| CMS/ EVIES & MEDICAR & MEDICAR & MEDICAR & | 000108781 541196364 Page 1 of 11 B Summary Notice December 22, 2010 |
|--|---|
| NELVA E BRUNSTING 13630 Pinerock Houston TX 77079-5914 | CUSTOMER SERVICE INFORMATION Your Medicare Number: XXX-XX-8905D If you have questions, call 1-800-MEDICARE (1-800-633-4227) (#04402) TX Ask for Doctor Services TTY for hearing impaired: 1-877-486-2048 |
| BE INFORMED: Be sure you understa anything you are asked to sign. | and |

This is a summary of claims processed from 09/27/2010 through 12/22/2010.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|------------------------|--|--|-------------------------------|--------------------------------|-------------------------|-------------------------|
| Claim num | ber 29-10278-707-620 | | | | | |
| Acs Primar | y Care Physicians, P O Box 636018, ati, OH 45263-6018 | | ٠ | | | |
| | avid W. M.D. | | | | | |
| 9/17/10 | 1.0 Emergency dept visit (99285) | \$748.00 | \$179.66 | \$143.73 | \$35.93 | |
| 9/17/10 | 1.0 Electrocardiogram report (93010) | 68.00 | 0.00 | 0.00 | 0.00 | a,b,c d |
| 9/17/10 | 1.0 Vital signs recorded (2010F) | 0.00 | 0.00 | 0.00 | 0.00 | e |
| 9/17/10 | 1.0 O2 saturation doc rev (3028F) | 0.00 | 0.00 | 0.00 | 0.00 | e |
| 9/17/10 | 1.0 Mental status assess (2014F) | 0.00 | 0.00 | 0.00 | 0.00 | e |
| | Claim Total | " \$816.00 | \$179.66 | \$143.73 | \$35.93 | |
| Claim num | ระมะสาขสามสุขาสามสุขาชสาขสามสาขสาขสาขสาขสาขสาขสาขสาขสาขสาขสาขสาขสาขส | annuunna anna anna anna anna anna anna | <u>ילרוסונערטטייטמיטלעסיי</u> | פונואנישיעינייקיינג,2עיביעינינ | מוצב שפוקרותיו אופוס פי | - |
| | y Care Physicians, P O Box 636018, ati, OH 45263-6018 | | | | | |
| Dr. Marcon | u, Andrea M.D. | | | | | • • |
| 1/30/10 | 1.0 Emergency dept visit (99285) | \$748.00 | \$179.66 | \$143.73 | \$35.93 | |
| 1/30/10 | 1.0 Electrocardiogram report (93010) | 68.00 | 9.43 | 7.54 | 1.89 | |

EOF 1758(03/03)

THIS IS NOT A BILL - Keep this notice for your records.

IMPORTANT INFORMATION You Should Know About Your Medicarc Part B Benefits

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible bu have not met. A doctor who does not accept assignment may charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the You May Be Billed column is your share of cost for the services shown on this notice. You are responsible for:

- annual deductible: taken from the first Medicare Part B approved charges each calen lar year,
- coinsurance: 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

IIELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and

• claims for Medicare services or items you did not receive. If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicare & Medicaid Services

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|------------------------|---|-----------------------------|--|--|---------------------------|-------------------------|
| 1/30/10 | 1.0 12-lead ecg performed (3120F) Claim Total | 0.00 \$816.00 | 0.00 \$1 89.09 | 0.00 \$151.27 | 0.00 \$ 37.8 2 | e |
| Claim murr | aber 29-10266-688-410 | | | | | |
| | Assoc Of Houston, Suite 400, ssner, Houston, TX 77024-2545 | | | | | f |
| | y: Gidvani, Bhakti D | | | | | |
| Dr. Heine, | | | | | | |
|)9/17/10 Dr. Heine, | 1.0 Initial hospital care (99223) | \$240.00 | \$199.00 | \$159.20 | \$39.80 | |
| 9/18/10 | | 135.00 | 102.85 | 82.28 | 20.57 | - |
| 9/18/10 | 1.0 Tte w/doppler, complete (93306-26) professional charge | 130.00 | 72.18 | 57.74 | 14.44 | |
| Dr. Heine, | Jon E. | | | | | |
| 9/19/10 | 1.0 Subsequent hospital care (99232) | 95.00 | 71.54 | 57.23 | 14.31 | |
| | Claim Total | \$600.00 | \$445.57 | \$356.45 | \$89.12 | |
| Claim mur | | สมาร์ สาร์มาสิตระวังงาตระวง | | and and a state of the second sec | indersenierste os om | |
| Cardiology | Assoc Of Houston, Suite 400, ssner, Houston, TX 77024-2545 | | | • | | ſ |
| | ra, Harold A. M.D. | | بر . - | | | |
| | 1.0 Initial hospital care (99223) | \$240.00 | \$199.00 | \$159.20 | \$39.80 | |
| | ra, Harold A. M.D. | | 4155.00 | ÷107.20 | | |
| 2/02/10 | 1.0 Subsequent hospital care (99232) | 95.00 | 71.54 | 57.23 | 14.31 | · . |
| | ra, Harold A. M.D. | | | | | |
| 2/03/10 | 1.0 Subsequent hospital care (99232) | 95.00 | 71.54 | 57.23 | 14.31 | |
| | Claim Total | \$430.00 | \$342.08 | \$273.66 | \$68.42 | |
| Claim mur | | | يا ي جد موجد ي سب ² قد خد خدي مربعه يوجع : | | 3.42.52.532 .55.55 | |
| | Assoc Of Houston, Suite 400, | | | | | ſ |
| | ssner , Houston, TX 77024-2545 | | , | | . . | • |
| | in, Mark A. | | | | | |
| Dr. Yeoma | | | | | | |

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| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | Sec Notes Section |
|------------------------|--|-------------------|----------------------|------------------------------|-------------------------|-------------------------|
| | | | | | | Sculor |
| Claim num | ber 29-10337-779-960 | | | | | |
| City Of Ho | ouston, PO Box 4945, | - | | | | |
| | n, TX 77210-4945 | | | | | |
| 11/30/10 | 1.0 ALS1-emergency (A0427-RH) | \$621.89 | \$0.00 | \$0.00 | \$621.89 | g,b,h |
| 11/30/10 | 2.0 Ground mileage (A0425-RH) | 15.00 | 0.00 | 0.00 | 15.00 | |
| | Claim Total | \$636.89 | \$0.00 | \$0.00 | \$636.89 | |
| Claim num | ber 22-10302-331-700 | | | | | |
| Elizabeth S | ue Thompson, 229 Harris Lane, TX 75497-9730 | | | | | |
| | : White, Robert E | • | | | | |
| 10/28/10 | 1.0 Measure airflow resistance (94360) | \$62.00 | \$40.53 | \$32.42 | \$8.11 | |
| 10/28/10 | 1.0 Pulmonary stress test/simple (94620-59) | 180.00 | 63.60 | 50.88 | 12.72 | |
| 10/28/10 | 1.0 Respiratory flow volume loop (94375-59) | 60.00 | 35.79 | 28.63 | 7.16 | |
| | Claim Total | \$302.00 | \$139.92 | \$111.93 | \$27.99 | |
| Claim num | ber 32-10277-622-140 | ************ | | | | |
| | rogress Radio Assoc, 100, | | | | | |
| | ollister, Houston, TX 77040-6132 | | | | | |
| | r: Gidvani, Bhakti D | | | | | |
| | Ir, Frederick J. M.D. | | | | | |
| 09/17/10 | 1.0 Chest x-ray | \$41.00 | \$11.67 | \$9.34 | \$2.33 | |
| | (71020-26) professional charge | | | | | |
| Claim num | ber 32-10277-622-130 | | | | ************** | |
| | rogress Radio Assoc, 100, | | | | | |
| | ollister, Houston, TX 77040-6132 | | | | | |
| | r: Gidvani, Bhakti D | | | | | |
| | , Walid K. | | | - | | |
| | 1.0 Chest x-ray | \$38.00 | \$9.44 | \$7.55 | \$1.89 | |
| | (71010-26) professional charge | | | | | |

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
|------------------------|---|-------------------|--|------------------------------|---|------------------------|
| | · · · · · · · · · · · · · · · · · · · | · · · · | | | an a | · · · · |
| | per 32-10277-622-120 | | | y y ant i | | |
| | ogress Radio Assoc, 100, | | | | | • |
| | llister, Houston, TX 77040-6132 | - | | | | |
| | Gidvani, Bhakti D | | | | | |
| | Snehal D. M.D. | | | | | |
| 09/20/10 | 1.0 Chest x-ray | \$38.00 | \$9.44 | \$7.55 | \$1.89 | |
| | (71010-26) professional charge | | | | · | |
| <u>۲</u> | ⋪⋑⋲⋼⋈⋎⋭⋽⋐⋽⋑⋽⋑⋽⋺⋺⋽∊⋺⋽∊⋲⋳⋺⋽⋎∊⋻⋼⋴∊⋳⋺⋽⋺∊∊⋳⋽⋓⋽∊⋼⋼⋶⋏⋭⋏⋫⋽⋽⋽⋑⋑₽⋶⋐⋸∊⋝⋎ | , | <u> </u> | <u></u> | <u></u> | |
| | er 22-10334-463-160 | | . • . • . • . | | . set tal | ب در م |
| | ogress Radio Assoc, 100, | - | | | | |
| | llister, Houston, TX 77040-6132 | | | | - | |
| | Gidvani, Bhakti D | | | | | _ |
| | randon C. M.D. | | | | | |
| 10/13/10 | 1.0 Pet image w/ct, full body (78816-26PI) professional charge | \$372.00 | \$134.21 | \$1º1.31 | \$26.84 | |
| Claim numh | per 28-10348-753-470 | | an air a suis ann an Anna Anna Anna Anna Anna Anna A | <u></u> | £2276.5242.4164624 | |
| | ogress Radio Assoc, 100, | | | | | - |
| | llister, Houston, TX 77040-6132 | | | | | |
| | Marconi, Andrea | | | | · ·· · · | : |
| Dr. Lee, Ste | | • | - | | | · . |
| 11/30/10 | 1.0 Chest x-ray | \$38.00 | \$9,44 | \$7.55 | \$1.89 | |
| / / 10 | (71010-26) professional charge | 400.00 | | ¥7.33 | \$1.07 | |
| - | (1111 20) protessional charge | • | tereredfir atot - i i | | And and a state of the second seco | • |
| Claim numb | per 28-10341-602-260 | | | | | |
| | est Associates PA, | | | | | ſ |
| | twood Suite 188 , Houston, TX 77024-2402 | | | | | |
| Dr. Jain, Aj | | | | | | |
| 11/29/10 | 1.0 Office/outpatient visit, new (99205-25) | \$285.00 | \$198.68 | \$158.94 | \$39.74 | |
| 1.00.110 | 1.0 Breathing capacity test (94010) | 99.00 | 33.38 | 26.70 | 6.68 | |
| 1/29/10 | AN DICALIBLE CAPACITY (COL 1790/10) | 33,00 | | | | |

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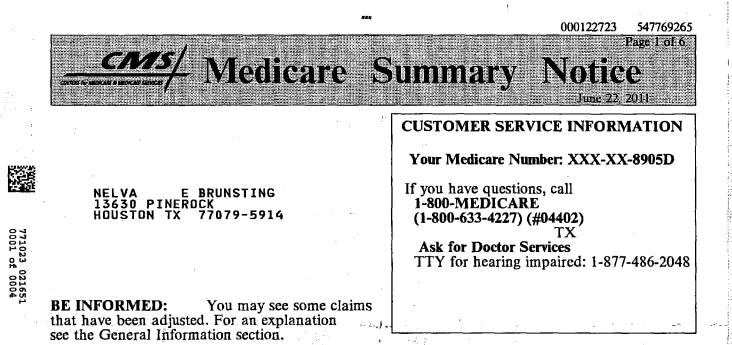
| of | | Amount | Medicare | Medicare Paid | You May Be | See Notes |
|--------------------------|--|-----------------------|---|------------------|---|--------------|
| Service | Services Provided | Charged | Approved | Provider | Billed | Sectio |
| Claim numh | er 28-10348-409-180 | | - | 、 · | · · · · | |
| Medical Che 902 Fros | st Associates PA, twood Suite 188, Houston, TX 77024-2402 | | | | | ſ |
| Dr. Jain, Aja 1/30/10 | 1.0 Observation care (99218-AI) | \$115.00 | \$66.32 | \$53.06 | \$13.26 | |
| | er 28-10348-407-940 | ********************* | , 1999, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997, 1997 | l | @&####################################</td><td></td></tr><tr><td></td><td>st Associates PA,</td><td></td><td></td><td></td><td></td><td>f</td></tr><tr><td></td><td>twood Suite 188, Houston, TX 77024-2402</td><td>:</td><td>×.</td><td></td><td>· ·</td><td>•</td></tr><tr><td>2/01/10 Dr. Jain, Aja</td><td>1.0 Subsequent hospital care (99232)</td><td>\$140.00</td><td>\$71.54</td><td>\$57.23</td><td>\$14.31</td><td></td></tr><tr><td>2/02/10</td><td>1.0 Subsequent hospital care (99232)</td><td>140.00</td><td>71.54</td><td>57.23</td><td>14.31</td><td></td></tr><tr><td>_,,</td><td>Claim Total</td><td>\$280.00</td><td>\$143.08</td><td>\$114.46</td><td>\$28.62</td><td></td></tr><tr><td>e Claim annab</td><td>er 28-10271-008-720</td><td>-294</td><td></td><td>-1</td><td></td><td></td></tr><tr><td></td><td>ardiology Associat, Suite 900,</td><td></td><td>. '</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>ner Houston TX 77074/200</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>ner, Houston, TX 77024-1:000 Gidvani Bhakti D</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Referred by:</td><td>Gidvani, Bhakti D</td><td></td><td>•</td><td></td><td></td><td></td></tr><tr><td>Referred by: Dr. Jacobson</td><td></td><td>\$60.00</td><td>\$9.43</td><td>\$7.54</td><td>\$1.89</td><td></td></tr><tr><td>Referred by: Dr. Jacobson 19/17/10</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010)</td><td>\$60.00</td><td>\$9.43</td><td>\$7.54</td><td>\$1.89</td><td></td></tr><tr><td>Referred by: Dr. Jacobson 99/17/10 Claim numb</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230</td><td>\$60.00</td><td>\$9.43</td><td>\$7.54</td><td>\$1.89</td><td></td></tr><tr><td>Referred by: Dr. Jacobson 19/17/10 Claim numb Memorial C:</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900,</td><td>\$60.00</td><td>\$9.43</td><td>\$7.54</td><td>\$1.89</td><td></td></tr><tr><td>Referred by: Dr. Jacobson 19/17/10 Claim numb Memorial C: 915 Gess</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900, mer, Houston, TX 77024-0000</td><td>\$60.00</td><td>\$9.43</td><td>\$7.54</td><td>\$1.89 Эксклонения</td><td></td></tr><tr><td>Referred by: Dr. Jacobson 19/17/10 Claim numb Memorial Ca 915 Gess Referred by:</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900, mer, Houston, TX 77024-0000 Gidvani, Bhakti D</td><td>\$60.00</td><td>\$9.43</td><td>\$7.54 </td><td>\$1.89 </td><td></td></tr><tr><td>Referred by: Dr. Jacobson 09/17/10 Claim numb Memorial C: 915 Gess Referred by: Dr. Jacobson</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900, mer, Houston, TX 77024-0000</td><td>\$60.00 \$60.00</td><td>\$9.43</td><td>\$7.54 </td><td>\$1.89 </td><td></td></tr><tr><td>Referred by: Dr. Jacobson 09/17/10 Claim numb Memorial C: 915 Gess Referred by: Dr. Jacobson 09/18/10</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900, mer, Houston, TX 77024-0000 Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010)</td><td>95586753525 korn</td><td>a dotta ve reetkedoan :-</td><td></td><td></td><td>•</td></tr><tr><td>Referred by: Dr. Jacobson 99/17/10 Claim numb Memorial C: 915 Gess Referred by: Dr. Jacobson 99/18/10 Claim numb Memorial Cl 1201 Dai</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900, mer, Houston, TX 77024-0000 Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 22-10258-017-610 linical Associates, Suite 200, iry Ashford, Houston, TX 77079-3017</td><td>95586753525 korn</td><td>a dotta ve reetkedoan :-</td><td></td><td></td><td>ſ</td></tr><tr><td>Referred by: Dr. Jacobson 9/17/10 Claim numb Memorial C: 915 Gess Referred by: Dr. Jacobson 9/18/10 Claim numb Memorial Cl 1201 Dai</td><td>Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 32-10270-760-230 ardiology Associat, Suite 900, mer, Houston, TX 77024-0000 Gidvani, Bhakti D n, Stuart A. M.D. 1.0 Electrocardiogram report (93010) er 22-10258-017-610 linical Associates, Suite 200,</td><td>95586753525 korn</td><td>a dotta ve reetkedoan :-</td><td></td><td></td><td>f</td></tr></tbody></table> | |

