

HENRICO DOCTORS HOSPITAL HENRICO DOCTORS HOSPITAL  
 1602 SKIPWITH ROAD P O BOX 402478  
 RICHMOND VA 232295298 ATLANTA GA30384  
 8042673700 52-1113733 031922 031922

PATIENT NAME: KETHIPALLY, RAJASHEKAR  
 PATIENT ADDRESS: RICHMOND VA 23294  
 B702 ALDEBURGH DR

10 BIRTHDATE: 12021991  
 11 SEX: M  
 12 DATE: 17 1 1  
 13 ADM 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21  
 22 23 24 25 26 27 28 29 ADJT 30 STATE: VA

31 OCCURRENCE DATE: 02 031922 11 031922 A1 120291 A2 030622  
 32 OCCURRENCE DATE: B1 120291  
 33 UHC CHOICEZZ  
 PO BOX 31362  
 SALT LAKE CITY, UT 84131

43 REV CD	43 DESCRIPTION	44 HCPCS / NDC / HPPS CODE	45 SERVL DATE	46 SERVL UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0250	N460687045711UN1		031922	1	500		
0320	XR STERNUM 2 V	71120	031922	1	110600		
0324	CHEST XRAY 2 V	71046	031922	1	86000		
0450	LVL 3 EMER DEPT	99283 25	031922	1	265800		
0730	EKG TRACING ONLY	93005	031922	1	73100		

0001 PAGE 001 OF 001 CREATION DATE 051222 TOTALS 536000

50 PAYER NAME: UHC CHOICEZZ  
 51 HEALTH PLAN ID: [Blank]  
 52 PRIOR PAYMENTS: 22391  
 53 EST AMOUNT DUE: 1194762294

59 INSURED'S NAME: KETHIPALLY, RAJASHEKAR  
 60 INSURED'S UNIQUE ID: 18 962073662  
 61 GROUP NAME: EMPLOYED  
 62 INSURANCE GROUP NO: Q0610

63 TREATMENT AUTHORIZATION CODES: [Blank]  
 64 DOCUMENT CONTROL NUMBER: DH77858812 0483975658  
 65 EMPLOYER NAME: [Blank]

66 S50811A 520211A  
 67 ADMIT DATE: [Blank]  
 68 PATIENT REASON DX: R079  
 69 PPS CODE: S50811A  
 70 EDI: V4949XA W2210XA Y92410

74 PRINCIPAL PROCEDURE CODE: [Blank]  
 75 OTHER PROCEDURE CODE: [Blank]  
 76 ATTENDING: 124226238  
 77 OPERATING: HOLMES  
 78 OTHER: [Blank]  
 79 OTHER: [Blank]

80 REMARKS: PT DISCOUNTS AVAILA  
 81 CODE: B3282N00000X  
 82: B15  
 83: B25

PATIENT NO: 44846863545 HENRICO DOCTORS HOSPITAL BILLING DATE PAGE 1 00448  
 MED REC NO: 1470136 1602 SKIPWITH ROAD 04/27/22  
 GUARANTOR NO:  
 PATIENT: RICHMOND VA 232295298 ADMITTED DISCHARGED  
 KETHIPALLY RAJASHEKAR 03/19/22 03/19/22

PAY TO ADDRESS: HENRICO DOCTORS HOSPITAL  
 P O BOX 402478  
 ATLANTA  
 GA 303842478

BILL TO:  
 KETHIPALLY RAJASHEKAR EMERGENCY FC=08  
 8702 ALDEBURGH DR REPLACEMENT OF PRIOR CLAIM  
 RICHMOND VA  
 23294

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES	
320-RADIOLOGY DIAGNOSTIC								
031922	19B609	0728	031169	71120	1	XR STERNUM 2 + V	1106.00	
							SUBTOTAL:	1106.00
324-RAD DIAG/CHEST XRAY								
031922	19B609	0728	080391	71046	1	CHEST XRAY 2 V	860.00	
							SUBTOTAL:	860.00
450-EMERGENCY ROOM								
031922	21B087	0781	046185	9928325	1	LVL 3 EMER DEPT	2658.00	
							SUBTOTAL:	2658.00
637-SELF-ADMINISTRABLE DRUG								
031922	19B606	0712	007249	60687045711	1	IBUPROFEN 600MG TAB	5.00	
							SUBTOTAL:	5.00
730-EKG ECG								
031922	21B865	0744	043855	93005	1	EKG TRACING ONLY	731.00	
							SUBTOTAL:	731.00
TOTAL ANCILLARY CHARGES							5360.00	
TOTAL CHARGES							5360.00	
PAYMENTS							.00	
ADJUSTMENTS							.00	
BALANCE							5360.00	

INSURANCE BENEFITS ASSIGNED TO HENRICO DOCTORS' HOSP.  
 PLEASE RETAIN THIS COPY FOR YOUR RECORDS.

