Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 6490

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
9/5/2006	New Patient/Limited	99201		729.2				1	59.00
9/5/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/5/2006	Cervical AP & Lat	72040		729.2				1	90.00
9/5/2006	Copay Credit Card	COPCC						1	-10.00
9/6/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/6/2006	Copay With Check	COPCK						1	-10.00
9/8/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/8/2006	Copay Cash	COPC						1	-10.00
9/12/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/12/2006	Copay Credit Card	COPCC						1	-10.00
9/13/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 394.00
Total Payments:	-$ 40.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 354.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 6519

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
9/18/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/18/2006	Copay Cash	COPC						1	-10.00
9/20/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/20/2006	Copay Cash	COPC						1	-10.00
9/25/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/25/2006	Copay Cash	COPC						1	-10.00
9/27/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/27/2006	Copay Cash	COPC						1	-10.00
10/2/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
10/2/2006	Copay Cash	COPC						1	-10.00
10/4/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
10/4/2006	Copay Cash	COPC						1	-10.00
10/11/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
10/11/2006	Copay Credit Card	COPCC						1	-10.00
10/13/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
10/13/2006	Copay Cash	COPC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 392.00
Total Payments:	-$ 80.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 312.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 6582

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
10/18/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
10/18/2006	Copay Credit Card	COPCC						1	-10.00
10/27/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
10/27/2006	Copay Credit Card	COPCC						1	-10.00
11/8/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
11/8/2006	THERAPUTIC PILLOW	E0190		729.2				1	50.00
11/8/2006	Copay Cash	COPC						1	-10.00
12/13/2006	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
12/13/2006	Copay Cash	COPC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 246.00
Total Payments:	-$ 40.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 206.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 7011

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
3/21/2007	Evaluation/Management-Limited	99212		729.2				1	49.00
3/21/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
3/23/2007	Copay With Check	COPCK						1	-10.00
3/26/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
3/26/2007	Copay Cash	COPC						1	-10.00
4/11/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
4/11/2007	Copay Cash	COPC						1	-10.00
4/25/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
5/2/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
5/2/2007	Courtesy Discount	COURTESY						1	-10.00
5/2/2007	Copay Cash	COPC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 294.00
Total Payments:	-$ 40.00
Total Adjustments:	-$ 10.00
Total Due This Visit:	**$ 244.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 7205

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
6/25/2007	Evaluation/Management-Limited	99212		729.2				1	49.00
6/25/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
6/25/2007	Copay Credit Card	COPCC						1	-10.00
7/3/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
7/3/2007	Copay Cash	COPC						1	-10.00
8/1/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
8/1/2007	Copay Cash	COPC						1	-10.00
8/6/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
8/6/2007	Thoracic AP & Lat	72070		729.2				1	90.00
8/6/2007	Copay Cash	COPC						1	-10.00
8/13/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
8/13/2007	Copay Cash	COPC						1	-10.00
8/20/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
8/20/2007	Copay Cash	COPC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 433.00
Total Payments:	-$ 60.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 373.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 7345

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
8/31/2007	Evaluation/Management-Limited	99212		729.2				1	49.00
8/31/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
8/31/2007	Copay Credit Card	COPCC						1	-10.00
9/5/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/5/2007	Copay Credit Card	COPCC						1	-10.00
9/6/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/6/2007	Courtesy Discount	COURTESY						1	-10.00
9/12/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
9/12/2007	Copay Cash	COPC						1	-10.00
9/21/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 294.00
Total Payments:	-$ 30.00
Total Adjustments:	-$ 10.00
Total Due This Visit:	**$ 254.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 7531

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
11/27/2007	Evaluation/Management-Limited	99212		729.2				1	49.00
11/27/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
11/27/2007	Copay Cash	COPC						1	-10.00
11/30/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
11/30/2007	Copay Credit Card	COPCC						1	-10.00
12/5/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
12/5/2007	Copay Cash	COPC						1	-10.00
12/7/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
12/7/2007	Copay Cash	COPC						1	-10.00
12/8/2007	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
12/8/2007	Courtesy Discount	COURTESY						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 294.00
Total Payments:	-$ 40.00
Total Adjustments:	-$ 10.00
Total Due This Visit:	**$ 244.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 7787

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
2/22/2008	Evaluation/Management-Limited	99212		729.2				1	49.00
2/22/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
2/22/2008	Copay Cash	COPC						1	-10.00
5/20/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
5/20/2008	Copay Credit Card	COPCC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 147.00
Total Payments:	-$ 20.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 127.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 8023

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
6/4/2008	Evaluation/Management-Limited	99212		729.2				1	49.00
6/4/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
6/4/2008	Copay Cash	COPC						1	-10.00
6/20/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
6/20/2008	Copay Credit Card	COPCC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 147.00
Total Payments:	-$ 20.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 127.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

Gerard Chiropractic, D.C.

10 West Locust
Lodi, CA 95240
(209)333-2401

11/19/2015

Patient: TIFFANY ANDERSON
1416 IRIS DR #7
LODI, CA 95242

Chart #: ANDTI000
Case #: 8127

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modifier	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
7/16/2008	Evaluation/Management-Limited	99212		729.2				1	49.00
7/16/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
7/16/2008	Copay Cash	COPC						1	-10.00
7/28/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
7/28/2008	Copay Cash	COPC						1	-10.00
7/29/2008	Cmt Spinal 1 To 2 Regions	98940		729.2				1	49.00
7/29/2008	Copay Cash	COPC						1	-10.00

Provider Information

Provider Name: James D. Gerard D.C.
License: DC0155070
Insurance PIN: DC0155070
SSN or EIN: 680289150

Total Charges:	$ 196.00
Total Payments:	-$ 30.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 166.00**
Total Account Balance:	$ 0.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____