



545 Washington Blvd  
Jersey City, NJ  
<http://www.verisk.com>  
Verisk  
Date of Report: 11/30/2022

<b>Injured Party</b> Jane Doe	<b>Claim Number</b> 123456ABC	<b>Referring Party</b> John Doe
<b>Date of Birth</b> 4/1/1953	<b>Social Security Number</b> XXX-XX-XXXX	<b>Jurisdiction</b> TX
<b>Insurance Type</b> Liability	<b>Date of Loss</b> 01/08/2021	<b>Insured</b> Memorial Hospital
<b>Purpose of Referral</b>	<ul style="list-style-type: none"><li>Liability nurse review</li><li>Liability nurse bill review.</li></ul>	

#### Bill Review:

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock County Hospital District	2/21/2021			A0425, A0427		\$1,232.10	\$1,319.60	\$1,232.10	Ambulance transport, corresponding medical records not provided.
UMC Health System	2/21/2021			73552, 73562		\$77.00	\$77.00	\$79.79	Radiology, professional fee. Corresponding medical records not provided.
Lubbock County Hospital District	2/21/2021			93005, 85025, 85730, 85610, 87426		\$545.76	\$1,013.00	\$545.76	Labs, facility fee. Corresponding medical records not provided.
Sycamore Family Medicine	2/22/2021			99219		\$235.00	\$235.00	\$277.37	Inpatient treatment, corresponding medical records not provided.
UMC Health System	2/22/2021			73564		\$47.00	\$47.00	\$52.39	X-ray of right knee, professional fee. Corresponding medical records not provided.
Lubbock County Hospital District	2/22/2021			64447, G0378, J1650, J7030, J0690, J1100, J2704, 27524, 27664, 00370, 85027		\$7,754.02	\$25,695.10	\$7,754.02	Undetermined, corresponding medical records not provided. U&C pricing for anesthesia unavailable.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock County Hospital District	2/23/2021			97530, 80048, 85027		\$165.40	\$277.10	\$165.40	Labs, professional fee. Unable to obtain U&C pricing for 1 line item because CPT codes were not provided, billed amount (\$22.10) included in U&C column.
Kindstar Inc	3/1/2021			G0151		\$132.45	\$275.01	\$132.45	Physical therapy treatment, corresponding medical records not provided.
Kindstar Inc	3/2/2021			G0299		\$218.54	\$250.00	\$218.54	Home health visit, corresponding medical records not provided.
Kindstar Inc	3/3/2021			G0151		\$132.45	\$275.00	\$132.45	Physical therapy treatment, corresponding medical records not provided.
Kindstar Inc	3/4/2021			G0151		\$132.45	\$275.00	\$132.45	Physical therapy treatment, corresponding medical records not provided.
Kindstar Inc	3/9/2021			G0151		\$132.45	\$275.00	\$132.45	Physical therapy treatment, corresponding medical records not provided.
Medtronic Minimed Corporation	3/19/2021			A4230, A4232	\$231.43		\$587.40	\$231.43	Diabetic treatment, corresponding medical records not provided.
Medway Medical Equipment III LLC	3/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
UMC Health System	4/6/2021			73560		\$109.43	\$589.00	\$109.43	X-ray of right knee, facility fee.
UMC Health System	4/6/2021			73560		\$38.00	\$38.00	\$39.07	X-ray of right knee, professional fee.
UMC Health System	4/8/2021			87426	\$101.54		\$416.00	\$101.54	Labs, professional fee.
UMC Health System	4/9/2021			73560		\$38.00	\$38.00	\$39.07	X-ray of right knee, professional fee. Corresponding medical records not provided.
UMC HealthSystem	4/9/2021			01392		\$847.00	\$847.00		Anesthesia U&C pricing not available. Corresponding medical records not provided.
Lubbock County Hospital District	4/9/2021			J2250, J2270, J2405, J3010,		\$47.31	\$536.30	\$47.31	Labs, professional fee. Corresponding medical records not provided.

