



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

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 22985002S220X
Patient Name: Paulina Copp

Summary

Total Billed:	\$795.16
Total Benefits Approved:	\$222.65
Amount You May Owe Provider:	\$55.65

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
TRICORE REFERENCE LAB				
Provider Patient Account No.:	0-OPP02004259-0			
Pathology	10-03-02	173.00	86.96 (2)	86.04
Pathology	10-03-02	622.16	429.90 (2)	192.26
Totals		\$795.16	\$516.86	\$278.30

Coverage Information

Totals	\$795.16	\$516.86	\$278.30
Deductions			
Your Coinsurance Amount		\$55.65	
Total Deductions			\$55.65
Total Benefits Approved			\$222.65
Amount You May Owe Provider			\$55.65
Total covered benefits approved for this claim: \$222.65 to TRICORE REFERENCE LAB on 10-28-02.			

*** 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) 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 this provider, you are not responsible for this charge.
- (2) The amount billed is greater than the amount allowed for this service. You will not be billed for this amount.



**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
11-12-02

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.: 230550038440X
Patient Name: Douglas F Copp

Summary

Total Billed:	\$46.22
Total Benefits Approved:	\$0.00
Amount You May Owe Provider:	\$0.00

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
TRICORE REFERENCE LAB				
Provider Patient Account No.:	0-1131 (23771)-0			
Routine Lab Services	10-23-02	46.22	46.22 (1)	0.00
Totals		\$46.22	\$46.22	\$0.00

Coverage Information

Totals	\$46.22	\$46.22	\$0.00
Total Benefits Approved			\$0.00
Amount You May Owe Provider			\$0.00



**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 S500 DEDUCT LO
01-10-03

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.: 300950067540X
Patient Name: Douglas F Copp

Summary

Total Billed:	\$79.58
Total Benefits Approved:	\$18.56
Amount You May Owe Provider:	\$4.63

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
TRICORE REFERENCE LAB				
Provider Patient Account No.:	0-120L132735-0			
Laboratory Services	12-26-02	79.58	56.39 (1)	23.19
Totals		\$79.58	\$56.39	\$23.19

Coverage Information

Totals	\$79.58	\$56.39	\$23.19
Deductions			
Your Coinsurance Amount		\$4.63	
Total Deductions			\$4.63
Total Benefits Approved			\$18.56
Amount You May Owe Provider			\$4.63
Total covered benefits approved for this claim: \$18.56 to TRICORE REFERENCE LAB on 01-10-03			



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

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YIE560450095
Claim No.: 301550104020X
Patient Name: Paulina Copp

Claim Information

Summary

Total Billed:	\$70.00
Total Benefits Approved:	\$15.20
Amount You May Owe Provider:	\$3.80

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
TRICORE REFERENCE LAB				
Provider Patient Account No.:	0-3362024-0			
Routine Pap Smear	12-27-02	70.00	51.00 (1)	19.00
Totals		\$70.00	\$51.00	\$19.00

Coverage Information

Totals	\$70.00	\$51.00	\$19.00
Deductions			
Your 20% Coinsurance Amount		\$3.80	
Total Deductions			-\$3.80
Total Benefits Approved			\$15.20
Amount You May Owe Provider			\$3.80
Total covered benefits approved for this claim: \$15.20 to TRICORE REFERENCE LAB on 01-16-03.			

*** 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.

Information About Appeals

If you do not agree or do not understand the information shown on this Explanation of Benefits, please contact the Customer Service Unit at the number on the back of your identification (ID) card for assistance. You may request a review or file a complaint if you disagree with the decision for denied or reduced services. Your Customer Service Unit can provide more information.

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



PO BOX 26688
 ALBUQUERQUE NM 87125-6688
 (505) 938-8910 (800) 541-9557

REG11M01B17V003ACZ-000582
 DOUGLAS F COPP
 PO BOX 534
 SANDIA PARK NM 87047-0534



PATIENT NAME DOUGLAS F COPP
 ACCOUNT NUMBER 124L4219-0
 STATEMENT DATE 6/19/2003
 REQUESTING PHYSICIAN TIMOTHY J SMITH
 AMOUNT DUE \$19.24

CHECK CARD USING FOR PAYMENT

CARD NUMBER _____

AMOUNT _____ EXP. DATE _____

SIGNATURE _____

MAKE CHECK PAYABLE AND REMIT TO:

TRICORE REFERENCE LABORATORIES
 PO BOX 27935
 ALBUQUERQUE NM 87125-7935



CHECK HERE IF ADDRESS OR INSURANCE INFORMATION IS INCORRECT AND INDICATE CHANGE ON REVERSE SIDE

STATEMENT

DETACH HERE, AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME	ACCOUNT NUMBER	STATEMENT DATE	REQUESTING PHYSICIAN
DOUGLAS F COPP	124L4219-0	6/19/2003	TIMOTHY J SMITH
DX CODE: 486			
DATE	TEST	DESCRIPTION	AMOUNT
04/01/2003	36415	Puncture (Phlebotomy)	
04/01/2003	82627	DHEA Sulfate	10.90
04/01/2003	84443	TSH	65.02
04/01/2003	82441-90	POLYCHORINATED BIPHENYL (PCB)	49.12
04/01/2003	82451-90	DIOXANE 1.4 (DIOXAN) QUANT SER	169.65
04/01/2003	84140-90	PREGNENOLONE	162.55
04/01/2003	84305-90	IGF1	163.82
04/01/2003	BSNM	BSNM NOT APPROVED	63.80
04/01/2003	BSNM	BSNM PAYMENT	-45.05
04/01/2003	BSNM	BSNM NOT APPROVED	-15.98
04/01/2003	BSNM	BSNM PAYMENT	-34.03
04/01/2003	BSNM	BSNM NOT APPROVED	-12.08
04/01/2003	BSNM	BSNM PAYMENT	-8.95
04/01/2003	BSNM	BSNM NOT APPROVED	-1.56
04/01/2003	BSNM	BSNM PAYMENT	-164.28
04/01/2003	BSNM	BSNM NOT APPROVED	-4.32
04/01/2003	BSNM	BSNM PAYMENT	-145.24
04/01/2003	BSNM	BSNM NOT APPROVED	-14.87
04/01/2003	BSNM	BSNM PAYMENT	-44.70
04/01/2003	BSNM	BSNM NOT APPROVED	-15.28
04/01/2003	BSNM	BSNM PAYMENT	-146.33
04/01/2003	BSNM	BSNM NOT APPROVED	-12.98

***** MESSAGES *****

We need your help. Last month, we sent you a statement that indicated there was a patient balance on this account. Your payment is now 30 days past due. Please remit at once. Thank you for your prompt response.

