



RECEIVED

FIVE POINTS BENEFIT PLANS 6006 N MESA ST STE 108 EL PASO TX 79912-4611

MAR 1 8 2024

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*** PEALITY TO TO NOTICE!		KBP-EE	PICA XIX
1. MEDICARE MEDICAID TRICARE CHAMPY	HEALTH PLAN BLK LUNG	Tall INSURED'S TD. NUMBER	(For Program in Item 1)
Modicare # (Medicard #) (Me/CoD#)	DF = (DF) $ DF = DF $		
E TABLET S TARE (EAST TRUE THE THIRD, MODE HILL)	AM OO YY	A INSURED S NAME (Last Name)	ne First Name W. His Indian
5. PATIENT'S ADDRESS (No. Street)	6. PATIENT RELATIONSHIP TO INSURED	* MOUNTS AUGUSTON AUG	04:03:2
	Sell X Spouse Chief Other	7. INSURED'S AUDRESS (No.	SPORT
CITY	8 RESERVED FOR MUCC USE	CITY	ISTATE
EL PASO TX	A STATE OF THE STA	EL PASO	TX
ZIP CODE FELEPHONE (Include Area Code)		ZIP COUE	TELEPHONE (Esclude Aradi Colum)
79925-3404 (915)252-1560		79925-3404	(915)252-1560
9 OTHER INSURED'S NAME (Last Namo: First Name, Middle Initial)	10. IS PARENT'S CONDITION RELATED TO	IT INSURED'S POLICY GROUP	OR FEGA NUMBER
OVER A PRINCIPLE POLICE		NONE	
a OTHER INSURED'S POLICY OR SHOUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a MISURED'S DATE OF BIRTH	
b RESERVED FOR NUCC USE	b. AUTO ACCIDENT?	11 15 1960	
TESELLES FOR HOOS MA.	PLACE (State)	b. OTHER CLAIM ID (Designation	by NIUCC)
c. RESERVED FOR NUCC USE	YES X NO STATE ACCIDENT?	c. INSURANCE PLAN NAME OF	DDAGDAM WALE
The state of the s	VES X NO	S. MOURANCE PLAN NAME OF	ENCAHAM NA/E
d. INSURANCE PLAN NAME OF PROGRAM NAME	Tod. CLAIM CODES (Designated by NUCC)	d IS THERE ANOTHER HEALTI	BENEFIT PLAN?
			/ yes, complete denic 9, 9a and 9d
PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the re- to process this claim. I also request payment of government benefits enti-	& SIGNING THIS FORM.	13. INSURED S OR AUTHORIZE	PERSON'S SIGNATURE Lauthorize
to process this claim. I also request proment of government benefits onto below.	is to mikely or to the finith who process acyclowest assess on any monitor or other injointment excession.	payment of medical henefits a viennes described below.	the undursigned physician of supplier to
SIGNATURE ON FILE	DATE 02/14/2024	SIGNATURE	ON FILE
MM DD YY	OTHER DATE MM , DD , YY		WORK IN CURRENT OCCUPATION
QUAL QUA	Li	FROM	TC MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18 HOSPITALIZATION DATES R	ELATED TO CURRENT SERVICES
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	MPI	FROM	ro
To the second of many of the first pesignates by model		20 OUTSIDE LAB?	S CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, Relate A-I, to service	ce ine hidow (24E) ICD ins. 0	22 RESUBMISSION	0 00
R768 B M2550 C	R5383		OFIGINAL REF NO
	H.L.	23. PRIOR AUTHORIZATION NUI	MBEA
		A STATE OF THE STA	
rl al KL			
24. A. DATE(S) OF SERVICE B. C. D. PROCE	DURES, SERVICES, ON SUPPLIES E	F G	H J. J.
24. A. DATES) OF SERVICE B. C. D. PROCE	in Unusual Circumstances) DIAGNOSIS	W	H I J. JD. AENDERING PROVIDER ID: #
24. A. DATE(S) OF SERVICE B. C. D. PRIOCE From To PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	DATE	PENDERING
24. A. DATE(S) OF SERVICE B. C. D. PRICCE From TO PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	III (Incumstances) DIAGNOSIS 2S MODIFIER POINTER	DATE	ID. AENDERING PROVIDER ID. #
24. A. DATE(S) OF SERVICE B. C. D. PRICCE From TO PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	D.
24. A. DATE(S) OF SERVICE B. C. D. PRICCE From TO PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	QUAL PROVIDER ID. # ZZ 207RR0500X
24. A. DATE(S) OF SERVICE B. C. D. PRICCE From TO PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	DI
24. A. DATE(S) OF SERVICE B. C. D. PRIOCE From To PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	D.
