

State of New Mexico

Shelly Trujillo
County Clerk
575-894-2840

Candace Chavez
County Treasurer
575-894-3524

Michael Huston
County Assessor
575-894-2589

Tom Pestak
Probate Judge
575-894-2840



County of Sierra

Travis Day
Vice Chair
575-894-6215

William Hopkins
Commissioner
575-894-6215

James Paxon
Chair
575-894-6215

Glenn Hamilton
County Sheriff
575-894-9150

1712 Date

Truth or Consequences, New Mexico 87901

Charlene Webb County Manager
575-894-6215 voice 575-894-9548 fax

BOARD OF COUNTY COMMISSIONERS SIERRA COUNTY, NEW MEXICO

Resolution No. 110-059

Indigent Claims

WHEREAS, the Board of Sierra County Commissioners has received Indigent Hospital and Medical Claim request for those persons unable to make proper restitution for Medical Services in the amount of 18596.92 new claims, and;

WHEREAS, the Sierra County Board of Commissioners desire to provide for the equitable and reasonable payment of claims, and;

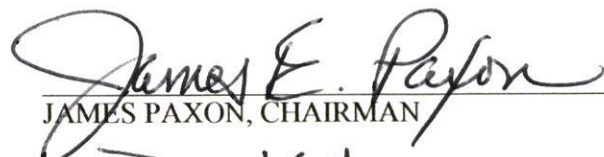
THEREFORE BE IT RESOLVED, that the Sierra County Board of Commissioners hereby approve payment to those Indigent Hospital Claims in the amount of:

Sole community Providers in the amount of \$ 18596.92

to be deducted from the proper funds appropriated in the 2021-2022PY Budget.

PASSED, APPROVED and ADOPTED this 15th day of February 2022

Board of County Commissioners
Sierra County, NM



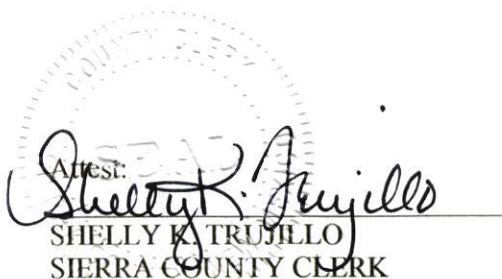

JAMES PAXON, CHAIRMAN



TRAVIS DAY, VICE-CHAIRMAN



WILLIAM HOPKINS, COMMISSIONER


Attest:


SHELLY K. TRUJILLO
SIERRA COUNTY CLERK

SIERRA COUNTY INDIGENT HEALTH CARE
RESOLUTION NO. 110-059

Total amount (Claims) requested: 18596.92

CLAIMS APPROVED FOR PAYMENT 15 \$ 18596.92

LUNA COUNTY 3 \$ 5196.07

COUNTY OF SOCORRO 1 \$ 164.00

APP OF NEW MEXICO 1 \$ 589.00

MIMBRES MEMORIAL 3 \$ 9884.10

SIERRA VISTA HOSPITAL 7 \$ 2763.75

Total \$ 18596.92

Diamond Drugs, Inc.

Invoice

DBA Diamond Pharmacy Services/Diamond Medical Supply
 645 Kolter Drive
 Indiana, PA 15701
 800-882-6337

Number: IN001197259
 Date: 12/31/2021

Ship To: Luna County Detention Center
 1700 4th St Ne
 Deming, NM 88030

Attn: Chris Brice NMLA

Sold To: 1700 4th St Ne
 Deming, NM 88030

Attn: Chris Brice

Reference - P.O. No.	Customer No.	Billing Rep:	Ship Via	Terms Code
	NMLA	BK		Net 30 days

Item No.	Description/Comments	Quantity	UOM	Unit Price	Amount
XCURMEDS	Current Medications DEC 2021	1.00000	EA	3,251.490000	3,251.49
XCURMEDS	Current Medications OTC	1.00000	EA	300.400000	300.40
XCURMEDS	Current Medications SIERRA	1.00000	EA	3,667.660000	3,667.66
XCURMEDS	PRICING CORRECTIONS	1.00000	EA	-371.160000	-371.16
XCURMEDS	PRICING CORRECTIONS	1.00000	EA	253.310000	253.31
XEMEDS	ASCELLA	1.00000	EA	111.380000	111.38
	Due Date Amount Due Disc. Date Disc. Amount				
	1/30/2022 7,213.08 0.00				
				Sierra	\$3,779.04

Payment on all invoices shall be by check or electronic fund transfer (EFT) within 30 days of receipt of invoice. Payments received after 30 days are subject to a Late Fee of 1.25% monthly. Credit or Purchase Card payments are subject to a 3% Convenience Fee. Payments returned for any reason are subject to a \$35 Return Fee.

Please reference this invoice and customer number when making payment.

Remit To:

Diamond Drugs, Inc.
 PO Box 536217
 Pittsburgh, PA 15253-5904

Subtotal before taxes	7,213.08
Total taxes	0.00
Total amount	7,213.08
Payment received	0.00
Discount taken	0.00
Amount due	7,213.08

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 01/13/2022 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 12/1/2021 - 12/31/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓	- 0066438							
42590640		20.0	Amox/Clav 875mg/125mg Tab	65862-0503-01	Yes	11.92	12/29/21	12/29/21	SMYER
42336167		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03	12/13/21	12/13/21	HERRELL
41110098		30.0	Gabapentin 100mg Capsule	67877-0222-10	No	4.88	12/14/21	12/14/21	SMYER
42336261		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40	12/13/21	12/13/21	HERRELL
41110105		60.0	Indomethacin 25mg Capsule	68462-0406-10	Yes	7.25	12/07/21	12/07/21	SMYER
42613825		60.0	Indomethacin 25mg Capsule	68462-0406-10	Yes	7.25	12/30/21	12/30/21	SMYER
42336242		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32	12/13/21	12/13/21	HERRELL
42389079		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	12/16/21	12/16/21	SMYER
						57.19			
	✓	- 0082747							
42318021		16.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	5.16	12/13/21	12/13/21	DULANTO
42464997		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40	12/21/21	12/21/21	HERRELL
42476003		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	12/21/21	12/21/21	HERRELL
42488742		30.0	Olanzapine 2.5mg Tablet	70518-1535-00	Yes	5.10	12/22/21	12/22/21	HERRELL
42488729		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61	12/22/21	12/22/21	HERRELL
						31.50			
	✓	A - 0080394							
42318018		24.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	5.41	12/13/21	12/13/21	HERRELL
42564436	A	60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55	12/28/21	12/28/21	HERRELL
						12.96			

