

Date	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
Patient: Nelva Brunsting						
Voucher: 2690140						
10/20/10	99214	Office/outpatient Visit	152.50			
10/20/10	94760	Measure Blood Oxygen Le	15.50			
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				
12/07/10	1041187587	Commercial Insurance Pa			-21.22	
12/07/10	1041187587	Commercial Insurance Tr				
		---- 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				
12/21/10	1QG90026431	Commercial Insurance Pa			-10.84	
12/21/10	1QG90026431	Commercial Insurance Tr				
		---- Visit Total				2.71

pd. 1/13/11

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

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

Patient Balance: 8.02
 92096S11028

DATE	PATIENT	CPT	DESCRIPTION OF TRANSACTION	DOCTOR CHARGES	ADJUSTS	RECEIPT	BALANCE	INS BILL
02/28/11	NELVA	99214	OUTPATIENT E/M SERVICE-ESTABLISHED	JAIN, 120.00	17.06	98.82	4.12	03/31/11

#7024

PORTION HAS BEEN PAID BY INSURANCE - BALANCE DUE FROM PATIENT.

STATEMENT DATE	ACCT. NO.	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	AMOUNT DUE
06/10/11	45559	.00	4.12	.00	.00		4.12

PAYMENT DUE UPON RECEIPT TO MEDICAL CHEST ASSOCIATES

DATE	PATIENT	CPT	DESCRIPTION OF TRANSACTION	DOCTOR CHARGES	ADJUSTS	RECEIPT	BALANCE	INS BILL
05/16/11	NELVA	99218	INITIAL OBSERVATION CARE	JAIN, 115.00	50.05	62.35	2.60	06/24/11
05/17/11	NELVA	99217	OBSERVATION CARE DISCHARGE	JAIN, 150.00	80.00	67.20	2.80	06/24/11

#121

PORTION HAS BEEN PAID BY INSURANCE - BALANCE DUE FROM PATIENT.

STATEMENT DATE	ACCT. NO.	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	AMOUNT DUE
03/22/12	45559	.00	.00	.00	.00		5.40

BALANCE IS OVERDUE - PLEASE CONTACT MEDICAL CHEST ASSOCIATES IMMEDIATELY

Date	CPT	Description	Total Fee	Insurance	Patient
Patient: Nelva Brun Account #: 11426 Doctor: Mark A Yeoman MD Code: MC034429 Location: Memorial Hermann Memorial City Hospital					
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	\$95.00	\$95.00	\$.00
12/30/2010		Insurance Adjustment from Medicare	\$.00	\$ -23.46	\$.00
12/30/2010		Insurance payment Payment from Medicare	\$.00	\$ -57.23	\$.00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$ -11.45	\$.00
01/19/2011		Transfer from Insurance	\$.00	\$ -2.86	\$ 2.86
This balance was due to your co-insurance not met for this visit.					
02/03/2011		Conveyance Payment from Brunsting, Nelva	\$.00	\$.00	\$ -2.47
			BALANCE:	\$.00	\$.39
Patient: Nelva Brun Account #: 11426 Doctor: Harold A Condara Jr Code: OFC13360 Location: Cardiology Associates of Houston P A					
12/20/2010	99214	Established Patient Detailed	\$145.00	\$145.00	\$.00
01/10/2011		Insurance Adjustment from Medicare	\$.00	\$ -43.55	\$.00
01/10/2011		Insurance payment Payment from Medicare	\$.00	\$ -81.16	\$.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$.00	\$ -16.23	\$.00
01/31/2011		Transfer from Insurance	\$.00	\$ -4.06	\$ 4.06
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$.00	\$ 4.06
Patient: Nelva Brun Account #: 11426 Doctor: Charles H Caplan MD Code: MC035192 Location: Memorial Hermann Memorial City					
01/16/2011	99220	Initial observation care, high complexity	\$245.00	\$245.00	\$.00
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$ -93.05	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$ -121.56	\$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$ -21.50	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$ -8.89	\$ 8.89
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$.00	\$ 8.89
Patient: Nelva Brun Account #: 11426 Doctor: Harold A Condara Jr Code: MC035204 Location: Memorial Hermann Memorial City					

CONTINUED on next page

Page 1

Deposit	0-30	31-60	61-90	91-120

Total Balance	Ins. Balance	Patient Balance

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
 925 GESSNER
 SUITE 400
 HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER		EXP. DATE	
SIGNATURE		PRINT NAME	
STATEMENT DATE 03/31/2011	PAY THIS AMOUNT \$28.60	ACCT. # 11426	
SHOW AMOUNT PAID HERE			\$



Nelva Brunsting
 13630 PINEROCK LN
 HOUSTON, TX 77079-5914

1 14

CARDIOLOGY ASSOCIATES OF HOUSTON PA
 925 GESSNER
 STE 400
 HOUSTON TX 77024-2545



Detach at perforation and return above portion with payment.
 Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$.00
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$-35.50	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$-59.60	\$.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.00
03/08/2011		Transfer from Insurance	\$.00	\$-14.90	\$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
BALANCE:				\$.00	\$14.90
Patient: Nelva Brun Account #: 11426 Doctor: Jon E Heine MD Code: MC035289 Location: Memorial Hermann Memorial City					
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$.00
02/18/2011		Insurance Adjustment from Medicare	\$.00	\$-6.07	\$.00
02/18/2011		Insurance payment Payment from Medicare	\$.00	\$-7.14	\$.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-1.43	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$-.36	\$.36
This balance was due to your co-insurance not met for this visit.					
BALANCE:				\$.00	\$.36

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
	\$24.15	\$4.07	\$.39	\$.00	\$28.60	\$.00	\$28.60

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

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

Patient Name: NELVA E BRUNSTING AMT DUE: \$7.23

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

106

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

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

018000326225711018106333380266700000072379

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
11/30/10	97046610	EMERGENCY DEPT VISIT	MARCONI DO,ANDREA	\$748.00	
11/30/10	97046610	ELECTROCARDIOGRAM REPORT	MARCONI DO,ANDREA	\$68.00	
01/12/11	97046610	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$151.27
01/12/11	97046610	CONTRACTUAL ADJUSTMENT			\$626.91
02/07/11	97046610	EDI AUTOMATIC MANAGED CARE PAYMENT			\$30.26
01/16/11	98211454	EMERGENCY DEPT VISIT	CHENG MD,THANH CHI	\$860.00	
01/16/11	98211454	ELECTROCARDIOGRAM REPORT	CHENG MD,THANH CHI	\$78.00	
03/08/11	98211454	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
03/08/11	98211454	CONTRACTUAL ADJUSTMENT			\$757.22
04/04/11	98211454	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
03/14/11		EDI AUTOMATIC SELF PAY PAYMENT			\$7.56

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 04/10/11 TOTAL NOW DUE: \$7.23

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

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
05/16/11	101335671	EMERGENCY DEPT VISIT	WADE DO,SHAWNA N	\$860.00	
05/16/11	101335671	ELECTROCARDIOGRAM REPORT	WADE DO,SHAWNA N	\$78.00	
06/18/11	101335671	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$144.62
06/18/11	101335671	CONTRACTUAL ADJUSTMENT			\$757.22
07/14/11	101335671	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD,MONTA K	\$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT			\$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			\$27.50
08/16/11		SELF PAY LOCKBOX NO DOC PT PAY			\$7.23

OK 32

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 08/28/11 TOTAL NOW DUE: \$6.87

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

SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at www.teamhealth.com

↓ Detach Here ↓

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

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

32622571-106-2667
Nelva E Brunsting
13630 Pinerock Ln
Houston TX 77079-5914

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



018000326225711018106333380266700000068746

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

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

Patient Name: NELVA E BRUNSTING AMT DUE: \$6.87

Credit card charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

106

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

32622571-106-2667
 NELVA E BRUNSTING PS/020041
 13630 PINEROCK LN
 HOUSTON TX 77079-5914

018000326225711018106333380266700000068746

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD,MONTA K	\$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT			\$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			\$27.50
06/06/11	102893564	EMERGENCY DEPT VISIT	FEINSTEIN MD,JOSHUA G	\$860.00	
08/17/11	102893564	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$137.48
08/17/11	102893564	CONTRACTUAL ADJUSTMENT			\$688.15
09/01/11	102893564	EDI AUTOMATIC MANAGED CARE PAYMENT			\$27.50
09/16/11		SELF PAY LOCKBOX NO DOC PT PAY			\$6.87

#109

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 11/20/11 TOTAL NOW DUE: \$6.87

HAVE YOU OVERLOOKED YOUR PAYMENT? YOUR ACCOUNT IS PAST DUE. TO AVOID FURTHER ACTION ON YOUR ACCOUNT, PLEASE MAIL YOU PAYMENT TODAY OR VISIT OUR WEBSITE AT WWW.TEAMHEALTH.COM TO PAY BY CREDIT CARD.

