

St. Joseph's Northeast Heights
Medical Bills



STATE 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
 04-29-02

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.: 211551066770X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$199.06
Total Benefits Approved:	\$21.88
Amount You May Owe Provider:	\$124.28

following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH NE HEIGHTS HOSP				
Provider: Patient Account No.: 33080371				
Inhalation Therapy	04-08-02	66.81	66.81 (1)	0.00
Diag. Medical Exam	04-08-02	69.58	27.83 (2)	41.75
Diag. Medical Exam	04-08-02	60.45	24.18 (2)	36.27
Drugs	04-08-02	2.22	0.89 (2)	1.33
Totals		\$199.06	\$119.71	\$79.35

Coverage Information

Totals	\$199.06	\$119.71	\$79.35
Deductions			
Applied to Your 2002 Health Care Plan Deductible		\$52.01	
Your Coinsurance Amount		\$5.46	
Total Deductions			\$57.47
Total Benefits Approved			\$21.88
Amount You May Owe Provider			\$124.28

A Division of Health Care Services Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

Page 1 of 2

St. Joseph Medical Center
Medical Bills

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 203851036860X
 Patient Name: Douglas Copp

Claim Information

Summary

Total Billed:	\$1105.23
Total Benefits Approved:	\$130.52
Amount You May Owe Provider:	\$532.62

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH MED CENTER				
Provider: Patient Account No.:	32655081			
Medical Emerg Lab	12-28-01	177.67	71.05 (1)	106.62
Medical Emerg Lab	12-28-01	142.00	56.80 (1)	85.20
Medical Emerg Lab	12-28-01	98.45	39.38 (1)	59.07
Medical Emerg Lab	12-28-01	95.00	38.00 (1)	57.00
Medical Emerg Lab	12-28-01	80.14	32.06 (1)	48.08
Medical Emerg Lab	12-28-01	96.06	38.43 (1)	57.63
Medical Emerg Room	12-28-01	333.40	133.36 (1)	200.04
Medical Emerg Room	12-28-01	63.51	25.41 (1)	38.10
Medical Emerg Drugs	12-28-01	19.00	7.60 (1)	11.40
Totals		\$1105.23	\$442.09	\$663.14

Coverage Information

Totals	\$1105.23	\$442.09	\$663.14
Deductions			
Applied to Your 2001 Health Care Plan Deductible		\$500.00	
Your Coinsurance Amount		\$32.62	
Total Deductions			\$532.62
Total Benefits Approved			\$130.52
Amount You May Owe Provider			\$532.62
Total covered benefits approved for this claim: \$130.52 to ST JOSEPH MED CENTER on 02-11-02			

Information About Out-Of-Pocket Expenses

Patient: DOUGLAS COPP
 Benefit Period: 01-01-01 Through 12-31-01

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

St. Joseph Medical Center Physicians
Medical Bills

P. O. Box 27630
 Albuquerque, NM 87125 - 7630

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YTE560450095
 Claim No.: 204650029330X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$107.37
Total Benefits Approved:	\$25.55
Amount You May Owe Provider:	\$6.38

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH MED CENTER PHYS				
Provider Patient Account No:	32655082			
Medical Emerg Care	12-28-01	107.37	75.44 (1)	31.93
Totals		\$107.37	\$75.44	\$31.93

Coverage Information

Totals	\$107.37	\$75.44	\$31.93
Deductions			
Your 20% Coinsurance Amount		\$6.38	
Total Deductions			\$6.38
Total Benefits Approved			\$25.55
Amount You May Owe Provider			\$6.38
Total covered benefits approved for this claim: \$25.55 to ST JOSEPH MED CENTER PHYS on 03-06-02			

*** 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 Amounts Not Covered

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

Providers, customers, and individuals cooperate with us to stop fraud. If you ever have any questions, call our Fraud Hotline at 1-888-841-7998.