***** INSURANCE MESSAGES *****

Current	31-60	61-90	91-120	over 120
0.00	19.24	0.00	0.00	0.00

DIRECT BILLING INQUIRIES TO: TriCore Reference Laboratories
 P.O. Box 26688
 Albuquerque, NM 87125-6688

University of New Mexico Hospital
Medical Bills



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.: 203851041250X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$1105.76
Total Benefits Approved:	\$751.92
Amount You May Owe Provider:	\$187.98

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UNM HOSPITAL				
Provider-Patient-Account No.:	129305041			
Drugs	12-06-01	0.76	0.11 (1)	0.65
Laboratory Services	12-06-01	10.00	1.50 (1)	8.50
Laboratory Services	12-06-01	35.00	5.25 (1)	29.75
Laboratory Services	12-06-01	100.00	15.00 (1)	85.00
X-Ray Services	12-06-01	109.00	16.35 (1)	92.65
Med/Surg Supplies	12-07-01	28.00	4.20 (1)	23.80
Laboratory Services	12-07-01	20.00	3.00 (1)	17.00
Laboratory Services	12-07-01	70.00	10.50 (1)	59.50
Laboratory Services	12-07-01	200.00	30.00 (1)	170.00
Diag-Medical Exam	12-07-01	158.00	23.70 (1)	134.30
Operating Room	12-07-01	375.00	56.25 (1)	318.75
Totals		\$1105.76	\$165.36	\$939.90

Coverage Information

Totals	\$1105.76	\$165.36	\$939.90
Deductions			
Your 20% Coinsurance Amount		\$187.98	
Total Deductions			\$187.98
Total Benefits Approved			\$751.92
Amount You May Owe Provider			\$187.98
Total covered benefits approved for this claim: \$751.92 to UNM HOSPITAL on 02-20-02			

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.

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University Phy Radiology
Medical Bills

	Claim Information
Member Name:	Paulina E Copp
Group No.:	N9030
Identification No.:	YIE560450095
Claim No.:	203850115200X
Patient Name:	Douglas Copp

Summary

Total Billed:	\$29.00
Total Benefits Approved:	\$10.23
Amount You May Owe Provider:	\$2.55

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UNIV PHYS RADIOLOGY				
Provider Patient Account No.:	7537149C			
X-Ray Services	12-06-01	29.00	16.22 (1)	12.78
Totals		\$29.00	\$16.22	\$12.78

Coverage Information

Totals	\$29.00	\$16.22	\$12.78
Deductions			
Your 20% Coinsurance Amount		\$2.55	
Net Deductions			\$2.55
Total Benefits Approved			\$10.23
Amount You May Owe Provider			\$2.55
Total covered benefits approved for this claim: \$10.23 to UNIV PHYS RADIOLOGY on 02-11-02			

*** 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.

University Phys Emergency Med
Medical Bills



of New Mexico
 P. O. Box 27630
 Albuquerque, NM 37125 - 7630

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 203550115160X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$25.00
Total Benefits Approved:	\$9.49
Amount You May Owe Provider:	\$2.37

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UNIV PHYS EMERGENCY MED				
Provider Patient Account No.:	7532980C			
Diag. Medical Exam	12-06-01	25.00	13.14 (1)	11.36
Totals		\$25.00	\$13.14	\$11.36

Coverage Information

Totals	\$25.00	\$13.14	\$11.36
Deductions			
Your 20% Coinsurance Amount		\$2.37	
Total Deductions			-\$2.37
Total Benefits Approved			\$9.49
Amount You May Owe Provider			\$2.37
Total covered benefits approved for this claim: \$9.49 to UNIV-PHYS EMERGENCY MED on 02-11-02			

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

Member Name: Paulina E Copp
 Group No.: N9030
 Identification No.: YIE560450095
 Claim No.: 203850115290X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$303.00
Total Benefits Approved:	\$97.92
Amount You May Owe Provider:	\$24.47

The following shows how this claim was processed.

Service Information

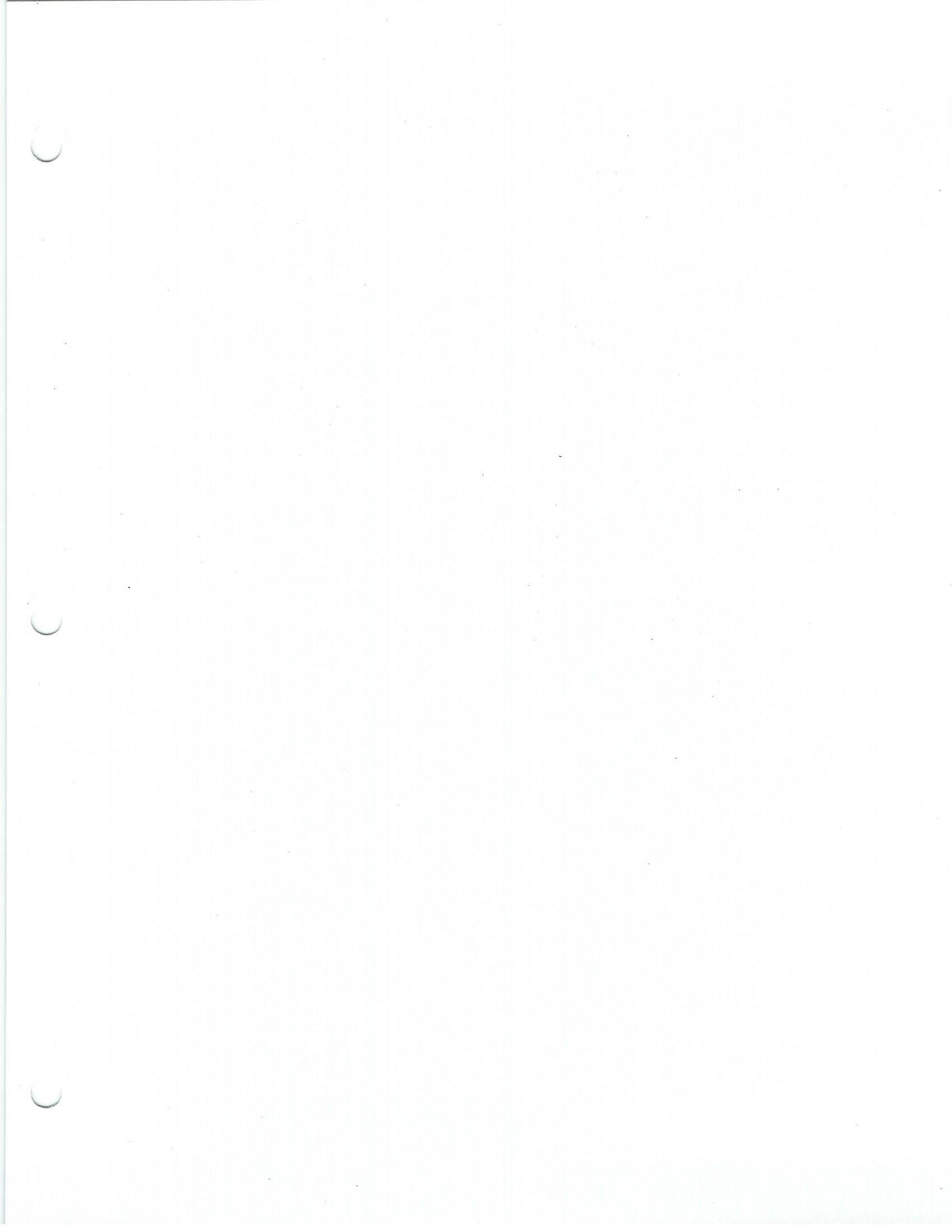
Service Description	Service Date	Amount Billed	Not Covered	Covered
UNIV PHYS EMERGENCY MED				
Provider Patient Account No.: 7532978C				
Medical Visit	12-07-01	278.00	155.61 (1)	122.39
Diag. Medical Exam	12-07-01	25.00	25.00 (2)	0.00
Totals		\$303.00	\$180.61	\$122.39