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

SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at www.teamhealth.com

↓ Detach Here ↓

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA
 925 GESSNER
 SUITE 400
 HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting
 13630 PINEROCK LN
 HOUSTON, TX 77079-5914

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD EXPRESS	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> DISCOVER		
CARD NUMBER	EXP. DATE	
SIGNATURE		PRINT NAME
STATEMENT DATE 04/07/2011	PAY THIS AMOUNT \$28.60	ACCT. # 11426
SHOW AMOUNT PAID HERE		\$

CARDIOLOGY ASSOCIATES OF HOUSTON PA
 925 GESSNER
 STE 400
 HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment.
 Make address and insurance changes on reverse side and return entire statement.

Date	CPT	Description	Total Fee	Insurance	Patient	
Patient Nelva Brun Account #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location:Memorial Hermann Memorial City Hospital						
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	\$95.00	\$95.00	\$.00	
12/30/2010		Insurance Adjustment from Medicare	\$.00	\$-23.46	\$.00	
12/30/2010		Insurance payment Payment from Medicare	\$.00	\$-57.23	\$.00	
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-11.45	\$.00	
01/19/2011		Transfer from Insurance	\$.00	\$-2.86	\$2.86	
This balance was due to your co-insurance not met for this visit.						
02/03/2011		Conveyance Payment from Brunsting, Nelva	\$.00	\$.00	\$-2.47	
				BALANCE:	\$.00	\$.39
Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:OFCL3360 Location:Cardiology Associates of Houston P A						
12/20/2010	99214	Established Patient Detailed	\$145.00	\$145.00	\$.00	
01/10/2011		Insurance Adjustment from Medicare	\$.00	\$-43.55	\$.00	
01/10/2011		Insurance payment Payment from Medicare	\$.00	\$-81.16	\$.00	
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$.00	\$-16.23	\$.00	
01/31/2011		Transfer from Insurance	\$.00	\$-4.06	\$4.06	
This balance was due to your co-insurance not met for this visit.						
				BALANCE:	\$.00	\$4.06
Patient Nelva Brun Account #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location:Memorial Hermann Memorial City						
01/16/2011	99220	Initial observation care, high complexity	\$245.00	\$245.00	\$.00	
02/11/2011		Insurance Adjustment from Medicare	\$.00	\$-93.05	\$.00	
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$-121.56	\$.00	
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-21.50	\$.00	
03/09/2011		Transfer from Insurance	\$.00	\$-8.89	\$8.89	
This balance was due to your co-insurance not met for this visit.						
				BALANCE:	\$.00	\$8.89
Patient Nelva Brun Account #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location:Memorial Hermann Memorial City						

CONTINUED on next page

Page 1

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

Any Lab Test Now

Any Lab Test Now
 9742 Katy Freeway
 Suite 200
 Houston, TX 77055
 713-461-2121

Sales Receipt

DATE	SALE #
04/19/2011	13979

SOLD TO
Brunsting, Carle

PMT METHOD	Heard about us?
Visa	friend

Service	Activity	Quantity	Rate	Amount
Culture	April 2011 • UA	1	59.00	59.00

ANY LAB TEST NOW
 9742 KATY FREEWAY STE 0 200
 HOUSTON, TX 77055
 7134612121
 41399800988021

Merchant ID: 399800988021
 Ref #: 001

Sale
 XXXXXXXXXXXXX6626
 VISA Entry Method: Swiped
 Total: \$ 59.00
 04/19/11 16:17:57
 Inv #: 000013 Appr Code: 619178
 Apprvd: Online Batch#: 000342

Customer Copy
 THANK YOU

Thank you for using Any Lab Test Now! Please bring this receipt in for \$10.00 off your next test.

TOTAL	\$59.00
AMOUNT RECEIVED	\$59.00
BALANCE DUE	\$0.00

Duke Medical Equipment
 4305 HUGH ECHOLS BLVD
 BAYTOWN, TX 77521
 (281) 420 2311

Invoice

Customer

Nelva Brunsting
 13630 Pinerock Ln
 Houston, TX 77079

Misc

Print Date 6/15/2011
 First Print 6/15/2011
 Invoice 316339
 Order 28687
 Account No.

Qty	Date	Description	Charges/Debits	Payments/Credits
1	05/20/2011	NB-PARI-NEB Ultra Nebulizer	\$25.00	
	05/20/2011	Write-Off Allowable		\$12.32
	06/08/2011	Write-Off ERN small balances	\$0.01	
	06/08/2011	Adjust Allowable ERN Adjust Allowable		\$0.01
	06/08/2011	Payment		\$10.14
Total			\$25.01	\$22.47
Balance			\$2.54	

Payment Cash Check Charge

Comments _____
 Name _____
 CC # _____
 Expires _____

PAY THIS AMOUNT : \$2.54
Balance: 7.62

Spring Branch Medical Supply
 8700 Longpoint Rd. Suite #106
 Houston, Tx, 77055
 713-465-2200

I N V O I C E

Ship To: MR. ROBERT LEE CANTU
 HOUSTON, TX 77064-

Bill To: MR. ROBERT LEE CANTU
 HOUSTON, TX 77064-

Ph:(281) 382-9451

ATTN: R. CANTU

ATTN: R. CANTU

INVOICE NO. 114895 MCA #134226 10:18 am 07/02/11 Page # 1

SKU	DESCRIPTION	QTY	Per/Unit		TOTAL
			PRICE		
ALE501312	BED WEDGE 12" 7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11 AS LONG AS NOT OPENED .MCA	1.00	47.95		47.95

SPRING BRANCH MEDICAL
 8700 LONG POINT RD 106
 HOUSTON, TX 77055

07/02/2011
 Merchant ID:
 Terminal ID:
 455502350990

10:18:43
 000000001116190
 02010851

CREDIT CARD
 VISA SALE

CARD #
 INVOICE
 Batch #:
 Approval Code:
 Entry Method:
 Approved:

XXXXXXXXXXXX6258
 0001
 000586
 031811
 Swiped
 Online

NET AMOUNT \$51.91

.T.

Master/Visa	\$ 51.91	Subtotal:	\$47.95
		Tax:	\$3.96
		Amount Charged:	\$0.00
		TOTAL:	\$51.91

Statement

AMRIT N ACHARI MD PA
 MADHUREETA ACHARI M D
 8915 GAYLORD ST
 HOUSTON TX 77024

PD
 8-02 - G office
 check # 285

Account Number Date

07/15/2011

Card Number	
Signature	
Amount	Exp. Date

NELVA E BRUNSTING
 13630 PINEROCK LN
 HOUSTON TX 77079

Amount Due	Amount Paid
24.98	

For assistance please call (713) 780-8144

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

Please (x) box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
06/06/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
06/07/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/22/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-237.70	0.00
06/22/11	ADJUSTMENT	BRUNSTING NELVA E	-402.87	0.00
06/22/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-47.54	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$11.89	BRUNSTING NELVA E	-11.89	11.89
06/07/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
06/07/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00
06/08/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/23/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-205.72	0.00
06/23/11	ADJUSTMENT	BRUNSTING NELVA E	-592.84	0.00
06/23/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-41.15	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$10.29	BRUNSTING NELVA E	-10.29	10.29
06/09/11	99232 HOSP/SUBSEQUENT	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

Statement

**AMRIT N ACHARI MD PA
MADHUREETA ACHARI M D
8915 GAYLORD ST
HOUSTON TX 77024**

Account Number

Date

07/15/2011

Card Number

Signature

Amount

Exp. Date

Amount Due

Amount Paid

24.98

For assistance please call (713) 780-8144

**NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079**

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Please return this portion of statement with payment

Please ✓ box if above address information is incorrect & indicate changes on reverse side.

Date	Description of Service	Name	Insurance	Patient
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
07/12/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	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 Pay
This Amount

24.98

PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)

Tax ID

742127802

Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

CT SCAN 7,635.50
PHARMACY 424.00
SUPPLIES 97.25

AD Ck 324

PATIENT NAME		ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING, NELVA E		0343169228500	08/01/11	08/01/11	OUTPATIENT
TOTAL CHARGES	TOTAL INSURANCE PAYMENTS	TOTAL PATIENT PAYMENTS		TOTAL ADJUSTMENTS	BALANCE DUE
\$8,156.75	\$-599.91	\$0.00		\$-7,531.84	\$25.00

Our Customer Service Department is available:
 Monday-Friday 8:00a.m. to 8:00p.m. cst
 Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System
 P.O. BOX 4370
 Houston, TX 77210-4370

patient.billing@memorialhermann.org

Pay your bill on-line at: www.memorialhermann.org
 Para la ayuda en español, llame (713)448-5502.

Local Phone:
 (713)448-5502

Toll Free:
 (800)526-2121

BALANCE LAST STATEMENT	\$25.00
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	08/31/11
DUE DATE	09/17/11

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

MEMORIAL
 HERMANN

Your account continues to show an outstanding balance. The balance must be paid in full within 15 days to prevent further collection action.

