

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

Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Barton, Lindsey	12/11/2024	12/11/2024	Auburn Montgome	P	\$143.16	\$147.78	-\$4.62
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
J1100: Dexamethasone 4mg/ml	12/11/2024	R09.81, J06.9	P	01/23/2025	\$0.56	\$0.47	\$0.09
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$0.35	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$0.12	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$0.09	Smith, Tonya	
J1010: Methylprednisolone Acetate	12/11/2024	R09.81, J06.9	P	01/23/2025	\$6.60	\$5.88	\$0.72
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$2.88	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$3.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$0.72	Smith, Tonya	
96372: THERAPEUTIC INJECTION ADMIN	12/11/2024	R09.81, J06.9	P	01/23/2025	\$19.00	\$15.20	\$3.80
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$15.20	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$3.80	Smith, Tonya	
87880: STREP A	12/11/2024	J02.9, R51.9, R05.9	P	01/23/2025	\$12.00	\$9.78	\$2.22
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$8.90	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$0.88	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$2.22	Smith, Tonya	
87804: INFLUENZA Rapid Test	12/11/2024	J02.9, R51.9, R05.9	P	01/23/2025	\$30.00	\$25.55	\$4.45
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$17.79	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$7.76	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$4.45	Smith, Tonya	
87426: COVID Rapid Testing	12/11/2024	J02.9, R51.9, R05.9	P	01/23/2025	\$31.00	\$25.70	\$5.30
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$21.20	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$4.50	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$5.30	Smith, Tonya	
99213 [25] : INTERMEDIATE EST PT	12/11/2024	J06.9, J02.9, R51.9, R05.9	P	01/23/2025	\$44.00	\$65.20	-\$21.20
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
POUNDSTONE, ELIZABETH	CoPay	Credit Card		12/11/2024	\$30.00	Smith, Tonya	

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BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$35.20	Smith, Tonya
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Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Fain, Maranda	08/15/2024	08/15/2024	Auburn Montgome	P	\$30.00	\$30.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
81003: UA	08/15/2024	R30.0	P	08/25/2024	\$0.00	\$0.00	\$0.00
00002: Non Student Exam	08/15/2024	R30.0, B37.31	P	08/25/2024	\$30.00	\$30.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
POUNDSTOWN, ELIZABETH	CoPay	Credit Card		08/15/2024	\$30.00	Smith, Tonya	