

Claim Summary - Payments

1/1/1991 - 9/23/2014

Claim No: VEG50054
 Loss Date: 1/31/2005
 Claimant: Anderson, Tiffany
 Insured: Vector JPA

Medical

Effective Date	Transaction Type	Check Number	Payee	From Through	Pay Amount	Running Total
4/1/2005	M47 - Physician	2584	DAMERON HOSPITAL ASSOCIATION	1/31/2005 - 1/31/2005	13.03	13.03
4/1/2005	M47 - Physician	2584	DAMERON HOSPITAL ASSOCIATION	1/31/2005 - 1/31/2005	4.52	17.55
4/1/2005	M47 - Physician	2584	DAMERON HOSPITAL ASSOCIATION	1/31/2005 - 1/31/2005	14.54	32.09
4/1/2005	M47 - Physician	2581	CORKY HULL MEDICAL ASSOCIATES, INC.	1/27/2005 - 1/27/2005	72.25	104.34
4/1/2005	M47 - Physician	2581	CORKY HULL MEDICAL ASSOCIATES, INC.	1/27/2005 - 1/27/2005	11.89	116.03
4/1/2005	M47 - Physician	2582	CORKY HULL MEDICAL ASSOCIATES, INC.	2/7/2005 - 2/7/2005	11.69	127.72
4/1/2005	M47 - Physician	2582	CORKY HULL MEDICAL ASSOCIATES, INC.	2/7/2005 - 2/7/2005	47.60	175.32
4/20/2005	M10 - DO NOT USE BR Fee	2681	ALLIED MANAGED CARE	3/15/2005 - 3/15/2005	19.48	194.78
5/3/2005	M44 - Pharmacy	2703	DAMERON HOSPITAL LINACIA PHARMACY	1/26/2005 - 1/26/2005	8.64	203.42
5/3/2005	M44 - Pharmacy	2703	DAMERON HOSPITAL LINACIA PHARMACY	1/27/2005 - 1/27/2005	13.23	216.65
5/18/2005	M47 - Physician	2756	CORKY HULL MEDICAL ASSOCIATES, INC.	2/28/2005 - 2/28/2005	11.69	228.34
5/18/2005	M47 - Physician	2756	CORKY HULL MEDICAL ASSOCIATES, INC.	2/28/2005 - 2/28/2005	47.60	275.94
5/18/2005	M10 - DO NOT USE BR Fee	2725	ALLIED MANAGED CARE	4/26/2005 - 4/26/2005	0.08	276.03
3/21/2006	M47 - Physician	4022	CORKY HULL MEDICAL ASSOCIATES, INC.	1/26/2005 - 1/26/2005	47.60	323.63
3/21/2006	M47 - Physician	4023	CORKY HULL MEDICAL ASSOCIATES, INC.	1/31/2005 - 1/31/2005	11.69	335.32
3/21/2006	M47 - Physician	4023	CORKY HULL MEDICAL ASSOCIATES, INC.	1/31/2005 - 1/31/2005	47.60	382.92
3/28/2006	M10 - DO NOT USE BR Fee	4045	ALLIED MANAGED CARE	3/14/2006 - 3/14/2006	6.21	389.13
3/28/2006	M10 - DO NOT USE BR Fee	4045	ALLIED MANAGED CARE	3/14/2006 - 3/14/2006	2.47	391.60
Totals for Medical						\$391.60

Grand Totals

\$391.60

Total

Payment Summary	
M47 - Physician	\$341.50
M10 - DO NOT USE BR Fee	\$28.23
M44 - Pharmacy	\$21.87
Total	\$391.60