

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

| Provider                                       | DOS        | Charge Date        | Location        | Status       | Charges | Applied      | Balance |
|------------------------------------------------|------------|--------------------|-----------------|--------------|---------|--------------|---------|
| Barton, Lindsey                                | 01/13/2023 | 01/19/2023         | Auburn Montgome | P            | \$35.01 | \$5.00       | \$30.01 |
| Procedure                                      | DOS        | Diagnosis          | Status          | Status Date  | Charges | Applied      | Balance |
| 00005: Comprehensive Physical w/o TB Skin Test | 01/13/2023 | Z00.00, N92.6, Z23 | P               | 01/19/2023   | \$25.00 | \$5.00       | \$20.00 |
| Payer                                          | Type       | Method             | Code            | Date Applied | Amount  | AppliedBy    |         |
| JOHNSON, JESSICA                               | CoPay      | Cash               |                 | 01/13/2023   | \$5.00  | Smith, Tonya |         |
| 99173: Visual Acuity                           | 01/13/2023 | Z00.00             | P               | 01/19/2023   | \$0.01  | \$0.00       | \$0.01  |
| 81025: URINE PREG TEST                         | 01/13/2023 | N92.6              | P               | 01/19/2023   | \$10.00 | \$0.00       | \$10.00 |

| Barton, Lindsey                              | 01/13/2023        | 01/13/2023                     | Auburn Montgome | P            | \$118.00 | \$118.00     | \$0.00  |
|----------------------------------------------|-------------------|--------------------------------|-----------------|--------------|----------|--------------|---------|
| Procedure                                    | DOS               | Diagnosis                      | Status          | Status Date  | Charges  | Applied      | Balance |
| 90746: Hepatitis B                           | 01/13/2023        | Z23                            | P               | 02/16/2023   | \$96.00  | \$96.00      | \$0.00  |
| Payer                                        | Type              | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA            | Insurance Payment | Automated Clearing House (ACH) |                 | 02/16/2023   | \$61.86  | Smith, Tonya |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA            | Adjustment        | Automated Clearing House (ACH) | 45              | 02/16/2023   | \$34.14  | Smith, Tonya |         |
| 90471: Immunization Injection Administration | 01/13/2023        | Z23                            | P               | 02/16/2023   | \$22.00  | \$22.00      | \$0.00  |
| Payer                                        | Type              | Method                         | Code            | Date Applied | Amount   | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA            | Insurance Payment | Automated Clearing House (ACH) |                 | 02/16/2023   | \$19.11  | Smith, Tonya |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA            | Adjustment        | Automated Clearing House (ACH) | 45              | 02/16/2023   | \$2.89   | Smith, Tonya |         |