

UMMC FAMILY MEDICINE IMMIGRATION FEE SHEET AND CHECK-OUT

Raja, Zuhaib (M)
DOB: 9/25/1986 (33 y.o.)
MRN: 3217148
CSN: 2043447407
HAR:
DATE: 9/22/2020



Please check by each received.

ADMINISTRATION

- Immigration Physical \$200
- Immigration Visa (K, V, Etc) Paperwork \$200
- Immigration Administrative ONLY Encounter NO CHARGE

LABS/XRAY

- QFG \$121
- RPR \$21
- Urine GC \$43
- Chest Xray-1 View \$34

385⁰⁰

IMMUNIZATIONS

- Flu shot (October 1-March 31) \$35
- Meningococcus \$55.49
- MMR \$35.34
- Pneumococcal \$62
- Tetanus (Tdap or Td) \$18.60
- Varicella \$61.07

- Admin. Injection (1) \$15.50
- Admin. Injections (2) \$16.74
- Admin. Injections (3) \$25.11
- Admin. Injections (4) \$33.48
- Admin. Injections (5) \$41.85
- Additional admin injections \$8.37 each

CHECK-OUT

- PLEASE PRINT AVS
- PLEASE GIVE MYCHART INSTRUCTIONS
- FOLLOW UP

Updated 9-16-19



University of Mississippi Health Care

Serial #: 1375063 Date: 9/22/20
Guarantor ID: 3148231 Guarantor Name: Zuhaib Raja
Patient Name: Zuhaib Raja Department: Lakeland Medical
Building - Family
Medicine

Account #	Appt/Admit Date	Type	Source	Reference	Payment
Future	9/22/2020	Other	Credit Card	8746	\$385.00

Total Amount: **\$385.00**

Phys. Fam. Med. Lakeland
East Woodrow Wilson Dr.
son, MS 39216
984-6450

8/22/20 10:29 AM
ID: 827202873887
TLI: 00000007
Card Type: DISC
Card Account: XXXXXXXXXXXXXXX8746
Card Exp: XX/XX
Customer : ZUHAIB RAJA
TranIdent: H RAINEY
Station: Fam. Med. Lakeland
Name: SHABNAM SHARMIN
Entry: Manual Key
Transaction Type: SALE
Tran Serial #: 565076005
Auth Code: 02262R
Amount \$385.00

I agree to pay the indicated amount and
to be bound by the terms of the card
member agreement
