ate	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
atient	: Nelva Brunst	ing		+		
Joucher	: 2690140					
10/20/1	0 99214	Office/outpatient Visit	152.50			and the second
	0 94760	Measure Blood Oxygen Le	15.50			
	.0 71020	Chest X-Ray	57.00		ł	
	0 888546636	Medicare Payment		İ	-106.14	
	.0 888546636	Medicare Adjustment			-76.83	
	.0 888546636	Medicare Payment			0.00	
	0 888546636	Medicare Adjustment	Į.	1	-15.50	
	.0 888546636	Medicare Transfer		İ		
	0 1041187587	Commercial Insurance Pa		·	-21.22	
	.0 1041187587	Commercial Insurance Tr	ļ	ł		
		Visit Total		1		5.31
						1
Joucher	: 2789760					
	.0 99213	Office/outpatient Visit	102.00	1	'	
	0 888727019	Medicare Payment			-54.22	
	0 888727019	Medicare Adjustment		1	-34.23	·
	0 888727019	Medicare Transfer			-	
	0 1QG90026431		e e	1	-10.84	
	0 1QG90026431	Commercial Insurance Tr				
,, _		Visit Total				2.71

PR. 113/11

MEMORIAL CLINICAL ASSOCIATES 1201 DAIRY ASHFORD STE 200 HOUSTON, TX 77079-3023

Account Number:
Office Phone Number:

969650 (713)407-3000

Patient Balance:

8.02 92096S11028

01836 7800893 001837 001837 00001/00001 920966912

03/22/12	PORT		05/16/11 05/17/11	DATE		06/10/11	PORTION HAS BE		02/28/11	
2	PORTION HAS BEE		11 NELVA	PATIENT			HAS BEEN PA		6 5	
	N PAID BY IN		33 33	8	. 1	4 5559	AID BY INSUR		9 821	
CURRENT	Surance - Ba		99218 INITIAL 99217 OBSERVA	T DESCRIPTION	PAYMENT DUE	96	ANCE - BALAN			
I	PORTION HAS BEEN PAID BY INSURANCE - BALANCE DUE FROM PATIENT.	#/2/	INITIAL OBSERVATION CARE OBSERVATION CARE DISCHARGE	TION OF TRANSACTION	**PAYMENT DUE UPON RECEIPT TO MEDI	4.12	PORTION HAS BEEN PAID BY INSURPANCE - BALANCE DUE FROM PATIENT,		QUTPATIENT E/M SERVICE-ESTABLISHED	
	NT. OVER 60 DAYS		JAIN, JAIN,	DO	TO MEDICAL CHEST ASSOCIATES**	•	OVER 60 DAYS		JAIN,	The second secon
			N, 115.00	DOCTOR CHARGES	IATES**		OVER		120. 96	
OVER 90 DAYS			0 50.05 80.00	S ADJUSTS		96	OVER 90 DAYS	#	17.06	
	OVER		62.35 67.20	RECEIPT			OVER 120 DAYS	7024	98. 82	
OVEN 120 DATS			ලිපි දිට දිට දිට දිට	BALANCE			DAYS		A-112	
	AMOUNT DUE		0 6/24/11 0 6/24/11	INE BILL		4.12	AMOUNT DUE		03/31/11	

Date	CPT	Description	Total Fee	Insurance	Patient
PatientN	elva Brun <i>l</i>	ccount #:11426 Doctor: Mark A Yeoman MD Code	::MC034429 Location:Memorial	Hermann Memoria.	City Hospi
12/04/2010	99232	Subsequent hospital care, per day, moderate comple	exity \$95	.00 \$95.00	\$.00
12/30/2010		Insurance Adjustment from Medicare		.00 \$-23.40	\$.00
12/30/2010		Insurance payment Payment from Medicare	\$.00 \$-57.23	\$.00
01/19/2011		Insurance payment Payment from United Healthcare	PPO Options \$.00 \$-11.4	\$.00
01/19/2011		Transfer from Insurance	\$.00 \$-2.80	\$2.86
This bala	nce was di	e to your co-insurance not met for this visit.			
02/03/2011		Conveyance Payment from Brunsting, Nelva	·	.00 \$.00	10 4 4
			BALANCE	\$.0	\$.39
		ccount #:11426 Doctor: Harold A Condara Jr Cod	- OEGICACO Logation Cardiolo	or Apportates of	Houston P A
PatientN	elva Brun	ccount #:11426 Doctor: Harold A Condara Jr Cod	S:OFC13360 LOCALIOIT:CAIGIOTO	gy Associates of	HOUSCOIL F A
12/20/2010	99214	Established Patient Detailed	\$145	.00 \$145.0	\$.00
01/10/2011	1	Insurance Adjustment from Medicare	The state of the s	.00 \$-43.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
01/10/2011		Insurance payment Payment from Medicare	\$.00 \$-81.1	\$.00
01/31/2011		Insurance payment Payment from United Healthcare	Choice/Select \$.00 \$-16.2	\$.00
01/31/2011		Transfer from Insurance		.00 \$-4.0	\$4.06
		e to your co-insurance not met for this visit.			
			BALANCE	\$.0	\$4.06
PatientN	elva Brun	ccount #:11426 Doctor: Charles H Caplan MD Cod	e:MC035192 Location:Memorial	Hermann Memoria	City
/ /			\$245	.00 \$245.0	\$.00
01/16/2011		Initial observation care, high complexity Insurance Adjustment from Medicare		\$-93.0	
02/11/2011 02/11/2011		Insurance Payment Payment from Medicare		\$.00 \$-121.5	
03/09/2011	1	Insurance payment Payment from United Healthcare		.00 \$-21.5	
03/09/2011	,	Transfer from Insurance		.00 \$-8.8	and the state of t
		ue to your co-insurance not met for this visit.	·		
IIIID Daic	lice was a	loo your oo maramoo moo moo ran arranga maranga 1			
			BALANCE	: \$.0	q \$8.89
			. 1		
Patient	elva Brun	Account #:11426 Doctor: Harold A Condara Jr Cod	e:MC035204 Location:Memorial	. Hermann Memoria	City
			ĺ		
		·			

CONTINUED on next page

Page 1

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
-						·	
	1		<u> </u>			·	

REORDER # 0611829

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA

925 GESSNER SUITE 400 HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

IF PAYING	BY CREDIT	CARD, FILL O	UT BELOW
VISA	AMERICAN EXPRESS	Master	DISCOVER
CARD NUMBER			EXP. DATE
SIGNATURE		PRINT NAME	
STATEMENT DATE 03/31/2011	PAY TH	\$28.60	асст. # 11426
		SHOW AMOUN	[†] \$

CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER STE 400 HOUSTON TX 77024-2545

HHH

Detach at perforation and return above portion with payment. Make address and insurance changes on reverse side and return entire statement.

Dete	СРТ	Para de la constantina	Total Fee	l	Patient
Date	CPI	Description	Total Fee	Insurance	Pattent
01/17/2011	99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$.0
02/11/2011	99226	Insurance Adjustment from Medicare	\$.00	\$-35.50	\$.C
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$-59.60	\$.0
03/08/2011		Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.0
03/08/2011		Transfer from Insurance	\$.00	\$-14.90	\$14.9
This char	ge was app	lied to your yearly deductible. Please forward your payment.			
1					
			BALANCE:	\$.00	\$14.9
PatientNe	elva BrunA	ccount #:11426 Doctor: Jon E Heine MD Code:MC035289 Location	n:Memorial Her	mann Memorial	City
			**= 00	4 00	
01/17/2011	93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$. •
02/18/2011		Insurance Adjustment from Medicare	\$.00 \$.00	\$-6.07 \$-7.14	\$. \$.
02/18/2011 03/09/2011		Insurance payment Payment from Medicare Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-1.43	
03/09/2011		Transfer from Insurance	\$.00	\$36	
		e to your co-insurance not met for this visit.	ψ.00	7 .59	· · · · · · · · · · · · · · · · · · ·
IIIII Dara	nee was as	to your do insulance not met lot onto the terms.			
			BALANCE:	\$.00	\$
			•		
İ		·			
}					

Page 2

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Deposit	0-30	31-60	61-90	91-120
	\$24.15	\$4.07	\$.39	\$.00

Total Balance	Ins. Balance	Patient Balance	
\$28.60	\$.00	\$28.60	

AKRON BILLING CENTER 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527

DETACH AND RETURN THIS COUPON WITH CREDIT CARD, TO PROVIDE INSURANCE

Pat	tient

Name: NELVA E BRUNSTING

AMT DUE: \$7.23

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

32622571-106-2667 NELVA E BRUNSTING 13630 PINEROCK LN

T152 P1 PS/041172

HOUSTON TX 77079-5914

Haallaallitaalaallalaalaalaaaallalaallallaalaala

THE REVERSE SIDE COMPLETED TO PAY BY INFORMATION OR FOR CHANGE OF ADDRESS.

Credit card charges will appear as "Team Health"

ACS PRIMARY CARE PHYS SW PA DEPT: A B C (check one - see reverse) 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527

018000326225711018106333380266700000072379

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↑ Detach Here ↑

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DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
11/30/10 11/30/10 01/12/11 01/12/11 01/12/11 01/16/11 01/16/11 03/08/11 03/08/11 04/04/11	97046610 97046610 97046610 97046610 97046610 98211454 98211454 98211454 98211454	EMERGENCY DEPT VISIT ELECTROCARDIOGRAM REPORT EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT EDI AUTOMATIC MANAGED CARE PAYMENT EMERGENCY DEPT VISIT ELECTROCARDIOGRAM REPORT EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT EDI AUTOMATIC MANAGED CARE PAYMENT EDI AUTOMATIC SELF PAY PAYMENT	MARCONI DO,ANDREA MARCONI DO,ANDREA CHENG MD,THANH CHI CHENG MD,THANH CHI	\$748.00 \$68.00 \$860.00 \$78.00	\$151.27 \$626.91 \$30.26 \$144.62 \$757.22 \$28.93 \$7.56
e e		THIS IS YOUR PHYSICIAN SERVICE	ES BILL AND IS SEPARATE FROM THE HOSPITAL BILL		

ACCOUNT NUMBER:

32622571-106-2667

STATEMENT DATE: 04/10/11

TOTAL NOW DUE:

\$7.23

For Filling Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time.

↑ Detach Here ↑

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
05/16/11	101335671	EMERGENCY DEPT VISIT	WADE DO,SHAWNA N	\$860.00	
05/16/11	101335671	ELECTROCARDIOGRAM REPORT	WADE DO, SHAWNA N	\$78.00	
06/18/11	101335671	EDI AUTOMATIC MEDICARE/RR PAYMENT		,	\$144.62
06/18/11	101335671	CONTRACTUAL ADJUSTMENT			\$757.22
07/14/11	101335671	EDI AUTOMATIC MANAGED CARE PAYMENT			\$28.93
07/11/11	102750529	EMERGENCY DEPT VISIT	PATTISON MD, MONTA K	\$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT			\$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT		*	\$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			\$27.50
08/16/11		SELF PAY LOCKBOX NO DOC PT PAY		*	\$7.23
		<u>.</u>	10.		
		· ·	(V)		

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 32622571-106-2667 STATEMENT DATE: 08/28/11 **TOTAL NOW DUE:** \$6.87

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time. SEND US YOUR INFORMATION OVER THE WEB!

You may now provide insurance information and make credit card payments at www.teamhealth.com

↓ Detach Here ↓

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: NELVA E BRUNSTING ACCT#: 32622571-106-2667

CHECK#:

AMT PAID

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

DO NOT STAPLE OR TAPE YOUR CHECK OR MONEY ORDER TO THIS COUPON

106

CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

32622571-106-2667 Nelva E Brunsting 13630 Pinerock Ln Houston TX 77079-5914

ACS PRIMARY CARE PHYS SW PA PO BOX 740021 **CINCINNATI OH 45274-0021** Idaddaaddaddaddaadaadaalladdadladd

01800032622571101810633338026670000068746

AKRON BILLING CENTER 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527

DETACH AND RETURN THIS COUPON WITH THE REVERSE SIDE COMPLETED TO PAY BY CREDIT CARD, TO PROVIDE INSURANCE INFORMATION OR FOR CHANGE OF ADDRESS.

Credit card			

Patient

Name: NELVA E BRUNSTING

AMT DUE: \$6.87

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

32622571-106-2667 NELVA E BRUNSTING 13630 PINEROCK LN

PS/020041

HOUSTON TX 77079-5914

Haallaallaalaallalaalabbhaaallaladallallaalabb

ACS PRIMARY CARE PHYS SW PA DEPT: A \(\Pi\) B \(\Pi\) C \(\Pi\) (check one - see reverse) 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527 Idaddadadkaalkadkadkaldaaddaalkalkadkallad

01800032622571101810633338026670000068746

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Detach Here [↑]

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DATE	INVOICE#	DESCRIPTION		PROVIDER	DEBITS	CREDITS
07/11/11	102750529	EMERGENCY DEPT VISIT		PATTISON MD,MONTA K	\$860.00	
08/10/11	102750529	EDI AUTOMATIC MEDICARE/RR PAYMENT				\$137.48
08/10/11	102750529	CONTRACTUAL ADJUSTMENT				\$688.15
08/24/11	102750529	EDI AUTOMATIC MANAGED CARE PAYMENT			1.	\$27.50
06/06/11	102893564	EMERGENCY DEPT VISIT		FEINSTEIN MD, JOSHUA G	\$860.00	
08/17/11	102893564	EDI AUTOMATIC MEDICARE/RR PAYMENT				\$137.48
08/17/11	102893564	CONTRACTUAL ADJUSTMENT				\$688.15
09/01/11	102893564	EDI AUTOMATIC MANAGED CARE PAYMENT				\$27.50
09/16/11		SELF PAY LOCKBOX NO DOC PT PAY		8		\$6.87
		A				
			1-1	124		
	1,423,74	Marine and	45			
	to the state of the	Tr.	•		1	1

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER:

32622571-106-2667

STATEMENT DATE: 11/20/11

TOTAL NOW DUE:

\$6.87

HAVE YOU OVERLOOKED YOUR PAYMENT? YOUR ACCOUNT IS PAST DUE. TO AVOID FURTHER ACTION ON YOUR ACCOUNT, PLEASE MAIL YOU PAYMENT TODAY OR VISIT OUR WEBSITE AT WWW.TEAMHEALTH.COM TO PAY BY CREDIT CARD.