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DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 01/13/2022 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 12/1/2021 - 12/31/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			0079158						
42402702		90.0	Acetaminophen 500mg Tab	00904-6730-80	Yes	4.88	12/16/21	12/16/21	SMYER
42402694		6.1	Alvesco 160mcg Inhaler	70515-0712-01	No	123.43	12/16/21	12/16/21	SMYER
42402681		30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20	12/16/21	12/16/21	SMYER
42402505		20.0	Cephalexin 500mg Capsule	65862-0019-05	Yes	6.21	12/16/21	12/16/21	SMYER
42402675		60.0	Docusate Sodium 100mg Cap	00904-6998-80	Yes	4.78	12/16/21	12/16/21	SMYER
42402652		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.22	12/16/21	12/16/21	SMYER
42402663		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	12/16/21	12/16/21	SMYER
42411056		60.0	PARoxetine 30mg Tablet	68382-0099-10	Yes	8.56	12/17/21	12/17/21	HERRELL
42402517		30.0	Warfarin Sod 5mg Tablet	00093-1721-10	Yes	6.07	12/16/21	12/16/21	SMYER
42468374		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79	12/21/21	12/21/21	SMYER
						630.63			
			0069254						
42318415		30.0	Amitriptyline 100mg Tablet	16729-0175-01	Yes	12.36	12/13/21	12/13/21	HERRELL
42318419		60.0	Divalproex DR 250mg Tab	62756-0797-13	Yes	6.25	12/13/21	12/13/21	HERRELL
42318408		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24	12/13/21	12/13/21	HERRELL
42318410		30.0	Prazosin 1mg Capsule	70954-0019-20	No	11.39	12/13/21	12/13/21	HERRELL
						37.24			
			0084047						
42238157		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72	12/08/21	12/08/21	HERRELL
42238148		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94	12/08/21	12/08/21	HERRELL
42238137		60.0	Propranolol 20mg Tablet	69292-0532-10	Yes	8.50	12/08/21	12/08/21	HERRELL
						19.16			
			F - 0063971						
42138652		44.0	Deep Sea Nasal Spray	00904-3865-75	Yes	4.74	12/02/21	12/02/21	SMYER
						4.74			

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 Billing Date(s): 12/1/2021 - 12/31/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓ E		- 0077043						
42267307		28.0	Bacitracin Zinc Ointment	69396-0027-01	Yes	5.31	12/09/21	12/09/21	SMYER
42261848		30.0	Cephalexin 500mg Capsule	65862-0019-05	Yes	6.12	12/09/21	12/09/21	SMYER
42356169		3.0	Fluconazole 50mg Tablet	68462-0101-30	Yes	4.25	12/14/21	12/14/21	SMYER
42261822		30.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	5.11	12/09/21	12/09/21	SMYER
41691516		60.0	Np Thyroid 15mg Tablet	42192-0327-01	No	32.23	12/20/21	12/20/21	SMYER
42356191		30.0	Omeprazole 20mg Capsule	62175-0118-43	Yes	5.18	12/14/21	12/14/21	SMYER
						58.20			
	✓		- 0081138						
42216493		120.0	BusPIRone 10mg Tablet	29300-0245-05	Yes	9.18	12/07/21	12/07/21	HERRELL
42215508		180.0	OXcarbazepine 150mg Tab	51991-0292-05	Yes	22.21	12/28/21	12/28/21	HERRELL
42110822		30.0	Venlafaxine ER 150mg Cap	65862-0697-05	No	8.78	12/01/21	12/01/21	HERRELL
						40.17			
	✓		- 0083292						
42318038		60.0	BusPIRone 15mg Tablet	29300-0246-05	Yes	7.55	12/13/21	12/13/21	HERRELL
42318041		30.0	Citalopram 40mg Tablet	69097-0824-12	Yes	5.29	12/13/21	12/13/21	HERRELL
42318034		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40	12/13/21	12/13/21	HERRELL
42318030		30.0	LamoTRlrgine 100mg Tab	68382-0008-10	Yes	5.01	12/13/21	12/13/21	HERRELL
						26.25			
	✓		- 0073576						
42318333		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72	12/13/21	12/13/21	HERRELL
42318335		30.0	Olanzapine 15mg Tablet	55111-0187-05	Yes	6.83	12/13/21	12/13/21	HERRELL
						11.55			
	✓		- 0075748						
42210298		60.0	Lithium Carb -150mg- Cap	00054-2526-25	Yes	6.61	12/06/21	12/06/21	HERRELL
42210282		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77	12/06/21	12/06/21	HERRELL
42210288		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	12/06/21	12/06/21	HERRELL
						16.11			

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 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			0079666						
42160603	✓	14.0	Ciprofloxacin 500mg Tab	00143-9928-01	Yes	5.92	12/03/21	12/03/21	SMYER
42443684	A	60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57	12/20/21	12/20/21	HERRELL
42583522		30.0	Divalproex DR 250mg Tab	62756-0797-13	Yes	5.11	12/28/21	12/28/21	HERRELL
42564563		2.0	Fluconazole 150mg Tab UD	68462-0119-44	Yes	5.65	12/28/21	12/28/21	SMYER
42278207		10.0	Furosemide 20mg Tablet	69315-0116-10	Yes	4.20	12/09/21	12/09/21	SMYER
42288205		30.0	Furosemide 20mg Tablet	69315-0116-10	Yes	4.64	12/28/21	12/28/21	SMYER
42160600		12.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	4.43	12/03/21	12/03/21	SMYER
42564548		14.0	Nitrofur (BID) 100mg Cap	47781-0303-01	No	10.64	12/28/21	12/28/21	SMYER
42160608		6.0	Ondansetron 4mg Tablet	65862-0187-30	Yes	4.47	12/03/21	12/03/21	SMYER
42278198		10.0	Potassium Cl 10mEq Tab	65862-0987-99	No	5.01	12/09/21	12/09/21	SMYER
42288209		30.0	Potassium Cl 10mEq Tab	65862-0987-99	No	7.07	12/28/21	12/28/21	SMYER
						62.71			
			- 0083719						
42352475	✓	30.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4.32	12/14/21	12/14/21	SMYER
						4.32			
			0072941						
42133782	✓	20.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	4.73	12/02/21	12/02/21	SMYER
42133796		20.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.46	12/02/21	12/02/21	SMYER
42133799		20.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	4.25	12/02/21	12/02/21	SMYER
						13.44			
			- 0083595						
42339405	✓	30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77	12/14/21	12/14/21	HERRELL
42339397		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73	12/14/21	12/14/21	HERRELL
						9.50			