#103

CARDIOLOGY	2,171.25
DIAGNOSTIC & TREATMENT	1,527.75
EKG/EEG	825.50
LABORATORY	991.00
PHARMACY	182.50
PHARMACY/SELF ADMIN	130.25
RADIOLOGY	1,257.50
RESPIRATORY SERVICES	161.25
ROOM CHARGES	3,054.00
SUPPLIES	2,499.25

PATIENT NAME		ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING, NELVA E		0343169221259	09/16/11	09/19/11	INPATIENT
TOTAL CHARGES	TOTAL INSURANCE PAYMENTS	TOTAL PATIENT PAYMENTS		TOTAL ADJUSTMENTS	BALANCE DUE
\$12,800.25	\$-5,660.42	\$0.00		\$-7,098.11	\$41.72

Our Customer Service Department is available:
 Monday-Friday 8:00a.m. to 8:00p.m. cst
 Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System
 P.O. BOX 4370
 Houston, TX 77210-4370

patient.billing@memorialhermann.org

Pay your bill on-line at: www.memorialhermann.org
Para la ayuda en español, llame (713)338-5502.

Local Phone:
 (713)338-5502

Toll Free:
 (800)526-2121

BALANCE LAST STATEMENT	\$41.72
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	12/02/11
DUE DATE	12/19/11

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



It has been at least 45 days from our initial correspondence and the account listed below is still due. Please remit your payment in full or contact patient accounting within 15 days of the date of this statement.

If no response is received, your account will be considered for assignment to a collection agency.

If payment has recently been sent, please disregard this notice.

Favor de llamar a nuestras oficinas al telefono indicado en la parte inferior si tiene alguna pregunta referente a su cuenta.

#108

ACCOUNT INFORMATION

PATIENT NAME	ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
NELVA E BRUNSTING	0343169227510	06-06-11	06-11-11	PUL

Memorial Hermann Hospital System
 P.O. Box 4370
 Houston, TX 77210-4370

Local Phone:
 (713) 784-4404

Toll Free:
 (888) 598-0577

Pay your bill on-line at: www.memorialhermann.org

TOTAL CHARGES	32394.00
BALANCE DUE	226.40
STATEMENT DATE	12-08-11
DUE DATE	12-23-11



32684 STFN: MHMC201 SDM17GHM3002479

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



STMTFN



000005078-A

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

*pd
ck 320*

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 SERVICE	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
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 (06/21/2011) 121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/23/2011) 121.00	

DATE 09/06/2011	PATIENT NAME Nelva E Brunsting	ACCOUNT NO. 17324	PAY THIS AMOUNT 28.04
---------------------------	--	-----------------------------	---------------------------------

MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

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 SERVICE	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 your prompt response. Your Balance Due On These Services ...	11.22

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT	28.04
09/06/2011	Nelva E Brunsting	17324		

MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Mail Your Payment To:



DENTEX DENTAL PLAN, INC.

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

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

Renewal Invoice

Dentex Dental Plan

For Coverage

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

OK 323

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.

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.

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

I WANT TO PAY MY MONTHLY MEMBERSHIP BY:

Bank Draft

Credit Card

(Attached voided check)

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of \$12.95

Dentex will continue drafting until notified of cancellation in writing.

Signature

Signature line

Account #	Credit Card Number	Expires	Signature	Amount Paid
7008830		/		

STATEMENT OF PHYSICIAN SERVICES

(AS OF DECEMBER 04, 2011)

ACCT # 2302741 NELVA BRUNSTING

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES PROVIDED BY PHYSICIANS AT THE KELSEY-SEYBOLD CLINIC. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENT ACTIVITY AND THE AMOUNT YOU OWE.

VISIT NUMBER: 1

CHARGES

PROVIDER: FELICIA AUSTIN-TOLLIVER, MD (CINCO RANCH)
CR INTERNAL MEDICINE

11/05/11 HOSPITAL DISCHARGE DAY, <30 MIN - 99238 \$203.00
TOTAL: \$203.00

PAYMENT ACTIVITY

11/28/11 CONTRACTUAL ADJUSTMENT..... \$133.38
11/28/11 INSURANCE PAYMENT..... \$55.70
AMOUNT DUE NOW..... **\$13.92**

KELSEY-SEYBOLD NOW OFFERS ONLINE STATEMENT AND BILLING! TO RECEIVE YOUR BILLING STATEMENT ONLINE, OR TO PAY YOUR BILL, PLEASE VISIT US AT WWW.KELSEYPAY.COM

LABORATORY SERVICES THAT ARE INDICATED WITH A /90 MODIFIER ARE PURCHASED FROM LABCORP OF AMERICA, 7207 N. GESSNER, HOUSTON, TX 77040

PATIENT PAYMENTS RECEIVED SINCE 11/04/11... \$0.00

INSURANCE PAYMENTS RECEIVED SINCE 11/04/11. \$55.70

ACCOUNT BALANCE	INSURANCE PENDING	PATIENT OWES
\$13.92	\$0.00	\$13.92

THANK YOU FOR CHOOSING THE KELSEY-SEYBOLD CLINIC

#107

KELSEY-SEYBOLD CLINIC

(713) 442-5500

TAX ID NO 76-0386391

5348 1 2

URALIL, ANNIE F. DR.
PO BOX 940776

HOUSTON, TX 77094-7776

#112

Statement Date	Chart Number	Page
12/12/2011	BRUNE000	1

Make Checks Payable To:
URALIL, ANNIE F. DR. PO BOX 940776 HOUSTON, TX 77094-7776 (713)464-7828

NELVA BRUNSTING
13630 PINEROCK LN
HOUSTON, TX 77079
For Patient: NELVA BRUNSTING

Patient Outstanding

Date of Service	Procedure	Description	Amount	Insurance 1 Paid	Insurance 2 Paid	Patient Paid	Adj Amount	Patient Remainder
6/9/2011	99223	Initial hospital visit, Level 3	225.00	-157.16	-31.43		-28.55	7.86
6/10/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80
6/11/2011	99222	Initial hospital visit, Level 2	175.00	-107.14	-21.42		-41.08	5.36
6/13/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80
6/14/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21		-24.92	2.81
6/15/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80
6/16/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21		-24.92	2.81
6/17/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80
6/20/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80
6/21/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21		-24.92	2.81
6/22/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80
6/23/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21		-24.92	2.81
6/24/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22		-24.92	2.80

Patient Total: 44.06

Remainder Aging

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Total
0.00	0.00	0.00	0.00	44.06	44.06



PAST DUE

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location

12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SPIRIVA CAPS 30'S & HANDHALER
QUANTITY 30
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE
ONCE DAILY USING HANDHALER



DOCTOR A. JAIN, MD DRUG DESCRIPTION

PATIENT ALLERGIES

PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing, new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE OUT OF THE REACH OF CHILDREN AND PETS. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

INGREDIENT NAME: TIOTROPUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all MEDICATIONS, OVER-THE-COUNTER MEDICINE that you are taking, DO NOT TAKE THIS MEDICINE IF you are taking another anticholinergic (eg, ipratropium). ASK your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor's approval, including if you inform your doctor of any change in prescriptionist approval. You may have blurred vision, dry mouth, constipation, difficulty swallowing, an enlarged chest, dizziness, bladder blockage, glaucoma, kidney or breast feeding problems (including milk production), pregnancy, or breast-feeding difficulty. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have. DO NOT TAKE THIS MEDICINE IF YOU ARE ALLERGIC TO TIOTROPUM BROMIDE OR ANY OF THE INGREDIENTS. DO NOT ALLOW THE CAPSULES TO GET WET. DO NOT REMOVE A CAPSULE FROM THE PACKAGING UNTIL YOU ARE READY TO USE IT. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then pierce the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule from the blister. If a second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the spacer in the device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and the rest of your tongue flat. TAKE A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale SKIPPED DOCTOR OR PHARMACIST if you are unable to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler STROPE THIS MEDICINE UP TO year and then should be replaced. F (25 degrees C) away from heat, moisture, and light. Gler storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. Taking your dose at the same time each day will help you to remember. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. Do NOT use this medicine more often than 1 time every 24 hours.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT STOP SNEEZING, A RUNNY NOSE, OR ONE THAT HAS STARTED. IF YOU ARE ALSO USING A RESCUE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE WITHOUT CHECKING WITH YOUR DOCTOR. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects especially constipation and urinary tract infections. IF YOU

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinecock, Houston, TX 770797517
RX # 1496586-03328 DATE: 12/05/10

SPIRIVA CAPS 30'S & HANDHALER
QTY: 30 3 REFILLS BEFORE 12/05/11
New NDC: 00597-0075-41
Retail Price: \$236.99 Your Insurance Saved You: \$215.99

\$ 21.00

A. JAIN, MD
MFG: BOEHRINGER
TPL: RJW/RJW/RJW

PLAN: PAIDMP
GROUP#: CMD33896
CLAIM REF#: HDC91AQ



12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713) 722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinecock, Houston, TX 770797517
RX # 1496586-03328 DATE: 12/05/10

SPIRIVA CAPS 30'S & HANDHALER
QTY: 30 3 REFILLS BEFORE 12/05/11
New NDC: 00597-0075-41
Retail Price: \$236.99 Your Insurance Saved You: \$215.99