Coverage Information

Totals	\$303.00	\$180.61	\$122.39
Deductions			
Your Coinsurance Amount			
Total Deductions		\$24.47	\$24.47
Total Benefits Approved			\$97.92
Amount You May Owe Provider			\$24.47
Total covered benefits approved for this claim \$97.92 to UNIV PHYS EMERGENCY MED on 02-11-02			

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

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University Phys Associates
Medical Bills



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
 02-20-02

EIA

Customer Service: 1-800-452-0750

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.: 203850087610X
 Patient Name: Douglas Copp

Summary

Total Billed:	\$85.00
Total Benefits Approved:	\$30.00
Amount You May Owe Provider:	\$7.49

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UNIV PHYSICIANS ASSOCIATES				
Provider Patient Account No.: 7551448C				
Consultation	12-07-01	85.00	47.51 (1)	37.49
Totals		\$85.00	\$47.51	\$37.49

Coverage Information

Totals	\$85.00	\$47.51	\$37.49
Deductions			
Your Coinsurance Amount		\$7.49	
Total Deductions			\$7.49
Total Benefits Approved			\$30.00
Amount You May Owe Provider			\$7.49
Total covered benefits approved for this claim: \$30.00 to UNIV PHYSICIANS ASSOCIATES on 12-20-02			

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(turn over)

Page 1 of 3

UCFS Medical Group
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 \$500 DEDUCT LO
11-05-02

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.: 230852584820H
Patient Name: Douglas Copp

Summary

Total Billed:	\$370.00
Total Benefits Approved:	\$194.01
Amount You May Owe Provider:	\$48.50

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UCSF MEDICAL CENTER				
Provider Patient Account No.:	I3239206G3			
Medical Visits	09-26-02	370.00	127.49 (1)	242.51
Totals		\$370.00	\$127.49	\$242.51

Coverage Information

Totals	\$370.00	\$127.49	\$242.51
Deductions			
Your 20% Coinsurance Amount		\$48.50	
Total Deductions			-\$48.50
Total Benefits Approved			\$194.01
Amount You May Owe Provider			\$48.50
Total covered benefits approved for this claim: \$194.01 to UCSF MEDICAL CENTER on 11-05-02.			



**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
01-08-03

**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.: 300752448460H
Patient Name: Douglas Copp

Summary

Total Billed:	\$211.00
Total Benefits Approved:	\$83.11
Amount You May Owe Provider:	\$20.77

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UCSF MEDICAL CTR				
Provider Patient Account No.:	13350208G3			
Medical Visits	11-07-02	211.00	107.12 (1)	103.88
Totals		\$211.00	\$107.12	\$103.88

Coverage Information

Totals	\$211.00	\$107.12	\$103.88
Deductions			
Your 20% Coinsurance Amount		\$20.77	
Total Deductions			-\$20.77
Total Benefits Approved			\$83.11
Amount You May Owe Provider			\$20.77
Total covered benefits approved for this claim: \$83.11 to UCSF MEDICAL CTR on 01-08-03			



**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
12-17-02

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.: 235052619680H
Patient Name: Douglas Copp

Summary

Total Billed:	\$206.00
Total Benefits Approved:	\$94.96
Amount You May Owe Provider:	\$23.74

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UCSF MEDICAL GRP				
Provider Patient Account No.:	13418534G3			
Medical Visits	12-04-02	206.00	87.30 (1)	118.70
Totals		\$206.00	\$87.30	\$118.70

Coverage Information

Totals	\$206.00	\$87.30	\$118.70
Deductions			
Your 20% Coinsurance Amount		\$23.74	
Total Deductions			\$23.74
Total Benefits Approved			\$94.96
Amount You May Owe Provider			\$23.74
Total covered benefits approved for this claim: \$94.96 to UCSF MEDICAL GRP on 12-17-02.			



**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
12-31-02

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.: 236452582290H
Patient Name: Douglas Copp

Summary

Total Billed:	\$546.51
Total Benefits Approved:	\$301.71
Amount You May Owe-Provider:	\$75.40

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UCSF MEDICAL CTR				
Provider Patient Account No.: M654909001				
X-Ray Services	12-04-02	179.00	55.49 (1)	123.51
Laboratory Services	12-04-02	171.42	53.14 (1)	118.28
Laboratory Services	12-04-02	115.25	35.72 (1)	79.53
Laboratory Services	12-04-02	42.87	13.28 (1)	29.59
Laboratory Services	12-04-02	37.97	11.77 (1)	26.20
Totals		\$546.51	\$169.40	\$377.11

Coverage Information

Totals	\$546.51	\$169.40	\$377.11
Deductions			
Your Coinsurance Amount		\$75.40	
Total Deductions			-\$75.40
Total Benefits Approved			\$301.71
Amount You May Owe Provider			\$75.40



**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
03-24-03

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.: 308052612360H
Patient Name: Douglas Copp

Summary

Total Billed:	\$456.00
Total Benefits Approved:	\$6.69
Amount You May Owe Provider:	\$208.83

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
UCSF MEDICAL GRP				
Provider Patient Account No.:	I3669642G3			
Medical Visits	02-13-03	456.00	240.48 (1)	215.52
Totals		\$456.00	\$240.48	\$215.52

Coverage Information

Totals	\$456.00	\$240.48	\$215.52
Deductions			
Applied to Your 2003 Health Care Plan Deductible		\$207.16	
Your 20% Coinsurance Amount		\$1.67	
Total Deductions			\$208.83
Total Benefits Approved			\$6.69
Amount You May Owe Provider			\$208.83

Total covered benefits approved for this claim: \$6.69 to UCSF MEDICAL GRP on 03-24-03.

