)ate	ICPT & Reason	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Amount
atient:	Nelva Brunst	ing				· · · ·
<i>loucher:</i>	2690140					
10/20/10	99214	Office/outpatient Visit	152.50			and the second second
10/20/10	94760	Measure Blood Oxygen Le	15.50			
10/20/10		Chest X-Ray	57.00		1	
	888546636	Medicare Payment			-106.14	
	888546636	Medicare Adjustment			-76.83	
	888546636	Medicare Payment			0.00	÷.,
	888546636	Medicare Adjustment		1	-15.50	
	888546636	Medicare Transfer		1		1
	1041187587	Commercial Insurance Pa		· · ·	-21.22	
	1041187587	Commercial Insurance Tr				·
12/0//10		Visit Total				5.31
	a de la companya de l					
Voucher:	2789760					
11/11/10	99213	Office/outpatient Visit	102.00			
	888727019	Medicare Payment			-54.22	
	888727019	Medicare Adjustment	1		-34.23	
	888727019	Medicare Transfer		· .		
	1QG90026431	Commercial Insurance Pa	н 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 -		-10.84	
	1QG90026431	Commercial Insurance Tr				
,, _		Visit Total				2.71

PR. 1113/11

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

01836 7800893 001837 001837 00001/00001 920966912

Account Number: Office Phone Number: (713)407-3000

Patient Balance:

8.02 92096S11028

969650

ITE	PATIENT	CPT	DESCRIPTIO	IN OF TRANSACTION	DOCTOR	CHARGES	ADJUSTS	RECEIPT	BALANCE	INS BILL
2/28/11	NELVA	99214	OUTPATIENT	t e/m service-establi	ished Jain,	120.00	17.06	98.82	4.12	03/31/11
							#	7024	/	
	te stretje De stepenst	an shi Anglas sa								
						ang ng Kabupatèn Sang Kabupatèn Perlaminan Kabupatèn Perlaminan				
PORTION	has been pa	ID BY INSURF	ince - Balan	NCE DUE FROM PATIENT						
TATEMENT		CCT. NO.	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER	90 DAYS	OVER 1	20 DAYS	AMOUNT DUE
06/10/11		(FFFO	3.5				30 M (B) (C)	98 · · · · · · · · · · · · · · · · · · ·		4.12
DATE	PATIENT			4.12 UPON RECEIPT TO MED		IATES** TOR CHARGE	-80 5 ADJUST	S RECEIF)T BALANCE	
	PATIENT	**	Payment due Descrip	UPON RECEIPT TO MED	ical chest assoc	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE	PATIENT 1 NELVA	 **f CP1	PAYMENT DUE DESCRIP 218 INITIAL	UPON RECEIPT TO MED	ical Chest Assoc N Doc Jai	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1	PATIENT 1 NELVA	*** (CP1 992	PAYMENT DUE DESCRIP 218 INITIAL	UPON RECEIPT TO MED PTION OF TRANSACTION OBSERVATION CARE	ical Chest Assoc N Doc Jai	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1	PATIENT 1 NELVA	*** (CP1 992	PAYMENT DUE DESCRIP 218 INITIAL	UPON RECEIPT TO MED	ical Chest Assoc N Doc Jai	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1	PATIENT 1 NELVA	*** (CP1 992	PAYMENT DUE DESCRIP 218 INITIAL	UPON RECEIPT TO MED PTION OF TRANSACTION OBSERVATION CARE	ical Chest Assoc N Doc Jai	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1	PATIENT 1 NELVA	*** (CP1 992	PAYMENT DUE DESCRIP 218 INITIAL	UPON RECEIPT TO MED	ical Chest Assoc N Doc Jai	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1	PATIENT 1 NELVA	*** (CP1 992	PAYMENT DUE DESCRIP 218 INITIAL	UPON RECEIPT TO MED	ical Chest Assoc N Doc Jai	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1 05/17/1	PATIENT 1 NELVA 1 NELVA	*** 592 992	DESCRIP	UPON RECEIPT TO MED	ICAL CHEST ASSOC	TOR CHARGE N, 115.0	5 ADJUS1 0 50.0	15 62.3	35 2.60	INS BILL 06/24/11
DATE 05/16/1 05/17/1 PORTI	PATIENT 1 NELVA 1 NELVA	*** 592 992	DESCRIP	UPON RECEIPT TO MED PTION OF TRANSACTION OBSERVATION CARE ATION CARE DISCHARGE HH2/2/ ALANCE DUE FROM PATIN	ICAL CHEST ASSOC N DOC JAI JAI JAI	TDR CHARGE N, 115.0 N, 150.0	5 ADJUS1 0 50.0	15 62.3 10 67.6	35 2.60	INS BILL 06/24/11
DATE 05/16/1 05/17/1 PORTI	PATIENT 1 NELVA 1 NELVA ON HAS BEEN ENT DATE	CP1 992 992	DESCRIP DESCRIP 18 INITIAL 17 OBSERVA	UPON RECEIPT TO MED PTION OF TRANSACTION OBSERVATION CARE ATION CARE DISCHARGE HH2/2/ ALANCE DUE FROM PATIN	ICAL CHEST ASSOC N DOC JAI JAI JAI	TOR CHARGE N, 115.0 N, 150.0	5 ADJUS1 0 50.0 0 80.0	15 62.3 10 67.6	35 2.60 2.80	INS BILL 06/24/11 06/24/11

AABrunsting.Financials002074

Date	СРТ	Description		Total Fee	Insurance	Patient
PatientNe	elva BrunAc	count #:11426 Doctor: Mark A Yeoman MD	Code:MC034429 Location	n:Memorial Her	mann Memorial	City Hospit
12/04/2010	99232	Subsequent hospital care, per day, moderate	complexity	\$95.00	\$95.00	\$.00
12/30/2010		Insurance Adjustment from Medicare		\$.00	\$-23.46	
12/30/2010		Insurance payment Payment from Medicare		\$.00	\$-57.23	
01/19/2011		Insurance payment Payment from United Health	care PPO Options	\$.00	\$-11.45	
01/19/2011		Transfer from Insurance		\$.00	\$-2.86	\$2.86
This balar	nce was due	to your co-insurance not met for this visit.				
02/03/2011		Conveyance Payment from Brunsting, Nelva		\$.00	\$.00	\$-2.47
				BALANCE:	\$.00	\$.39
PatientNe	elva BrunAd	count #:11426 Doctor: Harold A Condara Jr	Code:OFC13360 Locatio	n:Cardiology A	ssociates of	Houston P A
	-			\$145.00	\$145.00	\$.00
12/20/2010	99214	Established Patient Detailed				
01/10/2011		Insurance Adjustment from Medicare		\$.00	\$-43.55	
01/10/2011		Insurance payment Payment from Medicare		\$.00	\$-81.16	
01/31/2011		Insurance payment Payment from United Health	care Choice/Select	\$.00	\$-16.23	
01/31/2011		Transfer from Insurance		\$.00	\$-4.06	\$4.06
This bala	nce was due	e to your co-insurance not met for this visit.				
				DATANOT		\$4.06
				BALANCE :	\$.00	Ş4.06
				. Memorial Hore		0++++
PatientNe	elva BrunAd	count #:11426 Doctor: Charles H Caplan MD	Code:MC035192 Locatio	n:Memorial Her	manni Memoriai	LTLY
01/16/2011	99220	Initial observation care, high complexity		\$245.00	\$245.00	\$.00
02/11/2011		Insurance Adjustment from Medicare		\$.00	\$-93.05	\$.00
02/11/2011	1	Insurance payment Payment from Medicare		\$.00	\$-121.56	\$.00
03/09/2011		Insurance payment Payment from United Health	care PPO Options	\$.00	\$-21.50	\$.00
03/09/2011	•	Transfer from Insurance	-	\$.00	\$-8.89	\$8.89
		e to your co-insurance not met for this visit.				
				BALANCE :	\$.00	\$8.89
PatientN	elva BrunA	ccount #:11426 Doctor: Harold A Condara Jr	Code:MC035204 Locatic	n:Memorial Her	mann Memorial	City
					1	
					1 . · · ·	

CONTINUED on next page

Page 1

5/07

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

REORDER # 0611829

		Patient S	Statement		
	MA	KE CHECKS PAYABLE TO:	IF PAYING	BY CREDIT CARD, FI	LL OUT BELOW
CARDIO 925 GES		SOCIATES OF HOUSTON PA			
SUITE 4	400	Cardiology	CARD NUMBER		EXP. DATE
HOUST	HOUSTON, TX 77024-2545		SIGNATURE	PRINT NAM	ME
RETUR	N SERVICE	REQUESTED OF HOUSTON, PA	STATEMENT DATE 03/31/2011	PAY THIS AMOUN \$28.6	
FOR BIL		JIRIES, PLEASE CALL: 713-467-0605		SHOW AM	
Nelv 1363	a Brunst 30 PINER		925 GESSNER STE 400 HOUSTON TX	77024-2545	
			ԱսՍտՈհուհե	ժոհեհետեսե	hllmillmilnill
n Mariana ana amin'ny fisiana		Detach at perforation and retu Make address and insurance changes o	Irn above portion with payment. n reverse side and return entire state	ment.	ana na
					· · ·
Date	СРТ	Description		Total Fee	Insurance Patient
2/11/2011 2/11/2011	99226	Subsequent observation care, per day, for Insurance Adjustment from Medicare Insurance payment Payment from Medicare		\$110.00 \$.00 \$.00	\$110.00 \$.00 \$-35.50 \$.00 \$-59.60 \$.00 \$.00 \$.00
01/17/2011 02/11/2011 02/11/2011 03/08/2011	99226	Insurance Adjustment from Medicare		\$.00	\$-35.50

Page 2

\$.00

\$15.00

\$.00

\$.00

\$.00

\$.00

BALANCE:

BALANCE:

Code:MC035289 Location:Memorial Hermann Memorial City

\$-14.90

\$.00

\$15.00

\$-6.07

\$-7.14

\$-1.43

\$-.36

\$.00

\$14.90

\$14.90

\$.00

\$.00

\$.00

\$.00

\$.3

\$.36

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

Transfer from Insurance

Transfer from Insurance

This balance was due to your co-insurance not met for this visit.

This charge was applied to your yearly deductible. Please forward your payment.

Insurance Adjustment from Medicare

Insurance payment Payment from Medicare

Doctor: Jon E Heine MD

Insurance payment Payment from United Healthcare PPO Options

Ekg Interpretation & Reporting Hospital IP or OP

Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
	\$24.15	\$4.07	\$.39	\$.00	\$28.60	\$.00	\$28.60
			<u> </u>		·		

03/08/2011

01/17/2011

02/18/2011

02/18/2011

03/09/2011

03/09/2011

PatientNelva BrunAccount #:11426

93010

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 charges will appear as "Team Health"

Patient Name: NELVA E BRUNSTING

AMT DUE: \$7.23

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

32622571-106-2667 NELVA E BRUNSTING T152 P1 PS/041172 13630 PINEROCK LN HOUSTON TX 77079-5914 106 ACS PRIMARY CARE PHYS SW PA DEPT: A ☐ B ☐ C ☐ (check one - see reverse) 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527

01900035655217079709333990566500000055328

×			*	1 Detach He	əre 1	*		*
DATE 11/30/10 11/30/10 01/12/11 01/12/11 02/07/11 01/16/11 03/08/11 03/08/11 04/04/11 03/14/11	INVOICE# 97046610 97046610 97046610 97046610 97046610 98211454 98211454 98211454 98211454	DESCRIPTIO EMERGENCY DEPT VIS ELECTROCARDIOGRAM EDI AUTOMATIC MEDIC CONTRACTUAL ADJUS EDI AUTOMATIC MANAG EMERGENCY DEPT VIS ELECTROCARDIOGRAM EDI AUTOMATIC MEDIC CONTRACTUAL ADJUS EDI AUTOMATIC MANAG EDI AUTOMATIC SELF F	IT ARE/RR PAYMENT IMENT GED CARE PAYMENT IT AREPORT ARE/RR PAYMENT IMENT GED CARE PAYMENT	MA MA CH	PROVIDER ARCONI DO, ANDREA ARCONI DO, ANDREA IENG MD, THANH CHI IENG MD, THANH CHI		DEBITS \$748.00 \$68.00 \$860.00 \$78.00	CREDITS \$151.27 \$626.91 \$30.26 \$144.62 \$757.22 \$28.93 \$7.56
		THIS	IS YOUR PHYSICIAN S	ERVICES BILL A	ND IS SEPARATE FROM			
	UNT NUM	3ER: 32622571-	106-2667 STA	TEMENT D.	ATE: 04/10/11	TOTAL N	IOW DUE:	\$7.23

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

		1 Deta	nch Here 1		¥ ~
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
			A M Z ()		
				•	

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

	JMBER:	32622571-106-2667	STATEMENT DATE: 08/28/11	TOTAL NOW DUE:	\$6.8
	÷.				
				r	
			US YOUR INFORMATION OVER THE WE		
9	You m	nay now provide insurance	e information and make credit card paymen ↓ <i>Detach Here</i> ↓	ts at www.teamhealth.com	e _2
*		nay now provide insurance	e information and make credit card paymen	ts at www.teamhealth.com ≲	₩

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

CHECK#: AMT PAID:

MAKE CHECKS PAYABLE TO:

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

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

CHECK HERE FOR CHANGE OF ADDRESS

32622571-106-2667

Nelva E Brunsting

13630 Pinerock Ln

Houston TX 77079-5914

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

01400032622571101410633334026670000064746

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

Patient

Name: NELVA E BRUNSTING

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 charges will appear as "Team Health"

PHYSICIAN SERVICES RENDERED AT: MEMORIAL HERMANN MEMORIAL CITY

AMT DUE: \$6.87

32622571-106-2667 NELVA E BRUNSTING PS/020041 13630 PINEROCK LN HOUSTON TX 77079-5914 ACS PRIMARY CARE PHYS SW PA DEPT: A B B C C (check one - see reverse) 2620 RIDGEWOOD RD STE 300 AKRON OH 44313-3527

01800032622571101810633338026670000068746

×		*	↑ Detach Here ↑		×
DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
07/11/11 08/10/11 08/10/11 08/24/11 06/06/11 08/17/11 08/17/11 09/01/11 09/16/11	102750529 102750529 102750529 102750529 102893564 102893564 102893564 102893564	EMERGENCY DEPT VISIT EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT EDI AUTOMATIC MANAGED CARE PAYMENT EMERGENCY DEPT VISIT EDI AUTOMATIC MEDICARE/RR PAYMENT CONTRACTUAL ADJUSTMENT EDI AUTOMATIC MANAGED CARE PAYMENT SELF PAY LOCKBOX NO DOC PT PAY	PATTISON MD,MONTA K FEINSTEIN MD,JOSHUA G	\$860.00 \$860.00	\$137.48 \$688.15 \$27.50 \$137.48 \$688.15 \$27.50 \$6.87
			\$ \69.		

