

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

| Provider                          | DOS                    | Charge Date                    | Location        | Status       | Charges | Applied      | Balance |
|-----------------------------------|------------------------|--------------------------------|-----------------|--------------|---------|--------------|---------|
| Till, Breena                      | 12/16/2025             | 12/16/2025                     | Auburn Montgome | P            | \$75.00 | \$19.51      | \$55.49 |
| Procedure                         | DOS                    | Diagnosis                      | Status          | Status Date  | Charges | Applied      | Balance |
| 81003 [QW] : UA                   | 12/16/2025             | R10.9, R31.9                   | P               | 03/03/2026   | \$15.00 | \$12.70      | \$2.30  |
| Payer                             | Type                   | Method                         | Code            | Date Applied | Amount  | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA | Insurance Payment      | Automated Clearing House (ACH) |                 | 03/03/2026   | \$0.00  | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA | Adjustment             | Automated Clearing House (ACH) | 45              | 03/03/2026   | \$12.70 | Hall, Amy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA | Patient Responsibility |                                | 1               | 03/03/2026   | \$2.30  | Hall, Amy    |         |
| 99213: INTERMEDIATE EST PT        | 12/16/2025             | R10.9, R31.9                   | P               | 03/03/2026   | \$60.00 | \$6.81       | \$53.19 |
| Payer                             | Type                   | Method                         | Code            | Date Applied | Amount  | AppliedBy    |         |
| BLUE CROSS BLUE SHIELD OF ALABAMA | Insurance Payment      | Automated Clearing House (ACH) |                 | 03/03/2026   | \$0.00  | 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 |                                | 1               | 03/03/2026   | \$53.19 | Hall, Amy    |         |
|                                   |                        |                                |                 |              |         |              |         |
| Barton, Lindsey                   | 06/21/2024             | 07/02/2024                     | Auburn Montgome | P            | \$0.00  | \$0.00       | \$0.00  |
| Procedure                         | DOS                    | Diagnosis                      | Status          | Status Date  | Charges | Applied      | Balance |
| 00000: NO CHARGE                  | 06/21/2024             | Z51.89                         | P               | 07/12/2024   | \$0.00  | \$0.00       | \$0.00  |
| 97597: Wound Care                 | 06/21/2024             | Z51.89                         | P               | 07/12/2024   | \$0.00  | \$0.00       | \$0.00  |
|                                   |                        |                                |                 |              |         |              |         |
| Barton, Lindsey                   | 06/20/2024             | 06/20/2024                     | Auburn Montgome | P            | \$44.00 | \$30.00      | \$14.00 |
| Procedure                         | DOS                    | Diagnosis                      | Status          | Status Date  | Charges | Applied      | Balance |
| 97597: Wound Care                 | 06/20/2024             | L02.416                        | P               | 07/12/2024   | \$0.00  | \$0.00       | \$0.00  |
| 99213: INTERMEDIATE EST PT        | 06/20/2024             | L02.416                        | P               | 07/12/2024   | \$44.00 | \$30.00      | \$14.00 |
| Payer                             | Type                   | Method                         | Code            | Date Applied | Amount  | AppliedBy    |         |
| MURPHY, JOHN                      | CoPay                  | Credit Card                    |                 | 06/20/2024   | \$30.00 | Smith, Tonya |         |
|                                   |                        |                                |                 |              |         |              |         |
| Blackwell, Robin                  | 08/15/2023             | 08/15/2023                     | Auburn Montgome | P            | \$15.00 | \$15.00      | \$0.00  |
| Procedure                         | DOS                    | Diagnosis                      | Status          | Status Date  | Charges | Applied      | Balance |
| 00002: Non Student Exam           | 08/15/2023             | K13.0                          | P               | 09/13/2023   | \$15.00 | \$15.00      | \$0.00  |
| Payer                             | Type                   | Method                         | Code            | Date Applied | Amount  | AppliedBy    |         |
| MURPHY, JOHN                      | CoPay                  | Credit Card                    |                 | 08/15/2023   | \$15.00 | Smith, Tonya |         |