

OUTPATIENT DETAIL STATEMENT



| PATIENT'S NAME | ACCOUNT NO. | ADMISSION DATE | DISCHARGE DATE | STATEMENT DATE |
|-----------------|------------------|----------------|----------------|----------------|
| COPP, DOUGLAS F | 001415142-2253 E | 09/10/02 | 09/10/02 | 09/14/02 |

PLEASE REFER TO PATIENT'S NAME & ACCOUNT NO. ON ALL INQUIRIES AND CORRESPONDENCE

IF ADDING CHANGE OF ADDRESS OR CREDIT CARD INFORMATION ON REVERSE PLEASE CHECK BOX ==>

| | |
|---|---|
| <p>TO: DOUGLAS F COPP PO BOX 534 SANDIA PARK NM 87047-0000</p> | <p>FROM: KASEMAN PRESBYTERIAN 3.0 PO BOX 27888 ALBUQUERQUE NM 87125-7888</p> |
| <p>INSURANCE: BLUE CROSS PPO/PCS 290 803</p> | |
| <p>FOR BILLING INFORMATION CALL HQ BUSINESS OFFICE 505 933-5400</p> | |

DETACH HERE, PLEASE RETURN TOP PORTION ONLY. DO NOT ENCLOSE INQUIRIES WITH YOUR PAYMENT

ENTER AMOUNT PAID

| PATIENT'S NAME | ACCOUNT NO. | STATEMENT DATE | PAGE NO. |
|-----------------|----------------|----------------|----------|
| COPP, DOUGLAS F | 001415142-2253 | 09/14/02 | SM01 |

INSURANCE PORTION COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER

| SERVICE DATE | SERVICE CODE | DESCRIPTION | TOTAL AMOUNT | INSURANCE PORTION | PATIENT PORTION |
|--------------------------------|--------------|-----------------------|--------------|-------------------|-----------------|
| ----- SUMMARY OF CHARGES ----- | | | | | |
| ----- ANCILLARY CHARGES ----- | | | | | |
| | 021 | EMERGENCY/URGENT CARE | 166.00 | 166.00 | |
| | 046 | PROFESSIONAL FEES | 133.00 | 133.00 | |
| TOTAL OF ALL CHARGES | | | 299.00 | 299.00 | |
| DEDUCTIBLE & COINSURANCE | | | | 50.00 | 50.00 |
| TOTAL CHARGES AND INSURANCE | | | 299.00 | 249.00 | |
| ESTIMATED PATIENT LIABILITY | | | | | 50.00 |

STATEMENT



PLEASE REFER TO PATIENT'S NAME & ACCOUNT NO. ON ALL INQUIRIES AND CORRESPONDENCE

| PATIENT'S NAME | FC | ACCOUNT NO. | PAY PERIOD COVERED BY THIS STATEMENT | STATEMENT DATE |
|-----------------|----|----------------|--------------------------------------|----------------|
| COPP, DOUGLAS F | B | 001415142-2273 | 10/12/02 11/11/02 | 11/11/02 |

IMPORTANT: PLEASE DETACH & RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR REMITTANCE TO ASSURE PROPER CREDIT. SEE REVERSE SIDE FOR PAYMENT BY VISA, MASTERCARD, AMERICAN EXPRESS OR DISCOVER.

IF ADDING CHANGE OF ADDRESS OR CREDIT CARD INFORMATION ON REVERSE PLEASE CHECK BOX

DOUGLAS F COPP
 PO BOX 534
 SANDIA PARK NM 87047-0000

| | |
|-----------------|---------------------------|
| SEND PAYMENT TO | KASEMAN PRESBYTERIAN 3.0 |
| | PO BOX 27888 |
| | ALBUQUERQUE NM 87125-7888 |

| | |
|-----------------|--------|
| PAY THIS AMOUNT | 290.16 |
|-----------------|--------|

DETACH HERE PLEASE RETURN TOP PORTION ONLY. DO NOT ENCLOSE INQUIRIES WITH YOUR PAYMENT.

| PATIENT'S NAME | FC | ACCOUNT NO. | TRANSACTIONS MADE AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT | STATEMENT DATE | PAGE NO. |
|-----------------|----|----------------|--|----------------|----------|
| COPP, DOUGLAS F | B | 001415142-2273 | | 11/11/02 | 1 |

| DATE | DESCRIPTION | AMOUNT |
|----------|--|-----------|
| 10/11/02 | 00098200 ALLOWANCE-PCOH-BLUE CROSS SERVICE ON 10/07/02 BLUE CROSS PPO/POS 290 | 781.20- |
| 10/24/02 | 00096000 PMT-BLUE CROSS SERVICE ON 10/07/02 BLUE CROSS PPO/POS 290 | 1,160.64- |

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT
 BO BUSINESS OFFICE PHONE 505 923-6400

KASEMAN HOSPITAL BUSINESS OFFICE IS LOCATED AT, 1801 RANDOLPH S.E. ALBUQUERQUE, NM 87106
 PAYMENTS MAY BE MADE AT YOUR LOCAL FACILITY.
 BUSINESS OFFICE TOLL FREE NUMBER 1-800-704-4639.
 BUSINESS OFFICE HOURS ARE: 8:00 AM TO 5:00 PM, M-CUSTOMER SERVICE HOURS ARE 8-12 AND 1-5, M-F.

| | |
|-------------------------------------|-----------|
| ACCOUNT BALANCE LAST STATEMENT | 2,232.00 |
| NEW CHARGES/ADJUSTMENTS | 0.00 |
| LESS NEW PAYMENTS/CREDITS | 1,941.84- |
| CURRENT ACCOUNT BALANCE | 290.16 |
| ESTIMATED AMOUNT DUE FROM INSURANCE | 0.00 |

| | |
|-----------------|--------|
| PAY THIS AMOUNT | 290.16 |
|-----------------|--------|

New Mexico Neurosurgery
Medical Bills

MAKE CHECKS PAYABLE TO:

NEW MEXICO NEUROSURGERY PC
522 LOMAS BLVD NE
ALBUQUERQUE, NM 87102-2454

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.
CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER _____ AMOUNT _____

SIGNATURE _____ EXP. DATE _____

3838-MORT

| | | |
|----------------|-----------------|--------------|
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 01/13/03 | \$15.40 | 001000004203 |

SHOW AMOUNT PAID HERE \$

PAGE: 1

ADDRESSEE: _____

REMIT TO: _____

COPP, DOUGLAS F
 PO BOX 534
 SANDIA PARK, NM 87047-0534

NEW MEXICO NEUROSURGERY PC
 522 LOMAS BLVD NE
 ALBUQUERQUE, NM 87102-2454

USA

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

500005

| DATE | DESCRIPTION OF SERVICE | AMOUNT | INS. BAL | PAT. BAL | LINE ITEM BAL |
|----------|---|-----------|----------|----------|---------------|
| 10/03/02 | VISIT 10342 FOR DOUGLAS WITH ERASMUS, MARK D MD | | | | |
| 10/03/02 | 99244 - Offic Cons New/estab Mod-hi 60 | \$177.00 | | | |
| 10/04/02 | Credit Card Payment | -\$20.00 | | \$15.40 | |
| 10/21/02 | BCBS Payment | -\$141.60 | | | |
| 10/21/02 | BCBS Adjustment | \$0.00 | | | |
| | VISIT TOTAL = | \$15.40 | \$0.00 | \$15.40 | \$15.40 |

| CURRENT | 30-60 DAYS | 60-90 DAYS | 90-120 DAYS | OVER 120 DAYS | TOTAL ACCOUNT BALANCE |
|---------|------------|------------|-------------|---------------|-----------------------|
| 30 | \$0.00 | \$0.00 | \$15.40 | \$0.00 | \$15.40 |

DUE FROM PATIENT
\$15.40

**New Mexico Orthopaedic Associates
Medical Bills**



**BlueCross BlueShield
of New Mexico**
P. O. Box 27630
Albuquerque, NM 87125 - 7630

Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE S500 LOW NS
03-08-02

EIA

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Customer Service: 1-800-452-0750

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 205650049940X
Patient Name: Douglas F Copp

Summary

| | |
|------------------------------|----------|
| Total Billed: | \$406.00 |
| Total Benefits Approved: | \$0.00 |
| Amount You May Owe Provider: | \$283.84 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|-------------------------------------|--------------|-----------------|-----------------|-----------------|
| NEW MEXICO ORTHOPAEDIC ASSOC | | | | |
| Provider Patient Account No.: | GKN6-QG | | | |
| Routine X-Rays | 02-12-02 | 43.00 | 26.32 (1) | 16.68 |
| X-Ray Services | 02-12-02 | 98.00 | 58.33 (1) | 39.67 |
| Consultation | 02-12-02 | 265.00 | 37.51 (1) | 227.49 |
| Totals | | \$406.00 | \$122.16 | \$283.84 |