For Billing Inquiries, call 1-888-952-6772 on Monday through Friday, from 8am to 8pm and Saturday from 10am to 3pm Eastern Time. SEND US YOUR INFORMATION OVER THE WEB!

> You may now provide insurance information and make credit card payments at www.teamhealth.com ↓ Detach Here ↓

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER

SUITE 400 HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting 2 6
13630 PINEROCK LN
HOUSTON, TX 77079-5914

IF PAYI	NG BY CREDIT	CARD, FILL O	UT BELOW
VISA	EXPRESS	Mastera	DISCOVER
CARD NUMBER	 		EXP. DATE
SIGNATURE		PRINT NAME	
047/07/2011 PATE	PAY TH	\$28.60	11 ² 26 ^{- #}
	SHOW AMO	u-	

CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER STE 400 HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment. Make address and insurance changes on reverse side and return entire statement.

Date	CPT	•	Description		Total Fee	Insurance	Patient
PatientNe	lva BrunAc	count #:11426	Doctor: Mark A Yeoman MD	Code:MC034429 Location	:Memorial Herm	ann Memorial	City Hospita
12/04/2010	99232		spital care, per day, moderate	complexity	\$95.00	\$95.00	
12/30/2010			ustment from Medicare		\$.00	\$-23.46	
12/30/2010			ment Payment from Medicare	-	\$.00	\$-57.23	Programme and the second secon
01/19/2011			ment Payment from United Healt	hcare PPO Options	\$.00	\$-11.45	1 ch 4 ch 1 ch 1 ch 1 ch 1 ch 1 ch 1 ch
01/19/2011		Transfer from			\$.00	\$-2.86	\$2.86
This balan	ce was due	to your co-ins	rance not met for this visit.				
02/03/2011		Conveyance Pa	ment from Brunsting, Nelva		\$.00	\$.00	\$-2.47
					BALANCE:	\$.00	\$.39
PatientNe	lva BrunAq	count #:11426	Doctor: Harold A Condara Jr	Code:OFC13360 Location	:Cardiology As	sociates of B	ouston P A
12/20/2010	99214	Established Pa	atient Detailed		\$145.00	\$145.00	\$.00
01/10/2011		Insurance Adi	istment from Medicare		\$.00	\$-43.55	\$.00
01/10/2011			ment Payment from Medicare		\$.00	\$-81.16	\$.00
01/31/2011			ment Payment from United Healt	hcare Choice/Select	\$.00	\$-16.23	\$100 END FOR THE STATE OF THE S
01/31/2011		Transfer from			\$.00	\$-4.06	Harrison alignment and the
	ce was due		urance not met for this visit.		, , , , ,	,	
					BALANCE:	\$.00	\$4.06
PatientNe	lva BrunAo	count #:11426	Doctor: Charles H Caplan MD	Code:MC035192 Location	Memorial Herm	ann Memorial	City
01/16/2011	99220	Initial obser	vation care, high complexity		\$245.00	\$245.00	\$.00
02/11/2011			istment from Medicare		\$.00	\$-93.05	\$.00
02/11/2011			ment Payment from Medicare		\$.00	\$-121.56	\$.00
03/09/2011			ment Payment from United Healt	hcare PPO Options	\$.00	\$-21.50	23/40 8/10/30/10/20 10/20 10 Fig. 10 But
03/09/2011		Transfer from			\$.00	\$-8.89	\$8.89
	ce was due		urance not met for this visit.				
					BALANCE:	\$.00	\$8.89
		and the state of t					
PatientNe	lva BrunAd	count #:11426	Doctor: Harold A Condara Jr	Code:MC035204 Location	Memorial Herm	ann Memorial	City
	N						

CONTINUED on next page

Page 1

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance	

Patient Statement

MAKE CHECKS PAYABLE TO:

CARDIOLOGY ASSOCIATES OF HOUSTON PA

925 GESSNER SUITE 400 HOUSTON, TX 77024-2545



RETURN SERVICE REQUESTED

FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605

Nelva Brunsting 2 6
13630 PINEROCK LN
HOUSTON, TX 77079-5914

IF PAYING	BY CREDIT	CARD, FILL O	UT BELOW	
VISA	AERICAN EXPRESE	Master	DIS	C ● VER
CARD NUMBER			EXP. DATE	
SIGNATURE		PRINT NAME		
04/07/201 PATE	PAY TH	18 42/8 /60	11426	#
	SHOW AMO	OUNT S		

CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER STE 400 HOUSTON TX 77024-2545

Detach at perforation and return above portion with payment. Make address and insurance changes on reverse side and return entire statement.

Date CPT	Description	Total Fee	Insurance	Patient
01/17/2011 99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$.00
02/11/2011	Insurance Adjustment from Medicare	\$.00	\$-35.50	\$.00
02/11/2011	Insurance payment Payment from Medicare	\$.00	\$-59.60	\$.00
03/08/2011	Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.00
03/08/2011	Transfer from Insurance	\$.00	\$-14.90	\$14.90
This charge was app	lied to your yearly deductible. Please forward your payment.			
		BALANCE:	\$.00	\$14.90
PatientNelva Brun	Account #:11426 Doctor: Jon E Heine MD Code:MC035289 Location	:Memorial Herm	mann Memorial	City
01/17/2011 93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$.00
02/18/2011	Insurance Adjustment from Medicare	\$.00	\$-6.07	\$.00
02/18/2011	Insurance payment Payment from Medicare	\$.00	\$-7.14	\$.00
03/09/2011	Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-1.43	\$.00
03/09/2011	Transfer from Insurance	\$.00	\$36	\$.36
This balance was d	to your co-insurance not met for this visit.			
		BALANCE:	\$.00	\$.36
			1	
		÷.,	1	
			1	
			1	

Page 2

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

ļ	Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
		\$9.25	\$14.90	34.40	7.00	920.00	3.00	9∠6.00

Any Lab Test Now

Any Lab Test Now 9742 Katy Freeway Suite 200 Houston, TX 77055

713-461-2121

Sales Receipt

DATE	SALE#
04/19/2011	13979

SOLD TO		
Brunsting, Carle	 	
В,		
*		

			PMT	METHOD	Heard about us?	
				Visa	friend	
Service	Activity	Qua	antity	Rate	Amount	
Culture	April 2011 • UA		1	59.00	59.00	
4:	Y LAB TEST NOW Y FREEWAY STE D 200 STON, TX 77055 7134612121 1399809389021~					
Merchant II	\$\frac{1}{Ref} \tag{1}{Ref} \tag{1}{Ref} \tag{1}					
XXXXXXXXXX VISA	XX6626 Entry Method: Swiped					
Total:	\$ 59.00					
04/19/11 Inv #: 0000 Apprvd: On						
C	Istomer Copy THANK YOU					
hank you for t	using Any Lab Test Now! Please bring this receipt in for \$10.00			TOTAL	\$59.0	
m your next te	ist.	AN	IOUNT I	RECEIVED	\$59.0	
		1	BALA	NCE DUE	\$0.0	

Invoice

Customer

Nelva Brunsting 13630 Pinerock Ln Houston, TX 77079 Misc

Print Date

6/15/2011

First Print

6/15/2011

Invoice

316339

Order

28687

Account No.

Qty	Date	Description	profiles comments to the profiles of the profi		Charges/Debits	Payments/Credits
1	05/20/2011	NB-PARI-NEB Ultra Nebulizer			\$25.00	
	05/20/2011	Write-Off Allowable				\$12.32
	06/08/2011 06/08/2011	Write-Off Adjust Allowable	ERN small balances ERN Adjust Allowable		\$0.01	\$0.01
	06/08/2011	Payment	1			\$10.14
	-1.					
				Total	\$25.01	\$22.47
				Balance	\$2.54	

Payment	Cash	Check	Charge	PAY THIS AMOUNT:
Comments Name				Balance:
CC # Expires				Dujunice.

Spring Branch Medical Supply 8700 Longpoint Rd. Suite #106 Houston, Tx, 77055

713-465-2200

INVOICE

Ship To:

INVOICE NO.

MR. ROBERT LEE CANTU

Bill To:

MR. ROBERT LEE CANTU

HOUSTON, TX 77064-

HOUSTON, TX 77064-

Ph:(281) 382-9451

ATTN:

R. CANTU

114895

MCA

#134226

ATTN: R. CANTU

10:18 am

07/02/11

Page#

*		Po		
SKU	DESCRIPTION	QTY	PRICE	TOTAL
ALE501312	BED WEDGE 12"	1.00	47.95	47.95
	7.0.44.0UOT MAYOETUDM DY/TUTOD AY/A 4.44			

7-2-11 CUST MAYRETURN BY TUESDAY 6-5-11

AS LONG AS NOT OPENED .MCA

SPRING BRANCH MEDICAL 8700 LONG POINT RD 106 HOUSTON, TX 77055

07/02/2011

Merchant ID: Terminal ID: 455502350990

10:18:43 000000001116190 02010851

CREDIT CARD VISA SALE

'ARD # **VVOICE**

atch #: proval Code: try Method: proved:

LE AMOUNT

XXXXXXXXXXXXXX6258

Online

\$51.91

Τ.

Master/Visa 51.91 \$47.95 Subtotal: \$3.96 Tax: Amount Charged:

\$0.00

TOTAL:

\$51.91

AMRIT N ACHARI MD PA MADHUREETA ACHARI M D 8915 GAYLORD ST HOUSTON TX 77024

NELVA E BRUNSTING 13630 PINEROCK LN HOUSTON TX 77079 PD 6.02. 6 office cneck# 785 Statement

Account Number Date Date 07/15/2011

Card Number Signature Exp. Date Amount Exp. Date

For assistance please call (713) 780-8144

Please return this portion of statement with payment

24.98

Please (x) box if above address information is	s incorrect, and indicate changes on reverse side
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Please ✓ box if above address information is incorrect & indicate changes on reverse side.

	Description of Service	Name Transfer of the State of t	Esta Instrance	
06/06/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00
06/07/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/22/1.1	MEDICARE PAYMENT	BRUNSTING NELVA E	-237.70	0.00
06/22/11	ADJUSTMENT	BRUNSTING NELVA E	-402.87	0.00
06/22/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-47.54	0.00
07/14/11	CO-INSURANCE TO PATIENT: \$11.89	BRUNSTING NELVA E	-11.89	11.89
06/07/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00
06/07/11	95957 EEG SPIKE ANALYSIS/ DETECTION	BRUNSTING NELVA E	300.00	0.00
06/08/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00
06/23/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-205.72	0.00
06/23/11	ADJUSTMENT	BRUNSTING NELVA E	-592.84	0.00
06/23/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	<u>-4</u> 1.15	
07/14/11	CO-INSURANCE TO PATIENT: \$10.29	BRUNSTING NELVA E	-10.29	10.29
06/09/11	99232 HOSP/SUBSEQUENT	BRUNSTING NELVA E	200.00	0.00
06/28/11	MEDICARE PAYMENT	BRUNSTING NELVA E	-56.06	0.00
06/28/11	ADJUSTMENT	BRUNSTING NELVA E	-129.92	0.00
06/28/11	CO-INSURANCE TO SECONDARY	BRUNSTING NELVA E		
07/14/11	UNITED HEALTHCARE PAYMENT	BRUNSTING NELVA E	-11.22	0.00

AMRIT N ACHARI MD PA MADHUREETA ACHARI M D 8915 GAYLORD ST **HOUSTON TX 77024**

NELVA E BRUNSTING 13630 PINEROCK LN **HOUSTON TX 77079**

Statement

Account Number - Date

07/15/2011

Card Number Signature Amount Exp. Date

24.98

For assistance please call (713) 780-8144

Please / box if above address information is incorrect & indicate changes on reverse side.

07/12/11 95957 EEG SPIKE ANALYSIS/ DETECTION

Please return this portion of statement with payment

300.00

0.00

7515		2.2.4.3747	- To-		
07/14/11	CO-INSURANCE TO PATIENT: \$2.80	BRUNSTING NELVA E	-2.80	2.80	
07/11/11	99223 HOSP CARE/INITIAL/NEW OR ESTABLISH	BRUNSTING NELVA E	450.00	0.00	
07/12/11	99233 HOSP/SUBSEQUENT	BRUNSTING NELVA E	250.00	0.00	
07/12/11	95816 EEG AWAKE AND DROWSY	BRUNSTING NELVA E	300.00	0.00	

BRUNSTING NELVA E

Total 24.98 1,300.00 24.98

PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)

Mary Taylor 742127802

Please (x) box if above address information is incorrect, and indicate changes on reverse side

Thank you for choosing Memorial Hermann for your healthcare needs. Your insurance company has informed us that the balance listed below is your responsibility. If you have any questions about how your claim was processed, call your insurance company. Please send payment in full within 15 days. Thank you.

CT SCAN
PHARMACY
SUPPLIES

7,635.50 424.00 97.25

PO CIC 324

PATIENT NAME		ACCOUNT	NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING, NELVA E		0343169228500 08/01/11		08/01/11	OUTPATIENT	
TOTAL CHARGES	TOTAL INSURANCE	PAYMENTS TOTAL PA		PATIENT PAYMENTS	TOTAL ADJUSTMENTS	BALANCE DUE
\$8,156.75	\$8,156.75 \$-599.91			\$0.00	\$-7,531.84	\$25.00

Our Customer Service Department is available: Monday-Friday 8:00a.m. to 8:00p.m. cst Saturday 8:00a.m. - 12:00 Noon

Memorial Hermann Hospital System P.O. BOX 4370 Houston, TX 77210-4370

Toll Free: (800)526-2121

Local Phone:

(713)448-5502

patient.billing@memorialhermann.org

Pay your bill on-line at: www.memorialhermann.org Para la ayuda en español, llame (713)448-5502.

BALANCE LAST STATEMENT	\$25.00
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	08/31/11
DUE DATE	09/17/11

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE



f10051

acc1073-20110831020019-1-238949483

Wed Aug 31 02:12:43 2011

534

Page 1 of 1

1721 -

Your account continues to show an outstanding balance. The balance must be paid in full within 15 days to prevent further collection action.

