

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

PA 11/13/11

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

01836 7800893 001837 001837 00001/00001 920966912

DATE	INVOICE	QUANTITY	U/M	DESCRIPTION	PRICE	CASH	BUDGET BILLING	DEFERRED	PREPAID	CHARGE									
12/06	15095B	150.00	GAL	LP-FARM USE-T/W Tank: BARN 121874 100) ORDER#: 0001589 50.00% of Total Ticket Split with: 00010900 BEYER, RICHARD 00026200 BRUNSTING, E.H.	1.5900					238.50									
<p>*** Ticket total: - 238.50</p> <table border="1"> <thead> <tr> <th>Category Summary</th> <th>Quantity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>PROPANE:</td> <td>150.0000</td> <td>238.50</td> </tr> <tr> <td>Total:</td> <td>150.0000</td> <td>238.50</td> </tr> </tbody> </table> <p>This summary may not be all-inclusive. Amount due is listed below.</p>											Category Summary	Quantity	Amount	PROPANE:	150.0000	238.50	Total:	150.0000	238.50
Category Summary	Quantity	Amount																	
PROPANE:	150.0000	238.50																	
Total:	150.0000	238.50																	

pd 1/13/11

AGING	CURRENT	30-60	60-90	OVER 90
BUDGET	.00	.00	.00	.00
DEFERRED	.00	.00	.00	.00
PREPAID	.00	.00	.00	.00
CHARGE	238.50	.00	.00	.00

	BUDGET BILLING	DEFERRED	PREPAID	CHARGE
ACCOUNT BALANCE	.00	.00	.00	238.50
AMOUNT DUE	.00	.00	.00	238.50

PLEASE PAY THIS AMOUNT BY 01/10/11 238.50

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT
REMEMBER TO CHECK THE CONDITION OF YOUR STORED GRAIN.

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS

Hull Cooperative Association * PO Box 811 * Hull, IA 51239

001287-2-2010

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.**

Credit card charges will appear as "Team Health"

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

SALE RECEIPT
Store #37552 tko 03/31/11 12:46:55
Trans# 92 Clerk 22 Dwr 1 TRDT 033111
Receipt # 0000215471 Reg-ID REG-MAIN
Sales Tx 0.64 Tax B 0.00
Tax C 0.00 Tax D 0.00
Tax E 0.00 Tax F 0.00
 **TOTAL 8.43
AMT TEND 8.43CHANGE DUE 0.00
CHANGE DUE\$ 0.00

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

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

Host Order ID: 0717.tseE

Patient 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

1 14
[Handwritten initials]

IF PAYING BY CREDIT CARD, FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER
CARD NUMBER		EXP. DATE	
SIGNATURE		PRINT NAME	
STATEMENT DATE 03/31/2011	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
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$0.00
02/11/2011		Insurance Adjustment from Medicare	\$0.00	\$-35.50	\$0.00
02/11/2011		Insurance payment Payment from Medicare	\$0.00	\$-59.60	\$0.00
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	\$0.00	\$0.00	\$0.00
03/08/2011		Transfer from Insurance	\$0.00	\$-14.90	\$14.90
This charge was applied to your yearly deductible. Please forward your payment.					
			BALANCE:	\$0.00	\$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	\$0.00
02/18/2011		Insurance Adjustment from Medicare	\$0.00	\$-6.07	\$0.00
02/18/2011		Insurance payment Payment from Medicare	\$0.00	\$-7.14	\$0.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$0.00	\$-1.43	\$0.00
03/09/2011		Transfer from Insurance	\$0.00	\$-36	\$36
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$0.00	\$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	\$0.00	\$28.60	\$0.00	\$28.60

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	\$0.00
12/30/2010		Insurance Adjustment from Medicare	\$0.00	\$-23.46	\$0.00
12/30/2010		Insurance payment Payment from Medicare	\$0.00	\$-57.23	\$0.00
01/19/2011		Insurance payment Payment from United Healthcare PPO Options	\$0.00	\$-11.45	\$0.00
01/19/2011		Transfer from Insurance	\$0.00	\$-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	\$0.00	\$0.00	\$-2.47
			BALANCE:	\$0.00	\$3.39
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	\$0.00
01/10/2011		Insurance Adjustment from Medicare	\$0.00	\$-43.59	\$0.00
01/10/2011		Insurance payment Payment from Medicare	\$0.00	\$-81.16	\$0.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$0.00	\$-16.23	\$0.00
01/31/2011		Transfer from Insurance	\$0.00	\$-4.06	\$4.06
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$0.00	\$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	\$0.00
02/11/2011		Insurance Adjustment from Medicare	\$0.00	\$-93.05	\$0.00
02/11/2011		Insurance payment Payment from Medicare	\$0.00	\$-121.56	\$0.00
03/09/2011		Insurance payment Payment from United Healthcare PPO Options	\$0.00	\$-21.50	\$0.00
03/09/2011		Transfer from Insurance	\$0.00	\$-8.89	\$8.89
This balance was due to your co-insurance not met for this visit.					
			BALANCE:	\$0.00	\$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