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service. | Services Provided, | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|----------------------|--|--|-------------------------|-------------------------|
| | | | | ••••• | · · · · | ···· |
| | ber 22-10264-108-830 | | | | _ | r |
| | Clinical Associates, Suite 200, airy Ashford , Houston, TX 77079-3017 | | | · · · · | | f. |
| | i, Bhakti D. M.D. | | | | • • | |
| $\frac{191}{19}/\frac{10}{17}/\frac{10}{10}$ | 1.0 Initial hospital care (99223) | \$300.00 | \$199.00 | \$159.20 | \$39.80 | |
| - | | tter seduciter atoms | | | | |
| Claim num | ber 22-10264-108-840 | | | | | |
| | Clinical Associates, Suite 200, | | | | | f |
| | airy Ashford, Houston, TX 77079-3017 | | | | | |
| Referred by | y: Gidvani, Bhakti D | ومعرفة والمعرفة | - | • . • | | :• |
| | Richard M.D. | | | | | |
| 09/18/10 | 1.0 Critical care, first hour (99291) | \$404.00 | \$226.43 | \$181.14 | \$45.29 | |
| | iber 22-10264-108-850 | | | | | ſ |
| Memorial (1201 D Referred by Dr. Pohil, | Clinical Associates, Suite 200, airy Ashford , Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. | | | | | f |
| Memorial (1201 D Referred by Dr. Pohil, | Clinical Associates, Suite 200, airy Ashford , Houston, TX 77079-3017 y: Gidvani, Bhakti D | \$155.00 | \$102.85 | \$82.28 | \$20.57 | • |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) | \$155.00 | \$102.85 | \$82.28 | \$20.57 | • |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) uber 22-10271-253-560 | \$155.00 | \$ 102.85 | \$82.28 | \$20.57 | • |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (| Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) | \$155.00 | \$102.85 | \$82.28 | \$20.57 | • |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) uber 22-10271-253-560 Clinical Associates, Suite 200, | \$155.00 | \$102.85 | \$82.28 | \$20.57 | • |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) ber 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 | \$155.00 \$155.00 | \$ 1 02.85 \$103.00 | \$82.28 \$82.40 | \$20.57 \$20.60 | • f |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D Dr. Gidvan 09/20/10 | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) ober 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Hospital discharge day (99239) | + | <u>una muni tikon</u> arte art 1 F | nere ^l us ⁱ sticana (n. 111) | | • f |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D Dr. Gidvan 09/20/10 Claim num | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) ober 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Hospital discharge day (99239) | + | <u>una muni tikon</u> arte art 1 F | nere ^l us ⁱ sticana (n. 111) | | • f |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D Dr. Gidvan 09/20/10 Claim num Memorial (| Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) ober 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Hospital discharge day (99239) ober 22-10281-522-320 Clinical Associates, Suite 200, | + | <u>una muni tikon</u> arte art 1 F | nere ^l us ⁱ sticana (n. 111) | | • f |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D Dr. Gidvan 09/20/10 Claim num Memorial (1201 D | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) ober 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Hospital discharge day (99239) ober 22-10281-522-320 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 | + | <u>una muni tikon</u> arte art 1 F | nere ^l us ⁱ sticana (n. 111) | | • f |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D Dr. Gidvan 09/20/10 Claim num Memorial (1201 D | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) aber 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Hospital discharge day (99239) aber 22-10281-522-320 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Office/outpatient visit, est | + | <u>una muni tikon</u> arte art 1 F | nere ^l us ⁱ sticana (n. 111) | | f |
| Memorial (1201 D Referred by Dr. Pohil, 09/19/10 Claim num Memorial (1201 D Dr. Gidvan Og/20/10 Claim num Memorial (1201 D Dr. Gidvan | Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 y: Gidvani, Bhakti D Richard M.D. 1.0 Subsequent hospital care (99233) ober 22-10271-253-560 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. 1.0 Hospital discharge day (99239) ober 22-10281-522-320 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 ti, Bhakti D. M.D. | \$155.00 | \$103.00 | \$82.40 | \$20.60 \$20.29 | f |

BRUNSTING001748

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectior |
|--|--|---|--------------------------------------|---|------------------------------------|-------------------------|
| | | · | · | <u> </u> | <u>.</u> | |
| Claim num | ber 32-10295-134-990 | | - | | | |
| Memorial (| Clinical Associates, Suite 200, | | | | | ſ |
| | airy Ashford, Houston, TX 77079-3017 | | | | | |
| | i, Bhakti D. M.D. | | | | | |
| 10/20/10 | 1.0 Office/outpatient visit, est (99214-25) | \$152.50 | \$101.45 | \$81.16 | \$20.29 | |
| 0/20/10 | 1.0 Measure blood oxygen level (94760) | 15.50 | 0.00 | 0.00 | 0.00 | i,j,k |
| 10/20/10 | 1.0 Chest x-ray (71020) | 57.00 | 31.22 | 24.98 | 6.24 | |
| | Claim Total | \$225.00 | \$132.67 | \$106.14 | \$26.53 | |
| Memorial (| ber 22-10319-125-470 Clinical Associates, Suite 200, | | | • | | ſ |
| | airy Ashford , Houston, TX 77079-3017 i, Bhakti D. M.D. | | | | | |
| | I. BRAKTI D. M.D. | | | | | |
| | • | 6102 00 | 667 77 | 654 99 | 649 EE | |
| 1/11/10 | 1.0 Office/outpatient visit, est (99213) | \$102.00 | \$67.77 | \$54.22 | \$13.55 | |
| 1/11/10 | • | \$102.00 | \$67.77 | \$54.22 | \$13.55 | |
| 1/11/10 Claim num Memorial C | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, | \$102.00 | \$67.77 | \$54.22 | \$13.55 | ſ |
| 1/11/10 Claim num Memorial (1201 D: | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 | \$102.00 | \$67.77 | \$54.22 | \$13.55 | f |
| 1/11/10 Claim num Memorial (1201 D: Hodge, Del | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. | | | | | f |
| 1/11/10 Claim num Memorial (1201 D: Hodge, Del | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) | \$102.00 \$152.50 | \$67.77 \$86.23 | \$54.22 \$68.98 | \$13.55 | ſ |
| 1/11/10 Claim num Memorial (1201 D: Hodge, Del 1/26/10 1/26/10 | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) | | | | | f |
| 1/11/10 Claim num Memorial (1201 D: Hodge, Del 1/26/10 1/26/10 | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) 1.0 Measure blood oxygen level (94760) | \$152.50 | \$86.23 | \$68.98 | \$17.25 | f i,j,k |
| l1/11/10 Claim num Memorial C | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) | \$152.50 57.00 | \$86.23 26.54 | \$68.98 21.23 | \$17.25 | f i,j,k |
| Claim num Memorial C 1201 D: Hodge, Del 1/26/10 1/26/10 | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) 1.0 Measure blood oxygen level (94760) | \$152.50 57.00 15.50 | \$86.23 26.54 0.00 | \$68.98 21.23 0.00 | \$17.25 5.31 0.00 | f i,j,k |
| 1/11/10 Claim num Memorial C 1201 D: Hodge, Del 1/26/10 1/26/10 1/26/10 Claim num Rosewood I | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) 1.0 Measure blood oxygen level (94760) Claim Total ber 28-10267-655-160 Family Physicians, Suite B, | \$152.50 57.00 15.50 | \$86.23 26.54 0.00 | \$68.98 21.23 0.00 | \$17.25 5.31 0.00 | f i,j,k |
| 1/11/10 Claim num Memorial C 1201 D: Hodge, Del 1/26/10 1/26/10 1/26/10 Claim num Rosewood I 2405 So | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) 1.0 Measure blood oxygen level (94760) Claim Total ber 28-10267-655-160 Family Physicians, Suite B, puth Gessner, Houston, TX 77063-2005 | \$152.50 57.00 15.50 | \$86.23 26.54 0.00 | \$68.98 21.23 0.00 | \$17.25 5.31 0.00 | f i,j,k |
| 1/11/10 Claim num Memorial C 1201 D: Hodge, Del 1/26/10 1/26/10 1/26/10 Claim num Rosewood I 2405 So | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) 1.0 Measure blood oxygen level (94760) Claim Total ber 28-10267-655-160 Family Physicians, Suite B, outh Gessner, Houston, TX 77063-2005 Robert E. M.D. 1.0 Office/outpatient visit, est | \$152.50 57.00 15.50 | \$86.23 26.54 0.00 | \$68.98 21.23 0.00 | \$17.25 5.31 0.00 | f i,j,k |
| 1/11/10 Claim num Memorial (1201 D: Hodge, Del 1/26/10 1/26/10 1/26/10 Claim num Rosewood I 2405 So Dr. White, | 1.0 Office/outpatient visit, est (99213) ber 38-10336-355-630 Clinical Associates, Suite 200, airy Ashford, Houston, TX 77079-3017 borah A. 1.0 Office/outpatient visit, est (99214-25) 1.0 Chest x-ray (71020) 1.0 Measure blood oxygen level (94760) Claim Total ber 28-10267-655-160 Family Physicians, Suite B, buth Gessner, Houston, TX 77063-2005 Robert E. M.D. | \$152.50 57.00 15.50 \$225.00 | \$86.23 26.54 0.00 \$112.77 | \$68.98 21.23 0.00 \$90.2 1 | \$17.25 5.31 0.00 \$22.56 | f i,j,k |



This is a summary of claims processed from 04/11/2011 through 06/22/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|------------------------|---|---------------------------|----------------------|------------------------------|-------------------------|-------------------------|
| Claim num | ber 28-11152-237-060 | | • | | | |
| Acs Primar | y Care Physicians, P O Box 636018, | | | | | |
| | ati, OH 45263-6018 | • | | | | |
| Dr. Wade, S | • | | A484 65 | | | |
| 05/16/11 | 1.0 Emergency dept visit (99285) | \$860.00 | \$171.85 | \$137.48 | \$34.37 | |
| 05/16/11 | 1.0 Electrocardiogram report (93010) Claim Total | 78.00 \$ 938.00 | 8.93 \$180.78 | 7.14 \$144_62 | ~ | |
| | | | | | | |
| | ber 22-11159-357-060 | - | ۰, | | | |
| | chari MD PA, 8915 Gaylord St, n, TX 77024-2903 | | | | | |
| | : Szema, Robert Scott | | | | | |
| Dr. Achari, | | | | | , | |
| 06/06/11 | 1.0 Initial hospital care (99223) | \$450.00 | \$196.45 | \$157.16 | \$39.29 | |
| Dr. Achari, | | | | | | |
| 06/07/11 | 1.0 Subsequent hospital care (99233) | 250.00 | 100.68 | 80.54 | 20.14 | |
| | Claim Total | \$700.00 | \$297.13 | \$237.70 | \$59.43 | |

EDF 1758(83/85)

THIS IS NOT A BILL - Keep this notice for your records.

IMPORTANT INFORMATION You Should Know About Your Medicare Part B Benefits

For more information about services covered by Medicare, please see your Medicare Handbook.

MEDICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible und the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit **unassigned** claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible vou have not met. A doctor who does not accept assignment y charge you up to 115 percent of the Medicare approved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the You May Be Billed column is your share of cost for the services shown on this notice. You are responsible for:

- annual deductible: taken from the first Medicare Part B approved charges each calendar year,
- coinsurance: 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

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benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number,
- telephone or door to door offers of free medical services or items and

• claims for Medicare services or items you did not receive. If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicara & Medicald Services

| | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|-------------------|----------------------|------------------------------|-------------------------|-------------------------|
| | | | | | | • |
| | ber 22-11160-428-590 | | · . · | · · · | • | |
| | thari MD PA, 8915 Gaylord St, | | | • | | |
| | n, TX 77024-2903 | | | | | |
| | : Szema, Robert Scott | 7 | | · | | |
| Dr. Achari, | 1.0 Eeg awake and drowsy | \$300.00 | \$55.23 | \$44.18 | \$11.05 | |
|)6/07/11 | (95816-26) professional charge | | | •••••• | | |
| 06/07/11 | 1.0 EEG digital analysis | 300.00 | 101.25 | 81.00 | 20.25 | i · |
| | (95957-26) professional charge | 800.00 | | | | |
| Dr Achari | M. | | | e traduction ag | | |
|)6/08/11 | 1.0 Subsequent hospital care (99233) | 250.00 | 100.68 | 80.54 | 20.14 | 1 |
| ,0,00,11 | Claim Total | \$850.00 | \$257.16 | \$205.72 | \$51.44 | ł |
| Digestive A 915 Ge | ber 58-10093-521-670 and Liver Speciali, Suite 850, ssner , Houston, TX 77024-0000 | | | | | · |
| Digestive A 915 Ge Dr. Mauk, | and Liver Speciali, Suite 850, ssner, Houston, TX 77024-0000 | \$129.00 | \$99.26 | \$79.41 | \$19.85 | 5 |
| Digestive A 915 Ge Dr. Mauk,)4/06/10 | and Liver Speciali, Suite 850, ssner, Houston, TX 77024-0000 Paul M. 1.0 Office/outpatient visit est (99214) | \$129.00 | \$99.26 | \$79.41 | \$19.85 | 5 |
| Digestive A 915 Ge Dr. Mauk,)4/06/10 Claim num Digestive A | and Liver Speciali, Suite 850, ssner, Houston, TX 77024-0000 Paul M. | \$129.00 | \$99.26 | \$79.41 | \$19.85 | 5 |
| Digestive A 915 Ge Dr. Mauk, 04/06/10 Claim num Digestive A | And Liver Speciali, Suite 850, ssner, Houston, TX 77024-0000 Paul M. 1.0 Office/outpatient visit est (99214) ber 58-10138-215-450 And Liver Speciali, Suite 850, ssner, Houston, TX 77024-0000 | \$129.00 | \$99.26 \$66.31 | \$79.41 \$53.05 | | |

