

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

Provider		DOS	Charge Date	Location	Status	Charges	Applied	Balance
Till, Breena		01/05/2026	02/05/2026	Auburn Montgome	P	\$125.00	\$50.00	\$75.00
Procedure		DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
90746: Hepatitis B		01/05/2026	Z23	P	04/01/2026	\$75.00	\$0.00	\$75.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment	Automated Clearing House (ACH)		04/01/2026	\$0.00	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Patient Responsibility		27	04/01/2026	\$75.00	Hall, Amy	
90746: Hepatitis B		01/05/2026	Z23	P	04/01/2026	\$50.00	\$50.00	\$0.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	
		Write Off		Duplicate Charge	03/16/2026	\$50.00	Hall, Amy	
Guthrie, Hayley		11/12/2025	01/28/2026	Auburn Montgome	P	\$180.00	\$180.00	\$0.00
Procedure		DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
90746: Hepatitis B		11/12/2025	Z23	P	04/01/2026	\$75.00	\$75.00	\$0.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment	Automated Clearing House (ACH)		04/01/2026	\$72.21	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Adjustment	Automated Clearing House (ACH)	45	04/01/2026	\$2.79	Hall, Amy	
90746: Hepatitis B		11/12/2025	Z23	P	04/01/2026	\$50.00	\$50.00	\$0.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	
		Write Off		Duplicate Charge	03/16/2026	\$50.00	Hall, Amy	
90715: TDap		11/12/2025	Z23	P	04/01/2026	\$55.00	\$55.00	\$0.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment	Automated Clearing House (ACH)		04/01/2026	\$39.81	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Adjustment	Automated Clearing House (ACH)	45	04/01/2026	\$15.19	Hall, Amy	
Till, Breena		01/05/2026	01/05/2026	Auburn Montgome	P	\$25.00	\$0.00	\$25.00
Procedure		DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
90471: Immunization administration (1 vaccine)		01/05/2026	Z23	P	03/17/2026	\$25.00	\$0.00	\$25.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Insurance Payment	Automated Clearing House (ACH)		03/17/2026	\$0.00	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA		Patient Responsibility		27	03/17/2026	\$25.00	Hall, Amy	
Guthrie, Hayley		11/07/2025	11/12/2025	Auburn Montgome	P	\$0.00	\$0.00	\$0.00
Procedure		DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
00000: NO CHARGE		11/07/2025	Z01.84	P	01/27/2026	\$0.00	\$0.00	\$0.00
Guthrie, Hayley		11/12/2025	11/12/2025	Auburn Montgome	P	\$37.00	\$37.00	\$0.00
Procedure		DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
90472: Each additional vaccine		11/12/2025	Z23	P	03/03/2026	\$15.00	\$15.00	\$0.00
Payer		Type	Method	Code	Date Applied	Amount	AppliedBy	

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BLUE CROSS BLUE SHIELD OF ALABAMA			Insurance Payment	Automated Clearing House (ACH)		03/03/2026	\$13.37	Hall, Amy
BLUE CROSS BLUE SHIELD OF ALABAMA			Adjustment	Automated Clearing House (ACH)	45	03/03/2026	\$1.63	Hall, Amy
90471: Immunization Injection Administration	11/12/2025	Z23		P	03/03/2026	\$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)			03/03/2026	\$19.11	Hall, Amy
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment		Automated Clearing House (ACH)		45	03/03/2026	\$2.89	Hall, Amy