

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

Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Till, Breena	06/26/2026	06/26/2026	Auburn Montgome	P	\$10.00	\$10.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
36415 [90] : Venipuncture / blood draw	06/26/2026	E11.65	P	07/05/2026	\$10.00	\$10.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	07/05/2026	\$1.17	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		07/05/2026	\$8.83	Hall, Amy	
Till, Breena	04/24/2026	04/24/2026	Auburn Montgome	P	\$10.00	\$10.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
36415 [90] : Venipuncture / blood draw	04/24/2026	E11.9	P	05/03/2026	\$10.00	\$10.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	05/03/2026	\$1.17	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		05/03/2026	\$8.83	Hall, Amy	
Till, Breena	02/19/2026	02/19/2026	Auburn Montgome	P	\$70.00	\$70.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
36415 [90] : Venipuncture / blood draw	02/19/2026	E78.2	P	03/13/2026	\$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)		03/13/2026	\$8.83	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	03/13/2026	\$1.17	Hall, Amy	
99213 [KX] : INTERMEDIATE EST PT	02/19/2026	E11.9, E78.2	P	03/13/2026	\$60.00	\$60.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		03/13/2026	\$53.19	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	03/13/2026	\$6.81	Hall, Amy	
Barton, Lindsey	04/01/2025	04/01/2025	Auburn Montgome	P	\$0.01	\$0.01	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
G0245: Diabetic Foot Exam	04/01/2025	E11.65	P	04/01/2025	\$0.01	\$0.01	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
	Write Off		Small Balance Write-Off	05/10/2026	\$0.01	Hall, Amy	
Barton, Lindsey	04/01/2025	04/01/2025	Auburn Montgome	P	\$67.00	\$67.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
99214: Detailed	04/01/2025	E11.65, E78.5, Z13.29	P	05/02/2025	\$67.00	\$67.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
DAVID BETZ	CoPay	Credit Card		04/01/2025	\$30.00	Smith, Tonya	

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BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		05/02/2025	\$37.00	Smith, Tonya
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	05/02/2025	\$30.00	Smith, Tonya

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Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Barton, Lindsey	12/17/2024	12/18/2024	Auburn Montgome	P	\$91.00	\$91.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
90686: Influenza virus vaccine	12/17/2024	Z23	P	01/23/2025	\$25.00	\$25.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$22.35	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$2.65	Smith, Tonya	
90471: Immunization Injection Administration	12/17/2024	Z23	P	01/23/2025	\$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)		01/23/2025	\$19.11	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$2.89	Smith, Tonya	
99213 [25] : INTERMEDIATE EST PT	12/17/2024	E11.9, E78.5, Z23	P	01/23/2025	\$44.00	\$44.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BETZ, DAVID	CoPay	Credit Card		12/17/2024	\$30.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$14.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$30.00	Smith, Tonya	
Barton, Lindsey	09/17/2024	09/17/2024	Auburn Montgome	P	\$67.00	\$67.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
99214: Detailed	09/17/2024	E11.9, E78.5	P	11/03/2024	\$67.00	\$67.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BETZ, DAVID	CoPay	Credit Card		09/17/2024	\$30.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		11/03/2024	\$37.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	11/03/2024	\$30.00	Smith, Tonya	
Barton, Lindsey	06/17/2024	06/17/2024	Auburn Montgome	P	\$67.00	\$67.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
99214: Detailed	06/17/2024	E11.9, E78.5	P	07/12/2024	\$67.00	\$67.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BETZ, DAVID	CoPay	Credit Card		06/17/2024	\$30.00	Smith, Tonya	
	Write Off		Old System	05/10/2026	\$37.00	Hall, Amy	
Barton, Lindsey	06/12/2024	06/12/2024	Auburn Montgome	P	\$0.00	\$0.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00000: NO CHARGE	06/12/2024	E11.9	P	07/12/2024	\$0.00	\$0.00	\$0.00
Barton, Lindsey	03/15/2024	03/15/2024	Auburn Montgome	P	\$0.00	\$0.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00000: NO CHARGE	03/15/2024	D72.829	P	03/22/2024	\$0.00	\$0.00	\$0.00

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Barton, Lindsey	03/12/2024	03/12/2024	Auburn Montgome	P	\$15.00	\$15.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00002: Non Student Exam	03/12/2024	E11.9, D72.829	P	03/22/2024	\$15.00	\$15.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BETZ, DAVID	CoPay	Credit Card		03/12/2024	\$15.00	Smith, Tonya	
Barton, Lindsey	02/21/2024	02/22/2024	Auburn Montgome	P	\$4.01	\$4.01	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
G0245: Diabetic Foot Exam	02/21/2024	E11.9	P	04/18/2024	\$0.00	\$0.00	\$0.00
82947: Glucose	02/21/2024	E11.9, E78.5	P	04/18/2024	\$4.01	\$4.01	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
	Write Off		Old System	05/10/2026	\$4.01	Hall, Amy	
81003: UA	02/21/2024	E11.9, E78.5	P	04/18/2024	\$0.00	\$0.00	\$0.00
00000: NO CHARGE	02/21/2024	E11.9, E78.5	P	04/18/2024	\$0.00	\$0.00	\$0.00