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service Services Provided | | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|-------------------|----------------------|------------------------------|-------------------------|-------------------------|
| Claim number 58-10129-426-160 Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 Referred by: Mauk, Paul Martin | | | | | · · · | |
| Dr. Huynh, Khanh D. M.D. 04/26/10 1.0 Ct thorax w/o & w/dye (71270-26) professional charge | | \$284.00 | \$70.94 | \$56.75 | \$14.19 | |
| Claim number 58-10129-426-170 Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 Referred by: Mauk, Paul Martin | | | | | | . • • |
| Dr. Huynh, Khanh D. M.D. 24/26/10 1.0 Ct pelvis w/o & w/dye (72194-26) professional charge | | \$284.00 | \$62.93 | \$50.34 | \$12.59 | |
| Claim number 58-10129-426-180 Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 Referred by: Mauk, Paul Martin | | | | | | |
| Dr. Huynh, Khanh D. M.D. 04/26/10 1.0 Ct abdomen w/o & w/dye (74170-26) professional charge | | \$319.00 | \$72.52 | \$58.02 | \$14.50 | |
| Claim number 29-11116-428-020 Houston Progress Radio Assoc, 350, 5301 Hollister, Houston, TX 77040-0000 Referred by: Cheng, Thanh Chi | • | | | | | |
| Dr. Lee, Stephen 01/16/11 1.0 Chest x-ray (71010-26) professional charge | | \$38.00 | \$8.93 | \$7.14 | \$1.79 | |

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| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
|------------------------|--|-------------------|----------------------|------------------------------|-------------------------|------------------------|
| Claim num | ber 28-11145-526-480 | | | | | |
| Houston Pr | ogress Radio Assoc, 350, ollister , Houston, TX 77040-0000 | | | | | |
| | : Wade, Shawna | | | | | |
| Dr. Lee, Ste | | | | | | |
| 5/16/11 | 1.0 Chest x-ray (71010-26) professional charge | \$38.00 | \$8,93 | \$7.14 | \$1.79 | |
| Claim num | ber 22-11154-281-280 | | | | | * |
| | est Associates PA, Ste 188, | | | | | a |
| | stwood Dr, Houston, TX 77024-2402 | | | | , | |
| Dr. Jain, A | | | - | | | |
| 5/16/11 | 1.0 Initial observation care (99218-AI) | \$115.00 | \$64.95 | \$51.96 | \$12.99 | |
| Dr. Jain, A | | | _ | - - | | |
| 5/17/11 | 1.0 Observation care discharge (99217) | 150.00 | 70.00 | 56.00 | 14.00 | |
| | Claim Total | \$265.00 | \$134.95 | \$107. 96 | \$26.99 | |
| Memorial I | ber 58-10234-144-170 Heramnn Hosp, PO Box 201367, | | - | | | · . |
| | n, TX 77216-0000 | | | ۰. | | |
| Referred by | y: Mauk, Paul Martin | | | | | |
|)4/26/10 | 150.0 LOCM 300-399mg/ml iodine,1ml (Q9 | | \$26.55 | \$21.02 | \$5.53 | - |
|)4/26/10 | 1.0 Ct abdomen w/o & w/dye (74170-TC) technical charge | 3,328.25 | 331.50 | 265.20 | 66.30 | C |
|)4/26/10 | 1.0 Ct thorax w/o & w/dye (71270-TC51) technical charge | 2,996.00 | 225.50 | 180.40 | 45.10 | С |
| 04/26/10 | 1.0 Ct pelvis w/o & w/dye (72194-TC51) technical charge | 2,540.25 | 226.30 | 181.04 | 45.26 | с |
| | Claim Total | \$9,384.50 | \$809.85 | \$647.66 | \$162.19 |) |
| ~ 1 1 | | | | | | |
| | uber 22-11089-662-250 Consultants, P. A., PO Box 4418, - TX 77210 4418 | | | | | |
| | n, TX 77210-4418 | | | | | |
| Housto Referred by | y: Dr. Mauk, Paul M. | | | | | |
| Housto Referred by | | \$135.00 | \$69.41 | \$55.53 | \$13.88 | |

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|------------------------|--|---------------------------|------------------------|------------------------------|-------------------------|-------------------------|
| 03/28/11 | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00 | 10.94 | 10.94 | 0.00 | |
| 03/28/11 | 1.0 Routine venipuncture (36415) Claim Total | 15.00 \$188.00 | 3.00 \$83.35 | 3.00 \$69.47 | 0.00 \$13.88 | đ |
| Rosewood F 2405 So | ber 58-10185-046-160 Family Physicians, Suite B, outh Gessner, Houston, TX 77063-2005 Robert E. M.D. 1.0 Office/outpatient visit est | \$115.00 | \$66.31 | \$0.00 | \$66.31 | e |
| 01/22/10 | (99213-25) 1.0 Routine venipuncture (36415) Claim Total | 10.00 \$ 125.00 | 3.00 \$69.31 | 3.00 \$3.00 | 0.00 \$66.31 | d |
| - , · , | | | | | | |

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

Notes Section:

- a The name or Medicare number was incorrect or missing. Ask your provider to use the name or number shown on this notice for future claims.
- b \$ 0.28 of this approved amount has been applied toward your deductible.
- c The approved amount is based on a special payment method.
- d This service is paid at 100 percent of the Medicare approved amount.
- e This approved amount has been applied toward your deductible.

Deductible Information:

You have now met \$155.00 of your \$155.00 Part B deductible for 2010.

You have met the Part B deductible for 2011.

General Information:

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

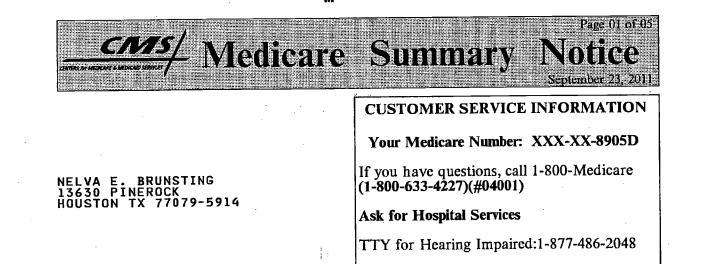
If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Appeals Information - Part B

If you disagree with any claims decision on this notice, your appeal must be received by October 25, 2011. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)
- 3) Sign here_____ Phone number (____)
- 4) Medicare Number



BE INFORMED: You may see claims that have been adjusted. For an explanation see the General Information section.

6.6

This is a summary of claims processed from 06/21/2011 through 08/17/2011.

(1)

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

| Dates of Service | • • | Benefit Days Used | Non- Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Sectio |
|---|--------------|-------------------------|----------------------------|----------------------------------|--|------------------------|
| Control number 21117100910204TXA Memorial Hermann Hospital Syste 921 Gessner Rd Memorial Hermann Memorial City | | | er | | | a |
| Houston, TX 77024-2501 | | | | | | |
| Referred by: Robert S. Szema | | | • - | ** • • • • • • • | | |
| 06/06/11-06/11/11 | | 5 days | \$0.00 | \$1,132.00 | \$1,132.00 | b,c |
| Control number 21120200543404TXA | | | | <u></u> | | |
| Memorial Hermann Hospital Syste | , · | | | | | d |
| 921 Cessner Rd | | • | | | | |
| Memorial Hermann Memorial City Houston, TX 77024-2501 | nda natata ⊥ | الاسور مينت السالية الم | | · · · | | |
| Referred by: Monta K. Pattison | | | . . | . | ** | |
| 07/11/11-07/15/11 | | 4 days | \$0.00 | \$0.00 | \$0.00 | b |
| Control number 21118701337404TXA | | | | - - | an a | |
| Memorial Hermann Rehabilitation | | | | | | e |
| 21720 Kingsland Blvd #102 | | | | | | |
| Memorial Hermann Rehabilitation | | | | | | |
| Katy, TX 77450-2550 | • | | · . | · · · | | • |
| Referred by: Mubarak A. Khawaja | | 14 days | \$0.00 | \$0.00 | \$0.00 | Ъ |
| 06/11/11-06/25/11 | · | 17 0435 | ψ0.00 | ¥0.00 | | . • |
| | | | | | | |

THIS IS NOT A BILL - Keep this notice for your records.

IMPORTANT INFORMATION YOU SHOULD KNOW. ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

PART A HOSPITAL INSURANCE (INPATIENT)

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

THE AMOUNT YOU MAY BE BILLED for Part A services includes:

- an inpatient hospital deductible once during each benefit period,
- a coinsurance amount for the 61st through the 90th days of a hospital stay during each benefit period,
- a coinsurance amount for each Lifetime Reserve Day, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a blood deductible for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an inpatient coinsurance for the 21st through the 100th days of a Medicare covered stay in a skilled nursing facility,
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES) helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

THE AMOUNT YOU MAY BE BILLED for Part B services includes:

- an annual deductible, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a coinsurance amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of this notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and

• claims for Medicare services/items you did not receive. If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

CENTERS for MEDICARE & MEDICAID SERVICES

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS (continued)

| Dates of Service | | | Benefit Days Used | Non- Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|--|-----|------------|--|----------------------------|----------------------------------|-------------------------|--|
| Control number 21122701115204TXA | | | | | | | 1. A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A |
| Memorial Hermann Rehabilitation | | | | | | - . | f,g |
| 21720 Kingsland Blvd #102 | · · | - 1 | 1 | | | • | |
| Memorial Hermann Rehabilitation | | | i i i | | 4 2 | | |
| Katy, TX 77450-2550 | | | | | | | |
| Referred by: Mubarak A. Khawaja 06/11/11-06/25/11 | - | • | 14 days | \$0.00 | \$0.00 | \$0.00 | ь |
| 8 | | August 155 | in states Alternational de la companya de la c | - - | | | h,i |
| 2310 S Eldridge Pkwy | - | | | | | • | |
| Houston, TX 77077 | | | | | | | |
| Referred by: Jasmin Baleva | · | | 3 days | \$0.00 | \$0.00 | \$0.00 | |

PART B MEDICAL INSURANCE - OUTPATIENT FACILITY CLAIMS

| Dates of Service | Services Provided | Amount Charged | Non- Covered Charges | Deductible and Coinsurance | You May Be Billed | See Notes Section |
|------------------------|--------------------------------------|-------------------|----------------------------|----------------------------------|-------------------------|-------------------------|
| Control numbe | er 21122101254004TXA | | | | | |
| Memorial Herr | nann Hospital Syste | | | | | j |
| 921 Gessn | er Rd | | | | | - |
| Memorial | Hermann Memorial City | | | | | |
| Houston, | FX 77024-2501 | | | | | |
| Referred by: N | Miguel V. Miro Quesada | | | | | |
| 08/01/11 | Ct thorax w/dye (71260) | \$2,263.75 | \$0.00 | \$124.99 | \$124.99 | k |
| | Ct abd&pelv 1+ section/regns (74178) | 5,435.50 | 0.00 | 0.00 | 0.00 | 1 |
| | LOCM 300-399mg/ml iodine, 1ml (Q996 | 7) 424.00 | 0.00 | 0.00 | 0.00 | 1 |
| Cla | aim Total | \$8,123.25 | \$0.00 | \$124.99 | \$124.99 | |

Notes Section:

- a The amount Medicare paid the provider for this claim is \$5,673.14.
- b Days are being subtracted from your total inpatient hospital benefits for this benefit period.
- c \$1,132.00 was applied to your inpatient deductible.

(continued)

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Notes Section: (continued)

- d The amount Medicare paid the provider for this claim is \$4,264.36.
- e The amount Medicare paid the provider for this claim is \$17,361.40.
- f The amount Medicare paid the provider for this claim is \$18,380.25.
- g This is an adjustment to a previously processed claim and/or deductible record.
- h You have 97 day(s) remaining of your total 100 days of skilled nursing facility benefits for this benefit period.
- i The amount Medicare paid the provider for this claim is \$649.86.
- j The amount Medicare paid the provider for this claim is \$499.92.
- k The following policies L26732 were used when we made this decision.
- 1 Payment is included in another service received on the same day.

Deductible Information:

You have met the Part A deductible for this benefit period.

You have met the Part B deductible for 2011.

General Information:

If the coinsurance amount you paid is more than the amount shown on your notice, you are entitled to a refund, please contact your provider.

Glaucoma may cause blindness. Medicare helps pay for a yearly dilated eye exam for people at high risk for Glaucoma. Afican-Americans over 50 and people with diabetes or a family history of glaucoma are at higher risk. Talk to your doctor to learn if this exam is right for you.

Medicare covers benefits to help control diabetes. Benefits include your diabetes self-testing equipment and supplies, diabetes self-management training and medical nutrition therapy.

General Information (continued):

If you have not received your flu vaccine it is not too late. Please contact your health care provider about getting the flu vaccine.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Please send written appeal requests to:Medicare Part A P.O. Box 660155 Dallas, TX 75266-0155. Send routine written inquiries to: General Medicare-BIC, P.O. Box 100297, Columbia, SC 29202-3297.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Electronic prescribing can save you time at the pharmacy, Reduce the chance of getting the wrong medication or dose, and save money. When you go to the doctor, ask "Do you e-prescribe?"

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at medicare.gov/caregivers for up-to-the-minute information, resources, and tips on making the most of Medicare.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

General Information (continued):

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

Prostate cancer is the second leading cause of cancer deaths in men. Medicare covers prostate screening tests once every 12 months for men with Medicare who are over age 50.

Appeals Information - Part A (Inpatient) and Part B (Outpatient)

If you disagree with any claims decision on either PART A or PART B of this notice, your appeal must be received by January 26, 2012. Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address:

TRAILBLAZER HEALTH ENTERPRISES, LLC PO BOX 660155

DALLAS, TX 75266-0155

(You may also send any additional information you may have about your appeal.)