St. Joseph Healthcare System
Medical Bills



Blue Cross and 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
 05-28-02

F1A

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.: 213578607500C
 Patient Name: Douglas Copp

Summary

Total Billed:	\$109.00
Total Benefits Approved:	\$77.25
Amount You May Owe Provider:	\$20.66

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No.:	11290869			
Medical Visits	12-28-01	96.00	1.43 (1)	94.57
Laboratory Services	12-28-01	13.00	9.66 (1)	3.34
Totals		\$109.00	\$11.09	\$97.91

Coverage Information

Totals	\$109.00	\$11.09	\$97.91
Deductions			
Your Copayment Amount		\$20.00	
Your Coinsurance Amount		\$0.66	
Total Deductions			-\$20.66
Total Benefits Approved			\$77.25
Amount You May Owe Provider			\$20.66



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.: 213578607540C
 Patient Name: Douglas Copp

Summary

Total Billed:	\$56.00
Total Benefits Approved:	\$32.09
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
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No.:	11291828			
Medical Visits	12-31-01	56.00	3.91 (1)	\$2.09
Totals		\$56.00	\$3.91	\$52.09

Coverage Information

Totals	\$56.00	\$3.91	\$52.09
Deductions			
Your Copayment Amount		\$20.00	
Total Deductions			-\$20.00
Total Benefits Approved			\$32.09
Amount You May Owe Provider			\$20.00
Total covered benefits approved for this claim: \$32.09 to ST JOSEPH HEALTHCARE SYSTEM on 05-28-02.			

*** 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 Amounts Not Covered

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

Providers, customers, and individuals cooperate with us to stop fraud. If you ever have any questions, call our Fraud Hotline at 1-888-841-7998.



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

Explanation of Benefits (EOB): This is not a bill.
 BLUE CHOICE \$500 LOW NS
 02-11-02

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.: 203850073800X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$170.00
Total Benefits Approved:	\$61.48
Amount You May Owe Provider:	\$52.66

: following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST. JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No.:	E300382			
Medical Visits	01-09-02	82.00	0.52 (1)	81.48
Laboratory Services	01-09-02	13.00	9.66 (1)	3.34
Laboratory Services	01-09-02	0.00		0.00
Diag. Medical Exam	01-09-02	56.00	26.68 (1)	29.32
Diag. Medical Exam	01-09-02	19.00	19.00 (2)	0.00
Totals		\$170.00	\$55.86	\$114.14

Coverage Information

Totals	\$170.00	\$55.86	\$114.14
Deductions			
Applied to Your 2002 Health Care Plan Deductible		\$52.66	
Total Deductions			\$52.66
Total Benefits Approved			\$61.48
Amount You May Owe Provider			\$52.66

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association
 (turn over)

P. O. Box 27630
Albuquerque, NM 87125 - 7630

Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE \$500 LOW NS
03-06-02

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.: 204550052610X
Patient Name: Douglas Copp

Summary

Total Billed:	\$56.00
Total Benefits Approved:	\$32.09
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
ST JOSEPH HEALTHCARE SYSTEM				
Provider: Patient Account No. 1323495				
Medical Visits	02-07-02 ✓	56.00	3.91 (1)	\$2.09
Totals		\$56.00	\$3.91	\$52.09

Coverage Information

Totals	\$56.00	\$3.91	\$52.09
Deductions			
Your Copayment Amount		\$20.00	
Total Deductions			\$20.00
Total Benefits Approved			\$32.09
Amount You May Owe Provider			\$20.00
Total covered benefits approved for this claim: \$32.09 to ST JOSEPH HEALTHCARE SYSTEM on 03-06-02			

A Division of Health Care Service Corporation. A Mutual Legal Reserve Company. An Independent Licensee of the Blue Cross and Blue Shield Association

(turn over)

Page 1 of 3

1,295 NM2573



Division of Health Care Service
of New Mexico
P. O. Box 27630
Albuquerque, NM 87125 - 7630

Explanation of Benefits (EOB). This is not a bill.
BLUE CHOICE \$500 LOW NS
04-01-02

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.: 208450047400X
Patient Name: Douglas Copp

Summary

Total Billed:	\$56.00
Total Benefits Approved:	\$32.09
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
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No:	1353573			
Medical Visits	03-20-02	56.00	3.91 (1)	52.09
Totals		\$56.00	\$3.91	\$52.09

Coverage Information

Totals	\$56.00	\$3.91	\$52.09
Deductions			
Your Copayment Amount		\$20.00	
Total Deductions			\$20.00
Total Benefits Approved			\$32.09
Amount You May Owe Provider			\$20.00
Total covered benefits approved for this claim: \$32.09 to ST JOSEPH HEALTHCARE SYSTEM on 04-01-02.			