CARDIOLOGY	2,171.25
DIAGNOSTIC & TREATMENT	1,527.75
EKG/EEG	825.50
LABORATORY	991.00
PHARMACY	182.50
PHARMACY/SELF ADMIN	130.25
RADIOLOGY	1,257.50
RESPIRATORY SERVICES	161.25
ROOM CHARGES	3,054.00
SUPPLIES	2,499.25



PATIENT NAME		ACCOUN	T NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
BRUNSTING	G, NELVA E	034316	9221259	09/16/11	09/19/11	INPATIENT
TOTAL CHARGES	TOTAL INSURANCE	PAYMENTS TOTAL PA		PATIENT PAYMENTS	TOTAL ADJUSTMENTS	BALANCE DUE
\$12,800.25 \$-5,660.42			\$0.00	\$-7,098.11	\$41.72	

Monday-Friday 8:00a.m. to 8:00p.m. cst Saturday 8:00a.m 12:00 Noon	
Memorial Hermann Hospital System P.O. BOX 4370 Houston, TX 77210-4370	Local Phone: (713)338-5502
patient.billing@memorialhermann.org	Toll Free: (800)526-2121
Pay your bill on-line at: www.memorialhermann.	org

BALANCE LAST STATEMENT	\$41.72
PAYMENTS SINCE LAST STATEMENT	\$0.00
STATEMENT DATE	12/02/11
DUE DATE	12/19/11

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE



f10051

acc1073-20111202030020-1-247098018

Our Customer Service Department is available:

Fri Dec 2 03:24:15 2011

584

Page 1 of 1

2085

It has been at least 45 days from our initial correspondence and the account listed below is still due. Please remit your payment in full or contact patient accounting within 15 days of the date of this statement.

If no response is received, your account will be considered for assignment to a collection agency.

If payment has recently been sent, please disregard this notice.

Favor de llamar a nuestras oficinas al telefono indicado en la parte inferior si tiene alguna pregunta referente a su cuenta.

ACCOUNT INFORMATION							
PATIENT NAME	ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE			
NELVA E BRUNSTING	0343169227510	06-06-11	06-11-11	PUL			

Memorial Hermann Hospital System P.O. Box 4370 Houston, TX 77210-4370

Local Phone: (713) 784-4404 Toll Free: (888) 598-0577

Pay your bill on-line at: www.memorialhermann.org

TOTAL CHARGES	32394.00		
BALANCE DUE	226.40		
STATEMENT DATE	12-08-11		
DUE DATE	12-23-11		

32684 STFN: MHMC201 SDM17GHM3002479

PAYMENTS POSTED TO YOUR ACCOUNT AFTER THIS STATEMENT DATE WOULD NOT BE REFLECTED IN THE CURRENT BALANCE DUE



STMTFN

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

	PATIENT NAME	
Nelva E Bruns	ting	
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Nelva E Brunsting 13630 Pinerock Ln. Houston TX 77079



THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA 707 S Fry Rd Suite 375 Katy, TX 774502259 281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERVICE		AMOUNT
06/13/2011	Claim:34700, Provider: Mubarak, Khawaja, MD	*	
06/13/2011	99232 HOSP SUB CARE-MOD CPLX (06/13/2011 - 06/18/2011)	726.00	
07/25/2011	Medicare Payment	336.38	
07/25/2011	Medicare Adjustment	305.52	
08/16/2011	United Health Care Medco Payment	67.28	
09/06/2011	Coinsurance Amount		
09/06/2011			
	Your Payment is now due. Thank you for your prompt response. Your Balance Due On These Services		16.82
06/20/2011			
06/20/2011	Claim: 34712, Provider: Mubarak, Khawaja, MD		
06/20/2011	99232 HOSP SUB CARE-MOD CPLX	121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/21/2011)	121.00	
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/23/2011)	121.00	

DATE 09/06/2011 PATIENT NAME Nelva E Brunsting ACCOUNT NO. 17324 PAY THIS AMOUNT

28.04

MAKE CHECK PAYABLE TO:

Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

STATEMENT

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

	PATIENT NAME	
Nelva E Bruns	ting	
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

Nelva E Brunsting 13630 Pinerock Ln. Houston TX 77079 THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Dr Mubarak Khawaja PA 707 S Fry Rd Suite 375 Katy, TX 774502259 281-599-8070

DATE OF SERVICE	DESCRIPTION OF SERV	/ICE	AMOUNT
06/20/2011	99232 HOSP SUB CARE-MOD CPLX (06/24/2011)	121.00	
07/25/2011	Medicare Payment	224.24	
07/25/2011	Medicare Adjustment	203.68	,
08/16/2011	United Health Care Medco Payment	44.86	
09/06/2011	Coinsurance Amount		
09/06/2011	Your Payment is now due. Thank you for you prompt response. Your Balance Due On These Services	r	11.22

DATE 09/06/2011 PATIENT NAME
Nelva E Brunsting

ACCOUNT NO. 17324

PAY THIS AMOUNT

28.04

MAKE CHECK PAYABLE TO:

Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

Mail Your Payment To:



9099 Katy Freeway, Suite 100 Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

NELVA BRUNSTING 13630 PINE ROCK HOUSTON, TX 77029 **Renewal Invoice**

Dentex Dental Plan

For Coverage

From: 10/13/2011

To: 10/13/2012

Your dental coverage with Dentex Dental Plan, Inc. will expire soon!

If payment is not received by renewal date a registration fee may apply to renew.

Please pay the Annual or Monthly Premium Due to continue your coverage. Send your payment, bank draft or credit card information as listed below.



Annual Premium

\$155.40

Renew Online - www.dentex.net

Tell a friend about your great dental plan! DENTEX

Return the bottom part of this page with your payment to Dentex Dental Plan, Inc.

NELVA BRUNSTING 13630 PINE ROCK HOUSTON, TX 77029

I WANT '	ΤΟ ΡΑΥ	MY	MONT	ΓHLY	MEN	IBER	RSHIP	BY:

☐ Bank Draft

☐ Credit Card

(Attached voided check)

I authorize Dentex to deduct my monthly membership fee on the third business day of each month in the amount of \$12.95 Dentex will continue drafting until notified of cancellation in writing.

Signature

Account #	Credit Card Number	Expires	Signature	Amount Paid
7008830		1		

STATEMENT OF PHYSICIAN SERVICES

(AS OF DECEMBER 04, 2011)

ACCT # 2302741 NELVA BRUNSTING

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES PROVIDED BY PHYSICIANS AT THE KELSEY-SEYBOLD CLINIC. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENT ACTIVITY AND THE AMOUNT YOU OWE.

VISIT NUMBER: 1
CHARGES

PROVIDER: FELICIA AUSTIN-TOLLIVER, MD (CINCO RANCH)
CR INTERNAL MEDICINE

11/05/11 HOSPITAL DISCHARGE DAY,<30 MIN - 99238

TOTAL: \$203.00

KELSEY-SEYBOLD NOW OFFERS ONLINE STATEMENT AND BILLING! TO RECEIVE YOUR BILLING STATEMENT ONLINE, OR TO PAY YOUR BILL, PLEASE VISIT US AT WWW.KELSEYPAY.COM

LABORATORY SERVICES THAT ARE INDICATED WITH A /90 MODIFIER ARE PURCHASED FROM LABCORP OF AMERICA, 7207 N. GESSNER, HOUSTON, TX 77040

PATIENT PAYMENTS RECEIVED SINCE 11/04/11... \$0.00 INSURANCE PAYMENTS RECEIVED SINCE 11/04/11. \$55.70

ACCOUNT BALANCE	INSURANCE PENDING	PATIENT OWES
\$13.92	\$0.00	\$13.92

THANK YOU FOR CHOOSING THE KELSEY-SEYBOLD CLINIC



KELSEY-SEYBOLD CLINIC

(713) 442-5500

TAX ID NO 76-0386391

5348 1



URALIL, ANNIE F. DR.

PO BOX 940776

HOUSTON, TX 77094-7776



NELVA BRUNSTING

13630 PINEROCK LN HOUSTON, TX 77079

For Patient: NELVA BRUNSTING

Statement Date	Chart Number	Page
12/12/2011	BRUNE000	1

Make Checks Payable To:

URALIL, ANNIE F. DR. PO BOX 940776 HOUSTON, TX 77094-7776 (713)464-7828

Patient Outstanding

Date of Service	Procedure	Description	Amount	Insurance 1 Paid	I Insurance 2 Paid	Patient Adj Paid Amount	Patient Remainder
6/9/2011	99223	Initial hospital visit, Level 3	225.00	-157.16	-31.43	-28.55	7.86
6/10/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80
6/11/2011	99222	Initial hospital visit, Level 2	175.00	-107.14	-21.42	-41.08	5.36
6/13/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80
6/14/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21	-24.92	2.81
6/15/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80
6/16/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21	-24.92	2.81
6/17/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80
6/20/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80
6/21/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21	-24.92	2.81
6/22/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80
6/23/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.21	-24.92	2.81
6/24/2011	99232	Subsequent hospital visit, Level 2	95.00	-56.06	-11.22	-24.92	2.80

Patient Total: 44.06

Remainder Aging

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Total
0.00	0.00	0.00	0.00	44.06	44.06



PATIENT
BIRTH DATE
MEDICATION
QUANTITY NELVA BRUNSTING 10/08/26 METOPROLOL TAF 60 TARTRATE 50MG

DIRECTIONS HOURS TAKE ВЧ MOUTH EVERY 12

TABLETS

DOCTOR ₽ JAIN, MD

DRUG DESCRIPTION

FRONT: 3 32

P3 · W

METOPROLOL (me-TOE-proe-lole)

sking this medicine; sharp chest pain, irregular heartbaat, and comprishes heart attack may be greater if you have certain types of heart disease. Your doctor should slowly lower your dose of heart disease. Your doctor should slowly lower your dose of heart disease. Your doctor should slowly lower your dose of heart disease is common and you only take it for high blood pressure, least disease is common and you only take it for high blood pressure heart disease is common and you only take it for high blood pressure heart disease is common and you only take it for high blood pressure heart groblens cocur, commatt your doctor right away, they you are taking this medicine before you receive any medical or dentist that you take this medicine before your doctor low hood sugar such as sax therefore. I fell your doctor if you have a history of datestes or take medicine may hide signs of low blood sugar such as a sax they, chills, dizziness, drowsiness, and they be disease of the patients who have a history of certain hugo or breathing problems (e.g. asthmal) or a certain type of agrenal gland tumor (pheochomocytoma). It may worsen these conditions; your doctor may need to adjust your dose or prescribe additional medicine to reduce the risk of side effects. The provious of the provided of the story of these conditions; your doctor for your end to story of occarian type of agrenal gland tumor (pheochomocytoma). It may worsen these conditions; your doctor or several weeks if you need to stop taking this medicine may hide symptoms of overactive thyroid (e.g., fast heartbeart). Do not suddenly stop taking this medicine. Your doctor or sour dose or prescribe addition, and have a history of overactive thyroid (e.g., fast heartbeart). Do not suddenly stop taking this medicine may hide symptoms of overactive thyroid (e.g., fast heartbeart). The medicine could worsen your condition. Your doctor or sould slowly how are taking may interest with this medicine.

INFORM YOUR DOCTOR OR PHARMACIST of all prescribes (e.g., birth control

W TO USE THIS MEDICINE: Follow the directions for taking medicine provided by your doctor. TAKE THIS MEDICINE BY THE WITH FOOD or immediately following a meal at the same time heav. STORE THIS MEDICINE at room temperature, between 59 86 degrees F (15 and 30 degrees C). Store away from heat, sture and light. Do not store in the bathroom. IF YOU MISS A 35 OF THIS MEDICINE, take it as soon as possible. If it is set if the for your next dose, skip the missed dose and go back to regular dosing schedule. Do not take 2 doses at once.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

AREA.

RX #

1496588-03328

12/05/10

NELVA BRUNSTING 13530 Pherock, Houston, TX 770797517 7713464-4331 RX # 1496588-03328

METOPROLOL

NELVA BRUNSTING

Retail Price: \$14.

use this medicine. These tests may be periormed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTHEADEDNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit of lie down at the first sign of any of these effects. PatiENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE FOR HIGH BLOOD PRESSURE and heart rate regularly, be sure to do so. TELL YOUR DOCTOR HOR DOCTOR HOR SINSTRUCTION. If Your decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine sused to treat colds or congestion without first such any medicine used to treat colds or congestion without first taking with your doctor or pharmacist. Do not take any medicine used to treat colds or congestion without first taking with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will be breast-feeding with your doctor or pharmacist. FOR WOMEN: If you become pregnant, contact your doctor. You will need to discuss the benefits and risks of using this medicine, you will need to discuss the benefits and risks of using this medicine, you blood sugar, such as rapid heartheat. Be sure to watch for other signs or low blood sugar. Low blood sugar may ma

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Pharmacy use

only

00378-0032-10

Walgreens

Walgreens

QTY 60 20 DRAM



FRONT: m

WIC# 957918

DOCTOR

₽

JAIN, MD

DRUG DESCRIPTION

UF.

