

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

Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Till, Breena	02/17/2026	02/17/2026	Auburn Montgome	P	\$106.00	\$106.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
99213: INTERMEDIATE EST PT	02/17/2026	R51.9, R11.0	P	03/03/2026	\$60.00	\$60.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
DORA EASTERWOOD	CoPay	Credit Card		02/17/2026	\$30.00	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		03/03/2026	\$23.19	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	03/03/2026	\$6.81	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	03/03/2026	\$30.00	Hall, Amy	
87426: COVID Rapid Testing	02/17/2026	R51.9	P	03/03/2026	\$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)		03/03/2026	\$26.50	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	03/03/2026	\$4.50	Hall, Amy	
87804 [QW] : INFLUENZA Rapid Test	02/17/2026	R51.9	P	03/03/2026	\$15.00	\$15.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		03/03/2026	\$11.12	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	03/03/2026	\$3.88	Hall, Amy	
Fain, Maranda	05/15/2025	06/09/2025	Auburn Montgome	P	\$30.00	\$30.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00002: Non Student Exam	05/15/2025	J01.00, J30.1, R51.9, R09.81	P	06/09/2025	\$30.00	\$30.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
	Write Off		Old System	05/01/2026	\$30.00	Hall, Amy	
Fain, Maranda	05/15/2025	05/15/2025	Auburn Montgome	P	\$87.16	\$87.16	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
96372: THERAPEUTIC INJECTION ADMIN	05/15/2025	J01.00, J30.1	P	05/02/2026	\$19.00	\$19.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
DORA EASTERWOOD	CoPay	Credit Card		05/15/2025	\$30.00	Smith, Tonya	
	Adjusted Up		Old System	05/01/2026	\$11.00	Hall, Amy	
J1100: Dexamethasone 4mg/ml	05/15/2025	J01.00, J30.1	P	05/02/2026	\$0.56	\$0.56	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
	Write Off		Old System	05/01/2026	\$0.56	Hall, Amy	
87426: COVID Rapid Testing	05/15/2025	R51.9, R09.81, R05.9	P	05/02/2026	\$31.00	\$31.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
	Write Off		Old System	05/01/2026	\$31.00	Hall, Amy	
87804: INFLUENZA Rapid Test	05/15/2025	R51.9, R09.81, R05.9	P	05/02/2026	\$30.00	\$30.00	\$0.00

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Payer				Type	Method	Code	Date Applied	Amount	AppliedBy
				Write Off		Old System	05/01/2026	\$30.00	Hall, Amy
J1010: Methylprednisolone Acetate				05/15/2025	J01.00	P	05/02/2026	\$6.60	\$0.00
Payer				Type	Method	Code	Date Applied	Amount	AppliedBy
				Write Off		Old System	05/01/2026	\$6.60	Hall, Amy