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
05-31-02

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.: 214950089650X
Patient Name: Douglas Copp

Summary

Total Billed:	\$82.00
Total Benefits Approved:	\$61.48
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
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No: 1399845				
Medical Visits	05-13-02 ✓	82.00	0.52 (1)	81.48
Totals		\$82.00	\$0.52	\$81.48

Coverage Information

Totals	\$82.00	\$0.52	\$81.48
Deductions			
Your Copayment Amount		\$20.00	
Total Deductions			\$20.00
Total Benefits Approved			\$61.48
Amount You May Owe Provider			\$20.00
Total covered benefits approved for this claim: \$61.48 to ST JOSEPH HEALTHCARE SYSTEM on 05-31-02			

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.: 216450032290X
Patient Name: Douglas Copp

Summary

Total Billed:	\$185.99
Total Benefits Approved:	\$108.90
Amount You May Owe Provider:	\$31.84

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No:	1412401			
Medical Visits	06-07-02	82.00	0.52 (1)	81.48
Mag. Medical Exam	06-07-02	19.00	12.98 (1)	6.02
Inhalation Therapy	06-07-02	28.99	5.07 (1)	23.92
Mag. Medical Exam	06-07-02	56.00	26.68 (1)	29.32
Totals:		\$185.99	\$45.25	\$140.74

Coverage Information

Totals:	\$185.99	\$45.25	\$140.74
Deductions:			
Your Copayment Amount		\$20.00	
Your Coinsurance Amount		\$11.84	
Total Deductions:			\$31.84
Total Benefits Approved:			\$108.90
Amount You May Owe Provider:			\$31.84

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.: 221350047810X
Patient Name: Douglas Copp

Summary

Total Billed:	\$56.00
Total Benefits Approved:	\$32.09
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
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No.: 1443093				
Medical Visits	06-13-02	56.00	3.91 (1)	\$2.09
Totals		\$56.00	\$3.91	\$52.09

Coverage Information

Totals	\$56.00	\$3.91	\$52.09
Deductions			
Your Copayment Amount		\$20.00	
Total Deductions			\$20.00
Total Benefits Approved			\$32.09
Amount You May Owe Provider			\$20.00
Total covered benefits approved for this claim: \$32.09 to ST JOSEPH HEALTHCARE SYSTEM on 08-05-02.			

Customer Service: 1-800-432-0750

PAULINA E COPP
80 ROY R36
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.: Y1E560450095
Claim No.: 219350030650X
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
ST JOSEPH HEALTHCARE SYSTEM Provider: Patient Account No. 132133				
Medical Visit	07-05-02	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 ST JOSEPH HEALTHCARE SYSTEM on 07-25-02.			

Summary

Total Billed:	\$129.99
Total Benefits Approved:	\$85.04
Amount You May Owe Provider:	\$25.76

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No.:	1444905			
Medical Visits	07-29-02	82.00		82.00
Diag. Medical Exam	07-29-02	19.00	19.00 (2)	0.00
Inhalation Therapy	07-29-02	28.99	0.19 (1)	28.80
Totals		\$129.99	\$19.19	\$110.80

Coverage Information

Totals	\$129.99	\$19.19	\$110.80
Deductions			
Your Copayment Amount		\$20.00	
Your 20% Coinsurance Amount		\$5.76	
Total Deductions			\$25.76
Total Benefits Approved			\$85.04
Amount You May Owe Provider			\$25.76
Total covered benefits approved for this claim: \$85.04 to ST JOSEPH HEALTHCARE SYSTEM on 08-05-02.			

