuran	from Medicare ment from Medicare ment from United F ce of met for this v om Brunsting, Nelv r: Harold A Condar etailed from Medicare ment from United F ce	e Healthcar isit. va ra Jr C e Healthcar	e PPO Options		\$.00 \$.00 \$.00 \$.00 BALANCE: Cardiology As \$145.00 \$.00 \$.00	\$-23.46 \$-57.23 \$-11.45 \$-2.86 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.0	5 S.00 5 00 5 205 5 2 26 5 2 26 5 2 39 HOUSTON P A 5 00 5 200 5 00 5 00 5 00
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Any Lab Test Now

Any Lab Test Now 9742 Katy Freeway Suite 200 Houston, TX 77055

713-461-2121

SOLD TO		
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Sales Receipt

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بالمناف ماشمنان

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INVOICE NO.	114895	MCA	#134226					10:18 am	07/02/11	Page #	1
SKU		DESCRIPTION						QTY	Per/Unit PRICE		TOTAL
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All Sales Final. No Returns, Exchanges, Refunds or Exception

Version 6.0

		Statem	ient
AMRIT N ACHARI MD PA		A COLUMN SA	
MADHUREETA ACHARI M D 8915 GAYLORD ST	H)		07/15/2011
HOUSTON TX 77024	C. A.e	Card Number	
	6.02. & office Cneck# 285	Signature	
	D 705	Amount	Exp. Date
NELVA E BRUNSTING 13630 PINEROCK LN	cneck# COS		
HOUSTON TX 77079		24.98	
		For assistance please	e call (713) 780-8144
Please (x) box if above address information is inc	correct, and indicate changes on reverse side	Please return this portion of	of statement with payment

Please ✓ box if above address information is incorrect & indicate changes on reverse side dheurande i Patienit 99223 HOSP CARE/INITIAL/NEW OR ESTABLISH **BRUNSTING NELVA E** 450.00 0.00 06/06/11 99233 HOSP/SUBSEQUENT **BRUNSTING NELVA E** 250.00 0.00 06/07/11 MEDICARE PAYMENT **BRUNSTING NELVA E** -237.70 0.00 06/22/11 06/22/11 ADJUSTMENT **BRUNSTING NELVA E** -402.87 0.00 CO-INSURANCE TO SECONDARY **BRUNSTING NELVA E** 06/22/11 UNITED HEALTHCARE PAYMENT **BRUNSTING NELVA E** -47.54 0.00 07/14/11 CO-INSURANCE TO PATIENT: \$11.89 **BRUNSTING NELVA E** 07/14/11 -11.89 11.89 06/07/11 95816 EEG AWAKE AND DROWSY **BRUNSTING NELVA E** 300.00 0.00 95957 EEG SPIKE ANALYSIS/ DETECTION **BRUNSTING NELVA E** 300.00 0.00 06/07/11 99233 HOSP/SUBSEQUENT **BRUNSTING NELVA E** 250.00 0.00 06/08/11 06/23/11 MEDICARE PAYMENT **BRUNSTING NELVA E** -205.72 0.00 06/23/11 ADJUSTMENT **BRUNSTING NELVA E** 0.00 -592.84 06/23/11 CO-INSURANCE TO SECONDARY **BRUNSTING NELVA E** UNITED HEALTHCARE PAYMENT 07/14/11 **BRUNSTING NELVA E** <u>-41.15</u> 0.00 07/14/11 CO-INSURANCE TO PATIENT: \$10.29 **BRUNSTING NELVA E** -10.29 10.29 99232 HOSP/SUBSEQUENT 06/09/11 **BRUNSTING NELVA E** 200.00 0.00 06/28/11 MEDICARE PAYMENT **BRUNSTING NELVA E** -56.06 0.00 06/28/11 ADJUSTMENT **BRUNSTING NELVA E** -129.92 0.00 06/28/11 CO-INSURANCE TO SECONDARY **BRUNSTING NELVA E** 07/14/11 UNITED HEALTHCARE PAYMENT **BRUNSTING NELVA E** -11.22 0.00

MM2051 (12/01) MARSHALL medical 1-800-955-6634

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS.