24 A: DATE(S) OF SERVICE B. C. D. PRICES FROM TO PLACE OF SERVICE (Explanation of DD VV MM DD VV SERVICE EMG CPT4HCPC	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	DI
24. A. DATE(S) OF SERVICE B. C. D. PRIOCE From To PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	D.
24. A. DATE(S) OF SERVICE B. C. D. PRIOCE From To PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	DI
24. A. DATE(S) OF SERVICE B. C. D. PRIOCE From To PLACE OF (Expla MM DD YY MM DD YY SERVICE EMG CPENGRO	IIII Urusuul Circunstanees) DIAGNOSIS 28 MODIFIER POINTER	S CHARGES PR	DI
24. A. DATE:S) OF SERVICE B. C. D. PRICE (Explanation of the DD YY MM DD YY SERVICE EMG CPENCE) 22. 14 2024 02 14 2024 11 99204	IN Trousing Circumstances) SS MODIFIER POINTER A B C	SCHARGES	DI
24. A. DATE:S) OF SERVICE B. C. D. PRIOCE (Explanation of the prioce of the priore of	DIAGNOSIS SI MODIFIER DIAGNOSIS POINTER A B C COUNT NO. 27 ACCEPT ASSIGNMENT? Por plant classes and shares	SCHARGES TOTAL CHARGE 28	APPL AMOUNT PAID AENDERING PROVIDER ID: # 207RR0500X NPI 1316916125 NPI NPI NPI NPI NPI NPI NPI NP
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24. A. DATES) OF SERVICE FORM TO TO PRACE OF SERVICE ELAG CPENCY DO YY MM DD YY SERVICE ELAG CPENCY D2 14 2024 02 14 2024 11 99204 31712398 X 050239459: NOLUDING DEGREES OF CREDENTIALS 32. SERVICE FACTOR NOLUDING DEGREES OF CREDENTIALS	COUNT NO. 27 ACCEPT ASSIGNMENT? COUNT NO. 27 ACCEPT ASSIGNMENT? Graphy clants has been been assignment of the count of t	SCHARGES 415 00 1 28 TOTAL CHARGE 28 8 415 00 3 33 BILLING PROVIDER NEO X P	DI RENDERING PROVIDER ID. # 22 207RR0500X NPI 1316916125 NPI NPI
A DATESTOP SERVICE FORM TO RACE OF SERVICE EMG CPLACES B. C. D. PRICES (Explain Service EMG CPLACES) 24. A. DATESTOP SERVICE B. C. D. PRICES (Explain Service EMG CPLACES) 25. FEDERAL TAX LD NUMBER SSN EN 26. PATIENT'S AC 050239459: 1. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (1 certify that the standards or purit thereof) 26. PATIENT'S AC 050239459: 1. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (1 certify that the standards or purit thereof) 26. PEDERAL TAX LD NUMBER SSN EN 26. PATIENT'S AC 050239459: 1. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (1 certify that the standards or purit thereof) 26. PATIENT'S AC 050239459: 27. SERVICE FACI NEW WESTSJ 2600 N ORE	COUNT NO. 27 ACCEPT ASSIGNMENT? COUNT NO. 27 ACCEPT ASSIGNMENT? Graphy clants has been been assignment of the count of t	SCHARGES 100 1 28 TOTAL CHARGE 8 415 00 5	DI RENDERING PROVIDER ID. # 22 207RR0500X NPI 1316916125 NPI NPI
A DATESTOP SERVICE FORM TO TO RACE OF SERVICE EMG CPLHCRS DO YY MM DD YY SERVICE EMG CPLHCRS D2 14 2024 02 14 2024 11 99204 D3 17 12398 L SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (1 certify has the stainments of the reversion apply to this old and are made a part thereof apply to this old and are made a part thereof 2600 N ORE EL PASO, T	COUNT NO. 27 ACCEPT ASSIGNMENT? BUTTON OF THE PROPERTY OF THE	SCHARGES 415 00 1 28 TOTAL CHARGE 28 \$ 415 00 5 33 BILLING PROVIDER NEO X P AARA TEXAS ARTHRI	DI
A DATESTOP SERVICE FORM TO TO RACE OF SERVICE EMG CPLACED MAS DO YY MM DO YY SERVICE EMG CPLACED 22 14 2024 02 14 2024 11 99204 31712398 1 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDINS DEGREES OR CREDENTIALS (1 certify that the statements of the revenue apply to this foll and are made a puri thereof 1 2600 N ORE	COUNT NO. 27 ACCEPT ASSIGNMENT? 3 60-1 X 9ES NO. BLITT LOCATION INFORMATION IDE LOC EGON STREET	SCHARGES 415 00 1 28 TOTAL CHANGE 28 415 00 33 BILLING PROVIDER NEO XP AARA TEXAS ARTHRI 2600 N OREGON ST	DI



