

UNIVERSITY MEDICAL CENTER 1815 ALAMEDA AVE EL PASO TX 799052705 3155441200

UNIVERSITY MEDICAL CENTER PO BOX 202479 DALLAS TX 75320-2479

3a PAT. CNTRL # 5299623300101  
 5 MED REC # 1558375  
 5 FED. TAX NO 0000  
 7 STATEMENT COVERS PERIOD FROM 032624 THROUGH 040524  
 4 TYPE OF BILL 0111

8 PATIENT NAME [REDACTED] 9 PATIENT ADDRESS [REDACTED] EL PASO TX 799076647

10 BIRTH/DATE 11 SEX M 12 DATE 040124 13 HR 09 14 TYPE 1 15 SRC 1 16 DHR 19 17 STAT 06

31 OCCURRENCE CODE 11 032624 32 OCCURRENCE CODE 12 032624 33 OCCURRENCE CODE 13 032624 34 OCCURRENCE CODE 14 032624 35 OCCURRENCE SPAN FROM 032624 THROUGH 032624 36 OCCURRENCE SPAN FROM 032624 THROUGH 032624 37 OCCURRENCE SPAN FROM 032624 THROUGH 032624

38 VALUE CODES AMOUNT 39 CODE 01 105300 40 VALUE CODES AMOUNT 40 CODE 50 200 41 VALUE CODES AMOUNT 41 CODE 80 400

FIVE POINTS  
 6006 N MESA STREET  
 STE 108  
 EL PASO TX 79912

*RECEIVED 04/04/2024*

42 ICD-9 CD	43 DESCRIPTION	44 ICDPCS / ICD-10 / ICD-9-CM CODE	45 SERV. UNIT	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0120	GENERAL 2BED		0.00	4	801868		
0250	PHARMACY			482	402510		
0251	DRUGS/GENERIC			30	66700		
0259	DRUGS/OTHER			33	58737		
0271	NON-STER SUPPLY			7	5145		
0272	STERILE SUPPLY			6	39375		
0300	LAB			3	23836		
0301	LAB/CHEMISTRY			18	231945		
0302	LAB/IMMUNOLOGY			1	8570		
0305	LAB/HEMOTOLOGY			13	55020		
0306	LAB/BACT-MICRO			16	154407		
0352	CT SCAN/BODY			1	265343		
0360	OR SERVICES			2	557500		
0370	ANESTHESIA			2	148768		
0402	ULTRASOUND			2	88671		
0420	PHYSICAL THERP			7	65227		
0424	PHYS THERP/EVAL			2	49187		
0450	EMERG ROOM			1	221477		
0636	N400409128331ML175.4			271	214985		
0710	RECOVERY ROOM			5	277426		
0762	OBSERVATION RM			133	1717695		
0001	PAGE 1 OF 1	CREATION DATE	041524	TOTALS	5454392	000	

56 PAYER NAME FIVE POINTS 51 HEALTH PLAN ID 99999GENE 52 REL INFO Y 53 ADD BEN Y 54 PRIOR PAYMENTS 000 55 EST. AMOUNT DUE 000 56 NPI 1316936990 57 OTHER PRV ID

58 INSURED'S NAME [REDACTED] 59 REL [REDACTED] 60 INSURED'S UNIQUE ID [REDACTED] 61 GROUP NAME [REDACTED] 62 INSURANCE GROUP NO. [REDACTED]

63 TREATMENT AUTHORIZATION CODES AAA GENERAL CONTRACTOR 64 DOCUMENT CONTROL NUMBER RBP-EE EFF: 08/01/23 65 EMPLOYER NAME

66 L03116 Y Z6841 1 I10 Y L02416 Y I2510 Y E669 Y F17210 Y Z955 1 Z7902 1 68 B9561 Y

69 ADMIT DX L03116 70 PATIENT REASON DX 71 ICD-9-CM CODE 571 72 ICD-9-CM CODE 73

74 PRINCIPAL PROCEDURE CODE 033024 75 OTHER PROCEDURE CODE 76 ATTENDING NPI 1912007766 QUAL LAST TYROCH FIRST ALAN 77 OPERATING NPI 1912007766 QUAL LAST TYROCH FIRST ALAN 78 OTHER NPI 79 OTHER NPI

80 REMARKS 103419273 81 ICD-9-CM CODE 82 ICD-9-CM CODE 83 282N00000X



6006 N Mesa Street - Suite 108  
El Paso, TX 79912

**Explanation of Benefits (EOB)**

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

This is **NOT** a Bill

[Redacted]  
El Paso, TX 79907

AAA General Contractors LLC	RBP - EE	
Effective From:	8/1/2023	To: CURRENT

**Explanation of Benefits (EOB)**

Patient Name: [Redacted]

Issue Date: 5/8/2024

Date of Service	Service Code	Total Charges	Allowed Charges	Savings to Member	Medicare Rate Plus 1.25%	Deductible Remaining	Max Benefit Remaining	Member I.D.# [Redacted]	
								Plan	Member
3/26/2024	1	\$54,543.92	\$5,456.42	\$47,723.39	\$6,820.53	\$0.00	\$0.00	\$3,000.00	\$3,820.53
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
								<b>Five Points Plan Responsibility</b>	<b>\$3,000.00</b>
								<b>Member Responsibility</b>	<b>\$3,820.53</b>

Provider Billing Address: University Medical Center  
P.O. Box 202479  
Dallas, TX 75320-2479

Service Codes	Description:
1 - MEDICAL 2 - HOSPITAL 3 - ER 4 - LABS 5 - IMAGING 6 - Out of Network	Claim Repriced using <b>Referenced Based Pricing</b> , providers agree to 1.25% over the Medicare Rate with no balance billing. <b>Both the members and providers understand in the event providers do not accept payment as full payment, any balance is member responsibility.</b>

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 plan.