PATIENT
BIRTH DATE
MEDICATION
QUANTITY NELVA BRUNSTING 10/08/26 I SPIRIVA CAPS 30'S & 30

20 HANDIHALER ONE

DIRECTIONS INHALE CONTENTS OF ONCE DAILY USING HANDIHALER CAPSULE

INGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide)

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking another anticholinergic (eg. ipratropium). Ask your doctor if you are unsure if any of your medicines are anticholinergics. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medicial conditions, including if you have trouble urinating; an enlarged prostate; bladder blockage; glaucoma; kidney problems; allergies (including milk proteins); pregnancy, or breast-feeding. Tell your doctor if you are having an asthma attack or increased difficulty breathing. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg., ipiratroprium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCURE INHALER (eg., albuterol), be sure to always carry the pronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. DO NOT STOP USING THIS MEDICINE without first checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT BRIVE, OPERATE MACHINERY, OR DO, ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES, if you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE IN MAY SOMETIMES CAUSE SEVERE BREATHING PROBLEMS right after you use a dose. If this happens, use your short-acting pronchodilator imhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist, USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, sepecially constituent and urinary tract infections. FOR WOMEN: IF YOU this medicine provided by your doctor. An additional partient information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. Do NOT SWALLOW THE CAPSULES. THE CAPSULES THE CAPSULES THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging carefully peel the foil back to expose the capsule from the packaging, carefully peel the foil back to expose the capsule from the packaging, carefully peel the foil back to expose the capsule, then tip the capsule out of the blister. Do NOT cut the foil or use sharp objects to remove the capsule for metal packaging, carefully peel the foil back to expose the capsule for the blister. He ascond capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later. Place the capsule in the special inhaler eapsule in the special inhaler. The device will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece. Exhale slowly and deeply. DO NOT breathe into the mouthpiece of the medicine has been inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air vents on the inhaler. Take A SLOW, DEEP BREATH. You should hear or feel the capsule, inhale then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the mouthpiece a second time following the same process. ASK YOUR DOCTOR OR PHARMACIST if you are unclear on how to use this device or inhale the medicine. CLEAN THE INHALER DEVICE once a month according to the instructions in the patient leaffet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS way to use the second store in the bathroom. This medicine will work best if used regularly. Taking your dose at

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constituation, sinus inflammation, throat irritation, stomach pain, vomiting, blurred vision, or mild nosebleed. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience irritation, pain, or white patches in your mouth or on your tongue; mouth sores; severe or persistent nosebleeds; severe or persistent constipation; difficult or painful urination, eye pain or discomfert; vision changes (eg. halos, colored images); chest pain rast or irregular heartbeat; difficult ys wallowing; new or worsened breathing problems; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allegic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Walgreens

only

SPIRIVA CAPS 30'S & HANDIHALER 00597-**0075**-41

MFG:BOEHRINGER TPL/RJW/RJW/RJW/RJW

21.00

Your Insurance Saved You: \$215.99

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21.00

(713)464-4391 RX # 1496586-03328 NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)JAS-1391

DATE: 12/05/10

KEEP OUT OF REACH OF CHILDREN:

STORE

IN SAFETY CONTAINER OR SECURE

AREA

NELVA BRUNSTING 13630 Pheeock, Houston, TX 770797517 (713)464-4391 RX # 1496586-03328

12/05/10

Walgreens

WIC# 957918

AABrunsting.Financials002096

PERSONAL

PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

DIRECTIONS HOURS 60 **TARTRATE** 50MG

1 TABLET BY MOUTH EVERY

DOCTOR ₽ JAIN, MD

TABLE:

DRUG

DESCRIPTION

FRONT: m 32

PINK

INGREDIENT NAME: METOPROLOL (me-TOE-proe-lole)

BEFORE LUMING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine: sharp chest pain, irregular heartbeat, and taking this medicine: sharp chest pain, irregular heartbeat, and taking this medicine: sharp chest pain, irregular heartbeat, and taking this medicine: sharp chest pain, irregular heartbeat, and taking this medicine wheels if you have commany not know you. I have so you doctor should slowly lower your dorso over several, wheels if you need to stop taking it, even if you not you have a first problems, occur observed the property. Tell your doctor if you have a history of taking this medicine before systems, and the property of the problems (see glybbirde insulin). This are dictines though not start this period of the problems (see glybbirde insulin). This are dictine should not usually be used by patients who have a history of taking this period octor if you have a history of taking this period octor if you have a history of taking this period octor if you have a history of taking this period octor if you have a history of taking this period octor if you have a history of taking this period octor if you have a history of the second times. Tell your doctor if you have a history of the problems (see gashma) or a serial may be of adenal gland tumor (phoctoroncytoma). It may weak a history of the problems (see gashma) or a serial may be conditions. Tell your doctor if you have a history of the problems (see gashma) or a presence additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of the problems (see a pathwall of the problems (see gashmal) or presence additional medicine to reduce the risk of side effects. Tell your doctor if you have a history of the problems (see a pathwall your doctor of the present of the problems (see a pathwall your doctor of the present of the problems (see a pathwall your doctor of the present of the problems (see a pathwall your doctor of the present your doctor of the present your doctor of a present problems (see a history

How to USE THIS MEDICINE: Follow the directions for taking his medicine provided by your doctor. TAKE THIS MEDICINE BY ANOUTH WITH FOOD or immediately following a meal at the same time and 86 degrees F (15 and 30 degrees C). Store away from heat, and light. Do not store in the bathroom. IF YOU MISS A noisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is limost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517

KEEP OUT

OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

NELVA BRUNSTING
13630 Pinerock, Houston, TX 7707975 (713)464-4391 RX # 1496588-03328

DATE: 01/01/11

1496588-03328

DATE:

severe allergies may also not work as well while you are using this medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS. IN LIGHTHEADENNESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, lightheadedness, or fainting; alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel." normal." Tell your doctor if you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine gradually according to your doctor's instructions. If YOUR DOCTOR OR DENTIST that you take this medicine before you receive any medicine used to treat colds or congestion without first talking with your doctor or pharmacist. Do not take any medicine seed to treat colds or congestion without first talking with your doctor or pharmacist. Too not take any medicine used to treat colds or congestion without first talking with your doctor or your medicine use this medicine while you are pregnant. This medicine is found in breast milk. If you are or will be breast-feeding while you use this medicine while you are pregnant. This medicine may links of using this medicine while you are to work to your doctor. Discuss any possible risks to your before you and headenbe,

Walgreens

Pharmacy

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QTY 60 20 DRAM

METOPROLOL TARTRATE 5 00378-**0032**-10 CELL 138

AREA.

DIRECTIONS DAY PATIENT
BIRTH DATE
MEDICATION
QUANTITY NELVA BRUNSTING 10/08/26 RIFAMPIN 300MG (TAKE 60 2 CAPSULES CAPSULE РΥ MOUTH EVERY

> DOCTOR A. JAIN, MD

DRUG DESCRIPTION

DARK REDDISH-BROWN FRONT: LANNETT

1315

BACK:

INGREDIENT NAME: RIFAMPIN (rif-AM-pin)

to treat those who have been exposed to meningitis-causing bacteria before they become sick. This drug does not treat acute meningitis. It may also be used to treat other conditions as determined by COMMON USES: used to treat This medicine is a rifamycin treat tuberculosis (TB), as well as have been exposed to

prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are taking. DO NOT TAKE THIS MEDICINE if you are also taking HIV protease inhibitors, pyrazinamide, or birth control pills. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking anticoagulants, cyclosporine, digitoxin, isoniazid, itraconazole, macrolide antibiotics, mexiletine, nevirapine, quinidine, progestins, theophylline, tocainide, verapamil, or medicine for anxiety, sleep, or seizures. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine. BEFORE USING THIS MEDICINE: Some medicines medical conditions may interact with this medicine INFORM YOUR DOCTOR OR PHARMACIST of all

directions for using this medicine provided by your doctor. Take this medicine on an empty stomach at least 1 hour before or 2 hours after eating. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment. Do not miss any doses. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: IT MAY TAKE SEVERAL WEEKS for this medicine to work. Do not stop using this medicine without checking with your doctor. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE urine, feces, saliva, sweat, and tears to turn orange or red. THIS MEDICINE MAY PERMANENTLY STAIN soft contact lenses. KEEP ALL DOCTOR AND LABORATORY

APPOINTMENTS while you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills. To the effectiveness of your birth control pills. To prevent pregnancy, use an additional form of birth control. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and ANT, discuss with your doctor the be using this medicine during pregnance

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include stomach upset, heartburn, loss of appetite, nausea, gas, abdominal cramping, headache, drowsiness, dizziness, menstrual changes, joint pain, or leg cramps. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, diarrhea, fever, chills, changes in vision, or confusion. CONTACT YOUR DOCTOR IMMEDIATELY if you experience severe stomach pain, dark urine, or yellowing of eyes or skin. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include swelling of face or around eyes, itching over the entire body, orange or red discoloration of skin or eyes, nausea, vomiting, drowsiness, and loss of consciousness.

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002098

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

AD3896 ONA1TWP

Walgreens

QTY 60 20 DRAM

BACK:

FRONT: LANNETT DARK REDDISH-BROWN

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247

AREA.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

FLAN. PAIDWID GROUP# CMD3896 CLAIM REF# ONA 1TWP

Pharmacy use

only

Walgreens

12850 MEMORIAL DRIVE HOUSTON, PH: (713)722-7247

VEG:LANNETT

GROUP# CMI CLAIM REF# (

RX # 1494790-03328 NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517

DATE:

01/01/1

(713)464-4391 RX # 1494790-03328 NELVA BRUNSTING

DATE: 01/01/11

RIFAMPIN 300MG CAP

SULES

60

RIFAMPIN 300MG CAPSULES

QTY: 60 2 REFILLS BEFORE 11/29/11

NDC: 00527-1315-30 \$113.89 Your Insurance S

Saved You: \$108.89

5.00

ail Price: \$113.89

Saved You: \$108.89

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QTY: 60

PATIENT
BIRTH DATE
MEDICATION
QUANTITY DIRECTIONS TAKE NELVA BRUNSTING 10/08/26 AZITHROMYCIN 250MG 30 1 TABLET BY MOUTH EVERY DAY **TABLETS**

PATIENT ALLERGIES

DOCTOR

A. JAIN, MD

DRUG DESCRIPTION

BACK: FRONT: 93 ACK: 7146 PINK

INGREDIENT NAME: (ay-ZITH-roe-MYE-sin) AZITHROMYCIN

COMMON USES: This medicine is a macrolide antibiotic used to treat bacterial infections.

may be needed if you are taking antiarrhythmics (eg, disopyramide), anticoagulants (eg, warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg, ergotamine), paliperidone, phenytoin, quinolones (eg, levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg, dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine. BEFORE USING THIS MEDICINE: r-the-counter medicins MEDICINE if you as ter medicine that you are taking. DO NOT TAKE If you are also taking dofetilide, afenone, pimozide, or tetrabenazine. MONITORING OF YOU BOOSE OR CONDITION all prescription and ataking. DO NOT Taking. medicines or is medicine. INFORM

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next. emember. IF YOU MISS A DOSE OF THIS MEDICINE, take t as soon as possible. If it is almost time for your next lose, skip the missed dose and go back to your regular dosing ichedule. If you miss a dose, do not take 2 doses at once.

an allergic reaction to it, to other macronic anticonic such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. Do NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS DO NOT TAKE THIS MEDICINE if you have had paction to it, to other macrolide antibiotics

However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS. EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your haby. Avoid exposure to the sun, sunlamps, or tanning bo you know how you react to this medicine. Use a su protective clothing if you must be outside for a prole period. MILD DIARRHEA IS COMMON with antibioti However, a more serious form of diarrhea (pseudom collitis) may rarely occur. This may develop while yo antibiotic or within several months after you stop us contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach pain or contact your doctor right away if stomach your doctor right away if stomach your doctor right away if stomach you want your baby.

away during treatment, include mild diarrhea, headache, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. **POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include mild diarrhea, headache

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002099

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and

AZITHROMYCIN 250MG TABLETS QTY: 30 2 REFILLS BEFORE 11/29/11 NDC:00093-7146-56 \$195.79 Your Insurance Saved You: \$190.79 DATE: 01/01/1 5.00 (713)464-4391 RX # 1494789-03328 AZITHROMYCIN 250MG TABLETS QTY: 30 2 REFILLS BEFORE 1 11/29/11 Saved You: \$190.79 DATE: 01/01/11

Refill Retail Price:

MFG: TEVA XXX/KHN/KHN/KHN/RJW

PLAN. PAIDMPD GROUP# CMD3896 CLAIM REF# SQA93N1

NELVA BRUNSTING

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

AREA.

WIC# 957918

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517

1494789-03328

HN/KHN/RJW FLAN. PAIDWID GROUP# CMD3896 CLAIM REF# SQA93N1

Walgreens

12860 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247

÷ 5.00

Pharmacy

Walgreens

12850 MEMORIAL DRIVE HOUSTON, PH: (713)722-7247

FRONT: 93 BACK: 7146

YOUR PERSONAL

PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

PATIENT
BIRTH DATE
MEDICATION
QUANTITY DIRECTIONS INHALE CONTENTS OF ONCE DAILY USING HANDIHALER NELVA BRUNSTING 10/08/26 1 SPIRIVA CAPS 30' 30 30'S çο HANDIHALER ONE CAPSULE

> DOCTOR A. JAIN, MD

> > DRUG DESCRIPTION

INGREDIENT NAME: BROE-mide) TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um

This medicine is an anticholinergic agent used to so of chronic obstructive pulmonary disease, so of chronic agent and any also be used to onshits and emphysema. It may also be used to ons as determined by your doctor.

medicines or medical ine. INFORM YOUR DOCTOR

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leaflet is available with this medicine. Read it information leaflet is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have before using this medicine. Do NOT SWALLOW THE CAPSULES. THE CAPSULES ARE USED WITH A SPECIAL INHALER. DO NOT remove a capsule from the packaging until you are ready to use it. To remove a capsule from the packaging until you peel the foil back to expose the capsule, then tip the capsule out of the bister. Ho second capsule is exposed to the air when you are removing a capsule for use, it must be discarded. Do not save the capsule for later, Place the capsule in the special inhaler as we the capsule will puncture the capsule so that the medicine inside may be inhaled into the lungs through the mouthpiece of the inhaler. Tongue flat. Keep your head upright. Do not block the air vents on the inhaler. Takk A SLOW, DEEP BREATH. You should hear or feel the capsule vibrate inside the inhaler. Hold your breath as long as it feels comfortable, then exhale slowly through pursed lips. Breathe out completely. To be sure all of the medicine has been inhaled from the capsule, inhale from the mouthpiece a second time following the same process. ASK YOUR DCTOR OR HARMACIST if you are unclear on how to use this device or inhale the medicine. ELEAN THE INHALER DEVICE once a month according to the instructions in the patient leaflet. Each inhaler device may be used for Up to 1 year and then should be replaced. STORE THIS MEDICINE, use it as soon as possible. If the same time each day will help you to remember. If YOU muse this medicine will work best if used regularly. Taking your next dose, skip the missed dose and go back to your regular dosing schedule. Do NOT use 2 doses at once. DO NOT use this medicine more often than 1 time every 24 hours.

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002100

CAUTIONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient in this medicine or to atropine or related medicines (eg. ipratroprium). THIS MEDICINE WILL NOT STOP AN ASTHMA ATTACK once one has started. IF YOU ARE ALSO USING A RESCURE INHALER (eg., alburerol), be sure to always carry the bronchodilator inhaler with you to use during asthma attacks. DO NOT EXCEED THE RECOMMENDED DOSE without checking with your doctor. This medicine may cause dizziness or blurred vision. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution, DO NOT BRIVE, OPERATE MACHINERY, OR DO ANVTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. AVOID GETTING THIS MEDICINE IN YOUR EYES. If you get the medicine in your eyes and eye pain, blurred vision, or other vision changes occur, contact your doctor immediately. THIS MEDICINE IM YOUR EXET HING ESTATING PROBLEMS right after you use a dose. If this happens, use your short-acting bronchodilator inhaler. Contact your doctor or seek other medical care at once. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION IN THE ELDERLY; they may be more sensitive to its effects, especially constipation and urinary tract infections. FOR WOMEN: IF YOU

Pharmacy

use

only

Сдпеенл

216.54

Retail Price: 30

Saved You: \$44.45

SPIRIVA CAPS QTY: 30 2

MFG:BOEHRINGER XXX/JIC/JIC/ /RJW

PLAN: PAID GROUP# CN CLAIM REF#

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
(713)464-439

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

1496586-03328

: 01/01/1

RX # 1496586-03328

NELVA BRUNSTING

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247

SPIRIVA CAPS 30": 00597-**0075**--

DATE: 01/01/11

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AREA.