\$ 21.00

A. JAIN, MD
MFG: BOEHRINGER
TPL: RJW/RJW/RJW

PLAN: PAIDMP
GROUP#: CMD33896
CLAIM REF#: RDC91AQ



12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713) 722-7247

Duplicate Receipt

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002096

Pharmacy use only

SUN 1:29PM

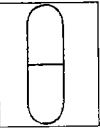
SPIRIVA CAPS 30'S & HANDHALER
00597-0075-41
ALPHA

QTY 30

TPL: RJW/RJW/RJW/RJW

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713) 722-7247

PATIENT	NELVA BRUNSTING	DRUG DESCRIPTION	
BIRTH DATE	10/08/26	PATIENT ALLERGIES	
MEDICATION	RIFAMPIN 300MG CAPSULES		
QUANTITY	60		
DIRECTIONS	TAKE 2 CAPSULES BY MOUTH EVERY DAY	DARK REDDISH-BROWN	
		FRONT: LANNETT	
		BACK: 1315	

INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

COMMON USES: This medicine is a rifamycin antibiotic used to treat tuberculosis (TB), as well as to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat and light. **TO CLEAR UP YOUR INFECTION COMPLETELY**, continue taking this medicine for the full course of treatment. Do not miss any doses. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **THIS MEDICINE MAY CAUSE** urine, feces, saliva, sweat, and tears to turn orange or red. **THIS MEDICINE MAY PERMANENTLY STAIN** soft contact lenses. **KEEP ALL DOCTOR AND LABORATORY**

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13650 Pasadena, Houston, TX 77079/7517
(713) 464-4391
RX # 1494790-03328 DATE: 01/01/11

RIFAMPIN 300MG CAPSULES
QTY: 60 2 REFILLS BEFORE 11/29/11
Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

Customer Receipt

NELVA BRUNSTING
13650 Pasadena, Houston, TX 77079/7517
(713) 464-4391
RX # 1494790-03328 DATE: 01/01/11

RIFAMPIN 300MG CAPSULES
QTY: 60 2 REFILLS BEFORE 11/29/11
Retail Price: \$113.89 Your Insurance Saved You: \$108.89

\$ 5.00

Duplicate Receipt

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002098

12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713) 722-7247

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713) 722-7247

Customer Receipt

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713) 722-7247

Duplicate Receipt

Pharmacy use only

SUN 12:00PM RIFAMPIN 300MG CAPSULES
Refill 00527-1315-30 ALPHA

QTY 60 DARK REDDISH-BROWN
20 DRAW FRONT: LANNETT
BACK: 1315



XXX/KHN/KHN/KHN/RJW

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
 12850 Memorial Drive
 Houston, TX 77024
 (713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD
PATIENT ALLERGIES
DRUG DESCRIPTION

 PINK
 FRONT: 93
 BACK: 7146

INGREDIENT NAME: AZITHROMYCIN
 (ay-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking dofetilide, nifedipine, propafenone, pimozide, or tetrabenazine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, meprobolone, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenylethanolamine, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
 13630 Pinecock, Houston, TX 77079/7517
 (713)464-4391
RX # 1494789-03328 DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS
 QTY: 30 2 REFILLS BEFORE 11/29/11
 Refill NDC:00093-7146-56
 Retail Price: \$195.79 Your Insurance Saved You: \$190.79

A-PATENTED PAIN-PAINMED
 MFG:TEVA GROUP# CMI/3896
 XXXKH/KH/KH/N/RJW CLAIM REF# SQA93N1

\$ 5.00

NELVA BRUNSTING
 13630 Pinecock, Houston, TX 77079/7517
 (713)464-4391
RX # 1494789-03328 DATE: 01/01/11

AZITHROMYCIN 250MG TABLETS
 QTY: 30 2 REFILLS BEFORE 11/29/11
 Refill NDC:00093-7146-56
 Retail Price: \$195.79 Your Insurance Saved You: \$190.79

A-PATENTED PAIN-PAINMED
 MFG:TEVA GROUP# CMI/3896
 XXXKH/KH/KH/N/RJW CLAIM REF# SQA93N1

\$ 5.00

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

Pharmacy use only

SUN 12:00PM AZITHROMYCIN 250MG TABLETS
 Refill 00093-7146-56 ALPHA

QTY 30 PINK FRONT: 93
 10 DRAM BACK: 7146

XXXXKH/KH/KH/N/RJW

Call your doctor for medical advice about side effects.
 You may report side effects to FDA at 1-800-FDA-1088.

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
 12850 Memorial Drive
 Houston, TX 77024
 (713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SPIRIVA CAPS 30'S & HANDHALER
QUANTITY 30
DIRECTIONS INHALE CONTENTS OF ONE CAPSULE
 ONCE DAILY USING HANDHALER

DOCTOR A. JAIN, MD **DRUG DESCRIPTION**

PATIENT ALLERGIES

INGREDIENT NAME: TROTROPUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of SO NO TAKE THIS MEDICINE if you are taking another anticholinergic (eg, ipratropium). Ask your doctor if you are unsure any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without your doctor's approval. Inform your doctor of any other medical conditions, including if you have trouble urinating, an enlarged prostate, bladder blockage, glaucoma, kidney problems, allergies (including if you are having an asthma attack or increased difficulty breathing). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist for questions that you may have before using this medicine. DO NOT FOLLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging, carefully peel the foil back to expose the capsule, then the steps to remove the capsule from the blister. Do NOT cut the foil or use sharp objects to pierce the blister. Do NOT use the foil or use sharp objects to pierce the blister when you are removing a capsule for use. It may be discarded. Do not save the capsule for later. Place the capsule in the special inhaler device immediately. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep Your Own, Deep Breath. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the inhaler several times following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler serves THIS MEDICINE at room temperature at 7 degrees F (25 degrees C) away from heat, moisture, and light. After storage between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. This medicine will work best if used regularly. After your dose at the same time each day will help you to remember. If you MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. DO NOT use this medicine more often than 1 time every 24 hours.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg, ipratropium). THIS MEDICINE WILL NOT SO USING A ATTACK once one has started. IF YOU ARE ALSO USING A RESCUE INHALER (eg, albuterol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: If you are

PLANN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficulty or painful urination; eye pain or discomfort; vision changes (eg, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include mental changes; severe constipation; stomach pain; or tremors.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
 13630 Pineock, Houston, TX 770797517
RX # 1496586-03328 DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDHALER
 QTY: 30 2 REFILLS BEFORE 12/05/11
 Refill NDC:00597-0075-41
 Retail Price: \$260.99 Your Insurance Saved You: \$44.45

\$ 216.54

A: JAIN, MD PLAN: PATDMPD
 MFG:BOEHRINGER GROUP#: CMD3896
 XXXXJIC/JIC /RJW CLAIM REF#: MRWHDCC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

Pharmacy use only

NELVA BRUNSTING
 13630 Pineock, Houston, TX 770797517
RX # 1496586-03328 DATE: 01/01/11

SPIRIVA CAPS 30'S & HANDHALER
 QTY: 30 2 REFILLS BEFORE 12/05/11
 Refill NDC:00597-0075-41
 Retail Price: \$260.99 Your Insurance Saved You: \$44.45

\$ 216.54

A: JAIN, MD PLAN: PATDMPD
 MFG:BOEHRINGER GROUP#: CMD3896
 XXXXJIC/JIC /RJW CLAIM REF#: MRWHDCC

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

QTY 30

SUN 12:00PM

SPIRIVA CAPS 30'S & HANDHALER
 00597-0075-41
 ALPHA

Refill

XXXXJIC/JIC /RJW

Call your doctor for medical advice about side effects.
 You may report side effects to FDA at 1-800-FDA-1088.

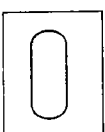
WIC# 957918

Do not flush unused medications or pour down a sink or drain.
 AABrunsting.Financials002100

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
 12850 Memorial Drive
 Houston, TX 77024
 (713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION SERTRALINE 50MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY



BLUE
 FRONT: G 4900
 BACK: 50MG

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES

INGREDIENT NAME: SERTRALINE (SER-tra-leen)

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of menstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: **WARNING:** Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines of this type may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a tricyclic antidepressant (eg, amitriptyline, doxepin, imipramine, nortriptyline, or thioridazine). **DO NOT TAKE THIS MEDICINE** if you are taking a monoamine oxidase inhibitor (MAOI) (eg, ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION) may be needed if you are taking propranolol (eg, ORETINEM), imazodol, metoprolol, serotonins (eg, WEGARTIN), aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen), diuretics (eg, furosemide, hydrochlorothiazide), tramadol, phenothiazines (eg, chlorpromazine), carbamazepine, cyproheptadine, propylthiouracil, digoxin, heparin, lithium, phenytoin, rifampin, or risperidone, tricyclic antidepressant (eg, amitriptyline, doxepin, or nortriptyline), valproic acid. **DO NOT STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. The medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, pharmacist, or pharmacist any questions that you may have about this medicine. TAKE THIS MEDICINE by mouth with or without food. STORE THIS MEDICINE at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. CONTINUE TO TAKE THIS MEDICINE even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you remember to take it. **DO NOT SUDDENL** stop taking THIS MEDICINE without checking with your doctor. Side effects may occur. They may include mental or mood changes, numbness or tingling of the skin, dizziness, confusion, headache, trouble sleeping, or unusual tiredness. You will be closely monitored when you miss a dose and whenever a change in dose is made. If you miss A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. **DO NOT** take 2 doses at once.

