

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

| Provider                           | DOS                    | Charge Date                    | Location        | Status       | Charges  | Applied      | Balance |
|------------------------------------|------------------------|--------------------------------|-----------------|--------------|----------|--------------|---------|
| Till, Breena                       | 05/12/2026             | 05/12/2026                     | Auburn Montgome | P            | \$87.68  | \$13.22      | \$74.46 |
| Procedure                          | DOS                    | Diagnosis                      | Status          | Status Date  | Charges  | Applied      | Balance |
| 99213 [25] : INTERMEDIATE EST PT   | 05/12/2026             | J01.00                         | P               | 05/26/2026   | \$65.00  | \$11.81      | \$53.19 |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Insurance Payment      | Automated Clearing House (ACH) |                 | 05/26/2026   | \$0.00   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Adjustment             | Automated Clearing House (ACH) | 45              | 05/26/2026   | \$11.81  | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Patient Responsibility |                                | 1               | 05/26/2026   | \$53.19  | Hall, Amy    |         |
| 96372: THERAPEUTIC INJECTION ADMIN | 05/12/2026             | J01.00                         | P               | 05/26/2026   | \$20.00  | \$0.89       | \$19.11 |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Insurance Payment      | Automated Clearing House (ACH) |                 | 05/26/2026   | \$0.00   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Adjustment             | Automated Clearing House (ACH) | 45              | 05/26/2026   | \$0.89   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Patient Responsibility |                                | 1               | 05/26/2026   | \$19.11  | Hall, Amy    |         |
| J0696: Rocephin 1G                 | 05/12/2026             | J01.00                         | P               | 05/26/2026   | \$2.12   | \$0.40       | \$1.72  |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Insurance Payment      | Automated Clearing House (ACH) |                 | 05/26/2026   | \$0.00   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Adjustment             | Automated Clearing House (ACH) | 45              | 05/26/2026   | \$0.40   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Patient Responsibility |                                | 1               | 05/26/2026   | \$1.72   | Hall, Amy    |         |
| J1100: Dexamethasone 4mg/ml        | 05/12/2026             | J01.00                         | P               | 05/26/2026   | \$0.56   | \$0.12       | \$0.44  |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Insurance Payment      | Automated Clearing House (ACH) |                 | 05/26/2026   | \$0.00   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Adjustment             | Automated Clearing House (ACH) | 45              | 05/26/2026   | \$0.12   | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  | Patient Responsibility |                                | 1               | 05/26/2026   | \$0.44   | Hall, Amy    |         |
| Barton, Lindsey                    | 05/08/2025             | 05/08/2025                     | Auburn Montgome | I            | \$117.00 | \$117.00     | \$0.00  |
| Procedure                          | DOS                    | Diagnosis                      | Status          | Status Date  | Charges  | Applied      | Balance |
| 99213: INTERMEDIATE EST PT         | 05/08/2025             | J06.9, J02.9, R51.9, R05.9     | I               | 06/10/2025   | \$44.00  | \$44.00      | \$0.00  |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| CANTRELL, CHRISTOPHER              | CoPay                  | Credit Card                    |                 | 05/08/2025   | \$30.00  | Smith, Tonya |         |
|                                    | Write Off              |                                | Old System      | 07/15/2026   | \$14.00  | Hall, Amy    |         |
| 87426: COVID Rapid Testing         | 05/08/2025             | J02.9, R51.9, R05.9            | I               | 06/10/2025   | \$31.00  | \$31.00      | \$0.00  |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
|                                    | Write Off              |                                | Old System      | 07/15/2026   | \$31.00  | Hall, Amy    |         |
| 87804: INFLUENZA Rapid Test        | 05/08/2025             | J02.9, R51.9, R05.9            | I               | 06/10/2025   | \$30.00  | \$30.00      | \$0.00  |
| Payer                              | Type                   | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
|                                    | Write Off              |                                | Old System      | 07/15/2026   | \$30.00  | Hall, Amy    |         |
| 87880: STREP A                     | 05/08/2025             | J02.9, R51.9, R05.9            | I               | 06/10/2025   | \$12.00  | \$12.00      | \$0.00  |