**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](mailto:norman@fivepointsmecplan.com) or [elena@fivepointsmecplan.com](mailto:elena@fivepointsmecplan.com). To find a participating provider call our customer service department at 1-800-785-1830 / 915-803-4198 or visit our website [www.fivepointshealthbenefits.com](http://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.

# Referenced Based Pricing Worksheet

Procedure Code	Mod	Units	Billed Amount	Medicare Allowed
GENERAL BED		4	\$ 8,018.68	\$ 801.87
PHARMACY		482	\$ 4,025.10	\$ 404.51
DRUGS		30	\$ 667.00	\$ 66.70
DRUGS		33	\$ 587.37	\$ 58.74
NON-STER SUPPLY		7	\$ 51.45	\$ 5.14
STERILE SUPPLY		6	\$ 393.75	\$ 39.38
LAB		3	\$ 238.36	\$ 23.84
LAB		18	\$ 2,319.45	\$ 231.95
LAB		1	\$ 85.70	\$ 8.57
LAB		13	\$ 550.20	\$ 55.02
LAB		16	\$ 1,544.07	\$ 154.41
CT		1	\$ 2,653.43	\$ 265.34
OR SERVICES		2	\$ 5,575.00	\$ 557.50
ANESTHESIA		2	\$ 1,487.68	\$ 148.77
ULTRASOUND		2	\$ 886.71	\$ 88.67
PHYS THERP		7	\$ 652.27	\$ 65.22
PHYS THERP/EVAL		2	\$ 491.87	\$ 49.19
EMERG ROOM		1	\$ 2,214.77	\$ 221.48
N400409128331ML		271	\$ 2,149.85	\$ 214.99
RECOVERY ROOM		5	\$ 2,774.26	\$ 277.43
OBSERVATION RM		133	\$ 17,176.95	\$ 1,717.70
			\$ 54,543.92	\$ 5,456.42
<b>TOTAL:</b>			<b>Plus 1.25 =</b>	<b>\$ 6,820.53</b>

UNIVERSITY MEDICAL CENTER  
1815 ALAMEDA AVE  
EL PASO TX 799052705  
3155441200

UNIVERSITY MEDICAL CENTER  
PO BOX 202479  
DALLAS TX 75320-2479

30 PAI  
CMTL # 8302281900101  
4 MED  
REC # 1558375  
5 FED. TAX NO 0000  
746000756  
8 STATEMENT COVER PERIOD  
FROM 040924 THROUGH 040924  
9 TOTAL  
OF BILL 0131

8 PATIENT NAME [REDACTED] 9 PATIENT ADDRESS [REDACTED]

10 BIRTHDATE 05281963 11 SEX M 12 DATE 03 13 ADMISSION TO ICD 3 14 TYPE 1 15 SRC 01 16 DHR 01 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT NO TX 799076647

31 OCCURRENCE DATE	32 DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37
11	033024	29	040924	35	040924	

38 FIVE POINTS  
6006 N MESA ST STE 108  
EL PASO TX 79912

39 CODE	VALUE CODES AMOUNT	40 AMOUNT	41 VALUE CODES AMOUNT
50		100	

42 REV CD	43 DESCRIPTION	44 ICDPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES
0272	STERILE SUPPLY		040924	1	420	
0420	NEG PRS WND THER DME>50	97606 GP	040924	1	16587	
0424	PT EVAL HIGH COMPLEX 45	97163 GP	040924	1	34020	

0001 PAGE 1 OF 1 CREATION DATE 041524 51027 000

50 PAYER NAME FIVE POINTS 51 HEALTH PLAN ID 99999GENE 52 Y 53 Y 54 PRIOR PAYMENTS 000 55 EST. AMOUNT DUE 000 56 NPI 1316936990 57 OTHER PRV ID

58 INSURED'S NAME [REDACTED] 59 ICDL 60 INSURED'S UNIQUE ID [REDACTED] 61 GROUP NAME AAA General Contract. RBP-EE 62 INSURANCE GROUP NO

63 TREATMENT AUTHORIZATION CODES AAA GENERAL CONTRACTORS RBP-EE EFF. 08/01/23 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 S71102D 67 ADMIT DX S71102D 68 ICDL 69 PPS CODE 70 ICDL 71

72 PRINCIPAL PROCEDURE CODE	73 DATE	74 OTHER PROCEDURE CODE	75 DATE	76 ATTENDING NPI	77 QUAL	78 LAST	79 FIRST
				1164113296		JORGENSEN	JASON

80 REMARKS 103443767 81 ICDL P3 282N00000X 82 b 83 c 84 d 85 OTHER NPI 86 QUAL 87 LAST 88 FIRST 89 OTHER NPI 90 QUAL 91 LAST 92 FIRST



6006 N Mesa Street - Suite 108  
El Paso, TX 79912

**Explanation of Benefits (EOB)**  
This statement shows how we applied your coverage to claim(s) submitted to us.  
**This is NOT a Bill**