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 Sta	te <u>ment</u>
MAKE CHECKS PAYABLE TO:	IF PAYING BY CREDIT CARD, FILL OUT BELOW
CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER SUITE 400 HOUSTON TX 77024 2545	CARD NUMBER EXP. DATE
HOUSTON, TX 77024-2545	SIGNATURE PRINT NAME
	O4/07/2011 PATE PAY THIS ANOLWY 11426.#
FOR BILLING INQUIRIES, PLEASE CALL: 713-467-0605	SHOW AMOUNT PAID HERE \$
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER STE 400 HOUSTON TX 77024-2545
	լուլիսուսելուսերելուլիսուլիսինեսուիներութերիներուներ

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

Date	СРТ	Description	Total Fee	Insurance	Patient
PatientNe	lva BrunAc	count #:11426 Doctor: Mark A Yeoman MD Code:MC034429 Location	:Memorial Herman	n Memorial	City Hospital
12/04/2010	99232	Subsequent hospital care, per day, moderate complexity	\$95.00	\$95.00	\$.00
12/30/2010		Insurance Adjustment from Medicare	\$.00	\$-23.46	\$.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	\$-11.45	\$.00
01/19/2011		Transfer from Insurance	\$.00	\$-2.86	\$2.86
	ce was due	to your co-insurance not met for this visit.		• • • • •	
02/03/2011		Conveyance Payment from Brunsting, Nelva	\$.00	\$.00	\$-2.47
			BALANCE :	\$.00	\$.39
PatientNe	Iva BrunAd	count #:11426 Doctor: Harold A Condara Jr Code:OFC13360 Location	Cardiology Asso	clates of P	OUSTON P A
12/20/2010	99214	Established Patient Detailed	\$145.00	\$145.00	\$.00
01/10/2011		Insurance Adjustment from Medicare	\$.00	\$-43.55	\$.00
01/10/2011		Insurance payment Payment from Medicare	\$.00	\$-81.16	\$.00
01/31/2011		Insurance payment Payment from United Healthcare Choice/Select	\$.00	\$-16.23	\$.00
01/31/2011		Transfer from Insurance	\$.00	\$-4.06	\$4.06
This balan	ce was due	to your co-insurance not met for this visit.			
			· · · · · · · · · · · · · · · · · · ·		
		a second a second s The second sec	BALANCE:	\$.00	\$4.06
PatientNe	lva BrunAc	count #:11426 Doctor: Charles H Caplan MD Code:MC035192 Location	Memorial Hermar	n Memorial	City
01/16/2011	99220	Initial observation care, high complexity	\$245.00	\$245.00	\$.00
02/11/2011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Insurance Adjustment from Medicare	\$.00	\$-93.05	\$.00
02/11/2011		Insurance payment Payment from Medicare	\$.00	\$-121.56	\$.00
03/09/2011	1	Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-21.50	\$.00
03/09/2011		Transfer from Insurance	\$.00	\$-8.89	\$8.89
1 1 1	1 1	to your co-insurance not met for this visit.			
				* • •	
			BALANCE :	\$.00	\$8.89
PatientNe	lva BrunAc	count #:11426 Doctor: Harold A Condara Jr Code:MC035204 Location	Memorial Herman	n Memorial	City
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L					<i>的。这些时间的时候的时候</i>

CONTINUED on next page

Page 1

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

Patient St	atement
MAKE CHECKS PAYABLE TO:	IF PAYING BY CREDIT CARD, FILL OUT BELOW
CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER SUITE 400 HOUSTON, TX 77024-2545	CARD NUMBER
RETURN SERVICE REQUESTED	SIGNATURE PRINT NAME OTATEMENT PATE PAY THIS AMOUNT SHOW AMOUNT
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PAID HERE Paid Here CARDIOLOGY ASSOCIATES OF HOUSTON PA 925 GESSNER STE 400 HOUSTON TX 77024-2545 [III]][IIIIII][IIIIII][IIIII][IIIII][III][IIII][IIII][IIII][IIII][IIII][IIII][IIII][IIII][IIII][III][IIII][III][IIII][III][III][III][III][III][III][IIII][III][IIII][IIII][III][III][IIII][IIII][IIIII][IIII][IIII][IIII][IIII][IIII][IIII][IIII][IIII][IIII][

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

	Description	Total Fee	Insurance	Patient
1/17/2011 99226	Subsequent observation care, per day, for the evaluation and manage	\$110.00	\$110.00	\$.0
2/11/2011	Insurance Adjustment from Medicare	\$.00	\$-35.50	\$.0
2/11/2011	Insurance payment Payment from Medicare	\$.00	\$-59.60	\$.0
3/08/2011	Insurance payment Payment from United Healthcare PPO Options	\$.00	\$.00	\$.0
3/08/2011	Transfer from Insurance	\$.00	\$-14.90	\$14.9
This charge was app	lied to your yearly deductible. Please forward your payment.			
		BALANCE:	\$.00	\$14.9
PatientNelva Brunk	ccount #:11426 Doctor: Jon E Heine MD Code:MC035289 Location	:Memorial Herm	ann Memorial	City
1/17/2011 93010	Ekg Interpretation & Reporting Hospital IP or OP	\$15.00	\$15.00	\$.0
2/18/2011	Insurance Adjustment from Medicare	\$.00	\$-6.07	\$.(
2/18/2011	Insurance payment Payment from Medicare	\$.00	\$-7.14	\$.1
3/09/2011	Insurance payment Payment from United Healthcare PPO Options	\$.00	\$-1.43	\$.(
3/09/2011	Transfer from Insurance	\$.00	\$36	\$.:
This balance was du	e to your co-insurance not met for this visit.			
		BALANCE:	\$.00	s .3
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Page 2

PLEASE PAY BALANCE DUE IN PATIENT COLUMN. THANK YOU

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Deposit	0-30	31-60	61-90	91-120	Total Balance	Ins. Balance	Patient Balance
	\$9.25	Ş14.90	Ş4.40	२.00	₽20.0V	7.00	728-00

Any Lab Test Now

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

713-461-2121

SOLD TO		
Brunsting, Carle		

	f .		PMT	METHOD	Heard about us?	
			Visa		friend	
Service	Activity	Qua	antity	Rate	Amount	
Culture	April 2011 • UA		1	59.00	59.00	
HOUS	Y LAB TEST NOW Y FREEMAY SIE D 200 STON, TX 77055 7134612121 39980#380021~~					
Merchant II	Sale					
XXXXXXXXXXXX VISA	KX6626 Entry Method: Swiped					
Total:	\$ 59.00					
04/19/11 Inv #: 0000 Apprvd: Onl						
Cu	istomer Copy THANK YOU					
Thank you for using Any Lab Test Now! Please bring this receipt in for \$10.0 off your next test.				TOTAL	\$59.0	
on your next le	οι.	AN		RECEIVED	\$59.0	
			BAL	ANCE DUE	\$0.0	

Sales Receipt

DATE	SALE #
04/19/2011	13979

جملا بالجاريين بماليا منطقها بالارد

Invoice

Customer

Nelva Brunsting 13630 Pinerock Ln Houston, TX 77079

Qty	Date	Description			Charges/Debits	Payments/Credits
1	05/20/2011	NB-PARI-NEB Ultra			\$25.00	
		Nebulizer				
	05/20/2011	Write-Off Allowable				\$12.32
	00/08/2014				¢0.01	
	06/08/2011	Write-Off	ERN small balances		\$0.01	
	06/08/2011	Adjust Allowable	ERN Adjust Allowable			\$0.01
	06/08/2011	Payment	7			\$10.14
				Total	\$25.01	\$22.47
		· .		Balance	\$2.54	

Payment	Cash	Check	Charge	
Comments				
Name				
CC #				
Expires				

PAY THIS AMOUNT : \$2.54 ance: 7.60

BT-INV4-21343

Spring Branch Medical Supply 8700 Longpoint Rd. Suite #106 Houston, Tx, 77055 713-465-2200

				713-46	5-2200					
				INVOIC	E		·			
Ship To:	MR. ROBERT LEE	CANTU		Bill To:		MR. ROB	BERT LEE CAN	TU		
	HOUSTON, TX 770	064-				HOUSTO	N, TX 77064-			
						Ph:(281)	382-9451			
ATTN:	R. CANTU				ATTN:	R. CANTI				
INVOICE NO	114895	MCA	#134226				10:18 am	07/02/11	Page #	1
SKU	· · ·	DESCRIPTION	·				QTY	Per/Unit PRICE		TOTAL
ALE501312	B	ED WEDGE 12	YRETURN BY	TUESDAY 6-5-11 MCA			1.00	47.95		47.95
]	SPRING BRANCH N	MEDICAL								
07/02/2011 Merchant ID:	8700 LONG POINT HOUSTON, TX 7	RD 106 7055	10.10							н Н
Terminal ID: 455502350990		0000000011	:18:43 16190 10851							
	CREDIT CARD									
14 mm	VISA SALE									
ARD # VVOICE atch #: >proval Code: try Method:		000 031)001 586 811							
^{proved:} LE AMOUNT		Swij Onl	ine							
		\$51.9	91							
.т.										
Master/	Visa		\$ 51.9 [,]	 1				Subtotal:		\$47.95
								Tax:		\$3.96

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

NELVA E BRUNSTING 13630 PINEROCK LN HOUSTON TX 77079 41) 8.02 · & office Cneck# 285

Stater	nent
Account Number	Date
	07/15/2011
Card Number	
Signature	
Amount	Exp. Date
Amount Due	Amount Paid
24.98	
For assistance pleas	se call (713) 780-8144

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

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

Please return this portion of statement with payment

J Daic?	Description of Service	Name 🔭 🖓 🔂 🕮	Anna Insurance	Pahen
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
06/22/11	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	0.00
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

DI EASE DETHION TOP PORTION WITH

	Statement
AMRIT N ACHARI MD PA	Account Number Date
MADHUREETA ACHARI M D 8915 GAYLORD ST	07/15/2011
HOUSTON TX 77024	Card Number
	Signature
	Amount Exp. Date
NELVA E BRUNSTING	
13630 PINEROCK LN	Amount Due
HOUSTON TX 77079	24.98
	For assistance please call (713) 780-8144
Please (x) box if above address information is incorrect, and indicate changes on reverse side	Please return this portion of statement with payment

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

Date: Description of Service, Name sulfance Paller 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 07/12/11 95957 EEG SPIKE ANALYSIS/ DETECTION **BRUNSTING NELVA E** 300.00 0.00

	Total	1,300.00	24.98
PLEASE REMIT PAYMENT! THANKS!! (if paying by credit card, we accept MC and Visa)		Please Pay This Amount	24.98
		Dent Jak (D)	

742127802

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	7,635.50
PHARMACY	424.00
SUPPLIES	97.25

POCK 324

PATIENT NAME ACCOU		TNUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE	
BRUNSTIN	G, NELVA E	034316	9228500	08/01/11	08/01/11	OUTPATIENT
TOTAL CHARGES	TOTAL INSURANCE	PAYMENTS	TOTAL F	PATIENT PAYMENTS	TOTAL ADJUSTMENTS	BALANCE DUE
\$8,156.75	6.75 \$-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		BALANCE LAST STATEMENT	\$25.00
Memorial Hermann Hospital System P.O. BOX 4370	Local Phone: (713)448-5502	PAYMENTS SINCE LAST STATEMENT	\$0.00
Houston, TX 77210-4370 patient.billing@memorialhermann.org	Toll Free: (800)526-2121	STATEMENT DATE	08/31/11
Pay your bill on-line at: www.memorialherm Para la ayuda en español, llame (713)448-55	ann.org 02.	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

2,171.25
1,527.75
825.50
991.00
182.50
130.25
1,257.50
161.25
3,054.00
2,499.25

PATIEN		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 I	PATIENT PAYMENTS	TOTAL ADJUSTMENTS	BALANCE DUE	
\$12,800.25	\$-5,660.	42		\$0.00	\$-7,098.11	\$41.72	

Our Customer Service Department is available: Monday-Friday 8:00a.m. to 8:00p.m. cst Saturday 8:00a.m 12:00 Noon		BALANCE LAST STATEMENT	\$41.72
Memorial Hermann Hospital System P.O. BOX 4370	Local Phone: (713)338-5502	PAYMENTS SINCE LAST STATEMENT	\$0.00
Houston, TX 77210-4370 patient.billing@memorialhermann.org	Toll Free: (800)526-2121	STATEMENT DATE	12/02/11
Pay your bill on-line at: www.memorialherma Para la ayuda en español, llame (713)338-550		DUE DATE	12/19/11

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



ſ10051

acc1073-20111202030020-1-247098018

Fri Dec 2 03:24:15 2011

584 Page 1 of 1 2085

FINAL NUTICE

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.

#108

		ACCOUNT IN	IFORMATION		
	PATIENT NAME	ACCOUNT NUMBER	ADMIT/SERVICE DATE	DISCHARGE DATE	SERVICE
NEL	VA E BRUNSTING	0343169227510	06-06-11	06-11-11	PUL
	emorial Hermann Hospital System	Local Pho		HARGES	32394.00
-	.O. Box 4370 ouston. TX 77210-4370	(713) 784-4 Toll Free:	BALANC	E DUE	226.40

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

32684 STFN: MHMC201 SDM17GHM3002479

STATEMENT DATE

DUE DATE

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

(888) 598-0577



STMTFN

12-08-11

12-23-11

STATEMENT

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

Nelva E Brunst	ting	
BILL DATE	ACCOUNT NO.	AMOUNT PAID
09/06/2011	17324	

PATIENT NAME

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
06/13/2011	Claim: 34700, Provider: Mubarak, Khawaja, M	D	*	
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				
 A second sec second second sec	Your Payment is now due. Thank you for your prompt response.	•	с	
	Your Balance Due On These Services			16.82
06/20/2011	Claim:34712, Provider: Mubarak, Khawaja, M	ID		
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

		1 - F	
		1	
a trapa providente	$\left\{ \left(-\frac{1}{2} \int_{\partial M} \left(\frac{1}{2} \int_{\partial M} \left(\frac{1}$		
and a second second			

STATEMENT

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

Nelva E Brunsting					
BILL DATE	ACCOUNT NO.	AMOUNT PAID			
09/06/2011	17324				

PATIENT NAME

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 SERVIC	CE	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 your prompt response.		
	Your Balance Due On These Services		11.22
DATE	PATIENT NAME	ACCOUNT NO. PAY THIS	5
09/06/2011	Nelva E Brunsting	17324 AMOUNT	28.04
		<i>_</i>	

MAKE CHECK PAYABLE TO:

Dr Mubarak Khawaja PA

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT



Houston, TX 77024

Account Number: 7008830

Due Date: 10/13/2011

Statement Date: 8/3/2011

Customer Service Phone: 713-467-4241

Renewal Invoice

NELVA BRUNSTING 13630 PINE ROCK HOUSTON, TX 77029

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.

ι ι		IW	ANT TO PAY	MY MONTH		BERSHIP BY:
NELVA BRUNSTING 13630 PINE ROCK HOUSTON, TX 77029		third t	ousiness day of e	ded check) deduct my mon each month in t	thly memb	edit Card pership fee on the t of <u>\$12.95</u> ncellation in writing. Signature
Account #	Credit Card Nu	mber	Expires	Signa	iture	Amount Paid
7008830						

STATEMENT OF PHYSICIAN SERVICES

(AS OF DECEMBER 04, 2011)

2302741 NELVA BRUNSTING ACCT

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		PAYMENT ACTIVITY 11/28/11 CONTRACTUAL ADJUSTMENT	\$133.38
PROVIDER: FELICIA AUSTIN-TOLLIVER, MD (CINCO RANCH) CR INTERNAL MEDICINE		11/28/11 CONTRACTOR ADJOSTMENT 11/28/11 INSURANCE PAYMENT	
11/05/11 HOSPITAL DISCHARGE DAY,<30 MIN - 99238	\$203.00 \$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	1 🔳
\$13.92	\$0.00	\$13.92	
	N. C.		
LSEY-SEYBOL	D CLINIC		
	*/r~		
	0)		

THANK YOU FOR CHOOSING THE KELSEY-SEYBOLD CLINIC

*10>

KELSEY-SEYBOLD CLINIC

(713) 442-5500

TAX ID NO 76-0386391

5348 1 2

URALIL, ANNIE F. DR.

PO BOX 940776

HOUSTON, TX 77094-7776



NELVA BRUNSTING

13630 PINEROCK LN HOUSTON, TX 77079 For Patient: NELVA BRUNSTING

Patient Outstanding

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

Date of Service	Procedure	Description	Amount	Insurance 1 Paid	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

Page 1 AABrunsting.Financials002094 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

