Patient History - Summary

THE BROOKS CLINIC

By Date of Service
All Date ranges
All Providers
Show last billed date
Open Items Only

Chart #: 13051 **Home Phone:**

Patient Name: TRINIDAD,CINDY **Office Phone:**

Address: **Resp. Party:** TRINIDAD,CINDY

City, State, Zip: **Resp. Acct#** 197203

U	Code	Source	I	B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Balance	Last Billed Carrier	Date Billed	Resp Party This Charge
	J3301		Y	N	11/14/2023	AGERSH	655105	$50.00	$0.00	$0.00	$50.00	$50.00			197203
Grand Total:								**$4,445.00**	**$0.00**	**$0.00**	**$4,445.00**	**$4,445.00**			

* U = Unapplied * I = Bill Insurance * B = Insurance Billed

Patient History - Summary

METRO IMAGING PARTNERS LLC

By Date of Service
All Date ranges
All Providers
Show last billed date
All Items

Chart #: 4900 **Home Phone:**

Patient Name: TRINIDAD,CINDY **Office Phone:**

Address: **Resp. Party:** TRINIDAD,CINDY

City, State, Zip: **Resp. Acct#** 197274

U	Code	Source	I	B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Balance	Last Billed Carrier	Date Billed	Resp Party This Charge
	72148		Y	N	11/21/2023	WATTS	655950	$2,500.00	$0.00	$0.00	$2,500.00	$2,500.00			197274
	LIEN		Y	N	11/21/2023	WATTS	655950	$50.00	$0.00	$0.00	$50.00	$50.00			197274
Grand Total:								**$2,550.00**	**$0.00**	**$0.00**	**$2,550.00**	**$2,550.00**			

* U = Unapplied * I = Bill Insurance * B = Insurance Billed