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	HOUSTON TX 77079			24.98	
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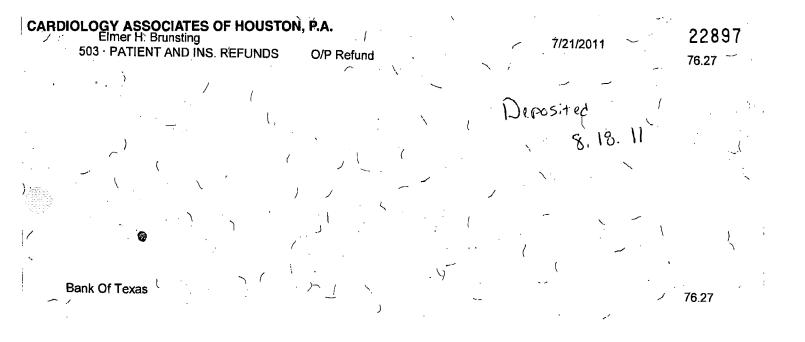
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Please ✓ box if above address information is incorrect & indicate changes on reverse side Date Description of Service Patient Name sá a dí sa sin díre. 07/14/11 CO-INSURANCE TO PATIENT: \$2.80 **BRUNSTING NELVA E** -2.80 2.80 07/11/11 99223 HOSP CARE/INITIAL/NEW OR ESTABLISH **BRUNSTING NELVA E** 450.00 0.00 **BRUNSTING NELVA E** 07/12/11 99233 HOSP/SUBSEQUENT 250.00 0.00 07/12/11 95816 EEG AWAKE AND DROWSY **BRUNSTING NELVA E** 300.00 0.00 07/12/11 95957 EEG SPIKE ANALYSIS/ DETECTION **BRUNSTING NELVA E** 300.00 0.00

· ·	Total	1,300.00	24.98
PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)		Please Pay This Amount	24.98
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MM2051 (12/01) MARSHALL medical 1-800-955-6634

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT, RETAIN BOTTOM PORTION FOR YOUR RECORDS.



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16/11	98211454	EMERGENCY DEPT VISIT	CHENG MD, THANH CHI	\$860.00	
16/11	98211454 98211454	ELECTROCARDIOGRAM REPORT	CHENG MD, THANH CHI	\$78.00	1
08/11 08/11	98211454	EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT			\$144.62
04/11	98211454	EDI AUTOMATIC MANAGED CARE PAYMENT	1		\$757.22 \$28.93
16/11	101335671	EMERGENCY DEPT VISIT	WADE DO,SHAWNA N	\$860.00	\$20.93
16/11	101335671	ELECTROCARDIOGRAM REPORT	WADE DO SHAWNA N	\$78.00	
18/11	101335671	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
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our ins	SURANCE HAS	BEEN FILED. ANY BALANCE DUE IS YOUR RESPONS	BILITY. PLEASE REMIT BALANCE DUE OR VISIT OUR WEBSITI	AT WWW. TEA	MHEALTH COM
	-	тори	AY BY CREDIT CARD.		
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You may now provide insurance information and make credit card payments at www.teamhealth.com

MAILING INSTRUCTIONS

To Send Insurance or Change of Address Information:

If mailing insurance or address information, please use the top coupon and check Department A on Front.

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To Send Credit Card Payments:

If paying by credit card, please use the top coupon and check Department B on the front.

BILLING RIGHTS SUMMARY

If you believe this statement is incorrect, or if you need additional information, contact us in writing or by phone. The billing inquiry number is listed on the front. We must hear from you no later than 60 days after the initial statement. You may telephone us, however doing so will not preserve your rights.

When you contact us, please provide the following information.

Your name and account number

• Describe the error or problem

Please pay in U.S. Dollars. Checks should be written from a U.S. Bank. If a check is written from a Foreign Bank, add \$35.00 for U.S. Bank processing fees or pay by an American Express Money Order.

Peam Health or it's check recovery agent may collect a return check processing fee in addition to electronically collecting the face amount of the check for any check which is Furned by the Bank for Non-Sufficient Funds (NSF) or account closed or otherwise unpaid. This fee will cover the expense incurred by Team Health for Bank Fees, extra processing to correct the account balance and additional statement processing. This fee, regulated by your State, may be collected from the check writer's checking account electronically or via printed draft, if possible.

We are required by applicable federal and state law to maintain the privacy of your health information. Therefore, if you contact us regarding this statement, we will ask you to provide certain information to identify yourself. Please notify us if you want another person to act as your representative regarding this statement or your account. Your representative will also be asked to provide specific identifying information related to you. We will only discuss information regarding your account that is directly relevant to the payment of your account, e.g., providing the account balance, taking insurance information, and setting up budget plans. We will not discuss any health information related to diagnosis or medical treatment with any caller, including you. Since we do not maintain your original medical record, all requests for information in your medical records should be made directly to the treating facility.

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Payments or correspondence for disputed balances should be sent to Department C. Please check Department C on the front of the top coupon and return the top coupon.

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× × **PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER**

PATIENT NAME: NELVA E BRUNSTING ACCT#: 32622571-106-2667 CHECK# AMT PAID:

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

CHECK HERE FOR CHANGE OF ADDRESS

32622571-106-2667 Nelva E Brunsting 13630 Pinerock Ln

Houston TX 77079-5914 21 2 • • • DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

MAKE CHECKS PAYABLE TO:

106 ACS PRIMARY CARE PHYS SW PA PO BOX 740021 CINCINNATI OH 45274-0021

0180003565521101910F33339056620000055328

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ONLY RETURN THIS COUPON WHEN PAYING BY CHECK

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Mail Your Payment To:



9099 Katy Freeway, Suite 100 Houston, TX 77024 Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

Renewal Invoice

NELVA BRUNSTING 13630 PINE ROCK HOUSTON, TX 77029

Dentex Dental Plan

For Coverage

From: 10/13/2011 To: 10/13/2012

Your dental coverage with Dentex Dental Plan, Inc. will expire soon!