i 4 millio antigato provincia da



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

			BRUNSTING	DOCTOR A	A. JAIN, M	1D	DRUG	DESCRIP	TION
ME		METOF	6 PROLOL TARTRATE 50MG TABLETS	PATIENT					
DIF	RECTIONS	60 TAKE ⁻	I TABLET BY MOUTH EVERY 12	ALLERGIES					PINK
HC	OURS	, ,	G. 000					FRONT: r	
	Y Ar	$m \overset{3}{}$	Gpm					<u> </u>	al in the second
	COMMON USE: (beta-blocker) L alone or with o' treatment of ch to heart problem may also be us BEFORE USING taking this med sometimes hea certain types o' dose over seve only take it for may not know lowering your c problems occur taking this med construction of the mergency care diabetes or tak insulin). This me fast heartbeat. of low blood su fainting, heada weakness. This have a history i a certain type c worsen these c worsen these c worsen these c worsen these c these condition prescribe additi Tell your docto worsen these c worsen these c worsen these c these condition prescribe additi Tell your docto worsen these c worsen these c these condition prescribe additi Tell your docto worsen these c worsen the c wors	S: This mused to tri- thest pain in cert ed for oth sin cert f THIS ME dicine; sha rt attack if heart dis- ral weeks ral weeks	it. Limit physical activity while you are aw or worsened chest pain or other heart your doctor right away. You may need to start in. Tell your doctor or dentist that you take receive any medical or dental care, ery. Tell your doctor if you have a history of e to lower your blood sugar (eg, glyburide, iay hide signs of low blood sugar such as doctor right away if you notice other signs as anxiety, chills, dizziness, drowsiness, or, unusual sweating, vision changes, or gland tumor (pheochromocytoma). It may Tell your doctor if you have a history of octor may need to adjust your dose or icine to reduce the risk of side effects. ave a history of overactive thyroid. This toms of overactive thyroid (eg, fast anly stop taking this medicine; suddenly ould worsen your condition. Your doctor r dose over several weeks if you need to stop ur doctor for more information. Some nditions may interact with this medicine. OR PHARMACIST of all prescription and he that you are taking. DO NOT TAKE THIS ing mibefradil. ADDITIONAL MONITORING iDITION may be needed if you are taking	starting treatmer feel "normal." TF NOT SUDDENLY consulting your of use this medicine according to you INSTRUCTED YC rate regularly, be that you take this care, emergency NEW MEDICINES with your doctor treat colds or co pharmacist. FOR doctor. You will medicine, while y milk. If you are of medicine, check baby. DIABETES blood sugar, suc signs or low bloo sweaty, weak, d change; give you hungry. Check b change the dose POSSIBLE SIDE I taking this medic mouth/eyes, gas drowsiness, mus unusual tiredness; bothersome, che IMMEDIATELY if feet; chest pain; (eg, confusion, co r lightheadedne swelling of the a yellowing of the a yellowing of the a yellowing of the reach our doctor for side effects to F OVERDOSE: If or MEDICINE for ot MEDICINE for ot of the reach of c AN EXTENDED F runs out. CHECK	ht. Be sure to STOP TAKIN doctor. If you e, you will ne ir doctor's in ir doctor's in is medicine bis care, or surg s, either press is medicine bis care, or surg s, either press with your do WOMEN: If need to disc WOMEN: If need to disc would be bre- with your do to use pregn or will be bre- with your do sugar. Loo lizzy, drowsy lood sugar le- of your diab EFFECTS: SI cine include of the adache, so r weakne: cck with your you experied fainting; hal depression); iss; shortnes so r weakne: you experied fainting; hal depression); iss; shortnes rms, hands, skin or eyes ely, but seek fainting; hal depression); iss; shortnes remergency st pain, seiz; g, and diffic FORMATION whom it was her health cc shildron and j CERIOD OF T VUTA S.	b take your m or if you deve VG THIS MEE ar doctor deve Structions. IF structions. IF structions. IF effore you rea gery. BEFORE cription or ov st. Do not va hout first talk you become uss the bene east-feeding w octor. Discuss this medicine eastbeat. Be s w blood suga , or faint. It r , chills, or tri- vels closely. betes medicin ausea, stoma ss, or vomitir doctor. CON DE EFFECTS Constipation, heartburn, lig ausea, stoma ss, or vomitir doctor. CON to breath: s and feet; vis . AN ALLERCG immediate r gic reaction tightness in t guest sthat may contact you e about side FDA-1088. USPECTEd, very slowed to NOT SI- not prescribe and the schalar cotta. IF USIN IME, obtain r R PHARMACI	edicine even if yu lop any new sym NCINE without fir ides you should r is medicine grad YOUR DOCTOR DD PRESSURE an IR DOCTOR OR E seive any medical YOU BEGIN TAK rer-the-counter, c ke any medicines ing with your doc pregnant, contac fits and risks of u dicine is found in while you use this s any possible ris may hide signs c sure to watch for r may make you amors; or make	ou may not pytoms. DO st no longer ually HAS of heart DENTIST is dheart DENTIST is used to ctor or it your using this breast ks to your other anxious, pur vision ou more before you while ssephing, ue or are CTOR dizziness dizziness dizziness dizziness if it seartbeat; beartbeat; beartbeat; before you while ss, dry hanges dizziness is is not ve boison of overdose vere	WIC# 957918 Do not flush unused medications or pour down a sink or drain.
	NELVA BF 13630 Pinerock, Ho		ING 20/97517		BRUNS		1		
	13630 Pinerock, Ho (713)464-4391 RX # 1496		1	(713)464-43	1496588-		DATE: 12/05/	/10	
	QTY: 60 New Retail Price: \$14	3 REFILLS NDC:003	TE 50MG TABLETS S BEFORE 12/05/11 78-0032-10 ur Insurance Saved You: \$10.61 \$ 4.38	QTY: 60 New Retail Price	3 REFIL NDC:00 e: \$14.99		12/05/11) Saved You: \$10.61	\$4.	38
	A. JAIN, MD MFG:MYLAN TPL/RJW/RJW/		PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# YRKMEWD	~	AN RJW/ /RJW	GROUP# CLAIM R	AIDMPD CMD3896 EF# YRKMEWD		
	Walgre		12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247 Customer Receipt	Wal	greens	12850 MEMORI PH: (713	AL DRIVE HOUSTON, TX 770		plicate ceipt
Pha SUN Nev		-	METOPROLOL TARTRATE 50MG TABLETS 00378- 0032 -10 CELL 138	QTY 60 20 DRAM			PINK FRONT: m 3	32	-

TPL/RJW/RJW/ /RJW

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

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<text><text><text><text></text></text></text></text>		BROE-mide) COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor.	medicine, check with your doctor or pharmacist to discuss the risks to your baby. POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include dry mouth, constipation, sinus	
Miles A. DORE OF THIS MEDICINE, use it as soon as possible, if it are soon as possible, if it are to avoid register define that it me every 24 hours. The event of the iteration of the iteration of the event of avoid register define the event of avoid register define of the iteration of the medicine of the attract if you are altered antidecine. The event of the event of avoid register define of the event of a strong attring attr		Conductor in any interact with disinteraction 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 medical 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.	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 discomfort; vision changes (ag, halos, colored images); chest pain; fast or irregular heartbeat; difficulty swallowing; 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 allergic 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	
Miles A. DORE OF THIS MEDICINE, use it as soon as possible, if it are soon as possible, if it are to avoid register define that it me every 24 hours. The event of the iteration of the iteration of the event of avoid register define the event of avoid register define of the iteration of the medicine of the attract if you are altered antidecine. The event of the event of avoid register define of the event of a strong attring attr		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 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, carefully	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 may include mental changes; severe constipation; stomach pain; or	k or drain.
MBS A DOBE OF THIS MEDICINE, use it as soon as possible, if all the extern variable of the extern regular operation as the extern of the extern variable of the extern extern variable of the extern variable of the extern v		the blister. Do NOT cut the foil or use is harp objects to remove the capsule from the blister. If a 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 device immediately. 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 inhaler. Position the inhaler mouthpiece between your lips and try to rest your tongue flat. Keep your head upright. Do not block the air 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 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 leaflet. Each inhaler device may be used for up to 1 year and then should be replaced. STORE THIS	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 and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply	ed medications or pour down a sir ABrunsting Financials002096
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Big One of One of the out of the out of the the out of the the out of the out of the the out of the the out of the		bronchodilator inhaler with you to use during astimita attacks. JO 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 DRIVE, 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		
NELVA BRUNSTING 13630 Pinerok. Houston, TX 770797517 (37364-4391) RX # 1496586-03328 DATE: 12/05/10 SPIRIVA CAPS 30'S & HANDIHALER QTY: 30 3 REFILLS BEFORE 12/05/11 New NDC:00597-0075-41 Retail Price: \$236.99 DATE: 12/05/10 A. JAIN, MD MFG: BOEHRINGER THLRJW/RJW/RJW/RJW PLAN: PAIDMPD GROUP# CMD2896 CLAIM REF# RDC9TAQ Image: Spirit Comparison of the function of the		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	E IN SAFETY CONTAINER OR SECURE AREA	WIC# 957918
13630 Pinnock, Houston, TX 770797517 (7)33464-4391 RX # 1496586-03328 DATE: 12/05/10 Spiritva Caps 30'S & HANDIHALER QTY: 30 3 REFILLS BEFORE 12/05/11 New NDC: 00597-0075-41 Retail Price: \$236.99 Your Insurance Saved You: \$215.99 A. JAIN, MD MFG:BOEHRINGER TPL/RJW/RJW/RJW/RJW PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# RDC9TAQ A. JAIN, MD MFG:BOEHRINGER TPL/RJW/RJW/RJW/RJW PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# RDC9TAQ TOalgreens PH: (713)722-7247 Customer Receipt Pharmacy use only 12800 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247]
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SUN 1:29PM New SPIRIVA CAPS 30'S & HANDIHALER 00597-**0075**-41 ALPHA QTY 30

TPL/RJW/RJW/RJW/RJW

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

			DOCTOR	A. JAIN, MI	<u> </u>	DRUG DESCRIPTION	7
PATI BIRT	H DATE	NELVA BRUNSTING 10/08/26			-		
MED	ICATION	METOPROLOL TARTRATE 50MG TABLETS	PATIENT				
	NTITY		ALLERGIES	5			
HOU		TAKE 1 TABLET BY MOUTH EVERY 12				PINK	
						FRONT: m 32	
				ac may also not w	vork as well while	you are using this	
		NAME: METOPROLOL (me-TOE-proe-lole) FS: This medicine is a beta-adrenergic blocking agent	medicine. LA	B TESTS, includin complete blood (g liver and kidney cell counts, may be	you are using this function, blood e performed while you ionitor your condition tor and lab JWSINESS, cts may be worse if e this medicine with insafe tasks until	
	one or with	ES: This medicine is a beta-adrenergic blocking agent used to treat high blood pressure. It may be used other medicines. It is also used for the long-term	use this media or check for s	cine. These tests side effects. Be si THIS MEDICINE	may be used to m ure to keep all doc MAY CAUSE DBC	tor and lab WSINESS.	
+0	boart probl	chest pain (angina) and to reduce the risk of death due ems in certain patients who have had a heart attack. It ised for other conditions as determined by your doctor.	DIZZINESS, O you take it wi	R LIGHTHEADED	NESS. These effect tain medicines. Use	cts may be worse if e this medicine with	
DI		C THIS MEDICINE: WARNING: Do not suddenly stop	you know how	ot drive or perfor w you react to it.	m other possibly u This medicine ma loobol, bot weather	nsate tasks until y cause dizziness, ar, exercise, or	
ta	ikina this me	edicine; sharp chest pain, irregular heartbeat, and	fever may inc slowly, espec	rease these effectially in the morning	ng. Sit or lie down	y cause dizziness, er, exercise, or m, sit up or stand at the first sign MEDICINE FOR HIGH or a few weeks after e even if you may not	
de	ose over sev nly take it fo	veral weeks if you need to stop taking it, even if you or high blood pressure. Heart disease is common and you	of any of the BLOOD PRES	se effects. PATIE SURE often feel t ment Be sure to	INTS WHO TAKE N tired or run down f	or a few weeks after even if you may not	
m lo lo	ay not κnov wering γου roblems occ	art attack may occur. The risk may be greater if you have of heart disease. Your doctor should slowly lower your ceral weeks if you need to stop taking it, even if you or high blood pressure. Heart disease is common and you w you have it. Limit physical activity while you are dose. If new or worsened chest pain or other heart ur, contact your doctor right away. You may need to start edicine again. Tell your doctor or dentist that you take before you receive any medical or dental care, are, or surgery. Tell your doctor if you have a history of	feel "normal." NOT SUDDEN	" Tell your doctor	if you develop an G THIS MEDICINE	y new symptoms. DO without first ou should no longer dicine gradually LOCTOR HAS ESSURE and heart CTOR OR DENTIST ny medicial or dental	
ta tł	aking this me his medicine	edicine again. Tell your doctor or dentist that you take before you receive any medical or dental care, and a surgery. Tell your doctor if you have a bistory of	consulting yo use this medi according to	our doctor. If your icine, you will nee your doctor's ins	ed to stop this med to stop this med tructions. IF YOUR	dicine gradually DOCTOR HAS	
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a M	certain type	sugar such as anxiety, chills, dizziness, drowsiness, Jache, tremor, unusual sweating, vision changes, or nis medicine should not usualiy be used by patients who y of certain lung or breathing problems (eg. asthma) or e of adrenal gland tumor (pheochromocytoma). It may e conditions. Tell your doctor if you have a history of ons; your doctor may need to adjust your dose or litional medicine to reduce the risk of side effects. Tor if you have a history of overactive thyroid. This	doctor. You w medicine whi	will need to discu will need to discu	ss the benefits and ant. This medicine	TOR OR DENTIST ny medical or dental BEGIN TAKING ANY -counter, check medicines used to th your doctor or ant, contact your d risks of using this is found in breast bu use this possible risks to your nide signs of low watch for other make you anxious, so make you more our doctor before you	or dr
	rescribe add	tor if you have a history of overactive thyroid. This	milk. If you a medicine, che	eck with your doo	st-feeding while yo ctor. Discuss any p	ou use this possible risks to your pide signs of low	nused medications or pour down a sink or AABrunsting.Financials002097
n	nedicine may	y hide symptoms of overactive thyroid (eg. fast	blood sugar, signs or low	such as rapid hea	artbeat. Be sure to blood sugar may	watch for other make you anxious,	n a :)209
s s ta	hould slowly aking it. Che	lower your dose over several weeks if you need to stop eck with your doctor for more information. Some	sweaty, wea change; give	k, dizzy, drowsy, you a headache,	or faint. It may als chills, or tremors;	so make your vision or make you more our doctor before you	dow 1s0(
11 11	nedicines or NFORM YOU	Not studient studies worsen your condition. Your doctor / lower your dose over several weeks if you need to stop sck with your doctor for more information. Some medicial conditions may interact with this medicine. IR DOCTOR OR PHARMACIST of all prescription and nter medicine that you are taking. DO NOT TAKE THIS you are taking mibefradil. ADDITIONAL MONITORING ISE OR CONDITION may be needed if you are taking bupropion, certain HIV protease inhibitors (eg. rtain selective serotonin reuptake inhibitors (SSRIs) ne, paroxetine), cimetidine, digoxin, diphenhydramine, , flecainide, hormonal contraceptives (eg, birth control zeine, hydroxychloroquine, ketanserin, mefloquine, es (eg, thioridazine), propafenone, quinazolines (eg, unidine, terbinafine, thiamines (eg, propylthiouracil), rolamine, bupiyacaine, lidocaine, or clonidine. DO NOT TOP any medicine without doctor or pharmacist approval. Joctor of any other medical conditions including lung or	change the d	lose of your diabe	etes medicine.		used medications or pour down a sir AABrunsting.Financials002097
0≥C	AEDICINE IF	you are taking mibefradil. ADDITIONAL MONITORING SE OR CONDITION may be needed if you are taking	taking this m	edicine include c	onstipation, diarrhe	ea, dizziness, dry	s or p
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p p	problems, or pregnancy, o	adrenal gland tumor (pheochromocytoma), allergies, or breastfeeding. Tell your doctor if you have a history ck. slow or irregular beattheat beat failure, or other	listed above, a complete li	contact your doo	ctor, nurse, or pha	rmacist. This is not r. If you have	t flus
h p	neart probler problems; liv	er disease; or if you will be having surgery or	questions ab your doctor f	out side effects, for medical advice	contact your healt e about side effect EDA-1088	ist; swelling of ther effects not rmacist. This is not r. If you have hcare provider. Call is. You may report	Do not flush
F F	eceiving ane RECOMMENI certain types	Joctor of any other medical conditions including lung or bolems (eg. asthma, bronchitis, chronic obstructive sease [COPD]), diabetes, low blood pressure, thyroid adrenal gland tumor (pheochromocytoma), allergies, or breastfeeding. Tell your doctor if you have a history ck, slow or irregular heartbeat, heart failure, or other ns; chest pain or angina; blood vessel or circulation er disease; or if you will be having surgery or sisthesia. USE OF THIS MEDICINE IS NOT DED if you have a very slow heartbeat (eg, bradycardia), c of irregular heartbeat (eg, atrioventricular [AV] blood pressure (less than 100 mm Hg), or severe blood roblems. Contact your doctor or pharmacist if you have				your local poison Symptoms of overdose	
i b	olock, sick s ow systolic	inus syñdrome), moderată to severe heart failure, very blood pressure (less than 100 mm Hg), or severe blood roblems. Contact your doctor or pharmacist if you have	may include	chest pain, seizu	res, very slow heal it or slowed breat	rt beat, severe	
a	ny question	s or concerns about using this medicine.		0.		-	
t I	HOW TO US	E THIS MEDICINE: Follow the directions for taking a provided by your doctor. TAKE THIS MEDICINE BY H FOOD or immediately following a meal at the same time TORE THIS MEDICINE at room temperature, between 59 ses F (15 and 30 degrees C). Store away from heat, d light. Do not store in the bathroom. IF YOU MISS A IIS MEDICINE, take it as soon as possible. If it is for your next dose, skip the missed dose and go back to dosing schedule. Do not take 2 doses at once.	MEDICINE fo of the reach	or other health con of children and p	not prescribed. DO nditions. KEEP THI bets. IF USING THIS	THIS MEDICINE NOT USE THIS S MEDICINE out S MEDICINE FOR before your supply out how to dispose of	
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	any ingredier propranolol).	nt in this medicine or to another beta-blocker (eg. IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC					# 62
F r	REACTION, 1 more severe substance th	DO NOT USE THIS MEDICINE IF you are allergic to nt in this medicine or to another beta-blocker (eg, IF YOU HAVE A HISTORY OF ANY SEVERE ALLERGIC talk with your doctor. You may be at risk for an even allergic reaction if you come into contact with the nat caused your allergy. Some medicines used to treat					NIC#
		KEEP OUT OF REACH OF CHILDREN: STOR					
	NELVA 1 13630 Pinerock,	BRÜNSTING Houston, TX 770797517		VA BRUNS Pinerock, Houston, TX 64-4391			
	RX # 14	96588-03328 DATE: 01/01/11		# 1496588-0	~~~~	ATE: 01/01/11	
		UL TARTRATE SUNG TABLETS					
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	A. JAIN, MD MFG:MYLAN XXX/JIC/JIC/		MFG:	MYLAN JIC/JIC/ /RJW	GROUP# CMD CLAIM REF# Y	3896	
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	Walgr	LEEFLS DEMONSIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247 Customer Receipt	Tel	algreens	PH: (713)722	HOUSTON, TX 77024 Duplica -7247 Receipt	te
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CLIN	10.00	METOPROLOL TARTRATE 50MG TABLETS PM 00378- 0032 -10	0TY 60 20 DRAI	S		JTV1 . HT 04	
SUN Refil		CELL 138	20 0101				