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			- 0083152						
42275889		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49	12/09/21	12/09/21	SMYER
42275678		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	12/09/21	12/09/21	SMYER
42429417		20.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.46	12/18/21	12/18/21	SMYER
42429428		20.0	Vitamin C 500mg Tab	00904-0523-80	Yes	4.28	12/18/21	12/18/21	SMYER
42429438		20.0	Zinc Gluconate 50mg Tab	40093-0101-53	No	4.68	12/18/21	12/18/21	SMYER
						23.05			
			0082866						
42635235		30.0	Allopurinol 100mg Tablet	16729-0134-16	Yes	5.17	12/31/21	12/31/21	SMYER
						5.17			
			- 0082460						
42308825		57.0	Hemorrhoidal Ointment	00536-1288-06	Yes	6.26	12/11/21	12/11/21	SMYER
42267308		100.0	Medi-Pads 50% Pads	00904-6829-60	No	7.94	12/09/21	12/09/21	SMYER
						14.20			
			J - 0068734						
42581349		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30	12/28/21	12/28/21	HERRELL
42581323		60.0	Benzotropine 1mg Tablet	69315-0137-10	Yes	9.37	12/28/21	12/28/21	HERRELL
42581336		60.0	OXcarbazepine 300mg Tab	62756-0184-13	Yes	17.89	12/28/21	12/28/21	HERRELL
						32.56			
			J083543						
42320334		30.0	Naproxen 500mg Tablet	68462-0190-05	Yes	5.59	12/13/21	12/13/21	SMYER
						5.59			
			0084048						
42240775		30.0	Benazepril 20mg Tablet	70518-1640-01	Yes	4.64	12/08/21	12/08/21	SMYER
42240774		30.0	Duloxetine 60mg DR Cap	27241-0099-90	Yes	8.70	12/08/21	12/08/21	HERRELL
42240767		60.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	5.00	12/08/21	12/08/21	HERRELL
42240765		30.0	LamoTRigine 200mg TAB	65862-0230-60	Yes	6.10	12/08/21	12/08/21	HERRELL
42240768		30.0	TraZODONE 100mg Tab	50111-0561-03	Yes	5.35	12/08/21	12/08/21	HERRELL
						29.79			

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 01/13/2022 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 12/1/2021 - 12/31/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
2 - 0082993								
42124393		30.0	Minocycline 50mg Capsule	00591-5694-01	No	7.95 12/01/21	12/01/21	SMYER
42135001		30.0	Spironolactone 100mg Tab	16729-0227-16	Yes	8.30 12/02/21	12/02/21	SMYER
						16.25		
2 - 0082993								
42406912		60.0	Acetaminophen ER 650mg Tb	54257-0573-03	No	7.95 12/16/21	12/16/21	SMYER
42630139		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 12/30/21	12/30/21	SMYER
42465003		3.0	Azithromycin 500mg Tab	50111-0788-10	Yes	5.78 12/21/21	12/21/21	SMYER
42510724		20.0	Galzin 50mg Capsule	57844-0208-52	No	59.88 12/23/21	12/23/21	SMYER
42264288		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43 12/09/21	12/09/21	SMYER
42635506		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 12/31/21	12/31/21	SMYER
42635473		30.0	Metoprolol ER 50mg Tablet	68382-0565-10	No	6.46 12/31/21	12/31/21	SMYER
42636606		30.0	Montelukast 10mg Tablet	31722-0726-10	No	5.65 12/31/21	12/31/21	SMYER
42496258		54.0	Sore Throat Loz	00904-6255-49	No	8.45 12/22/21	12/22/21	SMYER
42413162		30.0	Triamcinolone 0.1% Cream	51672-1282-02	Yes	8.51 12/17/21	12/17/21	SMYER
42406772		30.0	Valsart/Hctz 320-25mg Tab	00378-6325-77	No	11.47 12/16/21	12/16/21	SMYER
42318023		8.0	Venlafaxine ER 150mg*TAB*	75834-0218-30	No	25.32 12/13/21	12/13/21	HERRELL
42474226		30.0	Venlafaxine ER 150mg*TAB*	75834-0218-30	No	24.11 12/21/21	12/21/21	HERRELL
42320333		8.0	Venlafaxine ER 75mg Cap	65862-0528-99	No	5.01 12/13/21	12/13/21	SMYER
42495229		20.0	Vitamin C 500mg Tablet	43292-0560-10	Yes	4.25 12/22/21	12/22/21	SMYER
42495222		20.0	Vitamin D-3 5,000Unit Tab	07610-0178-40	Yes	4.59 12/22/21	12/22/21	SMYER
42163951		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79 12/03/21	12/03/21	SMYER
42635498		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79 12/31/21	12/31/21	SMYER
						1141.14		
E G - 0067625								
42366689		40.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4.44 12/15/21	12/15/21	SMYER
42117915		30.0	risperiDONE 0.5mg Tablet	27241-0003-50	Yes	4.61 12/01/21	12/01/21	HERRELL
42117910		30.0	risperiDONE 1mg Tablet	27241-0001-50	Yes	4.71 12/01/21	12/01/21	HERRELL
42360478		30.0	risperiDONE 2mg Tablet	27241-0004-50	Yes	4.91 12/14/21	12/14/21	HERRELL
						18.67		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	- 0070821						
42620362		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 12/30/21	12/30/21	HERRELL
42620378		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 12/30/21	12/30/21	HERRELL
41616920		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63 12/14/21	12/14/21	HERRELL
						20.27		
	✓	0071099						
42613813		60.0	Naproxen 500mg Tablet	68462-0190-05	Yes	7.20 12/30/21	12/30/21	SMYER
41207093		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 12/14/21	12/14/21	SMYER
						12.34		
	✓	J81720						
42465758		60.0	Celecoxib 200mg Capsule	75834-0238-05	No	10.80 12/21/21	12/21/21	SMYER
42311566	!	14.0	Tolnaftate 1% Cream	51824-0001-05	No	5.90 12/11/21	12/11/21	SMYER
						16.70		
	✓	- 0083088						
42160389		20.0	Ibuprofen 400mg Tablet	67877-0319-05	Yes	4.70 12/03/21	12/03/21	SMYER
						4.70		
	✓	J83801						
42413153		84.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.99 12/17/21	12/17/21	SMYER
42413151		40.0	Clindamycin 300mg Capsule	42571-0252-01	Yes	18.84 12/17/21	12/17/21	SMYER
						23.83		