*** 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 Amounts Not Covered

- (1) This expense/service is not covered under the terms and conditions of your Health Care Plan. Therefore, no payment can be made.
- (2) This service is considered part of another procedure performed on this date and should not be billed as a separate charge. No payment can be made. Based on our agreement with



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
08-20-02

EIA

Customer Service: 1-800-432-0730

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.: 222850081050X
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
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No.: 1452080				
Medical Visits	08-02-02	56.00	1.27 (1)	54.73
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 ST JOSEPH HEALTHCARE SYSTEM on 08-20-02.			



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
 08-22-02

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.: 223250035920X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$150.00
Total Benefits Approved:	\$0.00
Amount You May Owe Provider:	\$150.00

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
ST JOSEPH HEALTHCARE SYSTEM				
Provider Patient Account No: 1437023				
Medical Visits	08-08-02	150.00	150.00 (1)	0.00
Totals		\$150.00	\$150.00	\$0.00

Coverage Information

Totals	\$150.00	\$150.00	\$0.00
Total Benefits Approved			\$0.00
Amount You May Owe Provider			\$150.00

St. Vincent Hospital
Medical Bills



ST. VINCENT HOSPITAL

P.O. Box 2107
SANTA FE, N.M. 87504
Billing Inquiries (505) 820-5220

TYPE OF BILL PAGE BILL DATE
F 1 10/05/

ITEMIZED STATEMENT

SERVICE FROM THROUGH
09/30/01 09/30/01

TAX ID 85-0106941

RESPONSIBLE PARTY
COPP DOUG
PO BOX 534
SANDIA PARK, NM 87047

PATIENT
COPP DOUG
ACCOUNT NUMBER 11967709-01 BIRTHDAY / AGE 08/03/51 50
ADMISSION DATE / TIME 09/30/01 20:05 DISCHARGE DATE / TIME 09/30/01 21:45
GUARANTOR NO. 046461692 GUARANTOR PHONE 505/281-7977 HISTORY NUMBER 1497923

PLAN NUMBER ONE PLAN NUMBER TWO PLAN NUMBER THREE
COPP DOUG EMPLOYER

AMOUNT PAID
\$

FOR PROPER CREDIT, PLEASE ENCLOSE THIS TOP PORTION WITH PAYMENT

INSURANCE CATEGORY SUMMARY

Table with 3 columns: Category Code, Description, Amount. Includes rows for DRUGS/GENERIC, DX XRAY, INHALATION, EMERG ROOM, TOTAL CHARGES, TOTAL PAYMENTS, TOTAL ADJUSTMENTS, and *** TOTAL.

INSURANCE BENEFITS ASSIGNED

1st Hospital visit
Emergency Ward.
couldn't breathe

PATIENT: COPP DOUG; ACCOUNT NUMBER: 11967709-01; SERVICE FROM: 09/30/01; THROUGH: 09/30/01; PAGE: 1

Timothy J. Smith, M.D.
Medical Bills

TIMOTHY J. SMITH, M.D.
 2635 REGENT STREET
 BERKELEY, CALIFORNIA 94704
 TELEPHONE (310) 948-8022

Douglas F. Copp

Summary of all charges 9/21/02 to 8/11/03

9/21/02 20 minutes.	100
9/23/02 IOV one hour	300
9/24/02 9:35—10:05	150
9/25/02 7:07	300
9/30/02 - 4:20-5:20	300
9/30/02 9:35-10:34	295
10/2/02 - 30 minute	150
10/3/02 - 3:00 - 5:10	650
10/3/02 3:37	50
10/2/02 5:10 - 7:17	600
10/4/02 - 15 minutes	75
10/4/02 -	35
10/4/03 Fax Rx for nebulizer.	35
10/15/02 9:25-9:45	100
10/15/0 2:45 -3:45	300
4:15 and 6-6:15 = 2 hours	600
10/17/02 3:00 PM-3:40	200
10/17/02 9:57-0:48	270
10/19/02 9:30-11 medical report	450
10/20/02 11:30-1:30 medical report	600
10/20/02 6 hours medical report.	1800
10/20/02 - 11:30-1:30 and 6:00-12:30 medical report	600
	1950
10/22/02 two hours	600
10/23 3:15-3:43	140
10/23/02 - 2 hours (9:20 AM with Braden 9:50 with Copp; 7:00-8:30 PM at office)	600
10/23/02 \$100 for secretarial time	100
11/4/02 15 minutes per phone from office	75
-----	50
11/4/02 - spoke for 20 minutes with Gary Gordon, M.D.	100
11/4/02 4:30-6:57	745
11/5/02 - 5:15-5:45	150
11/11/02 5:40-6:42	305
11/12/02 - 45 minutes	225
11/12/02 called Dr. Serena Hu's office	50
11/12/02 - 1:25 - 1:47 - Per John Furlong, N.D. consultant at Great Smokies Lab:	105
10 minutes calling Dr. Hu's office to follow up on the referral.	50
11/18/02 20 minutes	100
11/22/02 4:15-5:30	375
11/22/02 7:54-9:12	395