SUN	12:00PM	
Refill		

XXX/JIC/JIC/ /RJW

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

PA	TIENT	NELVA E	BRUNSTING		DOCTOR	A. JAIN,	MD	DRUG DE	SCRIPTION	
		10/08/2 RIFAMF	6 PIN 300MG CAPSULES	5						
QU	ANTITY	60			PATIENT ALLERGIES	i				
		TAKE 2	CAPSULES BY MOUT	TH EVERY				DARK REDDIS	SH-BROWN	
DA	Ϋ́									
								BA	CK: 1315	
			: RIFAMPIN (rif-AM-pin) his medicine is a rifamyc	in	BEFORE YC	UBEGIN ⁻	TAKING ANY over-the-count	ng this medicine NEW MEDICINE ter, check with	· · · · · · · · · · · · · · · · · · ·	
	antibiotic u to treat the meningitis- This drug o	ised to tre ose who h causing b loes not t treat oth	aat tuberculosis (TB), as aave been exposed to bacteria before they beco reat acute meningitis. It er conditions as determin	well as me sick. may also	either prescription or over-the-counter, check with your doctor or pharmacist. USING THIS MEDICINE while you are taking birth control pills may decrease 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 risks of using this medicine during pregnancy.					
	medical co INFORM Y prescriptio are taking, are also ta pyrazinam MONITOR needed if y digitoxin, i antibiotics progestins medicine f START OF pharmacis medical co breast-fee	onditions r OUR DOC n and ove DO NOT king HIV ide, or bir ING OF Y you are ta soniazid, , mexileti , theophy or anxiety R STOP ar onditions, ding. Con	S MEDICINE: Some mec nay interact with this me CTOR OR PHARMACIST ar-the-counter medicine t TAKE THIS MEDICINE if protease inhibitors, th control pills. ADDITIO OUR DOSE OR CONDITIO king anticoagulants, cyc itraconazole, macrolide ne, nevirapine, quinidine, lline, tocainide, verapam , sleep, or seizures. DO ny medicine without doct 1. Inform your doctor of a allergies, pregnancy, or tact your doctor or pharr ions or concerns about ta	edicine. of all hat you f you NAL ON may be losporine, losporine, il, or NOT tor or any other nacist if	may go aw heartburn, cramping, l changes, jc or are both WITH YOU experience in vision, o IMMEDIAT dark urine, ALLERGIC but seek in Symptoms itching, sw breathing, above, com is not a co	ay during loss of app neadache, bint pain, o ersome, ch R DOCTOI vomiting, r confusion ELY if you or yellowi REACTION nediate n of an aller elling, sev If you notiv tact your of mplete list	betite, nausea, drowsiness, d r leg cramps, heck with you R AS SOON A diarrhea, feve n. CONTACT experience se ng of eyes or N to this medic nedical attenti rgic reaction ir ere dizziness, ce other effec doctor, nurse,	lude stomach u , gas, abdomina lizziness, menst lf they continue r doctor. CHECH S POSSIBLE if y evere stomach p skin. AN cine is unlikely, ion if it occurs. nclude rash, or trouble ts not listed or pharmacist. ects that may	ur down a sink or drain.	
	directions doctor. Ta least 1 ho MEDICINE your stom temperatu heat and li COMPLET full course YOU MISS soon as po dose, skip dosing sch	for using ke this m ur before AAY BE ach. STO re in a tig ight. TO (ELY, cont e of treatm S A DOSE ossible. If the miss nedule. Do	MEDICINE: Follow the this medicine provided b edicine on an empty stor or 2 hours after eating. TAKEN WITH FOOD if it RE THIS MEDICINE at ro htly-closed container, av CLEAR UP YOUR INFECT tinue taking this medicine nent. Do not miss any do OF THIS MEDICINE, tak it is almost time for you ed dose and go back to yo o not take 2 doses at one	mach at FHIS t upsets om vay from ION e for the oses. IF e it as r next your regular ce.	contact yo medical ad effects to OVERDOS local poiso immediate of face or orange or vomiting, of ADDITION MEDICINE DO NOT U conditions	ur healthca vice about FDA at 1-8 E: If overd n control c y. Sympto around eye ed discolo drowsiness AL INFORI with other SE THIS M KEEP THI	are provider. C side effects. 300-FDA-1088 dose is suspec center or emery oms of overdos es, itching ove ration of skin s, and loss of o MATION: DO rs for whom it MEDICINE for o S MEDICINE for o	Call your doctor You may report 8. ted, contact you gency room se may include or eyes, nausea consciousness. NOT SHARE TH was not prescr other health out of the reach	, , No not flush	
	medicine t without cl OPERATE COULD BI to this me other med ability to c dangerous feces, sali THIS MED	to work. I hecking w MACHIN E DANGEI edicines. Us licines, or drive or to tasks. T iva, swea DICINE MA	Y TAKE SEVERAL WEEK Do not stop using this me with your doctor. DO NOT ERY, OR DO ANYTHING ROUS until you know ho sing this medicine alone, with alcohol may lessen o perform other potentiall HIS MEDICINE MAY CAU t, and tears to turn orang AY PERMANENTLY STAL EP ALL DOCTOR AND LA	edicine DRIVE, ELSE THAT wyou react with your JSE urine, ge or red. N soft	of children	. IF USING) Period (i THIS MEDICI OF TIME, obta		WIC# 957918	
		H	CEEP OUT OF REACH OF C	HILDREN: STOR	E IN SAFETY	CONTAINE	R OR SECURE	AREA.		
	NELVA			. Materia	NEL	VA BRUN	ISTING			
	13630 Pinerock, (713)464-4391 RX # 14	. Houston, TX 7 94790-03				⁹ inerock, Houston, 4-4391 † 149479		DATE: 01/01/11		
			IG CAPSULES	-		AMPIN 30	DOMG CAPS		\$5.00	
	OTY:60 Refill	2 REFILLS	5 BEFORE 11/29/11 27-1315-30		OTY:		FILLS BEFORE 11 00527-1315-30	1/29/11		
			ur Insurance Saved You: \$108.89	\$ 5.00	Retail	Price: \$113.89	Your Insurance Sa		\$ 5.00	
	L <u>A: JAIN, MD</u> MFG:LANNET XXX/KHN/KH	Т	GROUP# CMD3896 CLAIM REF# ONA1TWP	L	MFG:	N, MD .ANNETT (HN/KHN/KHN/I		KIDMPD CMD3896 F# ONA1TWP		
		INTERNET								
	Walgr	eens	12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247	Customer Receipt	TVI	rlgreen	12850 MEMORIAL PH: (713)	DRIVE HOUSTON, TX 77024	Duplicate Receipt	
Pha	armacy use				<u> </u>					
SU	N 12:00I	·	RIFAMPIN 300MG CA 00527- 1315 -30 ALPHA	PSULES	QTY 60 20 DRAN	Л	\square	DARK REDDISH FRONT: LANNE BACK: 1315		
Rei	111					xx	(X/KHN/KHN/KHN/RJ	JW		

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

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

	PATIENT BIRTH DATE	NELVA BRUNSTING	DOCTOR A. JAIN, MD	DRUG DESCRIPTION		
		AZITHROMYCIN 250MG TABLETS	PATIENT ALLERGIES			
	DIRECTIONS	TAKE 1 TABLET BY MOUTH EVERY DAY	ALLEINILO	PINK FRONT: 93 BACK: 7146		
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.	(ay-ZITH-roe COMMON U to treat bac BEFORE US medical com YOUR DOC over-the-cod THIS MEDIC nilotinib, pro ADDITIONA may be nee disopyramic astemizole, maprotiline, alkaloids (eq quinolones theophylline dasatinib), c your doctor taking may other medic kidney prob allergies, pr pharmacist this medicir HOW TO U using this m may be tak THIS MEDIC aluminum- MEDICINE a CLEAR UP this medicine at remember. it as soon a dose, skip f schedule. If CAUTIONS an allergic I (such as er telithromyc this produc HAD A SEV macrolide c a severe ra If you have medicine, c EXPERIENC swelling of or hives, te of this medic medicine m DO NOT DI ELSE THAT react to thi medicines.	ISES: This medicine is a macrolide antibiotic used terial infections. ING THIS MEDICINE: Some medicines or ditions may interact with this medicine. INFORM TOR OR PHARMACIST of all prescription and unter medicine that you are taking. DO NOT TAKE CINE if you are also taking dofetilide, pafenone, pimozide, or tetrabenazine. L MONITORING OF YOUR DOSE OR CONDITION ded if you are taking antiarrhythmics (eg, te), anticoagulants (eg, warfarin), arsenic, carbamazepine, cisapride, digoxin, domperidone, methadone, nelfinavir, cyclosporine, ergot g, ergotamine), paliperidone, phenytoin, (eg, levofloxacin), rifampin, terfenadine, s, triazolam, tyrosine kinase inhibitors (eg, or medicines that may affect your heartbeat. Ask if you are unsure if any of the medicines you are affect your heartbeat. Inform your doctor of any all conditions including irregular heartbeat, leens, liver problems, myasthenia gravis, egnancy or breastfeeding. Contact your doctor or if you have any questions or concerns about taking	 MEDICINE MAY CAUSE increased sens Avoid exposure to the sun, sunlamps, c you know how you react to this medicil protective clothing if you must be outsi period. MILD DIARRHEA IS COMMON v However, a more serious form of diarth colitis) may rarely occur. This may deve antibiotic or within several months afte Contact your doctor right away if stom severe diarrhea, or bloody stools occur diarrhea without first checking with you YOU HAVE ANY MEDICAL OR DENTAI EMERGENCY CARE, OR SURGERY, tell that you are using this medicine. BEFOI TAKING ANY NEW MEDICINE, either p over-the-counter, check with your doct WOMEN: IF YOU PLAN ON BECOMING with your doctor the benefits and risks medicine during pregnancy. IT IS UNKN MEDICINE IS EXCRETED in breast milk WILL BE BREAST-FEEDING while you a medicine, check with your doctor or pr risks to your baby. POSSIBLE SIDE EFFECTS: SIDE EFFECT away during treatment, include mild dia nausea, or stomach pain or upset. If th bothersome, check with your doctor. O DOCTOR AS SOON AS POSSIBLE if yo changes in hearing, or ringing in the ea DOCTOR IMMEDIATELY if you experie swelling of your hands, legs, face, lips tongue; difficulty swallowing, speaking vision problems; fainting; hearing loss; muscle weakness; redened, blistered, seizures; severe stomach pain, cramps stools; unusual vaginal itching, odor, o yellowing of the eyes or skin. An allerg medicine is unlikely, but seek immedia it occurs. Symptoms of an allergic reaa itching, swelling, dizziness, trouble bre hoarseness. This is not a complete list that may occur. If you have questions contact your healthcare provider. Call medical advice about side effects. You effects to FDA at 1-800-FDA-1088. OVERDOSE: If overdose is suspected, poison control center or emergency row of overdose may include nausea, vomi diarrhea. ADDITIONAL INFORMATION: DO NOT MEDICINE with others for whom it wa NOT USE THIS MEDICINE out of the reach pets. 	r tanning booths until he. Use a sunscreen or de for a prolonged with antibiotic use. ea (pseudomembranous blop while you use the r you stop using it. ach pain or cramps, Do not treat ur doctor. BEFORE - TREATMENTS, the doctor or dentist RE YOU BEGIN rescription or or or pharmacist. FOR PREGNANT, discuss of using this IOWN IF THIS IF YOU ARE OR re using this armacist to discuss the TS, that may go arrhea, headache, ey continue or are HECK WITH YOUR vu experience vomiting, rs. CONTACT YOUR nece chest pain; eyes, throat, or , or breathing; eye or irregular heartbeat; or swollen skin; , or diarrhea; bloody r discharge; or isc reaction to this tion include rash, athing, or unusual of all side effects about side effects, your doctor for may report side Contact your local om immediately. Symptoms ting, stomach upset, and T SHARE THIS s not prescribed. DO alth conditions. of children and	WIC# 957918 Do not flush unused medications or pour down a sink or drain. AABrunsting.Financials002099	
		KEEP OUT OF REACH OF CHILDREN: STOP		AREA.		
	13630 Pinerock, (713)464-4391 RX # 14	BRUNSTING Houston, TX 770797517 94789-03328 DATE: 01/01/11	NELVA BRUNSTING 19630 Pinerock, Houston, TX 770797517 (713)464-4391 RX # 1494789-03328	DATE: 01/01/11		
	QTY:30 Refill	YCIN 250MG TABLETS 2 REFILLS BEFORE 11/29/11 NDC:00093-7146-56 195.79 Your Insurance Saved You: \$190.79 FLAN. PAIDMPD	AZITHROMYCIN 250MG TABLETS QTY: 30 2 REFILLS BEFORE 11/29/11 Refill NDC: 00093-7146-56 Retail Price: \$195.79 Your Insurance Saved You: \$190.79 A. JAIN, MD PLAN. PAIDMPD MFG:TEVA GROUP# CMD3896			
	MFG:TEVA XXX/KHN/KH		XXX/KHN/KHN/RJW CLAIM RE	-# SQA93N1		
	Walgr		Walgreens PH: (713)	DRIVE HOUSTON, TX 77024 722-7247 Duplicate Receipt	I 	
	Pharmacy use SUN 12:00 Refill	AZITHROMYCIN 250MG TABLETS	QTY 30 10 DRAM	PINK FRONT: 93 BACK: 7146		

Refill

XXX/KHN/KHN/KHN/RJW

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

BIR ME QU DIR	TIENT NELVA BRUNSTING TH DATE 10/08/26 DICATION SPIRIVA CAPS 30'S & HANDIHALER ANTITY 30 ECTIONS INHALE CONTENTS OF ONE CAPSULE CE DAILY USING HANDIHALER	DOCTOR PATIENT ALLERGIES	A. JAIN, MD	DRUG DES	CRIPTION
	 NGREDIENT NAME: TIOTROPIUM BROMIDE (TYE-oh-TROE-pee-um BROE-mide) COMMON USES: This medicine is an anticholinergic agent used to treat the symptoms of chronic obstructive pulmonary disease, including chronic bronchitis and emphysema. It may also be used to treat other conditions as determined by your doctor. BEFORE USING THIS MEDICINE: Some medicines or medical emplicines may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine tay ou are taking. DO NOT TAKE THIS MEDICINE IF you are trained to the trained of the same anticholinergic. Cg, juratropium). Ask your doctor if you are having any other medical conditions, blockday you are unsure if any of your medicine unsure as a anticholinergics. DN NOT TAKE THIS MEDICINE IF you are having an asthma attack or increased difficulty breathing. Contact your doctor is pharmacist approval. Inform your observe any questions or concerns about using this medicine. HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. An additional patient information leafter is available with this medicine. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you are having an easthma attack or expose the capsule form the bister. The social capsule form the bister. If a second capsule is exposed to the air when you are removing a capsule form the using three through the mouthpiece of the bister. Do NOT curse your bead upright. Do not grave the capsule is the special infals? How To USE THIS ABOULTE. The second capsule is the special infals? MALER. Do NOT curve a capsule of the through the mouthpiece of the bister. Do NOT curve share objects to remove the capsule from the bister. If a second capsule is exposed to the air when you are removing a capsule form the using thread at the provide of the remove the capsule with the second in thead of the medicine. The Second the air were the object to a	benefits and r NOT KNOWN ARE OR WILL medicine, che to your baby. POSSIBLE SID using this met inflammation, vision, or mild with your doc experience irri your tongue; persistent cor discomfort; vi fast or irregul breathing prol medicine is un occurs. Symp itching; diffici the mouth, fa complete list questions abd your doctor fr side effects t OVERDOSE: poison contro include menta tremors. ADDITIONAL with others fn MEDICINE fon	isks of using this isks of using this isks of using this if THIS MEDICINE BE BREAST-FEED ck with your doct the transmitter of the transmitter of t	IT, discuss with your doctor the medicine during pregnancy. IT IS IS FOUND in breast milk. IF YOU iNG while you are using this or or pharmacist to discuss the ris EEFECTS that may occur while mouth, constipation, sinus tomach pain, vomiting, blurred y continue or are bothersome, che DR DOCTOR IMMEDIATELY if you hite patches in your mouth or on are or persistent nosebleeds; sever cor paring uning; new or worsened g. AN ALLERGIC REACTION to thi nmediate medical attention if it c reaction include rash; hives; htness in the chest; swelling of ; unusual hoarseness. This is not that may occur. If you have ontact your healthcare provider. C about side effects. You may repor DA-1088. SUSPECTED, contact your local ency room immediately. Symptoms a constipation; stomach pain; or DO NOT SHARE THIS MEDICINE of prescribed. DO NOT USE THIS ditions. KEEP THIS MEDICINE for IE, obtain refills before your supply	Do not flush unused medications or pour down a sink or drain. AABrunsting.Financials002100
	MEDICINE MAY SOMETIMES CAUSE SEVERE BREATHING 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 KEEP OUT OF REACH OF CHILDREN: STOF	E IN SAFETY	CONTAINER OF	R SECURE AREA	WIC# 957918
	KEEP OUT OF REACH OF CHILDREN: STOP				
	NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)484-4391 RX # 1496586-03328 DATE: 01/01/11 SPIRIVA CAPS 30'S & HANDIHALER QTY: 30 DATE: 01/01/11 SPIRIVA CAPS 30'S & HANDIHALER QTY: 30 2 REFILLS BEFORE 12/05/11 Refill NDC: 00597-0075-41 Retail Price: \$260.99 Your Insurance Saved You: \$44.45 A. JAIN, MD MFG:BOEHRINGER XXX/JIC/JIC/ /RJW PLAN: PAIDIMPD GROUP# CMD3896 CLAIM REF# MRWHDCC	13830 (713)46 RX i OTY: Refill Retail A. JA MFG:	NDC:005	70797517 3328 DATE: 01/01/11	\$ 216.54
Pha	TOalgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024 Customer Receipt Trmacy use only PH: (713)722-7247 Customer Receipt	T e l	algreens.	12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247	Duplicate Receipt