3) Sign here

_____ Phone number (_____

4) Medicare Number:

Page 1 of

September 29, 2011



I

Medicare Summary Notice

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

NELVA BRUNSTING 13630 PINEROCK LN HOUSTON TX 77079-5914

BE INFORMED: Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

If you have questions, call: Call: 1-800-MEDICARE (1-800-633-4227) (18003) **Ask for Medical Supplies**

الاربيعية وردريها ارتهد

TTY (tele-typewriter) and TDD users only should call: 1-877-486-2048

يتحارف سراريت الأربية وأتخطى

This is a summary of claims processed from 07/01/2011 through 09/29/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|------------------------|--|--|----------------------|------------------------------|---|-------------------------|
| Claim number | 11202715906000 | | | | | |
| | CAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, | · , | | | | |
| | WN, TX 77521-3366 | | | | | |
| | ICHARD J POHIL | | | | 5 | |
| 07/20/11 | 1.0 Nebulizer with compression (E0570-RRKJKX) Rental | \$25.00 | \$12.67 | \$10.14 | \$2.53 | a |
| Claim number | 11234767175000 | nin (2012), in profession (1997), in f | | | 1973 (H) 2014 (H) | |
| | CAL EQUIPMENT, L, 4305 HUGH ECHOLS BLVD, DWN, TX 77521-3366 | • | | | | |
| Referred by: R | ICHARD J POHIL | | | | | |
| 08/20/11 | 1.0 Nebulizer with compression (E0570-RRKJ) Rental | \$25.00 | \$12.67 | \$10.14 | \$2.53 | |
| Claim number | 11178818584000 | | | | n na ganang kang mangapan dan kang pangapan Ang mangapan dan pangapan dan kang pangapan dan kang pangapan pangapan dan kang pangapan dan kang pangapan dan k | |
| | ECT, 2200 CENTRAL PKWY, | 4 | | | | |
| | HOUSTON, TX 77092-7710 | | | | | |
| | OBERT E WHITE | | | | | |
| 06/22/11 | 1.0 Oxygen concentrator | \$276.20 | \$173.31 | \$138.65 | \$34.66 | b |
| : | (E1390-RR) Rental | · | | | | |
| 06/22/11 | 1.0 Portable gaseous 02 (E0431-RR) Rental | 43.43 | 28.74 | 22.99 | 5.75 | b |
| С | laim Total | \$319.63 | \$202.05 | \$161.64 | \$40.41 | |

THIS IS NOT A BILL - Keep this notice for your records.

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Page 2 of 4 September 29, 2011

(continued)

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|--|---|------------------------------|-------------------------|-------------------------|
| Oleim unsha | 11206816762000 | | 1 | • 31 · · | | |
| | NECT, 2200 CENTRAL PKWY, | | | - | | |
| | HOUSTON, TX 77092-7710 | | | | | |
| | ROBERT E WHITE | | | | | |
| 07/22/11 | 1.0 Portable gaseous 02 | \$43.43 | \$28.74 | \$22.99 | \$5.75 | b |
| | (E0431-RR) Rental | | 1 1 | F | | |
| 07/22/11 | 1.0 Oxygen concentrator | 276.20 | 173.31 | 138.65 | 34.66 | Ь |
| | (E1390-RR) Rental | | · · · · | | | |
| (| Elaim Total | \$319.63 | \$202.05 | \$161.64 | \$40.41 | |
| Claim number | 11234820178000 | | | n na sana An an an an an | | |
| | ECT, INC., 2200 CENTRAL PKWY, | ÷ | ÷ . | | | · . |
| | , HOUSTON, TX 77092-7710 | | | | | |
| | ROBERT E WHITE | | | | | |
| 08/22/11 | 1.0 Oxygen concentrator | \$276.20 | \$173.31 | \$138.65 | \$34.66 | b |
| 00122/14 | (E1390-RR) Rental | | | | | |
| 08/22/11 | 1.0 Portable gaseous 02 | 43.43 | 28.74 | 22.99 | 5.75 | b |
| | (E0431-RR) Rental | , | | | | |
| (| Claim Total | \$319.63 | \$202.05 | \$161.64 | \$40.41 | |
| Claim numba | 11269824481000 | | | | | |
| | ECT, INC., 2200 CENTRAL PKWY, | * · | · · | • · | | |
| | , HOUSTON, TX 77092-7710 | | | | | |
| | ROBERT E WHITE | | • | | | |
| 09/22/11 | 1.0 Portable gaseous 02 | \$43.43 | \$0.00 | \$0.00 | \$0.00 | c,d |
| 07/22/11 | (E0431-RR) Rental | · | | | | |
| 09/22/11 | 1.0 Oxygen concentrator | 276.20 | 0.00 | 0.00 , | 0.00 | c,d |
| 07722122 | (E1390-RR) Rental | | | | | |
| | Claim Total | \$319.63 | \$0.00 | \$0.00 | \$0.00 | |
| Claim number | r 11241841359000 | anna a' an ann a' a | | | | |
| | Y CONSULTANTS, P.A, PO BOX 4827, | | | | | |
| | STON, TX 77210-4827 | | 1. J. | | | |
| | ALEX P NGUYEN | | | | | |
| 08/25/11 | 1,0 Sup fee antiem, antica, immuno (Q0511) | \$24.00 | \$24.00 | \$19.20 | \$4.80 | · . |
| | 120.0 Medical service (WW093) | 6,654.95 | | 2,339.71 | 584.93 | e |
| | Claim Total | \$6,678.95 | | \$2,358.91 | \$589.73 | |
| <u>etter para ana ana ana ana ana ana ana ana ana </u> | | | | | | |
| | r 11251714283000 | | | | | |
| | IUM SUPPLIES, 12834 MURPHY RD, | | 4 | | | |
| | FORD, TX 77477-3902 | | | | | |
| Referred by: | | <u> </u> | ¢126.00 | \$101.59 | \$25.40 | f |
| 08/21/11 | 1.0 Hosp bed semi-electr w/ matt | \$150.00 | \$126.99 | \$101.39 | .φ∠J .4 0 | I |
| | (E0260-RRKIKX) Rental | | | | | |

12723699284

Page 3 of 4 September 29, 2011

(continued)

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|----------------------------|---|--|----------------------|------------------------------|-------------------------|-------------------------|
| SUN OPTIMU | 11251714451000 M SUPPLIES, 12834 MURPHY RD, | ······································ | | · · · · · | 1 | _ |
| Referred by: A 07/21/11 | ORD, TX 77477-3902 JAY JAIN 1.0 Hosp bed semi-electr w/ matt (E0260-RRKHKX) Rental | \$150.00 | \$126.99 | \$101.59 | \$25.40 | f |

Notes Section:

a Payment is reduced by 25 percent beginning the 4th month of rental.

b Medicare will pay for you to rent this equipment for up to 36 months (or until you no longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.

- c This item cannot be paid without a new, revised or renewed certificate of medical necessity.
- d You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You may be billed" column.
- e The approved amount is based on a special payment method.
- f Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.

Deductible Information:

You have met the Part B deductible for 2011.

General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

(continued)

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General Information: (continued)

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

During this flu season, get your flu shot. Contact your health care provider for the flu shot. Get the flu shot, not the flu. You pay nothing if your health care provider accepts Medicare assignment.

Appeals Information - Part B

If you disagree with any claims decisions on this notice, your appeal must be received by February 1, 2012. Follow the instructions below:

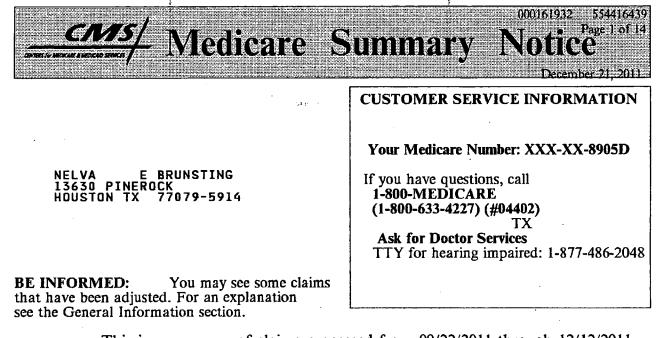
- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

| 3) | Sign here _ | Phone number (|) |
|----|-------------|--------------------|---|
| | - | | |

4) Medicare Number ______.

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This is a summary of claims processed from 09/22/2011 through 12/12/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
|------------------------|--|--|----------------------|------------------------------|-------------------------|------------------------|
| Claim mum | ber 29-11279-816-810 | | | | | |
| | y Care Physicians, P O Box 636018, | | | | | · |
| | ati, OH 45263-6018 | | | | | |
| Dr. Wade, S | • | | | | | |
| 09/24/11 | 1.0 Emergency dept visit (99283-25) | \$405.00 | \$62.05 | \$49.64 | \$12.41 | |
| 09/24/11 | 1.0 Control of nosebleed (30901) | 426.00 | 58.46 | 46.77 | 11.69 | |
| | Claim Total | \$831.00 | \$120.51 | \$96.41 | \$24.10 | |
| | an a | R25869696777777777777777777777777777777777 | | | | |
| Claim num | ber 39-11315-214-250 | | | | | |
| Acs Primar | y Care Physicians, P O Box 636018, | | | | | a |
| Cincinn | ati, OH 45263-6018 | | | | | |
| Dr. Chamb | ers, Jeffrey J. M.D. | | | | | |
| 10/30/11 | 1.0 Emergency dept visit (99285) | \$903.00 | \$171.85 | \$137.48 | \$34.37 | |
| 10/30/11 | 1.0 Electrocardiogram report (93010) | 82.00 | 8.93 | 7.14 | 1.79 | |
| | Claim Total | \$985.00 | \$180.78 | \$144.62 | \$36.16 | |

EDF 1758(85/83)

THIS IS NOT A BILL - Keep this notice for your records.

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IMPORTANT INFORMATION You Should Know About Your Medicare Part B Benefits

For more information about services covered by Medicare, please see your Medicare Handbook.

DICARE PART B MEDICAL INSURANCE:

Medicare Part B helps pay for doctors' services, diagnostic tests, ambulance services, durable medical equipment and other health care services. Medicare Part A Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. You will be sent a separate notice if you received Part A services or any outpatient facility services.

MEDICARE ASSIGNMENT: Medicare Part B claims may be assigned or unassigned. Providers who accept assignment agree to accept the Medicare approved amount as total payment for covered services. Medicare pays its share of the approved amount directly to the provider. You may be billed for unmet portions of the annual deductible and the coinsurance. You may contact us at the telephone number in the Customer Service Information box on the front of this notice for a list of participating providers who always accept assignment. You may save money by choosing a participating provider.

Doctors who submit unassigned claims have not agreed to accept Medicare's approved amount as payment in full. Generally, Medicare pays you 80 percent of the approved amount after subtracting any part of the annual deductible you have not met. A doctor who does not accept assignment y charge you up to 115 percent of the Medicare proved amount. This is known as the Limiting Charge. Some states have additional payment limits. The NOTES section on the front of this notice will tell you if a doctor has exceeded the Limiting Charge and the correct amount to pay your doctor under the law.

YOUR RESPONSIBILITY: The amount in the You May Be Billed column is your share of cost for the services shown on this notice. You are responsible for:

- annual deductible: taken from the first Medicare Part B approved charges each calendar year,
- coinsurance: 20 percent of the Medicare approved amount after the deductible has been met for the year,
- the amount billed, up to the limiting charge, for unassigned claims and
- charges for services/supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help you pay these amounts. If you use this notice to claim supplemental

benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All — Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice five days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups, such as legal aid services, may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

• offers of goods or money in exchange for your Medicare Number,

• telephone or door to door offers of free medical services or items and

• claims for Medicare services or items you did not receive. If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone . number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE: Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

Centers for Medicure & Medicaid Services

' EOF 0783(07/07)

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|---|--|--|---|---|-------------------------|
| | | | - | | | |
| | ber 22-11315-633-080 | | | • | | • • |
| | fedical Response, Texas Inc P S Amb, | | | | | a |
| P O Bo | x 847343 , Dallas, TX 75284-7343 | | | | | |
| 11/05/11 | 1.0 bls (A0428-HH) | \$611.80 | \$212.43 | \$169.94 | \$42.49 | |
| 11/05/11 | 1.9 Ground mileage (A0425-HH) | 23.28 | 13.03 | 10.42 | 2.61 | |
| | Claim Total | \$635.08 | \$225.46 | \$180.36 | \$45.10 | |
| Claim num | ber 22-11325-092-010 | | | **************** | <u></u> | • • • |
| Comprehens | sive Heart Care, Suite 630, | The second second | | • • • • • | | a . |
| | ssner, Houston, TX 77024-0000 | 231件。 - 1 | -1 | | · . | |
| | : Jain, Ajay | | | · · . | - t · · | . · |
| Dr. El Hafi, | , Salah E. M.D. | | | | | . • |
| 10/30/11 | 1.0 Electrocardiogram report (93010) | \$20.00 | \$8.93 | \$7.14 | \$1.79 | |
| | ber 39-11285-241-610 | | | | | |
| Elizabeth S Yantis, Referred by | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E | ¢150.00 | 257 54 | ¢46 03 | e11 51 | 2 |
| Elizabeth S Yantis, Referred by 10/06/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) | \$150.00. | \$57.54 | \$46.03 | .\$11.51 | • • • • • |
| Elizabeth S Yantis, Referred by | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple | \$150.00. 62.00 180.00 | | | | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop | 62.00 | - 42.47 | 33.98 | - 8.49 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) | 62.00 180.00 | -42.47 61.14 | 33.98 48.91 | - 8.49 12.23 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total | 62.00 180.00 60.00 | 42.47 61.14 36.80 | 33.98 48.91 29.44 | - 8.49 12.23 7.36 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 | 62.00 180.00 60.00 | 42.47 61.14 36.80 | 33.98 48.91 29.44 | - 8.49 12.23 7.36 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro Dr. Hasnair | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 n, Syed Z. M.D. | 62.00 180.00 60.00 \$452.00 | 42.47 61.14 36.80 \$197.95 | 33.98 48.91 29.44 \$158.36 | - 8.49 12.23 7.36 \$39.59 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro Dr. Hasnain 10/12/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 n, Syed Z. M.D. 1.0 Initial hospital care (99223) | 62.00 180.00 60.00 | 42.47 61.14 36.80 | 33.98 48.91 29.44 | - 8.49 12.23 7.36 \$39.59 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro Dr. Hasnain 10/12/11 Dr. Hasnain | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 n, Syed Z. M.D. 1.0 Initial hospital care (99223) n, Syed Z. M.D. | 62.00 180.00 60.00 \$452.00 \$425.00 | \$196.45 | 33.98 48.91 29.44 \$158.36 \$157.16 | * 8.49 12.23 7.36 \$39.59 \$39.29 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro Dr. Hasnain 10/12/11 Dr. Hasnain 10/13/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 n, Syed Z. M.D. 1.0 Initial hospital care (99223) n, Syed Z. M.D. 1.0 Subsequent hospital care (99233) | 62.00 180.00 60.00 \$452.00 | 42.47 61.14 36.80 \$197.95 | 33.98 48.91 29.44 \$158.36 | - 8.49 12.23 7.36 \$39.59 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro Dr. Hasnain 10/12/11 Dr. Hasnain 10/13/11 Dr. Hasnain | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 a, Syed Z. M.D. 1.0 Initial hospital care (99223) a, Syed Z. M.D. 1.0 Subsequent hospital care (99233) a, Syed Z. M.D. | 62.00 180.00 60.00 \$452.00 \$425.00 275.00 | *42.47 61.14 36.80 \$197.95 \$196.45 100.68 | 33.98 48.91 29.44 \$158.36 \$157.16 80.54 | - 8.49 12.23 7.36 \$39.59 \$39.29 20.14 | · , · · · |
| Elizabeth S Yantis, Referred by 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 10/06/11 Claim num Family Hea 902 Fro Dr. Hasnain 10/12/11 Dr. Hasnain 10/13/11 | ue Thompson, 229 Harris Lane, TX 75497-9730 : White, Robert E 1.0 Evaluation of wheezing (94070) 1.0 Measure airflow resistance (94360) 1.0 Pulmonary stress test/simple (94620-59) 1.0 Respiratory flow volume loop (94375-59) Claim Total ber 22-11292-381-330 Ith Consultants, Ste 253, stwood, Houston, TX 77024-0000 n, Syed Z. M.D. 1.0 Initial hospital care (99223) n, Syed Z. M.D. 1.0 Subsequent hospital care (99233) | 62.00 180.00 60.00 \$452.00 \$425.00 | \$196.45 | 33.98 48.91 29.44 \$158.36 \$157.16 | * 8.49 12.23 7.36 \$39.59 \$39.29 | a |