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 01/13/2022 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 12/1/2021 - 12/31/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			. 0083461					
42475462		7.0	Escitalopram 10mg Tablet	16729-0169-17	Yes	4 30 12/21/21	12/21/21	HERRELL
42553150		30.0	Escitalopram 10mg Tablet	16729-0169-17	Yes	5.36 12/27/21	12/27/21	HERRELL
42388924		30.0	HCTZ 12.5mg Tablet	69315-0155-10	Yes	5.36 12/16/21	12/16/21	SMYER
42475455		6.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	4.08 12/21/21	12/21/21	HERRELL
42553140	I	30.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	4.49 12/27/21	12/27/21	HERRELL
42444253		18.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4 19 12/20/21	12/20/21	SMYER
42388933		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 12/16/21	12/16/21	SMYER
42444490		12.0	Mucus Relief 600mg ER Tab	00904-6986-40	No	7 12 12/20/21	12/20/21	SMYER
42553127		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5 14 12/27/21	12/27/21	SMYER
42388922		30.0	Potassium Micro 10meq Tab	70518-3222-00	No	6.33 12/16/21	12/16/21	SMYER
42553118		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01 12/27/21	12/27/21	HERRELL
42388914	-I W	30.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4 70 12/16/21	12/16/21	SMYER
42388918	W	30.0	Xarelto 20mg Tablet	50458-0579-30	No	463.79 12/16/21	12/16/21	SMYER
						531.96		
			- 0083653					
41430798		30.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	4.49 12/08/21	12/08/21	DULANTO
42240929		30.0	Venlafaxine ER 75mg Cap	65862-0528-99	No	7.84 12/08/21	12/08/21	HERRELL
						12.33		
			- 0083080					
42510920		120.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	5 42 12/23/21	12/23/21	SMYER
42510917		180.0	Gabapentin 300mg Capsule	67877-0223-10	No	12.31 12/23/21	12/23/21	SMYER
42510911		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 12/23/21	12/23/21	SMYER
42510913		60.0	Magnesium Oxide 400mg Tab	10006-0730-38	Yes	5 33 12/23/21	12/23/21	SMYER
42510918		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5 14 12/23/21	12/23/21	SMYER
42510916		30.0	Tamsulosin 0.4mg Capsule	33342-0159-15	Yes	6.12 12/23/21	12/23/21	SMYER
42510914		30.0	Xarelto 20mg Tablet	50458-0579-30	No	463 79 12/23/21	12/23/21	SMYER
						503.20		

Information contained herein is proprietary and confidential to Diamond Drugs Inc., dba Diamond Pharmacy Services. No further release of any information contained herein, whether to a private or public entity or in a written or verbal manner, is authorized unless permitted in writing by an Officer of Diamond.

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA
 01/13/2022 DIAP - DIAMOND PHARMACY SERVICES
 Billing Date(s): 12/1/2021 - 12/31/2021
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
			- 0084106						
42537435	✓	30.0	Duloxetine 60mg DR Cap	27241-0099-90	Yes	8.70	12/25/21	12/25/21	HERRELL
42537436		60.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	5.00	12/25/21	12/25/21	HERRELL
42537477		60.0	HydrOXYzine Pam 50mg Cap	14539-0675-05	Yes	9.12	12/25/21	12/25/21	HERRELL
42535680		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	12/25/21	12/25/21	SMYER
42537474		30.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	6.35	12/25/21	12/25/21	HERRELL
						34.31			
			067148						
42366016		21.0	Amoxicillin 500mg Capsule	00781-2613-05	Yes	5.37	12/15/21	12/15/21	SMYER
42360490		40.0	Ibuprofen 200mg Tablet	00904-6747-80	Yes	4.44	12/14/21	12/14/21	SMYER
						9.81			
			083720						
42339735	✓	30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63	12/14/21	12/14/21	HERRELL
41862355		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	12/28/21	12/28/21	HERRELL
42318332		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32	12/13/21	12/13/21	HERRELL
						18.18			
			- 0084043						
42182971	✓	30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30	12/04/21	12/04/21	HERRELL
42182953		30.0	Escitalopram 20mg Tablet	16729-0170-17	Yes	6.04	12/04/21	12/04/21	HERRELL
42182951		60.0	Lamotrigine 25mg Tab	29300-0111-01	Yes	6.84	12/04/21	12/04/21	HERRELL
42182977		60.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	6.30	12/04/21	12/04/21	SMYER
42182960		30.0	Prazosin 5mg Capsule	70954-0021-20	No	16.46	12/04/21	12/04/21	HERRELL
42254796		60.0	TraZODONE 150mg Tablet	50111-0450-02	Yes	8.72	12/08/21	12/08/21	HERRELL
						49.66			
			- 0084044						
42184260	✓	30.0	Cetirizine 10mg Tablet	54257-0270-05	Yes	4.95	12/04/21	12/04/21	SMYER
42300365		30.0	Famotidine 20mg Tablet	00172-5728-80	Yes	4.61	12/10/21	12/10/21	SMYER
42184257	✓	30.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	5.20	12/04/21	12/04/21	SMYER
42184216		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14	12/04/21	12/04/21	SMYER
						19.90			

Information contained herein is proprietary and confidential to Diamond Drugs Inc., dba Diamond Pharmacy Services. No further release of any information contained herein, whether to a private or public entity or in a written or verbal manner, is authorized unless permitted in writing by an Officer of Diamond.

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	✓		1 - 0070718						
42339697		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30	12/14/21	12/14/21	HERRELL
						5.30			
	✓		0083134						
40292143		120.0	LevETIRAcetam 750mg Tab	31722-0538-05	No	23.42	12/20/21	12/20/21	SMYER
42029640		60.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	6.43	12/28/21	12/28/21	HERRELL
						29.85			
	✓		0083722						
42339710		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.78	12/14/21	12/14/21	HERRELL
42339723		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88	12/14/21	12/14/21	HERRELL
42339437		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23	12/14/21	12/14/21	HERRELL
						15.89			
	✓		0069785						
42312843		40.0	Acyclovir 800mg Tablet	31722-0778-05	Yes	9.74	12/11/21	12/11/21	SMYER
42566728		30.0	Amitriptyline 50mg Tablet	16729-0173-17	Yes	7.42	12/28/21	12/28/21	HERRELL
42312846		30.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	5.11	12/11/21	12/11/21	SMYER
42389694		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09	12/16/21	12/16/21	SMYER
						27.36			
	✓		0084053						
42315473		30.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95	12/13/21	12/13/21	HERRELL
42315475		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03	12/13/21	12/13/21	HERRELL
						9.98			
			LUNA COUNTY DETENTION			3667.66			
			Grand Total			3667.66			

Information contained herein is proprietary and confidential to Diamond Drugs Inc., dba Diamond Pharmacy Services. No further release of any information contained herein, whether to a private or public entity or in a written or verbal manner, is authorized unless permitted in writing by an Officer of Diamond.