Walgreens Pharmacy
Medical Bills

Obtain Medical Advice Before Taking
Nonprescription Drugs. Some May Affect
The Action Of This Medication.

Read The Patient Information
Leaflet That Came With This
Medicine

3000 INDIAN SCHOOL RD ALBUQUERQUE, NM 87112

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047

NO 0913562-05923 DATE 10/01/01
ALBUTEROL INHALER (COMPLETE) 17GM
QTY 17 1 REFILL BEFORE 10/01/02
NEW

BAC/RDH

OR S. ROLIG

PH (505)298-0413

PATIENT PH (505)281-7977

NDC 59930-1560-01
MFG WARRICK-SCHERING

\$ 25.99

13000 INDIAN SCHOOL RD ALBUQUERQUE, NM 87112

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047

NO 0913562-05923 DATE 10/01/01
ALBUTEROL INHALER (COMPLETE) 17GM
QTY 17 1 REFILL BEFORE 10/01/02
NEW

BAC/RDH

OR S. ROLIG

PH (505)298-0413

PATIENT PH (505)281-7977



\$ 25.99

NDC 59930-1560-01
MFG WARRICK-SCHERING

WALGREENS Customer Receipt

WALGREENS Duplicate Rec

and
should
be
filled
by
a
pharmacist
or
other
qualified
personnel

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WORK PATRIAL LINDHOLM

tuoy iller or
the Fozzol
goodly habymoh
and to noo amangl
you moel patermaga
wheremone

COOP SAVING GENERIC C

OSCARINE SIDE EFFECTS:
Indication: to relieve symptoms of
asthma and COPD. It may
be used for the prevention of
asthma attacks and for the relief
of symptoms.

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DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 0913561-05923 DATE 10/01/01
ZITHROMAX 250MG TABS (Z-PAK)
QTY 6 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047

NO 0913561-05923 DATE 10/01/01
ZITHROMAX 250MG TABS (Z-PAK)
QTY 6 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

BAC/RDH

OR S. ROLIG

PH (505)298-0413

PATIENT PH (505)281-7977



\$ 48.99

NDC 00069-3060-75
MFG PFIZER

WALGREENS Customer Receipt

WALGREENS Duplicate Rec

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Need Allergy Info:
 If You Have Diabetes, This Medicine May Change Your Blood Or Urine Sugar. If This Occurs, Call Your Doctor.

Need Health Cond:
 Take Or Use This Medicine Exactly As Directed. Do Not Skip Doses Or Discontinue Unless Directed By Your Doctor.

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
PATIENT PH (505)281-7977

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 1076086-01316 DATE 12/28/01
METHYLPREDNISOLONE 4MG DOSPAK
QTY 21 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW \$15.00

DGS/DJD DR S. WOLFE
PLAN PCS CLAIM REF# 290474
GROUP# 15298003
RECIP# 560450095

Walgreens Customer Receipt

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
PATIENT PH (505)281-7977

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 1076086-01316 DATE 12/28/01
METHYLPREDNISOLONE 4MG DOSPAK
QTY 21 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW \$15.00

DGS/DJD DR S. WOLFE
PLAN PCS CLAIM REF# 290474
GROUP# 15298003
RECIP# 560450095

Walgreens Duplicate

Need Health Cond:
 Take This Medicine With A Snack Or Small Meal If Stomach Upset Occurs

Need Allergy Info:

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
PATIENT PH (505)281-7977

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 1076087-01316 DATE 12/28/01
HYDROCODONE/APAP 7.5MG/750MG TABS
QTY 20 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW \$12.89

DGS/DJD DR S. WOLFE
PLAN PCS CLAIM REF# 396631
GROUP# 15298003
RECIP# 560450095

Walgreens Customer Receipt

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
PATIENT PH (505)281-7977

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 1076087-01316 DATE 12/28/01
HYDROCODONE/APAP 7.5MG/750MG TABS
QTY 20 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW \$12.89

DGS/DJD DR S. WOLFE
PLAN PCS CLAIM REF# 396631
GROUP# 15298003
RECIP# 560450095

Walgreens Duplicate Receipt

Need Health Cond:

Need Allergy Info:

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
PATIENT PH (505)281-7977

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 1078018-01316 DATE 01/10/02
OTHROID 0.025MG TABLETS
30 12 REFILLS BEFORE 01/10/03
NEW \$

MAS/MAS DR H. GARCIA
PLAN PCS BNNN
GROUP# 15298003
RECIP# 560450095

Walgreens Customer Receipt

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
PATIENT PH (505)281-7977

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 1078018-01316 DATE 01/10/02
LEVOTHROID 0.025MG TABLETS
QTY 30 12 REFILLS BEFORE 01/10/03
NEW \$

MAS/MAS DR H. GARCIA
PLAN PCS BNNN
GROUP# 15298003
RECIP# 560450095

Walgreens Duplicate Receipt

Need Health
Cond:

Rinse Mouth Thoroughly
After Each Use

Need Allergy
Info:

2950 CENTRAL S.E. ALBUQUERQUE, NM 87108

DOUG COPP

PH (505)262-1745
PATIENT PH (505)281-7977

PO BOX 534
SANDIA PARK, NM 87047
NO 1138949-01279 DATE 08/12/02
ADVAIR DISKUS 100/50MCG 60'S
QTY 60 12 REFILLS BEFORE 08/12/03
NEW

FDR/FDR
PLAN PCS
GROUP# 15298003

DR H. GARCIA
CLAIM REF# 22247377048999

\$ 25.00

1-800-421-2222 Customer Receipt

2950 CENTRAL S.E. ALBUQUERQUE, NM 87108

DOUG COPP

PH (505)262-1745
PATIENT PH (505)281-7977

PO BOX 534
SANDIA PARK, NM 87047
NO 1138949-01279 DATE 08/12/02
ADVAIR DISKUS 100/50MCG 60'S
QTY 60 12 REFILLS BEFORE 08/12/03
NEW

FDR/FDR
PLAN PCS
GROUP# 15298003

DR H. GARCIA
CLAIM REF# 22247377048999

\$ 25.00

00173-0695-00
MFG GLAXOSMITHKLINE
1-800-421-2222 Duplicate Receipt

IME

Need Health
Cond:

Take Or Use This Medicine Exactly As
Directed. Do Not Skip Doses Or
Discontinue Unless Directed By Your
Doctor.