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				J1170, J0131, J1885, J0690					
Lubbock County Hospital District	4/9/2021			73560, 11043		\$1,652.98	\$14,029.00	\$1,652.98	Right knee surgery, facility fee. Corresponding medical records not provided.
Lubbock County Hospital District	4/10/2021			97165		\$190.53	\$536.00	\$190.53	Office visit, corresponding medical records not provided.
Lubbock County Hospital District	4/10/2021			80048, 85027		\$27.69	\$57.00	\$27.69	Labs, professional fee. Corresponding medical records not provided.
Kindstar Inc	4/11/2021			G0299		\$218.54	\$250.01	\$218.54	Home health visit, corresponding medical records not provided.
Kindstar Inc	4/15/2021			G0299		\$218.54	\$250.01	\$218.54	Home health visit, corresponding medical records not provided.
Medway Medical Equipment III LLC	4/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
Kindstar Inc	4/21/2021			G0299		\$218.54	\$250.01	\$218.54	Home health visit, corresponding medical records not provided.
Kindstar Inc	4/22/2021			G0151		\$132.45	\$275.00	\$132.45	Physical therapy treatment, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	4/26/2021			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
UMC HealthSystem	4/27/2021			73560		\$38.00	\$38.00	\$39.07	X-ray of right knee, professional fee.
UMC Health System	5/4/2021			83735		\$28.00	\$28.00	\$32.43	Labs, professional fee. Corresponding medical records not provided.
UMC Health System	5/4/2021			36415, 82172		\$32.88	\$247.00	\$32.88	Labs, professional fee. Corresponding medical records not provided.
Sycamore Family Medicine	5/5/2021			99213, 74018	\$177.67		\$205.00	\$177.67	Office visit.
Medway Medical Equipment III LLC	5/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	5/26/2021			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock County Hospital District	6/18/2021			97161		\$170.97	\$547.00	\$170.97	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	6/22/2021			97110		\$66.51	\$187.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	6/24/2021			97110		\$66.51	\$187.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	6/25/2021			97140		\$66.12	\$178.00	\$66.12	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	6/28/2021			97140		\$66.12	\$178.00	\$66.12	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/2/2021			97140, 97110		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/4/2021			97110 {2}, 97140		\$199.14	\$552.00	\$199.14	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/6/2021			97140, 97110 {2}		\$199.14	\$552.00	\$199.14	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/9/2021			97140, 97110		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/11/2021			97140, 97110		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/13/2021			97110, 97140		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/16/2021			97110, 97140		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/18/2021			97110, 97140		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock County Hospital District	8/20/2021			97110		\$66.51	\$187.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/23/2021			97140, 97110		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/25/2021			97140		\$66.12	\$178.00	\$66.12	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/27/2021			97110		\$66.51	\$187.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Medtronic Minimed Corporation	8/30/2021			A4230, A4232	\$231.43		\$777.35	\$231.43	Diabetic treatment, corresponding medical records not provided.
Lubbock County Hospital District	8/31/2021			99213		\$136.11	\$155.00	\$136.11	Office visit, corresponding medical records not provided.
Lubbock County Hospital District	8/31/2021			73560		\$38.00	\$38.00	\$39.07	X-ray of right knee, professional fee. Corresponding medical records not provided.
Lubbock County Hospital District	8/31/2021			73560		\$109.43	\$589.00	\$109.43	X-ray of right knee, facility fee. Corresponding medical records not provided.
Lubbock County Hospital District	9/1/2021			97140		\$66.12	\$178.00	\$66.12	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	9/8/2021			99214, 95251		\$282.98	\$301.38	\$282.98	Office visit, corresponding medical records not provided.
Lubbock Heritage Hospital LLC	9/8/2021			36415, 81001		\$42.90	\$87.46	\$42.90	Labs, professional fee. Corresponding medical records not provided.
Lubbock County Hospital District	9/8/2021			97140, 97110		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock Heritage Hospital LLC	9/8/2021			84443, 80061, 80053, 83036, 84439, 82043, 82570		\$427.99	\$938.93	\$427.99	Labs, professional fee. Corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock County Hospital District	9/10/2021			97140, 97110		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	9/14/2021			97110, 97140		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	9/16/2021			97110		\$66.51	\$187.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Medway Medical Equipment III LLC	9/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