Explanation of Benefits (EOB)

This statement shows how we applied your coverage to claim(s) submitted to us.

This is **NOT** a Bill

\$35.00



G & E Industrial	Supplies Inc	RBP-EE	
Effective From:	1/1/2023	To:	CURRENT

Member Responsibilty

Explanation of Benefits (EOB)

Patient Name: Issue Date:

4/14/2024

							Member I.D.#	
Date of	Service Code	Total Charges	Allowed	Savings to	Deductible/	*Co-Pav	Payment Resp	onsibility
Service			Charges	Member	Other Ins.	CO-Fay	Plan	Member
2/14/2024	1	\$415.00	\$159.93	\$255.07	\$0.00	\$35.00	\$124.93	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
						Five Points Plan R	esponsibility	\$124.93

Provider Billing Address:

AARA TEXAS ARTHRITIS CENTER 2600 N OREGON ST EL PASO, TX 79902-3170

Service Codes	Description:
1 - MEDICAL	CLAIM PAID IN FULL: The client is responsible for Co-Payment at the time of service. After repricing
2 - HOSPITAL	through the First Health Network, the client is responsible for 0% of the allowed amount and Five
3 - ER	
4 - LABS	Points Benefit Plan is responsible for the remaining 100%.
5 - IMAGING	

Please see attached repricing sheet for specific CPT Codes in Service

Member I.D. Number - your account # with our health plan

Total Charges - The total amount charged by a healthcare provider for services you received, whether or not the services are covered under your health

First Health Network Allowed Charges - The amount receiving services from First Health Network provider within the network provider PPO.

Amount by Member & Five Points Health Plans, LLC - The amount paid to your health care provider.

Co-Insurance- The amount calculated using a fixed percentage you pay.

Amount not covered. The portion of the charges not covered under your health plan. Examples of Amount Not Covered include any of the following:

- * Amount for services that are not medically necessary.
- * Amount for services that are not covered by your health plan.

Member Responsibility - Your share for the services shown on this Explanation of Health Care Benefits (EOB). You may have already paid this amount to your health care provider.

Thank you for choosing Five Points Health Benefit Plans, LLC

Have questions?

Please email norman@fivepointsmecplan.com or iris@fivepointsmecplan.com. To find a participating provider call our customer service department at 915-803-4198 or visit our website www.fivepointshealthbenefits.com

Mail all inquiries or claims to Five Points Health Benefit Plans, LLC

6006 N Mesa Street - Suite 108

El Paso, TX 79912

If you need assistance in Spanish to understand this document, you may request it for free by calling customer service.