Need Allergy
Info:

2950 CENTRAL S.E. ALBUQUERQUE, NM 87108

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047

NO 1138878-01279 DATE 08/12/02
LEVOTHROID 0.025MG TABLETS

QTY 30 11 REFILLS BEFORE 01/10/03
COPY

PH (505)262-1745

PATIENT PH (505)281-7977

NDC 00456-0320-01
MFG FOREST

\$13.69

JCA/FDR

PLAN PCS

GROUP# 15291003

DR H. GARCIA

CLAIM REF# 22245697778999

Walmart Customer Receipt

2950 CENTRAL S.E. ALBUQUERQUE, NM 87108

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047

NO 1138878-01279 DATE 08/12/02
LEVOTHROID 0.025MG TABLETS

QTY 30 11 REFILLS BEFORE 01/10/03
COPY

PH (505)262-1745

PATIENT PH (505)281-7977



\$13.69

JCA/FDR

PLAN PCS

GROUP# 15298003

DR H. GARCIA

CLAIM REF# 22245697778999

NDC 00456-0320-01
MFG FOREST

Duplicate Receipt

Need Health Cond:

WARNING: Do Not Exceed The Dose Prescribed By Your Physician. If Difficulty In Breathing Persists, Contact Your Physician.

Need Allergy Info:

Need Allergy Info:

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

PH (505)292-0917

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

PH (505)292-0917

DOUG COPP

PATIENT PH (505)281-7977

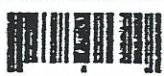
DOUG COPP

PATIENT PH (505)281-7977

PO BOX 534
SANDIA PARK, NM 87047
NO 1123433-01316 DATE 10/03/02
XOPENEX 1.25MG/3ML NEBULIZER SOLN
QTY 72 REFILLABLE UNTIL 10/03/03
NEW

NCC 63402-0513-24
MFG SEPRACOR

PO BOX 534
SANDIA PARK, NM 87047
NO 1123433-01316 DATE 10/03/02
XOPENEX 1.25MG/3ML NEBULIZER SOLN
QTY 72 REFILLABLE UNTIL 10/03/03
NEW



\$40.00

\$40.00

MAS/DJD
PLAN PCS
GROUP# 15298003

OR T. SMITH
CLAIM REF# 22766461887999

MAS/DJD
PLAN PCS
GROUP# 15298003

OR T. SMITH
CLAIM REF# 22766461887999

NCC 63402-0513-24
MFG SEPRACOR

Walmart Customer Receipt

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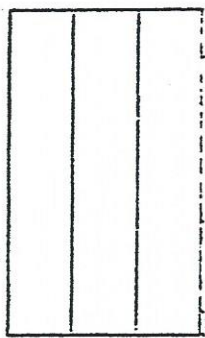
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Shake Well

WARNING: This Medicine WILL NOT STOP An Asthma Attack Once One Has Started.

Take Or Use This Medicine Exactly As Directed. Do Not Stop Or Discontinue Unless Directed By Your Doctor.

For Inhalation Only

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

PH (505)292-0917

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

PH (505)292-0917

DOUG COPP

PATIENT PH (505)281-7977

DOUG COPP

PATIENT PH (505)281-7977

PO BOX 534
SANDIA PARK, NM 87047
NO 1123435-01316 DATE 10/03/02
INTAL INH (200 PUFFS) 14.2GM
QTY 14.2 REFILLABLE UNTIL 10/03/03
NEW

NCC 00585-0675-01
MFG FISONS

PO BOX 534
SANDIA PARK, NM 87047
NO 1123435-01316 DATE 10/03/02
INTAL INH (200 PUFFS) 14.2GM
QTY 14.2 REFILLABLE UNTIL 10/03/03
NEW



\$25.00

\$25.00

MAS/DJD
PLAN PCS
GROUP# 15298003

OR T. SMITH
CLAIM REF# 22766465568999

MAS/DJD
PLAN PCS
GROUP# 15298003

OR T. SMITH
CLAIM REF# 22766465568999

NCC 00585-0675-01
MFG FISONS

Walmart Customer Receipt

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Need Allergy Info:
Need Health Cond:

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
DOUG COPP PATIENT PH (505)281-7977
 PO BOX 534 SANDIA PARK, NM 87047
 NO 1123436-01316 DATE 10/03/02 NDC 61314-0237-10
CROMOLYN SODIUM 4% OPHTHSOLN 10ML MFG FALCON
 QTY 10 REFILLABLE UNTIL 10/03/03
 NEW \$15.00
 MAS/DJD DR T. SMITH
 PLAN PCS CLAIM REF# 22766468388999
 GROUP# 15298003

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
DOUG COPP PATIENT PH (505)281-7977
 PO BOX 534 SANDIA PARK, NM 87047
 NO 1123436-01316 DATE 10/03/02 NDC 61314-0237-10
CROMOLYN SODIUM 4% OPHTHSOLN 10ML MFG FALCON
 QTY 10 REFILLABLE UNTIL 10/03/03
 NEW \$15.00
 MAS/DJD DR T. SMITH
 PLAN PCS CLAIM REF# 22766468388999
 GROUP# 15298003



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Shake Well	WARNING: This Medicine WILL NOT STOP An Asthma Attack Once One Has Started.
Read The Patient Information Leaflet That Came With This Medicine	Rinse Mouth Thoroughly After Each Use

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
DOUG COPP PATIENT PH (505)281-7977
 PO BOX 534 SANDIA PARK, NM 87047
 NO 1123434-01316 DATE 10/03/02 NDC 00075-0060-37
AZMACORT INH (240 PUFFS) 20GM MFG AVENTIS
 QTY 20 REFILLABLE UNTIL 10/03/03
 NEW \$40.00
 MAS/DJD DR T. SMITH
 PLAN PCS CLAIM REF# 22766463343999
 GROUP# 15298003