BRUNSTING001768

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

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| of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|---------------------------------------|--|------------------------------|-------------------------------|-------------------------|
| Claim numb | ver 29-11293-832-950 | | | | | , |
| | hythmia Associate, | | _ | | | |
| | myrinnia Associate, mer # 585 , Houston, TX 77024-0000 | | | | | |
| | Hasnain, Syed Z | | | . • | | |
| | exander F. M.D. | | | المراقع الم | | |
| 10/12/11 | 1.0 Electrocardiogram report (93010) | \$9.21 | \$8,93 | \$7,14 | • | 79 |
| - 2 | <u>2620932999999999999999999999999999999999</u> | | **************** | | | |
| | er 29-11263-170-410 | | | | | |
| Houston Me | tropolitan CA, Associates LLP, | 1 | | | | |
| | twood Suite 215, Houston, TX 77024-0000 | 14 2 2 1 | | | | |
| Dr. Manhas, | | | | • | and the second | |
|)9/14/11 | 1.0 Office/outpatient visit est (99213) | \$140.00 | \$69.41° | \$55.53 | \$13.8 | 8 |
| | er 32-11279-166-370 tropolitan CA, Associates LLP. | | | • | - | |
| Houston Me 902 Fros Dr. Manhas, | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 | \$395.00 | \$196.45 | \$157.16 | \$39.2 | 29 |
| Houston Me | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99223-25) , Amit H. | \$395.00 | \$196.45 | | ÷ · | 29 |
| Houston Me 902 Fros Dr. Manhas,)9/16/11 Dr. Manhas,)9/17/11 | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99223-25) , Amit H. 1.0 Subsequent hospital care (99232) | \$395.00 140.00 | \$196.45 70.08 | | ÷ · | |
| Houston Me 902 Fros Dr. Manhas, 19/16/11 Dr. Manhas, 19/17/11 Dr. Manhas, | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99223-25) , Amit H. 1.0 Subsequent hospital care (99232) , Amit H. | 140.00 | • | | ÷ · |)2 |
| Houston Me 902 Fros Dr. Manhas, 09/16/11 Dr. Manhas, 09/17/11 Dr. Manhas, 09/18/11 | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99223-25) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) | | 70.08 | 56.06 | 14.0 |)2 |
| Houston Me 902 Fros Dr. Manhas, 09/16/11 Dr. Manhas, 09/17/11 Dr. Manhas, 09/18/11 Dr. Manhas, | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99223-25) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) Amit H. | 140.00 | 70.08 | 56.06 | 14.0 |)2 77 |
| Houston Me 902 Fros Dr. Manhas, 09/16/11 Dr. Manhas, 09/17/11 Dr. Manhas, 09/18/11 Dr. Manhas, | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99223-25) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) | 140.00 80.00 | 70.08 38.84 | 56.06 31.07 | 14.0 7.1 |)2 77 72 |
| Houston Me 902 Fros Dr. Manhas, 99/16/11 Dr. Manhas, 99/17/11 Dr. Manhas, 99/18/11 Dr. Manhas, | Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99223-25) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) Amit H. 1.0 Hospital discharge day (99238) | 140.00 80.00 140.00 | 70.08 38.84 69.62 | 56.06 31.07 55.70 | 14.(7.7 13.9 |)2 77 92 |
| Houston Me 902 Fros Dr. Manhas, 09/16/11 Dr. Manhas, 09/17/11 Dr. Manhas, 09/18/11 Dr. Manhas, 09/19/11 | Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99223-25) , Amit H. 1.0 Subsequent hospital care (99232) , Amit H. 1.0 Subsequent hospital care (99231) , Amit H. 1.0 Hospital discharge day (99238) Claim Total | 140.00 80.00 140.00 | 70.08 38.84 69.62 | 56.06 31.07 55.70 | 14.(7.7 13.9 |)2 77 92 |
| Houston Me 902 Fros Dr. Manhas, 19/16/11 Dr. Manhas, 19/17/11 Dr. Manhas, 19/18/11 Dr. Manhas, 19/19/11 | Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99223-25) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) Amit H. 1.0 Hospital discharge day (99238) Claim Total | 140.00 80.00 140.00 | 70.08 38.84 69.62 | 56.06 31.07 55.70 | 14.(7.7 13.9 |)2 77 92 |
| Houston Me 902 Fros Dr. Manhas, 09/16/11 Dr. Manhas, 09/17/11 Dr. Manhas, 09/18/11 Dr. Manhas, 09/19/11 Claim numb Houston Me | Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99223-25) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) Amit H. 1.0 Hospital discharge day (99238) Claim Total | 140.00 80.00 140.00 | 70.08 38.84 69.62 | 56.06 31.07 55.70 | 14.(7.7 13.9 |)2 77 92 |
| Houston Me 902 Fros Dr. Manhas, 19/16/11 Dr. Manhas, 19/17/11 Dr. Manhas, 19/18/11 Dr. Manhas, 19/19/11 Claim numb Houston Me 902 Fros | Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99223-25) , Amit H. 1.0 Subsequent hospital care (99232) , Amit H. 1.0 Subsequent hospital care (99231) , Amit H. 1.0 Hospital discharge day (99238) Claim Total Mer 32-11279-166-380 tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 | 140.00 80.00 140.00 | 70.08 38.84 69.62 | 56.06 31.07 55.70 | 14.(7.7 13.9 \$75.(|)2 77 92 90 |
| Houston Me 902 Fros Dr. Manhas, 19/16/11 Dr. Manhas, 19/17/11 Dr. Manhas, 19/18/11 Dr. Manhas, 19/19/11 Claim numb Houston Me 902 Fros Dr. Manhas, | Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99223-25) , Amit H. 1.0 Subsequent hospital care (99232) , Amit H. 1.0 Subsequent hospital care (99231) , Amit H. 1.0 Hospital discharge day (99238) Claim Total Mer 32-11279-166-380 tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 | 140.00 80.00 140.00 \$755.00 | 70.08 38.84 69.62 \$374.99 | 56.06 31.07 55.70 | 14.(7.7 13.9 \$75.(| |

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| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
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| | er 32-11279-166-390 | | | | 1 1 1 | |
| | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 | | | | | |
| Dr. Manhas | | | • | , | | |
| D9/16/11 | | \$1,100.00 | \$68.14 | \$54.51 | \$13.6 | 3 |
| · · · · · · · · · · · · · · · · · · · | (93306-26) professional charge | | | | | |
| Claim numh | er 32-11286-774-200 | | | | · | · , |
| | tropolitan CA, Associates LLP, | | : | | يند من من من المركز من من معرور ومواد | r h a |
| | twood Suite 215, Houston, TX 77024-0000 | | | | | |
| Dr. Manhas | | | | | | |
| | 1.0 Office/outpatient visit est (99213-25) | \$140.00 | \$69.41° | \$5553 | \$13.8 | 8 |
| 1 | er 28-11292-115-460 tropolitan CA, Associates LLP, | | | | | a |
| Houston Me 902 Fros Dr. Manhas 10/12/11 | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99222) | \$270.DQ | \$133.92 | \$107.14 | \$26.7 | |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99222) , Amit H. 1.0 Subsequent hospital care (99232) | \$270.DQ 140.00 | \$133.92 70.08 | \$107.14 56.06 | ·· .· | 8 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 , Amit H. 1.0 Initial hospital care (99222) , Amit H. 1.0 Subsequent hospital care (99232) | - | •• | | 14.0 | 8 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Arnit H. 1.0 Initial hospital care (99222) Arnit H. 1.0 Subsequent hospital care (99232) Arnit H. | 140.00 | 70.08 | 56.06 | 14.0 | 8 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 | tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Amit H. 1.0 Initial hospital care (99222) Amit H. 1.0 Subsequent hospital care (99232) Amit H. 1.0 Subsequent hospital care (99231) | 140.00 80.00 | 70.08 38.84 | 56.06 31.07 | 14.0 | 8 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 Claim numb Houston Me | Arrit H. 1.0 Initial hospital care (99222) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99231) Claim Total Mer 22-11315-244-660 tropolitan CA, Associates LLP, | 140.00 80.00 | 70.08 38.84 \$242.84 | 56.06 31.07 \$194.27 | 14.0 7.7 \$48.5 | 8 2 7 7 7 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 Claim numb Houston Me 902 Fros | Arrit H. 1.0 Initial hospital care (99222) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99231) Claim Total Mer 22-11315-244-660 Arropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 | 140.00 80.00 | 70.08 38.84 \$242.84 | 56.06 31.07 \$194.27 | 14.0 7.7 \$48.5 | 8 2 7 7 7 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 Claim numb Houston Me 902 Fros Referred by: | Arrit Poolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Arrit H. 1.0 Initial hospital care (99222) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99231) Claim Total Claim Total er 22-11315-244-660 tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Cadenas, Jerson | 140.00 80.00 | 70.08 38.84 \$242.84 | 56.06 31.07 \$194.27 | 14.0 7.7 \$48.5 | 8 2 7 7 7 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 Claim numb Houston Me 902 Fros Referred by: Dr. Haas, P | Arrit Politan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Arrit H. 1.0 Initial hospital care (99222) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99231) Claim Total Claim Total er 22-11315-244-660 tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Cadenas, Jerson hilip | 140.00 80.00 \$ 490.00 | 70.08 38.84 \$242.84 | 56.06 31.07 \$194.27 | 14.0 7.7 \$48.5 | 8 2 7 7 7 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 Claim numb Houston Me 902 Fros Referred by: Dr. Haas, P 11/04/11 | Arrit Politan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Arrit H. 1.0 Initial hospital care (99222) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99231) Claim Total Claim Total er 22-11315-244-660 tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Cadenas, Jerson hilip 1.0 Subsequent hospital care (99232) | 140.00 80.00 \$ 490.00 | 70.08 38.84 \$242.84 \$70.08 | 56.06 31.07 \$194.27 | 14.0 7.7 \$48.5 | 8 2 7 7 7 |
| Houston Me 902 Fros Dr. Manhas 10/12/11 Dr. Manhas 10/13/11 Dr. Manhas 10/14/11 Claim numb Houston Me 902 Fros Referred by: Dr. Haas, P | Arrit Politan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Arrit H. 1.0 Initial hospital care (99222) Arrit H. 1.0 Subsequent hospital care (99232) Arrit H. 1.0 Subsequent hospital care (99231) Claim Total Claim Total er 22-11315-244-660 tropolitan CA, Associates LLP, twood Suite 215, Houston, TX 77024-0000 Cadenas, Jerson hilip 1.0 Subsequent hospital care (99232) | 140.00 80.00 \$ 490.00 | 70.08 38.84 \$242.84 \$70.08 | 56.06 31.07 \$194.27 | 14.0 7.7 \$48.5 | 8 2 7 7 2 |

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| Dates of | . N | Amount | Medicare | Medicare Paid | You May Be | See Notes |
|------------------------|---|-----------|---------------------|--|------------------------------|--|
| Service | Services Provided | Charged | Approved | Provider | Billed | Section |
| | | | | | | : |
| Houston Ne | ber 22-11335-540-310 phrology Group PA, 915 Gessner #360, | | | | and the second | à |
| | n, TX 77024-2527 : Cadenas, Jerson | | • • • | n an taon 1916. In taon 1916 an taon | | • |
| Dr. Velasco | | | • | 1 19 19 19 19 19 19 19 19 19 19 19 19 19 | ala i serre. Ala di serre | |
| | 1.0 Initial hospital care (99223) | \$225.00 | \$196.45 | \$157.16 | \$39.29 | ан байнаан) алтан а Элтан алтан алта |
| | <u></u> | | | | | |
| | ber 22-11335-540-320 | 57 | en an Teansferni | 4 - 7 - 62 - 67 K F | τ. | 7 |
| | phrology Group PA, 915 Gessner #360, , TX 77024-2527 | | | e. | 5, 3 | a |
| | : Cadenas, Jerson | | | | | , |
| Dr. Velasco | | | | موتير بن | | |
| | 5.0 Subsequent hospital care (99232) | \$650.00 | \$350.40 | \$280.32 | | 1 |
| Houston Pro 5301 Ho | ber 22-11259-914-340 ogress Radio Assoc, 350, ollister, Houston, TX 77040-0000 : Yu, Tse-Kuan mie M.D. 1.0 Chest x-ray (71020-26) professional charge | \$41.00 | \$10.98 | \$8.78 | \$2.20 | C |
| | | ********* | | ************* | 756973/35 3 6971 | |
| Houston Pro | ber 28-11297-245-720 ogress Radio Assoc, 350, blister , Houston, TX 77040-0000 | | | | · . | a |
| | : Manhas, Amit H | | • | | • | |
| Dr. Klekers, | | | | | | |
| | 1.0 Us exam, abdom, complete (76700-26) professional charge | \$148.00 | \$4051 | | \$8.10 | ••• |
| · · · | | | | <u>, i i i i</u> | | ···· |
| | • | F | u u tre destructura | 27月1日に開始。 1月1日に開始した。 1月1日に開始した。 | | 11.14 |
| · | | | | a de la compañía. A transferir a transferir a | : | ٠. |
| · · · · · | · · · · · · · · · | | | · · · · · · · · · · | | |

