Patient Insurance and Balances

Name	[redacted]	Patient ID	550577
Gender	F	Patient Number	
DOB	[redacted]		
Guarantor			
Home			
Work			

Default/Home Address	Mail To Address	Guarantor Address
[redacted] Silver Springs, NV 89429	[redacted] Silver Springs, NV 89429	[redacted] Silver Springs, NV 89429

Insurances

Payer	Name	Priority	Valid From	Valid To	Group ID	Member ID
prmca	Prominence Medicare	10				M000086971
MASA	Masa	15				2264296
PAT	[redacted]	200				

Transport 22-1950597-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
22-1950597-CL:1	10/6/2022	10/6/2022	Chk # Invoice		$4,228.54
22-1950597-CL:1	10/6/2022	6/3/2024	Chk # Payment	[redacted]	($250.00)
22-1950597-CL:1	10/6/2022	10/30/2025	Chk # 43801816 Payment	[redacted]	($50.00)
22-1950597-CL:1	10/6/2022	11/10/2025	Chk # 45026885 Payment	[redacted]	($50.00)
22-1950597-CL:1	10/6/2022	12/18/2025	Chk # 47709572 Payment	[redacted]	($50.00)
22-1950597-CL:1	10/6/2022	1/16/2026	Chk # 49569203 Payment	[redacted]	($50.00)
22-1950597-CL:1	10/6/2022	6/3/2026	Chk # 58018672 Payment	[redacted]	($50.00)
22-1950597-CL:1	10/6/2022	6/18/2026	Chk # 59997548 Payment	[redacted]	($50.00)
			Total for - 22-1950597-CL:1		$3,678.54

Transport 23-357731-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
23-357731-CL:1	2/18/2023	2/18/2023	Chk # Invoice		$4,213.02
23-357731-CL:1	2/18/2023	11/30/2023	Chk # Converted Denial	MASA Global	$0.00
23-357731-CL:1	2/18/2023	3/19/2025	Chk # Payment	[redacted]	($50.00)
23-357731-CL:1	2/18/2023	8/29/2025	Chk # 38514913 Payment	[redacted]	($50.00)
23-357731-CL:1	2/18/2023	9/5/2025	Chk # 8/1/2025 [redacted]	[redacted]	($50.00)
23-357731-CL:1	2/18/2023	10/15/2025	Chk # 41088189 Payment	[redacted]	($50.00)
			Total for - 23-357731-CL:1		$4,013.02

Transport 24-1501454-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
24-1501454-CL:1	7/1/2024	7/1/2024	Chk # Invoice		$3,715.52
24-1501454-CL:1	7/1/2024	8/5/2024	Chk # WO - Insurance Reducti	Optum	($9.15)
24-1501454-CL:1	7/1/2024	8/5/2024	Chk # WO - Insurance Reducti	Optum	($7.57)
24-1501454-CL:1	7/1/2024	8/5/2024	Chk # Payment Credit Card	Optum	($371.10)
24-1501454-CL:1	7/1/2024	8/5/2024	Chk # WO - Insurance Reducti	Optum	($1,893.33)
24-1501454-CL:1	7/1/2024	8/5/2024	Chk # Payment Credit Card	Optum	($448.16)
24-1501454-CL:1	7/1/2024	8/5/2024	Chk # WO - Insurance Reducti	Optum	($711.21)
24-1501454-CL:1	7/1/2024	8/13/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/13/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/13/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/13/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/28/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/28/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/28/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1501454-CL:1	7/1/2024	8/11/2025	Chk # 84208 Payment	MASA Global	($275.00)
			Total for - 24-1501454-CL:1		$0.00

Transport 24-1530529-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
24-1530529-CL:1	4/24/2024	4/24/2024	Chk # Invoice		$3,734.90
24-1530529-CL:1	4/24/2024	8/7/2024	Chk # WO - Insurance Reducti	Optum	($9.29)
24-1530529-CL:1	4/24/2024	8/7/2024	Chk # WO - Insurance Reducti	Optum	($7.57)
24-1530529-CL:1	4/24/2024	8/7/2024	Chk # Payment Credit Card	Optum	($371.10)
24-1530529-CL:1	4/24/2024	8/7/2024	Chk # WO - Insurance Reducti	Optum	($1,893.33)
24-1530529-CL:1	4/24/2024	8/7/2024	Chk # WO - Insurance Reducti	Optum	($723.37)
24-1530529-CL:1	4/24/2024	8/7/2024	Chk # Payment Credit Card	Optum	($455.24)
24-1530529-CL:1	4/24/2024	8/9/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-1530529-CL:1	4/24/2024	8/9/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-1530529-CL:1	4/24/2024	8/9/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1530529-CL:1	4/24/2024	8/9/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1530529-CL:1	4/24/2024	8/28/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-1530529-CL:1	4/24/2024	8/28/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-1530529-CL:1	4/24/2024	8/28/2024	Chk # Payment	United Healthcare Medicare /	$0.00
			Total for - 24-1530529-CL:1		$275.00

Transport 24-2139852-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
24-2139852-CL:1	9/18/2024	9/18/2024	Chk # Invoice		$3,712.75
24-2139852-CL:1	9/18/2024	10/29/2024	Chk # Payment Credit Card	United Healthcare Medicare /	($371.10)