Backup Pharmacy Orders



For Month Ending: 12/31/2021

Luna County Detention Center

Customer Number: *NMLA*

Billing Representative: BK

Below is the detail of the charges you incurred from your backup pharmacy that were processed online through AscellaHealth. These charges are forwarded to you as a pass-thru from your backup pharmacy. Please verify the charges and notify your backup pharmacy or billing clerk at Diamond of any irregularities.

Orders from: WALGREENS #15603 *Sierra*

<u>Patient Name</u>	<u>RX Number</u>	<u>Date Filled</u>	<u>Drug Name</u>	<u>NDC</u>	<u>Qty</u>	<u>Price</u>	<u>Prescriber Name</u>
✓	000001277836	12/3/2021	XARELTO 20 MG	50458057930	6	111.38	SMYER, JENIFLR MARIE FNPC
						111.38	

1

Total Orders from the Backup Pharmacy 111.38

I was out of office
Returned on 1/31/22
L. S.

LUNA COUNTY DETENTION CENTER

1700 4TH ST N.E.
DEMING, NM 88030

Received on
DATE: January 26, 2022
INVOICE # D112021

BILL TO:
Sierra County Detention Center
Attn: Bruce Swingle
855 Van Patten
T or C, New Mexico 87901
Phone: 575-894-6215 Fax: 575-894-9548

FOR: Dental Invoice Period:
10/26/21 to 11/10/21

DESCRIPTION	# Inm	RATE	AMOUNT
Dental Billing for inmates housed at LCDC 10/26/21 to 11/10/21	5	\$ 115.00	575.00
SUBTOTAL			\$575.00


Guadalupe Sandoval / Billing

Make all checks payable to Luna County Detention Center

Dentrust Dental

6097 Easton Road
Pipersville, PA 18947
(267)-927-5000 Fax (267)-927-5007

INVOICE

Invoice No: LUNM02429
November 15, 2021

Bill To
CorrHealth 6303 Goliad Avenue Dallas, TX 75214-

Luna County Detention Center
INVOICE PERIOD: 10/26/2021 TO 11/10/2021

Description of Services	Qty (hrs)	Rate	Cost
Services for Dentist on 11/4/2021	8.00	\$375.00	\$3,000.00
Services for Dentist on 11/5/2021	8.00	\$375.00	\$3,000.00

Services Sub-Total:	\$6,000.00
Adjustments:	\$0.00
TOTAL DUE:	\$6,000.00

State

DOCS CALL SHEET

FACILITY NAME: Lewis County Detention Center

From: Corrections Group
1:5052120647

DENTIST	DAY	DATE	TIME-FROM	TIME-TO
<u>Murtagh Kamel-Alden</u>	<u>Friday</u>	<u>11/5/2021</u>		

Please PRINT or place label of Name, DOB, SSN #, Inmate or USMI #

Please CIRCLE or add appropriate # for procedure done

ADA Code, Tooth, Surface, Description

<u>Sigma</u> 09/17/1942 # 68853	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>16</u> Refusal # <u> </u> Post-Op # <u>16</u> Palliative # <u> </u>	<u>Exam, Extract tooth # 16</u> <u>Rx pain med</u>
<u>Sigma</u> 07/18/1979 # 76705	<u>Emerg</u> Initial PA's <u>6</u> PA Tooth #(s) <u>5</u> Refusal # <u> </u> Post-Op # <u>5</u> Palliative # <u> </u>	<u>Exam, Extract tooth # 5</u> <u>Rx pain med</u>
<u>Sigma</u> 2/15/2001 # 83167	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>15</u> Refusal # <u> </u> Post-Op # <u>15</u> Palliative # <u> </u>	<u>Exam, Extract tooth # 15</u> <u>Rx pain med.</u>
<u>10/15/1977</u> # 83074	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>30</u> Refusal # <u>2</u> Post-Op # <u> </u> Palliative # <u> </u>	<u>Exam, refer to Extract tooth # 30, Rx pain med.</u>
<u># 51928</u> <u>1/1/1984</u>	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>17</u> Refusal # <u>17</u> Post-Op # <u> </u> Palliative # <u> </u>	<u>Exam, refer to Extract tooth # 17.</u>

DUPLICATION OF SERVICES

NAME:

EXPLANATION:

7/24/2020 9:47:34 AM EDT

15052120547 From: Corrections Group

State

DOCS CALL SHEET

FACILITY NAME: Lowell County Jail

DENTIST	DAY	DATE	TIME-FROM	TIME-TO
<u>Monty Kent Adams</u>	<u>Thurs</u>	<u>1/4/2021</u>	<u>7:00 AM</u>	<u>4:00 PM</u>

Please PRINT or place label of

Name, DOB, SSN #, Inmate or USMI #

Please CHECK or add appropriate # for procedures done

ADA Code, Tooth, Surface, Description

<u># 64578</u> <u>04/29/1979</u>	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>23, 24, 25</u> Refusal # <u> </u> Post-Op # <u> </u> Palliative # <u> </u>	<u>Exam, No wright</u> <u>Tx needed, Rx</u> <u>right Canal &</u> <u>Bdysis</u>
<u># 63971</u> <u>04/15/1942</u>	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>3, 3</u> Refusal # <u> </u> Post-Op # <u> </u> Palliative # <u> </u>	<u>Exam, No wright</u> <u>Tx needed</u>
<u># 83790</u> <u>05/20/2002</u>	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>19</u> Refusal # <u>19</u> Post-Op # <u> </u> Palliative # <u> </u>	<u>Exam, refused to</u> <u>Extract tooth</u> <u>#19</u>
<u>09/23/1960</u> <u># 81120</u>	<u>Emerg</u> Initial PA's <u>1</u> PA Tooth #(s) <u>70</u> Refusal # <u> </u> Post-Op # <u> </u> Palliative # <u> </u>	<u>Exam, refused to</u> <u>Extract tooth</u> <u>#70</u>
	Emerg Initial PA's <u> </u> PA Tooth #(s) <u> </u> Refusal # <u> </u> Post-Op # <u> </u> Palliative # <u> </u>	

Sierra
Sierra

DUPLICATION OF SERVICES

NAME:

EXPLANATION:

7/24/2020 9:47:34 AM EDT

Just received 1/31/22
since I was out of office
(1/31/2022)
J.H.