FIVE POINTS BENEFIT PLANS, LLC 6006 NORTH MESA STREET SUITE 108 EL PASO TX 79912 (915) 803-4198

Group: THE COMPANY STORE

Rcpt Dt:04-14-2024

PATIENT INFORMATION

FH INFORMATION

LAST : TYPE: Outpatient CLIENT # :997667466
FIRST : MI: FROM: 02-14-2024 CLIENT ID:KZU

DOB : 11-15-1960 SEX:M RL: THRU: 02-14-2024 CONTROL #:4-105-R-00005-01

INSD ID: CLAIM #: 224-105-R-000005-001 PT SSN :

PT CTRL:

PROVIDER INFORMATION NPI:

FTIN:831712398

FACILITY/OFFICE:

PROVIDER NAME : SANJAY CHABRA

2600 N OREGON ST EL PASO TX 79902-

LINE	DATES OF	PROCEDURE	MOD UNIT	BILLED	NEGOTIATED	SAVINGS	
	SERVICE	CODE		CHARGES	RATE		
001	02-14-202		001	415.00	159.93	255.07	
TOTAL	S:			415.00	159.93	255.07	
			BILLED CHA	RGES	415.00		
		EXCLUDED A	MOUNT	0.00			
			NEGOTIATED	RATE	159.93		
			TOTAL SAVI	NGS	255.07		

RECEIVED

MAY 0 6 2024

FIVE POINTS BENEFIT PLAN 6006 N MESA ST

EALTH INSURANCE CLAIM FORM	STE 108 EL PASO TX 799124611			
PROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/1:				
	INIC TOOL		PIGA	
MEDICARE MEDICAID TRICARE CHARGE (Medicare#) (Medicare#) (Medicare#) (Medicare#)	HEALTH HEALTH BLKLUNG	1a INSURED S LD. NUMBER	(For Program in Item 1	
PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name	A Liberte Contrati	
	3. PATIENT'S BIRTH DATE SEX 06 25 1962 X ≠	The street of th	Z MILKIN (MILK)	
PATIENT'S ADDRESS (No., Street)	6. PAMENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)		
	Self XSpaune Child Olher			
TYSTATE	8, RESERVED FOR NUCC USE	CITY	STATE	
EL PASO T		EL PASO	TX	
79936			NE (Include Area Gode)	
		79936 ()	
OTHER INSURED'S NAME (Last Nume, First Name, Middle Initial)	IC. IS PATIENT'S CONDITION RELATED TO	11 INSURED'S POLICY GROUP OR FECAN	IUMBER	
OTUCO INCLIDENCE DOLLEVI OS COOLIDANIMOS D	- Company of the Comp			
OTHER INSURED'S POLICY OR GROUP NUMBER	a, EMPLOYMENT? (Current or Previous)	a, MSURED'S DATE OF BIATH DD VY 06 25 1962 *	SEX	
RESERVED FOR NUCC USE	PES YNO b. AUTO ACCIDENT?		X	
	YES XNO	b. OTHER CLAIM ID (Designated by NUCC)		
RESERVED FOR NUCC USE	COTHER ACCIDENT?	C INSUBANCE PLAN NAME OF PROGRAM	NAME	
	TYES XNO	The state of the s		
NSURANCE PLAN NAME OR PROGRAM NAME	Tod-CLAIM CODES (Designated by NUCC)	d IS THERE ANOTHER HEALTH BENEFIT P	LAN?	
		YES X NO H yes, complete items 9, 9a, and 9d.		
READ BACK OF FORM BEFORE COMPLETIN PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE Tourhoize the	G & SIGNING THIS FORM	13 INSURFO'S OF AUTHORIZED PERSONS		
to process this claim. I also request payment of government benefits either	to myself or to the party who accepts an ignment	payment of inecical benefits to the undersit services described below.	gned physician or supplier for	
Signature On File	COMP.	Signature On	File	
SIGNED	DATE	SIGNED		
VIM DD - YY-	OTHER DATE	16 DATES PATIENT UNABLE TO WORK IN C MM DD YY	CURRENT OCCUPATION MM DD YY	
		FROM TO 19. HOSPITAL ZATION DATES RELATED TO		
NAME OF REFERMING PROVIDER OR OTHER SOURCE 17	The second secon	MM DO YY	MM DD YY	
ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	1001		CHARGES	
		Tyes (X-) NO	1	
DIACK SELF 34 NATURE OF ILLNESS OF BUILDRY Relate A-L to sen	E.088 (24E) CD lnd 127.0 E	22 RESUBMISSION	Union a	
E669 B. L. C. L	E088 E785	GODE OH/GINAL F	HEE NO:	
El gl	H.	23. PRIOR AUTHORIZATION NUMBER		
J L к.Г				
	DURES, SERVICES, OR SUPPLIES E. UN Unusual Circumstances) DIAGNOSIS	F. G. H. L	J	
DD YY MM DD YY SERVICE EMG CPT/HCF	CS MODIFIER POINTER	S CHARGES UNITS Plan QUAL	PRIOVIDERING	
05 02 24 05 02 24 11 9921	4 ABCD	190.00,1	1679576565	
		NP:		
		14PF		
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		NP		
		NPI		
		303		
		NPI		
40-				
12750056		NP)		
34275285 SUMBER SSN EX 210490 TSA	CODUNT NO. 2XACCEPT ASSIGNMENT?	28 TOTAL CHOME ON 29 AMOUNTON	10 0 30. Rsvd for NUCC U	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