[Redacted]  
El Paso, TX 79907

AAA General Contractors LLC	RBP - EE
Effective From: 8/1/2023	To: CURRENT

**Explanation of Benefits (EOB)**

Patient Name: [Redacted]  
Issue Date: 5/8/2024

Date of Service	Service Code	Total Charges	Allowed Charges	Savings to Member	Medicare Rate Plus 1.25%	Deductible Remaining	Max Benefit Remaining	Member I.D.# [Redacted]	
								Plan	Member
4/9/2024	1	\$510.27	\$123.86	\$355.44	\$154.83	\$0.00	\$0.00	\$0.00	\$154.83
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
								<b>Five Points Plan Responsibility</b>	<b>\$0.00</b>
								<b>Member Responsibility</b>	<b>\$154.83</b>

Provider Billing Address: University Medical Center  
P.O. Box 202479  
Dallas, TX 75320-2479

Service Codes	Description:
1 - MEDICAL 2 - HOSPITAL 3 - ER 4 - LABS 5 - IMAGING 6 -Out of Network	Claim Repriced using <b>Referenced Based Pricing</b> , providers agree to 1.25% over the Medicare Rate with no balance billing. <b>Both the members and providers understand in the event providers do not accept payment as full payment, any balance is member responsibility.</b>

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 plan.

**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 elena@fivepointsmecplan.com. To find a participating provider call our customer service department at 1-800-785-1830 / 915-803-4198 or visit our website www.fivepointshhealthbenefits.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.

# Referenced Based Pricing Worksheet

**Procedure Code**

**Mod**

**Units**

**Billed Amount**

**Medicare Allowed**

Procedure Code	Mod	Units	Billed Amount	Medicare Allowed
STERILE SUPPLY		1	\$ 4.20	\$ 0.42
97606	GP	1	\$ 165.87	\$ 25.95
97163	GP	1	\$ 340.20	\$ 97.49
			\$ 510.27	\$ 123.86

**TOTAL:**

**Plus 1.25 = \$ 154.83**

DEL SOL CAMP LPDSH DEL SOL CAMP LPDSH  
 10301 GATEWAY WEST P O BOX 409300  
 EL PASO TX 799257701 ATLANTA GA 30384  
 8666569763  
 105235914  
 000001173816  
 0131  
 742499952 091123 092123

PATIENT NAME: [REDACTED] PATIENT ADDRESS: [REDACTED]  
 EL PASO TX 79907  
 SEX: M DATE: 03/15/81  
 OCCURRENCE CODE: 11 090723 A1 031581  
 OCCURRENCE SPAN: 01 01512

VALUE CODES AMOUNT: A3 106681.86  
 RECEIVED OCT 3 2023  
 RBP Individual

IC ICD9 CODE	IC DESCRIPTION	IC HIC9S RATE / ICD9S CODE	IC SECT UNIT	IC SNY UNITS	IC TMM CHARGES	IC RECLASSIFIED CHARGES	IC
0250	PHARMACY		092123	7	546.00		
0250	PHARMACY		092123	3	22.34		
0272	STERILE SUPPLY		092123	12	13051.00		
0272	URTSCP FLX 9.5FR 250MM	C1747	092123	2	42000.00		
0272	GWIRE URET OPN END TP 5F	C1769	092123	2	881.00		
0272	SHTH URT NVGTR 28X1113F	C1894	092123	1	1376.00		
0278	STENT URET 6FR 28CM	C2617	092123	1	4126.00		
0300	VENIPUNCTURE	36415	092123	1	136.00		
0301	BMP TOTAL CALCIUM	80048	091123	1	1493.00		
0301	STONE ANALYSIS QN CHEM	82360	092123	1	297.00		
0305	CBC AUTOMATED	85027	091123	1	674.00		
0306	CULT COLONY COUNT UR	87086	091123	1	780.00		
0307	UA W MICRO AUTO	81001	091123	1	558.00		
0360	OR SERVICES	52356RT	092123	1	23143.00		
0370	ANESTHESIA		092123	1	7817.00		
0636	CEFTRIAZONE 1 G INJ	J0696	092123	8	982.00		
0636	DEXAMETH NA PHOS 4 MG	J1100	092123	4	49.00		
0636	ESMOLOL 100 MG INJ	J1805	092123	10	285.00		
0636	MIDAZOLAM 2 MG INJ	J2250	092123	2	81.00		
0636	ONDANSETRON 4 MG INJ	J2405	092123	8	30.00		
0636	PROPOFOL 200 MG INJ	J2704	092123	20	15.52		
0636	FENTANYL CIT 0.1 MG INJ	J3010	092123	1	81.00		

PAGE 1 OF 2 CREATION DATE 100323 TOTALS  
 PAYER NAME: FIVE POINTS BENEFITS PL00199  
 HEALTH PLAN ID: 1770536120  
 Y Y

INSURED 3 NAME: [REDACTED] PREL: 18 INSURED'S UNIQUE ID: [REDACTED]  
 GROUP NAME: GAMER LOGISTIC

TREATMENT AUTHORIZATION CODES: N202 I10 N3000 Z7982 Z87442 Z87440  
 DOCUMENT CONTROL NUMBER: [REDACTED]  
 EMPLOYER NAME: [REDACTED]

Claim# 43529074671850365  
 ATTENDING: DAVALOS MAURICIO  
 OPERATING: DAVALOS MAURICIO

REMARKS: PT DISCOUNTS AVAILA B3282N00000X  
 6006 N MESA ST  
 SUITE 108  
 EL PASO TX 79912

DEL SOL CAMP LPDSH DEL SOL CAMP LPDSH 105235914  
 10301 GATEWAY WEST P O BOX 409300 000001173816  
 EL PASO TX 799257701 ATLANTA GA 30384 742499952 091123 092123  
 8666569763