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123 PH (505)292-0917
DOUG COPP PATIENT PH (505)281-7977
 PO BOX 534 SANDIA PARK, NM 87047
 NO 1123434-01316 DATE 10/03/02 NDC 00075-0060-37
AZMACORT INH (240 PUFFS) 20GM MFG AVENTIS
 QTY 20 REFILLABLE UNTIL 10/03/03
 NEW \$40.00
 MAS/DJD DR T. SMITH
 PLAN PCS CLAIM REF# 22766463343999
 GROUP# 15298003



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Need Health
Cond: _____

Need Allergy
Info: _____

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047

NO 1124473-01316 DATE 10/09/02

ADVAIR DISKUS 500/50MCG 60'S

QTY 60 6 REFILLS BEFORE 10/09/03
NEW

SDS/RMN
PLAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 22826447024999

PH (505)292-0917
PATIENT PH (505)281-7977

NDC 00173-0697-00
MFG GLAXOSMITHKLINE

\$25.00

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PO BOX 534
SANDIA PARK, NM 87047

NO 1124473-01316 DATE 10/09/02

ADVAIR DISKUS 500/50MCG 60'S

QTY 60 6 REFILLS BEFORE 10/09/03
NEW

SDS/RMN
PLAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 22826447024999

PH (505)292-0917
PATIENT PH (505)281-7977



\$25.00

00173-0697-00
MFG GLAXOSMITHKLINE

Need Allergy Info: _____	Take Or Use This Medicine Exactly As Directed. Do Not Stop Doses Or Discontinue Unless Directed By Your Doctor.
Need Health Cond: _____	Your Pharmacist Can Provide Important Information Concerning The Use Of This Medicine

11818 CENTRAL AVE. ALBUQUERQUE, NM 87123
DOUG COPP
 PO BOX 534
 SANDIA PARK, NM 87047
 NO 1124404-01316 DATE 10/09/02
TIAZAC 180MG EXTENDED RELEASE CAPS
 QTY 30 10 REFILLS BEFORE 07/27/03
 COPY

PH (505)292-0917
 PATIENT PH (505)281-7977
 NDC 00456-2613-30
 MFG FOREST

\$40.00

MAS/MAS
 PLAN PCS
 GROUP# 15298003

DR. H. GARCIA
 CLAIM REF# 22825218611999

11818 CENTRAL AVE. ALBUQUERQUE, NM 87123
DOUG COPP
 PO BOX 534
 SANDIA PARK, NM 87047
 NO 1124404-01316 DATE 10/09/02
TIAZAC 180MG EXTENDED RELEASE CAPS
 QTY 30 10 REFILLS BEFORE 07/27/03
 COPY

PH (505)292-0917
 PATIENT PH (505)281-7977
 NDC 00456-2613-30
 MFG FOREST

\$40.00

MAS/MAS
 PLAN PCS
 GROUP# 15298003

DR. H. GARCIA
 CLAIM REF# 22825218611999



Walgreens Customer Receipt

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Need Allergy Info: _____	Some Nonprescription Drugs May Aggravate Your Condition. If You Have Questions, Check With Your Doctor Or Pharmacist.
Need Health Cond: _____	Take Or Use This Medicine Exactly As Directed. Do Not Stop Doses Or Discontinue Unless Directed By Your Doctor.

11818 CENTRAL AVE. ALBUQUERQUE, NM 87123
DOUG COPP
 PO BOX 534
 SANDIA PARK, NM 87047
 NO 1124403-01316 DATE 10/09/02
LEVOTHROID 0.025MG TABLETS
 QTY 30 9 REFILLS BEFORE 01/10/03
 COPY

PH (505)292-0917
 PATIENT PH (505)281-7977
 NDC 00456-0320-01
 MFG FOREST

\$13.69

MAS/MAS
 PLAN PCS
 GROUP# 15238003

DR. H. GARCIA
 CLAIM REF# 22825216338999

11818 CENTRAL AVE. ALBUQUERQUE, NM 87123
DOUG COPP
 PO BOX 534
 SANDIA PARK, NM 87047
 NO 1124403-01316 DATE 10/09/02
LEVOTHROID 0.025MG TABLETS
 QTY 30 9 REFILLS BEFORE 01/10/03
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PH (505)292-0917
 PATIENT PH (505)281-7977
 NDC 00456-0320-01
 MFG FOREST

\$13.69

MAS/MAS
 PLAN PCS
 GROUP# 15298003

DR. H. GARCIA
 CLAIM REF# 22825216338999



Walgreens Customer Receipt

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Need Allergy Info: _____

Some Nonprescription Drugs May Aggravate Your Condition. If You Have Questions, Check With Your Doctor Or Pharmacist.

Need Health Cond: _____

Take Or Use This Medicine Exactly As Directed. Do Not Stop Doses Or Discontinue Unless Directed By Your Doctor.

245 S SHORE CTR ALAMEDA, CA 94501

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047
NO 1275564-00008 DATE 11/04/02
EVOTHROID 0.025MG TABLETS
QTY 30 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

PH (510)523-7043
PATIENT PH (505)281-7977

NDC 00456-0320-01
MFG FOREST

\$14.09

CCL/CLH
LAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 23087557905999

2245 S SHORE CTR ALAMEDA, CA 94501

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047
NO 1275564-00008 DATE 11/04/02
LEVOTHROID 0.025MG TABLETS
QTY 30 NO REFILLS - DR. AUTHORIZATION REQUIRED
NEW

PH (510)523-7043
PATIENT PH (505)281-7977



\$14.09

CCL/CLH
LAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 23087557905999

NDC 00456-0320-01
MFG FOREST

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Need Allergy Info: _____

Take Or Use This Medicine Exactly As Directed. Do Not Stop Doses Or Discontinue Unless Directed By Your Doctor.