Lubbock County Hospital District	9/21/2021			97110, 97140		\$132.63	\$365.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock County Hospital District	9/23/2021			97110		\$66.51	\$187.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	9/25/2021			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Paradigm Chiropractic	9/30/2021			72100, 99213, J1885	\$244.00		\$244.00	\$275.59	Office visit.
Medway Medical Equipment III LLC	10/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
Paradigm Chiropractic	10/21/2021			99213	\$136.11		\$147.00	\$136.11	Office visit.
Nationwide Diabetes Supplies Inc	10/25/2021			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Medway Medical Equipment III LLC	11/1/2021			A7035, A7032, A7045, A7038		\$127.63	\$290.06	\$127.63	DME, corresponding medical records not provided.
Medway Medical Equipment III LLC	11/1/2021			A4604, A7034		\$196.75	\$196.75	\$228.45	DME, corresponding medical records not provided.
Lubbock County Hospital District	11/16/2021			80053, 80061, 83735, 36415, 82172		\$193.34	\$353.00	\$193.34	Labs, professional fee. Corresponding medical records not provided.
UMC Health System	11/18/2021			72148	\$1,636.53		\$3,059.00	\$1,636.53	MRI of lumbar spine, facility fee.
UMC Health System	11/18/2021			72148	\$294.00		\$294.00	\$314.45	MRI of lumbar spine, professional fee.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Medtronic Minimed Corporation	11/19/2021			A4230, A4232	\$231.43		\$616.80	\$231.43	Diabetic treatment, corresponding medical records not provided.
Medway Medical Equipment III LLC	11/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
UMC Health System	11/22/2021			99214		\$196.71	\$220.00	\$196.71	Office visit, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	11/25/2021			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Paradigm Chiropractic	12/7/2021			99214, 95251		\$282.98	\$301.38	\$282.98	Office visit, corresponding medical records not provided.
Lubbock Heritage Hospital LLC	12/7/2021			36415, 83036		\$66.15	\$172.90	\$66.15	Labs, professional fee. Corresponding medical records not provided.
MedtronicMini med Corporation	12/9/2021			E0784		\$8,447.39	\$9,958.26	\$8,447.39	DME, corresponding medical records not provided.
Lubbock Spine Institute	12/15/2021			99205	\$408.78		\$672.00	\$408.78	Office visit.
Medway Medical Equipment III LLC	12/19/2021			E0601		\$103.23	\$103.23	\$107.37	DME, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/1/2022			74018, 71045		\$168.45	\$370.00	\$168.45	Radiology, facility fee. Corresponding medical records not provided.
Lubbock County Hospital	1/5/2022			G2023, U0004, U0005		\$210.00	\$210.00	\$266.51	Labs, professional fee. Corresponding medical records not provided.
Lubbock County Hospital	1/7/2022			99213, 87426, 87880	\$280.36		\$321.00	\$280.36	Office visit.
Sycamore Family Medicine	1/10/2022			99282		\$169.00	\$169.00	\$222.11	Emergency department visit, professional fee.
Lubbock County Hospital District	1/10/2022			84484, 85025, 71046, 99283, 83880, 80053, 93005		\$2,107.38	\$3,242.00	\$2,107.38	Inpatient treatment, corresponding medical records not provided.
Sycamore Family Medicine	1/10/2022			71046		\$38.70	\$77.00	\$38.70	X-ray of chest, professional fee. Corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Heart Hospital LP	1/11/2022			G0378, 84439, 84443, 84484, 85730, 81003, J2405, Q9967, 82550, 83690, 74177, 99285, 94760, G0378		\$6,489.84	\$9,722.74	\$6,489.84	Inpatient treatment, corresponding medical records not provided. Unable to obtain U&C pricing for 3 line items because CPT codes were not provided, billed amount (\$225.30) included in U&C column.
Sycamore Family Medicine	1/11/2022			74177		\$361.00	\$361.00	\$413.68	Imaging, professional fee. Corresponding medical records not provided.
Sycamore Family Medicine	1/11/2022			71045		\$33.69	\$36.00	\$33.69	X-ray of chest, professional fee. Corresponding medical records not provided.
Sycamore Family Medicine	1/11/2022			99285		\$2,157.00	\$2,157.00	\$2,205.48	Emergency department visit, professional fee. Corresponding medical records not provided.
Sycamore Family Medicine	1/11/2022			74018		\$36.00	\$36.00	\$41.56	X-ray of abdomen, professional fee. Corresponding medical records not provided.
Sycamore Family Medicine	1/11/2022			72100		\$46.00	\$46.00	\$50.60	X-ray of lumbar spine, professional fee. Corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			43239, 80048, 80061, 82550, 84484, 85025, J2405, J7120		\$6,125.60	\$7,117.35	\$6,125.60	Inpatient treatment, corresponding medical records not provided. Unable to obtain U&C pricing for 5 line items because CPT codes were not provided, billed amount (\$2,935.19) included in U&C column.
Lubbock Heart Hospital LP	1/12/2022			99222		\$237.00	\$237.00	\$245.45	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			43239		\$316.00	\$316.00	\$795.99	Inpatient treatment, corresponding medical records not provided.