PATIENT NO: 44846863545 HENRICO DOCTORS HOSPITAL BILLING DATE PAGE 2 00448  
 MED REC NO: 1470136 1602 SKIPWITH ROAD 04/27/22

GUARANTOR NO:  
 PATIENT: RICHMOND VA 232295298 ADMITTED DISCHARGED  
 KETHIPALLY RAJASHEKAR 03/19/22 03/19/22

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	5.00
0728	RADIOLOGY	1,966.00
0744	EKG	731.00
0781	EMERGENCY ROOM	2,658.00

REVENUE CHARGE SUMMARY				
REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0320	RADIOLOGY DIAGNOSTIC	1,106.00	.00	1,106.00
0324	RAD DIAG/CHEST XRAY	860.00	.00	860.00
0450	EMERGENCY ROOM	2,658.00	.00	2,658.00
0637	SELF-ADMINISTRABLE DRUG	5.00	.00	5.00
0730	EKG ECG	731.00	.00	731.00

TOTAL CHARGES: 5,360.00  
 TOTAL PAYMENTS: .00  
 TOTAL ADJUST: .00

# PATIENT STATEMENT

ACCOUNT NUMBER	STATEMENT DATE
91860565/401	07/28/22
CHECK NUMBER	PAYMENT AMOUNT

91860565-401-40114

**FOR PROPER POSTING  
PLEASE WRITE IN CHECK  
NUMBER AND AMOUNT PAID** ➔

RAJASHEKAR KETHIPALLY  
8702 ALDEBURGH DR  
RICHMOND VA 23294

**PLEASE WRITE YOUR ACCOUNT NAME ON YOUR CHECK  
MAKE PAYABLE IN U.S. DOLLARS TO:**

EMERGENCY COVERAGE CORPORATION  
PO BOX 636019  
CINCINNATI, OH 45263-6019

**PATIENT NAME:** RAJASHEKAR KETHIPALLY

**TO PAY BY CREDIT CARD COMPLETE  
AND SIGN THE OTHER SIDE OF THIS STATEMENT**

**PHYSICIAN SERVICES RENDERED AT:** PARHAM DOCTORS' HOSPITAL

**TAXPAYER ID:** 62-1130266

PAYMENTS AND INSURANCE INFORMATION MAILED SEVEN DAYS  
PRIOR TO THE ABOVE STATEMENT DATE MAY NOT YET APPEAR

**BILLING INQUIRIES:** 888-952-6772

HOURS OF OPERATION: MONDAY - FRIDAY 8AM TO 7PM & SATURDAY 10AM TO 3PM ET  
PROVIDE INSURANCE INFO OR PAY BY CREDIT CARD AT [WWW.TEAMHEALTH.COM/BILLING](http://WWW.TEAMHEALTH.COM/BILLING)

DATE / INVOICE #	DX / CPT CODE	DESCRIPTION	PROVIDER	CHARGES	PAYMENT CREDIT
03/19/22 307205024	S20.211	99284 EMERGENCY DEPT VISIT - 99284	HOLMES MD, MATTHEW KYLE / TENORE FNP, EDWARD	1177.00	

**PHYSICIAN CHARGES ARE NOT INCLUDED IN THE FACILITY BILL**

<b>ACCOUNT NAME:</b> 91860565/401	<b>STATEMENT DATE:</b> 07/28/22 (LWC )	<b>TOTAL NOW DUE</b> ➔ 1177.00
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# RADIOLOGY ASSOC. OF RICHMOND

P.O. BOX 13343 - RICHMOND VA 23225

Phone: 804-272-8806

Billing Inquiries from 10:00 to 4:00 (Mon-Thurs)  
8:00 to 12:00 (Fri)

Tax Identification Number: 54-0888075

<small>Account Number</small> 43470136	<small>Place of Service</small> Henrico Doctors Par/emer Room	<small>Admission Date</small> 19 Mar 2022	<small>Discharge Date</small> 19 Mar 2022	<small>Date of Birth</small>
<small>Responsible Party's Name and Address</small>  KETHIPALLY,RAJASHEKAR 8702 ALDEBURGH DR RICHMOND, VA 23294		<small>Patient's Name</small> KETHIPALLY,RAJASHEKAR		<small>Patient's SSN</small> ***_*_*_9999
		<small>Referring Physician</small> HOLMES,MATTHEW		