PERSONAL

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RESCRIPTION

NFORMATION

PATIENT
BIRTH DATE
MEDICATION
QUANTITY 10/08, BRUNSTING

BROVANA 15MCG/2ML INH 120

DIRECTIONS INHALE TWICE DAILY

VIAL VIA NEBULIZER

SOL 30X2ML

DOCTOR A. JAIN, MD

DESCRIPTION

DRUG

medicine is a long-acting beta-agonist bronchodilator used of chronic obstructive pulmonary disease (COPD), including amphysema, it may also be used to treat other conditions as

IONS: DO NOT USE THIS MEDICINE if you are allergic to any ingredient medicine or to formoterol. BEFORE YOU BEECH TAKING ANY NEW medicine or to formoterol. BEFORE YOU BEECH TAKING ANY NEW medicine or to formoterol. BEFORE YOU doctor or whether the provide of the provided

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this rediction include: back pain; diarrhea; dry mouth; headcain prauses; nervousness; rediction include: back pain; diarrhea; dry mouth; headcain prauses; nervousness; tuthy nose; triedness; tremor, trouble steepingly only may be the provided by the control of the contro

Do not flush unused medications or pour down a sink or drain.

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12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247 Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX PH; (713)722-7247

Walgreens

527.99

BROVANA 15MCG/2ML INH SOL 30X2ML QTY: 120 2 REFILLS BEFORE 12/05/11

RX # 1496587-03328 NELVA BRUNSTING 13630 Pinerack, Houston, TX 770797517 (713)464-4391

DATE: 01/13/11

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517

1496587-03328

DATE: 01/13/11

LIQUID

63402-**0911**-30 REFRIG

BROVANA 15MCG/2ML INH SOL 30X2ML

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Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS NOTAS THIS MEDICINE HAVE BEEN RARELY ASSOCIATED WITH AN INCREASE THIS MEDICINE HAVE LATED DE THAT LONG-acting beta-agonists should have been approved to treat saturation of the beta-agonists of the beta-agonists of the beta-agonists of the property of the

How To Use THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine comes with a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully each time you refill this medicine, ask your doctor, nurse, or pharmacist and you guestions that you may have about its medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER. Do NOT inject or swallow it. A health care provider will teach you how to use the nebulizer. Be gure you know what type of nebulizer to use with this medicine, and how to use it. Pollow, the procedures you are taught when you just a doctor of the procedure you are taught when you lise a doctor contents into Tuse it. Do Not Tuse It. Do Tuse It. Do Not T

PATIENT BIRTH DATE MEDICATION QUANTITY

NELVA BRUNSTING E 10/08/26 N BROVANA 15MCG/2ML INH SOL 3

30X2ML

DOCTOR

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JAIN, MD

DRUG DESCRIPTION

LIQUID

YOUR PERSONAL

PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

DIRECTIONS INHALE 1
TWICE DAILY

VIAL VIA NEBULIZER

e you feel confused, croway, or years, or have a fruit-like breath odor. If the EDNIG, ight away, PREGNANCY and BREAST-FEEDNIG, our doctor. You will need to discuss the benefits oile you are pregnant. It is not known if this you are or will be breast-feeding white you so doctor. Discuss any possible risks to your baby

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include; back pain, diarmag; dry mouth; headach be; nauseas intervousness; surfy nose; thedreass, tremor, aroube size MEDICAL MATERIAL MARY, it suffers that the properties of the propert

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 71394644391 RX # 1496587-03328

BROVANA 15MCG/2ML INH SOL

(713)464-4391 RX # 1496587-03328 NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517

DATE: 02/18/1

BROVANA 15MCG/2ML INH SOL 30X2MI OTY: 120 1 REFILL BEFORE 12/05/11 Refill NDC: 63402-0911-30

₹

527.99

A. JAIN, MD MFG:SEPRACOR HMC/ / /KDM

Walgreens

12850 MEMORIAL DRIVE HOUSTON, PH: (713)722-7247

Pharmacy use only

BROVANA 15MCG/2ML INH S 63402-**0911**-30 REFRIG

LIQUID

Walgreens

527.99

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WIC# 957918

PATIENT
BIRTH DATE
MEDICATION
QUANTITY DIRECTIONS NELVA BRUNSTING 10/08/26 I SERTRALINE 50MO 30 TAKE 50MG **TABLETS**

TABLET ВΥ MOUTH EVERY DAY

> DOCTOR A. JAIN, MD

DESCRIPTION

DRUG

FRONT: G 4900 BLUE

BACK: 50MG

SERTRALINE (SER-tra-leen)

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine; it is important to keep in close contact with the patient's doctor to be sure that the benefits of using this medicine without the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient s doctor. Some medicines or medicial conditions may interact with this medicine. NFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Do NOT TAKE THIS MEDICINE IF you are taking to have taken a monoramine oxidase inhibitor (MACI) (eg. phanelzine), selegiline, or St. John's wort within the last 14 days. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking a norexiants (eg. phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg. sumartiptan); trazodone; anticoagulants (eg. warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg.; ibuprofen); diuretics (eg.; troosemide, hydrochlorothiazide); tramadoi; phenothiazines (eg., hydroche; iricyclic antideporessants (eg. amitriptivine); or valproate (eg. valproic acid). Do NOT TART OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. TAKE THIS MEDICINE by mouth with or without food. STORE THIS THIS MEDICINE at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. (15 and 30 degrees C) is permitted. Do not store in the bathroom. (20 of the sking this medicine at the same time each day will help you remember to take it. Do NOT SUDDENLY STOP TAKING THIS MEDICINE without checking with your doctor. Side effects may occur. They may include mental or mood changes, numbness or tingling of the skin, dizziness, confusion, headache, trouble sleeping, or unusual tiredness. You will be closely monitored when you start this medicine and whenever a change in dose is made. If YOU MISS A DOSE OF THIS MEDICINE. Was one as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. DO NOT take 2 doses at once.

CAUTIONS: DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine. THIS MEDICINE MAY CAUSE DROWSINESS OR DIZZINESS. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution, DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE caution, DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DO NOT DRINK ALCOHOL while you are taking this medicine. Check with your doctor before you use medicines that may cause drowsiness (eg. sleep aids, muscle relaxers) while you are taking this medicine; if may add to their effects. Ask your pharmacist if you have questions about which medicines may cause drowsiness. Several weeks may pass before your symptoms improve. DO NOT TAKE MORE THAN THE RECOMMENDED than OCTOR before your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA

medicines (eg., MAOIs, nefazodoxe). Ašk your doctor when you should start to take your new medicines after you have stopped taking this medicine. SEROTONIN SYNDROME and NEUROLEPTIC MALIGNANT SYNDROME (NMS) are possibly fatal syndromes that can be caused by this medicine. Your risk may be greater if you take this medicine with certain other medicines (eg. "triptans", MAOIs, and the control of the syndromes that the mortal or mood changes; coma; tever; fast or irregular heartbear; tremor, excessive sweating; rigid muscles; and nausea, vomiting, or diarrhea. Contact your doctor at once if you have any of these symptoms. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmaccist. Caution is advised when using this medicine in the ELDERLY; they may be more sensitive to its effects, especially low blood sodium levels. Caution is advised when using this medicine in CHILDREN; they may be more sensitive to its effects, especially increased risk of suicidal thoughts or actions. THIS MEDICINE MAY CAUSES WEIGHT CHANGES. CHILDREN AND TEENAGERS may need regular weight and growth checks while they take this medicine, FOR MENISTRIAN MEDICINE MAY RARELY CAUSE a prolonged, painful erection. This could happen even when you are not having sex. If this is not treated right away, it could lead to permanent sexual problems such as impotence. Contact your doctor right away if this happens. Such as impotence. Contact your doctor right away if this happens. FOR WOMEN: THIS MEDICINE MAY CAUSE HARM! TO THE FETUS if it is used during the last 3 months of pregnancy. If YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT SNOT KNOWN IT THIS MEDICINE IS FOUND in breast milk. If YOU ARE OR WILL BE BREAST-FEEDING while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include anxiety; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; increased sweating; loss of appetite; nausea; nervousness; stomach upset; tiredness; trouble sleeping; vomiting; or weight loss. If they continue or are bothersome, check with your doctor, CONTACT YOUR DOCTOR IMMEDIATELY if you experience bizarre behavior; black or bloody stools; chest pain; decreased bladder control; exaggerated reflexes; fast or irregular heartbeat; fever; hallucinations; loss of coordination; new or worsening agitation, panic attacks, aggressiveness, impulsiveness, irritability, hostility, exaggerated feeling of well-being, restlessness, or inability to sit still; persistent anxiety or trouble sleeping; stomach pain; suicidal thoughts or attempts; tremor; unusual bruising or bleeding; unusual or severe mental or mood changes; vision changes; or worsening of depression. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the cheet; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur, if you have guestions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002103

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

12850 MEMORIAL DRIVE HOUSTON, TX PH; (713)722-7247

JAIN, MD :G:GREENSTONE :X/KMN/KMN/ /KMN

PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# OXHXMT3

S

.00

SERTRALINE 50MG TABLETS

OTY: 30 TREFILL BEFORE 02/02/12

S

5.00

SERTRALINE

50MG

TABLETS DRE 02/02/12

NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)464-4391 RX # 1515376-03328

RX # 1515376-03328 NELVA BRUNSTING

Walgreens

BLUE FRONT:

4900

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247

DATE: 03/02/1

Pharmacy use only

Walgreens

SERTRALINE 50MG T 59762-**4900**-05 CELL 29

QTY 30 20 DRAM

BACK:

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

PERSONAL T RESCRIPTION INFORMATION

YOUR

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

PATIENT
BIRTH DATE
MEDICATION
QUANTITY DIRECTIONS TAKE NELVA BRUNSTING 10/08/26 AZITHROMYCIN 250MG 30 1 TABLET ΒY MOUTH **TABLETS**

EVERY DAY

DOCTOR

A. JAIN, MD

DRUG DESCRIPTION

FRONT: 93 PIK

BACK:

INGREDIENT NAME: (ay-ZITH-roe-MYE-sin) AZITHROMYCIN

COMMON USES: This med to treat bacterial infections medicine is a macrolide antibiotic used

may be needed if you are taking antiarrhythmics (eg., disopyramide), anticoagulants (eg., warfarin), arsenic, astemizole, carbamazepine, cisapride, digoxin, domperidone, maprotiline, methadone, nelfinavir, cyclosporine, ergot alkaloids (eg., ergotamine), paliperidone, phenytoin, quinolones (eg., levofloxacin), rifampin, terfenadine, theophylline, triazolam, tyrosine kinase inhibitors (eg., dasatinib), or medicines that may affect your heartbeat. Ask your doctor if you are unsure if any of the medicines you are taking may affect your heartbeat. Inform your doctor of any other medical conditions including irregular heartbeat, kidney problems, liver problems, myasthenia gravis, allergies, pregnancy or breastfeeding. Contact your doctor or pharmacist if you have any questions or concerns about taking er-the-counter medicine that you are to MEDICINE if you are also taking do SINE: Some medicines or ract with this medicine, INFORM ACIST of all prescription and If prescription and taking. DO NOT TAKE to fetilide, CONDITION (eg,

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine may be taken on an empty stomach or with food. DO NOT TAKE THIS MEDICINE within 1 hour before or 2 hours after aluminum- or magnesium-containing antacids. STORE THIS MEDICINE at room temperature, away from heat and light. TO CLEAR UP YOUR INFECTION COMPLETELY, continue taking this medicine for the full course of treatment even if you feel better in a few days. Do not miss any doses. Taking this medicine at the same time each day will make it easier to remember. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If you miss a dose, do not take 2 doses at once.

(such as erythromycin), to ketolide antibiotics (such as telithromycin), or if you are allergic to any ingredient in this product. DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to erythromycin or any macrolide or ketolide antibiotic. A severe reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. This medicine may cause drowsiness, dizziness, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS **CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it, to other macrolide antibiotics

you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your haby. isks to your baby. this t to discuss

away during treatment, include mind defined, headers, nausea, or stomach pain or upset. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, changes in hearing, or ringing in the ears. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; swelling of your hands, legs, face, lips, eyes, throat, or tongue; difficulty swallowing, speaking, or breathing; eye or vision problems; fainting; hearing loss; irregular heartbeat; muscle weakness; reddened, blistered, or swollen skin; seizures; severe stomach pain, cramps, or diarrhea; bloody stools; unusual vaginal itching, odor, or discharge; or yellowing of the eyes or skin. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, trouble breathing, or unusual hoarseness. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side S: SIDE EFFECTS, that may go include mild diarrhea, headache

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002104

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include nausea, vomiting, stomach upset, and diarrhea.

Walgreens

QTY 30 10 DRAM

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247 PINK

Pharmacy use only

Walgreens

AZITHROMYCIN 250MG 00093-**7146**-56

WED Refill

1:30PM

FRONT: 93 BACK: 7146

NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517
17131464-4391
RX # 1494789-03328

DATE: 03/02/11

AZITHROMYCIN 250MG TABLETS

OTY: 30 NO REFILLS - DR. AL

RX #

1494789-03328

NELVA BRUNSTING

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA

AZITHROMYCIN 250MG TABLETS

OTY: 30

NO REFILLS - DR. AUTH REQUIRED

Refill

NDC: 00093-7146-56

Retail Price: \$195.79

Your Insurance Saved You: \$190.