SUN 12:00PM Refill SPIRIVA CAPS 30'S & HANDIHALER 00597-**0075**-41 ALPHA OTY 30

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

PATIENT BIRTH DATE	NELVA BRUNSTING		DOCTOR A. J	IAIN, MD	DRUG D	ESCRIPTION
MEDICATION QUANTITY	BROVANA 15MCG/2M 120 INHALE 1 VIAL VIA N		PATIENT ALLERGIES			LIQUID
COMMON USES	ME: ARFORMOTEROL (ar-for-MOE-ter :: This medicine is a long-acting beta ar atment of chronic obstructive pulmonal s and emphysema. It may also be used our doctor. THIS MEDICINE: WARNING: LONG-AC MEDICINE HAVE BEEN RARELY ASSO KOF ASTHMA. RELATED DEAT L. Long sthma patients without and has not been costeroids). This medicine in patients with the MEDICINES MAY INTERACT with the medicines, especially any of the for , diuretics (eg, turdsemide, hydrochlorg tochor). The state of the state of the state rechol-O-methvitransferase (COMT) int ase inhibitors (MAOIs) (eg, phenelzine),), or beta-blockers (eg, progranold). If tons that may occur. Ask your health t doctor or pharmacist approval. Inform roblems, high blood pressure, bubod ractive thyroid, and or pressure, bubod for breathing problems; have a ever had 1 a sleeping. Tell your doctor if you have tricyclic antidepressant (eg, amitriptylin ing a long-term asthma-control medicine. THIS MED cough, shortness of breath wheezing) ing a long-term asthma-control medicine. THIS MED REN; safety and effectiveness in childre cro or pharmacist if you have any medicine. THIS MED roblems, the state of the s	gonist bronchodilator used ry disease (COPD), including	breathing medicine unless SOMETIMES CAUSE SE DOSE, I't his happens, u's see of thigh notain and also make you flush, brea symptoms occur, tell you if you become pregnant, and risks of using this me medicine is found in brea use this medicine, check POSSIBLE SIDE EFFECT medicine include: back p stufty nose; tiredness; tr bothersome, check with any of these SEVERE sol fever, chills, or persisted problems Egr. Itsent head sersistent muscle pain or thirst, unitation, or hung speaking, AN ALLERGIC immediate medicial atten rash; hives; itching; diffu mouth, race, lips; tongue list of all side effects tha contact your health care effects. You may report	s your doctor tells you to, VERE BREATHING PROBLE se your short-acting bronc re at once, THIS MEDICIN in may make you feel cont athe faster, or have a frui u doctor right away. PRE contact your doctor. You edicine while you are pre- sist milk. If you are or will with your doctor. Discus: S: SIDE EFFECTS that m ain; diarrhes; dry mouth; emor; touble sets MEDIC years tightness, coughing tache, diziness, tremor, for cramps; symptoms of his returns; unusual hears or unusual weakness or cREACTION to cours. Sympton culty breathing; tightness o, or throat; unusual hears t may occur. Junual hears t may occur. Junual hears t may occur. Junual hears t may occur. Junual hears	THE MEDICINE MAY EMS RIGHT AFTER YOU hodilator. Contact your E MAY FAISE YOUR BL used, drowsy, or thirsty -like breath ddor. If thesy SNANCY and BREAST- will need to discuss the any to a sible risks to yo y occur while taking thi headdach; nausea; nervo miting. If they continue haddach; nausea; nervo miting. If they continue addach; nausea; nervo miting. If they continue addach; nausea; nervo miting. If they continue addach; story and the addach; story addach provisines; contusion); t ne is unikkely, but seek is of an allergic reaction in the chest; swelling of uperson, this is not a com question; about side aft and -FTDA-1088	USE A Joctor OOD It can EEDING: benefits his rou uur baby. s uaness; or are AWAY if leat; hing rezing; r reased rouble include the piere beta ti side
allergies, pregna to an emergence hospitalizations problems; or ha albuterol, pseuc or severe trouble phenelzine) or a days. USE OF T breathing proble chest tightness, not currently us corticosteroids) use of a long-te USED IN CHILE Contact your di this medicine.	ncy, or breast-teeding. Fell your doctor (room for breathing problems; have a h for breathing problems; have ever had i be had an unusual reaction to a sympati- be had an unusual reaction to a sympati- tricyclic antidepressant (eq. amitriptylin HIS MEDICINE IS NOT RECOMMENDE cough, shortness of breath, wheezing), ing a long-term asthma-control medicinn of it you have asthma that is altowed or it you have asthma that is altowed REN; safety and effectiveness in childre ctor or pharmacist if you have any que	If you have recently been history of requent inter-threatening breathing homimetic medicine (eg, artbeat, overexcitement, taken a MAOI (eg, taken a taken a taken a taken a taken a taken a taken a taken	center or emergency roo irregular heartbeat; sevel muscle pain or cramps, r persistent symptoms of hunger; drowsiness; flus	Sub SUSPECTED, cont om immediately. Symptom re or persistent dizziness, nausea, nervousness, trou high blood sugar (eg, incr shing of the skin; confusio TION : If your symptoms, doctor, DO NOT SHARE ibad. DO NOT SHARE ibad. DO NOT USE THIS IS MEDICINE FOR AN EX supply runs out. CHECK ad medicine.	is may include chest pair dry mouth, fatigue, heac ble sleeping, or tremors; eased thirst, urination, or n; fruit-like breath odor).	n; fast or Jache, severe or r
How To USE I provided by you by the U.S. Foc this medicine. / have about the sec NEW LOZER The NEW LOZER The Medicine, and I MEDICINE in th PARTICLES, is way, do not us your nebulizer nebulizer RES. NEBULIZER to MOUTHPIECE to	ctor or pharmacust if you have ally que HIS MEDICINE: Follow the directions i r doctor. This medicine comes with a N dand Drug Administration. Read it care as dictione. THIS MEDICINE SHOULD OI NOT inject or swallow it. A health care nebulizer. Be sure you know what type ow to use it. Follow the procedures you our health care provider if you have an e original foil pouch in a dry place. Do r it until right before use. IF THE MEDICINE SHOUT ON TO USE THIS MEDICINE, twils the compressor. Sit in a comfortable, up respondent for the work of the state is the DO NOT MIX THIS MEDICINE. This ERVOIR to the mouthplace of race may he compressor. Sit in a comfortable, up instructione of the work of the state chamber care be entire contents right aftre the compressor. Sit in a comfortable, up instructione of the work of the state of the chamber care be entire contents right aftre the the mouth for put on the face mask ALMLY, deeply, and evon the state unset instructione of the mouth of the the of the the chamber care be entire contents right aftre the the medicine. This may lead to an the meast the expiration date on the contents at memperature, throw it away after 6 we as the expiration date on the contents of the reach of children and away from stess at once.	for using this medicine WEDICATION GUIDE approved shully each time you retill ny questions that you may NLY BE INHALED USING A a provider will teach you of nebulizer to use with this u are taught when you use a y questions. STORE THIS not remove from the foil NE CONTAINS NE CONTAINS to open the top of the vial r. CONNECT THE sk. CONNECT THE sk. CONNECT THE shift position. PLACE THE and turn on the nebulizer.				
BREATHE AS C in the nebulizer according to th to bacteria enter entering the me first time STO degrees F (2 ar STORED et roo for up to 6 wee stored at room medicine if it is MEDICINE out THIS MEDICIN. of this medicin Do not use 2 d CAUTIONS: D	ALMLY, deeply, and evenly as possible chamber (about 5 to 10 minutes). CLE, a instructions. Failure to properly clean- ing the medicine. This may lead to an dicine, use the entire contents right aft. BETHIS MEDICINE IN THE REFRIGERA d 8 degrees C). Do not freeze. UNOPEN nemperature between 68 and 77 deg ks. Store away from heat, moisture, an elemperature, throw it away after 6 wer past the expiration date on the contain of the reach of the and away from y, skip the missed dose and go back to vises at once.	until no more mist is formed AN THE NEBULIZER The nebulizer could lead infection. To avoid bacteria er opening the vial for the TOR, between 36 and 46 NED FOUCHES MAY BE ryces F (20 and 25 degrees C) nd light. If this medicine is er, KEEP THIS er, KEEP THIS pers. CONTINUE TO USE r doses. If you miss a dose your regular dosing schedule.				
In this medicine MEDICINES, eight pharmacist. LA performed while appoint of the spont of the the the the the the the the the the	, ship the indexed dock days by been and the preserve of the indexed dock days by been and the preserve of the indexed dock days and the preserve of the prese	beck with your doctor or lood potassium levels, may be ay be used to monitor your doctor and lab SS. This effect may be worse is medicine with caution. til you know how you react to OMS OF COPD ONCE THEY ching broblems that may udden onset of wheezing or which medicines stop sudden (OU HAVE BEEN REGULARLY ER, talk with your doctor ronchodilators are normally at may occur between doses.				
THE HISK OF S greater if you u dose or use mo notice that you bed to Har you bed to Har s that worsen d relief. TALK W medicines and		The sentre than tecommended DOCTOR AT ONCE if you es not work as well, if you worse. CONTACT YOUR you have breathing problems onchodilator and do not get about all of your breathing r change the dose of any ACH OF CHILDREN: STOP	RE IN SAFETY CON	TAINER OR SECUI	REAREA.	
13630 Pinerock (713)464-4391 RX # 14	15MCG/2ML INH SOL 30X2ML	:01/13/11	13630 Pinerock, (713)464-4391 RX # 145	BRUNSTING Houston, TX 770797517 96587-03328 T5MCG/2/ML INH SOL		1]
BROVANA QTY: 120 Refill A: JAIN, MD MFG:SEPRAC JDC/SSH/SSH	2 REFILLS BEFORE 12/05/11 NDC:63402-0911-30 OR // /KSC	\$ 527.99	ATY: 120 Refill MFG:SEPRAC JDC/SSH/SSH	2 REFILLS BEFORE NDC:63402-0911-3 OR 4/ /KSC		\$ 527.99
		TON, TX 77024 Customer		reens PH:(71	RIAL DRIVE HOUSTON, TX 77024	Duplicate

Med Guide

JDC/SSH/SSH/ /KSC

Refill

REFRIG

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

PAT			BRUNSTING		DOCTOR A	. JAIN, MD	DRUG DE	SCRIPTION
MED QUA DIRE		120 INHALI		AL INH SOL 30X2MI EBULIZER	PATIENT ALLERGIES			LIQUID
	OMMON USE: or long-term tra- tronic bronchil termined by W UCH AS THIS UCREASED RIS- UCREASED RIS- UCREASED RIS- UCREASED RIS- UCREASED RIS- UCREASED RIS- OF the used in a ag, inhaled corn- the used in a sequence of the use	S: This medic satment of chi is and empty your doctor. THIS MEDICINE H- NKOP ASTHWI Licostoroidol T- Licostoroidol T- Licostoroidol T- Licostoroidol T- Licostoroidol T- Licostoroidol T- Licostoroidol T- Licostoroidol T- tither medicine (ase inhibitore e), or beta-blo dase inhibitore e), or beta-blo dase inhibitore e), or beta-blo dase inhibitore e), or beta-blo roblems, hic ancty, or breas problems, hic ancy, or breas problems, hic ancy, or breas hig a long-ter , or if you has cough, short HIS (e, sudd , cough, short rim asthma-cc REN; safety a	NE: WARNING: LONG-AA AVE BEEN RARELY ASSO TA-RELATED DEATH, Lon s without another long-ten fins medicine has not bee is medicine in patients with MAY INTERACT with th ing another medicine that in t. TELL YOUR HEALTH is, especially any of the fo- the transferase (COMT) in in t. TELL YOUR HEALTH is, especially any of the fo- hytransferase (COMT) in in t. TELL Ge, phenetzine) cokers (eg, phenetzine) cokers (eg, propranoloi). The intrasterase (COMT) in fast or irregular heartbeat pholoco pressure, low blo d, or you have high blood t-teeding. Tell your docto problems: have a sympat blood pressure, low blo d, or you have high blood t-teeding. Tell your docto problems to a sympat blood pressure, low blo doctor if you have such as fast or irregular ha eathing problems. Navad problems to a sympat problems of the the the problems of the the such as fast or irregular ha enset or the converse ness of breath, wheezing) m asthma-control medicine. THIS MEL and effectiveness in childr	gonist bronchodilator used ify disease (COPD), including Ifo treat other conditions as CTING BETA-AGONISTS CIATED WITH AN gacting beta-agonists should rm astima-control medicine n approved to treat astima. ith asthma have not been is medicine. DO NOT TAKE has a long-acting (CARE PROVIDER if you blowing: corticosteroids thisiday, anthines (eg, hibitors (eg, entacapone), i, tricyclic antidepressants his may not be a complete care provider if this DO NOT START OR STOP any n your doctor of any other ng problems (eg, asthma), t, heart blood vessel do potassium levels, of uring ketone levels, of uring thore breathing ther thread from breathing ther thread from breathing ther thread from breathing ther thread from breathing the thread read vessel artbeat, over excitement, taken a MAOI (eg, ne) within the last 14 D if you are having severe aning of COP symptoms such as , you have esthma and you are is (eg, inhaled well controlled with the Sitons or concerns about using	breathing medicine u SOMETIMES CAUSE DOSE. If this happen or seek other medica SUGAR. High blood s also make you flush, symptoms occur, tell if you become pregn and risks of using thi medicine is found in use this medicine, ch POSSIBLE SIDE EFFI medicine include; ba stuffy nose; tirednes bothersome, check lif any of chills or persis problems leg, increas problems leg, inc	nless your doctor tells you to. The SEVERE BREATHING PROBLEM s. use your short-acting bronchoo Laare at once, THIS MEDICINE N ugar may make you feel confuse breathe faster, or have a fruit-lik your doctor right away. PREGN, ant, contact your doctor. You wi s medicine while you are pregnat breast milk. If you are or will be teck with your doctor. Discuss ar ects: SIDE EFFECTS that may you k pain diarrhea: dry mouth; heas s; fremor, trouble StepPurp CrAI "idly offorto court. chest pain, tell welfforto court. chest pain, sed chest tightness, coughing, st ed chest tightness, tremor, or n in or camps; symptoms of high unger; unusual weakness or drov GIC REACTION to this medicine that may occur. If you have que care provider. Call your doctor to con immediately. Symptoms f tevere or persistent dizziness, thru ey, nausea, nervousness, trouble of high blood sugar (eg, increas flushing of the skin; confusion; f MATION: If your symptoms do our doctor. DO NOT SHARE THI seribed. DO NOT US HARE THI seribed. DO NOT U	pccur while taking this dacher, nausear, nervous ting. If they continue or A TENTION RIGHT A sat or irregular heartbe wo or worsening breath vortes of breath, whe ervousness; severe or blood sugar (eg, increa wisness; contusion); tru is unlikely, but seek of an allergic reaction in the chest; swelling of ti ses. This is not a comp sitions about side effec r medical advice about vour local poison cont nay include chest pain; mouth, fatigue, heada sleeping, or tremors; ed thirst, urination, or rui-like breath odor).	sness; are are tar; ar; ar; ar; ar; side clude te te te side rol fast or
both A A cdA cdA v YaAAAABii a t af doff son to	We they USP converted as provided as a point this medicine, i have about this medicine, i lave about this telbulizers. Do low to use the telbulizers. Do to use the medicine, and I hose. Contact V. ARTICLES, is vay, do not us the ARTICLES, is vay, do not us the telbulizer I not pour the telbulizer to a start to telbulizer to a start to telbulizer to a start to telbulizer to take the to telbulizer to a start to telbulizer to a start to telbulizer to take the to telbulizer to telbulizer to take the telbulizer to telbulizer telbulizer to telbulizer t	and and Drug A Sak your doct medicine. Th no NOT inject o nebulizer. Be le original foil al until right be cloudy or disc cloudy or disc clou	Aministration. Read it car, or, nurse, or pharmacist a lis MEDICINE SHOULD O r swallow it. A health car, sure you know what type Follow the procedures yo re provider if you have an pouch in a dry place. Do letore use. IF THE MEDICI Solored, or if the vial is cra MET THIS MEDICINE, twi- this the healing reservoir ne mouthpiece or face mas or. Sit in a comfortable, ur (or put on the face mask), wand eveniv as possible out 5 to 10 minutes). CLE Failure to properly clean cine. This may lead to an or. To the near the straight aff (CINE IN THE REFRIGERA by from heat, molsture, ar throw it savan the or the second strategies of the straight of thirden and a way from feel well. Do not miss any feel well. Do not miss any	shully each time you refill ny questions that you may ny questions that you may NLY BE INHALED USING A e provider will reach you s of nebulizer to use with this use to the the provider will reach y questions. STORE THIS not remove from the foil NE CONTAINS acked or daraged in any HOTHEN WEDVINES IN HOTHEN WEDVINES IN HOTHEN WEDVINES IN HOTHEN WEDVINES IN CONNECT THE pright position. PLACE THE sk. CONNECT THE pright position. PLACE THE and turn on the nebulizer. a until no more mist is formed AN THE NEBULIZER the nebulizer could lead infection. To avoid bacteria er opening the vial for the TOR between 36 and 46 NED POUCHES MAY BE press F (20 and 25 degrees C) of light. Inthe medicine is evention the nebulizer is evention the nebulizer is press. CONTINUE TO USE r doeses. If you miss a dose				che' constructions or pour down a sink or drain.
o a the first sector of th	condition or ch pipointments. f you take it w on ord drive or t. THES MEAD Add, albuterol 1 occur between inortness of br ymptoms, che sid with this FIE RISK OF 5 used with this FIE RISK OF 5 notice that you bed to use it 6 oncor use mo bad to use it 6 oncor on sea helf of use it 6 oncor on sea helf of use and albut you have the effect of use it 6 oncor on sea effect. TALK W medicines and	eck for side eight This MEDICII ith alcohol or berform othe WS TNATED With you at all doses of this eath. If you I tack with you eath. If you I tack with with see it with this see this medicine to the acting see this medic see this see this medic see this	thects, Be sure to Keep all terms, Be sure to Keep all terms and the set of the set of the rossible under tests and the set of the set of the Be sure and the set of the test of the set of the medicine (eg, severe or sin ave any questions about doctor or pharmacist. IF Y RONCHODILATOR INHAL s medicine, Short-acting be eat breathing problems th RT PROBLEMS (eg, irregu eat breathing problems th RT PROBLEMS (eg, irregu eat breathing around the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the set of the pronchodilator inhaler do the set of the set of the set of the set of the set of the set of the set of the set	allergic to any ingredient TAKING ANY NEW reck with your doctor or lood potassium levels, may be ay be used to monitor your doctor and lab SS. This effect may be worse is medicine with caution. thil you know how you react to OMS OF COPD ONCE THEY ching bronchodilator inhaler ing problems that may udden onset of wheezing or with your doctor function the EFEN RECIdent With that EFEN RECIded With that EFEN RECIded With that EFEN RECIded in the the EFEN RECIded With that the your doctor functional to the the your doctor functional to the the your doctor functional to the effen ReCided Use more than recommended OCTOR AT ONCE if you es not work as well, if you worse, CONTACT YOUR you have breathing problems onchedilator and do not get about all of your breathing r change the dose of any	RE IN SAFETY CO	ONTAINER OR SECURE	AREA.	WIC# 957918
	NELVA 13630 Pinerock, (713)464-4391 RX # 14: BROVANA OTY: 120 Refill A. JAIN, MD MFG:SEPRAC HMC/ / /	Houston, TX 7 96587-0 15MCG/2M 1 REFILL NDC:634 OR KDM	70797517	02/18/11 \$527.99 ^{ом, тх 77024} Сиstomer Receipt	13630 Piner (713)464-33 RX # 1 BROVAN QTY: 120 Refill A. JAIN, N MFG:SEPF HMC/ /	A 15MCG/2ML INH SOL 30 1 REFILL BEFORE 12/0 NDC:63402-0911-30 1D ACOR / /KDM	D5/11	\$ 527.99 Duplicate Receipt
Phari TUE Refill	macy use 12:00 	,	BROVANA 15MCG 63402- 0911 REFRIG	5/2ML INH SOL 30X2ML -30	QTY 120	LIQUID HMC/ / / /KDM		ed Guide