Date of Service	Procedure	Professional Services	Amount
19 Mar 22	71046	CHEST-2 VIEWS	
19 Mar 22	71120	STERNUM-MINIMUM OF TWO VIEWS	55.10
22 Mar 22	7520	#1 NO INS MAILED: \$85.20	30.10
07 Apr 22	9074	4/6/2022 Call Made. Completed 1 - AnsMach 13308108	
07 Apr 22	9076	PT RESPONDED TO AUTO DIALER CALL	
19 Apr 22	0109	web AMEX PMT Y:2874091940821143:	-85.20

Balance 0.00



**OrthoVirginia, Inc.**  
**P.O. Box 715831**  
**Philadelphia, PA 19171 -**  
**5831**  
**1-866-706-7846**

Printed: 5/3/2022  
 Account: 1680651-KETHIPALLY,RAJASHEKAR  
 R  
 8702 ALDEBURGH DR  
 HENRICO, VA 23294  
 US

Visit #1 for Patient: KETHIPALLY,RAJASHEKAR R at 8901 Three Chopt Road, Suite D Richmond, VA 23229-4643 - Provider Tax ID: 540885859, 540885859									
Service Date	Pay/Adj Date	Code	Description	Diagnoses	Provider	Charge Amt	Pay/Adj Amt	Ins Due	Pat Due
4/19/22		72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	M54.2	Kimberly Waters, PA	125.00		0.00	42.22
	5/3/22		INSURANCE PAYMENT- UNITED HEALTHCARE				0.00		
	5/3/22		CONTRACTUAL WRITE- OFF-UNITED HEALTHCARE				82.78		
4/19/22		99204	OFFICE OUTPATIENT NEW LEVEL 4	S16.1XXA, M54.2	Kimberly Waters, PA	320.00		0.00	157.69
	4/19/22		CO-PAYMENT				60.00		
	5/3/22		INSURANCE PAYMENT- UNITED HEALTHCARE				0.00		
	5/3/22		CONTRACTUAL WRITE- OFF-UNITED HEALTHCARE				102.31		
<b>Totals:</b>						<b>445.00</b>	<b>245.09</b>	<b>0.00</b>	<b>199.91</b>

**Pay/Adj Summary**

CO-PAYMENT 60.00  
 CONTRACTUAL WRITE-OFF 185.09  
 INSURANCE PAYMENT 0.00

6/15/22, 9:26 AM

Print Patient Account - MWTherapy

**Center For  
Physical Therapy  
& Sports Medicine, PC**

Center for Physical Therapy and Sports Medicine

**Glen Allen**  
Tel: (804) 747-7472 | Fax: (804) 747-7441  
3920 Springfield Rd. Glen Allen, VA  
23060-4119

**Kethipally, Rajashekar R (101364)**

**Current Overall Patient Account Balances:**

- Patient Balance: (\$10.00)
- Insurance Balance: \$1,024.00
- Patient Payments (lifetime): \$250.00
- Patient Payments (YTD): \$250.00
- Copay: \$30.00
- Deductible: \$2,000.00
- Coinsurance: 0.00%

**Financial Summary (for items below)**

	Patient	Insurance
Billed	\$240.00	\$2,026.00
Paid/Written-Off	\$250.00	\$1,002.00
Balance	\$-10.00	\$1,024.00

**Patient Visits/Invoices**

Patient (Due Paid Balance)	Patient Payments	Insurance (Due Adjudicated Balance)	Insurance Charges & Payments
<b>Appointment Date: 6/1/22 1:00 PM   Dx: M62.81, M54.2   Staff: Jane Schneider (NPI: 1790239754)</b>			
\$30.00		\$256.00	Status Code Description Units Amt. Due Insurance Payments
\$0.00		\$0.00	Billed 97110 Therapeutic Exercise 3 192.00
\$30.00		\$256.00	Billed 97140 Manual Therapy 1 64.00
<b>Appointment Date: 5/25/22 8:30 AM   Dx: M62.81, M54.2   Staff: Jane Schneider (NPI: 1790239754)</b>			
\$30.00	Date Staff Loc. Amt. Method	\$256.00	Status Code Description Units Amt. Due Insurance Payments
\$30.00	5/25/22 Mandy Glen \$30.00 Credit	\$0.00	Billed 97110 Therapeutic Exercise 3 192.00
\$0.00	8:25 AM Allen Card	\$256.00	Billed 97530 Therapeutic Activity/Kinetic 1 64.00
<b>Appointment Date: 5/23/22 8:00 AM   Dx: M62.81, M54.2   Staff: Jane Schneider (NPI: 1790239754)</b>			
\$30.00	Date Staff Loc. Amt. Method	\$256.00	Status Code Description Units Amt. Due Insurance Payments
\$30.00	5/23/22 JoniV Glen \$30.00 Credit	\$0.00	Billed 97110 Therapeutic Exercise 3 192.00
\$0.00	7:54 AM Allen Card	\$256.00	Billed 97530 Therapeutic Activity/Kinetic 1 64.00
<b>Appointment Date: 5/18/22 8:30 AM   Dx: M62.81, M54.2   Staff: Jane Schneider (NPI: 1790239754)</b>			
\$30.00	Date Staff Loc. Amt. Method	\$256.00	Status Code Description Units Amt. Due Insurance Payments
\$30.00	5/18/22 JoniV Glen \$30.00 Credit	\$0.00	Billed 97110 Therapeutic Exercise 3 192.00
\$0.00	3:17 PM Allen Card	\$256.00	Billed 97530 Therapeutic Activity/Kinetic 1 64.00
<b>Appointment Date: 5/16/22 8:00 AM   Dx: M62.81, M54.2   Staff: Jane Schneider (NPI: 1790239754)</b>			
\$30.00	Date Staff Loc. Amt. Method	\$256.00	Status Code Description Units Amt. Due Insurance Payments
\$30.00	5/16/22 Leyla Glen \$30.00 AMEX	\$256.00	Adjudicated 97110 Therapeutic 3 192.00 Payer Date Amt. Method