CAUTIONS: **DO NOT USE THIS MEDICINE** if you are allergic to any ingredient in this medicine. THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. **DO NOT DRIVE OR PERFORM OTHER IMPORTANT DAILY TASKS** until you know how you react to it. **DO NOT DRINK ALCOHOL** while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg, sleep aids, muscle relaxers) while you are taking this medicine. It may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. Several weeks may pass before your symptoms improve. **DO NOT TAKE MORE THAN THE RECOMMENDED DOSE**, change your dose, or use this medicine for longer than prescribed without checking with your doctor. **IF YOUR DOCTOR**

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

TELLS YOU TO STOP TAKING THIS MEDICINE, you will need to wait for several weeks before beginning to take certain other medicines (eg, MAOIs, nefazodone). Ask your doctor when you should start to take your new medicines after you have stopped taking this medicine. **SEOTONIN SYNDROME** and **NEUROLEPTIC MALIGNANT SYNDROME (NMS)** are possibly fatal syndromes that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg, triptans, MAOIs, antipsychotics). Symptoms of these syndromes may include blood pressure changes; agitation; confusion; hallucinations; other mental or mood changes; coma; fever; fast or irregular heartbeat; tremor; excessive sweating; rigid muscles; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES,** either prescription or over-the-counter, check with your doctor or pharmacist. Caution is advised when using this medicine in the ELDERLY; they may be more sensitive to its effects, especially low blood sodium levels. Caution is advised when using this medicine in CHILDREN; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. THIS MEDICINE MAY CAUSE WEIGHT CHANGES. CHILDREN AND TEENAGERS may need regular weight and growth checks while they take this medicine. **FOR MEN:** THIS MEDICINE MAY RARELY CAUSE a prolonged, painful erection. This could happen even when you are not having sex. If this is not treated right away, it could lead to permanent sexual problems such as impotence. Contact your doctor right away if this happens. **FOR WOMEN:** THIS MEDICINE MAY CAUSE HARM TO THE FETUS if it is used during the last 3 months of pregnancy. **IF YOU BECOME PREGNANT,** contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include anxiety; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; increased sweating; loss of appetite; nausea; nervousness; stomach upset; tiredness; trouble sleeping; vomiting; or weight loss. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience bizarre behavior; black or bloody stools; chest pain; decreased bladder control; exaggerated reflexes; fast or irregular heartbeat; fever; hallucinations; loss of coordination; new or worsening agitation; panic attacks; aggressiveness; impulsiveness; irritability; hostility; exaggerated feeling of well-being; restlessness; or inability to sit still; persistent or severe ringing in the ears; persistent, painful erection; red, swollen, blistered, or peeling skin; seizures; severe or persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or mood changes; vision changes; or worsening of depression. **AN ALLERGIC REACTION** to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include coma; fainting; fast, slow, or irregular heartbeat; hair loss; hallucinations; seizures; severe or persistent dizziness; drowsiness; diarrhea; nausea, or vomiting; or tremor.

ADDITIONAL INFORMATION: **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME,** obtain refills before your supply runs out.



NELVA BRUNSTING
 13630 Pharesck, Houston, TX 770797617
 (713)464-4391
RX # 1515376-03328 DATE: 03/02/11

SERTRALINE 50MG TABLETS
 QTY: 30 1 REFILL BEFORE 02/02/12
 Refill NDC: 59762-4900-05
 Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD
 MFG: GREENSTONE
 XXXX/KMM/KMM/ /KMM

PLAN: PAIDMPD
 GROUP# C/MD3896
 CLAIM REF# OXHXTM73

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
 13630 Pharesck, Houston, TX 770797617
 (713)464-4391
RX # 1515376-03328 DATE: 03/02/11

SERTRALINE 50MG TABLETS
 QTY: 30 1 REFILL BEFORE 02/02/12
 Refill NDC: 59762-4900-05
 Retail Price: \$29.99 Your Insurance Saved You: \$24.99

\$ 5.00

A. JAIN, MD
 MFG: GREENSTONE
 XXXX/KMM/KMM/ /KMM

PLAN: PAIDMPD
 GROUP# C/MD3896
 CLAIM REF# OXHXTM73

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
 PH: (713)722-7247

Duplicate Receipt

Call your doctor for medical advice about side effects.
 You may report side effects to FDA at 1-800-FDA-1088.



WIC# 957918

Do not flush unused medications or pour down a sink or drain.

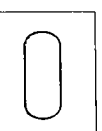
AABrunsting.Financials002103

Pharmacy use only

WED 1:30PM
 Refill

SERTRALINE 50MG TABLETS
 59762-4900-05
 CELL 29

QTY 30
 20 DRAM



BLUE
 FRONT: G 4900
 BACK: 50MG

XXX/KMM/KMM/ /KMM

Med Guide

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713) 722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION AZITHROMYCIN 250MG TABLETS
QUANTITY 30
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY DAY

INGREDIENT NAME: AZITHROMYCIN
(az-ZITH-roe-MYE-sin)

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are also taking dofetilide, niacinib, propafenone, pimozide, or tetrabenzazine. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking antiarrhythmics (eg, digoxin/ranitide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cispripide, digoxin, domperidone, maprotiline, methadone, neflirnavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperdone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. **DO NOT TAKE THIS MEDICINE** within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. **STORE THIS MEDICINE** at room temperature, away from heat and light. **TO CLEAR UP YOUR INFECTION COMPLETELY**, continue taking this medicine at the same time each day will make it easier to remember. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics (such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. **DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION** to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. **IF YOU EXPERIENCE** difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

DOCTOR A. JAIN, MD
PATIENT ALLERGIES



DRUG DESCRIPTION
PINK
FRONT: 93
BACK: 7146

MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. **MILD DIARRHEA IS COMMON** with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY**, tell the doctor or dentist that you are using this medicine. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this medicine during pregnancy. **IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED** in breast milk. **IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience vomiting, changes in hearing, or ringing in the ears. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children and pets.

NELVA BRUNSTING
13630 Pinecroft, Houston, TX 770797517
713/464-4391

RX # 1494789-03328 DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS
QTY: 30 NO REFILLS - DR. AUTH REQUIRED
Refill NDC: 00093-7146-56
Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD
MFG: TEVA
XXX / JKMN/KMN

PLAN: PAIDMPD
GROUP# CMD33896
CLAIM REF# FRWQHHL

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713) 722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinecroft, Houston, TX 770797517
713/464-4391

RX # 1494789-03328 DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS
QTY: 30 NO REFILLS - DR. AUTH REQUIRED
Refill NDC: 00093-7146-56
Retail Price: \$195.79 Your Insurance Saved You: \$190.79

\$ 5.00

A. JAIN, MD
MFG: TEVA
XXX / JKMN/KMN

PLAN: PAIDMPD
GROUP# CMD33896
CLAIM REF# FRWQHHL

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713) 722-7247

Duplicate Receipt

**Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.**

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002104

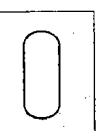
Pharmacy use only



WED 1:30PM
Refill

AZITHROMYCIN 250MG TABLETS
00093-7146-56
ALPHA

QTY 30
10 DRAM



PINK
FRONT: 93
BACK: 7146



XXX / JKMN/KMN

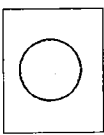
YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION METOPROLOL TARTRATE 50MG TABLETS
QUANTITY 60
DIRECTIONS TAKE 1 TABLET BY MOUTH EVERY 12 HOURS

DOCTOR A. JAIN, MD
PATIENT ALLERGIES

DRUG DESCRIPTION



PINK
FRONT: m 32

INGREDIENT NAME: METOPROLOL (me-TOE-proe-hole)