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					DOCTOR	A. JAIN, M	D		CRIPTION	
		SERTRA	LINE 50MG TABLETS		PATIENT				\square	
	QUANTITY	30 TAKF 1	TABLET BY MOUTH E	VERY DAY	ALLERGIES	5				
	DIRECTIONS								BLUE G 4900 X: 50MG	
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.	COMMON US inhibitor (SSF obsessive-coi of premenstri (PMDD). It m your doctor. BEFORE USIM increase the teenagers, ar mental proble patient's doc outweigh the who take this the patient's symptoms lik behavior. Dis medicines or INFORM YOL over-the-cou MEDICINE IF dexfenfluram DO NOT TAK monoamine of St. John's W OF YOUR DC anorexiants (seizures; hea metabolism (seizures; hea metabolism (seizures; hea metabolism (st. John's w OF YOUR DC anorexiants (clozapine; di risperidone; t your doctor other medicas seizures; hea metabolism (seizures; hea metaboli	ES: This multipless of the second state of the	TRALINE (SER-tra-leen) edicine is a selective serotonin re eard depression, panic disorder, order (Social phobia), and a seve e called premenstrual dysphoric of sed for other conditions as deter DICINE: WARNING: Antidepress lal thoughts or actions in childre ults. However, depression and c o increase the risk of suicide. Ta re that the benefits of using this y and caregivers must closely w t is important to keep in close c the doctor right away if the pati depression, suicidal thoughts, o estions with the patient's docto ditions may interact with this m OR PHARMACIST of all prescrip e that you are taking. DO NOT T ng a fenfluramine derivative (eg, done; pimozide; sibutramine; or iICINE IF you are taking or have itor (MAOI) (eg, phenelzine), sel (eg, sumatriptan); trazodone; an insteroidal anti-inflamatory dru diuretics (eg, furosemide, nadol; phenothiazines (eg, zepine; cyproheptadine; aripipraz- ide; lithium; phenytoin; propafe tapressants (eg, amitriptyline); o id). DO NOT START OR STOP a clist approval. Inform your doctor including if you have a history of liver problems; stomach or bow regies; pregnancy; or breast-feer mily member has a history of bi alcohol or substance abuse. Tel ve low blood sodium levels, drin rectroconvulsive therapy (ECT) t if you have any questions or c CINE: Follow the directions for / your doctor. This medicine has roved by the U.S. Food and Dru arefully. Ask your doctor, nurse, s that you may have about this j es that you may have about this f or (25 degrees C) away from her s therperatures between 59 and permitted. Do not store in the b S MEDICINE even if you feel ween fuse dicine. THIS MEDICINE IF you are alk dicine. THIS MEDICINE IF you are alk dicine. THIS MEDICINE MAY CA EST. These effects may be weed is the soon as possible. If t dose, skip the missed dose an o set THIS MEDICINE IF you are alk dicine. THIS MEDICINE IF you feel ween if we this medicine for longe	atch patients ontact with ient has r changes in r. Some edicine. tion and AKE THIS thioridazine. taken a egiline, or DNITORING equiline, or ONITORING et taking serotonin ticcoagulants gs zole; none; my medicine prof any of el bleeding; ding. Tell polar ims, suicidal l your doctor ror for any of el bleeding; ding. Tell polar ims, suicidal l your doctor to contact oncerns about taking a g, or medicine. TAKE rHIS at, moisture, 86 degrees F bathroom. II. Do not ach day will TAKING effects may iness or tingling jong, or pu start this U MISS A it is d go back to nce. argic to USE rse if you ne with contact se before you s, muscle to their t which ass before your COMMENDED than DOCTOR	pharmacist. C ELDERLY; the blood sodium CHILDREN; thi increased risk CAUSES WEI regular weigh MEN: THIS M erection. This is not treated such as imposed FOR WOMEN it is used duri PREGNANT, of benefits and of S NOT KNOV YOU ARE OR medicine, che baby. POSSIBLE SII taking this mi desire or abili increased sw upset; tiredne continue or a DOCTOR IMM bloody stools reflexes; fast coordination; aggressivene: feeling of we persistent or erection; red, or persistent thoughts or a or severe me depression. 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Contact your doc vontact your doc DE EFFECTS: SI edicine include a ty; diarrhea; dizz eating; loss of a ass; trouble sleep re bothersome. d IEDIATELY if yo; ; chest pain; dec or irregular hear new or worsen ss, impulsiveness li-being, restless severe ringing ir swollen, blister anxiety or troub ttempts; tremor ntal or mood cha the Altact to FD IF OVERDOSE I on include rash; he chest; swelling complete list of istions about sid your doctor for de effects to FD IF OVERDOSE I or whom it was r other health coc of children and p ED PERIOD OF TI	a when Using this sensitive to its ef- is advised when te- sensitive to its ef- is advised when te- sensitive to its ef- lecks while they to ARELY CAUSE a- wen when you ar- ould lead to perm your doctor right ; EMAY CAUSE H- your doctor right ; EMAY CAUSE H- your doctor right ; EMAY CAUSE H- is medicine while iCINE IS FOUND is ST-FEEDING while octor. You will nee is medicine while iCINE IS FOUND is ST-FEEDING while octor. Discuss any DE EFFECTS that anxiety; constipat ziness; drowsines ppetite; nausea; to ping; vomiting; or creased blader c u experience biza creased blader c user; persist ed, or peeling skil es leeping; stom ; unusual bruising anges; vision chai ACTION to this n attention if it occt hives; itching; di ng of the mouth, all side effects the effects, contac medical advice a A at 1-800-FDA- S SUSPECTED, or regency room imm slow, or irregular ; severe or persist i, or vomiting; or 1 : DO NOT SHARE not prescribed. D onditions. KEEP Ti bets. IF USING TH IME, obtain refills	ediately. Symptoms heartbeat; hair ent dizziness, tremor. E THIS MEDICINE O NOT USE THIS HIS MEDICINE Out HIS MEDICINE FOR before your supply	w in NY heed FOR this ams Sif IT rour ual ach y OUR of of ual of in he. You	WIC# 957918 Do not flush unused medications or pour down a sink or drain. AABrunsting.Financials002103
	13630 Pinerock, (713)464-4391 RX # 15	BRUNSTI Houston, TX 77 15376-03	20797517		13630 (713)46 RX	VA BRUNS Pinerock, Houston, TX 44-4391 # 1515376-	03328	DATE: 03/02/11		
	SERTRA QTY: 30 Refill Retail Price: \$ A. JAIN, MD MFG: GREENS XXX/KMN/KM	1 REFILL NDC:597	MG TABLETS BEFORE 02/02/12 62-4900-05 ur Insurance Saved You: \$24.99	\$ 5.00	I QTY: Refill	30 1 REFIL NDC:59	OMG TABLE LL BEFORE 02/02, 762-4900-05 Your Insurance Saved	/12 d You: \$24.99	\$ 5.00	
	A. JAIN, MD MFG:GREENS XXX/KMN/KN	STONE MN/ /KMN	PLAN: PAIDMPD GROUP# CMD3896 CLAIM REF# OXHXMT3		MFG:	IN, MD GREENSTONE KMN/KMN/ /KMN	PLAN: PAID GROUP# CN CLAIM REF#	MPD ID3896 OXHXMT3		
	= Walg	reens	12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247	Customer Receipt	Te	algreen.	12850 MEMORIAL DRI PH: (713)72	VE HOUSTON, TX 77024	Duplicate Receipt	e
	Pharmacy use	only				. [BI	LUE		
×	WED 1:30F	M	SERTRALINE 50MG TA 59762- 4900 -05 CELL 29		QTY 30 20 DRAN	vi L	В	RONT: G 4900 ACK: 50MG	• I Guide	
	Refill					XXX/H	(MN/KMN/ /KMN	INIEC		

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PAT BIRT MEC	H DATE	10/08/26	RUNSTING 3 OMYCIN 250MG TABI	_ETS	DOCTOR	A. JAIN,	MD	DRUG DE		
QUA	NTITY	30	TABLET BY MOUTH E		PATIENT					
Diri	ECTIONS								PINK FRONT: 93 CK: 7146	
(i) OC till Enny oct in radiation of the second sec	ay-ZITH-roe COMMON U o treat back BEFORE US nedical con 'Ver-the-cou 'HIS MEDIC 'ver-the-cou 'HIS MEDIC 'ver-the-cou 'HIS MEDIC 'ver-the-cou 'INS MEDIC 'ver-the-cou 'INS MEDIC 'ver-the-cou 'INS MEDIC isopyramid isopyrami	-MYE-sin) ISES: This terial infect ING THIS M ditions may TOR OR PH Inter medic ZINE if you pafenone, L MONITOU if you are to a ergotamin eg, levoflor , triazolam, or medicine if you are to affect your al conditior lems, liver egnancy or if you have e. SE THIS MI to rom tem CINE within or magnesiu to rom tem to rom tem to rom tem to rom tem the same ti the you MISE	AZITHROMYCIN medicine is a macrolide ant ions. MEDICINE: Some medicines y interact with this medicine (ARMACIST of all prescriptic sine that you are taking. DO are also taking dofetilide, pimozide, or tetrabenazine. RING OF YOUR DOSE OR C are taking antiarrhythmics (e gulants (eg, warfarin), arsen pine, cisapride, digoxin, don e, nelfinavir, cyclosporine, e ne), paliperidone, phenytoin, xacin), rifampin, terfenadine , tyrosine kinase inhibitors (e s that may affect your heart unsure if any of the medicin- heartbeat. Inform your doct heartbeat. Inform your doct broblems, myasthenia gravis breastfeeding. Contact you any questions or concerns EDICINE: Follow the directio hour before or 2 hours af un-containing antacids. STC perature, away from heat a CTION COMPLETELY, contii all course of treatment even ys. Do not miss any doses. time each day will make it e SS A DOSE OF THIS MEDICI If it is almost time for your	or , INFORM on and NOT TAKE ONDITION 9g, nic, nperidone, rgot , , eg, beat. Ask es you are tor of any sat, s, r doctor or about taking DO NOT TAKE ter DO NOT TAKE ter DRE THIS nul light. TO nue taking if you Taking this asier to INE, take	Avoid expose you know ho protective cli- period. MiLD However, a n colitis) may n antibiotic or Contact you severe diarrh diarrhea with YOU HAVE, EMERGENC' that you are TAKING AN' over-the-cou WOMEN: IF with your do medicine, ch risks to your POSSIBLE S away during nausea, or s bothersome, DOCTOR AS changes in h DOCTOR IM swelling of y tongue; diffi vision proble muscle weal seizures; sev stools; unus yellowing of medicine is y	ure to the superiod of the second of the sec	un, sunlamps, t to this medic unust be outs is common the outs is form of diarri. This may dev ral months after traway if storn dy stools occu ecking with you ecking with you of DECONING nedicine. BEFC DICINE, either p with your doc ON BECOMING nedicine. BEFC DICINE, either p with your doc ON BECOMING to UN SUBLE FFEC include mild di nor upset. If the your doctor. of POSSIBLE if y inging in the ea ' if you experies legs, face, lips wing, speaking the pain, cramps the pain the pain, cramps the pain the pain the pain the pain the pain the pa	tor or pharmacist. G PREGNANT, dis s of using this NOWN IF THIS (. IF YOU ARE OR are using this harmacist to discu CTS, that may go iarrhea, headache, ney continue or ar CHECK WITH YOU ou experience vor ars. CONTACT YO ence chest pain; s, eyes, throat, or g, or breathing; ey; ; irregular heartbea , or swollen skin; s, or diarrhea; bloo or discharge; or gic reaction to this ite medical attenti ction include rash	until een or d e. oranous e the it. bs, E ntist FOR cuss uss the uss the e JR niting, pUR re or at; bdy son if	unused medications or pour down a sink or drain. AABrunsting.Financials002104
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_	NELVA E 13630 Pinerock, (713)464-4391 RX # 149		0797517		13630 P (713)464	VA BRUN inerock, Houston, 44391 1494789	TX 770797517	DATE: 03/02/11		
	QTY:30 Refill	NDC:0009 195.79 You	S - DR. AUTH REQUIRED	\$ 5.00	QTY:3 Refill Retail f A. JAII MFG:T	0 NO R NDC:0 Price: \$195.79	PLAN: PA GROUP#	JTH REQUIRED aved You: \$190.79 AIDMPD CMD3896 F# FKRWQHL	\$ 5.00	
	Walgr	eens	12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247	Customer Receipt	Tel	algreen	12850 MEMORIA PH: (713)	L DRIVE HOUSTON, TX 77024	Duplicate Receipt	
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Your Walgreens Pharmacy Location 12850 Memorial Drive Houston, TX 77024 (713)722-7247