Coverage Information

| | | | |
|--|-----------------|-----------------|-----------------|
| Totals | \$406.00 | \$122.16 | \$283.84 |
| Deductions | | | |
| Applied to Your 2002 Health Care Plan Deductible | | \$283.84 | |
| Total Deductions | | | \$283.84 |
| Total Benefits Approved | | | \$0.00 |
| Amount You May Owe Provider | | | \$283.84 |

MAKE CHECKS PAYABLE TO:

NM ORTHOPAEDIC AND OR NM SPINE
 PO BOX 25886
 ALBUQUERQUE
 NM 87125
 505-724-4300

STATEMENT

STATEMENT DATE

03/26/02

AMOUNT DUE

386.00

ACCOUNT NUMBER

261998

\$

AMOUNT ENCLOSED

DOUGLAS F COPP
 Please indicate change of A
 PO Box 534
 Sandia Park, NM 87047-0534

6 3

New Mexico Orthopaedic Associates
 PO Box 25886
 Albuquerque, NM 87125-0886

|||||

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

Detach at perforation and return above portion with payment.

| Date | Comment | Doctor Charges | Payments | Adjustment | Balance |
|----------|-------------------|----------------|----------|------------|---------|
| 02/24/02 | Previous balance: | | | | 386.00 |

Please understand that professional services are rendered to you and not the insurance company. In the event the insurance company rejects the claim, we hope you understand that all services provided to you through our office will be your financial responsibility. Payments received after statement date will appear on next month's statement.

Please reverse to pay by Visa, MasterCard, Discover or American Express.

| Account# | Current | 30 Days | 60 Days | 90 Days | Over 90 Days | Amount Due |
|----------|---------|---------|---------|---------|--------------|------------|
| 998 | 0.00 | 386.00 | 0.00 | 0.00 | 0.00 | 386.00 |

New Mexico Pain and Wellness
Medical Bills

PO BOX 105764
ATLANTA, GA 30348

ADDRESS SERVICE REQUESTED



July 9, 2003



RISK MANAGEMENT
ALTERNATIVES, INC.

4600 B. MONTGOMERY NE
ALBUQUERQUE, NM 87109
505-889-8730

#S000014946 02 #T000000062
3407373 ALQARS
COPP, DOUGLAS F
PO BOX 534
SANDIA PARK, NM 87047-0534



Creditor: NM PAIN AND WELLNESS

Reference#: 808744*1*1

Balance: \$266.33

Account Number: 3407373

Includes Interest of: \$26.33
Interest Rate: 15 % per annum

The above account has been placed with this company for collection. Please remit the balance to Risk Management Alternatives, Inc.

If you are unable to remit payment for the balance shown above, please call us at 505-889-8730 OR 800-688-6553. Otherwise, please return the bottom portion of this letter with the balance to ensure proper credit.

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

See Reverse Side for Federal Validation Notice and other Important Information.

JTNI-T C149

COPP, DOUGLAS F

Reference#: 808744*1*1

Account Number: 3407373 -ALQARS



Balance: \$266.33

Creditor: NM PAIN AND WELLNESS



(Please return this portion with your payment)

JTNI-T C149

Correct Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SSN: _____

Employer: _____

Includes Interest of: \$26.33
Interest Rate: 15% per annum

RISK MANAGEMENT ALTERNATIVES, INC.
PO BOX 105764
ATLANTA, GA 30348

Physicians Group of Sandia Health System
Medical Bills



Blue Cross Blue Shield
of New Mexico
 P. O. Box 27630
 Albuquerque, NM 87125 - 7630

Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE PPO NS \$500 DEDUCT LO
 10-15-02

EIA

Customer Service: 1-800-432-0750

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 228370075890C
 Patient Name: Douglas Copp

Summary

| | |
|------------------------------|---------|
| Total Billed: | \$56.00 |
| Total Benefits Approved: | \$34.73 |
| Amount You May Owe Provider: | \$20.00 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|------------------------------------|--------------|----------------|---------------|----------------|
| PHYS GRP OF SANDIA HLTH SYS | | | | |
| Provider Patient Account No.: | 11473744 | | | |
| Medical Visits | 09-05-02 | 56.00 | 1.27 (1) | \$4.73 |
| Totals | | \$56.00 | \$1.27 | \$54.73 |

Coverage Information

| | | | |
|--|----------------|---------------|----------------|
| Totals | \$56.00 | \$1.27 | \$54.73 |
| Deductions | | | |
| Your Copayment Amount | | \$20.00 | |
| Total Deductions | | | \$20.00 |
| Total Benefits Approved | | | \$34.73 |
| Amount You May Owe Provider | | | \$20.00 |
| Total covered benefits approved for this claim: \$34.73 to PHYS GRP OF SANDIA HLTH SYS on 10-15-02. | | | |



Blue Cross Blue Shield
of New Mexico
 P. O. Box 27630
 Albuquerque, NM 87125 - 7630



Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE PPO NS \$500 DEDUCT LO
 10-18-02

EIA

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Customer Service: 1-800-432-0750

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 228370075900C
 Patient Name: Douglas Copp

Summary

| | |
|------------------------------|----------|
| Total Billed: | \$159.99 |
| Total Benefits Approved: | \$79.41 |
| Amount You May Owe Provider: | \$31.17 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|------------------------------------|--------------|-----------------|----------------|-----------------|
| PHYS.GRP OF SANDIA HLTH.SYS | | | | |
| Provider Patient Account No.: | 11477298 | | | |
| Medical Visits | 09-10-02 | 56.00 | 1.27 (1) | 54.73 |
| Diag. Medical Exam | 09-10-02 | 19.00 | 19.00 (2) | 0.00 |
| Inhalation Therapy | 09-10-02 | 28.99 | 0.19 (1) | 28.80 |
| Diag. Medical Exam | 09-10-02 | 56.00 | 28.95 (1) | 27.05 |
| Totals | | \$159.99 | \$49.41 | \$110.58 |

Coverage Information

| | | | |
|------------------------------------|-----------------|----------------|-----------------|
| Totals | \$159.99 | \$49.41 | \$110.58 |
| Deductions | | | |
| Your Copayment Amount | | \$20.00 | |
| Your 20% Coinsurance Amount | | \$11.17 | |
| Total Deductions | | | -\$31.17 |
| Total Benefits Approved | | | \$79.41 |
| Amount You May Owe Provider | | | \$31.17 |



**Blue Cross Blue Shield
of New Mexico**
P. O. Box 27630
Albuquerque, NM 87125 - 7630



Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE PPO NS \$500 DEDUCT LO
12-12-02

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Customer Service: 1-800-432-0750

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 233870032970C
Patient Name: Douglas Copp

Summary

| | |
|------------------------------|---------|
| Total Billed: | \$75.00 |
| Total Benefits Approved: | \$38.37 |
| Amount You May Owe Provider: | \$20.91 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|------------------------------------|--------------|----------------|----------------|----------------|
| PHYS GRP OF SANDIA HETH SYS | | | | |
| Provider Patient Account No.: | 11527998 | | | |
| Medical Visits | 11-27-02 | \$6.00 | 1.27 (1) | \$4.73 |
| Diag. Medical Exam | 11-27-02 | \$9.00 | 14.45 (1) | \$5.55 |
| Totals | | \$75.00 | \$15.72 | \$59.28 |

Coverage Information

| | | | |
|------------------------------------|----------------|----------------|----------------|
| Totals | \$75.00 | \$15.72 | \$59.28 |
| Deductions | | | |
| Your Copayment Amount | | \$20.00 | |
| Your 20% Coinsurance Amount | | \$0.91 | |
| Total Deductions | | | \$20.91 |
| Total Benefits Approved | | | \$38.37 |
| Amount You May Owe Provider | | | \$20.91 |



**BlueCross BlueShield
of New Mexico**
P. O. Box 27630
Albuquerque, NM 87125 - 7630



Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE PPO NS \$500 DEDUCT LO
01-06-03

Customer Service: 1-800-432-0750

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 236570014340C
Patient Name: Douglas Copp

Summary

| | |
|------------------------------|---------|
| Total Billed: | \$82.00 |
| Total Benefits Approved: | \$62.00 |
| Amount You May Owe Provider: | \$20.00 |

The following shows how this claim was processed.