PATIENT NAME										PATIENT ADDRESS									
[REDACTED]										EL PASO TX 79907									
BIRTHDATE										ADMISSION DATE									
[REDACTED]										03 2 01									
SEX										STAT									
M										01									
OCCURRENCE CODE										OCCURRENCE DATE									
11 090723 A1										031581									
OCCURRENCE SPAN										OCCURRENCE SPAN									
11 090723 A1										031581									
VALUE CODES AMOUNT										VALUE CODES AMOUNT									
A3										106681.86									

42 REL CD	43 DESCRIPTION	44 RPTS / RATE / NDC CODE	45 SERV DATE	46 QTY / UNITS	47 TOTAL CHARGES	48 NET COVERED CHARGES
0710	RECOVERY ROOM	93005	092123	4	6965.00	
0730	EKG TRACING ONLY	93005	091123	1	1293.00	

0001 PAGE 2 OF 2 CREATION DATE 100323 TOTALS 106681.86

50 PAYER NAME	51 HEALTH PLAN ID	52 PRIOR PAYMENTS	53 EST AMOUNT DUE	54 NPN
FIVE POINTS BENEFITS PL00199		Y Y		1770536120

56 INSURED'S NAME	57 PAFL	58 INSURED'S UNIFORM	59 GROUP NAME	60 INSURANCE GROUP NO
[REDACTED]	18	[REDACTED]	GAMER LOGISTIC	

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	67 ICD	68 N3000	69 Z7982	70 Z87442	71 Z87440
N202	I10	N3000	Z7982	Z87442	Z87440

74 ADMIT DX	75 PATIENT REASON DX	76 N202	77 PPS CODE	78 FCI	79
		N202			

80 PRINCIPAL PROCEDURE DATE	81 OTHER PROCEDURE DATE	82 OTHER PROCEDURE DATE	83 OTHER PROCEDURE DATE	84 OTHER PROCEDURE DATE	85 ATTENDING	86 NPN	87 QUAL
					DAVALOS	1114179678	MAURICIO

88 PROVIDER	89 PT DISCOUNTS AVAILA	90 B3282N00000X	91 NPN	92 QUAL
6006 N MESA ST				





BENEFIT PLANS, LLC

6006 N Mesa Street - Suite 108

El Paso, TX 79912

Explanation of Benefits (EOB)
This statement shows how we applied your coverage to claim(s) submitted to us.
This is NOT a Bill

El Paso, TX 79907

Table with Effective From: 7/1/2023 and To: CURRENT

Explanation of Benefits (EOB)

Patient Name:

Issue Date: 10/17/2023

Main table with columns: Date of Service, Service Code, Total Charges, Allowed Charges, Savings to Member, Medicare Rate Plus 1.25%, Deductible Remaining, Max Benefit Remaining, Payment Responsibility (Plan, Member), Member I.D.# 57782531

Provider Billing Address: Singleton Associates PA, P.O Box 4346 Dept 8081, Houston, TX 77210-4346

Table with Service Codes (1-6) and Description: This Claim was Repriced using Referenced Based Pricing, providers who provide services to this member agree to 1.25% over the Medicare Rate with no balance billing.

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 plan.
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 elena@fivepointsmecplan.com. To find a participating provider call our customer service department at 1-800-785-1830 / 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.

## Referenced Based Pricing Worksheet

Procedure Code	Units	Billed Amount	Medicare Allowed
Pharmacy	7	\$ 546.00	\$ 54.60
Pharmacy	3	\$ 22.34	\$ 2.23
Sterile Supply	12	\$ 13,051.00	\$ 1,305.10
C1747	2	\$ 42,000.00	\$ 4,200.00
C1769	2	\$ 881.00	\$ 88.10
C1894	1	\$ 1,376.00	\$ 137.60
C2617	1	\$ 4,126.00	\$ 412.60
36415	1	\$ 136.00	\$ 8.57
80048	1	\$ 1,493.00	\$ 8.46
82360	1	\$ 297.00	\$ 12.87
85027	1	\$ 674.00	\$ 6.47
87086	1	\$ 780.00	\$ 8.07
81001	1	\$ 558.00	\$ 3.17
52356 - RT	1	\$ 23,143.00	\$ 397.26
Anesthesia	1	\$ 7,817.00	\$ 781.70
J0696	8	\$ 982.00	\$ 3.76
J1100	4	\$ 49.00	\$ 0.52
J1805	10	\$ 285.00	\$ 2.50
J2250	2	\$ 81.00	\$ 0.34
J2405	8	\$ 30.00	\$ 0.72
J2704	20	\$ 15.52	\$ 2.00
J3010	1	\$ 81.00	\$ 0.85
Recovery Room	4	\$ 6,965.00	\$ 696.50
93005	1	\$ 1,293.00	\$ 6.05
		\$ 106,681.86	\$ 8,140.04
<b>TOTAL:</b>		<b>Plus 1.25 =</b>	<b>\$ 10,175.05</b>