Lubbock Heart Hospital LP	1/12/2022					\$332.00	\$332.00		Inpatient treatment, unable to obtain U&C pricing because an itemized billing statement with CPT codes was not provided.
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Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Heart Hospital LP	1/12/2022			93005, 43239, 94761, 93306		\$5,341.60	\$5,919.80	\$5,341.60	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			88305		\$203.73	\$371.00	\$203.73	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			G0378		\$88.26	\$1,464.00	\$88.26	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			00731		\$1,988.00	\$1,988.00		Anesthesia U&C pricing not available. Corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			99220		\$330.00	\$330.00	\$434.77	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			93306		\$294.00	\$294.00	\$695.12	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			43239, J2405, 94761		\$1,154.08	\$2,782.12	\$1,154.08	Inpatient treatment, corresponding medical records not provided. Unable to obtain U&C pricing for 1 line item because CPT codes were not provided, billed amount (\$332.00) included in U&C column.
Lubbock Heart Hospital LP	1/12/2022			85025, 82550, 84484		\$117.27	\$387.00	\$117.27	Labs, professional fee. Corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022					\$790.00	\$790.00		Inpatient treatment, unable to obtain U&C pricing because an itemized billing statement with CPT codes was not provided.

Lubbock Heart Hospital LP	1/12/2022			93005, J7120		\$1,857.96	\$1,857.96	\$1,905.50	Inpatient treatment, corresponding medical records not provided. Unable to obtain U&C pricing for 1 line item because CPT codes were not provided, billed amount (\$1,836.00) included in U&C column.
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Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Heart Hospital LP	1/12/2022			93306		\$2,170.12	\$3,001.00	\$2,170.12	Inpatient treatment, corresponding medical records not provided. Unable to obtain U&C pricing for 1 line item because CPT codes were not provided, billed amount (\$1,475.00) included in U&C column.
Lubbock Heart Hospital LP	1/12/2022			88305		\$203.73	\$371.00	\$203.73	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/12/2022			80048, 80061		\$448.05	\$673.19	\$448.05	Inpatient treatment, corresponding medical records not provided. Unable to obtain U&C pricing for 1 line item because CPT codes were not provided, billed amount (\$338.19) included in U&C column.
Lubbock Heart Hospital LP	1/13/2022			Q9969, J2785		\$125.44	\$1,177.20	\$125.44	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/13/2022			99231		\$68.00	\$68.00	\$78.03	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/13/2022			93017		\$1,043.00	\$1,043.00	\$1,081.16	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/13/2022			78452, A9500		\$4,022.20	\$4,022.20	\$5,088.77	Inpatient treatment, corresponding medical records not provided.
Lubbock Heart Hospital LP	1/13/2022			G0378		\$88.26	\$976.00	\$88.26	Inpatient treatment, corresponding medical records not provided.