Saved You: \$190.79

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ail Price: \$195.79

Insurance Saved You: \$190.79 3 - DR. AUTH REQUIRED -7146-56

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PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# FKRWQHL

regathing medicine unless your doctor rells you to. THE MEDICINE, MAY OMETIMES CAUSE SEVERE BREATHING PROBLEMS RIGHT AFTER YOU USE A OSE. If this happers, use your short-acting branchodilaror, Contact your doctor resets other medical care at once, THIS WEDICINE MAY ARISE YOUR BLOOD LIGAR, High blood sugar may make you feel confused, drowsy, or thirsty, It can liso make you feel the state of t

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while taking this medicine include; back pain; diarrhea; dry mouth, headach let hausses; may occur while taking this medicine include; back pain; diarrhea; dry mouth, headach let hausses; may over sufficient to the control of

HOW TO USE THIS MEDICINE. Follow the directions for using this medicine provided by your doctor. This medicine comes with a WEDICATION GUIDE approved by the U.S. Food and Drug Administration, Read it carefully each time you refill this medicine. Ask your doctor, nurse, or phylogenical any questions that you may have about his medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER, Do NOT inject or swallow it. A health care provider with this medicine. THIS MEDICINE SHOULD ONLY BE INHALED USING A NEBULIZER, Do NOT inject or swallow it. A health care provider with the refile contents in the provider with the control of the vial and pour the entire contents into the nebulizer reservor. The MEDICINE CONTROL THE WILLIAM CONTROL THE MEDICINE WITH DISTRICT THE WILLIAM CONTROL THE MEDICINE WITH DISTRICT THE WILLIAM CONTROL THE MEDICINE WITH DISTRICT THE WILLIAM CONTROL THE MEDICINE WITH DISTRICT THE WILLIAM CONTROL THE MEDICINE. THIS MEDICINE, this to pen the great mask and fun on the rebulizer. BREAT HE AS CALMILY despity, and evenly as possible with the rebulizer could lead to be the provider of the reservoir on the repeable of the reservoir control to the medicine. This may lead to an infection. To evoid bacteria entering the medicine with the medicine. This may lead to an infection, To avoid bacteria entering the medicine with the medicine. This may lead to an infection, To avoid bacteria entering the medicine with the medicine. This may lead to an infection, To avoid bacteria entering the medicine with the medicine. This may lead to an infection, To avoid bacteria entering the medicine with the medicine. This may lead to an infection, To avoid bacteria entering the medicine with the medicine. This may lead to an infection to avoid bacteria or because a form temperature between 68 and 77 degrees (7) Double Shake 8 (8) and 46 degrees (7) Double William and the will be the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of

DOCTOR ₽

PATIENT NELVA BRUNSTING
BIRTH DATE 10/08/26
MEDICATION BROVANA 15MCG/2ML INH SOL
QUANTITY 120

30X2ML

PERSONAL

PRESCRIPTION INFORMATION

DIRECTIONS INHALE 1 VIAL VIA NEBULIZER TWICE DAILY

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

DRUG DESCRIPTION

LIQUID

BEFORE USING THIS MEDICINE: WARNING: LONG-ACTING BETA-AGONISTS SUCH AS THIS MEDICINE: HAVE BEEN BARELY ASSOCIATED WITH AN INCREASED RISK OF ASTHMA-RELATED DEATH-Long-acing beta-agonists should increase the property of the

NELVA BRUNSTING

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA

RX #

1540088-03328

NELVA BRUNSTING

 BROVANA 15MCG/2ML INH SOL 30X2ML

 QTY: 120
 2 REFILLS BEFORE 04/21/12

 Copy
 NDC: 63402-0911-30

527.99

 BROVANA 15MCG/2ML INH SOL 30X2ML

 QTY: 120
 2 REFILLS BEFORE 04/21/12

 Copy
 NDC:63402-0911-30

RX # 1540088-03328

Walgreens

LIQUID

527.99

THU Copy

BROVANA 15MCG/2ML I 63402-**0911**-30 REFRIG

INH SOL

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Pharmacy

use only

Tela

lgreens

A. JAIN, MD MFG:SEPRACOR XXX/RJW/KHT/

Med Guide

PATIENT
BIRTH DATE
MEDICATION
QUANTITY METOPROLOL 60 NELVA BRUNSTING 10/08/26

TARTRATE

50MG

DIRECTIONS HOURS TAKE BY MOUTH EVERY

> DOCTOR ₽

TABLETS

DRUG DESCRIPTION

PINK

FRONT: m 32

BEFORE USING THIS MEDICINE: WARNING: Do not suddenly stop taking this medicine; sharp chest pain, irregular heartbeat, and sometimes heart attack, may occur. The fisk may be gleater if you have certain types of heart disease, when the fisk may be gleater if you have certain types of heart disease, when the fisk may be gleater if you have certain types of heart disease, when the fisk may be gleater if you have it is need to stop taking it, even if you may not know you have it. Inmit physical heat by you may need to start taking this medicine again. Tell your docstrong to warm to warm you have it. Inmit physical heat by you may need to start taking this medicine again. Tell your docstrong to warm the fish medicine again. Tell your docstrong to warm the fish medicine again in the your docstrong the your docstrong the your have a history of certain land the may have the warm to the your doctor of the your have a history of certain type of action who display they were the a history of certain land the may have been they out have a history of these conditions, and have a weaking the conditions and have a weaking the conditions and have a weaking the conditions and have a weaking the conditions and have a weaking the having the having the having the having the having the h

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

IOW TO USE THIS INDICINE: Follow the directions for taking this medicine provided by your doctor. TAKE THIS MEDICINE BY ADULT HIST HEDICINE BY ADULT HIST HEDICINE BY ADULT HIST HEDICINE AND ADULT HIST HEDICINE AT TOOM temperature, between 59 and 86 degrees F (15 and 30 degrees C). Store away from heat, noisture, and light. Do not store in the bathroom. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to four regular dosing schedule. Do not take 2 doses at once.

medicine. LAB TESTS, including liver and kidney function, blood pressure, and complete blood cell counts, may be performed while you use this medicine. These tests may be used to monitor your condition or check for side effects. Be sure to keep all doctor and lab appointments. THIS MEDICINE MAY CAUSE DROWSINESS, DIZZINESS, OR LIGHTHEADEDNESS, These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. Do not drive or perform other possibly unsafe tasks until you know how you react to it. This medicine may cause dizziness, if phrheadedness, or fainting; alcohol, hot weather, exercise, or rever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lile down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE offer feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal." Tell your doctor. If you develop any new symptoms. DO NOT SUDDENLY STOP TAKING THIS MEDICINE without first consulting your doctor. If your doctor decides you should no longer use this medicine, you will need to stop this medicine even if you may not that you take this medicine before you receive any medicine used to treat colds or congestion without first talking with your doctor or pharmacist. Do not take any medicine used to treat colds or congestion without first talking with your doctor or pharmacist. FOR WOMEN; if you become pregnant, contract your foctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. This medicine is found in breast medicine, where you are pregnant. This medicine is found in breast medicine, while your doctor. Discuss any possible risks to your become pregnant your doctor of her signs or low blood sugar. Low blood sugar may make you anxious, sweaty, weak, dizzy, drowsy, or faint. It may also make your oncord change the dose of your diabetes medicine.

Do not flush unused medications or pour down a sink or drain.

AABrunsting.Financials002106

DATE: 04/29/1 NELVA BRUNSTING (713)464-4391 (713)464-4391 (713)464-4391 (713)464-4391 (713)464-4391 (713)464-4391 (713)464-4391 (713)464-4391 METOPROLOL TARTRATE 50MG TABLETS

ΩΤΥ:60 1 REFILL BEFORE 04/05/12

Refill NDC:00378-0032-10

PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# SLQMDCX

4.38

NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)464-4391

KEEP OUT

REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE

RX # 1534699-03328

METOPROLOL TARTRATE 50MG TABLETS
OTY: 60 1 REFILL BEFORE 04/05/12

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247

Pharmacy use only

METOPROLOL TARTE 00378-**0032**-1(CELL 138

QTY 60 20 DRAM



FRONT: m

12850 MEMORIAL DRIVE HOUSTON. PH: (713)722-7247

WIC# 957918

38

04/29/1

-⟨γ-

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

MEDICATION QUANTITY PATIENT BIRTH DATE DIRECTIONS DAY NELVA BRUNSTING 10/08/26 ETHAMBUTOL 400 TAKE 90 ω **TABLETS** 400MG ВΥ MOUTH EVERY **TABLETS**

> DOCTOR A. JAIN, MD

> > DRUG DESCRIPTION

FRONT: LU WHITE C32

BACK:

(e-THAM-byoo-tole) INGREDIENT NAME: **ETHAMBUTOL**

antibacterial used to treat tuberculosis COMMON USES: This medicine is an

that you are taking. Inform your docto any other medical conditions, allergies BEFORE USING THIS MEDICINE: pregnancy, or breast-feeding prescription and over-the-counter medicine YOUR DOCTOR OR PHARMACIST of all Inform your doctor of INFORM

temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE Ö stomach. STORE THIS MEDICINE at room by your doctor. THIS MEDICINE MAY next dose, skip the missed dose and go back as possible. If it is almost time for your HOW TO USE THIS MEDICINE: doses your regular dosing schedule. Do not take at once. Follow the

doctor. EXAMINATIONS while you are taking this medicine even if you do not notice changes in your vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either or do anything else that could be dangerous until you know how you react to this MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE prescription or over-the-counter, check with medicine. HAVE REGULAR EYE **CAUTIONS:** DO NOT STOP USING THIS Do not drive, operate machinery,

> listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have extremities. If you notice other effects not vision, vomiting, skin rash, itching, fe confusion, or numbness or tingling of POSSIBLE if you experience changes bothersome, check with your doctor. WITH YOUR DOCTOR AS SOON AS dizziness. If they continue or are report side effects to FDA 1-800-FDA-1088. medical advice about side effects. healthcare provider. Call your doctor for questions about side effects, contact your include nausea, headache, You may tever, CHECK 윽

emergency room immediately. contact your local poison control center OVERDOSE: If overdose is suspected, Q

Do not flush unused medications or pour down a sink or drain. $AAB runsting. Financials 002\,107$

with others for whom it was not prescribed. or if they become worse, check with you doctor. DO NOT SHARE THIS MEDICINE PERIOD OF out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED health conditions. KEEP THIS MEDICINE symptoms do not improve within 2 to ADDITIONAL INFORMATION: If your your supply runs out. DO NOT USE THIS MEDICINE for TIME, obtain refills before other your ω weeks,

your doctor or pharmacist.

POSSIBLE EFFECTS, that may go away during SIDE EFFECTS: SIDE

RX # 1534700-03328 NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517 KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE DATE: 04/29/1

NELVA BRUNSTING RX # 1534700-03328

AREA.

PLAN: PAIDIVIPD GROUP# CMD3896 CLAIM REF# 7C1HH79

NDC:68180-0281-07 Retail Price: \$153.59 ∴ Your Insurance !

e Saved You: \$148.59

-⟨γ-

5.00

Retail Price: \$153.59

Saved You: \$148.59

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.00

ETHAMBUTOL 400MG

TABLETS

DATE: 04/29/11

90

ETHAMBUTOL 400MG TABLETS
QTY: 90 1 REFILL BEFORE 04/05/12

Walgreens



WHITE

FRONT: C32

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11:00AM

Pharmacy use only

Walgreens

12850 MEMORIAL DRIVE HOUSTON, PH: (713)722-7247

/PBF

SUN Refill

68180-**0281**-01 ETHAMBUTOL 400MG **TABLETS**

ΩΤΥ

BACK:

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247

GROUP# CMD3896 CLAIM REF# 7C1HH79

YOUR **PERSONAL** PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

MEDICATION QUANTITY PATIENT BIRTH DATE DIRECTIONS DAY 10/08/26 ETHAMBUTOL 400MG 90 TAKE **NELVA BRUNSTING** 3 TABLETS BY MOUTH EVERY **TABLETS**

DOCTOR

A. JAIN, MD

DRUG DESCRIPTION

BACK: FRONT: L U C32

WHITE

INGREDIENT NAME: ETHAMBUTOL

(e-THAM-byoo-tole)

(TB). antibacterial used to treat tuberculosis COMMON USES: This medicine is an

that you are taking. Inform your doctor any other medical conditions, allergies, prescription and over-the-counter medicine BEFORE USING THIS MEDICINE: pregnancy, or breast-feeding. YOUR DOCTOR OR PHARMACIST of all your doctor of INFORM

next dose, skip the missed dose and go back as possible. temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon stomach. STORE THIS MEDICINE at room directions for using this medicine by your doctor. THIS MEDICINE N HOW TO USE THIS MEDICINE: to your regular dosing schedule. Do not take TAKEN WITH FOOD if it upsets your 2 doses at once. If it is almost time for your ne provided MAY BE Follow the

or do anything else that could be until you know how you react to MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE prescription or over-the-counter, check with medicine even if you do not notice in your vision. BEFORE YOU BEGIN medicine. HAVE REGULAR EYE dizziness. Do not CAUTIONS: your doctor or pharmacist TAKING ANY NEW MEDICINE, either EXAMINATIONS while you are taking this your vision. DO NOT STOP USING THIS drive, you react to this operate machinery, dangerous changes

> bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS pharmacist. listed above, extremities. If you notice other effects not vision, vomiting, skin rash, itching, fe confusion, or numbness or tingling of POSSIBLE if you experience changes dizziness. If they continue or are report side effects to FDA 1-800-FDA-1088. medical advice about side effects. healthcare provider. Call your doctor for questions about side effects, contact your cist. This is not a complete list of effects that may occur. If you have include nausea, headache, contact your doctor, nurse list of You may tever. Q Q

emergency room immediately. contact your local poison control center OVERDOSE: If overdose is suspected, Q

or if they become worse, check with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed DO NOT USE THIS MEDICINE for other out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED symptoms do not improve within 2 to 3 PERIOD OF TIME, obtain refills before health conditions. KEEP THIS MEDICINE ADDITIONAL INFORMATION: your supply out. If your weeks,

POSSIBLE SIDE EFFECTS: EFFECTS, that may go away during SIDE

RX # 1494792-03328 NELVA BRUNSTING
13630 Pinerock, Houston, TX 770797517 KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE DATE: 01/01/1:

12850 MEMORIAL DRIVE HOUSTON, PH: (713)722-7247

Pharmacy use only

ETHAMBUTOL 40 68180-**0281**-01

400MG

TABLETS

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XXX/JIC/JIC/

/RJW

BACK:

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Walgreens

MFG:LUPIN

/RJW

GROUP# CM CLAIM REF#

/ID3896 SQA93NQ

ETHAMBUTOL 400MG

TABLETS 11/29/11

017:90

Refill NDC: 68180-0281-01 Retail Price: \$153.59 Your Insurance S

Saved You: \$148.59

5.00

Walgreens

12850 MEMORIAL DRIVE HOUSTON, TX PH: (713)722-7247 FRONT: WHITE Γ





RX # 1494792-03328 NELVA BRUNSTING

DATE: 01/01/11

ETHAMBUTOL 400MG

TABLE 11/29/11

90

\$153.59

Saved You: \$148.59

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/RJW

GROUP# CMD3896 CLAIM REF# SQA93NQ

AREA.

