



Bethany Medical Center PA

PO Box 90031 Charlotte NC 282900031
Tel: (336) 883-0029 Fax: (336) 883-8988

ACCOUNT INQUIRY

01/27/2023 1:48 PM (EST)

Account# 31448

Guarantor Information:

Saravana Ganesh
855 Jennifer Lane
High Point, NC 27265

Home Tel#: _____
Work Tel#: _____

Patient Information:
Patient# 31448

Saravana Ganesh
855 Jennifer Lane
High Point, NC 27265

Home Tel#: _____
Work Tel#: _____

Payor	Current	31-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$3.53	\$98.36	\$163.49	\$265.38
Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unassigned:					\$0.00
Total Balance:					\$265.38

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
09/21/2022	41957610	LPAR	\$134.00	\$119.00	\$15.00	Self-Pay	Medical	10/26/2022	93	Saravana Ganesh

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
SC	IM	SC	LPAR	JKECHRS09/22/22	Updated	09/22/2022	Saravana Ganesh	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
41957610		LPAR		41957610	CIGNA	09/22/2022	Electronic

Messages

This represents the Co-Insurance amount due. Please remit payment.

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/21/2022	99213		Office Outpt Est15 Min	K70.10	Alcoholic hepatitis without ascites	MEDICAL	1.00	\$134.00	\$119.00	\$15.00

Diag2	Description	Diag3	Description	Diag4	Description
F41.1	Generalized anxiety disorder	R73.09	Other abnormal glucose	E78.00	Hyperlipidemia, mixed, combined

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
571.1	Hepatitis, acute alcoholic	300.02	Anxiety disorder, generalized	790.29	Abnormal glucose NEC	272.0	Hypercholesterolemia, pure

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/21/2022	3078F		Most Recent Diastolic Blood Pressure < 8	I10	Essential (primary) hypertension	MEDICAL	1.00	\$0.00	\$0.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
401.9	Hypertension, essential NOS						

Dates of	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due

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Service										Due
09/21/2022	3074F	Most Recent Systolic Blood Pressure Lt 1	I10	Essential (primary) hypertension	MEDICAL	1.00	\$0.00	\$0.00	\$0.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
401.9	Hypertension, essential NOS						

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
09/26/2022	80012190		Self-Pay	Self Pay Credit Card Payment	\$35.00			TBAPAYMT09/26/22	Updated	09/26/2022			
09/29/2022	220924090019705	Medical	CIGNA	Cigna Payment	\$32.79			E220924090019705SGR	Updated	09/29/2022			
09/29/2022	220924090019705	Medical	CIGNA	Cigna Adjustment	\$51.21			E220924090019705SGR	Updated	09/29/2022			
09/29/2022	220924090019705	Medical	CIGNA	Cigna Transfer		Self-Pay	\$15.00	E220924090019705SGR	Updated	09/29/2022			
09/29/2022	220924090019705		Self-Pay	Rebilled Claim				E220924090019705SGR	Updated	09/29/2022			

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Account# 31448

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High Point, NC 27265

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Patient Information:
Patient# 31448

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855 Jennifer Lane
High Point, NC 27265

Home Tel#: _____
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Payor	Current	31-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$3.53	\$98.36	\$163.49	\$265.38
Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unassigned:					\$0.00
Total Balance:					\$265.38

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
09/08/2022	42135590	LPAR	\$295.00	\$245.00	\$50.00	Self-Pay	Medical	09/28/2022	121	Saravana Ganesh

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
KVLAB	IM	KV	LPAR	JKECHRG09/13/22	Updated	09/13/2022	Saravana Ganesh	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
42135590		LPAR		42135590	CIGNA	09/14/2022	Electronic

Messages

This represents the Co-Insurance amount due. Please remit payment.

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	80061		Lipid Panel	E78.00	Hyperlipidemia, mixed, combined	LAB	1.00	\$28.00	\$5.69	\$22.31

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
272.0	Hypercholesterolemia, pure						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	82728		Ferritin	D53.9	Nutritional anemia, unspecified	LAB	1.00	\$25.00	\$15.76	\$9.24

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
281.9	Anemia, deficiency NOS						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	82746		Folic Acid Serum	D53.9	Nutritional anemia, unspecified	LAB	1.00	\$25.00	\$15.06	\$9.94

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
281.9	Anemia, deficiency NOS						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due



09/08/2022 83550 Iron Bndng Cap D53.9 Nutritional anemia, unspecified LAB 1.00 \$19.00 \$13.07 \$5.93

