

**Auburn Montgomery Student Health Services**  
**Patient Ledger**  
**7/16/2026**

| Provider           | DOS             | Charge Date | Location          | Status       | Charges  | Applied            | Balance |
|--------------------|-----------------|-------------|-------------------|--------------|----------|--------------------|---------|
| Morris, Amy        | 03/17/2020      | 03/17/2020  | Auburn Montgome   | P            | \$302.00 | \$302.00           | \$0.00  |
| Procedure          | DOS             | Diagnosis   | Status            | Status Date  | Charges  | Applied            | Balance |
| 90707: MMR         | 03/17/2020      |             | P                 | 03/17/2020   | \$85.00  | \$85.00            | \$0.00  |
| Payer              | Type            | Method      | Code              | Date Applied | Amount   | AppliedBy          |         |
| KAMESIA BROWN      | Patient Payment | Check       |                   | 04/08/2020   | \$85.00  | Jenkins, Brittaney |         |
| 90632: Hepatitis A | 03/17/2020      |             | P                 | 03/17/2020   | \$50.00  | \$50.00            | \$0.00  |
| Payer              | Type            | Method      | Code              | Date Applied | Amount   | AppliedBy          |         |
| KAMESIA BROWN      | Patient Payment | Check       |                   | 04/08/2020   | \$50.00  | Jenkins, Brittaney |         |
| 90713: Polio       | 03/17/2020      |             | P                 | 03/17/2020   | \$45.00  | \$45.00            | \$0.00  |
| Payer              | Type            | Method      | Code              | Date Applied | Amount   | AppliedBy          |         |
| KAMESIA BROWN      | Patient Payment | Check       |                   | 04/08/2020   | \$45.00  | Jenkins, Brittaney |         |
| 90715: TDap        | 03/17/2020      |             | P                 | 03/17/2020   | \$45.00  | \$45.00            | \$0.00  |
| Payer              | Type            | Method      | Code              | Date Applied | Amount   | AppliedBy          |         |
| KAMESIA BROWN      | Patient Payment | Check       |                   | 04/08/2020   | \$45.00  | Jenkins, Brittaney |         |
| 90714: Typhoid     | 03/17/2020      |             | P                 | 03/17/2020   | \$77.00  | \$77.00            | \$0.00  |
| Payer              | Type            | Method      | Code              | Date Applied | Amount   | AppliedBy          |         |
| KAMESIA BROWN      | Patient Payment | Check       |                   | 04/08/2020   | \$77.00  | Jenkins, Brittaney |         |
| Comment            | Method          | Date        | User              |              |          |                    |         |
| Bill to Occumed    | Other           | 03/17/2020  | Brittaney Jenkins |              |          |                    |         |