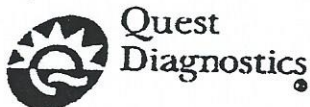
Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|------------------------------------|--------------|----------------|---------------|----------------|
| PHYS GRP OF SANDIA HLTH SYS | | | | |
| Provider Patient Account No.: | 11549785 | | | |
| Medical Visits | 12-23-02 | 82.00 | | 82.00 |
| Totals | | \$82.00 | \$0.00 | \$82.00 |

Coverage Information

| | | | |
|---|----------------|---------------|-----------------|
| Totals | \$82.00 | \$0.00 | \$82.00 |
| Deductions | | | |
| Your Copayment Amount | | \$20.00 | |
| Total Deductions | | | -\$20.00 |
| Total Benefits Approved | | | \$62.00 |
| Amount You May Owe Provider | | | \$20.00 |
| Total covered benefits approved for this claim: \$62.00 to PHYS GRP OF SANDIA HLTH SYS on 01-06-03. | | | |

Quest Diagnostics
Medical Bills



26156G DEN 011550117
 COPP. DOUGLAS
 PO BOX 534
 SANDIA PARK, NM 87047-0534

5875



Laboratory Invoice

For services not included in your physician's bill.
 Tax ID # 33-0363116 Page 1

Important Notice

It is your responsibility to pay Quest Diagnostics. Your insurance sent us an explanation of benefits indicating the balance is due from you to Quest Diagnostics. We appreciate your prompt payment.

| LABORATORY SERVICE | CPT CODE / DATE RECEIVED | AMOUNT |
|-------------------------------|--------------------------|-----------|
| COMPREHENSIVE METABOLIC PANEL | 80053 | \$18.44 |
| BILIRUBIN, DIRECT | 82248 | \$1.32 |
| CHOLESTEROL, SERUM | 82465 | \$1.32 |
| GGT | 82977 | \$1.32 |
| HGB A1C | 83036 | \$35.00 |
| IRON, SERUM | 83540 | \$1.32 |
| LD | 83615 | \$1.32 |
| PHOSPHATE, SERUM | 84100 | \$1.32 |
| TSH | 84443 | \$47.00 |
| TRIGLYCERIDES, SERUM | 84478 | \$1.32 |
| URIC ACID, SERUM | 84550 | \$1.32 |
| CBC (INC. DIFF & PLT) | 85025 | \$23.25 |
| THANK YOU FOR YOUR PAYMENT | 04/25/02 | \$54.75 - |
| INSURANCE DISALLOWED | 04/25/02 | \$65.88 - |

Patient Name COPP, DOUGLAS
 Amount Due \$13.62
 Payment Due Date 05/22/2002
 Invoice Number 011550117
 Lab Code DEN
 Invoice Date April 30, 2002
 Responsible Party COPP, DOUGLAS
 Requested by: HENRY GARCIA M.D.
 Date of Service December 28, 2001

Services Performed by: Quest Diagnostics Denver, CO

For billing inquiries or to pay by phone, call
 1-800-433-4988 1-303-899-6416
 Weekdays 8AM - 6PM MST
 Fax: 1-303-899-6175 or 1-888-643-1339

Or visit our website at
www.questdiagnostics.com

Please have your invoice available for reference.

The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements.

PATIENT AMOUNT DUE \$13.62

ICD-9 Codes: 724.5 305.90

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side.

Please fold and tear payment coupon along perforation and remit with payment in the envelope provided



Payment Coupon

Please make check payable to:
 Quest Diagnostics. Please include invoice number on your check.
 Quest Diagnostics also accepts Master Card & Visa.

| | |
|------------------|---------------|
| Amount Due | \$13.62 |
| Payment Due Date | 05/22/2002 |
| Invoice Number | 011550117 |
| Lab Code | DEN |
| Patient Name | COPP, DOUGLAS |
| Amount Enclosed | |

4444 001155011701000013624

Please complete credit card information on reverse or visit our website at www.questdiagnostics.com.

Check here if address has changed. Indicate change on back.
 Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Mail payments only to:
 Quest Diagnostics
 P.O. Box 78653
 Phoenix, AZ 85062-8653





26156G DEN 011596117
 COPP, DOUGLAS
 PO BOX 534
 SANDIA PARK, NM 87047-0534

4194



Laboratory Invoice

For services not included in your physician's bill.

Tax ID # 33-0363116 Page 1

THIRD NOTICE
 ***** PAST DUE NOTICE ***** We are sure you must have overlooked this payment due. Please mail your payment today to prevent further action. QUEST DOES NOT FILE SECONDARY INSURANCE. USE THIS BILL TO FILE YOUR CLAIM. IF YOU HAVE SENT YOUR PAYMENT, PLEASE DISREGARD THIS NOTICE.

| LABORATORY SERVICE | CPT CODE / DATE RECEIVED | AMOUNT |
|------------------------|--------------------------|----------|
| VENIPUNCTURE 1 | 36415 | \$7.75 |
| HEPATIC FUNCTION PANEL | 80076 | \$18.20 |
| CHOLESTEROL, SERUM | 82465 | \$2.60 |
| GGTP | 82977 | \$2.60 |
| LD, SERUM | 83615 | \$2.60 |
| PSA | 84153 | \$63.50 |
| T4, FREE, NON-DIALYSIS | 84439 | \$54.50 |
| TSH | 84443 | \$47.00 |
| HEP B CORE AB | 86704 | \$40.00 |
| HEP B S AB | 86706 | \$40.00 |
| HA AB TOTAL W/REFLEX | 86708 | \$40.00 |
| HEP A AB IGM | 86709 | \$40.00 |
| HEP B S AG W/REFLEX | 87340 | \$40.00 |
| INSURANCE DISALLOWED | 03/07/02 | \$282.38 |

Patient Name: COPP, DOUGLAS
 Amount Due: \$116.37
 Payment Due Date: 05/22/2002
 Invoice Number: 011596117
 Lab Code: DEN
 Invoice Date: May 2, 2002
 Responsible Party: COPP, DOUGLAS
 Requested by: HENRY GARCIA M.D.
 Date of Service: January 10, 2002

Services Performed by: Quest Diagnostics Denver, CO

For billing inquiries or to pay by phone, call:

1-800-433-4988 1-303-899-6416

Weekdays 8AM - 6PM MST

Fax: 1-303-899-6175 or 1-888-643-1330

Or visit our website at:

www.questdiagnostics.com

Please have your invoice available for reference.

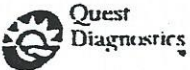
PATIENT AMOUNT DUE: \$116.37

ICD-9 Codes: 244.9 724.5

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side.

The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements.

Please fold and tear payment coupon along perforation and remit with payment in the envelope provided



Payment Coupon

Please make check payable to:
 Quest Diagnostics. Please include invoice number on your check.
 Quest Diagnostics also accepts Master Card & Visa.

| | |
|------------------|--------------------------|
| Amount Due | \$116.37 |
| Payment Due Date | 05/22/2002 |
| Invoice Number | 011596117 Lab Code DEN |
| Patient Name | COPP, DOUGLAS |
| Amount Enclosed | |

4444 001159611701000116373

Please complete credit card information on reverse or visit our site at www.questdiagnostics.com.

Check here if address has changed. Indicate change on back. Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Mail payments only to:
 Quest Diagnostics
 P.O. Box 78653
 Phoenix, AZ 85062-8653



Radiology Associates of Albuquerque
Medical Bills

RADIOLOGY ASSOC OF ALBUQ
P O BOX 3130
ALBUQUERQUE NM 87190

ACCOUNT NUMBER 10546401
PATIENT NAME DOUGLAS F COPP
STATEMENT DATE 09/05/02
AMOUNT DUE 12.99

| | | |
|---|------------|---|
| IF PAYING BY M/C, AM EX, DISCOVER OR VISA, FILL OUT BELOW AMOUNT: | | EXPIRATION DATE: |
| CARD NUMBER: | SIGNATURE: | <input type="checkbox"/> DISCOVER <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> AM EX |

*****AUTO**3-DIGIT 870 2 911
DOUGLAS F COPP
PO BOX 534
SANDIA PARK NM 87047-0534

RADIOLOGY ASSOC OF ALBUQ
P O BOX 3130
ALBUQUERQUE NM 87190

Detach And Return This Portion From The Last Page With Your Payment.
If Address Is Incorrect Or Insurance Information Has Changed, Check Here And Indicate Changes On Reverse.

