

Auburn Montgomery Student Health Services
Patient Ledger
7/17/2026

Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Fain, Maranda	01/13/2022	01/13/2022	Auburn Montgome	P	\$46.00	\$46.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00002: Non Student Exam	01/13/2022	Z20.822	P	01/15/2022	\$15.00	\$15.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
WARD, CHELSEA	CoPay	Credit Card		01/13/2022	\$15.00	Smith, Tonya	
87426: Abbott Binax Now Rapid COVID	01/13/2022	Z20.822	P	01/15/2022	\$31.00	\$31.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
	Write Off		Old System	07/05/2026	\$31.00	Hall, Amy	
Fain, Maranda	11/09/2021	11/09/2021	Auburn Montgome	P	\$36.00	\$36.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00001: Student Limited Exam	11/09/2021	Z20.822	P	11/10/2021	\$5.00	\$5.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
WARD, CHELSEA	CoPay	Credit Card		11/09/2021	\$15.00	Smith, Tonya	
	Redistribution		Redistribution	07/05/2026	\$10.00	Hall, Amy	
87426: Abbott Binax Now Rapid COVID	11/09/2021	Z20.822	P	11/10/2021	\$31.00	\$31.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
WARD, CHELSEA	CoPay	Credit Card		07/05/2026	\$10.00	Hall, Amy	
	Write Off		Old System	07/05/2026	\$21.00	Hall, Amy	
Barton, Lindsey	05/11/2021	05/17/2021	Auburn Montgome	P	\$15.00	\$15.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00002: Non Student Exam	05/11/2021	J01.00, J02.0, Z20.822, R05	P	05/17/2021	\$15.00	\$15.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
WARD, CHELSEA	CoPay	Credit Card		07/05/2026	\$15.00	Hall, Amy	
Barton, Lindsey	05/11/2021	05/11/2021	Auburn Montgome	P	\$110.00	\$110.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
99213 [25] : INTERMEDIATE EST PT	05/11/2021	J01.00, J02.0, Z20.822, R05	P	06/02/2021	\$44.00	\$44.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
WARD, CHELSEA	CoPay	Credit Card		05/11/2021	\$15.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		06/02/2021	\$44.00	Smith, Tonya	
	Redistribution		Redistribution	07/05/2026	\$15.00	Hall, Amy	
87426: COVID Rapid Testing	05/11/2021	R51.9, R05, R50.9	P	06/02/2021	\$31.00	\$31.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		06/02/2021	\$31.00	Smith, Tonya	
87880: STREP A	05/11/2021	R51.9, R05, R50.9	P	06/02/2021	\$15.00	\$15.00	\$0.00

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Payer			Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA			Insurance Payment	Automated Clearing House (ACH)		06/02/2021	\$11.12	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA			Adjustment	Automated Clearing House (ACH)	45	06/02/2021	\$3.88	Smith, Tonya	
87804: Flu Test		05/11/2021	R51.9, R05, R50.9		P	06/02/2021	\$20.00	\$20.00	\$0.00
Payer			Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA			Insurance Payment	Automated Clearing House (ACH)		06/02/2021	\$20.00	Smith, Tonya	

Barton, Lindsey		02/04/2021	02/08/2021	Auburn Montgome		P	\$112.00	\$112.00	\$0.00
Procedure		DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance	
99203: INTERMEDIATE NEW PT		02/04/2021	J10.1, Z20.828, J02.9	P	02/18/2021	\$51.00	\$51.00	\$0.00	
Payer		Type		Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment		Automated Clearing House (ACH)		02/18/2021	\$51.00	Smith, Tonya	
87426: COVID Rapid Testing		02/04/2021	Z20.828		P	02/18/2021	\$31.00	\$31.00	\$0.00
Payer		Type		Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment		Automated Clearing House (ACH)		02/18/2021	\$31.00	Smith, Tonya	
87880: STREP A		02/04/2021	J02.9		P	02/18/2021	\$10.00	\$10.00	\$0.00
Payer		Type		Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment		Automated Clearing House (ACH)		02/18/2021	\$10.00	Smith, Tonya	
87804: Flu Test		02/04/2021	J02.9		P	02/18/2021	\$20.00	\$20.00	\$0.00
Payer		Type		Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment		Automated Clearing House (ACH)		02/18/2021	\$20.00	Smith, Tonya	