LUNA COUNTY DETENTION CENTER

1700 4TH ST N.E.
DEMING, NM 88030

DATE: January 26, 2022
INVOICE # LB162021

FOR: Tricare billing July/ Dec
2021

BILL TO:
Sierra County Detention Center
Attn: Bruce Swingle
855 Van Patten
T or C, New Mexico 87901
Phone: 575-894-6215 Fax: 575-894-9548

DESCRIPTION	# inm	RATE	AMOUNT
Tricare Laboratories billing			
7/15/21 - 9/02/21			596.46
10/21/21 - 10/28/21			140.62
12/17/21 - 12/27/21			104.95
		SUBTOTAL	\$842.03


Guadalupe Sandoval / Billing

Make all checks payable to **Luna County Detention Center**

PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

CorrHealth Luna County (32012)

07/15/21	343L348912	✓ Sierra	SMYER,JENIFER	
	Carbamazepine	1 X 80156	\$34.61	\$34.61
08/19/21	344L472315	✓ Sierra	SMYER,JENIFER	
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	TSH	1 X 84443	\$27.85	\$27.85
08/19/21	344L472418	OR Luna	SMYER,JENIFER	
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
08/19/21	344L485087	✓ Sierra	SMYER,JENIFER	
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
08/31/21	345L11183	✓ Sierra	SMYER,JENIFER	
	Antiserum Test	1 X 87147	\$14.85	\$14.85
	Culture MRSA Screen	1 X 87081	\$28.80	\$28.80
09/16/21	345L402516	✓ Sierra	SMYER,JENIFER	
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	TSH	1 X 84443	\$27.85	\$27.85
09/21/21	345L555609	Y Hidalgo	SMYER,JENIFER	
	Bill only COV3	-1 X U0003	\$100.00	-\$100.00
	Bill only COV3	1 X U0003	\$100.00	\$100.00
09/23/21	345L580552	✓ Sierra	SMYER,JENIFER	
	Lipid Panel	1 X 80061	\$20.37	\$20.37

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(505) 938-8910 (800) 541-9557

December 17, 2021

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	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	TSH	1 X 84443	\$27.85	\$27.85
09/23/21	345L580651	<i>Lung</i>	SMYER,JENIFER	
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	TSH	1 X 84443	\$27.85	\$27.85
09/23/21	345L580689	<i>Lung</i>	BOYNTON,BRUCE	
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	Total T3	1 X 84480	\$23.52	\$23.52
	T4	1 X 84436	\$11.74	\$11.74
	TSH	1 X 84443	\$27.85	\$27.85
09/23/21	345L580730	<i>Lung</i>	SMYER,JENIFER	
	Lithium	1 X 80178	\$16.06	\$16.06
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	Prostate Specific Antigen	1 X 84153	\$43.26	\$43.26
	TSH	1 X 84443	\$27.85	\$27.85
	Valproate	1 X 80164	\$37.09	\$37.09
09/23/21	345L580760	<i>Siema</i>	SMYER,JENIFER	
	T4	1 X 84436	\$11.74	\$11.74
	TSH	1 X 84443	\$27.85	\$27.85
09/02/21	345L58466	<i>Lung</i>	SMYER,JENIFER	
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84



Medicare Provider ID: 850444170
NPI: 1033285044

December 17, 2021

PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

Page 5 of 9

	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	TSH	1 X 84443	\$27.85	\$27.85
09/02/21	345L58649	✓ <i>Sierra</i>	SMYER, JENIFER	
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	TSH	1 X 84443	\$27.85	\$27.85
	Hepatitis Acute Panel	1 X 80074	\$81.61	\$81.61
09/02/21	345L58681	<i>Sierra</i>	SMYER, JENIFER	
	Lipase	1 X 83690		\$22.26
	Lipid Panel	1 X 80061	\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053	\$22.19	\$22.19
	CBC	1 X 85027	\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036	\$19.78	\$19.78
	TSH	1 X 84443	\$27.85	\$27.85

SUBTOTAL \$1317.88

G.E.T. TAX \$0.00

TOTAL CURRENT INVOICE ACTIVITY: 202109-0 \$1,317.88

Sierra \$596.46

Code	Description
(A0)	Test Adjustment to Zero
(AQ)	Test Quantity Adjusted
(AP)	Test Price Adjusted

Test Summary

Test Code	Test Description	Quantity	Amount
80053	Comprehens Metabol Panel	11	\$244.09
80061	Lipid Panel	9	\$183.33
80074	Hepatitis Acute Panel	1	\$81.61
80156	Carbamazepine	1	\$34.61
80164	Valproate	1	\$37.09



Medicare Provider ID: 850444170
NPI: 1033285044

December 17, 2021

Page 4 of 9

PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

10/28/21	346L698523	✓ XXXXXXXXXXXX <i>Sierra</i>	JENIFER	SMYER, JENIFER	
	Lipid Panel	1 X 80061		\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053		\$22.19	\$22.19
	CBC	1 X 85027		\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036		\$19.78	\$19.78
	TSH	1 X 84443		\$27.85	\$27.85

10/28/21	346L698572		<i>Luq</i>	JENIFER	SMYER, JENIFER
	Lipid Panel	1 X 80061		\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053		\$22.19	\$22.19
	CBC	1 X 85027		\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036		\$19.78	\$19.78
	TSH	1 X 84443		\$27.85	\$27.85

10/28/21	346L698595		<i>Luq</i>	JENIFER	SMYER, JENIFER
	Lipid Panel	1 X 80061		\$20.37	\$20.37
	Comprehens Metabol Panel	1 X 80053		\$22.19	\$22.19
	CBC	1 X 85027		\$10.84	\$10.84
	Hemoglobin A1C	1 X 83036		\$19.78	\$19.78
	TSH	1 X 84443		\$27.85	\$27.85

SUBTOTAL	\$382.49
G.E.T. TAX	\$0.00

TOTAL CURRENT INVOICE ACTIVITY: 202110-	\$382.49
--	-----------------

Code	Description
(A0)	Test Adjustment to Zero
(AQ)	Test Quantity Adjusted
(AP)	Test Price Adjusted

PO Box 25627, Albuquerque, NM 87125-5627
(505) 938-8910 (800) 541-9557

January 24, 2022

Page 10 of 13

DOS	Trans Date	Accession	Patient Name	Description	CPT	Amount
11/2/2021	12/14/2021	347L67131	QUIROZ TREJO,EZEQUIEL	Bill only COV3	U0003	(\$100.00)
11/30/2021	12/27/2021		Payment... Thank You	Check Number: EFT		(\$532.37)
Adjustments: -\$8633.11				INVOICE: 202111-0		\$0.00

TOTAL BALANCE FORWARD \$0.00

All current invoice activity includes the TriCore Reference Laboratories (TriCore) Standard LIST price and the price negotiated between your organization and TriCore. Be aware that you may have reporting obligations under 42 CFR §1001.952(h) related to this discount upon the request of the Secretary of DHHS or the State Medicaid Agency.