UNIVERSITY MEDICAL CENTER  
4815 ALAMEDA AVE  
EL PASO TX 79905-2705  
9155441200

UNIVERSITY MEDICAL CENTER  
PO BOX 202479  
DALLAS, TX 75320-2479

S285427200101  
316486

0131

746000756 011624 011624

PATIENT NAME: [REDACTED] ADDRESS: [REDACTED] EL PASO TX 79935-2609

DATE OF BIRTH: 08121966 SEX: F ADMISSION DATE: 3 1 01

OCURRENCE CODE: 11 011624

ADDRESS: FIVE POINTS, 6006 N MESA ST STE 108, EL PASO, TX 79912-4611

Dynamic Tools - RBP-EE

SPACED	DESCRIPTION	GROUP	UNIT	DATE	AMOUNT	DATE	AMOUNT
0300	LAB	36415		011624	1	15	75
0301	LAB/CHEMISTRY	80053		011624	1	215	25
0301	LAB/CHEMISTRY	83036		011624	1	109	90
0301	LAB/CHEMISTRY	84443		011624	1	94	50
0301	LAB/CHEMISTRY	82570		011624	1	64	05
0301	LAB/CHEMISTRY	82043		011624	1	37	80
0510	CLINIC	G0463		011624	1	151	70

0001 PAGE 1 OF 1 CREATION DATE 012924 TOTALS 688 95

SERVER NAME: FIVE POINTS HEALTH PLAN: 99999GENE Y Y PRIOR PAYMENTS: 1316936990

INSURED'S NAME: [REDACTED] AGE: 18 GROUP NAME: [REDACTED]

TREATMENT AUTHORIZATION CODE: E1165 I10 E782 Z7984 Z712 CLAIM # 42452323888473558

ADMIT DATE: 011624

PRINCIPAL PROCEDURE: E1165 OTHER PROCEDURE: [REDACTED] PATIENT NAME: MOLOKWU REGINA I

REMARKS: 1103193528 B3282N00000X



APPROVED CLAIM NO: 00000000

NUM

ALL CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

TID101 - 4869504-000052-02/05-0-0-0



BENEFIT PLANS, LLC

6006 N Mesa Street - Suite 108

El Paso, TX 79912

Explanation of Benefits (EOB)

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

This is NOT a Bill

[Redacted]
El Paso, TX 79935

Table with 3 columns: Dynamic Tool Company Inc, RBP - EE, Effective From: 6/1/2023, To: CURRENT

Explanation of Benefits (EOB)

Patient Name: [Redacted]

Issue Date: 2/12/2024

Main EOB table with columns: Date of Service, Service Code, Total Charges, Allowed Charges, Savings to Member, Medicare Rate Plus 1.25%, \*Co-Pay, Member I.D.#, Payment Responsibility (Plan, Member). Includes summary rows for Five Points Plan Responsibility and Member Responsibility.

Provider Billing Address: University Medical Center, P.O. Box 202479, Dallas, TX 75320-2479

Table with 2 columns: Service Codes (1-MEDICAL, 2-HOSPITAL, 3-ER, 4-LABS, 5-IMAGING) and Description: This Claim was Repriced using Referenced Based Pricing, providers who provide services to this member agree to 1.25% over the Medicare Rate with no balance billing.

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 plan.
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 elena@fivepointsmecplan.com. To find a participating provider call our customer service department at 1-800-785-1830 / 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.



# Referenced Based Pricing Worksheet

Procedure Code	Mod	Units	Billed Amount	Medicare Allowed
36415		1	\$ 15.75	\$ 8.57
80053		1	\$ 215.25	\$ 10.56
83036		1	\$ 109.90	\$ 9.71
84443		1	\$ 94.50	\$ 16.80
82570		1	\$ 64.05	\$ 5.18
82043		1	\$ 37.80	\$ 5.78
G0463		1	\$ 151.70	\$ 15.17
<b>TOTAL:</b>			\$ 688.95	\$ 71.77
			Plus 1.25 =	\$ 89.71