If payment is not received by renewal date a registration fee may apply to renew. \sim

Please pay the Annual or Monthly Premium Due to continue your coverage. Send your payment, bank draft or credit card information as listed below.



Annual Premium \$155.40

Renew Online - www.dentex.net

Tell a friend about your great dental plan! DENTEX

Return the bottom part of this page with your payment to Dentex Dental Plan, Inc.

		IWA	NT TO PAY	MY MONTHLY M	EMBERSHIP BY:
		third b	usiness day of e		ount of <u>\$12.95</u>
Account #	Credit Card Num	ber	Expires	Signature	Amount Paid
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07/14/11 101335671 EDI AUTOMATIC MANAGED CARE	PAYMENT				\$28.93
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below is your resp	posing Memorial Herm ponsibility. If you have hin 15 days. Thank yo	any question	healthcare nee s about how yo	ds. Your ir our claim v	isurance co vas process	mpany has informed ed, call your insurance	us that ce comp	the balance listed pany. Please send
CT SCAN PHARMACY SUPPLIES	•	42	5.50 4.00 7.25	Po	CK	J 321	¢	
PATIEN	TNAME	ACCOUN	TNUMBER	ADMIT/SE	RVICE DATE	DISCHARGE DAT	E ,	SERVICE
BRUNSTIN	G, NELVA E	034316	9228500	.08/0)1/11	08/01/11		OUTPATIENT
TOTAL CHARGES	TOTAL INSURANCE	PAYMENTS	IENTS TOTAL PATIENT PAYMENTS TOTAL		TOTAL ADJUSTME	NTS	BALANCE DUE	
\$8,156.75	\$-599.9	1	\$0.00 \$-7,531.84			\$25.00		
Our Customer Sen Monday-Friday 8:0 Saturday 8:00a.m.	vice Department is a 0a.m. to 8:00p.m. cs - 12:00 Noon	vailable: st	·		BALANC			\$25.00
Memorial Hermann Hospital System P.O. BOX 4370				PAYMENTS SINCE LAST STATEMENT		\$0.00		
Houston, TX 7721(patient.billing@me			Toll Free: (800)526-212	1	STATEM			08/31/11
Pay your bill on-li	ne at: www.memoi español. liame (713		.org		DUE DA	TE		09/17/11

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE



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Wed Aug 31 02:12:43 2011

534 Page 1 of 1 1721 -

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME					
Nelva E Brunsting					
BILL DATE	ACCOUNT NO.	AMOUNT PAID			
09/06/2011	17324				

Nelva E Brunsting 13630 Pinerock Ln. Houston TX 77079 THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA 707 S Fry Rd Suite 375 Katy, TX 774502259 281-599-8070

	DATE OF SERVICE	DESCRIPTION OF SER	VICE		AMOUNT
	06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/24/2011)	121.00		
	07/25/2011	Medicare Payment		224.24	
	07/25/2011	Medicare Adjustment		203.68	
	08/16/2011	United Health Care Medco Payment		44.86	
	09/06/2011	Coinsurance Amount			
	09/06/2011				
		Your Payment is now due. Thank you for you	ur		
-255		prompt response. Your Balance Due On These Services			11.22
÷	DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS	
	09/06/2011	Nelva E Brunsting	17324	AMOUNT	28.04
			·/		
		MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA	L .		

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

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STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

Nelva E Brunsting

13630 Pinerock Ln.

Houston TX 77079

Pd 1520

 PATIENT NAME

 Nelva E Brunsting

 BILL DATE
 ACCOUNT NO.

 09/06/2011
 17324

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA 707 S Fry Rd Suite 375 Katy, TX 774502259 281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVIC	E	AMOUNT
06/13/2011	Claim: 34700, Provider: Mubarak, Khawaja, MD		
06/13/2011	99232 HOSP SUB CARE-MOD CPLX (06/13/2011 - 06/18/2011)	726.00	
07/25/2011	Medicare Payment	336.38	
07/25/2011	Medicare Adjustment	305.52	
08/16/2011	United Health Care Medco Payment	67.28	
09/06/2011	Coinsurance Amount		{
09/06/2011			
	Your Payment is now due. Thank you for your prompt response. Your Balance Due On These Services		16.82
			10.02
06/20/2011	Claim: 34712, Provider: Mubarak, Khawaja, MD		
06/20/2011	99232 HOSP SUB CARE-MOD CPLX	121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX	121.00	
06/20/2011	(06/21/2011) 99232 HOSP SUB CARE-MOD CPLX (06/23/2011)	121.00	
DATE	PATIENT NAME	ACCOUNT NO. PAY THIS	1 79 04
09/06/2011	Nelva E Brunsting	17324 AMOUN	
	MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA		
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