CUSTOMER SERVICE IN ALBUQUERQUE CALL (505) 292-8485 OR CALL 1-800-279-8369

RADIOLOGY ASSOC OF ALBUQ

TAX I.D. NO. 85-0214117 * = CLAIM FILED

| DATE | CPT CODE | DESCRIPTION | AMOUNT * | DUE FROM INSURANCE | DUE FROM PATIENT |
|----------|----------|--------------------------------|----------|--------------------|------------------|
| 07/30/02 | 72131 | CT LUMBAR W/O CONTRAST | 180.00 | | |
| 08/30/02 | | BCBS NM PAYMENT | -51.96 | | |
| | | **BALANCE IS YOUR COINSURANCE. | | | |
| 08/30/02 | | BC/BS NM ALLOWANCE | -115.05 | | 12.99 |

CALL IF INSURANCE INFO IS NOT CORRECT

| | |
|----------------------------|---|
| RADIOLOGIST: DR AGHA | PLACE OF SERVICE: KASEMAN HOSPITAL - OP |
| PRIMARY INSURANCE: BCBS NM | SECONDARY INSURANCE: |
| ACCOUNT NO. 10546401 | ACCOUNT BALANCE 12.99 |
| | PENDING INSURANCE 0.00 |
| | PERSONAL BALANCE DUE 12.99 |
| | 12.99 |

**Renewal Research
Medical Bills**

Renewal Research

1-800-555-4810

Customer Order

| | |
|---|--|
| Source: <input type="text" value="Fax"/> | Order Date <input type="text" value="11/25/2002"/> |
| Taken By: <input type="text" value="Dellie"/> | Order ID <input type="text" value="993375"/> |
| Cust. ID <input type="text" value="2615"/> | |
| Customer <input type="text" value="Douglas F. Copp"/> | Company |

| Method of Payment | | | |
|--|--|-----------------------------------|--|
| Type | Cardholder Name | Card # | Exp. Date |
| <input checked="" type="checkbox"/> VISA | <input type="text" value="Douglas F. Copp"/> | <input type="text" value="4417"/> | |
| | | | <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> Cash <input type="checkbox"/> Account |
| | | | Rec Date? |

| Bill To: | Ship To: |
|---|--|
| <input type="text" value="Douglas F. Copp"/> | <input type="text" value="Douglas F. Copp"/> |
| <input type="text" value="27 Sumption Road"/> | |
| <input type="text" value="Sandia Park NM 87047"/> | |
| | |
| | |

| Product ID | Description | Qty | Back Order | Price | Extended Amount |
|------------|-----------------------------|-----|------------|---------|-----------------|
| | Thiocid | 1 | | \$23.00 | \$23.00 |
| 727 | Inflamation Control | 1 | | \$19.00 | \$19.00 |
| 702 | Adren Plus | 0 | | \$18.00 | \$0.00 |
| 527 | N-Acetyl-L-Cysteine 500 mg. | 1 | | \$21.00 | \$21.00 |
| | Astragalus | 1 | | \$21.00 | \$21.00 |
| 724 | Pantothenic Acid | 1 | | \$13.00 | \$13.00 |
| 704 | Adrenal Cortex | 1 | | \$9.00 | \$9.00 |

Remarks
 Doug: Thank you for your order. Dr. Smith says to stop taking the Adren Plus if you are allergic to licorice. He wondered if you had a reaction to it.

Ship Via
 Ship Date

| | |
|--------------|-----------------|
| Subtotal | \$106.00 |
| Tax | \$0.00 |
| Shipping | \$7.95 |
| Total | \$113.95 |

Michael Rosenbaum, M.D.
Medical Bills

| FAMILY MEMBER | DESCRIPTION | TOTAL FEE | PAYMENT | | BALANCE | PREVIOUS BALANCE | NAME | | |
|--------------------------------------|--|-----------|---|------|---------|--|--|----------|-----|
| | | | CREDITS | ADJ. | | | | | |
| THIS IS YOUR RECEIPT FOR THIS AMOUNT | | | | | | | | | |
| N - NEW PATIENT | | | | | | | | | |
| <input type="checkbox"/> | 1. EXPANDED OFF. VISIT | 99202 | | | | THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE. | | | |
| | DETAILED OFF. VISIT | 99203 | | | | | | | |
| | COMPREHENSIVE OFF. VISIT | 99204 | | | | | | | |
| <input type="checkbox"/> | 4. COMPLEX OFF. VISIT | 99205 | | | | | | | |
| <input type="checkbox"/> | 5. PROLONGED PHYSICIAN SRV. 1ST 60 MIN | 99354 | | | | | | | |
| <input type="checkbox"/> | 5a. EACH ADD'L 30 MIN | 99355 | | | | | | | |
| :- CONSULTATION | | | | | | | | | |
| <input type="checkbox"/> | 1. DETAILED OFF. VISIT | 99243 | | | | | | | |
| <input type="checkbox"/> | 2. COMPREHENSIVE OFF. VISIT | 99244 | | | | | | | |
| <input type="checkbox"/> | 3. COMPLEX OFF. VISIT | 99245 | | | | | | | |
| - ESTABLISHED PATIENTS | | | | | | | | | |
| <input type="checkbox"/> | 1. MINIMAL OFF. VISIT | 99211 | | | | | | | |
| <input type="checkbox"/> | 2. FOCUSED OFF. VISIT | 99212 | | | | | | | |
| <input type="checkbox"/> | 3. EXPANDED OFF. VISIT | 99213 | | | | | | | |
| <input type="checkbox"/> | 4. DETAILED OFF. VISIT | 99214 | | | | | | | |
| <input type="checkbox"/> | 5. COMPREHENSIVE OFF. VISIT | 99215 | | | | | | | |
| <input type="checkbox"/> | 6. PROLONGED PHYSICIAN SRV. 1ST 60 MIN | 99354 | | | | | | | |
| <input type="checkbox"/> | 7. EACH ADD'L 30 MIN | 99355 | | | | | | | |
| <input type="checkbox"/> | 8. MISSED APPOINTMENT | 99049 | | | | | | | |
| | | | L - NUTRITION COUNSELING & RISK FACTOR REDUCTION | | | | | | |
| <input type="checkbox"/> | 1. COUNSELING 15 MIN./30/60 | 99401/2/4 | | | | R - PROCEDURES | | | |
| <input type="checkbox"/> | 2. COUNSELING GROUP 30 MIN./60 | 99411/2 | | | | <input type="checkbox"/> | 1. SPIROMETRY/ WITH INHALER | CPT | FEE |
| | | | P - SPECIAL SERVICES | | | <input type="checkbox"/> | 2. CELL-MEDIATED IMMUNITY-SKIN | 95028 | |
| <input type="checkbox"/> | 1. PSYCHOTHERAPY 25 MIN./50 | 90843/4 | | | | <input type="checkbox"/> | 3. BIOFEEDBACK - OTHER | 90901 | |
| <input type="checkbox"/> | 2. EDUCATION - GROUP | 99078 | | | | <input type="checkbox"/> | 4. BIOFEEDBACK - EMG. | 90911 | |
| <input type="checkbox"/> | 3. PHONE CONSULT. - SIMPLE/INT/EXT | 99371/2/3 | | | | <input type="checkbox"/> | 5. THERAPEUTIC EXERCISE | 97110 | |
| <input type="checkbox"/> | 4. HOME VISIT | 9935 | | | | <input type="checkbox"/> | 6. MYOFASCIAL RELEASE | 97250 | |
| | | | Q - ALLERGY SERVICES | | | <input type="checkbox"/> | 7. MASSAGE | 97124 | |
| <input type="checkbox"/> | 1. PRICK TESTS | 95004 | | | | <input type="checkbox"/> | 8. ACUPUNCTURE | 97780 | |
| <input type="checkbox"/> | 2. INTRADERMAL - IMMEDIATE | 95024 | | | | <input type="checkbox"/> | 9. ELECTROACUPUNCTURE | 97781 | |
| <input type="checkbox"/> | 3. INTRADERMAL - DELAYED | 95028 | | | | <input type="checkbox"/> | 10. TRIGGER POINT - 3 OR MORE | 20550-51 | |
| <input type="checkbox"/> | 4. END POINT TITRATION | 95027 | | | | <input type="checkbox"/> | 11. _____ | | |
| <input type="checkbox"/> | 5. ANTIGEN DESENSITIZATION # OF VIALS | | | | | <input type="checkbox"/> | 12. _____ | | |
| | | | S - INJECTIONS | | | T - MISCELLANEOUS | | | |
| <input type="checkbox"/> | 1. ALLERGY INJECTION - 1 VIAL/2 VIALS | 95115/7 | | | | <input type="checkbox"/> | 1. MED. REP. & REC. REVIEW/ COPY PT. REC. | 99080 | |
| <input type="checkbox"/> | 2. IM | 90782 | | | | <input type="checkbox"/> | 2. MEDICAL TESTIMONY | 99075 | |
| <input type="checkbox"/> | 3. IV | 90784 | | | | <input type="checkbox"/> | 3. SPECIMEN - SHIPPING & HANDLING | 99000 | |
| <input type="checkbox"/> | 4. IV INFUSION | 90780 | | | | <input type="checkbox"/> | 4. MEDICATIONS/SUPPLIES | 99070 | |
| <input type="checkbox"/> | 5. VITAMIN INJECTION TM | 90799 | | | | <input type="checkbox"/> | 5. EDUCATION SUPPLIES | 99071 | |
| | | | ICD 9 CM | | | <input type="checkbox"/> | | | |
| | | | ICD 9 CM | | | <input type="checkbox"/> | | | |