RECEIVED APR 29 2024

FIVE POINTS  
6006 N MESA ST  
STE 108  
EL PASO TX 79912

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (TRICARE) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input checked="" type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)	19. INSURED'S I.D. NUMBER (For Program in Item 1) <b>57782428</b>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [REDACTED]	3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX <b>08 12 1966</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) [REDACTED]
5. PATIENT'S ADDRESS (No., Street) [REDACTED]	6. PATIENT RELATIONSHIP TO INSURED Spouse <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	7. INSURED'S ADDRESS (No., Street) [REDACTED]
CITY: <b>EL PASO</b> STATE: <b>TX</b> ZIP CODE: <b>799352609</b> TELEPHONE (Include Area Code): ( )	8. RESERVED FOR NUCC USE	CITY: <b>EL PASO</b> STATE: <b>TX</b> ZIP CODE: <b>799352609</b> TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <i>Dynamic Tool</i> 10. OTHER INSURED'S POLICY OR GROUP NUMBER: <i>RBP-EE</i> 11. RESERVED FOR NUCC USE: <i>EFF: 06/01/23</i> 12. RESERVED FOR NUCC USE	10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? PLACE (State): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. INSURED'S POLICY GROUP OR FECA NUMBER 12. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX <b>08 12 1966</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/> 13. OTHER CLAIM ID (Designated by NUCC) 14. INSURANCE PLAN NAME OR PROGRAM NAME <b>FIVE POINTS</b>
13. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED: [REDACTED] SIGNATURE ON FILE: [REDACTED] DATE: [REDACTED]	14. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>	15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED: [REDACTED] SIGNATURE ON FILE: [REDACTED]
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM/DD/YY) QUAL: 15. OTHER DATE (MM/DD/YY) QUAL:	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM (MM/DD/YY) TO (MM/DD/YY)	17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. [REDACTED] 17b. NPI: [REDACTED]
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM (MM/DD/YY) TO (MM/DD/YY)	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <i>Claim # 29946194083988802</i>	20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>0 00</b>
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Heads A-L to service line below (21E) ICD Ind. <b>0</b> A. <b>E1165</b> B. <b>Z7984</b> C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____	22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	24. A. DATE(S) OF SERVICE From (MM/DD/YY) To (MM/DD/YY) B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) (CPT/HCPCS) MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD Family Pos. I. ID. QUAL J. RENDERING PROVIDER ID # <b>04 17 24 04 17 24 19 99213 95 AB 9555 1 ZZ 207Q00000X NPI 1861719593</b>
25. FEDERAL TAX ID. NUMBER SSN OR EIN <input type="checkbox"/> <input checked="" type="checkbox"/> <b>746000756</b>	26. PATIENT'S ACCOUNT NO. <b>S304362500101</b>	27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
28. TOTAL CHARGE \$ <b>9555</b> 29. AMOUNT PAID \$ <b>0 00</b> 30. Used for NUCC Use	31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIAL(S) (I certify that the statements on the reverse of this bill and up to one page thereof are true to the best of my knowledge and belief.) <b>MOLOKWA REGINA I</b> 04/24/2024	32. SERVICE FACILITY LOCATION INFORMATION <b>UMC EAST</b> <b>1521 JOE BATTLE BVD SUITE</b> <b>EL PASO TX 79936-6280</b> a. <b>1316936990</b> b. <b>1316936990</b> c. <b>ZZ282N00000X</b>
33. BILLING PROVIDER INFO & PH # (915) 544-1200 <b>UNIVERSITY MEDICAL CENTER OF EL P</b> <b>4815 ALAMEDA AVE</b> <b>EL PASO TX 79905-2705</b>	34. SIGNED: [REDACTED] DATE: [REDACTED]	35. SIGNED: [REDACTED] DATE: [REDACTED]



**FIVEPOINTS**  
 BENEFIT PLANS, LLC  
 6006 N Mesa Street - Suite 108  
 El Paso, TX 79912

**Explanation of Benefits (EOB)**  
 This statement shows how we applied your coverage to claim(s) submitted to us.  
**This is NOT a Bill**

[Redacted]  
 El Paso, TX 79935

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

**Explanation of Benefits (EOB)**

Patient Name: [Redacted]  
 Issue Date: 4/29/2024

Date of Service	Service Code	Total Charges	Allowed Charges	Savings to Member	Medicare Rate Plus 1.25%	Deductible Remaining	Member I.D.# 57782428	
							Plan	Member
4/17/2024	1	\$95.55	\$64.00	\$15.55	\$80.00	\$1,214.25	\$0.00	\$80.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
				\$0.00			\$0.00	\$0.00
							<b>Five Points Plan Responsibility</b>	<b>\$0.00</b>
							<b>Member Responsibility</b>	<b>\$80.00</b>

Provider Billing Address: University Medical Center EP  
 4815 ALAMEDA  
 EL PASO, TX 79905-2705

Service Codes	Description:
1 - MEDICAL	This Claim was Repriced using <b>Referenced Based Pricing</b> , providers who provide services to this member agree to 1.25% over the Medicare Rate with <b>no balance billing</b> .
2 - HOSPITAL	
3 - ER	
4 - LABS	
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 plan.  
**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](mailto:norman@fivepointsmecplan.com) or [elena@fivepointsmecplan.com](mailto:elena@fivepointsmecplan.com). To find a participating provider call our customer service department at **1-800-785-1830 / 915-803-4198** or visit our website [www.fivepointshealthbenefits.com](http://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.



# Referenced Based Pricing Worksheet

Procedure Code	Mod	Units	Billed Amount	Medicare Allowed
99213		1	\$ 95.55	\$ 64.00
			\$ 95.55	\$ 64.00
<b>TOTAL:</b>			<b>Plus 1.25 =</b>	<b>\$ 80.00</b>



UNIVERSITY MEDICAL CENTE  
4815 ALAMEDA AVE  
EL PASO TX 79905-2705  
9155441200

UNIVERSITY MEDICAL CENTER  
PO BOX 202479  
DALLAS, TX 75320-2479

3 S304362400101  
4 TYPE  
5 0131  
6 316486  
7  
8 746000756  
9 041724  
10 041724

11 PATIENT NAME	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
11	EL PASO	TX	79935-2609																							
38	08121966	F	3	1	01																					
39	11	041724																								

## FIVE POINTS  
6006 N MESA ST STE 108  
EL PASO, TX 79912-4611

**RECEIVED**  
MAY 06 2024

38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	0510	CLINIC	G0463	041724	1	151	70																																																																																												

*Claim# 29272950595094285*

0001 PAGE 1 OF 1 CREATION DATE 042524 TOTALS 151 70

92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200																																									
92	FIVE POINTS	99999	GENE	Y	Y	1316936990																																																																																																																																															

159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300																																																																																																		
159	Dynamic Tool				18	57782428																																																																																																																																																																																																																																									

299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400																																																																																																																																																																																																																																																																																					
299	E1165	27984																																																																																																																																																																																																																																																																																																																																																																																								

400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500																																																																																																																																																																																																																																																																																																																																																																																																															
400	E1165																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		