15 minutes 12/2/02	75
12/3/02 9:45-11:32	230
12/3/02 - 11:45-12:05 consultation with Dr. Vojdani at ISL	85
12/3/02 12:07-12:44	185
12/26/02 - 11:50	300
1/5/03 8:57 AM - 11:08	655
1/6/03 12:50-1:05	75
1/9/03 one hour consultation	300
1/17/03 9:45-10:45	300
1/17/03 Called Dr. Rosenbaum for Doug Copp. N/C	
1/20/03 - one hour	300
1/24/03 7:03 PM - 7:21	90
1/27/03 - total 4 calls; 72 minutes	360
2/2/03 - 55 minutes 3 phone calls	275
2/4/03 8:30-9:38	40
2/10/03 - 50 minutes	250
2/13/03 25 minutes	125
2/18/03 - 60 minutes	300
2/21/03 75 minutes	375
2/22/03-45 minutes per phone with attorney Kip Purcell.	225
February 24, 2003 letter 60 mins	300
3/2/03 - 11:40-12:38	290
3/4/03 - 20 minutes working on phone messages	100
4/4/03 - 30 minutes including the prior message analysis and note taking.	150
4/13/03 consult Dr. Rosenbaum	100
5/5/03 9:30-11:30	600
5/22/03 90 minutes (8:30-10:00)	450
5/27/03 8:30 - 9:45-11:30	375
8 hours on May 31	2400
June 1 final report 9 hours	2700
June 2 final report 11 hours	3300
June 3 10 hours	3000
7/1/03 Call to Doug 30 minutes	150
7/8/03 Spoke with Kip Purcell 45 minutes + prep	300
7/8/03 Doug 6:30-7:33 63 minutes	315
7/21/03 - 57 mins discusssing letter with Kip Purcell	285
7/22/03 - 75 minutes, discussed H py infection, resp probs, spoke owth Kumar Biswas, N.D. re Rx for H py.	375
7/31/03 - 60 minutes	300
8/9/03 from Seattle-40 minutes	200
8/10/03 - Case discussion and planning with Kip Purcell - 20 minutes	100
8/10/03 - 4 hours corrections to and amplification of report	1200
8/11/03 - 6 hours editing, completing, faxing, certifying, Fedexing report	1800
<u>Grand Total</u>	<u>\$37,485</u>

Tony J. Kreuch, Psy.D.
Medical Bills

STATEMENT

KREUCH Psy.D., ABPN, TONY J.
P.O. BOX 3020
Albuquerque, NM 87190-3020
(505)342-1992

08/12/2003

DOUGLAS F COPP
PO BOX 534
SANDIA PARK, NM 87047

<u>Charge</u>	<u>Amount Waived</u>	<u>Client Paid</u>	<u>Insurance Paid</u>	<u>Other 1 Paid</u>	<u>Other 2 Paid</u>	
Diagnostic Evaluation on April 21, 2003						
300.00	0.00	300.00	0.00	0.00	0.00	
Neuropsych Test/Medicare on April 23, 2003						
1800.00	0.00	1800.00	0.00	0.00	0.00	
Prior Balance	Total Charges	Amount Waived	Client Paid	Insurance Paid	Other 1 Paid	Other 2 Paid
\$0.00	2100.00	0.00	2100.00	0.00	0.00	0.00

Balance Due: \$ 0.00

Tricare Reference Laboratory
Medical Bills