Lubbock Heart Hospital LP	1/13/2022			99217		\$155.00	\$155.00	\$175.32	Inpatient treatment, corresponding medical records not provided.
Lubbock Surgery Center LLC	1/21/2022			01938	\$301.86		\$301.86		Anesthesia U&C pricing not available.
Lubbock Surgery Center LLC	1/21/2022			64483, 64484	\$1,896.00		\$1,896.00	\$3,244.13	Lumbar epidural injections, facility fee.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Surgery Center LLC	1/21/2022			64483, 64484	\$906.09		\$906.09	\$1,390.27	Lumbar epidural injections, professional fee.
Lubbock Surgery Center LLC	1/23/2022			99283		\$850.00	\$850.00	\$985.10	Emergency department visit, corresponding medical records not provided.
Lubbock CEC SFSE Acquisition LLD	1/23/2022			99284, 70450		\$3,015.56	\$8,036.00	\$3,015.56	Emergency department visit, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	1/25/2022			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Lubbock Surgery Center LLC	1/27/2022			99214		\$196.71	\$200.00	\$196.71	Office visit, corresponding medical records not provided.
Sycamore Family Medicine	1/31/2022			99213	\$136.11		\$213.00	\$136.11	Office visit.
Lubbock Spine Institute	2/1/2022			97161	\$170.97		\$250.00	\$170.97	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	2/3/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment.
Lubbock County Hospital District	2/3/2022			76856	\$319.79		\$1,205.00	\$319.79	Ultrasound of pelvis, facility fee.
UMC HealthSystem	2/3/2022			76856	\$125.31		\$136.00	\$125.31	Ultrasound of pelvis, professional fee.
UMC Health System	2/4/2022			99214	\$196.71		\$315.00	\$196.71	Office visit.
Lubbock Spine Institute	2/8/2022			97110, 97140	\$132.63		\$173.00	\$132.63	Physical therapy treatment.
Lubbock Spine Institute	2/9/2022			99214		\$185.00	\$185.00	\$196.71	Office visit, corresponding medical records not provided.
Minimed Distribution Corp	2/9/2022			A4224, A4232		\$121.01	\$783.84	\$121.01	DME, corresponding medical records not provided.

Lubbock Spine Institute	2/10/2022			97140, 97110	\$132.63		\$173.00	\$132.63	Physical therapy treatment.
Covenant Diagnostic Imaging	2/14/2022			72146	\$299.00		\$299.00	\$330.23	MRI of thoracic spine, professional fee.
Covenant Diagnostic Imaging	2/14/2022			72146	\$1,630.22		\$1,666.00	\$1,630.22	MRI of thoracic spine, facility fee.
Lubbock Spine Institute	2/15/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Spine Institute	2/17/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	2/22/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	2/24/2022			99213		\$136.11	\$140.00	\$136.11	Office visit, corresponding medical records not provided.
Lubbock Spine Institute	2/24/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	2/25/2022			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Lubbock Spine Institute	3/1/2022			97110 {3}	\$199.53		\$270.00	\$199.53	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	3/7/2022			95251		\$80.00	\$80.00	\$86.26	Labs, professional fee. Corresponding medical records not provided.
Lubbock Heart Hospital LP	3/7/2022			36415, 80061		\$85.02	\$259.00	\$85.02	Labs, professional fee. Corresponding medical records not provided.
Lubbock Spine Institute	3/7/2022			99214		\$196.71	\$221.38	\$196.71	Office visit, corresponding medical records not provided.
Lubbock Heritage Hospital LLC	3/7/2022			83036, 82947, 81001		\$104.66	\$281.00	\$104.66	Labs, professional fee. Corresponding medical records not provided.