| Dates of Service | Services Provided | Ámount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
|------------------------|--|--------------------------|----------------------|------------------------------|-------------------------|---|
| · · · | | U | ••• | · · · · · · · · · | - | • |
| Claim num | ber 28-11311-027-260 | • | | E. H. | • | |
| | ogress Radio Assoc, 350, | | | | | a |
| | ollister, Houston, TX 77040-0000 | | | | | · |
| | : Rakkhit, Ronjay | | | Landa and | satister£ s | |
| Dr. Lee, Ste | | | | • | | |
| 10/14/11 | | \$502.00 | \$85.58 | \$68.46 | \$17.1 | 2 |
| | (74176-26) professional charge | | | | | • |
| 10/14/11 | 1.0 Ct thorax w/o dye | 262.00 | 51.47 | 41.18 | 10.2 | - |
| | (71250-26) professional charge | | | | | |
| | Claim Total | \$764.00 | \$137.05 | \$109.64 | \$27.4 | 1 - <u>1</u> - 4 |
| | | | | | **** | 2 |
| | ber 29-11318-293-430 | | | • 1 * 0 2**** | | $(1, 1)_{1}$ |
| | ogress Radio Assoc, 350, | | | | | - - |
| | ollister, Houston, TX 77040-0000 | | | | • : • . | • |
| | : Cadenas, Jerson | | | | | |
| | n, Dean P. M.D. | | | | | |
| 10/31/11 | 1.0 Puncture peritoneal cavity (49080) | \$361.00 | \$70.58 | \$56.46 | \$14.1 | 2 |
| 10/31/11 | 1.0 Echo guide for biopsy | 155.00 | 34.01 | 27.21 | 6.8 | 0 |
| | (76942-26) professional charge | | | | | |
| | Claim Total | \$516.00 | \$104.59 | \$83.67 | \$20_9 | 2 |
| | · · · · · · · · · · · · · · · · · · · | | | ••• | | · · · |
| Claim num | ber 29-11318-294-060 | | | | | |
| | ogress Radio Assoc, 350, | | | | | 2 |
| | ollister, Houston, TX. 77040-0000 | | | | | |
| | r: Cadenas, Jerson | | | | | |
| | Syed A. M.D. | | ' | | | |
| 11/05/11 | 1.0 Insert picc cath (36569) | \$305.00 | \$96.12 | \$76.90 | \$19.2 | 2, |
| 11/05/11 | 1.0 Diagnostic x-ray | 200.00 | 19.61 | 15.69 | 3.9 | 2 |
| | (77001-26) professional charge | | t i site i | 3 | | |
| 11/05/11 | 1.0 Us guide vascular access | 125.00 | 15.51 | | 3.1 | 0 |
| | (76937-2659) professional charge | | | | •• ••• | |
| 11/05/11 | 1.0 Radxps in end rprt4fluro pxd | 0.01 | 0.00 | 0.00 | 0.0 | 0 d |
| 1 | (6045F-8P) | | | | | A - |
| 1 | Claim Total | \$630.01 | \$131.24 | \$105.00 | \$26.2 | 4 |

| of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|--|--------------------------------|--------------------------------|--|--|-------------------------|
| Claim number | 28-11327-118-330 | | | | | · . |
| Inpatient Cons | altants Of Tex, PO Box 92729, s, CA 90009-2729 | • | | | | a |
| Dr. Cadenas, J | | | | | | |
| | 1.0 Initial hospital care (99223-AI) | \$393 00 | ÷ \$196 45 | \$157.16 | : \$39.29 | |
| Dr. Cadenas, J | | +070.00 | +++>0.40 | | | |
| | 1.0 Subsequent hospital care (99233) | 201.00 | 100.68 | · · | 20.14 | |
| Dr. Cadenas, J | erson | 201.00 | 100,00 | 00.04 | 2.4.11 | |
| | 1.0 Subsequent hospital care (99233) | 201.00 | 100.68 | 80.54 | 20.14 | ĩ |
| Dr. Cadenas, J | | 201.00 | 100.00 | 00.04 | 20,17 | |
| | 1.0 Subsequent hospital care (99233) | 201.00 | 100 69 | 1 | 20.14 | , · š |
| | Claim Total | \$996.00 | \$498.49 | \$398.78 | | |
| | | 4370.00 | V730.73 | 4330.10 | 433.71 | |
| | | | | | | |
| 1/03/11 | licole M. 1.0 Subsequent hospital care (99233) | \$201.00 | \$100.68 | \$80.54 | \$20.14 | • |
| 1/03/11 | 1.0 Subsequent hospital care (99233) | \$201.00 | \$100.68 | \$80.54 | \$20.14 | |
| 1/03/11 Claim number Inpatient Cons | 1.0 Subsequent hospital care (99233) 28-11327-117-850 Iltants Of Tex, PO Box 92729, | \$201.00 | \$100.68 | \$80.54 | \$20.14 | 2 |
| 1/03/11 Claim number Inpatient Const Los Angele | 1.0 Subsequent hospital care (99233) 28-11327-117-850 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 | \$201.00 | \$100.68 | \$80.54 | \$20.14 | |
| 1/03/11 Claim number Inpatient Consu Los Angele Dr. Navarro, R | 1.0 Subsequent hospital care (99233) 28-11327-117-850 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. | | 206919209tb2793 | 97257596969595959 | | 2 |
| 1/03/11 Claim number Inpatient Consu Los Angele Dr. Navarro, R 11/06/11 | 1.0 Subsequent hospital care (99233) 28-11327-117-850 28-11327-117 | \$201.00 \$393.00 | \$100.68 \$196.45 | 9722759999995959 | | 2 |
| 1/03/11 Claim number Inpatient Consu Los Angele Dr. Navarro, R 11/06/11 Dr. Navarro, R | 1.0 Subsequent hospital care (99233) 28-11327-117-850 altants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. | \$393.00 | \$196.45 | \$157.16 | \$39.29 | 2 |
| 1/03/11 Claim number Inpatient Consu Los Angele Dr. Navarro, R 1/06/11 Dr. Navarro, R 1/11/11 | 1.0 Subsequent hospital care (99233) 28-11327-117-850 altants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) | | 206919209tb2793 | \$157.16 80.54 | \$39.29 20.14 | 2 |
| Claim number Inpatient Consu Los Angele Dr. Navarro, R 11/06/11 Dr. Navarro, R 11/11/11 | 1.0 Subsequent hospital care (99233) 28-11327-117-850 28-11327-117-117-850 28-11427-117-117-117-117-117 28-11427-117 <li< td=""><td>\$393.00 201.00</td><td>\$196.45 100.68</td><td>\$157.16</td><td>\$39.29 20.14</td><td>2</td></li<> | \$393.00 201.00 | \$196.45 100.68 | \$157.16 | \$39.29 20.14 | 2 |
| Claim number Inpatient Consu Los Angele Dr. Navarro, R 11/06/11 Dr. Navarro, R 11/11/11 | 1.0 Subsequent hospital care (99233) 28-11327-117-850 28-11427-117-850 28-11427-117-85 | \$393.00 201.00 | \$196.45 100.68 | \$157.16 80.54 | \$39.29 20.14 | 2 |
| 11/03/11 Claim number Inpatient Consu Los Angele Dr. Navarro, R 11/06/11 Dr. Navarro, R 11/11/11 | 1.0 Subsequent hospital care (99233) 28-11327-117-850 iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Claim Total 28-11327-118-560 | \$393.00 201.00 | \$196.45 100.68 | \$157.16 80.54 | \$39.29 20.14 | 2 |
| 11/03/11 Claim number Inpatient Const Los Angele Dr. Navarro, R 11/06/11 Dr. Navarro, R 11/11/11 C Claim number Inpatient Const | 1.0 Subsequent hospital care (99233) 28-11327-117-850 altants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Claim Total 28-11327-118-560 altants Of Tex, PO Box 92729, | \$393.00 201.00 | \$196.45 100.68 | \$157.16 80.54 | \$39.29 20.14 | 2 |
| 1/03/11 Claim number Inpatient Const Los Angele Dr. Navarro, R 1/06/11 Dr. Navarro, R 1/11/11 C Claim number Inpatient Const Los Angele | 1.0 Subsequent hospital care (99233) 28-11327-117-850 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Claim Total 28-11327-118-560 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 | \$393.00 201.00 | \$196.45 100.68 | \$157.16 80.54 | \$39.29 20.14 | 2 |
| 1/03/11 Claim number Inpatient Const Los Angele Dr. Navarro, R 1/06/11 Dr. Navarro, R 1/11/11 C Claim number Inpatient Const Los Angele Dr. Jamison, N | 1.0 Subsequent hospital care (99233) 28-11327-117-850 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Claim Total 28-11327-118-560 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 ficole M. | \$393.00 201.00 | \$196.45 100.68 | \$157.16 80.54 | \$39.29 20.14 | 2 |
| 1/03/11 Claim number Inpatient Const Los Angele Dr. Navarro, R 1/06/11 Dr. Navarro, R 1/11/11 C Claim number Inpatient Const Los Angele Dr. Jamison, N 1/07/11 | 1.0 Subsequent hospital care (99233) 28-11327-117-850 iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Taim Total 28-11327-118-560 iltants Of Tex, PO Box 92729, s, CA 90009-2729 licole M. 1.0 Subsequent hospital care (99233) | \$393.00 201.00 | \$196.45 100.68 \$297.13 | \$157.16 80.54 \$237.70 | \$39.29 20.14 | 2 |
| 1/03/11 Claim number Inpatient Consu- Los Angele Dr. Navarro, R 1/06/11 Dr. Navarro, R 1/11/11 Claim number Inpatient Consu- Los Angele Dr. Jamison, N 11/07/11 Dr. Jamison, N | 1.0 Subsequent hospital care (99233) 28-11327-117-850 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Claim Total 28-11327-118-560 Iltants Of Tex, PO Box 92729, s, CA 90009-2729 licole M. 1.0 Subsequent hospital care (99233) licole M. | \$393.00 201.00 \$594.00 | \$196.45 100.68 \$297.13 | \$157.16 80.54 \$237.70 | \$39.29 20.14 \$59.43 | 2 |
| 1/03/11 Claim number Inpatient Consu Los Angele Dr. Navarro, R 1/06/11 Dr. Navarro, R 1/11/11 Claim number Inpatient Consu Los Angele Dr. Jamison, N 1/07/11 Dr. Jamison, N | 1.0 Subsequent hospital care (99233) 28-11327-117-850 iltants Of Tex, PO Box 92729, s, CA 90009-2729 omel L. M.D. 1.0 Initial hospital care (99223-AI) omel L. M.D. 1.0 Subsequent hospital care (99233) Taim Total 28-11327-118-560 iltants Of Tex, PO Box 92729, s, CA 90009-2729 licole M. 1.0 Subsequent hospital care (99233) | \$393.00 201.00 \$594.00 | \$196.45 100.68 \$297.13 | \$157.16 80.54 \$237.70 \$80.54 | \$39.29 20.14 \$59.43 \$20.14 | 2 |

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | N S |
|---|--|---|---|---------------------------------------|-------------------------|---|
| | | 8 | | | | |
| Claim aumi | ber 28-11327-118-370 | | | | | |
| | onsultants Of Tex, PO Box 92729, | | | | • | |
| | zeles, CA 90009-2729 | • | | | | |
| Dr. Cadena | | | | | | |
| 11/09/11 | 1.0 Subsequent hospital care (99233) | \$201.00 | \$100.68 | \$80.54 | \$20.1 | 4 |
| Dr. Cadena | | \$201.00 | \$100.00 | 400.34 | | |
| | 1.0 Subsequent hospital care (99233) | 201.00 | 100 68 | 80.54 | 20.1 | <u>и</u> |
| 1,10,11 | Claim Total | \$402.00 | \$201.36 | - | \$40.2 | |
| | | | 1201.00 | • 101100 | | |
| | | | | *********** | | |
| Claim num | ber 28-11318-359-110 | · | 5 | 1 Bert Same | 14 mil | |
| Kelsey Seyt | old Medical, P O Box 840786, | • | • | · | | 2 |
| | TX 75284-0786 | | | | | |
| Dr. Austin | Tolliver, F. L. M.D. | | | | - | |
| | | \$203.00 | \$69.62 | \$55.70 | \$13.9 |)2 |
| Medical Ch 902 Fro | 1.0 Hospital discharge day (99238) ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr , Houston, TX 77024-2402 | | | | | C |
| Claim num Medical Ch | ber 28-11265-028-940 est Associates PA, Ste 188, stwood Dr , Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) | \$120.00 90.00 | \$53 [°] .22 40.56 | 32.45 | 8.1 | 1 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, (| ber 28-11265-028-940 test Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. | \$120.00 | \$53.22 | 32.45 | 8.1 | 54 ~ 1 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 | ber 28-11265-028-940 test Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total | \$120.00 90.00 | \$53 [°] .22 40.56 | 32.45 | 8.1 | 54 - 1 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 Claim num | ber 28-11265-028-940 test Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 | \$120.00 90.00 | \$53 [°] .22 40.56 | 32.45 | 8.1 | 54 - 1 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 Claim num Medical Ch | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, | \$120.00 90.00 | \$53 [°] .22 40.56 | 32.45 | 8.1 | 54 ~ 1 75 |
| Claim num Medical Ch 902 Fro Dr. Keith, (05/19/11 Dr. Keith, (07/20/11 Claim num Medical Ch 902 Fro | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 | \$120.00 90.00 | \$53 [°] .22 40.56 | 32.45 | 8.1 | 54 - 1 |
| Claim num Medical Ch 902 Fro Dr. Keith, (05/19/11 Dr. Keith, (07/20/11 Claim num Medical Ch 902 Fro Referred by | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 r: Manhas, Amit H | \$120.00 90.00 | \$53 [°] .22 40.56 | 32.45 \$75.03 | 8.1 \$18.7 | 54 ~ 1 75 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 Claim num Medical Ch 902 Fro Referred by Dr. Tran, N | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 r: Manhas, Amit H Ainh A. M.D. | \$120.00 90.00 \$210.00 | \$53.22 40.56 \$93.78 | 32.45 \$75.03 | 8.1 \$ 18.7 | 54 ~ 1 75 C |
| Claim num Medical Ch 902 Fro Dr. Keith, (05/19/11 Dr. Keith, (07/20/11 Claim num Medical Ch 902 Fro Referred by Dr. Tran, N 09/17/11 | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 r: Manhas, Amit H Minh A. M.D. 1.0 Critical care, first hour (99291) | \$120.00 90.00 | \$53.22 40.56 \$93.78 | 32.45 \$75.03 | 8.1 \$ 18 .7 | 54 ~ 1 75 1 1 1 1 1 1 1 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 Claim num Medical Ch 902 Fro Referred by Dr. Tran, N 09/17/11 Dr. Tran, N | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 r: Manhas, Amit H Minh A. M.D. 1.0 Critical care, first hour (99291) Minh A. M.D. | \$120.00 90.00 \$210.00 \$415.00 | \$53.22 40.56 \$93.78 \$220.04 | 32.45 \$75.03 \$176.03 | 8.1 \$18.7 | (1 175 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| Claim num Medical Ch 902 Fro Dr. Keith, (05/19/11 Dr. Keith, (07/20/11 Claim num Medical Ch 902 Fro Referred by Dr. Tran, N 09/17/11 | ber 28-11265-028-940 test Associates PA, Ste 188, stwood Dr , Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 test Associates PA, Ste 188, stwood Dr , Houston, TX 77024-2402 r: Manhas, Amit H Ainh A. M.D. 1.0 Critical care, first hour (99291) Minh A. M.D. 1.0 Subsequent hospital care (99231) | \$120.00 90.00 \$210.00 \$415.00 105.00 | \$53.22 40.56 \$93.78 \$220.04 38.84 | 32.45 \$75.03 \$176.03 31.07 | 8.1 \$18.7 \$44.0 | 64 ~ 11 75 01 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 Claim num Medical Ch 902 Fro Referred by Dr. Tran, N 09/17/11 Dr. Tran, N | ber 28-11265-028-940 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 lest Associates PA, Ste 188, stwood Dr, Houston, TX 77024-2402 r: Manhas, Amit H Minh A. M.D. 1.0 Critical care, first hour (99291) Minh A. M.D. | \$120.00 90.00 \$210.00 \$415.00 | \$53.22 40.56 \$93.78 \$220.04 38.84 | 32.45 \$75.03 \$176.03 31.07 | 8.1 \$18.7 | 64 ~ 11 75 01 |
| Claim num Medical Ch 902 Fro Dr. Keith, ()5/19/11 Dr. Keith, ()7/20/11 Claim num Medical Ch 902 Fro Referred by Dr. Tran, N 09/17/11 Dr. Tran, N | ber 28-11265-028-940 test Associates PA, Ste 188, stwood Dr , Houston, TX 77024-2402 George T. 1.0 MD certification HHA patient (G0180) George T. 1.0 MD recertification HHA PT (G0179) Claim Total ber 28-11276-137-440 test Associates PA, Ste 188, stwood Dr , Houston, TX 77024-2402 r: Manhas, Amit H Ainh A. M.D. 1.0 Critical care, first hour (99291) Minh A. M.D. 1.0 Subsequent hospital care (99231) | \$120.00 90.00 \$210.00 \$415.00 105.00 | \$53.22 40.56 \$93.78 \$220.04 38.84 | 32.45 \$75.03 \$176.03 31.07 | 8.1 \$18.7 \$44.0 | 64 11 75 01 |