CURRENT INVOICE ACTIVITY: 202112-0

DOS	Accession	Patient Name	Description	CPT	Physician Name	Standard Price	Your Price
12/31/21					Unknown Name		
			C PAYMENT CK NO. EFT (01/21/2022,C,4,2)	X			-\$144.54
SUBTOTAL							(\$144.54)
G.E.T. TAX							\$0.00
CorrHealth Luna County (32012)							
12/17/21	348L449099						
	T4			1 X 84436	SMYER,JENIFER	\$11.74	\$11.74
	TSH			1 X 84443		\$27.85	\$27.85
12/27/21	348L637837						
	C Trachomatis Amp Probe			1 X 87491	SMYER,JENIFER	\$52.48	\$52.48
	N Gonnorrhoeae Dir Probe			1 X 87591		\$52.47	\$52.47
SUBTOTAL							\$144.54
G.E.T. TAX							\$0.00
TOTAL CURRENT INVOICE ACTIVITY: 202112-0							\$0.00

Sierra \$ 104.95

PATIENT PROFILE

January 4, 2022

51 MERCURY
TRUTH OR CONSEQUENCE, NM 87901
Phone: (575) 740-7015
SS#: - -

KELLY'S PHARMACY
312 N CALIFORNIA ST
SOCORRO, NM 87801
Phone: (575) 835-2125
NCPDP: 3213244

12/1/2021 through 12/31/2021

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0248343	00	01	12/27/2021		60	DIPHENHYDRAM 25MG CAP	00904-5306-80	VOELKER, LARRY	\$12.00	ACF	WSS
									Copay \$12.00		
0248344	00	03	12/27/2021		30	TRAZODONE TAB 50MG	68382-0805-10	VOELKER, LARRY	\$12.00	ACF	WSS
									Copay \$12.00		
0248345	00	03	12/27/2021		30	ESCITALOPRAM TAB 10MG	43547-0281-11	VOELKER, LARRY	\$13.00	ACF	WSS
									Copay \$13.00		

Prescriptions Agency: \$0.00

Copay: \$37.00

Private Pay: \$0.00

PATIENT PROFILE

January 4, 2022

P.O BOX 808
 TRUTH OR CONSEQUENCE, NM 87901
 Phone: (575) 517-0775
 SS#: - -

KELLY'S PHARMACY
 312 N CALIFORNIA ST
 SOCORRO, NM 87801
 Phone: (575) 835-2125
 NCPDP: 3213244

12/1/2021 through 12/31/2021

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0228084	08	11	12/07/2021		30	CETIRIZINE TAB 10MG	18714-0799-04	VOELKER, LARRY	\$12.00	ACF	WSS
									Copay \$12.00		
0239730	08	04	12/03/2021		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	\$21.00	ACF	TO
									Copay: \$21.00		
	09	04	12/28/2021		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	COUNTY, LAURA	\$21.00	ACF	TO
									Copay: \$21.00		
0242336	02	00	12/14/2021		60	FLUOXETINE CAP 20MG	18714-0721-03	COURTNEY PSYD MP, JOHN	\$13.00	ACF	TO
									Copay: \$13.00		
0242746	02	00	12/14/2021		30	MIRTAZAPINE 15MG TAB	13107-0031-05	COURTNEY PSYD MP, JOHN	\$14.00	ACF	TO
									Copay \$14.00		
0244582	01	01	12/14/2021		90	IBUPROFEN TAB 800MG	49483-0604-50	VOELKER, LARRY	\$21.00	ACF	TO
									Copay: \$21.00		
0248444	00	00	12/28/2021		60	PRAZOSIN HCL CAP 2MG	70954-0020-10	COURTNEY PSYD MP, JOHN	\$25.00	ACF	TO
									Copay \$25.00		

Prescriptions Agency: \$0.00

Copay: \$127.00

Private Pay: \$0.00

MIMBRES MEMORIAL HOSPITAL MIMBRES MEMORIAL HOSPITAL 074045501
 900 W ASH STREET PO BOX 844814 000402957 0851
 DEMING NM 880304000 DALLAS TX 75284-4814
 5755462761 5755464510 850438008 120821 120921

8 PATIENT NAME a | 9 PATIENT ADDRESS a | 1250 LA FONDA DR
 b | T OR C c | NM d | 87901 e |

10 BIRTHDATE 09191956 11 SEX M 12 DATE 1 1 01 17 STAT 01
 13 HR 14 TYPE 15 SRC 16 DHR 18 19 20 21 22 23 24 25 26 27 28 STATE 29 ACCT 30

31 OCCURRENCE CODE DATE 32 OCCURRENCE CODE DATE 33 OCCURRENCE CODE DATE 34 OCCURRENCE CODE DATE 35 OCCURRENCE CODE FROM SPAN THROUGH 36 OCCURRENCE CODE FROM SPAN THROUGH 37
 EOB

38 GARNER CHARLES *Daad 001*
 1250 LA FONDA DR
 T OR C NM 87901
 39 VALUE CODES CODE AMOUNT A1 19031 A2 5721 A3 84697
 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0250	N466553000101UN1		120821	1	290		
0300	LAB	36415	120821	1	3568		
0301	LAB/CHEMISTRY	83874	120821	1	41886		
0301	LAB/CHEMISTRY	84484	120821	1	24977		
0301	LAB/CHEMISTRY	84484	120921	1	24977		
0301	LAB/CHEMISTRY	80048	120821	1	20169		
0301	LAB/CHEMISTRY	83880	120821	1	17221		
0305	LAB/HEMOTOLOGY	85379	120821	1	74930		
0305	LAB/HEMOTOLOGY	85025	120821	1	9462		
0324	DX X-RAY/CHEST	71045 FY	120821	1	46393		
0450	EMERG ROOM	99284 25	120821	1	143017		
0730	EKG/ECG	93005	120821	1	70179		
0730	EKG/ECG	93005	120921	1	70179		