COMMON USES: This medicine is a beta-adrenergic blocking agent (beta-blocker) used to treat high blood pressure. It may be used alone or with other medicines. It is also used for the long-term treatment of chest pain (angina) and to reduce the risk of death due to heart problems in certain patients who have had a heart attack. It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: **WARNING:** Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat and sometimes heart attack may occur. The risk may be greater if you have certain types of heart disease. Your doctor should slow down if you dose over several weeks if you need to stop taking it, even if you only take it for high blood pressure. Heart disease is common and you may not know you have it. Limit physical activity while you are lowering your dose. If new or worsened chest pain or other heart problems occur, contact your doctor right away. If you need to start taking this medicine again, tell your doctor if you have a history of emergency care, or surgery. Tell your doctor if you have a history of diabetes or take medicine to lower your blood sugar (eg, glibenclamide, insulin). This medicine may hide signs of low blood sugar such as fast heartbeat. Tell your doctor right away if you notice other signs of low blood sugar, such as anxiety, chills, dizziness, drowsiness, fainting, headache, tremor, unusual sweating, vision changes, or weakness. This medicine should not usually be used by patients who have a history of certain lung or breathing problems (eg, asthma) or a certain type of adrenal gland tumor (pheochromocytoma). It may worsen these conditions. Tell your doctor if you have a history of these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of overactive thyroid. This medicine may hide symptoms of overactive thyroid (eg, fast heartbeat). Do not suddenly stop taking this medicine; your doctor should slowly lower your dose over several weeks if you need to stop taking it. Check with your doctor for more information. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** if you are taking **ANY OTHER MEDICINE** if you are taking metoprolol, **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking amiodarone, dipyridone, certain HIV protease inhibitors (eg, zidovudine, zalcitabine), certain selective serotonin reuptake inhibitors (SSRIs) (eg, fluoxetine, paroxetine), cimetidine, digoxin, diphenhydramine, disopyramide, flecainide, nonoral contraceptives (eg, birth control pills), hydralazine, hydroxychloroquine, ketanserin, methiodine, phenothiazines (eg, thioridazine), propafenone, quazacrine (eg, arbutamine), quinidine, terbutaline, propylthiouracil, verapamil, barbiturates (eg, phenobarbital), indomethacin, phenylpropanolamine, dapsutecaine, lidocaine, or clonidine. **DO NOT START OR STOP** any medicine without your doctor or pharmacist approval. Inform your doctor of any other medical conditions including lung or breathing problems (eg, asthma, bronchitis, chronic obstructive pulmonary disease [COPD]), diabetes, low blood pressure, thyroid problems, or adrenal gland tumor (pheochromocytoma), allergies, pregnancy, or breastfeeding. Tell your doctor if you have a history of heart attack, slow or irregular heartbeat, heart failure, or other heart problems; chest pain or angina; blood vessel or circulation problems; liver disease; or if you will be having surgery or receiving anesthesia. **USE OF THIS MEDICINE IS NOT RECOMMENDED** if you have a very slow heartbeat (eg, bradycardia), certain types of irregular heartbeat (eg, atrioventricular [AV] block, sick sinus syndrome), moderate to severe heart failure, very low systolic blood pressure (less than 100 mm Hg), or severe blood circulation problems. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY MOUTH WITH FOOD or immediately following a meal at the same time each day. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, moisture and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to another beta-blocker (eg, propranolol). IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC REACTION, talk with your doctor. You may be at risk for an even more severe allergic reaction if you come into contact with the substance that caused your allergy. Some medicines used to treat

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
RX # 1534699-03328 **DATE:** 04/29/11

METOPROLOL TARTRATE 50MG TABLETS
QTY: 60 1 REFILL BEFORE 04/05/12
Refill **NDC:** 00378-0032-10
Retail Price: \$16.66 Your Insurance Saved You: \$12.28

\$ 4.38

A. JAIN, MD **PLAN: PAID/PP**
MFG:MYLAN **GROUP#: CMD3396**
XXX/PB/PB/ /PB **CLAIM REF#: SLCMD/CX**

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

Pharmacy use only

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
RX # 1534699-03328 **DATE:** 04/29/11

METOPROLOL TARTRATE 50MG TABLETS
QTY: 60 1 REFILL BEFORE 04/05/12
Refill **NDC:** 00378-0032-10
Retail Price: \$16.66 Your Insurance Saved You: \$12.28

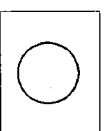
\$ 4.38

A. JAIN, MD **PLAN: PAID/PP**
MFG:MYLAN **GROUP#: CMD3396**
XXX/PB/PB/ /PB **CLAIM REF#: SLCMD/CX**

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

QTY 60 **PINK**
20 DRAM **FRONT: m 32**



**Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.**

severe allergies may also not work as well while you are using this medicine. **LAB TESTS:** Including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. **THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTHEADEDNESS.** These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. **PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE** often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. **DO NOT SUDDENLY STOP TAKING THIS MEDICINE** without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. **IF YOUR DOCTOR HAS INSTRUCTED YOU TO CHECK YOUR BLOOD PRESSURE** and heart rate regularly, be sure to do so. **TELL YOUR DOCTOR OR DENTIST** that you take this medicine before you receive any medical or dental care, emergency care, or surgery. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINES,** either prescription or over-the-counter, check with your doctor or pharmacist. Do not take any medicines used to treat colds or congestion without first talking with your doctor or pharmacist. **FOR WOMEN:** If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby. **DIABETES PATIENTS:** this medicine may hide signs of low blood sugar, such as rapid heartbeat. Be sure to watch for other signs or low blood sugar, such as low blood sugar may make you anxious, sweaty, weak, dizzy, shaky, or faint. It may also make your vision change; check blood sugar levels closely. Ask your doctor before you change the dose of your diabetes medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include constipation, diarrhea, dizziness, dry mouth/eyes, gas, headache, heartburn, lightheadedness, mild nervousness, muscle aches, nausea, stomach pain, trouble sleeping, unusual tiredness or weakness, or vomiting. If they continue or are bothersome, check with your doctor. **CONTACT YOUR DOCTOR IMMEDIATELY** if you experience blue or unusually cold hands or feet, chest pain, fainting, halos/halucinations, mood or mental changes (eg, confusion, depression), puffiness, or unusually cold hands or feet; lightheadedness, shortness of breath, slow or irregular heartbeat; swelling of the arms, hands, and/or feet; slow or irregular heartbeat; yellowing of the skin or eyes; seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips, or tongue. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about your side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include chest pain, seizures, very slow heart beat, severe dizziness, fainting, and difficult or slowed breathing.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE WITH OTHERS for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME.** If using this medicine for an extended period of time, obtain refill instructions before your supply runs out. **CHECK WITH YOUR PHARMACIST** about how to dispose of unused medicine.

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002106

YOUR PERSONAL PRESCRIPTION INFORMATION

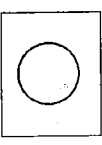
Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION ETHAMBUTOL 400MG TABLETS
QUANTITY 90
DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

DOCTOR A. JAIN, MD

DRUG DESCRIPTION

PATIENT ALLERGIES



WHITE
FRONT: L U
BACK: C32

INGREDIENT NAME: ETHAMBUTOL
(e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

NELVA BRUNSTING
13630 Finrock, Houston, TX 770797517
(713)464-4391
RX # 1534700-03328

DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 1 REFILL BEFORE 04/05/12
Refill NDC: 68180-0281-01
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP /PBP

PLANE: PATIENT
GROUP#: CMD3896
CLAIM REF#: 7C1HH79

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer
Receipt

NELVA BRUNSTING
13630 Finrock, Houston, TX 770797517
(713)464-4391
RX # 1534700-03328

DATE: 04/29/11

ETHAMBUTOL 400MG TABLETS

QTY: 90 1 REFILL BEFORE 04/05/12
Refill NDC: 68180-0281-01
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

\$ 5.00

A. JAIN, MD
MFG: LUPIN
XXX/PBP/PBP /PBP

PLANE: PATIENT
GROUP#: CMD3896
CLAIM REF#: 7C1HH79

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate
Receipt

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002107

Pharmacy use only

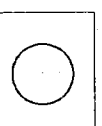
SUN 11:00AM
Refill

ETHAMBUTOL 400MG TABLETS

68180-0281-01

ALPHA

QTY 90




WHITE
FRONT: L U
BACK: C32

XXX/PBP/PBP /PBP



YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
12850 Memorial Drive
Houston, TX 77024
(713)722-7247

PATIENT	NELVA BRUNSTING	DOCTOR	A. JAIN, MD	DRUG DESCRIPTION
BIRTH DATE	10/08/26	PATIENT ALLERGIES		 WHITE FRONT: L U BACK: C32
MEDICATION	ETHAMBUTOL 400MG TABLETS			
QUANTITY	90			
DIRECTIONS	TAKE 3 TABLETS BY MOUTH EVERY DAY			

INGREDIENT NAME: ETHAMBUTOL
(e-THAM-byoo-tole)

COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. **THIS MEDICINE MAY BE TAKEN WITH FOOD** if it upsets your stomach. **STORE THIS MEDICINE** at room temperature in a tightly-closed container, away from heat and light. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. **THIS MEDICINE MAY CAUSE** dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. **HAVE REGULAR EYE EXAMINATIONS** while you are taking this medicine even if you do not notice changes in your vision. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, or if they become worse, check with your doctor. **DO NOT SHARE THIS MEDICINE** with others for whom it was not prescribed. **DO NOT USE THIS MEDICINE** for other health conditions. **KEEP THIS MEDICINE** out of the reach of children. **IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME**, obtain refills before your supply runs out.

NELVA BRUNSTING
13630 Pinecock, Houston, TX 770797517
/713)464-4391
RX # 1494792-03328 DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 2 REFILLS BEFORE 11/29/11
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

A-JAIN, MD PLAN: **PATMPD**
MFG: LUPIN GROUP # CWD3896
XXXX/JIC/ /RJW CLAIM REF# SQA93NO

\$ 5.00

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Customer Receipt

NELVA BRUNSTING
13630 Pinecock, Houston, TX 770797517
/713)464-4391
RX # 1494792-03328 DATE: 01/01/11

ETHAMBUTOL 400MG TABLETS
QTY: 90 2 REFILLS BEFORE 11/29/11
Retail Price: \$153.59 Your Insurance Saved You: \$148.59

A-JAIN, MD PLAN: **PATMPD**
MFG: LUPIN GROUP # CWD3896
XXXX/JIC/ /RJW CLAIM REF# SQA93NO

\$ 5.00

Walgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024
PH: (713)722-7247

Duplicate Receipt

Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

WIC# 957918

Do not flush unused medications or pour down a sink or drain.