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PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
|------------------------|---|-------------------|----------------------|------------------------------|-------------------------|------------------------|
| Claim numbe | er 28-11298-919-120 | | | | | ··· . |
| | st Associates PA, Ste 188, | | | | | |
| | wood Dr , Houston, TX 77024-2402 | | • | | | • |
| Dr. Jain, Aja | | | | | | |
| 9/26/11 | 1.0 Pt vis doc use EHR cer ATCB (G8447 | \$0.01 | \$0.00 | ÷ • • • • | \$0.00 | |
| | 1.0 Office/outpatient visit est (99214) | • | | | | |
| | | 140.00 | 102.94 | | | } |
| | 1.0 Doc cur meds by prov (G8427) | 0.00 | | 0.00 | |) d |
| 9/26/11 | 1.0 Tobacco non-user (1036F) | 0.00 | 0.00 | - | | |
| 2 | Claim Total | \$140.01 | \$102.94 | \$82.35 | \$20.5 |) |
| 윤음 | | | **** | | | |
| | • | | | anan arya | | |
| | er 22-11322-314-410 | : | | | ente tradição | |
| | st Associates PA, Ste 188, | | | | | c,a : |
| | wood Dr , Houston, TX 77024-2402 | 0 | | · · · · • | • | |
| Referred by: | Cadenas, Jerson | | | | | |
| Dr. Tran, Mi | nh A. M.D. | | | | | |
| 1/07 - 08/11 | 2.0 Subsequent hospital care (99232) | \$280.00 | \$140.16 | \$112.13 | \$28.03 | 3 |
| | лh А. М.D. | | | | | |
| | 2.0 Subsequent hospital care (99232) | 280.00 | 140.16 | 112.13 | 28.03 | 3 |
| | nh A. M.D. | | | | | - |
| | 1.0 Subsequent hospital care (99232) | 140.00 | 70.08 | 56.06 | 14.02 | |
| -// | Claim Total | \$700.00 | \$350.40 | \$280.32 | | |
| | | +100.00 | +000.40 | 1200.02 | | |
| | | | | | Schenzertrein | |
| | er 22-11255-588-960 Urology Associate, PO Box 4959, | | | | | • |
| | TX 77210-4959 | | | | | |
| | Miro Quesada, Miguel V | | | | | |
| | | | | • • | • | |
| Dr. Yu, Tse-J | | | | + + = = = = = = | | . ' |
| 9/07/11 | 1.0 Ct scan for therapy guide (77014) | \$650.00 | \$191.24 | | | |
| 9/07/11 | 1.0 Radiation tx delivery imrt (77418) | 2,500.00 | | | 103.1 | |
| 9/07/11 | 1.0 Radiation tx management, x5 (77427) | | 182.54 | | | |
| 9/07/11 | 1.0 Radiation physics consult (77336) | 500.00 | | | 10.39 | |
| | Claim Total | \$4,650.00 | \$941°.46 | \$753.16 | \$188.3 | |
| | | | | · · | · · · · · · | |
| | e de la contra de la | | | 1 F. 194 | | |
| | | | | | : · · · · | |
| • | | | | | | |

BRUNSTING001775

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Note Sectio |
|---|---|---|--|---|---------------------------|-----------------------|
| | ber 29-11258-629-700 | | | | | |
| | s Urology Associate, PO Box 4959, | | · . | | | |
| | n, TX 77210-4959 | | | | | • • • |
| | /: Miro Quesada, Miguel V | | · . | | | |
| | e-Kuan M.D. | £ | | | | te st |
| | 1.0 Ct scan for therapy guide (77014) | \$650.00 | | \$152.99 | | 25 |
| | 1.0 Radiation tx delivery imrt (77418) | | | 412.58 | | |
| 33,00,11 | Claim Total | | | \$565.57 | | |
| | | +0,100.00 | | 1.1.1 - U | | |
| · · · · | | ******* | | | | 5 |
| Claim num | ber 29-11258-629-580 | -K+L | | | | |
| Northwood | s Urology Associate, PO Box 4959, | | | en-deser- | 1.150 1.00 | 1997 - C |
| | n, TX 77210-4959 | | | ang katalan dasa | | : • • • • • • • |
| | y: Miro Quesada, Miguel V | : | | . to the <u>1</u> 12-17 | · | |
| | e-Kuan M.D. | | | | | · · · |
| 09/09/11 | 1.0 Ct scan for therapy guide (77014) | \$650.00 | \$191.24 | \$152.99 | \$38.2 | 25 |
| 09/09/11 | 1.0 Radiation tx delivery imrt (77418) | 2,500.00 | 515.73 | 412.58 | 103.1 | 15 |
| , . | Claim Total | \$3,150.00 | \$706.97 | \$565.57 | \$141.4 | 40 |
| Northwood Housto | aber 22-11259-315-190 s Urology Associate, PO Box 4959, n, TX 77210-4959 | 2010 2019 2019 2019 2019 2019 2019 2019 | | | 2016)2010)2010)2010) - | ¢ |
| | y: Miro Quesada, Miguel V | | | | | |
| | e-Kuan M.D. | | | | | |
| 09/13/11 | 1.0 Ct scan for therapy guide (77014) | \$650.00 | \$191.24 | | \$38.3 | |
| 09/13/11 | 1.0 Radiation tx delivery irnrt (77418) | 2,500.00 | 515.73 | | 103. | |
| | Claim Total | \$3,150.00 | \$706.97 | \$565.57 | \$141.4 | 40 |
| | | | | | | |
| | adata tanàng aritra di kanang ang kanang kanang Kanang kanang | | | | ********** | |
| Claim | | | | | | |
| Claim nun | aber 29-11263-481-180 | | | | | |
| Northwood | s Urology Associate, PO Box 4959, | | tenina vaa | n ke minskele | | |
| Northwood Housto | s Urology Associate, PO Box 4959, | | tenina vaa | an a | | |
| Northwood Housto Referred b | s Urology Associate, PO Box 4959, n, TX 77210-4959 y: Miro Quesada, Miguel V | | tenina vaa | n ke minskele | | |
| Northwood Housto Referred b Dr. Yu, Ts | s Urology Associate, PO Box 4959, n, TX 77210-4959 y: Miro Quesada, Miguel V e-Kuan M.D. | | t s rijev, vedar 7 danita, kost 2000 - S | n konstantint 1973 - Standard 1987 - Standard 1987 - Standard | | 25 |
| Northwood Housto Referred b | s Urology Associate, PO Box 4959, n, TX 77210-4959 y: Miro Quesada, Miguel V | | tenina vaa | а ж. тарыйсэ 1974 - Нарайсэ 1987 - Сараба 1987 - Сараба 1 | | |

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|---|---|--|--------------------------|------------------------------|-------------------------|-------------------------|
| 09/14/11 | 1.0 Radiation physics consult (77336) Claim Total | 500.00 \$4,650.00 | 51.95 \$941.46 | 41.56 \$753.16 | 10.39 \$188.30 | |
| Oncology C Houston | ber 22-11256-389-640 onsultants, P. A., PO Box 4418, a, TX 77210-4418 | ************************************** | | | | .: |
| | : Dr. Mauk, Paul M. , Alex P. M.D. | , | | | ku ka sa Ta' na sai | |
| 09/02/11 09/02/11 | 1.0 Office/outpatient visit est (99213) 1.0 Complete cbc w/auto diff wbc (85025) Claim Total | 38.00 | 10.94 \$80.35 | \$55.53 10.94 \$66.47 | 0.00 \$13.88 | e |
| Oncology C Houston Referred by Dr. Belchev | ber 38-11271-146-680 onsultants, P. A., PO Box 4418, a, TX 77210-4418 : Dr. Mauk, Paul M. a, Anna M.D. 1.0 Subsequent hospital care (99233) | \$160.00 | \$100.68 | \$80.54 | \$20.14 | |
| Oncology C Houston Referred by Dr. Nguyen | ber 39-11284-291-500 onsultants, P.A., PO Box 4418, a, TX 77210-4418 : Dr. Mauk, Paul M. , Alex P. M.D. 1.0 Subsequent hospital care (99233) | \$160.00 | \$100.68 | \$80.54 | \$20.14 | 2 |
| | | | | <u></u> | | |

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| | Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Sectio |
|-----|--|---|--|---|--|--|------------------------|
| | 09/28/11 | 1.0 Prothrombin time (85610) Claim Total | 28.00 \$216.00 | 5.53 \$88.88 | 5,53 \$75.00 | 0.00 \$13.88 | e |
| • | Oncology Co Houston | er 39-11285-226-560 onsultants, P.A., PO Box 4418, , TX 77210-4418 | | | | | |
| | | Dr. Mauk, Paul M. Alex P. M.D. | | | | •••••••••••••••••••••••••••••••••••••• | • |
| ÷ | | 1.0 Office/outpatient visit est (99213) | \$135.00 | \$0° 00 | \$0.00 | \$0.00 | f |
| | | 1.0 Complete cbc w/auto diff wbc (85025) | 38.00 | | 0.00 | | |
| : | | 1.0 Routine venipuncture (36415) | 15.00 | 0.00 | 0.00 | | |
| , | 09/28/11 | 1.0 Prothrombin time (85610) | 28.00 | 0.00 | | 0.00 | - |
| • | | Claim Total | \$216.00 | \$0_00 | \$0.00 | \$0.00 | |
| | Oncology Co Houston | per 39-11300-207-850 onsultants, P.A., PO Box 4418, , TX 77210-4418 | | | | | a |
| • 8 | | Dr. Mauk, Paul M. Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) | \$210.00 38.00 15.00 28.00 | \$102.94 10.94 3.00 5.53 | \$82.35 10.94 3.00 5.53 | \$20.59 0.00 0.00 0.00 | e |
| - E | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 | 38.00 15.00 | 10.94 3.00 | 10.94 3.00 | 0.00 0.00 | e |
| · 2 | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 Claim numb Oncology Co Houston | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 onsultants, P.A., PO Box 4418, , TX 77210-4418 | 38.00 15.00 28.00 | 10.94 3.00 5.53 | 10.94 3.00 5.53 | 0.00 0.00 0.00 | e |
| | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 Claim numb Oncology Co Houston Referred by: | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 onsultants, P.A., PO Box 4418, , TX 77210-4418 Dr. Mauk, Paul M. | 38.00 15.00 28.00 | 10.94 3.00 5.53 | 10.94 3.00 5.53 \$101.82 | 0.00 0.00 \$20.59 | e |
| | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 Claim numb Oncology Co Houston Referred by: Dr. Nguyen, | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 onsultants, P.A., PO Box 4418, , TX 77210-4418 Dr. Mauk, Paul M. Alex P. M.D. | 38.00 15.00 28.00 \$291.00 | 10.94 3.00 5.53 \$122.41 | 10.94 3.00 5.53 \$101.82 | 0.00 0.00 \$20.59 | e |
| | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 Claim numb Oncology Co Houston Referred by: Dr. Nguyen, 10/24/11 | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 onsultants, P.A., PO Box 4418, , TX 77210-4418 Dr. Mauk, Paul M. Alex P. M.D. 1.0 Office/outpatient visit est (99213) | 38.00 15.00 28.00 \$291.00 \$135.00 | 10.94 3.00 5.53 \$122.41 \$69.41 | 10.94 3.00 5.53 \$101.82 \$55.53 | 0.00 0.00 \$20.59 | e |
| | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 Claim numb Oncology Co Houston Referred by: Dr. Nguyen, 10/24/11 10/24/11 | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 onsultants, P.A., PO Box 4418, , TX 77210-4418 Dr. Mauk, Paul M. Alex P. M.D. 1.0 Office/outpatient visit est (99213) 1.0 Complete cbc w/auto diff wbc (85025) | 38.00 15.00 28.00 \$291.00 | 10.94 3.00 5.53 \$122.41 | 10.94 3.00 5.53 \$101.82 \$55.53 10.94 | 0.00 0.00 \$20.59 \$13.88 0.00 | e |
| | Dr. Nguyen, 10/17/11 10/17/11 10/17/11 10/17/11 10/17/11 Claim numb Oncology Co Houston Referred by: Dr. Nguyen, 10/24/11 10/24/11 | Alex P. M.D. 1.0 Office/outpatient visit est (99214) 1.0 Complete cbc w/auto diff wbc (85025) 1.0 Routine venipuncture (36415) 1.0 Prothrombin time (85610) Claim Total ver 39-11306-202-510 onsultants, P.A., PO Box 4418, , TX 77210-4418 Dr. Mauk, Paul M. Alex P. M.D. 1.0 Office/outpatient visit est (99213) | 38.00 15.00 28.00 \$291.00 \$135.00 38.00 | 10.94 3.00 5.53 \$122.41 \$69.41 10.94 | 10.94 3.00 5.53 \$101.82 \$55.53 10.94 | 0.00 0.00 \$20.59 | e e a |

Your Medicare Number: XXX-XX-8905D

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS (continued)

| Dates of Service | Services Provided | Amount Charged | Medicare Approved | Medicare Paid Provider | You May Be Billed | See Notes Section |
|--|--|---|--|--|---|-------------------------|
| | r 58-11201-064-620 9, PO Box 90482 , | | | | | |
| Chicago, 1)9/29/09)9/29/09 | IL 60696-0482 1.0 Flu vaccine 3 yrs & > im (90658) 1.0 Admin influenza virus vac (G0008) Claim Total | - 18.00 | 18.00 | 18.00 | 0.00 | e h |
| | ion: | | | | | |
| Notes Sect | | | | | | |
| a This info | rmation is being sent to your private i efits to them. Your private insurer(s) | nsurer(s). is UNITE | Send any DHEALT | questions a HCARE (S | egarding SUPPLEM | |
| a This info your ben b Your clainotice. c The nam | rmation is being sent to your private i | nsurer(s). is UNITE remaining or missing. | Send any DHEALT g services m | questions 1 HCARE (S ay appear | egarding SUPPLEM on a separa | ENTA |
| a This info your ben b Your clai notice. c The nam or numbed d This code | rmation is being sent to your private i efits to them. Your private insurer(s) im was separated for processing. The e or Medicare number was incorrect o | nsurer(s). is UNITE remaining or missing. ms. ses only. | Send any DHEALT s services m Ask your You should | questions r HCARE (S ay appear provider to | egarding SUPPLEM on a separa o use the na | ENTA |
| a This info your ben b Your clai notice. c The nam or numbe d This code this code | rmation is being sent to your private i efits to them. Your private insurer(s) im was separated for processing. The e or Medicare number was incorrect o er shown on this notice for future clain e is for informational/reporting purpos | nsurer(s). is UNITE remaining or missing. ms. ses only. to pay th | Send any DHEALT s services m Ask your You should te amount. | questions r HCARE (S ay appear provider to not be cha | egarding SUPPLEM on a separa o use the na | ENTA |
| a This info your ben b Your clai notice. c The nam or numbe d This code this code e This serv | rmation is being sent to your private i efits to them. Your private insurer(s) im was separated for processing. The e or Medicare number was incorrect o er shown on this notice for future clain e is for informational/reporting purpos . If there is a charge, you do not have | nsurer(s). is UNITE remaining or missing. ms. ses only. to pay the care appro- | Send any DHEALT s services m Ask your You should te amount. | questions r HCARE (S ay appear provider to not be cha | egarding SUPPLEM on a separa o use the na | ENTA |
| a This info your ben b Your clainotice. c The nam or numbed d This code this code e This serv f This is a | rmation is being sent to your private i efits to them. Your private insurer(s) im was separated for processing. The e or Medicare number was incorrect of er shown on this notice for future clain e is for informational/reporting purpos . If there is a charge, you do not have vice is paid at 100 percent of the Media | nsurer(s). is UNITE remaining or missing. ms. ses only. to pay th care appro- ed. | Send any DHEALT g services m Ask your You should he amount. | questions i HCARE (S ay appear provider to not be chant. | regarding SUPPLEM on a separa o use the na | ENTA |

Deductible Information:

You have met the Part B deductible for 2009.