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|                                    |  |                   |                                |                         |              |          |              |         |
|------------------------------------|--|-------------------|--------------------------------|-------------------------|--------------|----------|--------------|---------|
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
|                                    |  | Write Off         |                                | Old System              | 07/15/2026   | \$12.00  | Hall, Amy    |         |
|                                    |  |                   |                                |                         |              |          |              |         |
| Barton, Lindsey                    |  | 05/05/2025        | 05/05/2025                     | Auburn Montgome         | I            | \$72.36  | \$72.36      | \$0.00  |
| Procedure                          |  | DOS               | Diagnosis                      | Status                  | Status Date  | Charges  | Applied      | Balance |
| 99213 [25] : INTERMEDIATE EST PT   |  | 05/05/2025        | H65.02, I10, E78.5             | I                       | 06/10/2025   | \$44.00  | \$44.00      | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
| CHRISTOPHER CANTRELL               |  | CoPay             | Credit Card                    |                         | 05/05/2025   | \$30.00  | Smith, Tonya |         |
|                                    |  | Write Off         |                                | Old System              | 07/15/2026   | \$14.00  | Hall, Amy    |         |
| J1010: Methylprednisolone Acetate  |  | 05/05/2025        | H65.02                         | I                       | 06/10/2025   | \$8.80   | \$8.80       | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
|                                    |  | Write Off         |                                | Small Balance Write-Off | 07/15/2026   | \$8.80   | Hall, Amy    |         |
| J1100: Dexamethasone 4mg/ml        |  | 05/05/2025        | H65.02                         | I                       | 06/10/2025   | \$0.56   | \$0.56       | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
|                                    |  | Write Off         |                                | Small Balance Write-Off | 07/15/2026   | \$0.56   | Hall, Amy    |         |
| 96372: THERAPEUTIC INJECTION ADMIN |  | 05/05/2025        | H65.02                         | I                       | 06/10/2025   | \$19.00  | \$19.00      | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
|                                    |  | Write Off         |                                | Old System              | 07/15/2026   | \$19.00  | Hall, Amy    |         |
|                                    |  |                   |                                |                         |              |          |              |         |
| Barton, Lindsey                    |  | 02/27/2025        | 02/27/2025                     | Auburn Montgome         | P            | \$136.78 | \$136.78     | \$0.00  |
| Procedure                          |  | DOS               | Diagnosis                      | Status                  | Status Date  | Charges  | Applied      | Balance |
| 99213 [25] : INTERMEDIATE EST PT   |  | 02/27/2025        | J06.9, J02.9, R05.9, R09.81    | P                       | 05/02/2025   | \$44.00  | \$44.00      | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  |  | Insurance Payment | Automated Clearing House (ACH) |                         | 05/02/2025   | \$0.00   | Smith, Tonya |         |
|                                    |  | Write Off         |                                | Old System              | 07/15/2026   | \$44.00  | Hall, Amy    |         |
| J1010: Methylprednisolone Acetate  |  | 02/27/2025        | R09.81, R09.82                 | P                       | 05/02/2025   | \$0.22   | \$0.22       | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  |  | Insurance Payment | Automated Clearing House (ACH) |                         | 05/02/2025   | \$0.00   | Smith, Tonya |         |
|                                    |  | Write Off         |                                | Small Balance Write-Off | 07/15/2026   | \$0.22   | Hall, Amy    |         |
| J1100: Dexamethasone 4mg/ml        |  | 02/27/2025        | R09.81, R09.82                 | P                       | 05/02/2025   | \$0.56   | \$0.56       | \$0.00  |
| Payer                              |  | Type              | Method                         | Code                    | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA  |  | Insurance Payment | Automated Clearing House (ACH) |                         | 05/02/2025   | \$0.00   | Smith, Tonya |         |
|                                    |  | Write Off         |                                | Small Balance Write-Off | 07/15/2026   | \$0.56   | Hall, Amy    |         |
| 87426: COVID Rapid Testing         |  | 02/27/2025        | J02.9, R05.9, R09.81           | P                       | 05/02/2025   | \$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) |                         | 05/02/2025   | \$0.00   | Smith, Tonya |         |
|                                    |  | Write Off         |                                | Old System              | 07/15/2026   | \$31.00  | Hall, Amy    |         |

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|                             |            |                      |   |            |         |         |        |
|-----------------------------|------------|----------------------|---|------------|---------|---------|--------|
| 87804: INFLUENZA Rapid Test | 02/27/2025 | J02.9, R05.9, R09.81 | P | 05/02/2025 | \$30.00 | \$30.00 | \$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) |              | 05/02/2025   | \$0.00       | Smith, Tonya |        |
|                                    |  |            | Write Off             |                                | Old System   | 07/15/2026   | \$30.00      | Hall, Amy    |        |
| 87880: STREP A                     |  | 02/27/2025 | J02.9, R05.9, R09.81  |                                | P            | 05/02/2025   | \$12.00      | \$12.00      | \$0.00 |
| Payer                              |  |            | Type                  | Method                         | Code         | Date Applied | Amount       | AppliedBy    |        |
| BLUE CROSS BLUE SHIELD OF ALABAMA  |  |            | Insurance Payment     | Automated Clearing House (ACH) |              | 05/02/2025   | \$0.00       | Smith, Tonya |        |
|                                    |  |            | Write Off             |                                | Old System   | 07/15/2026   | \$12.00      | Hall, Amy    |        |
| 96372: THERAPEUTIC INJECTION ADMIN |  | 02/27/2025 | R09.81, R09.82        |                                | P            | 05/02/2025   | \$19.00      | \$19.00      | \$0.00 |
| Payer                              |  |            | Type                  | Method                         | Code         | Date Applied | Amount       | AppliedBy    |        |
| BLUE CROSS BLUE SHIELD OF ALABAMA  |  |            | Insurance Payment     | Automated Clearing House (ACH) |              | 05/02/2025   | \$0.00       | Smith, Tonya |        |
|                                    |  |            | Write Off             |                                | Old System   | 07/15/2026   | \$19.00      | Hall, Amy    |        |
|                                    |  |            |                       |                                |              |              |              |              |        |
| Barton, Lindsey                    |  | 04/25/2024 | 04/26/2024            | Auburn Montgome                |              | P            | \$15.00      | \$15.00      | \$0.00 |
| Procedure                          |  | DOS        | Diagnosis             | Status                         | Status Date  | Charges      | Applied      | Balance      |        |
| 00002: Non Student Exam            |  | 04/25/2024 | J01.90, R09.81, R05.9 | P                              | 05/30/2024   | \$15.00      | \$15.00      | \$0.00       |        |
| Payer                              |  | Type       | Method                | Code                           | Date Applied | Amount       | AppliedBy    |              |        |
| CHRISTOPHER CANTRELL               |  | CoPay      | Credit Card           |                                | 04/25/2024   | \$15.00      | Smith, Tonya |              |        |
| 87400 [QW] : INFLUENZA             |  | 04/25/2024 | R09.81, R05.9         |                                | P            | 05/30/2024   | \$0.00       | \$0.00       | \$0.00 |
| ABBO: Abbott COVID Rapid Test      |  | 04/25/2024 | R09.81, R05.9         |                                | P            | 05/30/2024   | \$0.00       | \$0.00       | \$0.00 |