Need Health Cond: _____

Your Pharmacist Can Provide Important Information Concerning The Use Of This Medicine

245 S SHORE CTR ALAMEDA, CA 94501

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047
NO 1274583-00008 DATE 11/04/02
ZAC 180MG EXTENDED RELEASE CAPS
QTY 30 9 REFILLS BEFORE 07/27/03
NEW

PH (510)523-7043
PATIENT PH (505)281-7977

NDC 00456-2813-30
MFG FOREST

\$40.00

CCL/CLH
LAN PCS
GROUP# 15298003

DR H. GARCIA
CLAIM REF# 23085884783999

2245 S SHORE CTR ALAMEDA, CA 94501

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047
NO 1274583-00008 DATE 11/04/02
TIAZAC 180MG EXTENDED RELEASE CAPS
QTY 30 9 REFILLS BEFORE 07/27/03
COPY

PH (510)523-7043
PATIENT PH (505)281-7977



\$40.00

KHS/CLH
LAN PCS
GROUP# 15298003

DR H. GARCIA
CLAIM REF# 23085884783999

NDC 00456-2813-30
MFG FOREST

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11/16/02 13:45 1123436-1316

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PO BOX 534
SANDIA PARK, NM 87047

LF 10/03/02
(505)281-7977
NDC 61314-0237-10

DAW N CLASS RX#DAYS 6
ULRN BSLU \$15.00
PAY CODE 0 PCS

T. SMITH
2835 REGENT ST.
BERKELEY, CA 94704
(510)548-8022

DOB 08/03/51 M NDC 61314-0237-10
PROMISED TIME SAT 1:50PM 11/16/02
Please tell us about any charges you have.

REFILL

ALPHA

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

DOUG COPP

PH (505)292-0917
PATIENT PH (505)281-7977

PO BOX 534
SANDIA PARK, NM 87047
NO 1123436-01316 DATE 11/16/02
CROMOLYN SODIUM 4% OPHTHSOLN 10ML
QTY 10 REFILLABLE UNTIL 10/03/03
REFILL

\$ 15.00

DJD/DJD
PLAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 23205311472999

NDC 61314-0237-10
MFG FALCON

PH (505)292-0917
PATIENT PH (505)281-7977
NDC 61314-0237-10
MFG FALCON

\$ 15.00

DR T. SMITH
CLAIM REF# 23205311472999

Need Health
Cond: _____

Rx 1123436-1316
DOUG COPP
11/16/02

Most insurance allow refill
on or after 11/21/2002

Need Allergy
Info: _____

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

DOUG COPP

PO BOX 534
SANDIA PARK, NM 87047
NO 1123436-01316 DATE 11/16/02
CROMOLYN SODIUM 4% OPHTHSOLN 10ML
QTY 10 REFILLABLE UNTIL 10/03/03
REFILL

DJD/DJD
PLAN PCS
GROUP# 15298003

PH (505)292-0917
PATIENT PH (505)281-7977
NDC 61314-0237-10
MFG FALCON

\$ 15.00

DR T. SMITH
CLAIM REF# 23205311472999

Walgreens Customer Receipt

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11/16/02 13:46 1124473-1316

DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047

LF 10/09/02
(505)281-7977
NDC 00173-0697-00

DAW N CLASS RX#DAYS 15
RNLS BSEBS \$25.00
PAY CODE 0 PCS

T. SMITH
2835 REGENT ST.
BERKELEY, CA 94704
(510)548-8022

DOB 08/03/51 M NDC 00173-0697-00
PROMISED TIME SAT 1:50PM 11/16/02
Please tell us about any charges you have.

REFILL

FAST RACK

11816 CENTRAL AVE. ALBUQUERQUE, NM 87123

DOUG COPP

PH (505)292-0917
PATIENT PH (505)281-7977

PO BOX 534
SANDIA PARK, NM 87047
NO 1124473-01316 DATE 11/16/02
ADVAIR DISKUS 500/50MCG 60'S
QTY 60 5 REFILLS BEFORE 10/09/03
REFILL

\$ 25.00

DJD/DJD
PLAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 23205315829999

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PH (505)820-2196
PATIENT PH (505)281-7977



\$25.00

529 W ZIA ROAD SANTA FE, NM 87505
DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 0070908-06346 DATE 12/27/02
ADVAIR DISKUS 500/50MCG 60'S
QTY 60 4 REFILLS BEFORE 10/09/03
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PJM/DLD
PLAN PCS
GROUP# 15298003

DR T. SMITH
CLAIM REF# 23616483167999

00173-0697-00
GLAXOSMITHKLINE

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Rinse Mouth Thoroughly
After Each Use

Need Allergy
Info:

Need Health
Cond:

Most insurance allow refill
on or after 01/08/2003

PH (505)820-2196
PATIENT PH (505)281-7977

NDC 00173-0697-00
MFG GLAXOSMITHKLINE

\$25.00

DR T. SMITH
CLAIM REF# 23616483167999

525 W ZIA ROAD SANTA FE, NM 87505
DOUG COPP
PO BOX 534
SANDIA PARK, NM 87047
NO 0070908-06346 DATE 12/27/02
ADVAIR DISKUS 500/50MCG 60'S
QTY 60 4 REFILLS BEFORE 10/09/03
COPY

PJM/DLD
PLAN PCS
GROUP# 15298003

Walgreens Customer Receipt

Walgreens Duplica: Re

Get
regular
and stay
regular.



**The #1 Doctor recommended Daily Fiber
Therapy that contains all natural fiber.**
Constipation can really hold you back. Get back
on track with the #1 doctor recommended laxative
that contains 100% natural psyllium fiber.
*Metamucil works with your body to maintain
regularity and gently soften stool. Because
Metamucil contains 100% natural psyllium it can
also be taken daily, so you don't have to worry
about constipation slowing you down again.*

GET REGULAR

Metamucil

Metamucil is available in a variety of forms and
flavors to fit your lifestyle and taste. So
whichever form you choose, you'll be getting the
same great effectiveness that millions of people
have grown to trust.

**Get more of the fiber your body needs...
to get regular and stay regular.**

Laxatives, including bulk fibers, may affect how well other
medicines work. If you are taking a prescription medicine by
mouth, take this product at least 2 hours before or 2 hours after
the prescribed medicine.

Talk to your doctor or pharmacist to see if
Metamucil is right for you.

www.Metamucil.com

This information is sponsored by Procter & Gamble.