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below Check Card Using For Payment Master Card ☐ AMEX ☐ Discover ☐ Visa Exp. Date SEC Card Number Signature Amount Account Statement Date Due Date **Total Due** 65140 Jan 5, 2012 Jan 27, 2012 740.77

Amount Enclosed \$

Make Checks Payable To:

Hadalalallhadd Northwoods Urology Associates P O Box 4959 Houston, TX 77210

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Haallaallallaadallallaadallallaadall **NELVA E. BRUNSTING** 203 BLOOMINGDALE CIRCLE Victoria, TX 77904-3049

> $\hfill \square$ Please check box and indicate any change in address on reverse side. Detach at perforation and return above portion with payment.

Service Date	Service Provide	er	Desc	cription	С	harges	Ins Payme Adjustmen		Private Payments	Balance
Patient Accour	nt: 65140 - NELVA					•				
08/17/2011 09/07/2011	Phan, M.D., Cuong Q.	Medica	ce Radiation Thera re 880469611			650.00		52.99		
09/07/2011 10/04/2011		1 -	s exceed contracted Healthcare QG9074					58.76 30.60		7.65
08/17/2011 09/07/2011	Phan, M.D., Cuong Q.		lul Dlvr 1/Mlt Flds/ re 880469611		and the second second	2,500.00	-4	12.58		t Men i
09/07/2011 10/04/2011		Charges	s exceed contracted Healthcare QG9074	fee schedule 8			-1,98	84.27 82.52		20.63
	Phan, M.D., Cuong Q.	Continuin	g Medical Physics re 880469611		in the second se	500.00	American Company of the Company	41.56	e Benyon z	20.03
09/07/2011 09/07/2011 10/04/2011		Charges	s exceed contracted Healthcare QG9074				-4	48.05 -8.31		2.08
08/22/2011 09/12/2011		FILED: M		13143		:		-0.51		2.00
09/16/2011		FILED: U	nited Healthcare			2.150.00				
08/11/2011 09/02/2011	Yu, M.D., Tse-Kuan	Medica	j Dosim Cal re 880456253			3,150.00		04.29		į.
09/02/2011 09/27/2011	<u>racente a la como al religio (1888).</u>	United	s exceed contracted Healthcare QG907.	27660	,	'		19.64 00.86	-	25.21
08/11/2011 09/02/2011	Yu, M.D., Tse-Kuan	Medica	leaf collimator dev re 880456253			2,000.00		83.81		, 14°
09/02/2011 09/27/2011	-	United	s exceed contracted Healthcare QG907				19	20.24 76.76	· *	19.19
08/18/2011 09/07/2011		1	nited Healthcare	en komor en gegen i tag	,		!			1124
08/10/2011 09/02/2011	Yu, M.D., Tse-Kuan	Medica	lul Radthx Pln Dos re 880456253	e ger		6,300.00	, , ,	63.91	5 5	
09/02/2011 09/27/2011		United	s exceed contracted Healthcare QG907		;;	`	· .	20.11 32.78		
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Statement Date	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days D	ue Da	ate .	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.	.00 Ja	an 27	7, 2012	Continue

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001 AABrunsting Financials 002109
Account Number: 65140 2.0.0.1 A0000 - OEAG20120105-00000005-00000010-0

Service Date	Service Provid	er	Desc	ription	Cha	arges	Ins Payment Adjustments	1	Balance
Patient Accour	nt: 65140 - NELVA								
08/12/2011	Yu, M.D., Tse-Kuan	Ther Rad	Simulaj-aided Fld S	etting Smpl		650.00			
08/31/2011		Medica	re 880439421				-150		ļ
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09/27/2011		United	Healthcare QG9072	7660		i	-30	.09	7.52
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09/02/2011		FILED: U	nited Healthcare						ļ
08/15/2011	Phan, M.D., Cuong Q	. Ct Guidan	ce Radiation Thera	py Flds Place		650.00			
09/02/2011		Medica	re 880456254			ì	-152	.99	-
09/02/2011		Charge	s exceed contracted	fee schedule 8		1	-458	.76	
09/20/2011		United	Healthcare QG9070	7505			-30	.60	7.65
08/15/2011	Phan, M.D., Cuong Q	Ntsty Moo	lul Dlvr 1/Mlt Flds/	arcs Pr Tx S	2,	500.00		1	
09/02/2011		Medica	re 880456254				-412	.58	
09/02/2011		Charge	s exceed contracted	fee schedule 8			-1,984	.27	
09/20/2011		United	Healthcare QG9070	7505			-82	.52	20.63
08/15/2011	Phan, M.D., Cuong Q). Radi Tx N	Igmt 5 Txs		1,	00.000			ŀ
09/02/2011	, ,		re 880456254		. 1		-146	.03	
09/02/2011		Charge	s exceed contracted	fee schedule 8			-817	.46	
09/20/2011		1	Healthcare QG9070				-29	.21	7.30
08/18/2011		FILED: M	_						
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08/16/2011	Phan, M.D., Cuong C). Ct Guidar	ice Radiation Thera	ny Flds Place		650.00			
09/07/2011		•	re 880469611				-152	.99	
09/07/2011	Ī		s exceed contracted	fee schedule 8	ľ		-458	.76	
10/04/2011	•	_	Healthcare QG9074				-30	.60	7.65
08/16/2011	Phan, M.D., Cuong C		dul Dlvr 1/Mlt Flds/		1 2	.500.00		:	
09/07/2011	i		re 880469611				-412	.58	7.77
09/07/2011			s exceed contracted	fee schedule 8	į		-1,984	.27	ľ
10/04/2011			Healthcare QG9074		ļ:		-82		20.63
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Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days Due	Date"	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0	.00 Jar	27, 2012	Continued

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Account Number: 65140

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Page 1 of 10

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below									
Check Card Using For Payment Visa Master Card AMEX Discover									
Card Number	master oard	Exp. Date	SEC						
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Account	Statement Date	Due Date	Total Due						
65140	Jan 5, 2012	Jan 27, 2012	740.77						

Amount Enclosed \$_

Make Checks Payable To:

II...II...IIII....IIII Northwoods Urology Associates P O Box 4959 Houston, TX 77210

Service Date	Service Provide	er e	Desc	cription	C	harges	Ins Paym Adjustme		Private Payments	Balance
Patient Accou	nt: 65140 - NELVA	E. BRUNSTIN	IG					<u></u>	-	
09/07/2011	1,11		nited Healthcare		·					
08/18/2011	Phan, M.D., Cuong Q.		ce Radiation Thera	ny Flds Place	,	650.00				
09/07/2011			re 880469611				-	152.99		
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08/18/2011	Phan, M.D., Cuong Q.		lul Dlvr 1/Mlt Flds/			2,500.00				
09/07/2011		Medica	re 880469611				-	412.58		
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08/23/2011		FILED: M	edicare							
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09/16/2011		FILED: U	nited Healthcare		į.					
08/19/2011	Phan, M.D., Cuong Q.	Ct Guidan	ce Radiation Thera	py Flds Place		650.00				
09/07/2011	·	Medica	re 880479846				-	-152.99		
09/07/2011		Charge	s exceed contracted	fee schedule 8			-	-458.76		
10/04/2011		United	Healthcare QG9074	13145				-30.60		7.65
08/19/2011	Phan, M.D., Cuong Q.	Ntsty Mod	iul Divr 1/Mit Fids/	arcs Pr Tx S		2,500.00				
09/07/2011		Medica	re 880479846		1			412.58		
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08/22/2011	Yu, M.D., Tse-Kuan	Ct Guidar	ce Radiation Thera	py Flds Place		650.00				
09/08/2011		Medica	re 880489430					-152.99		
09/08/2011		Charge	s exceed contracted	fee schedule 8				-458.76		
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Statement Dat	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days	Due D:	ate 🦂 👢	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.	.00	Jan 27	7, 2012	Continued

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001

Account Number: 65140

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

	If Paying By Credit Card Please Fill Out Below									
Check Card Using For Payment										
☐ Visa	Master Card	AMEX	☐ Discover							
Card Number		Exp. Date	SEC							
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Account	Statement Date	Due Date	Total Due							
65140	Jan 5, 2012	Jan 27, 2012	740.77							

Amount Enclosed \$_____

Make Checks Payable To:

II...II...IIIII....III Northwoods Urology Associates P O Box 4959 Houston, TX 77210

Service Date	Service Provid		Door	cription	Ch	arges	Ins Payr Adjustm	nents/	Private Payments	Balance
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	nt: 65140 - NELVA									
08/25/2011		FILED: M								
09/13/2011			nited Healthcare							
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10/12/2011			Healthcare 105417			700.00		-30.60		7.65
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09/13/2011			s exceed contracted					1,984.27		20.62
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08/29/2011		FILED: M								}
09/16/2011		1	nited Healthcare							344.5
08/24/2011	Yu, M.D., Tse-Kuan	1 -	lul Dlvr 1/Mlt Flds/	arcs Pr Tx S	2	,500.00		410.50		
09/14/2011	*	I	re 880538396					-412.58		
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10/12/2011	** *** ***	I	Healthcare 105417	8110		000 00		-82.52		20.63
08/24/2011	Yu, M.D., Tse-Kuan	"	Igmt 5 Txs		1	,000.00		136.02		•
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Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days	Due D	ate	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0	.00	Jan 27	7, 2012	Continued

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Northwoods Urology Associates 135 Vision Park
The Woodlands, TX 77384

	If Paying By Credit Card Please Fill Out Below									
Check Card Using For Payment										
☐ Visa	Master Card	AMEX	Discover							
Card Number	***************************************	Exp. Date	SEC							
Signature			Amount							
Account	Statement Date	Due Date	Total Due							
65140	Jan 5, 2012	Jan 27, 2012	740.77							

Amount Enclosed \$_____

Make Checks Payable To:

II...II..IIIII....III Northwoods Urology Associates P O Box 4959 Houston, TX 77210

		٠.	Detach at perforation	and return above po	ortion with paymen	t.			
Service Date	Service Provid	er	Desc	cription		Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Accoun	nt: 65140 - NELVA	E. BRUNSTIN	NG		<u> </u>	•		Luciono	•
10/12/2011			Healthcare 105417	8110			-30.60		7.65
08/25/2011	Yu, M.D., Tse-Kuan	Ntsty Mod	dul Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00			i l
09/14/2011		Medica	re 880538396				-412.58		
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08/30/2011		FILED: M	ledicare						
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08/26/2011	Yu, M.D., Tse-Kuan	Ct Guidar	ice Radiation Thera	py Flds Place		650.00	The section of the se		the state of the second
09/14/2011		Medica	re 880538396				-152.99		i
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Please check box and indicate any change in address on reverse side.

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2.0.0.1

Account Number: 65140

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

	If Paying By Credit Card Please Fill Out Below										
	Check Card Using For Payment										
☐ Visa	Master Card	AMEX	Discover								
Card Number		Exp. Date	SEC								
Signature		!	Amount								
Account	Statement Date	Due Date	Total Due								
65140	Jan 5, 2012	Jan 27, 2012	740.77								

Amount Enclosed \$__

Make Checks Payable To:

II...II...IIII....III Northwoods Urology Associates P O Box 4959 Houston, TX 77210

Service Date	Service Provid	ler	Des	cription		Charges	Ins Payments Adjustments	Private Payments	Balance
Patient Accoun	nt: 65140 - NELVA	E. BRUNSTIN	VG		*				
09/16/2011		Medica	re 880560135				-152.9	9	
09/16/2011		Charge	s exceed contracted	fee schedule			-458.7	6	
10/12/2011		United	Healthcare 105417	8110			-30.6	0	7.65
08/30/2011	Yu, M.D., Tse-Kuan	Ntsty Mod	dul Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00			1
09/16/2011		Medica	re 880560135	to the state of	11 * 1 + 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-412.5	8	La Day Esta en
09/16/2011		Charge	s exceed contracted	fee schedule			-1,984.2	7	i na mari
10/12/2011		United	Healthcare 105417	8110			-82.5	2	20.63
08/30/2011	Yu, M.D., Tse-Kuan	Radj Tx N	Agmt 5 Txs		i	1,000.00			
09/16/2011	a the same transport of a second for the	- Medica	re 880560135	and the second of the second o		and the second second second second	-146.0	3	and the same of the same of
09/16/2011		Charge	s exceed contracted	fee schedule			-817.4	6	
10/12/2011		United	Healthcare 105417	8110			-29.2	1	7.30
09/20/2011		MEMO: \$	3177.91 applied to o	coinsurance.					
09/02/2011		FILED: M	ledicare	war war day					1
09/21/2011		FILED: U	nited Healthcare						ŀ
08/31/2011	Yu, M.D., Tse-Kuan	Ct Guidar	ice Radiation Thera	py Flds Place		650.00		į.	
09/16/2011		Medica	re 880560135				-152.9	9	
09/16/2011		Charge	s exceed contracted	fee schedule			-458.7	1	
10/12/2011		United	Healthcare 105417	8110			-30.6	0	7.65
08/31/2011	Yu, M.D., Tse-Kuan	Ntsty Mo	dul Dlvr 1/Mlt Flds	arcs Pr Tx S	ļ	2,500.00			
09/16/2011	jaga entre	Medica	re 880560135		1		-412.5		1
09/16/2011	,	-	s exceed contracted				-1,984.2		1
10/12/2011		ange i men	Healthcare 105417	Eller to the market of the			-82.5	. i	20.63
08/31/2011	Yu, M.D., Tse-Kuan	I	g Medical Physics	Consltj Pr Wk	ľ	500.00	77.5x .		j
09/16/2011			re 880560135				-41.5	£	
09/16/2011	The state of the state of the	-	s exceed contracted		ŀ		-448.0	1	
10/12/2011			Healthcare 105417				-8.3	11	2.08
09/20/2011			S151.79 applied to o	coinsurance.	l			5	
09/02/2011		FILED: M			ŀ				
09/21/2011			nited Healthcare						
09/01/2011	Yu, M.D., Tse-Kuan		ice Radiation Thera	py Flds Place	1	650.00			· I
09/20/2011		Medica	re 880588282		I		-152.9	9[1
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Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Da	ys Over	150 Days Due)ate 🕮 🔻	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	C	0.00 Jan 2	27, 2012	Continued

Please check box and indicate any change in address on reverse side.