| ICD9 | DESCRIPTION |
|-------------------|---------------------------------|
| 493.0 | ASTHMA |
| 374.14 | ALLERGIC CONJUNCTIVITIS |
| 477.9 | ALLERGIC RHINITIS |
| 477.0/477.8 | ALLERGY-INHALANT POLLEN/OTHER |
| 558.9 | ALLERGIC GASTROENTERITIS |
| 346.2 | ALLERGIC HEADACHE |
| 693.1 | FOOD ALLERGY - SENSITIVITY |
| 995.2 | DRUG ALLERGY |
| 995.3 | ENVIRONMENTAL HYPERSENSITIVITY |
| 708.0/995.1 | URTICARIA/ANGIOEDEMA |
| 289.3 | EOSINOPHILIA |
| 478.0 | TURBINATE HYPERTROPHY |
| 471.0 | NASAL POLYP |
| 388.30 | TINNITUS |
| 388.71/379.91 | OTALGIA/OCUDYNTIA |
| 692.9 | CONTACT DERMATITIS |
| 691.8 | ATOPIC DERMATITIS |
| 414.0 | ASHD |
| 424.01 | MITRAL VALVE PROLAPSE |
| 401.1 | HYPERTENSION-BENIGN |
| 458.1/0 | HYPOTENSION-CHRONIC/ORTHOST. |
| 780.2 | VASODEPRESSOR SYNCOPSE-NM/H |
| 272.0/1 | HYPERCHOLESTEROLEMIA/LIPIDEMIA |
| 272.5 | LOW HDL CHOLESTEROL |
| 244/245.2 | HYPOTHYROIDISM/THYROIDITIS |
| 240.9 | THYROMEGALY |
| 255.4 | ADRENAL CORTICAL INSUFFICIENCY |
| 257.2 | TESTICULAR HYPOFUNCTION |
| 253.3 | GROWTH HORMONE DEFIC. |
| 258.8 | ENDOCRINOPATHY-AUTOIMMUNE |
| 278.0/1 | OBESITY/MORBID |
| 250.0 | DIABETES MELLITUS |
| 242.0 | GRAVES DISEASE |
| 528.2 | ARTHRUS STOMATITIS |
| 529.0/1 | CROSSITIS-GEOGRAPHIC |
| 530.1 | ESOPHAGITIS |
| 530.1 | GERD |
| 787.3/789.0 | G.I. BLCATING/G.I. PAIN, CRAMPS |
| 564.1 | IRRITABLE BOWEL |
| 564.0 | CONSTIPATION |
| 009.2/564.5/306.4 | DIARRHEA-INF. NONINF./EMOT. |
| 562.10/11 | DIVERTICULOSITIS |
| 556.9 | ULCERATIVE COLITIS UNSPEC. |
| 555.0/1 | CROHN'S DISEASE S.I./L. |
| 792.1/578.1 | STOOL BLOOD-OCULT/OVERT |
| 455.0 | HEMORRHOIDS |
| 698.0 | PERIANAL PRURITIS |
| 625.3 | DYSMENORRHEA |
| 626.4/2 | PERIODS-IRREGULAR/AMEN/EXCESS |
| 627.2 | NONPAUSEAL-VASOMOTOR |
| 625.4 | DISPENSATION |
| 601.0/591.1 | CYSTITIS-ACUTE/INTERSTITIAL |
| 600/601.0/1 | BPH/PROSTATITIS-ACUTE/CHRONIC |
| 617.9 | ENDOMETRIOSIS |

| ICD 9 CM | DESCRIPTION |
|-------------------|-----------------------------------|
| 460/464.0 | CORYZA/LARYNGITIS |
| 462/472.1 | PHARYNGITIS ACUTE/CHRONIC |
| 788.2 | COUGH |
| 461.01/1 | SINUSITIS-ACUTE FRONT/MAX |
| 473.1/0/3 | SINUSITIS-CHRONIC FR/MAX/SPH. |
| 381.01 | OTITIS-ACUTE |
| 466.0/491.1 | BRONCHITIS-SEPTIC. ACUTE/CHRONIC |
| 696.1/0 | PSORIASIS/ W/ARTHRITIS |
| 112.01/1 | CANDIDIASIS-ORAL/VAGINAL |
| 112.85/82 | CANDIDIASIS-G.I./EXT. EAR |
| 110.0/4/1 | FUNGUS-SCALP/PEDIS/ONYCHO |
| 008.0 | GASTROENTERITIS-VIRAL |
| 006.0/007.8/007.1 | AMOEBIA H.IST./OTHER/GIARDIA |
| 08881/82 | LYME DISEASE/BABESIA |
| 070.30/070.54 | HEPATITIS B/C |
| 780.7 | CHRONIC MALAISE AND FATIGUE |
| 079.98/041.81 | CHLAMYDIA/MYCOPLASMA |
| 054.2/1 | HSV 1/2 |
| 706.1 | ACNE |
| 041.86 | HELICOBACTER PYLORI |
| 279.06 | C.V.I. |
| 279.03/05 | IgG DEFICIENCY/WITH HIGH IgM |
| 279.01/02 | IgA/IgM DEFICIENCY |
| 279.10 | IMMUNE DYSREGULATION-T CELL |
| 279.4 | AUTOIMMUNE DISEASE NOS |
| 287.0 | IMMUNE COMPLEX VASCULITIS |
| 710.0/1/2 | LUPUS/SCLERODERMA/SJOGRENS |
| 289.1 | LYMPHADENITIS-CHRONIC |
| 345.1/2 | SEIZURE-GRAND MAL/PETIT |
| 345.5 | SEIZURE-PARTIAL COMPLEX |
| 346.0/1/2 | MIGRAINE-CLASSICAL/COMMON/CLUSTER |
| 307.81 | HEADACHE-TENSION |
| 784.0 | FACIAL PAIN |
| 307.42/43 | INSOMNIA-HYPERSOMNIA -FUNCT. |
| 780.52/54 | INSOMNIA-HYPERSOMNIA -ORG. |
| 780.51 | SLEEP APNEA |
| 780.5 | DISTURBANCE OF SMELL/TASTE |
| 782.0 | PARASTHESIA, DYSESTHESIA |
| 349.82 | TOXIC ENCEPHALOPATHY |
| 357.5/6/7 | NEUROPATHY-ALCOHOL/DRUGS/TOXIN |
| 357.0/1/2 | INFECTION-COLLAGEN/DIABETES |
| 350.1 | TRIGEMINAL NEURALGIA |
| 726.9 | TENDINITIS |
| 842.10/00 | SPRAINS-STRAINS: HAND/WRIST |
| 847.00/2 | CERVICAL/LUMBAR |
| 843.0/845.00 | HIP/ANKLE |
| 354.0/3/2 | CARPAL TUNNEL-MEDIAN/RAD/ULN. |
| 722 | INTERVERTEBRAL DISC DISORDER |
| 723.1/724.1/2 | CERVICAL/GIA/UPPER/LOWER BACK |
| 726.31/32 | EPICONDYLITIS-MEDIAL/LATERAL |
| 724.3 | SCIATICA |
| 729.1 | FIBROMYALGIA |

| ICD 9 CM | DESCRIPTION |
|-------------------|-----------------------------------|
| 719.47/19.0 | JOINT-PAIN/SWELLING |
| 715 | OSTEOARTHRITIS/RHEUMATOID |
| 714.0 | OSTEOPOROSIS |
| 733.00 | TMJ-PAIN |
| 524.62 | |
| 796.0 | TOXICOLOGY ABNORMALITY |
| 984.0/985.0/985.5 | LEAD/MERCURY/CADMIUM |
| 989.2 | CHLORINATED HYDROCARBONS |
| 989.3 | ORGANOPHOSPHATES |
| 280.0/1 | LOW IRON-BLOOD LOSS/MALNUT. |
| 280.9 | ANEMIA-IRON DEFIC. |
| 26 | VITAMIN DEFICIENCY - |
| 269.3 | MINERAL DEFICIENCY - NOS |
| 276.1/8 | SODIUM/POTASSIUM DEFICIENCY |
| 275.4/2 | CALCIUM/MAGNESIUM |
| 275.3/276.9 | PHOSPHATE/CHLORIDE |
| 270.3/4/8 | AMINO ACIDS-BCAA'S/UREA |
| 270.2/4 | AMINO ACIDS-AROMAT/SULFUR |
| 278.5 | DEHYDRATION |
| 276.6/782.3 | FLUID RETENTION-GENERAL/LOCAL |
| 277.1 | PORPHYRIN DISORDER |
| 296.4/5 | BIPOLAR-MANIC/DEPRESSIVE |
| 300.00/01 | ANXIETY UNSPEC/PANIC |
| 300.4 | NEUROTIC DEPRESSION-DYSTHYMIA |
| 300.3 | OBSSESSIVE-COMPULSIVE |
| 307.50/51 | EATING DISORDER/SULMIA |
| 309.81 | POST TRAUMATIC STRESS DISORDER |
| 314.00/01 | A.D.D.-WITHOUT/WITH HYPERACTIVITY |
| 289.8 | HYPERCOAGULOPATHY |
| 286.9 | DEFICIENT COAGULATION FACTOR(S) |
| 964.2 | HEPARIN MONITORING |

OTHER: REVIEW IN RECORD 2 Pgs = 400

TAX ID #75-2972983 CAL. LIC. #G19112

MICHAEL E. ROSENBAUM, M.D., INC.