501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
501	1103270541	B3282N00000X	1861719593	MOLOKWU	REGINA I																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		



730101 0049506012-0049500-00705-a-b-n



6006 N Mesa Street - Suite 108  
El Paso, TX 79912

**Explanation of Benefits (EOB)**

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

**This is NOT a Bill**

[Redacted]  
El Paso, TX 79935

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

**Explanation of Benefits (EOB)**

Patient Name: [Redacted]

Issue Date: 5/9/2024

Date of Service	Service Code	Total Charges	Allowed Charges	Savings to Member	Medicare Rate Plus 1.25%	Deductible Remaining	Max Benefit Remaining	Member I.D.# 57782428 Payment Responsibility	
								Plan	Member
4/17/2024	1	\$151.70	\$15.17	\$132.74	\$18.96	\$1,481.04	\$3,000.00	\$0.00	\$18.96
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
								<b>Five Points Plan Responsibility</b>	<b>\$0.00</b>
								<b>Member Responsibility</b>	<b>\$18.96</b>

Provider Billing Address: University Medical Center  
P.O. Box 202479  
Dallas, TX 75320-2479

Service Codes	Description:
1 - MEDICAL 2 - HOSPITAL 3 - ER 4 - LABS 5 - IMAGING 6 - Out of Network	Claim Repriced using <b>Referenced Based Pricing</b> , providers agree to 1.25% over the Medicare Rate with no balance billing. <b>Both the members and providers understand in the event providers do not accept payment as full payment, any balance is member responsibility.</b>

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 plan.

**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](mailto:norman@fivepointsmecplan.com) or [elena@fivepointsmecplan.com](mailto:elena@fivepointsmecplan.com). To find a participating provider call our customer service department at 1-800-785-1830 / 915-803-4198 or visit our website [www.fivepointshealthbenefits.com](http://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.

# Referenced Based Pricing Worksheet

Procedure Code	Mod	Units	Billed Amount	Medicare Allowed
G0463		1	\$ 151.70	\$ 15.17
			\$ 151.70	\$ 15.17
<b>TOTAL:</b>			Plus 1.25 =	\$ 18.96

1 PROVIDENCE EAST 3280 JOE BATTLE BLVD EL PASO TX 799382622 9158322000		2 PROVIDENCE - EAST PO BOX 841779 DALLAS TX 75284		3a PAT. CNTL. # 515980886	3b INED. REC. # 000421885	4 TYPE OF BILL 0111
6 PATIENT NAME			6 PATIENT ADDRESS			6 FED. TAX NO. 95-4537720
8 STATEMENT COVERS PERIOD FROM 112723			7 THROUGH 112923			

b PATIENT NAME		a PATIENT ADDRESS		c TX		d 799076647	e US
----------------	--	-------------------	--	------	--	-------------	------

10 BIRTHDATE 05281963	11 SEX M	12 DATE 112723	13 HR 10	14 TYPE 1	15 BRC 1	16 DHR 18	17 STAT 01	18 C5	CONDITION CODES 22 23 24 25 26 27 28										29 ACCT. BALANCE
--------------------------	-------------	-------------------	-------------	--------------	-------------	--------------	---------------	-------	---	--	--	--	--	--	--	--	--	--	------------------

RECEIVED  
DEC 15 2023

31 OCCURRENCE DATE 11 112723	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38 OCCURRENCE SPAN FROM	39 OCCURRENCE SPAN THROUGH
---------------------------------	--------------------	--------------------	--------------------	--------------------	-------------------------	----------------------------	-------------------------	----------------------------

a 02 VALUE CODES AMOUNT 0.00			40 CODE VALUE CODES AMOUNT 80 2.00			41 CODE VALUE CODES AMOUNT		
EL PASO, TX 799076647								
OTH33 <span style="color: red; font-size: 24px;">AAA General - RBP-EF</span>								

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	49 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGE	48 NON COVERED CHARGES	49
0206	ICU/INTERMEDIATE	8555.00		2	17110.00		
0250	PHARMACY			13	439.00		
0255	DRUGS/INCIDENT RAD			300	7200.00		
0272	STERILE SUPPLY			3	3840.00		
0278	SUPPLY/IMPLANTS			2	52262.00		
0300	LABORATORY OR LAB			16	10656.00		
0320	DX X-RAY			1	1217.00		
0370	ANESTHESIA			2	2342.00		
0450	EMERG ROOM			1	6398.00		
0481	CARDIAC CATH LAB			2	7109.00		
0483	ECHOCARDIOLOGY			1	6263.00		
0636	DRUGS/DETAIL CODE	J0583		250	5500.00		
0636	DRUGS/DETAIL CODE	J1644		36	1088.00		
0636	DRUGS/DETAIL CODE	J2250		2	8.00		
0636	DRUGS/DETAIL CODE	J2270		1	166.00		
0636	DRUGS/DETAIL CODE	J2405		4	552.00		
0636	DRUGS/DETAIL CODE	J3010		1	159.00		
0636	DRUGS/DETAIL CODE	J7040		1	507.00		
0636	DRUGS/DETAIL CODE	J7050		1	501.00		
0730	ERG/ECG			1	891.00		
0001	PAGE 001 OF 001	CREATION DATE	120323	TOTALS	188108.00		

50 PAYER NAME FIVE POINTS HEALTH B	51 HEALTH PLAN ID	52 REL. BND Y	53 ASG. BND Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	58 NPI 1972709970
59 INSURED'S NAME						
60 P.REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME AAA GENERAL CONTRACTORS
----------------------------------	----------------------------	---