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Whiting Consulting
Medical Bills

Whiting Consulting

10015 Alta Sierra Drive, Ste. 4
Grass Valley, CA 95949
(530) 274-8733

Invoice

October 14, 2002

Douglas Copp
PO Box 534
Sandia Park, NM 87047

RE: Douglas Copp
CASE: September 11, 2001

Phase A Billing - Period Covered: 8/19-10/14/02

Rate: \$100/hr - Terms: Net 30

SERVICE DATE	DESCRIPTION	HOURS	
8/19/02	Review Medical Files	2.0	
8/21/02	Interview with Mr. Copp & Mr. Braden	2.5	
8/21/02	Letter to Mr. Copp	3	
9/13/02	Review Documents from Mr. Copp	2	
9/23/02	Telephone Consultation with Mr. Copp & Mr. Braden	2	
9/30/02	Interview with Mr. Copp, Mr. Braden & Economist	2.0	
9/30/02	Travel Time: 4.0 hrs.		400.00
9/30/02	Travel Miles: 200 @ 31¢/mile		62.00
10/11/02	Review Documents & Correspondence from Mr. Copp	6	
10/13/02	E-mail/Calls to Mr. Copp & Mr. Braden	3	
10/14/02	Invoice Preparation	3	
		8.4	462.00
Total			\$840 + 400 + 62 = \$1,302.00

Tax I.D. Number: 569-64-6361

Whiting Consulting

10015 Alta Sierra Drive, Ste. 4
 Grass Valley, CA 95949
 (530) 274-8733

Invoice

November 8, 2002

Douglas Copp
 PO Box 534
 Sandia Park, NM 87047

RE: Douglas Copp
 CASE: September 11, 2001
 EMP: American Rescue Team Intl.

Phase A Billing - Period Covered: 10/16-11/8/02

Rate: \$100/hr - Terms: Net 30

SERVICE DATE	DESCRIPTION	HOURS	
10/16/02	Review E-mail Correspondence	.1	
10/17/02	Call to Mr. Copp	.5	
10/17/02	Call to Mr. Braden	.2	
10/22/02	Call to Mr. Braden	.1	
10/28/02	Call from Mr. Copp	.1	
11/1/02	Call to Mr. Copp	.1	
11/4/02	Report Preparation	2.5	
11/6/02	Call to Mr. Copp	.1	
11/8/02	Interview with Mr. Copp	1.5	
11/8/02	Travel miles: 200 @ 31¢/mi.		62.00
11/8/02	Travel time: 2.0 hrs. @ \$100/hr.		200.00
	Total	5.2	262.00
			\$782.00

Tax I.D. Number: 569-64-6361

X-Ray Associates
Medical Bills



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
 02-12-02

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.: 203850110840X
 Patient Name: Douglas E Copp

Summary

Total Billed:	\$102.00
Total Benefits Approved:	\$0.00
Amount You May Owe Provider:	\$47.78

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
X-RAY ASC PA HOSP ACCT				
Provider Patient Account No. 1341470				
X-Ray Services	01-10-02	102.00	54.22 (1)	47.78
Totals		\$102.00	\$54.22	\$47.78


Coverage Information

Totals	\$102.00	\$54.22	\$47.78
Deductions			
Applied to Your 2002 Health Care Plan Deductible		\$47.78	
Total Deductions		\$47.78	
Total Benefits Approved			\$0.00
Amount You May Owe Provider			\$47.78

PHOENIX AZ 85072

Forwarding Service Requested

Patient : COPP DOUGLAS E

CARD NUMBER		AMOUNT
SIGNATURE		EXP DATE
STATEMENT DATE 08/08/02	PAY THIS AMOUNT \$ 9.55	ACCT.# 1390228
		SHOW AMOUNT PAID HERE \$

XRAY ASSOCIATES OF NM
PO BOX 52715
PHOENIX AZ 85072-2715

*****AUTO**3-DIGIT 870
00001556 1 AT 0.292 03
PAULINA COPP E
PO BOX 534
SANDIA PARK NM 87047-0534



STATEMENT

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

Page: 1 of 3

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

DATE	CODE	DESCRIPTION	DX	PHYS SITE	AMOUNT
6/10/02	71020	CHEST TWO VIEW	786.2	09 01	102.00
6/14/02	**	CYCLE PRI. INS. FILED VIA PAPER 06/14/02 FOR TRAN#		**	
6/26/02	113	PMT-BCBS		09 01	-38.23
6/26/02	213	CR-BCBS ADJUSTMENT		09 01	-54.22

HIS ACCOUNT BALANCE IS YOUR RESPONSIBILITY. PLEASE REMIT PAYMENT IN FULL OR CALL OUR OFFICE IF PAYMENT ARRANGEMENTS ARE NECESSARY. ** THANK YOU FOR YOUR PROMPT ATTENTION **

Please Pay This Amount \$ 9.55

ent : COPP DOUGLAS E
ount : 1390228
ite : FI CAMINO IMAGING CFNT

For Billing Questions Please Call:
(505)998-3089

P. O. BOX 21030
 Albuquerque, NM 87125 - 7630

Explanation of Benefits (EOB). THIS IS NOT A BILL.
BLUE CHOICE PPO NS \$500 DEDUCT LO
 06-19-02

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.: 216950083120X
 Patient Name: Douglas E Copp

Summary

Total Billed:	\$102.00
Total Benefits Approved:	\$38.23
Amount You May Owe Provider:	\$9.55

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
RAY ASC PA HOSP ACCT				
Provider Patient Account No: 1-390228				
-Ray Services	06-10-02	102.00	54.22 (I)	47.78
Total		\$102.00	\$54.22	\$47.78

Coverage Information

Total	\$102.00	\$54.22	\$47.78
Deductions			
Your 20% Coinsurance Amount		\$9.55	
Total Deductions			\$9.55
Total Benefits Approved			\$38.23
Amount You May Owe Provider			\$9.55
Total covered benefits approved for this claim: \$38.23 to X RAY ASC PA HOSP ACCT on 06-19-02.			

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 2

2,457

NM2573



**BlueCross BlueShield
of New Mexico**

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

Claim Information

Member Name: Paulina E Copp
Group No.: N9030
Identification No.: YTE560450095
Claim No.: 229050040560X
Patient Name: Douglas Copp

Summary

Total Billed:	\$666.00
Total Benefits Approved:	\$131.46
Amount You May Owe Provider:	\$32.85

The following shows how this claim was processed.

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
X RAY ASSOCIATES OF NM				
Provider Patient Account No.:	H3375570			
X-Ray Services	10-04-02	293.00	211.61 (1)	81.39
X-Ray Services	10-04-02	373.00	290.08 (1)	82.92
Totals		\$666.00	\$501.69	\$164.31

Coverage Information

Totals	\$666.00	\$501.69	\$164.31
Deductions			
Your Coinsurance Amount		\$32.85	
↓ Deductions			-\$32.85
Total Benefits Approved			\$131.46
Amount You May Owe Provider			\$32.85
Total covered benefits approved for this claim: \$131.46 to X RAY ASSOCIATES OF NM on 10-18-02.			

*** 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.
- (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 this provider, you are not responsible for this charge.