24-2139852-CL:1	9/18/2024	10/29/2024	Chk # Payment Credit Card	United Healthcare Medicare /	($447.28)
24-2139852-CL:1	9/18/2024	10/29/2024	Chk # WO - Insurance Reducti	United Healthcare Medicare /	($1,900.90)
24-2139852-CL:1	9/18/2024	10/29/2024	Chk # WO - Insurance Reducti	United Healthcare Medicare /	($718.47)
24-2139852-CL:1	9/18/2024	11/1/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	11/1/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	11/1/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	11/1/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	12/5/2024	Chk # Converted Denial	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	12/5/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	12/5/2024	Chk # Payment	United Healthcare Medicare /	$0.00
24-2139852-CL:1	9/18/2024	5/13/2025	Chk # Payment	[redacted]	($50.00)
24-2139852-CL:1	9/18/2024	7/1/2025	Chk # Payment	United Healthcare Medicare /	($132.30)
24-2139852-CL:1	9/18/2024	8/29/2025	Chk # 84546 Payment	MASA Global	($275.00)
			Total for - 24-2139852-CL:1		($182.30)

Transport 25CL00058-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
25CL00058-CL:1	1/7/2025	1/7/2025	Chk # Invoice		$277.82
25CL00058-CL:1	1/7/2025	2/1/2025	Chk # Invoice Prior Periods		$185.00
25CL00058-CL:1	1/7/2025	2/1/2025	Chk # Invoice Prior Period Rev		($277.82)
25CL00058-CL:1	1/7/2025	3/15/2025	Chk # 050314Z002094 Paymer	United Healthcare Medicare /	$0.00
25CL00058-CL:1	1/7/2025	3/28/2025	Chk # 087922058806 Payment	[redacted]	($185.00)
			Total for - 25CL00058-CL:1		$0.00

Transport 25CL00765-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
25CL00765-CL:1	3/7/2025	3/7/2025	Chk # Invoice		$4,037.13
25CL00765-CL:1	3/7/2025	4/5/2025	Chk # 050404Z002055 Paymer	United Healthcare Medicare /	$0.00
25CL00765-CL:1	3/7/2025	6/17/2025	Chk # 27098914 Payment	Optum Care Network	($933.76)
25CL00765-CL:1	3/7/2025	11/20/2025	Chk # WO - Insurance Reducti	Masa	($2,918.37)
25CL00765-CL:1	3/7/2025	11/20/2025	Chk # 88003 Payment	Masa	($185.00)
			Total for - 25CL00765-CL:1		$0.00

Transport 25CL02850-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
25CL02850-CL:1	8/29/2025	9/1/2025	Chk # Invoice Prior Periods		$4,104.42
25CL02850-CL:1	8/29/2025	10/15/2025	Chk # 224938 Payment	Prominence Medicare	($834.86)
25CL02850-CL:1	8/29/2025	10/15/2025	Chk # 224938 WO - Insurance I	Prominence Medicare	($3,252.53)
25CL02850-CL:1	8/29/2025	10/16/2025	Chk # Small Balance Write Off	[redacted]	($17.03)
			Total for - 25CL02850-CL:1		$0.00

Transport 25CL03587-CL:1 - Charges and Payments

Transport #	Date of Service	Date of AR	Description	Name of Payer	Amount
25CL03587-CL:1	11/2/2025	11/2/2025	Chk # Invoice		$4,104.42
25CL03587-CL:1	11/2/2025	12/11/2025	Chk # 229248 WO - Insurance I	Prominence Medicare	($2,985.17)
25CL03587-CL:1	11/2/2025	12/11/2025	Chk # 229248 Payment	Prominence Medicare	($819.25)
25CL03587-CL:1	11/2/2025	6/8/2026	Chk # 1007052 Payment	Masa	($300.00)
			Total for - 25CL03587-CL:1		$0.00
			Total Due: [redacted]		$7,784.26

zzzCentral Lyon County Fire Protection District
PO BOX 863
LEWISVILLE, NC 27023-0863
(800) 814-5339 Ext.

General Information

Statement Date: 06/23/2026

Name:	[redacted]	Social Security:	[redacted]
Birth Date:	[redacted]		
PATIENT		**TRIPS**	
Address:	[redacted] RD	Total Open Trips:	5
Address 2:		Total Closed Trips:	7
City:	SILVER SPRINGS		
State:	NV	Total Trips:	12
Zip:	89429-9012	**ACCOUNT**	
Home Phone:	[redacted] Ext.	Gross Charges:	$42,017.43
Work Phone:		Allowances:	$18,896.88
Gender:	Female	Net Charges:	$23,120.55
Age:	[redacted]	Adjustments:	$0.00
Responsible Party:	[redacted]	Write Offs:	$0.00
		Refunds:	$0.00

Payment	
Patient:	$7,920.17
Insurance:	$6,410.34
Total:	$14,330.51
Balance	
Patient:	$4,113.02
Insurance:	$4,621.24
Total:	$8,734.26

Patient Trip Summary

Num.	DOS	Incident #	Run #	Billed Status	In Collection Status	Balance
1	11/08/2024	24CL03702	24-2564888	CLOSED	NO	$0.00
2	09/18/2024	24CL03105	24-2139852	OPEN	NO	$92.70
3	07/01/2024	24CL02162	24-1501454	OPEN	NO	$275.00
4	04/24/2024	24CL01269	24-1530529	OPEN	NO	$275.00
5	03/17/2024	24CL00835	24-692209	CLOSED	NO	$0.00
6	01/21/2024	24CL00242	24-195067	CLOSED	NO	$0.00
7	11/11/2023	23CL03531	23-2643298	CLOSED	NO	$0.00
8	02/18/2023	23CL00544	23-357731	OPEN	NO	$4,113.02
9	10/06/2022	22CL03029	22-1950597	OPEN	NO	$3,978.54
10	05/31/2022	22CL01589	22-1007722	CLOSED	NO	$0.00
11	05/31/2019	2019-CLCFD-1509	19-776741	CLOSED	NO	$0.00
12	12/07/2017	171207-1731-CLCFD	17-1522509	CLOSED	NO	$0.00

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