PATIENTNELVA BRUNSTINGBIRTH DATE10/08/26MEDICATIONBROVANA15MCG/2ML INQUANTITY120DIRECTIONSINHALE 1VIAL VIA NEBUL	H SOL 30X2ML PATIE ALLEF		DRUG DE	LIQUID
<text><text><text><text><text></text></text></text></text></text>	a have not been POSSIBL ne, DO NOT TAKE medicine negacting filter reacting filter reacting filter and portsete problems and portsete problems and portsete problems statter portsete problems portsete problems portsete problems portsete problems concerns about using prostset the medicine problems portset you may prothems problems pr	medicine unless your doctor tells you AES CAUSE SEVERE BREATHING PRO ther medicial care at once. THIS MEDIC is house sugar may make you used to a you flush, breathe faster, or have a fr soccur, tell your doctor right away. PI come pregnant, contact your doctor. Disc is found in breast milk. If you are or medicine, check with your doctor. Disc E SIDE EFFECTS: SIDE EFFECTS that in: tiredness; tremor, trouble sheeping: the, check with your doctor. SEEX MEI ess SEVERE side effects occur: chest pre- tils, or persistent core throat; leg swelling is, or persistent core throat; leg swelling is, or persistent eadache, dizziness, tremor tration, or hunger; unusual weakness of a MALLERGIC REACTION to this mee the medical attention if to occurs. Sympt bes: itching: difficulty threathing: tighthe bes: the your doctor. SEE SUSPECTED, co emergency room immediately. Sympt is with your doctor. Doct of the site of the other streng symptoms of four may report side effects to FDA at SE: IF OVERDOSE IS SUSPECTED, co emergency room immediately. Sympt and or cramps, nausea, nervousness, the site symptoms of high blood sugar leg, in forwsiness; flushing of the skin; confus NAL INFORMATION : If your symptom heck with your doctor. Do Nort SETHI with USING THIS MEDICINE FOR AN IIS before your supply runs out. CHEC ispose of unused medicine. FETY CONTAINER OR SECU	may occur while taking this , headacher, nausea, nervous vorniting. If they continue or ICAL AT ENTION RIGHT Al value is the taking the source of the source of the source of the source of the source r or over the source of the source of the source r or over the source of the source of the source is not an allergic reaction in are questions about side effect tor for medical advice about 1 1:800-FDA-1038. Intact your local poison contr is our the output local poison contr is on the cheet pain; is of the source of the source of the source one may include cheet pain; is on the the source of the source of the source to the source of the source of the source of the source is many the source of the source of the source is the the source of the source of the source of the source is the the source of the source of the source of the source is the the source of	sness; are are tring pezing); sed uble clude tete side rol fast or che, swere or by
NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)464-4391 RX # 1540088-03328 DATE: 04/21/1 BROVANA 15MCG/2ML INH SOL 30X2ML QTY: 120 QTY: 120 2 REFILLS BEFORE 04/21/12 Copy NDC: 63402-0911-30 A. JAIN, MD MFG:SEPRACOR XXX/RJW/KHT/ /PBP TOclgreeus 12850 MEMORIAL DRIVE HOUSTON, TX 770 PH: (713)722-7247 Pharmacy use only	\$ 527.99		E 04/21/12	\$ 527.99 Duplicate Receipt
BROVANA 15MCG/2ML I THU 5:16PM 63402- 0911 -30 Copy REFRIG	NH SOL 30X2ML QTY	120 LIQUID		ad Cuida

Copy

Med Guide

XXX/RJW/KHT/ /PBP

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

PATIENT BIRTH DATE MEDICATION	NELVA BRUNSTING 10/08/26 METOPROLOL TARTRATE 50MG TABLETS	DOCTOR	A. JAIN, MD	
QUANTITY DIRECTIONS HOURS	60 TAKE 1 TABLET BY MOUTH EVERY 12	PATIENT ALLERGIES		PINK FRONT: m 32
COMMON US (beta-blocker alone or with treatment of to heart prob may also be BEFORE USII taking this m sometimes h certain types dose over se only take it f boxering you problems oct taking this m this medicine of low blood fainting, hea weakness. T have a histo a certain types of low blood fainting, hea weakness. T have a histo a certain type worsen thes these condit prescribe ad Tell your doc medicine ma heartbeat). E stopping this should slowi taking it. Ch medicines or NFORM YOI over-the-cou MEDICINE IF OF YOUR DC amiodarone, ritonavir), cer (eg, fluoxetii disopyramid phenothiazin alfuzosin), q barbiturates bupivacaine, medicine wa syndrome), j pressure (lee problems; c.		you take have a special of an original and a special of any of these starting treatment feel "normal." NOT SUDDEN consulting you use this medic according to y INSTRUCTED according to y INSTRUCTED the special of a special of the spe	th drive or perform other pos- ty you react to it. This mediciss, or fainting; alcohd, hot v ease these effects. To preve ally in the morning. Sit or lie e effects. PATIENTS WHO T URE often feel tired or run c hent. Be sure to take your m Tell your doctor if you deve LY STOP TAKING THIS MED pr doctor. If your doctor deci- sine, you will need to stop the your doctor's instructions. IF YOU TO CHECK YOUR BLOC be sure to do so. TELL YOU this medicine before you rec cy care, or surgery. BEFORE IES, either prescription or ov- tor or pharmacist. Do not tal congestion without first talk DR WOMEN: If you become a you are pregnant. This med- e or will be breast-feeding w ck with your doctor. Discuss ES PATIENTS: this medicine uch as rapid heartbeat. Be si toda sugar. Low blood sugar, dizzy, drowsy, or faint. It m you a headache, chills, or tre to lood sugar. Low blood sugar, dizzy, drowsy, or faint. It m you a cheadache, chills, or tre to lood sugar. Low blood sugar, dizzy, drowsy, or faint. It m you a headache, chills, or tre to you dabetes medicine. Use of your diabetes medicine. Insect aches, nausea, stoman ess or weakness, or vomitin, heck with your doctor. CNN if you experience blue or ul in; fainting; hallucinations; n h, depression); pounding in til- lines; shortness of breath; se a arms, hands, and feet; visi he skin or eyes. AN ALLERG likely, but seek immediate n contact your doctor, nurse, of to fail side effects that may ut side effects, contact your or mergency room immedia- hest pain, seizures, very slot ting, and difficult or slowed INFORMATION: DO NOT SH- or whom it was not prescribe other health conditions. KEE of children and pets. IF USIN. D PERIOD OF IME, obtain ri CK WITH YOUR PHARMACI	veaturer, exercise, or and then, sit up or stand down at the first sign AKE MEDICINE FOR HIGH lown for a few weeks after- edicine even if you may not lop any new symptoms. DO ICINE without first des you should no longer is medicine gradually YOUR DOCTOR HAS DD PRESSURE and heart R DOCTOR OR DENTIST eive any medical or dental YOU BEGIN TAKING ANY er-the-counter, check (ce any medicines used to ing with your doctor or pregnant, contact your its and risks of using this dicine is found in breast hile you use this any possible risks to your may hide signs of low ure to watch for other may make you anxious, nay also make your vision mors; or make your vision mors; or make your or Ask your doctor before you a. that may occur while diarrhea, dizziness, dry htheadedness, mild ch pain, trouble sleeping, g, If they continue or are TACT YOUR DOCTOR husually cold hands or nood or mental changes he chest; severe dizziness low or irregular heartbeat; on changes; wheezing; IC REACTION to this hedical attention if it nclude rash; hives; he chest; swelling of tice other effects not or pharmacist. This is not or pharmacist. This or pharmacist. This or pharmacist. This or healthcare provider. Call effects. You may report
13630 Pinerock (713)464-4391 RX # 15	KEEP OUT OF REACH OF CHILDREN: STOR BRUNSTING Houston, TX 770797517 34699-03328 DATE: 04/29/11 OL TARTRATE 50MG TABLETS 1 REFILL BEFORE 04/05/12 NDC: 00378-0032-10 16.66 Your Insurance Saved You: \$12.28 PLAN: PAIDMPD GROUP# CMD3896	NEL 13630 P (713)464 RX # METO QTY: 6 Refill	A BRUNSTING nerock, Houston, TX 770797517 4331 1534699-03328 PROLOL TARTRATE 50MG T 0 1 REFILL BEFORE 04 NDC:00378-0032-10 vrice: \$16.66 Your Insurance \$ MD PLAN: P	DATE: 04/29/11 TABLETS 5/05/12
TUalgh Pharmacy use	/ /PBP CLAIM REF# SLQMDCX	XXX/P	ЗР/РВР/ /РВР СLAIM R	EF# SLOMDCX AL DRIVE HOUSTON, TX 77024 }722-7247 Beceipt

XXX/PBP/PBP/ /PBP

Refill

CELL 138

PATIENT

QUANTITY

BIRTH DATE 10/08/26

90

NELVA BRUNSTING

MEDICATION ETHAMBUTOL 400MG TABLETS

DIRECTIONS TAKE 3 TABLETS BY MOUTH EVERY DAY

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

DOCTOR

PATIENT ALLERGIES

A. JAIN, MD

DRUG DESCRIPTION

WHITE FRONT: L U

> Do not flush unused medications or pour down a sink or drain. AABrunsting.Financials000210

WIC# 957918

	(a. 1)	BACK: C32
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.	 INGREDIENT NAME: ETHAMBUTOL (e-THAM-byoo-tole) COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB). BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of ali prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. 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. 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: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE 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 prescription or over-the-counter, check with your doctor or pharmacist. 	 treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of extremities. 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. ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, 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 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.
	EFFECTS, that may go away during	$\frac{1}{2} = \frac{1}{2} \left[\frac{1}{2} \left[$
	KEEP OUT OF REACH OF CHILDREN: STOR NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)464-4391 RX # 1534700-03328 DATE: 04/29/11 ETHAMBUTOL 400MG TABLETS QTY: 90 1 REFILL BEFORE 04/05/12 Refill NDC: 68180-0281-01 Retail Price: \$153.59 Your Insurance Saved You: \$148.59 A. JAIN, MD PLAN: PAILDIVIPD GROUP# CMD3896 XXX/PBP/PBP/ /PBP CLAIM REF# 7C1HH79 CUSTOMERTIAL DRIVE HOUSTON, IX 77024 Customer Receipt	E IN SAFETY CONTAINER OR SECURE AREA. NELVA BRUNSTING 13630 Pinerock, Houston, TX 770797517 (713)484-4391 RX # 1534700-03328 DATE: 04/29/11 ETHAMBUTOL 400MG TABLETS QTY: 90 1 REFILL BEFORE 04/05/12 Refill NDC:68180-0281-01 Retail Price: \$153.59 Your Insurance Saved You: \$148.59 A. JAIN, MD PLAN: PAIDMPD MFG:LUPIN GROUP# CMD3896 XXX/PBP/PBP/ /PBP CLAIM REF# 7C1HH79 TOalgreens 12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247 Duplicate Receipt
	ETHAMBUTOL 400MG TABLETS IN 11:00AM 68180- 0281 -01	QTY 90 WHITE FRONT: L U BACK: C32 XXX/PBP/PBP/ /PBP

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

PATIENT BIRTH DATE	NELVA BRUNSTING 10/08/26	DOCTO	R A. JAIN, ME)	DRUG DESC	
MEDICATION QUANTITY	ETHAMBUTOL 400MG TABLE 90	ETS PATIEN ALLERG			(\bigcirc
DIRECTIONS DAY	TAKE 3 TABLETS BY MOUTH	EVERY			L	WHITE
						DNT: L U K: C32
INGREDIENT NAME: ETHAMBUTOL (e-THAM-byoo-tole)		dizzine	treatment, include nausea, headache, or dizziness. If they continue or are bothersome, check with your doctor. CHECK			
COMMON USES: This medicine is an antibacterial used to treat tuberculosis (TB).		is POSSI vision, confus	WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience changes in vision, vomiting, skin rash, itching, fever, confusion, or numbness or tingling of			
YOUR D	USING THIS MEDICINE: IN OCTOR OR PHARMACIST o	f all listed	iities. If you r above, contac	ct your docto	or, nurse, or	
prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies,			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			
pregnancy, or breast-feeding. HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided			medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.			
by your doctor. 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. IF YOU MISS A			OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately.			
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.			 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. ADDITIONAL INFORMATION: If your symptoms do not improve within 2 to 3 weeks, 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 health conditions. KEEP THIS MEDICINE 			
CAUTIONS: DO NOT STOP USING THIS MEDICINE without first checking with your doctor. THIS MEDICINE MAY CAUSE dizziness. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. HAVE REGULAR EYE			conditions. K the reach of MEDICINE FO D OF TIME, c upply runs ou	CEEP THIS N children. IF R AN EXTEN obtain refills	IEDICINE USING NDED	Do not flush unused medications or pour down a sir AABrunsting. Financials002108
medicin in your TAKING prescrip	IATIONS while you are takin e even if you do not notice c vision. BEFORE YOU BEGIN ANY NEW MEDICINE, eithe tion or over-the-counter, che	changes er				18
your doctor or pharmacist. POSSIBLE SIDE EFFECTS: SIDE						WIC# 957918
	S, that may go away during	9 1 1			•	M.
KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.						
13630 Pinerock (713)464-4391	BRUNSTING Houston, TX 770797517 94792-03328 DATE: 01/01/11	13	ELVA BRUINS 630 Pinerock, Houston, TX 13)464-4391 X # 1494792-0	770797517	ATE: 01/01/11	
RX # 14	BUTOL 4000MIG TABLETS 2 REFILLS BEFORE 11/29/11 NDC:68180-0281-01 \$153.59 Your Insurance Saved You: \$148.59			LS BEFORE 11/29/ 180-0281-01	11	\$ 5.00
A: JAIN, MD MFG:LUPIN XXX/JIC/JIC	/ /RJW CLAIM REF# SQA93NQ	I N	: JAIN, MD FG:LUPIN XX/JIC/JIC/ /RJW	PLAN: PAIDMI GROUP# CMD: CLAIM REF# S(3896	
= Walgi	12850 MEMORIAL DRIVE HOUSTON, TX 77024 PH: (713)722-7247	Customer Receipt	Valgreens	12850 MEMORIAL DRIVE F PH: (713)722		Duplicate Receipt
Pharmacy use only WHITE						
SUN 12:00		TABLETS QTY	90		DNT: L U CK: C32	
Refill	ALPHA		XXX/JI	C/JIC/ /RJW		

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.
Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

NELVA E. BRUNSTING

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203 BLOOMINGDALE CIRCLE Victoria, TX 77904-3049

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65140	Jan 5, 2012	Jan 27, 2012	740.77							

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

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

Detach at perforation and return above portion with payment.

