

<u>Doctor / Facility</u>		<u>Related Cost</u>	<u>Unrelated Cost</u>	<u>Adjusted</u>	<u>Paid</u>
	<u>Date and Comments</u>				<u>Paid By</u>
<b>Creek, J</b>					
2/23/1988	Office visit		75.00		
7/18/1988	10 Office visits for follow up of 11/19/1988sinus infections	951.00		826.00	
7/18/1988 11/19/1988					125.00 insurance
		<b>951.00</b>		<b>826.00</b>	<b>125.00</b>
				<b>75.00</b>	
<b>CVS Pharmacy Inc. (Headquarters),</b>					
1/29/2023	new	20.00		10.00	10.00
1/29/2023	Nexium	(4)			.Ins
		<b>20.00</b>		<b>10.00</b>	
					<b>10.00</b>
<b>Eckerd Pharmacy,</b>					
6/21/1989	Pain meds & antibiotics	574.00			
8/31/1989		(3)			
8/22/1990	SoluCortef and Benedryl for rash		47.00		
8/25/1990					
		<b>574.00</b>		<b>47.00</b>	
<b>University Medical Branch,</b>					
6/12/1989	Life Flight transport and medical care	1,400.00			1,400.00
6/12/1989	Hospitalization	152,000.00		95,500.00	
6/12/1989					56,000.00 insurance
6/12/1989					500.00 Patient
6/21/1999	ER visit	580.00			
		<b>153,980.00</b>		<b>95,500.00</b>	
					<b>57,900.00</b>
<b>UT Medicine,</b>					
6/12/1989	ER physician charge	4,250.00		250.00	
6/12/1989					4,000.00 insurance

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<u>Date and Comments</u>	<u>Unrelated Cost</u>		<u>Paid By</u>
	<u>4,250.00</u>	<u>250.00</u>	<u>4,000.00</u>
<b>Walgreens,</b>			
10/26/2012 Plaintiff Records	62.50		
Nexium			
10/26/2012	62.50		
Nexium			
10/26/2012	62.50		
Nexium			
11/14/2012 Plaintiff Records		50.00	
Simvastatin			
11/20/2012	40.00		
Methotrexate			
	<u>227.50</u>	<u>50.00</u>	
	<u>Related Cost</u>	<u>Total Adjusted</u>	
	<u>Unrelated Cost</u>		<u>Total Paid</u>
	<u>160,002.50</u>	<u>96,586.00</u>	
<b>Grand Total Related Cost:</b>	<u>172.00</u>		<u>62,035.00</u>

<u>Doctor / Facility</u>	<u>Related Cost</u>	<u>Adjusted</u>	<u>Paid</u>
<u>Date and Comments</u>	<u>Unrelated Cost</u>		<u>Paid By</u>

**Total Related Cost:**

<u>Total Related Cost</u>	<u>Total Adjusted</u>	<u>Total Related Paid</u>	<u>Total Related UnPaid</u>
<b><u>160,002.50</u></b>	<b><u>96,586.00</u></b>	<b><u>62,035.00</u></b>	<b><u>1,381.50</u></b>

**Paid Related Cost by Whom - Summary:**

1,400.00	2.26%	.	0
10.00	0.02%	.Ins	5
60,125.00	96.92%	insurance	1
500.00	0.81%	Patient	3
<b>Cost Paid Total</b>	<b>Cost Related Total</b>	<b>% of Related Paid</b>	<b>Related Unpaid</b>
<b><u>62,035.00</u></b>	<b><u>63,416.50</u></b>	<b><u>97.82%</u></b>	<b><u>1,381.50</u></b>

- (1) Received outpatient physical and occupational therapy.
- (2) Received occupational, speech, and intensive physical therapy.
- (3) Darvocet N 100, Cipro, Neurotonin.

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