300 TAMAL PLAZA, SUITE 120
CORTE MADERA, CA 94925
(415) 927-9450

PHYSICIAN SIGNATURE

APPOINTMENT: _____ DAYS _____ WEEKS _____ MONTHS

Santa Fe Emergency Phys
Medical Bills

STATEMENT OF ACCOUNT

Page 1 of 1

NNMEMS dba
SANTA FE EMERGENCY PHYS
PO BOX 2505
SALEM, OR 97308

1 (888) 828-3197 850236178

| | |
|--|----------------|
| ACCOUNT NUMBER | PATIENT'S NAME |
| sd# 873700 | DOUG COPP |
| PLEASE MAKE YOUR CHECK PAYABLE AND REMIT TO: | |

NNMEMS dba
SANTA FE EMERGENCY PHYS
PO BOX 2505
SALEM, OR 97308

BILL TO:

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047-0534



| DATE OF STATEMENT | AMOUNT DUE | AMOUNT PAID |
|-------------------|------------|-------------|
| 01-09-02 | 152.00 | |

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON THE BACK.

DETACH HERE AND RETURN THIS TOP PORTION WITH YOUR PAYMENT.

PLEASE CONTACT OUR OFFICE TODAY

Recently, DOUG COPP was treated at St. Vincent by our emergency physician. The balance for the treatment of \$152.00 is now overdue.

You have previously received two statements regarding this visit.

Because you are a valued customer, we are concerned about your past due balance. To protect your good standing with the medical group (as well as your credit rating), please pay the amount due within 15 working days.

If you cannot pay the entire amount immediately, we can set up a payment plan -- just call us at 1 (888) 828-3197 between 9:00 - 4:00 MST Monday through Friday.

If you have already sent your payment or made arrangements with this office, please disregard this letter and accept our thanks.

Respectfully,

Lisa B.

Santa Fe Radiology, P.C.
Medical Bills

GEMCENT*101*11967709
NCO HEALTHCARE SERVICES
PO BOX 22310
SANTA FE, NM 87502-2190

Address Service Requested

NCO HEALTHCARE SERVICES
3091 GOVERNORS LAKE DR
SUITE 350 DEPARTMENT A
NORCROSS GA 30071

Date: 12/15/2001

NE9536 00091H.006162

DOUG COPP
PO BOX 534
SANDIA PARK NM 87047-0534

Creditor: SANTA FE RADIOLOGY, P.C.
Account #: GEMCENT*101*11967709
Amount Due: 35.00
Patient Name: DOUG COPP
Service Date: 09/30/01



Dear Doug Copp:

Please be advised that this collection agency has been retained to collect the above referenced debt. Our client informs us that this account is seriously past due. We realize it may have been an oversight on your part and not an intentional disregard of an obligation.

Please send your check or money order for the balance in full to our client in the enclosed envelope.

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This communication is from a debt collector.

NCO FINANCIAL SYSTEMS, INC.
3091 GOVERNOR'S LAKE DRIVE, SUITE 350, DEPARTMENT A, NORCROSS, GA 30071

Account Manager: 505/983-2611

"NOTICE. SEE REVERSE SIDE FOR IMPORTANT INFORMATION."

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO: SANTA FE RADIOLOGY, P.C.

| | |
|----------------------|--------------|
| YOU OWE | 35.00 |
| GEMCENT*101*11967709 | |
| AMOUNT DUE | 35.00 |

Patient Name: DOUG COPP

Service Date: 09/30/01

SANTA FE RADIOLOGY, P.C.
PO BOX 22310
SANTA FE, NM 87502-2190

**SED Medical Laboratory
Medical Bills**

MAKE CHECKS PAYABLE TO:

S.E.D. MEDICAL LABORATORIES
5601 OFFICE BLVD. NE
ALBUQUERQUE NM 87109-5816

ADDRESS SERVICE REQUESTED

ADDRESSEE:

DOUGLAS COPP
PO BOX 534
SANDIA PARK NM 87047

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD USING FOR PAYMENT

MASTERCARD
 DISCOVER
 VISA
 AMERICAN EXPRESS

CARD NUMBER: _____ AMOUNT: _____

SIGNATURE: _____ EXP. DATE: _____

| | | |
|----------------|-----------------|---------|
| STATEMENT DATE | PAY THIS AMOUNT | ACCT. # |
| 11/04/02 | \$14.16 | 227100 |

PAGE NO. 1

SHOW AMOUNT PAID HERE **S**

REMIT TO:

S.E.D. MEDICAL LABORATORIES
5601 OFFICE BLVD. NE
ALBUQUERQUE NM 87109-5816

05254282 E496

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

| Date | Description | Charges | Medicare Receipts | Insurance Receipts | Patient Receipts | Adjustments | Balance | Ins. Pend. |
|----------|--|---------|-------------------|--------------------|------------------|-------------|---------|------------|
| 07/29/02 | THYROID STIMULATING HORMONE, SENSIT Applied to Co-ins | 37.40 | | 29.92 | | | 7.48 | |
| 07/29/02 | T4, FREE (FREE THYROXINE) Applied to Co-ins | 27.00 | | 9.97 | | 14.54 | 2.49 | |
| 07/29/02 | CBC (COMPLETE BLOOD COUNT) Applied to Co-ins | 17.30 | | 6.05 | | 9.74 | 1.51 | |
| 07/29/02 | HEMOGLOBIN A1C BY HPLC Applied to Co-ins | 25.60 | | 10.74 | | 12.18 | 2.68 | |
| 07/29/02 | COMPREHENSIVE METABOLIC PANEL (2000) | 25.60 | | | | | 25.60 | * |

**** PAYMENT HAS NOT BEEN RECEIVED-ACCOUNT IS PAST DUE-PLEASE CALL ****

| Current | 30 Days | 60 Days | 90 Days | 120 Days | Total Balance | * Ins. Pending | Now Due |
|---------|---------|---------|---------|----------|---------------|----------------|---------|
| 0.00 | 0.00 | 14.16 | 0.00 | 0.00 | 39.76 | 25.60 | \$14.16 |

Message

Make Checks Payable To:

S.E.D. MEDICAL LABORATORIES
5601 OFFICE BLVD. NE
ALBUQUERQUE NM 87109-5816

Account Number

227100

Statement Date

11/04/02

Billing Questions

(800) 305-3006

Federal Tax Id

850353482



Blue Cross Blue Shield
of New Mexico
 P. O. Box 27630
 Albuquerque, NM 87125 - 7630

Claim Information

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 225450045680X
 Patient Name: Paulina E Copp

Summary

| | |
|------------------------------|--------|
| Total Billed: | \$8.75 |
| Total Benefits Approved: | \$0.00 |
| Amount You May Owe Provider: | \$2.84 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|------------------------------|--------------|---------------|---------------|---------------|
| SED MEDICAL LABS | | | | |
| Provider Patient Account No. | 230261C8N | | | |
| Routine Lab Services | 08-19-02 | 8.75 | 5.91 (1) | 2.84 |
| Totals | | \$8.75 | \$5.91 | \$2.84 |

Coverage Information

| | | | |
|--|---------------|---------------|----------------|
| Totals | \$8.75 | \$5.91 | \$2.84 |
| Deductions | | | |
| Applied to Your 2002 Health Care Plan Deductible | | \$2.84 | |
| Total Deductions | | | -\$2.84 |
| Total Benefits Approved | | | \$0.00 |
| Amount You May Owe Provider | | | \$2.84 |

=== Thank You for Using the PPO Provider Network ===

You maximize your benefits and reduce out-of-pocket costs when choosing a doctor or hospital that participates in the PPO network.

Claim Information

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 225450045690X
 Patient Name: Paulina E Copp

Summary

| | |
|------------------------------|--------|
| Total Billed: | \$3.00 |
| Total Benefits Approved: | \$0.00 |
| Amount You May Owe Provider: | \$1.95 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|-------------------------------|--------------|---------------|---------------|---------------|
| SED MEDICAL LABS | | | | |
| Provider: Patient Account No: | 230261C80 | | | |
| Routine Lab Services | 08-19-02 | 3.00 | 1.05 (1) | 1.95 |
| Totals | | \$3.00 | \$1.05 | \$1.95 |

Coverage Information

| | | | |
|--|---------------|---------------|---------------|
| Totals | \$3.00 | \$1.05 | \$1.95 |
| Deductions | | | |
| Applied to Your 2002 Health Care Plan Deductible | | \$1.95 | |
| Total Deductions | | | \$1.95 |
| Total Benefits Approved | | | \$0.00 |
| Amount You May Owe Provider | | | \$1.95 |

=== Thank You for Using the PPO Provider Network ===

You maximize your benefits and reduce out-of-pocket costs when choosing a doctor or hospital that participates in the PPO network.