Claim # 17804702163610666

66 I214	Y I5022	Y I110	Y E6601	Y Z6841	G4733	Y Z8673	Z8249	Z7982	68
0 I249	Y I4891	Y Z79899	Z809	Z7902	Z8052				

69 ADMIT DX I214	70 PATIENT REASON DX	71 PFS CODE 0321	72 ECI	73					
74 PRINCIPAL PROCEDURE CODE U27135Z	DATE 112723	75 OTHER PROCEDURE CODE U27132Z	DATE 112723	76 OTHER PROCEDURE CODE 4A023N7	DATE 112723	77 ATTENDING NPI 1205046752	QUAL	78 LAST SQUARE	FIRST NAME
75 OTHER PROCEDURE CODE B21512Z	DATE 112723	76 OTHER PROCEDURE CODE	DATE	77 OTHER PROCEDURE CODE	DATE	77 OPERATING NPI 1205046752	QUAL	78 LAST SQUARE	FIRST NAME

80 REMARKS CUBI S42 PT7 F80 FIVE POINTS HEALTH B 6006 N MESA ST STE 108 EL PASO, TX 799124611	81 OCCASION a 282N00000X	b	c	d	78 OTHER NPI	QUAL	79 LAST	FIRST
---	-----------------------------	---	---	---	-----------------	------	---------	-------

6006 N Mesa Street - Suite 108  
El Paso, TX 79912

**Explanation of Benefits (EOB)**

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

This is **NOT** a Bill

El Paso, TX 79907

AAA General Contractors LLC	RBP - EE
Effective From: 8/1/2023	To: CURR N

**Explanation of Benefits (EOB)**

Patient Name: [REDACTED]

Issue Date: 12/18/2023

Date of Service	Service Code	Total Charges	Allowed Charges	Savings to Member	Medicare Rate Plus 1.25%	Deductible Remaining	Max Benefit Remaining	Payment Responsibility	
								Plan	Member
11/27/2023	2	\$188,108.00	\$18,026.34	\$165,575.08	\$22,532.93	\$0.00	\$0.00	\$3,000.00	\$19,532.93
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
				\$0.00				\$0.00	\$0.00
<b>Five Points Plan Responsibility</b>									<b>\$3,000.00</b>
<b>Member Responsibility</b>									<b>\$19,532.93</b>

Provider Billing Address: Providence East  
P.O BOX 841779  
DALLAS, TX 75284

Service Codes	Description:
1 - MEDICAL	This Claim was Repriced using <b>Referenced Based Pricing</b> , providers who provide services to this member agree to 1.25% over the Medicare Rate with no balance billing.
2 - HOSPITAL	
3 - ER	
4 - LABS	
5 - IMAGING	
6 - Out of Network	

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 plan.

**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](mailto:norman@fivepointsmecplan.com) or [elena@fivepointsmecplan.com](mailto:elena@fivepointsmecplan.com). To find a participating provider call our customer service department at 1-800-785-1830 / 915-803-4198 or visit our website [www.fivepointshealthbenefits.com](http://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.

# Referenced Based Pricing Worksheet

**Procedure Code    Modifier    Units    Billed Amount    Medicare Allowed**

ICU		2	\$ 17,110.00	\$ 1,711.00
PHARM		13	\$ 439.00	\$ 43.90
DRUGS		300	\$ 7,200.00	\$ 720.00
SUPPLY		3	\$ 3,840.00	\$ 384.00
IMPLANT		2	\$ 52,262.00	\$ 5,226.20
LAB		16	\$ 10,656.00	\$ 1,065.60
X-RAY		1	\$ 1,217.00	\$ 121.70
ANESTHESIA		2	\$ 2,342.00	\$ 234.20
ER		1	\$ 6,398.00	\$ 639.80
CATH		2	\$ 71,009.00	\$ 7,100.90
ECHO		1	\$ 6,263.00	\$ 626.30
J0583		250	\$ 5,500.00	\$ 42.50
J1644		36	\$ 1,088.00	\$ 10.08
J2250		2	\$ 8.00	\$ 0.34
J2270		1	\$ 166.00	\$ 4.32
J2405		4	\$ 552.00	\$ 3.60
J3010		1	\$ 159.00	\$ 0.85
J7040		1	\$ 507.00	\$ 1.30
J7050		1	\$ 501.00	\$ 0.65
EKG/ECG		1	\$ 891.00	\$ 89.10
			\$ 188,108.00	\$ 18,026.34

**TOTAL:**

Plus 1.25 = \$ 22,532.93

# Visit to The Hospitals of Providence East Campus

Service Date: November 29, 2023

Account Number: 38238959

**Total Charges** **\$188,108.00**

Special care unit **\$17,110.00**

Laboratory services **\$10,656.00**

Ekg services **\$891.00**

Cardiac cath **\$73,351.00**

Diagnostic/therapeutic imaging **\$1,217.00**

Pharmacy **\$16,120.00**

Supplies **\$56,102.00**

Cardiovascular services **\$6,263.00**

Emergency room **\$6,398.00**

**Insurance Payments and Adjustments** **-\$181,702.60**

Insurance and Provider Adjustments **-\$178,702.60**

Amount Insurance Paid **-\$3,000.00**

**Previous Payments** **-\$1,525.00**

**Balance You Owe** **\$4,880.40**