

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

Provider	DOS	Charge Date	Location	Status	Charges	Applied	Balance
Till, Breena	12/12/2025	12/12/2025	Auburn Montgome	P	\$60.00	\$60.00	\$0.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
99213 [KX] : INTERMEDIATE EST PT	12/12/2025	Z13.9, E11.65, I10, Z91.199	P	03/03/2026	\$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)		03/03/2026	\$53.19	Hall, Amy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	03/03/2026	\$6.81	Hall, Amy	
Barton, Lindsey	12/02/2024	12/02/2024	Auburn Montgome	P	\$107.00	\$77.00	\$30.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
93010: EKG	12/02/2024	I10	P	01/23/2025	\$40.00	\$40.00	\$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	\$11.68	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Adjustment	Automated Clearing House (ACH)	45	01/23/2025	\$28.32	Smith, Tonya	
99214: Detailed	12/02/2024	E11.65, I10, E78.5, Z91.148	P	01/23/2025	\$67.00	\$37.00	\$30.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
BLUE CROSS BLUE SHIELD OF ALABAMA	Insurance Payment	Automated Clearing House (ACH)		01/23/2025	\$37.00	Smith, Tonya	
BLUE CROSS BLUE SHIELD OF ALABAMA	Patient Responsibility		3	01/23/2025	\$30.00	Smith, Tonya	
Barton, Lindsey	02/28/2024	02/28/2024	Auburn Montgome	P	\$37.00	\$15.00	\$22.00
Procedure	DOS	Diagnosis	Status	Status Date	Charges	Applied	Balance
ABBO: Abbott COVID Rapid Test	02/28/2024	R30.0, J02.9, U07.1	P	04/18/2024	\$0.00	\$0.00	\$0.00
87880: STREP A	02/28/2024	R30.0, J02.9, U07.1	P	04/18/2024	\$12.00	\$0.00	\$12.00
87400 [QW] : INFLUENZA	02/28/2024	R30.0, J02.9, U07.1	P	04/18/2024	\$0.00	\$0.00	\$0.00
81025: URINE PREG TEST	02/28/2024	R30.0, J02.9, U07.1	P	04/18/2024	\$10.00	\$0.00	\$10.00
81003: UA	02/28/2024	R30.0, J02.9, U07.1	P	04/18/2024	\$0.00	\$0.00	\$0.00
87801: GC AND CHLAMYDIA COLLECTION	02/28/2024	Z11.3	P	04/18/2024	\$0.00	\$0.00	\$0.00
00002: Non Student Exam	02/28/2024	U07.1, J02.9, N39.0, I10	P	04/18/2024	\$15.00	\$15.00	\$0.00
Payer	Type	Method	Code	Date Applied	Amount	AppliedBy	
MURRAY, ONISHA	CoPay	Credit Card		02/28/2024	\$15.00	Smith, Tonya	