Service	Activity	Quantity	Rate	PMT METHOD	Heard about us?
				Visa	friend
				Amount	
Culture	April 2011 • UA	1	59.00		59.00
<p>ANY LAB TEST NOW 9742 KATY FREEWAY STE D 200 HOUSTON, TX 77055 7134612121 41399800988021</p> <p>Merchant ID: 399800988021 Ref #: 001</p> <p>Sale</p> <p>XXXXXXXXXXXX6626 VISA Entry Method: Swiped</p> <p>Total: \$ 59.00</p> <p>04/19/11 16:17:57 Inv #: 000013 Appr Code: 619178 Apprvd: Online Batch#: 000342</p> <p>Customer Copy THANK YOU</p>					

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

STATEMENT OF SERVICES RENDERED

Schleicher-Read Dental, PLLC
 9099 Katy Freeway Ste.180
 Houston, TX 77024

(713)932-0441

CHART NO.	PAGE NO.
BR0017	1

BILLING DATE
06/29/2011

GUARANTOR NAME AND MAILING ADDRESS

Elmer H Brunsting
 13630 Pinerock
 Houston, TX 77029

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Nelva			Periodic oral evaluation	20.00	
Nelva			Intraoral-periapical-1st film	12.00	
Nelva			Intraoral-periapical-each add'l	6.00	
Nelva			Bitewing, four films	30.00	
Nelva			Periodontal maintenance	75.00	
Nelva			Check Payment - Thank You <i>Check # 260</i>		-143.00

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	DENTAL INS. EST.	PLEASE PAY
0.00	143.00	143.00	0.00	0.00	0.00

PATIENT	DATE	TIME	REASON

YOUR INSURANCE DID NOT PAY FULL AMOUNT OF CLAIM

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 PRICE	TOTAL
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 10:18:43
 Merchant ID: 000000001116190
 Terminal ID: 02010851
 155502350990

CREDIT CARD
 VISA SALE

CARD # XXXXXXXXXXXXX6258
 INVOICE 0001
 Batch #: 000586
 Approval Code: 031811
 Entry Method: Swiped
 Approved: Online

SALE AMOUNT \$51.91

.T.

Master/Visa \$ 51.91

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

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

NELVA E BRUNSTING
 13630 PINEROCK LN
 HOUSTON TX 77079

PD
 8-02 - G office
 check # 285

Statement

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

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	Paid
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

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

Date	Description of Service	Name	Ins. Pay/oc	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

CARDIOLOGY ASSOCIATES OF HOUSTON, P.A.

Elmer H. Brunsting

503 - PATIENT AND INS. REFUNDS

O/P Refund

7/21/2011

22897

76.27

Deposited
8.18.11

Bank Of Texas

76.27

00000246-A

Patient Name	Patient ID	Service Date	Procedure	Service Provider	Amount	Amount Due
Brunsting, Nelva E	27901163	06/11/11	99223 1st Hosp Care Pr D	Khan, Azmat	\$388.00	\$7.47
Your insurance company has applied this balance to your co-insurance. Therefore the balance due is your responsibility.						
		07/13/11	Insurance Payment		-\$149.30	
		07/13/11	Adjustment - Contractual		-\$201.37	
		07/25/11	Insurance Payment		-\$29.86	
		07/25/11	Pmt adj - charges pd by		\$0.00	
Brunsting, Nelva E	27901163	06/12/11	99232 Sbsq Hosp Care Pr	Khan, Azmat	\$141.00	\$2.66
Your insurance company has applied this balance to your co-insurance. Therefore the balance due is your responsibility.						
		07/13/11	Insurance Payment		-\$53.26	
		07/13/11	Adjustment - Contractual		-\$74.42	
		07/25/11	Insurance Payment		-\$10.66	
		07/25/11	Pmt adj - charges pd by		\$0.00	
PAID Check #297						
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	PLEASE PAY THIS AMOUNT	
\$10.13	\$0.00	\$0.00	\$0.00	\$0.00	\$10.13	
STATEMENT DATE 7/27/2011					MAKE CHECKS PAYABLE TO: AZMAT KHAN MD PA	
ACCOUNT NUMBER 11908-27901163					PATIENT IS RESPONSIBLE FOR "PATIENT BALANCE" SHOWN.	