Information About Out-Of-Pocket Expenses

Patient: PAULINA E COPP
 Benefit Period: 01-01-02 Through 12-31-02

To date this patient has met \$105.45 of her/his \$500.00 health care plan deductible.

Information About Amounts Not Covered

- (1) The amount billed is greater than the amount allowed for this service. You will not be billed for this amount.

**Southwest Medical Associates
Medical Bills**

FastNotes

| Date | Time | Opr | Note |
|-------------|----------|-----|--------------------------------------|
| *** CLAIM # | 12765921 | | |
| 090902 | 1116a | TMK | SNT PT LETTER FOR \$51.18 DOS 8-7-02 |
| *** CLAIM # | 13650121 | | |
| 042103 | 1037a | TMK | SNT STMT FOR \$167.40 DED |
| 052303 | 1044a | LO | PAST DUE STMT SNT TO PT FOR 167.40 |
| 061803 | 236p | TMK | SNT PT FINAL NOTICE FOR \$167.40 |

BILLING NOTES

** No Billing Notes Found **

| Tick# | U | 0015 | DOUGLAS | COPP | Total: | 519.00 |
|---------------|---------------|----------|---|--------------|----------|------------------|
| 08/07/02 | 28-BARRETT MD | | | | OFFICE | |
| 080702-080702 | 99242 | - | -OFFICE CONSU 354.2 | -TARDY ULNAR | 1 | 139.00 |
| 080702-080702 | 95860 | - | -ELECTROMYOGR 354.2 | -TARDY ULNAR | 1 | 175.00 |
| 080702-080702 | 95900 | - | -NERVE CONDOC 354.2 | -TARDY ULNAR | 1 | 105.00 |
| 080702-080702 | 95904 | - | -NERVE CONDOC 354.2 | -TARDY ULNAR | 1 | 100.00 |
| | 082002- | | -BCBS NEW MEXICO PPO-12765921-Y-N-P cleared | | | |
| | 499.00 / | 284.86 / | .00 / | .00 / | 162.96 / | 20.00 / 71.18 UF |
| *** CLAIM # | 12765921 | | | | | |
| Date | Time | Opr | Note | | | |
| 090902 | 1116a | TMK | SNT PT LETTER FOR \$51.18 DOS 8-7-02 | | | |

| Tick# | U | 0013 | DOUGLAS | COPP | Total: | 252.00 |
|---------------|---------------|-------|--|--------------|---------|-------------------|
| /11/03 | 28-BARRETT MD | | | | OFFICE | |
| 021103-021103 | 99213 | - | -E/M EST PATI 724.4 | -THORACIC OR | 1 | 77.00 |
| 021103-021103 | 95860 | - | -ELECTROMYOGR 724.4 | -THORACIC OR | 1 | 175.00 |
| | 022403-032703 | | -BCBS NEW MEXICO PPO-13650121-Y-N-P rejected | | | |
| | 232.00 / | .00 / | .00 / | .00 / | 64.60 / | 20.00 / 187.40 UF |
| *** CLAIM # | 13650121 | | | | | |
| Date | Time | Opr | Note | | | |
| 042103 | 1037a | TMK | SNT STMT FOR \$167.40 DED | | | |
| 052303 | 1044a | LO | PAST DUE STMT SNT TO PT FOR 167.40 | | | |
| 061803 | 236p | TMK | SNT PT FINAL NOTICE FOR \$167.40 | | | |

| | | | | | |
|----------|---------------------------------------|-------------------------------|------------|-----------------|---------|
| 08/07/02 | 1003-CREDIT CARD | | | r#3188491U 9999 | 20.00- |
| | 0015 | | | | |
| 09/03/02 | 2840-PAYMENT | BCBS NEW MEXICO PPOc#12765921 | | r#3229484U 9999 | 284.86- |
| | 0103 | | | | |
| 09/03/02 | 4840-WRITE-OFF | BCBS NEW MEXICO PPOc#12765921 | | r#3229485U 9999 | 162.96- |
| | 0103 | | | | |
| 2/10/02 | 3007-TO COLLECTION AGENCY/COLLECTRITE | | | r#3364019U 9999 | 51.18- |
| | 0055 | | | | |
| 2/11/03 | 1003-CREDIT CARD | | | r#3456334U 9999 | 20.00- |
| | 0013 | | | | |
| 4/03/03 | 2840-DENIED | BCBS NEW MEXICO PPOc#13650121 | | r#3551464U 9999 | 0.00 |
| | 0100 | | | | |
| 4/03/03 | 9100-Deductible | 187.40 | c#13650121 | r#3551465U 9999 | |
| | 0100 | | | | |
| 4/03/03 | 4840-WRITE-OFF | BCBS NEW MEXICO PPOc#13650121 | | r#3551466U 9999 | 64.60- |
| | 0100 | | | | |
| 4/21/03 | 2840-DENIED | BCBS NEW MEXICO PPOc#13650121 | | r#3587487U 9999 | 0.00 |
| | 0110 | | | | |
| | CURRENT BALANCE | | | | 157.40 |

SOUTHWEST MEDICAL ASSOCIATES, INC
5100 PAN AMERICAN FRWY
SUITE 200
ALBUQUERQUE NM 87109

505 823 1010

DETAIL 9/01/01 - 12/31/11

PRINTED 7/31/03 16.03 BY tfk001

```
=====
0- 30 days      0.00 | PAULINA      E COPP      | Home 505 281 7977
31- 60 days     0.00 | PO BOX 534   | Work 505 281 7877
61- 90 days     0.00 |              | PT-0099 BC-0001
91-120 days    0.00 | SANDIA PARK  NM 87047 | CS-0004 DR-0028
121-150 days   0.00 |-----|-----|
150+  days    167.40 | DOUGLAS     F COPP      | M-08/03/51- 51-717618
Posted         167.40 | Next app't  |
Unposted       0.00 |-----|-----|
Total bal      167.40 |
- Pending      0.00 |
= Pat bal      167.40 |
Budget due     0.00 |-----|-----|
Nonbud due     167.40 |
Total due      167.40 | Last chg 021103 252.00 Last ins pay 042103 0.00
Budget bal     0.00 | SSN: 046 46 1692 Last per pay 021103 20.00
Bud paymnt     0.00 | Diag:724.4 THORACIC OR LUMBOSACRAL NEURITIS OR RADI
Last aging     07/21/03 | Reg date 021103 PATIENT HAS NOTES
=====
```

```
Insurance      Subscriber      Subscriber Policy id      TB PR
PAY            COPP          PAULINA OV $20.00      SP $20.00                ID-03
```

ACTIVE COVERAGES

-TERTIARY-
846-COPAY

Subscr: COPP PAULINA E
Sex: N DOB: 00000 SSN:000000000 PR: 3
Effective: - SCT:I BA:D

ALBUQUERQUE NM 87109
Phone 1: 000 0000 Phone 2: 000 0000
First id OV \$20.00 Second id SP \$20.00
Employer: SELF EMPLOYED

Patient ID Information

First id Second id

ARCHIVED COVERAGES

840-BCBS NEW MEXICO PPO
PO BOX 27630

Subscr: COPP PAULINA E
Sex: F DOB: 32760 SSN:560450095 PR: 3
Effective: - SCT:I BA:Y

ALBUQUERQUE NM 87125-7630
Phone 1: 292 2600 Phone 2: 800 241 4896
Contract YIE560450095 Group 09030001 Plan 790 Type 290
Employer: SELF EMPLOYED

Patient ID Information

Contract Group Plan Type

ROSARR

AUG 4 2003



**BlueCross BlueShield
of New Mexico**
P. O. Box 27630
Albuquerque, NM 87125 - 7630



Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE PPO NS \$500 DEDUCT LO
03-21-03

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Customer Service: 1-800-432-0750

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 307950079340X
Patient Name: Douglas F Copp

Summary

| | |
|------------------------------|----------|
| Total Billed: | \$252.00 |
| Total Benefits Approved: | \$0.00 |
| Amount You May Owe Provider: | \$187.40 |

following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|--|--------------|-----------------|----------------|-----------------|
| SOUTHWEST MEDICAL ASSOC INC | | | | |
| Provider Patient Account No.: 13650121 | | | | |
| Medical Visits | 02-11-03 | 77.00 | 7.83 (1) | 69.17 |
| Diag. Medical Exam | 02-11-03 | 175.00 | 56.77 (1) | 118.23 |
| Totals | | \$252.00 | \$64.60 | \$187.40 |

Coverage Information

| | | | |
|--|-----------------|----------------|-----------------|
| Totals | \$252.00 | \$64.60 | \$187.40 |
| Deductions | | | |
| Applied to Your 2003 Health Care Plan Deductible | | \$187.40 | |
| Total Deductions | | | \$187.40 |
| Total Benefits Approved | | | \$0.00 |
| Amount You May Owe Provider | | | \$187.40 |

Southwest Pulmonary Specialists
Medical Bills



BlueCross BlueShield
of New Mexico
P. O. Box 27630
Albuquerque, NM 87125 - 7630

Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE PPO NS 5500 DEDUCT LO
10-01-02

EIA

Customer Service: 1-800-432-0750

PAULINA E COPP
PO BOX 534
SANDIA PK/GOLDEN NM 87047-0534

Visit our website at www.bcbsnm.com



Claim Information

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 226950110400X
Patient Name: Douglas Copp

Summary

| | |
|------------------------------|----------|
| Total Billed: | \$558.00 |
| Total Benefits Approved: | \$257.53 |
| Amount You May Owe Provider: | \$64.37 |

The following shows how this claim was processed.