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
281.9	Anemia, deficiency NOS						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	83540		Iron	D53.9	Nutritional anemia, unspecified	LAB	1.00	\$14.00	\$11.42	\$2.58

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
281.9	Anemia, deficiency NOS						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	82607		Cyanocobalamin	D53.9	Nutritional anemia, unspecified	LAB	1.00	\$28.00	\$28.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
281.9	Anemia, deficiency NOS						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	80307		Single Drug Class Method by Instrumental	Z79.899	Other long term (current) drug therapy	LAB	1.00	\$120.00	\$120.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
V58.69	Aftcr, long-term use, meds NEC						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	80053		Compre Metab Panel	R73.9	Hyperglycemia, unspecified	LAB	1.00	\$18.00	\$18.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
790.29	Abnormal glucose NEC						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
09/08/2022	83036		Hgb Glycosylated	R73.9	Hyperglycemia, unspecified	LAB	1.00	\$18.00	\$18.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
790.29	Abnormal glucose NEC						

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
09/22/2022	220917090018416	Medical	CIGNA	Cigna Adjustment	\$172.65			E220917090018416SGR	Updated	09/22/2022			
09/22/2022	220917090018416	Medical	CIGNA	Cigna Payment	\$72.35			E220917090018416SGR	Updated	09/22/2022			
09/22/2022	220917090018416	Medical	CIGNA	Cigna Transfer		Self-Pay	\$50.00	E220917090018416SGR	Updated	09/22/2022			
09/22/2022	220917090018416		Self-Pay	Rebilled Claim				E220917090018416SGR	Updated	09/22/2022			

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Insur	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Unassigned:	\$0.00
				Total Balance:	\$265.38

Service Date	Voucher#	Provider	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage Type	Billed Date	Age	Patient
10/19/2022	43010240	MENONRAD	\$161.00	\$111.00	\$50.00	Self-Pay	Medical	11/23/2022	65	Saravana Ganesh

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
KVLAB	GASTRO	KV	LPAR	tsbcharg10/24/22	Updated	10/24/2022	Saravana Ganesh	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
43010240		MENONRAD		43010240	CIGNA	10/24/2022	Electronic

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
10/19/2022	82728		Ferritin	K70.30	Alcoholic cirrhosis of liver without ascites	LAB	1.00	\$25.00	\$15.76	\$9.24

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
571.2	Cirrhosis, alcoholic, liver						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
10/19/2022	80074		Aqt Hep Panel	K70.30	Alcoholic cirrhosis of liver without ascites	LAB	1.00	\$85.00	\$51.01	\$33.99

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
571.2	Cirrhosis, alcoholic, liver						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
10/19/2022	83540		Iron	K70.30	Alcoholic cirrhosis of liver without ascites	LAB	1.00	\$14.00	\$9.64	\$4.36

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
571.2	Cirrhosis, alcoholic, liver						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
10/19/2022	83550		Iron Bndng Cap	K70.30	Alcoholic cirrhosis of liver without ascites	LAB	1.00	\$19.00	\$16.59	\$2.41

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Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
571.2	Cirrhosis, alcoholic, liver						

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts/Adjs	Amt Due
10/19/2022	80053		Compre Metab Panel	K70.30	Alcoholic cirrhosis of liver without ascites	LAB	1.00	\$18.00	\$18.00	\$0.00

Mapped ICD9-1	Description	Mapped ICD9-2	Description	Mapped ICD9-3	Description	Mapped ICD9-4	Description
571.2	Cirrhosis, alcoholic, liver						

Payment Date	Reference	Coverage Type	Insurance	Transaction	Pmt Amt	Transfer To	Trsf Amt	Batch#	Status	Date Updated	Void Batch#	Date Voided	Voided By
11/01/2022	221027090019032	Medical	CIGNA	Cigna Payment	\$14.96			SGRCIGNA11/01/22	Updated	11/01/2022			
11/01/2022	221027090019032	Medical	CIGNA	Cigna Adjustment	\$96.04			SGRCIGNA11/01/22	Updated	11/01/2022			
11/01/2022	221027090019032	Medical	CIGNA	Cigna Transfer		Self-Pay	\$50.00	SGRCIGNA11/01/22	Updated	11/01/2022			
11/01/2022	221027090019032		Self-Pay	Rebilled Claim				SGRCIGNA11/01/22	Updated	11/01/2022			