6/15/22, 9:26 AM

Print Patient Account - MWTherapy

\$0.00 8:01 AM Allen \$0.00

Exercise 0028 6/8/22 \$40.00 EFT  
 0028 6/8/22 \$122.00 Adjustment/Write-off  
 0028 6/8/22 \$30.00 Patient Responsibility  
 Adjudicated 97530 Therapeutic Activity/Kinetic 1 64.00 Payer Date Amt. Method  
 0028 6/8/22 \$64.00 Adjustment/Write-off

Appointment Date: 5/11/22 8:30 AM | Dx: M62.81, M54.2 | Staff: Jane Schneider (NPI: 1790239754)

\$30.00 Date Staff Loc. Amt. Method \$256.00  
~~\$30.00~~ 5/11/22 Mandy Glen \$30.00 Credit ~~\$256.00~~  
 \$0.00 8:22 AM Allen Card \$0.00

Status	Code	Description	Units	Amt. Due	Insurance Payments
Adjudicated	97110	Therapeutic Exercise	3	192.00	Payer Date Amt. Method 0028 6/8/22 \$40.00 EFT 0028 6/8/22 \$122.00 Adjustment/Write-off 0028 6/8/22 \$30.00 Patient Responsibility
Adjudicated	97530	Therapeutic Activity/Kinetic	1	64.00	Payer Date Amt. Method 0028 6/8/22 \$64.00 Adjustment/Write-off

Appointment Date: 5/9/22 8:30 AM | Dx: M62.81, M54.2 | Staff: Jane Schneider (NPI: 1790239754)

\$30.00 Date Staff Loc. Amt. Method \$256.00  
~~\$30.00~~ 5/9/22 Mandy Glen \$30.00 Credit ~~\$256.00~~  
 \$0.00 8:07 AM Allen Card \$0.00

Status	Code	Description	Units	Amt. Due	Insurance Payments
Adjudicated	97110	Therapeutic Exercise	3	192.00	Payer Date Amt. Method 0028 5/31/22 \$40.00 EFT 0028 5/31/22 \$122.00 Adjustment/Write-off 0028 5/31/22 \$30.00 Patient Responsibility
Adjudicated	97530	Therapeutic Activity/Kinetic	1	64.00	Payer Date Amt. Method 0028 5/31/22 \$64.00 Adjustment/Write-off

Appointment Date: 5/4/22 8:30 AM | Dx: M62.81, M54.2 | Staff: Jane Schneider (NPI: 1790239754)

\$30.00 Date Staff Loc. Amt. Method \$234.00  
~~\$70.00~~ 5/4/22 Mandy Glen \$70.00 Credit ~~\$234.00~~  
 (\$40.00) 9:02 AM Allen Card \$0.00

Status	Code	Description	Units	Amt. Due	Insurance Payments
Adjudicated	97161	PT Evaluation: Low Complexity	1	106.00	Payer Date Amt. Method 0028 5/31/22 \$40.00 EFT 0028 5/31/22 \$30.00 Patient Responsibility 0028 5/31/22 \$36.00 Adjustment/Write-off
Adjudicated	97110	Therapeutic Exercise	1	64.00	Payer Date Amt. Method 0028 5/31/22 \$64.00 Adjustment/Write-off
Adjudicated	97140	Manual Therapy	1	64.00	Payer Date Amt. Method 0028 5/31/22 \$64.00 Adjustment/Write-off

Patient Statement History

No statements sent