Service Information

| Service Description | Service Date | Amount Billed | Not Covered | Covered |
|--------------------------------------|--------------|-----------------|-----------------|-----------------|
| SOUTHWEST PULMONARY SPECIALT | | | | |
| Provider Patient Account No.: 071504 | | | | |
| Consultation | 09-19-02 | 312.00 | 68.35 (1) | 243.65 |
| X-Ray Services | 09-19-02 | 124.00 | 88.08 (1) | 35.92 |
| Diag. Medical Exam | 09-19-02 | 122.00 | 79.67 (1) | 42.33 |
| Totals | | \$558.00 | \$236.10 | \$321.90 |

Coverage Information

| | | | |
|------------------------------------|-----------------|-----------------|-----------------|
| Totals | \$558.00 | \$236.10 | \$321.90 |
| Deductions | | | |
| Your Coinsurance Amount | | \$64.37 | |
| Total Deductions | | | \$64.37 |
| Total Benefits Approved | | | \$257.53 |
| Amount You May Owe Provider | | | \$64.37 |

Patient Receipt
 Wednesday, August 06, 2003

| Amount Due | Amount Paid |
|----------------|----------------|
| \$40.00 | \$40.00 |

Douglas Copp
 PO Box 534
 Sandia Park, NM 87047

Employer ID 850427459
 Provider ID NM001898

| Date | Description | Check # | Fee | Units | Insurance | Patient |
|------------|---|---------|----------|-------|---------------|---------------|
| | Douglas Copp(16459)/Bruce A Miller MD/071504 | | | | | |
| | Asthma, intrinsic with status (493.11) | | | | | |
| | Abnormal PFT or lung scan (794.2) | | | | | |
| 09/19/2002 | Chest Xray (71020) | | \$124.00 | 1.0 | \$124.00 | \$0.00 |
| 09/19/2002 | Respiratory flow volume loop (94375) | | \$122.00 | 1.0 | \$122.00 | \$0.00 |
| 09/19/2002 | Office consultation (99244 25) | | \$312.00 | 1.0 | \$292.00 | \$20.00 |
| 09/19/2002 | Payment from Douglas Copp | | | | \$0.00 | (\$20.00) |
| 10/08/2002 | Contractual Adjustment from Blue Cross & Blue Shield | | | | (\$236.10) | \$0.00 |
| 10/08/2002 | Payment from Blue Cross & Blue Shield | | | | (\$257.53) | \$0.00 |
| 10/08/2002 | Transfer from Insurance | | | | (\$44.37) | \$44.37 |
| 10/15/2002 | Trans. S to open balance Payment from Douglas Copp | | | | \$0.00 | (\$5.90) |
| 10/28/2002 | Trans. S to open balance Payment from Douglas Copp | | | | \$0.00 | (\$14.10) |
| 11/08/2003 | Bad Debt Adjustment from Douglas Copp | | | | \$0.00 | (\$24.37) |
| | Balance: | | | | \$0.00 | \$0.00 |
| | Douglas Copp(16459)/Bruce A Miller MD/072867 | | | | | |
| | Respiratory abnormality, unspecified (786.00) | | | | | |
| 07/2002 | Thoracic gas volume (94260) | | \$102.00 | 1.0 | \$95.34 | \$6.66 |
| 07/2002 | Respiratory flow volume loop (94375) | | \$122.00 | 1.0 | \$112.92 | \$9.18 |
| 10/08/2002 | Carbon monoxide diffusing capacity (94720) | | \$165.00 | 1.0 | \$147.94 | \$17.06 |
| 10/28/2002 | Contractual Adjustment from Blue Cross & Blue Shield | | | | (\$232.69) | \$0.00 |
| 10/28/2002 | Payment from Blue Cross & Blue Shield | | | | (\$125.06) | \$0.00 |
| 10/28/2002 | Transfer from Insurance | | | | \$1.65 | (\$1.65) |
| 11/08/2003 | Bad Debt Adjustment from Douglas Copp | | | | \$0.00 | (\$31.25) |
| | Balance: | | | | \$0.00 | \$0.00 |
| | Douglas Copp(16459)/Bruce A Miller MD/073219 | | | | | |
| | Toxic effect of unspecified gas, fume, or vapor (987.9) | | | | | |
| 10/09/2002 | Office outpatient visit, established (99213) | | \$90.00 | 1.0 | \$75.90 | \$14.10 |
| 10/09/2002 | Payment from Douglas Copp | | | | \$0.00 | (\$20.00) |
| 10/15/2002 | Trans. S to open balance Payment from Douglas Copp | | | | \$0.00 | \$5.90 |
| 10/23/2002 | Contractual Adjustment from Blue Cross & Blue Shield | | | | (\$15.90) | \$0.00 |
| 10/26/2002 | Payment from Blue Cross & Blue Shield | | | | (\$74.10) | \$0.00 |
| 10/29/2002 | Transfer from Insurance | | | | \$14.10 | (\$14.10) |
| 10/29/2002 | Trans. S to open balance Payment from Douglas Copp | | | | \$0.00 | \$14.10 |
| | Balance: | | | | \$0.00 | \$0.00 |

THANK YOU FOR PAYING PROMPTLY. WE APPRECIATE YOUR EFFORTS.

| Total Balance | Ins. Balance | Pat. Balance |
|---------------|---------------|---------------|
| \$0.00 | \$0.00 | \$0.00 |

Pay to:
 Southwest Pulmonary Specialists
 P O Box 25307
 Albuquerque, NM 87125
 (505) 842-1335

Patient Statement
 Wednesday, October 16, 2002

| Amount Due | Amount Paid |
|----------------|-------------|
| \$71.37 | |

Payment Type:

- Cash Check
 Visa Mastercard

Account # _____

Expiration Date ____/____/____

Signature _____

Date ____/____/____

Reflects transactions posted through 10/16/2002

(Detach and remit with Payment)

| Date | Description | Check # | Fee | Units | Insurance | Patient |
|------------|--|---------|----------|-------|-----------------|----------------|
| | Douglas Copp(16459)/Bruce A Miller MD/071504 | | | | | |
| | Location: Southwest Pulmonary Specialists | | | | | |
| 9/19/2002 | Chest Xray | | \$124.00 | 1.00 | \$124.00 | \$0.00 |
| 9/19/2002 | Respiratory flow volume loop | | \$122.00 | 1.00 | \$122.00 | \$0.00 |
| 9/19/2002 | Office consultation | | \$312.00 | 1.00 | \$292.00 | \$20.00 |
| 9/19/2002 | Payment from Douglas Copp | | | | \$0.00 | (\$20.00) |
| 0/08/2002 | Contractual Adjustment from Blue Cross & Blue Shield | | | | (\$236.10) | \$0.00 |
| 0/08/2002 | Payment from Blue Cross & Blue Shield | | | | (\$257.53) | \$0.00 |
| 0/08/2002 | Transfer from Insurance | | | | (\$44.37) | \$44.37 |
| 0/15/2002 | Trans. \$ to open balance Payment from Douglas Copp | | | | \$0.00 | (\$5.90) |
| | Balance: | | | | \$0.00 | \$38.47 |
| | Douglas Copp(16459)/Bruce A Miller MD/072867 | | | | | |
| | Location: Southwest Pulmonary Specialists | | | | | |
| 8/2002 | Thoracic gas volume | | \$102.00 | 1.00 | \$95.34 | \$6.66 |
| 0/08/2002 | Respiratory flow volume loop | | \$122.00 | 1.00 | \$112.82 | \$9.18 |
| 10/08/2002 | Carbon monoxide diffusing capacity | | \$165.00 | 1.00 | \$147.94 | \$17.06 |
| | Balance: | | | | \$356.10 | \$32.90 |

| Deposit | 0-30 | 31-60 | 61-90 | 91-120 | Over 120 | Total Balance | Ins. Balance | Pat. Balance |
|---------|---------|--------|--------|--------|----------|---------------|--------------|--------------|
| 50.00 | \$71.37 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$427.47 | \$356.10 | \$71.37 |