Sycamore Family Medicine	3/8/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Sycamore Family Medicine	3/8/2022			99213, 81002, J0696	\$166.76		\$239.00	\$166.76	Office visit.
Lubbock Spine Institute	3/10/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	3/11/2022			99214, 80307, G0481	\$578.39		\$578.39	\$737.03	Office visit.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Spine Institute	3/15/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	3/17/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	3/22/2022			97110 {2}, 97012	\$159.65		\$235.00	\$159.65	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	3/24/2022			97110, 97012	\$93.14		\$145.00	\$93.14	Physical therapy treatment, corresponding medical records not provided.
Sycamore Family Medicine	3/25/2022			99213, 36415	\$146.13		\$157.00	\$146.13	Office visit.
Nationwide Diabetes Supplies Inc	3/25/2022			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	3/27/2022			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Lubbock Spine Institute	3/29/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Sycamore Family Medicine	3/30/2022			76700		\$165.69	\$240.00	\$165.69	Imaging, professional fee. Corresponding medical records not provided.

Lubbock Spine Institute	4/5/2022			97140 {2}, 97110	\$198.75		\$256.00	\$198.75	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/7/2022			97140, 97110	\$132.63		\$173.00	\$132.63	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/11/2022			99214	\$196.71		\$315.00	\$196.71	Office visit.
Lubbock Spine Institute	4/12/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/13/2022			99204		\$312.96	\$327.00	\$312.96	Office visit, corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Lubbock Spine Institute	4/14/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/19/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/21/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/25/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	4/26/2022			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
Lubbock Spine Institute	4/26/2022			97110	\$66.51		\$90.00	\$66.51	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	4/28/2022			97110 {2}	\$133.02		\$180.00	\$133.02	Physical therapy treatment, corresponding medical records not provided.
Sycamore Family Medicine	4/28/2022			99214, 36415	\$206.73		\$223.00	\$206.73	Office visit.
UMC Health System	4/29/2022			74177	\$363.00		\$363.00	\$413.68	Imaging, professional fee.
UMC Health System	4/29/2022			74177, Q9967	\$1,442.47		\$6,548.00	\$1,442.47	Imaging, facility fee.

UMC Health System	5/2/2022			36415		\$10.00	\$10.00	\$10.02	Labs, professional fee. Corresponding medical records not provided.
Minimed Distribution Corp	5/2/2022			A4224, A4232		\$121.01	\$783.84	\$121.01	DME, corresponding medical records not provided.
Lubbock Spine Institute	5/3/2022			97110 {3}	\$199.53		\$270.00	\$199.53	Physical therapy treatment, corresponding medical records not provided.
Lubbock Spine Institute	5/4/2022			99213		\$136.11	\$140.00	\$136.11	Office visit, corresponding medical records not provided.
Lubbock Spine Institute	5/11/2022			00811		\$490.00	\$490.00		Anesthesia U&C pricing not available. Corresponding medical records not provided.

Provider	Date of Service	ICD Codes	Conditions Corresponding with ICD Codes	CPT code (if provided)	Cost NOT related to claim	Undetermined (need additional info)	Billed Charge Original Total	U&C	Notes
Ameripath Consolidated Labs Inc	5/11/2022			88305		\$203.73	\$504.00	\$203.73	Labs, professional fee. Corresponding medical records not provided.
Ameripath Consolidated Labs Inc	5/11/2022			45385, 45380	\$1,945.61		\$2,696.00	\$1,945.61	Colonoscopy, facility fee. Corresponding medical records not provided.
Nationwide Diabetes Supplies Inc	5/26/2022			K0553		\$375.00	\$375.00	\$472.86	DME, corresponding medical records not provided.
<b>TOTALS:</b>					<b>\$17,912.38</b>	<b>\$78,456.84</b>	<b>\$169,194.38</b>	<b>\$97,492.65</b>	

\*\*Please note that we have removed columns that did not apply to our review of the bills, as they were blank columns. We did not find any charges in excess outside standard of care and we did not find any cost related to the claim. Therefore, these columns were removed from the above report. We have included totals in the below chart for each category.

TOTAL AMOUNTS BILL REVIEW BY CATEGORY (THIS INCLUDES THE CATEGORIES THAT WERE BLANK)						
Category	Cost Related to Claim	Cost NOT related to claim	Excess outside standard of care	Undetermined (need additional info)	Billed Charge Original Total	U&C
Total Amount for each category	\$0.00	\$17,912.38	\$0.00	\$78,456.84	\$169,194.38	\$97,492.65