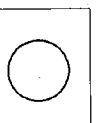
AABrunsting.Financials002108

Pharmacy use only

SUN 12:00PM
Refill

ETHAMBUTOL 400MG TABLETS
68180-0281-01
ALPHA

QTY 90



WHITE
FRONT: L U
BACK: C32



Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:

Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210

NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
08/17/2011	Phan, M.D., Cuong Q.	Ct Guidance Radiation Therapy Flds Place	650.00			
09/07/2011		Medicare 880469611		-152.99		
09/07/2011		Charges exceed contracted fee schedule 8		-458.76		
10/04/2011		United Healthcare QG90743145		-30.60		7.65
08/17/2011	Phan, M.D., Cuong Q.	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/07/2011		Medicare 880469611		-412.58		
09/07/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/04/2011		United Healthcare QG90743145		-82.52		20.63
08/17/2011	Phan, M.D., Cuong Q.	Continuing Medical Physics Constlj Pr Wk	500.00			
09/07/2011		Medicare 880469611		-41.56		
09/07/2011		Charges exceed contracted fee schedule 8		-448.05		
10/04/2011		United Healthcare QG90743145		-8.31		2.08
08/22/2011		FILED: Medicare				
09/12/2011		FILED: United Healthcare				
09/16/2011		FILED: United Healthcare				
08/11/2011	Yu, M.D., Tse-Kuan	Basic Radj Dosim Cal	3,150.00			
09/02/2011		Medicare 880456253		-504.29		
09/02/2011		Charges exceed contracted fee schedule 8		-2,519.64		
09/27/2011		United Healthcare QG90727660		-100.86		25.21
08/11/2011	Yu, M.D., Tse-Kuan	992Multi-leaf collimator device for imrt	2,000.00			
09/02/2011		Medicare 880456253		-383.81		
09/02/2011		Charges exceed contracted fee schedule 8		-1,520.24		
09/27/2011		United Healthcare QG90727660		-76.76		19.19
08/18/2011		FILED: Medicare				
09/07/2011		FILED: United Healthcare				
08/10/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Radthx Pln Dose-vol Histos	6,300.00			
09/02/2011		Medicare 880456253		-1,663.91		
09/02/2011		Charges exceed contracted fee schedule 8		-4,220.11		
09/27/2011		United Healthcare QG90727660		-332.78		
11/10/2011		Check Payment CK 0372			-27.48	55.72
08/18/2011		FILED: Medicare				

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
08/12/2011	Yu, M.D., Tse-Kuan	Ther Rad Simulaj-aided Fld Setting Smpl	650.00			
08/31/2011		Medicare 880439421		-150.45		
08/31/2011		Charges exceed contracted fee schedule 8		-461.94		
09/27/2011		United Healthcare QG90727660		-30.09		7.52
08/17/2011		FILED: Medicare				
09/02/2011		FILED: United Healthcare				
08/15/2011	Phan, M.D., Cuong Q.	Ct Guidance Radiation Therapy Flds Place	650.00			
09/02/2011		Medicare 880456254		-152.99		
09/02/2011		Charges exceed contracted fee schedule 8		-458.76		
09/20/2011		United Healthcare QG90707505		-30.60		7.65
08/15/2011	Phan, M.D., Cuong Q.	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/02/2011		Medicare 880456254		-412.58		
09/02/2011		Charges exceed contracted fec schedule 8		-1,984.27		
09/20/2011		United Healthcare QG90707505		-82.52		20.63
08/15/2011	Phan, M.D., Cuong Q.	Radj Tx Mgmt 5 Txs	1,000.00			
09/02/2011		Medicare 880456254		-146.03		
09/02/2011		Charges exceed contracted fee schedule 8		-817.46		
09/20/2011		United Healthcare QG90707505		-29.21		7.30
08/18/2011		FILED: Medicare				
09/07/2011		FILED: United Healthcare				
08/16/2011	Phan, M.D., Cuong Q.	Ct Guidance Radiation Therapy Flds Place	650.00			
09/07/2011		Medicare 880469611		-152.99		
09/07/2011		Charges exceed contracted fee schedule 8		-458.76		
10/04/2011		United Healthcare QG90743145		-30.60		7.65
08/16/2011	Phan, M.D., Cuong Q.	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/07/2011		Medicare 880469611		-412.58		
09/07/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/04/2011		United Healthcare QG90743145		-82.52		20.63
08/22/2011		FILED: Medicare				
09/12/2011		FILED: United Healthcare				
09/16/2011		FILED: United Healthcare				

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001

Account Number: 65140

2.00.1

A0000 -OEAG20120105-00000005-00000009-0

Page 1 of 10

Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:

Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210

NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
09/07/2011		FILED: United Healthcare				
08/18/2011	Phan, M.D., Cuong Q.	Ct Guidance Radiation Therapy Flds Place	650.00			
09/07/2011		Medicare 880469611		-152.99		
09/07/2011		Charges exceed contracted fee schedule 8		-458.76		
10/04/2011		United Healthcare QG90743145		-30.60		7.65
08/18/2011	Phan, M.D., Cuong Q.	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/07/2011		Medicare 880469611		-412.58		
09/07/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/04/2011		United Healthcare QG90743145		-82.52		20.63
08/23/2011		FILED: Medicare				
09/12/2011		FILED: United Healthcare				
09/16/2011		FILED: United Healthcare				
08/19/2011	Phan, M.D., Cuong Q.	Ct Guidance Radiation Therapy Flds Place	650.00			
09/07/2011		Medicare 880479846		-152.99		
09/07/2011		Charges exceed contracted fee schedule 8		-458.76		
10/04/2011		United Healthcare QG90743145		-30.60		7.65
08/19/2011	Phan, M.D., Cuong Q.	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/07/2011		Medicare 880479846		-412.58		
09/07/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/04/2011		United Healthcare QG90743145		-82.52		20.63
08/24/2011		FILED: Medicare				
09/12/2011		FILED: United Healthcare				
09/16/2011		FILED: United Healthcare				
08/22/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/08/2011		Medicare 880489430		-152.99		
09/08/2011		Charges exceed contracted fee schedule 8		-458.76		
10/04/2011		United Healthcare QG90743145		-30.60		7.65
08/22/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/08/2011		Medicare 880489430		-412.58		
09/08/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/04/2011		United Healthcare QG90743145		-82.52		20.63

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued

Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:

Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210

NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
08/25/2011		FILED: Medicare				
09/13/2011		FILED: United Healthcare				
09/16/2011		FILED: United Healthcare				
08/23/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/13/2011		Medicare 880525887		-152.99		
09/13/2011		Charges exceed contracted fee schedule 8		-458.76		
10/12/2011		United Healthcare 1054178110		-30.60		7.65
08/23/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/13/2011		Medicare 880525887		-412.58		
09/13/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/12/2011		United Healthcare 1054178110		-82.52		20.63
08/29/2011		FILED: Medicare				
09/16/2011		FILED: United Healthcare				
08/24/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/14/2011		Medicare 880538396		-412.58		
09/14/2011		Charges exceed contracted fee schedule		-1,984.27		
10/12/2011		United Healthcare 1054178110		-82.52		20.63
08/24/2011	Yu, M.D., Tse-Kuan	Radj Tx Mgmt 5 Txs	1,000.00			
09/14/2011		Medicare 880538396		-146.03		
09/14/2011		Charges exceed contracted fee schedule		-817.46		
10/12/2011		United Healthcare 1054178110		-29.21		7.30
08/24/2011	Yu, M.D., Tse-Kuan	Continuing Medical Physics Constj Pr Wk	500.00			
09/14/2011		Medicare 880538396		-41.56		
09/14/2011		Charges exceed contracted fee schedule		-448.05		
10/12/2011		United Healthcare 1054178110		-8.31		2.08
09/19/2011		MEMO: \$150.05 applied to coinsurance.				
08/30/2011		FILED: Medicare				
09/19/2011		FILED: United Healthcare				
08/25/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/14/2011		Medicare 880538396		-152.99		
09/14/2011		Charges exceed contracted fee schedule		-458.76		

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued

Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:

Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210

NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
09/16/2011		Medicare 880560135		-152.99		
09/16/2011		Charges exceed contracted fee schedule		-458.76		
10/12/2011		United Healthcare 1054178110		-30.60		7.65
08/30/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/16/2011		Medicare 880560135		-412.58		
09/16/2011		Charges exceed contracted fee schedule		-1,984.27		
10/12/2011		United Healthcare 1054178110		-82.52		20.63
08/30/2011	Yu, M.D., Tse-Kuan	Radj Tx Mgmt 5 TxS	1,000.00			
09/16/2011		Medicare 880560135		-146.03		
09/16/2011		Charges exceed contracted fee schedule		-817.46		
10/12/2011		United Healthcare 1054178110		-29.21		7.30
09/20/2011		MEMO: \$177.91 applied to coinsurance.				
09/02/2011		FILED: Medicare				
09/21/2011		FILED: United Healthcare				
08/31/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/16/2011		Medicare 880560135		-152.99		
09/16/2011		Charges exceed contracted fee schedule		-458.76		
10/12/2011		United Healthcare 1054178110		-30.60		7.65
08/31/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/16/2011		Medicare 880560135		-412.58		
09/16/2011		Charges exceed contracted fee schedule		-1,984.27		
10/12/2011		United Healthcare 1054178110		-82.52		20.63
08/31/2011	Yu, M.D., Tse-Kuan	Continuing Medical Physics Consltj Pr Wk	500.00			
09/16/2011		Medicare 880560135		-41.56		
09/16/2011		Charges exceed contracted fee schedule		-448.05		
10/12/2011		United Healthcare 1054178110		-8.31		2.08
09/20/2011		MEMO: \$151.79 applied to coinsurance.				
09/02/2011		FILED: Medicare				
09/21/2011		FILED: United Healthcare				
09/01/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/20/2011		Medicare 880588282		-152.99		

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued

Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:

Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210

NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
09/20/2011		Charges exceed contracted fee schedule		-458.76		
10/18/2011		United Healthcare QG90779586		-30.60		7.65
09/01/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/20/2011		Medicare 880588282		-412.58		
09/20/2011		Charges exceed contracted fee schedule		-1,984.27		
10/18/2011		United Healthcare QG90779586		-82.52		20.63
09/23/2011		MEMO: \$141.40 applied to coinsurance.				
09/06/2011		FILED: Medicare				
09/23/2011		FILED: United Healthcare				
09/02/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/21/2011		Medicare 880602778		-152.99		
09/21/2011		Charges exceed contracted fee schedule 8		-458.76		
10/18/2011		United Healthcare QG90779586		-30.60		7.65
09/02/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/21/2011		Medicare 880602778		-412.58		
09/21/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/18/2011		United Healthcare QG90779586		-82.52		20.63
09/07/2011		FILED: Medicare				
09/26/2011		FILED: United Healthcare				
09/06/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/22/2011		Medicare 880614787		-152.99		
09/22/2011		Charges exceed contracted fee schedule		-458.76		
10/18/2011		United Healthcare QG90779586		-30.60		7.65
09/06/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/22/2011		Medicare 880614787		-412.58		
09/22/2011		Charges exceed contracted fee schedule		-1,984.27		
10/18/2011		United Healthcare QG90779586		-82.52		20.63
09/27/2011		MEMO: \$141.40 applied to coinsurance.				
09/08/2011		FILED: Medicare				
09/27/2011		FILED: United Healthcare				
09/07/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued


Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:


 Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210


 NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
09/26/2011		Medicare 880641268		-152.99		
09/26/2011		Charges exceed contracted fee schedule 8		-458.76		
10/18/2011		United Healthcare QG90779586		-30.60		7.65
09/07/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/26/2011		Medicare 880641268		-412.58		
09/26/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/18/2011		United Healthcare QG90779586		-82.52		20.63
09/07/2011	Yu, M.D., Tse-Kuan	Radj Tx Mgmt 5 Txs	1,000.00			
09/26/2011		Medicare 880641268		-146.03		
09/26/2011		Charges exceed contracted fee schedule 8		-817.46		
10/18/2011		United Healthcare QG90779586		-29.21		7.30
09/07/2011	Yu, M.D., Tse-Kuan	Continuing Medical Physics Constlj Pr Wk	500.00			
09/26/2011		Medicare 880641268		-41.56		
09/26/2011		Charges exceed contracted fee schedule 8		-448.05		
10/18/2011		United Healthcare QG90779586		-8.31		2.08
09/12/2011		FILED: Medicare				
09/28/2011		FILED: United Healthcare				
09/08/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/28/2011		Medicare 880665029		-152.99		
09/28/2011		Charges exceed contracted fee schedule 8		-458.76		
10/18/2011		United Healthcare QG90779586		-30.60		7.65
09/08/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/28/2011		Medicare 880665029		-412.58		
09/28/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/18/2011		United Healthcare QG90779586		-82.52		20.63
09/14/2011		FILED: Medicare				
09/30/2011		FILED: United Healthcare				
10/10/2011		FILED: United Healthcare				
09/09/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/28/2011		Medicare 880665029		-152.99		
09/28/2011		Charges exceed contracted fee schedule 8		-458.76		

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued

Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:

Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210

NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
10/25/2011		United Healthcare QG90797905		-30.60		7.65
09/09/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/28/2011		Medicare 880665029		-412.58		
09/28/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/25/2011		United Healthcare QG90797905		-82.52		20.63
09/14/2011		FILED: Medicare				
09/30/2011		FILED: United Healthcare				
10/10/2011		FILED: United Healthcare				
09/13/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
09/30/2011		Medicare 880692272		-152.99		
09/30/2011		Charges exceed contracted fee schedule 8		-458.76		
10/25/2011		United Healthcare QG90797905		-30.60		7.65
09/13/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
09/30/2011		Medicare 880692272		-412.58		
09/30/2011		Charges exceed contracted fee schedule 8		-1,984.27		
10/25/2011		United Healthcare QG90797905		-82.52		20.63
09/16/2011		FILED: Medicare				
10/04/2011		FILED: United Healthcare				
09/14/2011	Yu, M.D., Tse-Kuan	Ct Guidance Radiation Therapy Flds Place	650.00			
10/03/2011		Medicare 880703167		-152.99		
10/03/2011		Charges exceed contracted fee schedule		-458.76		
10/25/2011		United Healthcare QG90797905		-30.60		7.65
09/14/2011	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flds/arcs Pr Tx S	2,500.00			
10/03/2011		Medicare 880703167		-412.58		
10/03/2011		Charges exceed contracted fee schedule		-1,984.27		
10/25/2011		United Healthcare QG90797905		-82.52		20.63
09/14/2011	Yu, M.D., Tse-Kuan	Radj Tx Mgmt 5 Txs	1,000.00			
10/03/2011		Medicare 880703167		-146.03		
10/03/2011		Charges exceed contracted fee schedule		-817.46		
10/25/2011		United Healthcare QG90797905		-29.21		7.30
09/14/2011	Yu, M.D., Tse-Kuan	Continuing Medical Physics Consltj Pr Wk	500.00			

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	Continued


Statement

Northwoods Urology Associates
 135 Vision Park
 The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below			
Check Card Using For Payment			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Card Number	Exp. Date	SEC	
Signature			Amount
Account 65140	Statement Date Jan 5, 2012	Due Date Jan 27, 2012	Total Due 740.77

Amount Enclosed \$ _____

Make Checks Payable To:


 Northwoods Urology Associates
 P O Box 4959
 Houston, TX 77210


 NELVA E. BRUNSTING
 203 BLOOMINGDALE CIRCLE
 Victoria, TX 77904-3049

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Service Date	Service Provider	Description	Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account: 65140 - NELVA E. BRUNSTING						
10/03/2011		Medicare 880703167		-41.56		
10/03/2011		Charges exceed contracted fee schedule		-448.05		
10/25/2011		United Healthcare QG90797905		-8.31		2.08
10/05/2011		MEMO: \$188.30 applied to coinsurance.				
09/19/2011		FILED: Medicare				
10/05/2011		FILED: United Healthcare				
Patient Balance:						740.77

Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 150 Days	Due Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.00	Jan 27, 2012	740.77

**KS Management Services L.L.C.
DBA Kelsey-Seybold Clinic**

Vendor No. 999422540 - NELVA BRUNSTING

Check No. 823428

Invoice No.	Date	Comments	Gross	Discount	Net
PR00535504	03/11/12	This is your refund from Kelsey - Seybold Clinic. If you need any additional information please call our Customer Service Department at 713-442-5500	\$ 13.92		\$ 13.92
TOTALS			\$ 13.92		\$ 13.92

*Dep 3/23/12
Surr Trust*



2012

**NELVA BRUNSTING
503 BLOOMINGDALE CIR
VICTORIA, TX 77904-3048**

DATE	CODE	DESCRIPTION OF SERVICES	DIAGNOSIS	AMOUNT
09/07/11	7102026	1 CHEST X-RAY PA & LAT	155.1	\$41.00
12/19/11	20	880691763 MEDICARE PAY		\$8.78-
12/19/11	820	880691763 Medicare Adj		\$30.02-

*When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
For inquiries please call our office at the number above.*

ch #120

BALANCE DUE: \$2.20

Account Number: 71-0343169228501

Statement Date: 03/28/2012

DBA Radiology West
Houston Progressive Radiology Associates
5301 Hollister Dr., Ste 350
Houston TX 77040-6152
Phone: 713-461-3573 IRS# 74-1646861

RADWEST1-0307218-0000000-2410974-001-000048-#006892-0001