Detach Here

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
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
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
04/18/11		EDI AUTOMATIC SELF PAY PAYMENT			\$7.23

PAID
CHECK # 299

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

ACCOUNT NUMBER: 326225741062667 STATEMENT DATE: 07/31/11 TOTAL NOW DUE: \$723

YOUR INSURANCE HAS BEEN FILED. ANY BALANCE DUE IS YOUR RESPONSIBILITY. PLEASE REMIT BALANCE DUE 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

MAILING INSTRUCTIONS

To Send Insurance or Change of Address Information:

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

To Send Credit Card Payments:

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

BILLING RIGHTS SUMMARY

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

When you contact us, please provide the following information.

- Your name and account number
- Describe the error or problem

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

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

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

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

Change of Address:

Address: _____

City: _____ State: _____ Zip: _____

ONLY RETURN THIS COUPON WHEN PAYING BY CHECK

Mail Your Payment To:



9099 Katy Freeway, Suite 100
Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

NELVA BRUNSTING
13630 PINE ROCK
HOUSTON, TX 77029

Renewal Invoice

Dentex Dental Plan

For Coverage

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

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

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

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

OK 323



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

Account #	Credit Card Number	Expires	Signature	Amount Paid
7008830		/		

Brunsting004410

MAKE CHECKS PAYABLE TO:
 MEMORIAL HERMANN MEDICAL GROUP
 PO BOX 848662
 BOSTON, MA 02284-8662

FOR ACCOUNT QUESTIONS CALL:
 713-448-5566
 DUE DATE: 08/21/2011
 PAGE: 1 of 2

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:	NELVA BRUNSTING		
06/08/2011	INIT HOSP-DAY E& PROVIDER: HAROLD A CONDARA JR MD	\$ 351.00	
07/22/2011	CREDIT INSURANCE ADJUSTMENT	\$ -154.55	
07/22/2011	CREDIT INSURANCE PAYMENT	\$ -157.16	
08/02/2011	CREDIT INSURANCE PAYMENT	\$ -31.43	
	ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS:		
	PATIENT BALANCE DUE - COINSURANCE		\$ 7.86
06/09/2011	SUBSQT HSP-DAY E PROVIDER: HAROLD A CONDARA JR MD	\$ 129.00	
07/22/2011	CREDIT INSURANCE ADJUSTMENT	\$ -58.92	
07/22/2011	CREDIT INSURANCE PAYMENT	\$ -56.06	
08/02/2011	CREDIT INSURANCE PAYMENT	\$ -11.22	
	ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS:		
	PATIENT BALANCE DUE - COINSURANCE		\$ 2.80
06/10/2011	SUBSQT HSP-DAY E PROVIDER: HAROLD A CONDARA JR MD	\$ 129.00	
07/22/2011	CREDIT INSURANCE ADJUSTMENT	\$ -58.92	
07/22/2011	CREDIT INSURANCE PAYMENT	\$ -56.06	
08/02/2011	CREDIT INSURANCE PAYMENT	\$ -11.21	

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
13.47	0.00	0.00	0.00	0.00	13.47	0.00	13.47

CLOSING

DATE: 08/03/2011

ACCOUNT

NUMBER: 163085A1087

7890



MAKE CHECKS PAYABLE TO:
MEMORIAL HERMANN MEDICAL GROUP
PO BOX 848662
BOSTON, MA 02284-8662

FOR ACCOUNT QUESTIONS CALL:
713-448-5566

DUE DATE: 08/21/2011

PAGE: 2 of 2

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT:	NELVA BRUNSTING		

PAID Check # 298

ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS:
PATIENT BALANCE DUE - COINSURANCE \$ 2.81

FOR YOUR CONVENIENCE, YOU MAY ALSO USE OUR TOLL FREE NUMBER TO INQUIRE ABOUT
YOUR ACCOUNT AT (866) 715-0064.

THANK YOU FOR YOUR PROMPT PAYMENT.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
13.47	0.00	0.00	0.00	0.00	13.47	0.00	13.47

CLOSING
DATE: 08/03/2011

ACCOUNT
NUMBER: 163085A1087

7890

612893

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AABrunsting.Financials003791

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 CAC 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

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
09/06/2011	Nelva E Brunsting	17324	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

*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
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MAKE CHECK PAYABLE TO: Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

DATE OF BILL: 09/06/2011
STATEMENT PERIOD: 06/13/2011 - 06/23/2011
STATEMENT TOTAL: \$28.04