Detach at perforation and return above portion with payment.

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

	If Paying By Credit Card Please Fill Out Below									
Check Card Using For Payment										
☐ Visa	Master Card	AMEX	Discover							
Card Number		Exp. Date	SEC							
Signature			Amount							
Account	Statement Date	Due Date	Total Due							
65140	Jan 5, 2012	Jan 27, 2012	740.77							

Amount Enclosed \$_

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II...II..II.IIII....III Northwoods Urology Associates P O Box 4959 Houston, TX 77210

:			Detach at perforation	and return above p	ortion with payment.				
Service Date	Service Provide	er	Desc	cription	С	harges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Accou	nt: 65140 - NELVA	E. BRUNSTIN	NG						•
09/20/2011		Charge	s exceed contracted	fee schedule			-458.76		1
10/18/2011		United	Healthcare QG9077	79586	i		-30.60		7.65
09/01/2011	Yu, M.D., Tse-Kuan	Ntsty Mod	dul Dlyr 1/Mlt Flds/	arcs Pr Tx S	į :	2,500.00			
09/20/2011		Medica	re 880588282			:	-412.58		
09/20/2011		Charge	s exceed contracted	fee schedule			-1,984.27		l sala giranah d
10/18/2011		United	Healthcare QG9077	79586	a construction of the construction	:	-82.52		20.63
09/23/2011		МЕМО: \$	3141.40 applied to c	oinsurance.					
09/06/2011		FILED: M	ledicare						
09/23/2011	and the control of th	FILED: U	nited Healthcare	ray of the first of the section of t			congress of the second second second	,	
09/02/2011	Yu, M.D., Tse-Kuan	Ct Guidan	nce Radiation Thera	py Flds Place		650.00			1
09/21/2011			re 880602778	• •			-152.99		,
09/21/2011		Charge	s exceed contracted	fee schedule 8			-458.76		3
10/18/2011		1 -	Healthcare QG9077				-30.60		7.65
09/02/2011	Yu, M.D., Tse-Kuan		dul Dlvr 1/Mlt Flds/			2,500.00			
09/21/2011		Medica	re 880602778				-412.58		,
09/21/2011			s exceed contracted	fee schedule 8			-1,984.27		1
10/18/2011			Healthcare QG9077			-	-82.52	}	20.63
09/07/2011		FILED: M	•						
09/26/2011		FILED: U	nited Healthcare	A Commence					
09/06/2011	Yu, M.D., Tse-Kuan	Ct Guidar	nce Radiation Thera	py Flds Place]	650.00			
09/22/2011	' '		re 880614787	• •			-152.99		
09/22/2011		Charge	s exceed contracted	fee schedule		- 1 - 1 - 1 - 1	-458.76	[
10/18/2011	्ष (१५४) व विकास स्थाप		Healthcare QG907		- 1	i ereemi	-30.60	ŀ	7.65
09/06/2011	Yu, M.D., Tse-Kuan		dul Divr 1/Mit Flds/		ł	2,500.00			
09/22/2011	' '	Medica	re 880614787		ľ		-412.58		
09/22/2011		Charge	s exceed contracted	fee schedule			-1,984.27		
10/18/2011			Healthcare QG907				-82.52		20.63
09/27/2011			\$141.40 applied to o						ŀ
09/08/2011		FILED: M			,				
09/27/2011		FILED: U	nited Healthcare					1	
09/07/2011	Yu, M.D., Tse-Kuan	I .	nce Radiation Thera	py Flds Place	1	650.00			
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Statement Dat	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days Due D	ate 🚉 🛶 🖦	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0	.00 Jan 2	7, 2012	Continued

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001

Account Number: 65140 2.0.0.1 AABrunsting Financial 2000 2.0.0.1

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below							
Check Card Using For Payment Visa Master Card AMEX Discover							
Card Number		Exp. Date	SEC				
Signature	4		Amount				
Account	Statement Date	Due Date	Total Due				
65140	Jan 5, 2012	Jan 27, 2012	740.77				

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Amount Enclosed \$_

Make Checks Payable To:

II...II...IIII....III Northwoods Urology Associates P O Box 4959 Houston, TX 77210

Service Date	Service Provide	r	Des	cription	С	harges	Ins Payme Adjustme		Private Payments	Balance
Patient Accou	nt: 65140 - NELVA 1	E. BRUNSTIN	NG							
09/26/2011		Medica	re 880641268				-1	152.99		
09/26/2011		Charge	s exceed contracted	fee schedule 8			-4	158.76		
10/18/2011		United	Healthcare QG9077	79586	·			-30.60		7.65
09/07/2011	Yu, M.D., Tse-Kuan	Ntsty Mod	dul Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00		I		
09/26/2011	1 4 6 1	Medica	re 880641268		1114 124 14	light strai		112.58		14111
09/26/2011	The second of th	Charge	s exceed contracted	fee schedule 8	and the standard of the standa		-1,9	984.27		
10/18/2011		United	Healthcare QG907	79586			,	-82.52		20.63
09/07/2011	Yu, M.D., Tse-Kuan	Radj Tx N	Agmt 5 Txs			1,000.00				
09/26/2011	against assess a contact section of the contact	Medica	re 880641268	agradi i aga a i saga sa sa ara mini ma masa i i i				146.03		
09/26/2011			s exceed contracted				-{	317.46		
10/18/2011		"	Healthcare QG907					-29.21		7.30
09/07/2011	Yu, M.D., Tse-Kuan		g Medical Physics			500.00				
09/26/2011	1	ī	re 880641268					-41.56		ŀ
09/26/2011			s exceed contracted	fee schedule 8	•			148.05		
10/18/2011			Healthcare QG907					-8.31		2.08
09/12/2011	*	FILED: M	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				*.5		
09/28/2011			nited Healthcare	And the second second						
09/08/2011	Yu, M.D., Tse-Kuan		ice Radiation Thera	ny Flds Place		650.00				1.45
09/28/2011	1 4, 111.21, 150 114411		re 880665029	P) - 145 - 145			_	152.99		
09/28/2011			s exceed contracted	fee schedule 8				458.76		
10/18/2011	The state of the s		Healthcare QG907					-30.60		7.65
09/08/2011	Yu, M.D., Tse-Kuan	1	dul Divr 1/Mit Fids	and the second s	· .	2.500.00		30.00		
09/28/2011	1 14, 14.1.	THE PROPERTY AND A STATE OF THE PARTY AND A ST	re 880665029	in 60 11 17 D	1 '	2 ,5 9 0.0 9		412.58		1 17
09/28/2011		1	s exceed contracted	fee schedule 8				984.27		
10/18/2011			Healthcare QG907				5	-82.52		20.63
09/14/2011		FILED: M		7,500				02.02		
09/30/2011	1	ı	nited Healthcare					ļ		1
10/10/2011			nited Healthcare		}]		1
09/09/2011	Yu, M.D., Tse-Kuan	ı	nce Radiation Thera	uny Elde Place		650.00		+ 1		
09/28/2011	Tu, M.D., 156-Kuan		re 880665029	ipy rius riace	1	050.00		152.99		
09/28/2011		ľ	s exceed contracted	faa cohadula Q				458.76		
09/28/2011	Leave the process	1 Charge	s exceed contracted	i lee schedule o	ı			+36.70		ļ
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Statement Dat	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days 1	Due Da	ite 📜	Total Due
Ion 5, 2012	0.00	0.00	454.07	296.70	0.00		00	lan 27	2012	Continued

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001

Account Number: 65140

2.0.0.1 AABrunsting Financials 0021165-00000016-0

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below								
Check Card Using For Payment								
│	Master Card	☐ AMEX	Discover					
Card Number		Exp. Date	SEC					
Signature			Amount					
Account	Statement Date	Due Date	Total Due					
65140	Jan 5, 2012	Jan 27, 2012	740.77					

Amount Enclosed \$_____

Make Checks Payable To:

II...II...IIII....IIII Northwoods Urology Associates P O Box 4959 Houston, TX 77210

	Service Provider		·				
		De	scription	Char	Ins Payments/ ges Adjustments	Private Payments	Balance
	t: 65140 - NELVA E.	BRUNSTING					•
10/25/2011		United Healthcare QG90	797905		-30.60		7.65
1	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Flo		2,50	0.00		
09/28/2011		Medicare 880665029			-412.58		
09/28/2011		Charges exceed contract	ed fee schedule 8		-1,984.27		
10/25/2011	and the second second	United Healthcare QG90			-82.52		20.63
09/14/2011	And the second second	FILED: Medicare		And the second s	and the second second second second		
09/30/2011		FILED: United Healthcare					1
10/10/2011		FILED: United Healthcare				ł	
1	Yu, M.D., Tse-Kuan	Ct Guidance Radiation The	rany Flde Place	65	0.00	e e e e e e e e e e e e e e e e e e e	
09/30/2011	1 u, WI.D., 130-Kuun	Medicare 880692272	napy i lus i lacc	000	-152,99	,	
09/30/2011		Charges exceed contract	ad faa schadula Q		-458,76		
10/25/2011		United Healthcare QG90			-30.60		7.65
	Yu, M.D., Tse-Kuan	Ntstv Modul Dlvr 1/Mlt Flo		2.50	0.00	1	1.03
09/30/2011	ru, M.D., Tse-Kuan	Medicare 880692272	IS/AICS PI IX S	2,30	-412.58		
		1	- 1 C 1- 1-1- 0		-1.984.27	1	
09/30/2011	1. A	Charges exceed contract					20.62
10/25/2011		United Healthcare QG90	1797905		-82.52	1	20.63
09/16/2011		FILED: Medicare					
10/04/2011	** ** **	FILED: United Healthcare	711 71				
	Yu, M.D., Tse-Kuan	Ct Guidance Radiation The	erapy Flds Place	63	0.00		7 - 1
10/03/2011		Medicare 880703167			-152.99	1	
10/03/2011		Charges exceed contract			-458.76	1	
10/25/2011		United Healthcare QG90			-30.60)	7.65
	Yu, M.D., Tse-Kuan	Ntsty Modul Dlvr 1/Mlt Fl	ds/arcs Pr Tx S	2,50	0.00		
10/03/2011		Medicare 880703167			-412.58		
10/03/2011		Charges exceed contract			-1,984.27		
10/25/2011		United Healthcare QG90)797905	j		:	20.63
09/14/2011	Yu, M.D., Tse-Kuan	"		1,00			
10/03/2011	•	Medicare 880703167				1	Ì
10/03/2011		Charges exceed contract	ed fee schedule		-817.46		
10/25/2011		United Healthcare QG90	797905		-29.21		7.30
09/14/2011	Yu, M.D., Tse-Kuan	Continuing Medical Physic	s Consltj Pr Wk	50	0.00		
10/25/2011 09/14/2011 10/03/2011 10/03/2011 10/25/2011	Yu, M.D., Tse-Kuan Yu, M.D., Tse-Kuan	United Healthcare QG90 Radj Tx Mgmt 5 Txs Medicare 880703167 Charges exceed contract United Healthcare QG90	0797905 ed fee schedule 0797905		-82.52 -146.03 -817.44 -29.2		:

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001

2.0.0.1

Account Number: 65140

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

Haallaallallaadadaddhaadadddabadl **NELVA E. BRUNSTING** 203 BLOOMINGDALE CIRCLE Victoria, TX 77904-3049

If Paying By Credit Card Please Fill Out Below								
Check Card Using For Payment								
☐ Visa	Master Card	☐ AMEX	Discover					
Card Number		Exp. Date	SEC					
Signature		 	Amount					
Account	Statement Date	Due Date	Total Due					
65140	Jan 5, 2012	Jan 27, 2012	740.77					

Amount Enclosed \$

Make Checks Payable To:

HadhalaldadMoodld Northwoods Urology Associates P O Box 4959 Houston, TX 77210

Please check box and indicate any change in address on reverse side.

Service Date	Service Provid	ler	Desc	ription	CH	arges	Ins Payme		Private Payments	Balance
Patient Account	: 65140 - NELVA	E. BRUNSTIN	NG							
10/03/2011 10/03/2011 10/25/2011 10/05/2011 09/19/2011 10/05/2011	in a second	Charge: United MEMO: \$ FILED: M	re 880703167 s exceed contracted Healthcare QG9079 188.30 applied to c ledicare nited Healthcare	7905				-41.56 148.05 -8.31		2.08
10/03/2011		FILED. 0	inica ricanneare			1	Patient	Balan	e:	740.77
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Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 1	50 Days	Due Da	te · · · · · ·	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0.	00 .	Jan 27	, 2012	740.77

Detach at perforation and return above portion with payment.

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001
ACCOUNT Number: 65140 2.0.0.1 AABrunsting Financials 002118
2.0.0.1 ACCOUNT Number: 65140

KS Management Services L.L.C. DBA Kelsey-Seybold Clinic

Vendor No. 999422540 - N			era reces		C Discount	heck N	o. 823428 Net
Invoice No.	Date 02/11/12	Comments This is your refund from Kelsey -	Š	Gross 13.92	DISCOURCE.	\$	13.9
PR00535504	03/11/12	Seybold Clinic. If you need any additional information please call our Customer Service Department at 713-442-5500					
3/2	3/12						
Dep 312 Sur Tu	tec						
Sw'							
		TOTALS	\$	13.92		, \$:	13.



NELVA BRUNSTING 203 BLOOMINGDALE CIR VICTORIA, TX 77904-3049

DATE	CODE	DESCRIPTION OF SERVICES	DIAGNOSIS	AMOUNT
09/07/11	7102026	1 CHEST X-RAY PA & LAT	155.1	\$41.00
12/19/11	20	880691763 MEDICARE PAY		\$8.78-
12/19/11	820	880691763 Medicare Adj		\$30.02-

When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

For inquiries please call our office at the number above.



BALANCE DUE: \$2.20

Account Number: 71-0343169228501 Statement Date: 03/28/2012

DBA Radiology West

Houston Progressive Radiology Associates 5301 Hollister Dr., Ste 350 Houston TX 77040-6152

RADWEST1-0307218-0000000-2410974-001-000048-#006892-0001 Phone: 713-461-3573 IRS# 74-1646861