You have met the Part B deductible for 2011.

General Information:

You have the right to request an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

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If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider. ور المراجع الم مواد المراجع الم

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number. and the second second

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-MEDICARE.

- / -

Appeals Information - Part B

If you disagree with any claims decision on this notice, your appeal must be received by April 24, 2012. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: Medicare Part B, P.O. Box 660156, Dallas, TX 75266-0156. (You may also send any additional information you may have about your appeal.)

3) Sign here Phone number (

and the second second

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4) Medicare Number



<u>Medicare Summary Notice</u>

JC

CUSTOMER SERVICE INFORMATION

Your Medicare Number: XXX-XX-8905D

Page 1 of 4

December 27, 2011

NELVA BRUNSTING 13630 PINEROCK LN Houston TX 77079-5914

BE INFORMED: Beware of telemarketers or advertisements offering free or discounted Medicare items and services.

If you have questions, call: Call: 1-800-MEDICARE (1-800-633-4227) (18003) Ask for Medical Supplies

TTY (tele-typewriter) and TDD users only should call: 1-877-486-2048

This is a summary of claims processed from 09/28/2011 through 12/27/2011.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

| Dates of | | Amount | Medicare | Medicare Paid | You May Be | See Notes |
|---|---|----------|----------|------------------|---------------|-------------------------------|
| Service | Services Provided | Charged | Approved | Provider | Billed | Sectior |
| Claim number | 11297792108000 | | | | | |
| | CT, INC., 2200 CENTRAL PKWY, | | | | | |
| | HOUSTON, TX 77092-7710 | | | | | |
| Referred by: R | OBERT E WHITE | | | | | |
| 10/22/11 | 1.0 Oxygen concentrator (E1390-RR) Rental | \$276.20 | \$0.00 | \$0.00 | \$0.00 | a,b |
| 10/22/11 | 1.0 Portable gaseous 02 (E0431-RR) Rental | 43.43 | 0.00 | 0.00 | 0.00 | a,b |
| - | laim Total | \$319.63 | \$0.00 | \$0.00 | \$0.00 | typ-Bolate taubterclat-01.228 |
| + | 11301772375000 CT, INC., 2200 CENTRAL PKWY, | | | | | c |
| , | HOUSTON, TX 77092-7710 | | | - | | |
| Referred by: A | | | **** | | ** ** | |
| 09/22/11 | 1.0 Portable gaseous 02 (E0431-RR) Rental | \$43.43 | \$28.74 | \$22.99 | \$5.75 | |
| 09/22/11 | 1.0 Oxygen concentrator (E1390-RR) Rental | 276.20 | 173.31 | 138.65 | 34.66 | d |
| er ein soorsonen administretin allikeinik | | \$319.63 | \$202.05 | \$161.64 | \$40.41 | |
| Claim number | 11322770950000 | | | | | |
| | ECT, INC., 2200 CENTRAL PKWY, HOUSTON, TX 77092-7710 | | | | | C |
| Referred by: A | JAY JAIN | | | | | |
| 10/22/11 | 1.0 Oxygen concentrator (E1390-RR) Rental | \$276.20 | \$173.31 | \$138.65 | \$34.66 | d |
| 10/22/11 | 1.0 Portable gaseous 02 (E0431-RR) Rental | 43.43 | 28.74 | 22.99 | 5.75 | d |
| C | laim Total | \$319.63 | \$202.05 | \$161.64 | \$40.41 | |

THIS IS NOT A BILL - Keep this notice for your records.

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BRUNSTING001781

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

(continued)

| | Amount Charged | Medicare Approved | Medicare Paid Provider : | You May Be Billed | See Notes Section |
|---|---------------------|----------------------|--------------------------------|-------------------------|-------------------------|
| Claim number 11264803432000 | | | | | • |
| SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 | | | | | |
| Referred by: AJAY JAIN | | • • • • | | | |
| 09/21/11 I.0 Hosp bed semi-electr w/ matt (E0260-RRK1KX) Rental | \$150.00 | \$126.99 | \$101.59 | \$25.40 | e maanaar |
| Claim number 11299705076000 | | | | | |
| SUN OPTIMUM SUPPLIES, 12834 MURPHY RD, STAFFORD, TX 77477-3902 | | | | | C |
| Referred by: AJAY JAIN | \$150.00 | \$95.24 | \$76.19 | \$19.05 | £ |
| 10/21/11 1.0 Hosp bed semi-electr w/ matt (E0260-RRKJKX) Rental | 9120.00 | J7J.24 | 3/0.17 | \$17.UJ | |
| Claim number 11270737453000 | | | | | |
| WALGREEN CO, PO BOX 90482, | | | | | |
| CHICAGO, IL 60696-0482 | | | | | |
| Referred by: AJAY JAIN 09/06-10/05/11 449.0 Albuterol non-comp unit (J7613-KO) | \$131.97 | \$30.08 | \$24.06 | \$6.02 | σ |
| 09/06/11 1.0 Disp fee inhal drugs/30 days (Q0513) | 33.00 | 33.00 | | 6.60 | Б |
| Claim Total | \$164.97 | \$63.08 | \$50.46 | \$12.62 | |
| Notes Section: | | | | | , <u></u> , |
| a This item cannot be paid without a new, revised or rene | wed certi | ficate of me | dical necessi | ity. | |
| b You should not be billed for this service. You are only coinsurance amounts listed in the 'You may be billed" c | responsit olumn. | ole for any d | eductible an | d : | |
| c We have sent your claim to UNITEDHEALTHCARE (S regarding your benefits to them. | SUPPLE | MENTAL). | Send any q | uestions | |
| d Medicare will pay for you to rent this equipment for up | , to 36 mo | nths (or unt | i vou no | | |

- longer need the equipment). After the 36 month rental period, Medicare will continue to pay for delivery of liquid and gaseous contents, as long as it is still medically necessary.
- e Monthly rental payments can be made for up to 13 months from the first paid rental month or until the equipment is no longer needed; whichever comes first. After the 13 month of rental is paid, your supplier must transfer title of this equipment to you.
- f Payment is reduced by 25 percent beginning the 4th month of rental.

g The approved amount is based on a special payment method.

Deductible Information:

You have met the Part B deductible for 2011.

General Information:

You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

If you aren't due a payment check from Medicare, your Medicare Summary Notices (MSN) will now be mailed to you on a quarterly basis. You will no longer get a monthly statement in the mail for these types of MSNs. You will now get a statement every 90 days summarizing all of your Medicare claims. Your provider may send you a bill that you may need to pay before you get your MSN. When you get your MSN, look to see if you paid more than the MSN says is due. If you paid more, call your provider about a refund. If you have any questions about the bill from your provider, you should call your provider.

Please have your complete Medicare number with you when you call 1-800-MEDICARE so your record can be located. For your protection this MSN does not include your entire number.

If you change your address, contact the Social Security Administration by calling 1-800-772-1213.

Medicare covers cardiovascular screenings that check your cholesterol and other blood fat levels and screenings to check for diabetes. Talk to your doctor or call 1-800-MEDICARE (1-800-633-4227) for more information.

13613834524

BRUNSTING001783

Your Medicare Number: XXX-XX-8905D

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Appeals Information - Part B

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If you disagree with any claims decisions on this notice, your appeal must be received by April 30, 2012. Follow the instructions below:

- 1) Circle the item(s) you disagree with and explain why you disagree.
- 2) Send this notice, or a copy, to the following address: CGS DME MAC Jurisdiction C, Attn: Redetermination Dept, P. O. Box 20009, Nashville, TN 37202.

(You may also send any additional information you may have about your appeal.)

Page 01 of 03

Medicare Summary Notice February 07, 2012
CUSTOMER SERVICE INFORMATION Your Medicare Number: XXX-XX-8905D

If you have questions, call 1-800-Medicare (1-877-220-6289) (#15004)

Ask for Hospital Services TTY for Hearing Impaired: 1-855-294-9889

Appeals Address: Please see the General Information Section -

This is a summary of claims processed on 12/15/2011.

HHH

HOME HEALTH CARE

the general information section.

NELVA E. BRUNSTING 13630 PINEROCK Houston TX 77079-5914

BE INFORMED: You may see some claims that

have been adjusted. For an explanation see

| Dates of Service | Number of Services Provided | Amount Charged | Non- Covered Charges | Coinsurance | You May Be Billed | See Notes Section |
|------------------------|-----------------------------------|-------------------|----------------------------|-------------|-------------------------|-------------------------|
| Control numb | er 21134000727902TXR | | | | | |
| Girling Health | Care, Inc. | | | | | a,b,c |
| | t S Loop 200 | | · | | | |
| | FX 77401-4120 | | | | | |
| Referred by: | Ajay Jain | | | | | |
| 09/14/11-11/1 | 1/11 57 Med-Sur Supplies | \$ 243.96 | \$0.00 | \$0.00 | \$0.00 | |
| | 7 Physical Therp | 1,225.00 | 0.00 | 0.00 | 0.00 | |
| | 11 Skilled Nursing | 1,760.00 | 0.00 | 0.00 | 0.00 | |
| С | aim Total | \$3,228.96 | \$0.00 | \$0.00 | \$0.00 | |

Notes Section:

a What Medicare pays for a service or item may be higher than the billed amount. The Medicare payment amount is correct. Medicare pays this provider less than the billed amount on other claims since payment rates are set in advance for certain services and averaged out over an entire year.

b The amount Medicare paid the provider for this claim is \$3,804.75.

(continued)

THIS IS NOT A BILL - Keep this notice for your records.

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IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR MEDICARE BENEFITS

For more information about services covered by Medicare, please see your Medicare Handbook.

PART A HOSPITAL INSURANCE (INPATIENT)

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

THE AMOUNT YOU MAY BE BILLED for Part A services includes:

- an inpatient hospital deductible once during each benefit period,
- a coinsurance amount for the 61st through the 90th days of a hospital stay during each benefit period,
- a coinsurance amount for each Lifetime Reserve Day, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- a blood deductible for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- an inpatient coinsurance for the 21st through the 100th days of a Medicare covered stay in a skilled nursing facility,

• charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES) helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

THE AMOUNT YOU MAY BE BILLED for Part B services includes:

- an annual deductible, taken from the first Medicare Part B charges each year;
- after the deductible has been met for the year, depending on services received, a coinsurance amount (20 percent of the amount charged), or a fixed copayment for each service; and
- charges for services or supplies that are not covered by Medicare. You may not have to pay for certain denied services. If so, a note on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company, make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All

Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and worker's compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with what Medicare approved for these services, you may appeal the decision. You must file your appeal within 120 days of the date you receive this notice. Unless you show us otherwise, we assume you received this notice 5 days after the date of this notice. Follow the appeal instructions on the front of the last page of the notice. If you want help with your appeal, a friend or someone else can help you. Also, groups such as legal aid services may provide free assistance. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and

• claims for Medicare services/items you did not receive. If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every state. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.

CENTERS for MEDICARE & MEDICAID SERVICES

EOF 2332(09/05)

Notes Section: (continued)

c This information is being sent to your private insurer(s). Send any questions regarding your benefits to them.

nformation: **General Information:**

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Medicare may pay for services that you get while on board a ship within the territorial waters of the United States. In rare cases, Medicare may pay for inpatient hospital, doctor, or ambulance services you get if you are traveling through the territorial waters of Canada without unreasonable delay by the through the territorial waters of Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency. Medicare won't pay for this service since you didn't meet these requirements.

Compare the services you receive with those that appear on your Medicare Summary Notice. If you have questions, call your doctor or provider. If you feel further investigation is needed due to possible fraud or abuse, call the phone number in the Customer Service Information Box.

If you are not due a payment check from Medicare, your Medicare summary notices (MSN) will now be mailed to you on a quarterly basis. You will no longer receive a monthly statement in the mail for these types of MSNs. You will now receive a statement every 90 days summarizing all of your Medicare claims. You may receive a bill from your provider before you receive an MSN. Please compare the MSN with the bill from your provider to ensure you paid the appropriate amount for your services.

Caring for someone with Medicare? We know it's not easy. Visit "Ask Medicare" at medicare.gov/caregivers for up-to-the-minute information, resources, and tips on making the most of Medicare.

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts what Medicare pays.

res in sur NOTICE: Please send written appeal requests to: J15 - HHH Correspondence, CGS Administrators, LLC, PO Box 20014, Nashville, TN 37202. This address is only for appeals requests and not general correspondence. For a general inquiry address please call: 1-800-MEDICARE

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General Information (continued):

Starting July 1, 2008, you may have to use certain Medicare-contracted suppliers to get certain medical equipment and supplies. To find out which suppliers you can use, visit www.medicare.gov or call 1-800-MEDICARE

Want to see your latest claims? Visit MyMedicare.gov on the web any time, day, or night, and get the most out of your Medicare. Your personalized Medicare information is waiting for you online.

Your claims may have been adjusted since Medicare changed how it pays for certain services in 2010. You can compare claims that have been changed to previous statements you received in the past. Your provider may owe you a refund or you may have to pay more coinsurance. Call your provider or 1-800-Medicare.

This is an adjustment to a previously processed claim and/or deductible record.

Appeals Information - Part A (Inpatient)

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If you disagree with any claims decisions on this notice, your appeal must be received by June 11, 2012. Follow the instructions below:

1) Circle the item(s) you disagree with and explain why you disagree.

2) Send this notice, or a copy, to the following address:

CGS J15 MAC - HHH REGION HHH CORRESPONDENCE P O BOX 20014 NASHVILLE, TN 37202

(You may also send any additional information you may have about your appeal.)

| 3) | Sign here | , j | Phone number () |
|------------|---|-----|--|
| 4) | Medicare Number: | | t ² |
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