ENOCH the AGUNANNE WORLD, apply to this bill and are made a part from the control of 0.5 0.3 2.4

6

CARE CARDIOVASCULAR CENT 1351 N ZARAGOZA ROAD BUILDIN EL PASO TX 799365909

1790333516

2XACCEPT ASSIGNMENT?

NO

YES

O O BOOK SATOTAL

1790333516

@ CARE CARDIOVASCULAR CENTER

EL PASO TX 799365909

1351 N ZARAGOZA ROAD BUILDING I

29 AMOUNT GAGO 30 Reve for NUCC Use

915 5004420



Explanation of Benefits (EOB)

This statement shows how we applied your coverage to claim(s) submitted to us.

This is **NOT** a Bill



Dynamic Tool C	ompany Inc	RBP-EE	
Effective From:	6/1/2023	To:	CURRENT

Explanation of Benefits (EOB)

Patient Name:

Issue Date:

7/9/2024

Date of	Service	Total Charges	Allowed	Savings to	Deductible/	*Co-Pav	Payment Resp	onsibility
Service C	Code		Charges	Member	Other Ins.	Co-Pay	Plan	Member
5/2/2024	1	\$190.00	\$114.00	\$76.00	\$0.00	\$35.00	\$79.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
						Five Points Plan Re	esponsibility	\$79.00
						Member Responsi	bilty	\$35.00

Provider Billing Address: C CARE CARDIOVASCULAR CENTER
1351 N ZARAGOZA ROAD BLDG L

EL PASO, TX 79936-5909

Service Codes	Description:
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6006 N Mesa Street - Suite 108

El Paso, TX 79912

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FIVE POINTS BENEFIT PLANS, LLC 6006 NORTH MESA STREET SUITE 108 EL PASO TX 79912 (915) 803-4198

Group: THE COMPANY STORE

Rcpt Dt:07-08-2024

PATIENT INFORMATION

FH INFORMATION

LAST :

TYPE: Outpatient CLIENT # :997667466

FIRST : MI: FROM: 05-02-2024 CLIENT ID:KZU

DOB : 06-25-1962 SEX:M RL: THRU: 05-02-2024 CONTROL #:4-190-R-00163-01

(NSD ID: CLAIM #: 224-190-R-000163-001

PT SSN :

PT CTRL:

PROVIDER INFORMATION NPI:

FTIN:842759856

FACILITY/OFFICE:

PROVIDER NAME : ENOCH AGUNANNE

1351 NORTH ZARAGOZA ROAD

EL PASO TX 79936-

LINE	DATES OF SERVICE	PROCEDURE CODE	TINU DOM	BILLED CHARGES	NEGOTIATED RATE	SAVINGS	
001	05-02-202		001	190.00	114.00	76.00	
TOTAL	as:			190.00	114.00	76.00	
			BILLED CH EXCLUDED NEGOTIATE	AMOUNT D RATE	190.00 0.00 114.00		
			NEGOTIATE TOTAL SAV		114.00 76.00		