

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

Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Till, Breena	01/26/2026	01/26/2026	Auburn Montgome	P	\$106.00	\$106.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
87804 [QW] : INFLUENZA Rapid Test	01/26/2026	R09.81, H10.9	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	
87426: COVID Rapid Testing	01/26/2026	R09.81, H10.9	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	
99213: INTERMEDIATE EST PT	01/26/2026	R09.81, H10.9, J01.90	P	03/03/2026	\$60.00	\$60.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
DONTE DAVIS	CoPay	Credit Card		01/26/2026	\$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	
Guthrie, Hayley	08/07/2024	08/07/2024	Auburn Montgome	P	\$86.00	\$86.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
87880: STREP A	08/07/2024	J02.9	P	01/23/2025	\$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)		01/23/2025	\$11.12	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$3.88	Smith, Tonya	
99203: INTERMEDIATE NEW PT	08/07/2024	H65.193, J02.9	P	01/23/2025	\$71.00	\$71.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
DAVIS, DONTE	CoPay	Credit Card		08/07/2024	\$30.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$31.28	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$9.72	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$30.00	Smith, Tonya	