Service Date	Service Provider		Desc	cription	C	harges	Ins Paym Adjustme		Private Payments	Balance
Patient Accour	nt: 65140 - NELVA E.	BRUNSTIN	١G							
08/17/2011	Phan, M.D., Cuong Q.		ce Radiation Thera	py Flds Place	·	650.00				
09/07/2011		Medica	re 880469611					-152.99		
09/07/2011		Charge	s exceed contracted	fee schedule 8				458.76		
10/04/2011			Healthcare QG907					-30.60		7.65
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09/12/2011		FILED: U	nited Healthcare							1
09/16/2011		FILED: U	nited Healthcare							
08/11/2011	Yu, M.D., Tse-Kuan	Basic Rad	ij Dosim Cal			3,150.00				
09/02/2011		Medica	re 880456253					-504.29		
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Service Date	Service Provide		Desc	cription	Ch	arges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account	t: 65140 - NELVA I	E. BRUNSTIN	iG					<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
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Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0	.00 Jan 2	27, 2012	Continue

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Account	Statement Date	Due Date	Total Due								
65140	Jan 5, 2012	Jan 27, 2012	740.77								

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

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Service Date	Service Provide	ər	Des	cription		Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Accour	nt: 65140 - NELVA	E. BRUNSTIN	1G					<u> </u>	
09/07/2011		FILED: U	nited Healthcare						
08/18/2011	Phan, M.D., Cuong Q.	Ct Guidan	ce Radiation Thera	py Flds Place		650.00			1 .
09/07/2011			re 880469611				-152.99		•
09/07/2011		Charge	s exceed contracted	fee schedule 8			-458.76		
10/04/2011		United	Healthcare QG9074	43145			-30.60		7.65
08/18/2011	Phan, M.D., Cuong Q.	Ntsty Mod	ul Divr 1/Mit Fids	arcs Pr Tx S		2,500.00			
09/07/2011		Medica	re 880469611				-412.58	;	
09/07/2011		Charge	s exceed contracted	fee schedule 8			-1,984.27	1	
	n i angolaria ing nanaritan kata dipana dita	United	Healthcare QG9074	43145			-82.52	المراجع والمعارفة والمراجع المراجع	20.63
08/23/2011		FILED: M							1
09/12/2011		FILED: U	nited Healthcare						
09/16/2011		FILED: U	nited Healthcare						:
08/19/2011	Phan, M.D., Cuong Q.	Ct Guidar	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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10/04/2011		United	Healthcare QG907	43145			-30.60		7.65
08/19/2011	Phan, M.D., Cuong Q.	Ntsty Mo	dul Dlvr 1/Mlt Flds	arcs Pr Tx S	:	2,500.00			
09/07/2011			re 880479846				-412.58	;	
09/07/2011	10 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	Charge	s exceed contracted	fee schedule 8			-1,984.27	,	
10/04/2011			Healthcare QG907				-82.52	2	20.63
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08/22/2011	Yu, M.D., Tse-Kuan	Ct Guidar	ce Radiation Thera	py Flds Place		650.00			
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09/08/2011		Charge	s exceed contracted	fee schedule 8			-458.76	5	
10/04/2011		-	Healthcare QG907				-30.60		7.65
08/22/2011	Yu, M.D., Tse-Kuan	Ntsty Mo	dul Divr 1/Mit Fids	/arcs Pr Tx S		2,500.00			1
09/08/2011		Medica	re 880489430		1		-412.5	3	
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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 AABrunsting Einancials 99311115-00000011-0 Account Number: 65140 2.0.0.1

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Check Card Using For Payment									
🗌 Visa 📋 Master Card 🔄 AMEX									
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Statement Date	Due Date	Total Due							
Jan 5, 2012	Jan 27, 2012	740.77							
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Amount Enclosed \$_____

Make Checks Payable To:

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

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Service Date	Service Provide	ər	Des	cription		Charges	Ins Payments Adjustments	/ Private Payments	Balance
Patient Accour	nt: 65140 - NELVA	E. BRUNSTIN	١G	·····					
08/25/2011		FILED: M							
09/13/2011		FILED: U	nited Healthcare						
09/16/2011		FILED: U	nited Healthcare						
08/23/2011	Yu, M.D., Tse-Kuan	Ct Guidar	ce Radiation Thera	py Flds Place		650.00		1.0	
09/13/2011		Medica	re 880525887	la an an an Arthur		1.1.1.1	-152.9	9	
09/13/2011	a a second a second a second a second	Charge	s exceed contracted	fee schedule 8		·	-458.7	6	· · · · · · ·
10/12/2011		United	Healthcare 105417	8110			-30.6	50	7.65
08/23/2011	Yu, M.D., Tse-Kuan	Ntsty Mo	iul Divr 1/Mit Fids	arcs Pr Tx S		2,500.00			
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09/13/2011		Charge	s exceed contracted	fee schedule 8			-1,984.2	27	
10/12/2011		United	Healthcare 105417	8110			-82.5	52	20.63
08/29/2011		FILED: M	ledicare						1
09/16/2011		FILED: U	nited Healthcare						jan -
08/24/2011	Yu, M.D., Tse-Kuan	Ntsty Mo	dul Dlvr 1/Mlt Flds	arcs Pr Tx S		2,500.00			
09/14/2011		Medica	re 880538396				-412.5		
09/14/2011		Charge	s exceed contracted	fee schedule			-1,984.2	27	
10/12/2011		United	Healthcare 105417	8110		<i>1</i>	-82.5	52	20.63
08/24/2011	Yu, M.D., Tse-Kuan	Radj Tx N	/Igmt 5 Txs			1,000.00			
09/14/2011		Medica	re 880538396				-146.0		1
09/14/2011	and the second second	Charge	s exceed contracted	fee schedule			-817.4		
10/12/2011			Healthcare 105417				-29.2	21	7.30
08/24/2011	Yu, M.D., Tse-Kuan		g Medical Physics	Consltj Pr Wk		500.00	· · · · · · · · · · · · · · · · · · ·		
09/14/2011			ire 880538396				-41.:		
09/14/2011	n en gran gran dia transmissione en second	-	s exceed contracted				-448.0		
10/12/2011			Healthcare 105417				-8.2	31	2.08
09/19/2011			\$150.05 applied to o	coinsurance.				1	
08/30/2011		FILED: N	ledicare						
09/19/2011			nited Healthcare						
08/25/2011	Yu, M.D., Tse-Kuan	1	nce Radiation Thera	py Flds Place		650.00			
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Statement Date	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Day	vs Over 1	50 Days Due	Date	.Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0	00 Jan	27, 2012	Continued

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Check Card Using For Payment										
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Statement Date	Due Date	Total Due								
65140 Jan 5, 2012 Jan 27, 2012										
	Check Card U	Check Card Using For Payment Master Card Exp. Date Statement Date Due Date								

Amount Enclosed \$_____

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Detach at perforation and return above portion with payment.

Canida - Def	Condea Des 11		~			Charges	Ins Payment Adjustments	s/ Private	Balance
Service Date	Service Provid			cription		Charges	Adjustments	Payments	Balance
	nt: 65140 - NELVA							1	
10/12/2011			Healthcare 105417				-30	.60	7.6
08/25/2011	Yu, M.D., Tse-Kuan	-	dul Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00			
09/14/2011		Medica	re 880538396				-412		
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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	1999 (1997) - San Barra (199		يوم بياني الرامي
09/14/2011		Medica	ue 880538396				-152	.99	
09/14/2011		Charge	s exceed contracted	fee schedule			-458	.76	
10/12/2011		United	Healthcare 105417	8110			-30	.60	7.6
08/26/2011	Yu, M.D., Tse-Kuan	Ntsty Mo	dul Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00			
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09/14/2011	1 u, WI.D., 130-Kuan		are 880538396	py I lus I luce		020.00	-152	00	
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				and the second			-02	.52	20.0
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Statement Dat	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Day	s Over 1	50 Days Due	Date r	Total D
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00			27, 2012	1.400
Jan J, 2012	0.00	0.00	4,54.07	200.70	0.00	1 0		E1, 2412	·· commu

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001Account Number:651402.0.0.1AABrunsting Finangials 002-0000013-0

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Check Card Using For Payment										
🗌 Visa	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:

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

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Detach at perforation and return above portion with payment.

Service Date	Service Provide	er	Des	cription		Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Accour	nt: 65140 - NELVA	E. BRUNSTIN					-	1	1
09/16/2011			re 880560135				-152.99)	
09/16/2011			s exceed contracted	fee schedule			-458.70	5	
10/12/2011		-	Healthcare 105417				-30.60		7.65
08/30/2011	Yu, M.D., Tse-Kuan	Ntsty Mo	lul Dlvr 1/Mlt Flds	arcs Pr Tx S		2,500.00			
. 09/16/2011		Medica	re 880560135	tin the second			-412.5	3	la bajar e
09/16/2011		Charge	s exceed contracted	fee schedule			-1,984.2	7	and the second of
10/12/2011		-	Healthcare 105417		ĺ		-82.52	2	20.63
08/30/2011	Yu, M.D., Tse-Kuan	Radj Tx N	1gmt 5 Txs		1	1,000.00			
09/16/2011				en en la companya de la companya de la companya	2000 - Magazara II. (1990)		-146.03	3	
09/16/2011		Charge	s exceed contracted	fee schedule			-817.40	5	
10/12/2011		•	Healthcare 105417				-29.2	l	7.30
09/20/2011			177.91 applied to a					-	
09/02/2011		FILED: M							
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	Yu, M.D., Tse-Kuan		ce Radiation Thera	ny Flds Place		650.00		8	
09/16/2011	1,		re 880560135	.pj 1100 1 1000			-152.9		
09/16/2011			s exceed contracted	fee schedule			-458.70	1	
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10/12/2011			Healthcare 105417				-8.3		2.08
09/20/2011			S151.79 applied to o					1	
09/02/2011		FILED: M		comburance.			the set	1	1.1
09/21/2011			nited Healthcare	14 - 18 F. C.	ľ		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
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Jan 5, 2012	0.00	0.00	454.07	286.70	0.00		.00 Jan 2	7, 2012	Continued

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🗌 Visa	🗌 Discover									
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Account	Statement Date	Due Date	Total Due							
65140	Jan 5, 2012	Jan 27, 2012	740.77							

Amount Enclosed \$_____

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Detach at perforation and return above portion with payment.

Service Date	Service Provide	er	Des	cription	c	harges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Accour	nt: 65140 - NELVA	E. BRUNSTIN	iG.			- 1			
09/20/2011			s exceed contracted	fee schedule			-458.76		
10/18/2011		, v	Healthcare QG907				-30.60		7.65
09/01/2011	Yu, M.D., Tse-Kuan		lul Dlvr 1/Mlt Flds			2,500.00			· · ·
09/20/2011		-	ге 880588282		1	÷.	-412.58		· · ·
09/20/2011	and the second	Charge	s exceed contracted	fee schedule		and the second s	-1,984.27		Same san bi
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09/02/2011	Yu, M.D., Tse-Kuan	Ct Guidar	ce Radiation Thera	py Flds Place		650.00			
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09/21/2011			s exceed contracted	fee schedule 8			-458.76	i	
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09/22/2011		1 7 1	re 880614787				-412.58	3	
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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 Due D	ate 🖂 🕂 🕬	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	-	00 Jan 2	7, 2012	1. 10 100

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001 Account Number: 65140 2.0.0.1 AABrunstings Financials Geologies -00000015-0 +

Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

If Paying By Credit Card Please Fill Out Below									
Check Card Using For Payment									
🗌 Visa	🗌 Master Card		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:

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

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

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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	Des	cription		Charges	Ins Paymer Adjustmen		Balance
Patient Accoun	nt: 65140 - NELVA	E. BRUNSTIN	I G			I			·
09/26/2011		Medica	re 880641268				-15	2.99	
09/26/2011		Charge	s exceed contracted	fee schedule 8		l	-45	8.76	
10/18/2011		United	Healthcare QG907	79586	1		-3	0.60	7.65
09/07/2011	Yu, M.D., Tse-Kuan	Ntsty Mod	lul Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00			
09/26/2011		Medica	re 880641268			11111	-41	2.58	141124
09/26/2011	a a a a a a a a a a a a a a a a a a a	Charge	s exceed contracted	fee schedule 8	ana ana ana ana ang ara sa	• • • • •	-1,98	4.27	
10/18/2011		United	Healthcare QG907	79586			-8	2.52	20.63
09/07/2011	Yu, M.D., Tse-Kuan	Radj Tx N	1gmt 5 Txs			1,000.00			
	water a state and an experiment of the state	Medica	re 880641268			1		6.03	
09/26/2011		Charge	s exceed contracted	fee schedule 8			-81	7.46	
10/18/2011		United	Healthcare QG907'	79586		1	-2	9.21	7.30
09/07/2011	Yu, M.D., Tse-Kuan	Continuin	g Medical Physics	Consltj Pr Wk		500.00			
09/26/2011			re 880641268	-			-4	1.56	
09/26/2011	the state of the second state of the	Charge	s exceed contracted	fee schedule 8			-44	8.05	
10/18/2011		United	Healthcare QG907'	79586			-	8.31	2.08
09/12/2011		FILED: M	ledicare						
09/28/2011		FILED: U	nited Healthcare						
09/08/2011	Yu, M.D., Tse-Kuan	Ct Guidan	ce Radiation Thera	py Flds Place		650.00			
09/28/2011			re 880665029				-15	2.99	
09/28/2011		Charge	s exceed contracted	fee schedule 8	l l l l l l l l l l l l l l l l l l l		-45	8.76	
10/18/2011	i shakiti katalo	United	Healthcare QG907'	79586			-3	0.60	7.65
09/08/2011	Yu, M.D., Tse-Kuan	Ntsty Mod	dul Dlvr 1/Mlt Flds	arcs Pr Tx S		2,500.00	1		
09/28/2011		Medica	re 880665029				-41	2.58	1 1 27
09/28/2011		Charge	s exceed contracted	fee schedule 8			-1,98	4.27	
10/18/2011		United	Healthcare QG907	79586			-8	2.52	20.63
09/14/2011		FILED: M	ledicare						
09/30/2011		FILED: U	nited Healthcare			ļ			
10/10/2011		FILED: U	nited Healthcare						
	Yu, M.D., Tse-Kuan		ce Radiation Thera	py Flds Place		650.00			
09/28/2011			re 880665029	FJ			-15	2.99	
09/28/2011			s exceed contracted	fee schedule 8			-45	8.76	
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	•	4 	n presidente de la compañía. Na compañía de la com		:	1			
Statement Date	e 1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	o Over 1	50 Days Du	e Date	Total Due
Jan 5, 2012	0.00	0.00	454.07	286.70	0.00	0	00 Ja	n 27, 2012	Continued

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

 Account Number:
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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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Handlankalankilaanila Northwoods Urology Associates P O Box 4959 Houston, TX 77210

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

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Service Date	Service Provider		Desc	cription		Charges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Accour	nt: 65140 - NELVA E. B	BRUNSTING		•					I
10/25/2011			althcare QG9079	97905		м.	-30.60		7.65
09/09/2011	Yu, M.D., Tse-Kuan		Divr 1/Mit Flds/			2,500.00			
09/28/2011		Medicare	880665029				-412.58		· · .
09/28/2011		Charges ex	ceed contracted	fee schedule 8			-1,984.27	,	
10/25/2011	and a second second		althcare QG9079		1.1.1.1.1.1.4		-82.52		20.63
09/14/2011	in a second s	FILED: Medi	icare	ing in the second s			i communitation de la communit		
09/30/2011		FILED: Unite	ed Healthcare						
10/10/2011		FILED: Unite	ed Healthcare						
09/13/2011	Yu, M.D., Tse-Kuan	Ct Guidance	Radiation Thera	py Flds Place		650.00		→ → → → → → → → → → → → → → → → →	
09/30/2011			880692272				-152.99		
09/30/2011		Charges ex	ceed contracted	fee schedule 8			458.76	5	
10/25/2011		United He	althcare QG9079	97905			-30.60		7.65
09/13/2011	Yu, M.D., Tse-Kuan	Ntsty Modul	Dlvr 1/Mlt Flds/	arcs Pr Tx S		2,500.00			ļ
09/30/2011		Medicare	880692272				-412.58		
09/30/2011		Charges ex	ceed contracted	fee schedule 8			-1,984.27	/	
10/25/2011		United He	althcare QG9079	97905			-82.52	2	20.63
09/16/2011		FILED: Medi	icare						
10/04/2011		FILED: Unite	ed Healthcare						
09/14/2011	Yu, M.D., Tse-Kuan	Ct Guidance	Radiation Thera	py Flds Place		650.00			· · · · · ·
10/03/2011		Medicare	880703167	· · · · · · · · · · · · · · · · · · ·			-152.99		
10/03/2011		Charges ex	cceed contracted	fee schedule			-458.76	5	
10/25/2011		United He	althcare QG9079	97905			-30.60		7.65
09/14/2011	Yu, M.D., Tse-Kuan	Ntsty Modul	Divr 1/Mit Flds/	/arcs Pr Tx S		2,500.00			
10/03/2011		Medicare	880703167				-412.58		
10/03/2011			xceed contracted			1	-1,984.27		
10/25/2011			althcare QG9079	97905			-82.52	2	20.63
09/14/2011	Yu, M.D., Tse-Kuan	Radj Tx Mgr				1,000.00			
10/03/2011	, ,		880703167				-146.03	1	
10/03/2011			xceed contracted				-817.46		
10/25/2011		1	althcare QG907				-29.21	l	7.30
09/14/2011	Yu, M.D., Tse-Kuan	Continuing N	Medical Physics	Consltj Pr Wk		500.00			

Northwoods Urology Associates • P O Box 4959 • Houston, TX 77210 • 281-404-3001 AABrunsting Financials 90201005-00000017-0 Account Number: 65140 2.0.0.1

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Northwoods Urology Associates 135 Vision Park The Woodlands, TX 77384

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

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Service Date	Service Provider		Desc	ription	с	harges	Ins Payments/ Adjustments	Private Payments	Balance
Patient Account:	65140 - NELVA B	E. BRUNSTIN	NG						
10/03/2011 10/03/2011 10/25/2011 10/05/2011 09/19/2011	a Alan ang sang sang sang sang sang sang san	Charge United MEMO: \$ FILED: M		7905			-41.56 -448.05 -8.31	5	2.08
10/05/2011		FILED: U	nited Healthcare				Patient Bala	nce	740.77
			Contraction of the second				attent Data	HUGA	190.14
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Statement Date	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 15	50 Days Due I)ate 👘 🖓	Total Due

Northwoods Urology Associates • P O Box 4959 • Houston,
Account Number: 65140TX 77210 • 281-404-3001
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AABrunsting.Financials002119

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.

ch#120

BALANCE DUE: \$2.20

Account Number: 71-0343169228501

RADWEST1-0307218-0000000-2410974-001-000048-#006892-0001

Statement Date: 03/28/2012

DBA Radiology West Houston Progressive Radiology Associates 5301 Hollister Dr., Ste 350 Houston TX 77040-6152 Phone: 713-461-3573 IRS# 74-1646861

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