0001 PAGE 1 OF 1 CREATION DATE 122321 TOTALS 547248 000

50 PAYER NAME PRESBYTERIAN HP MEDICARPREHPNOCD 51 HEALTH PLAN ID 9999990000 52 REL INFO Y Y 53 ASG BEN Y Y 54 PRIOR PAYMENTS 84697 000 55 EST. AMOUNT DUE 24752 56 NPI 1891075446 57 OTHER 58 PRV ID

58 INSURED'S NAME 59 P.REL 18 60 INSURED'S UNIQUE ID 10633168000 585726329 61 GROUP NAME 62 INSURANCE GROUP NO. 999999

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 21E729787400 65 EMPLOYER NAME

66 R0602 F17200 I10 Z651 68
 69 ADMIT DX 0 70 PATIENT REASON DX R0602 71 PPS CODE 72 ECI 73

74 PRINCIPAL PROCEDURE CODE DATE 75 OTHER PROCEDURE CODE DATE 76 ATTENDING NPI 1417003377 QJAL KINKEL FIRST DOUGLAS A
 77 OPERATING NPI QJAL
 78 OTHER NPI QJAL
 79 OTHER NPI QJAL

80 REMARKS SIERRA COUNTY DET CENTER 855 VAN PATTEN T OR C NM 87901 81CCI a B3282N00000X b c d

RECEIVED

JAN 04 2022

SIERRA CTY DETENTION
855 VAN PATTEN ST
TRUTH OR CONSE, NM 87901-3201

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

COUNTY of SIERRA



Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/FECA BLKLUNG/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. RESERVED FOR NUCC USE; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER; 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP); 15. OTHER DATE; 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION; 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE; 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES; 19. ADDITIONAL CLAIM INFORMATION; 20. OUTSIDE LAB? \$ CHARGES; 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY; 22. RESUBMISSION CODE; 23. PRIOR AUTHORIZATION NUMBER; 24. A. DATE(S) OF SERVICE; B. PLACE OF SERVICE; C. EMG; D. PROCEDURES, SERVICES, OR SUPPLIES; E. DIAGNOSIS POINTER; F. \$ CHARGES; G. DAYS OR UNITS; H. EPST Family Plan; I. ID. QUAL; J. RENDERING PROVIDER ID. #; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. Rsvd for NUCC Use; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER INFO & PH #

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER

MIMBRES MEMORIAL HOSPITAL MIMBRES MEMORIAL HOSPITAL
 900 W ASH STREET PO BOX 844814
 DEMING NM 880304000 DALLAS TX 75284-4814
 5755462761 5755464510

3a PAT CNTL # 073792601
 b MED REC # 000402782
 5 FED TAX NO 0000
 6 STATEMENT COVERS PERIOD FROM 112021 THROUGH 112021
 TYPE OF BILL 0131

8 PATIENT NAME
 9 PATIENT ADDRESS a 335 ANNIE MORGAN #C
 b CHEYENNE c WY d 82001 e

10 BIRTH DATE 01021991 11 SEX M 12 DATE 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 01
 31 OCCURRENCE CODE 32 OCCURRENCE DATE 33 OCCURRENCE CODE 34 OCCURRENCE DATE 35 OCCURRENCE CODE 36 OCCURRENCE DATE 37 OCCURRENCE DATE

38
 39 VALUE CODES CODE AMOUNT 40 VALUE CODES CODE AMOUNT 41 VALUE CODES CODE AMOUNT
 335 ANNIE MORGAN #C
 CHEYENNE WY 82001

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0250	N468084025401UN1		112021	1	276		
0450	EMERG ROOM	99283	112021	1	85546		

0001 PAGE 1 OF 1 CREATION DATE 121721 TOTALS 85822 000

50 PAYER NAME SIERRA COUNTY DETENTION 51 HEALTH PLAN ID 999990000 52 REL INFO Y 53 ASG BEN Y 54 PRIOR PAYMENTS 000 55 EST. AMOUNT DUE 000 56 NPI 1891075446 57 OTHER 58 PRV ID

59 P REL 18 60 INSURED'S UNIQUE ID 585894493 61 GROUP NAME 62 INSURANCE GROUP NO

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 DX Z139 F17200 Z79891 68

69 ADMIT DX 70 PATIENT REASON DX Z0289 71 PPS CODE 72 ECI 73

74 PRINCIPAL PROCEDURE CODE DATE 75 OTHER PROCEDURE CODE DATE 76 ATTENDING NPI 1255317368 QUAL HOCHHAUSER FIRST DAVID M 77 OPERATING NPI QUAL 78 OTHER NPI QUAL 79 OTHER NPI QUAL

80 REMARKS SIERRA COUNTY DETENTION 855 VAN PATTEN T OR C NM 87901 81CC a B3282N00000X b c d

MIMBRES MEMORIAL HOSPITAL MIMBRES MEMORIAL HOSPITAL
 900 W ASH STREET PO BOX 844814
 DEMING NM 880304000 DALLAS TX 75284-4814
 5755462761 5755464510
 3a PAT CNTL # 074037601
 b. MED REC # 000402949
 5 FED TAX NO 0000
 STATEMENT COVERS PERIOD FROM 120821 THROUGH 120821
 TYPE OF BILL 0131

8 PATIENT NAME | a | 9 PATIENT ADDRESS | a | 855 VAN PATTEN
 b | E | d | T OR C | c | NM | d | 87901 | e |

10 BIRTH-DATE | 11 SEX | 12 DATE | 13 HR | 14 TYPE | 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 STATE | 29 ACCT | 30

05061978 | F | 1 | 1 | 01
 31 OCCURRENCE CODE | 32 OCCURRENCE DATE | 33 OCCURRENCE CODE | 34 OCCURRENCE DATE | 35 OCCURRENCE CODE | 36 OCCURRENCE DATE | 37

38
 855 VAN PATTEN
 T OR C NM 87901

D2021-023

39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0250	N458160084252ML.5		120821	1	23150		
0250	N463323048327ML20		120821	1	1140		
0351	CT SCAN/HEAD	70450	120821	1	406300		
0450	EMERG ROOM	99284 25	120821	1	143017		
0450	EMERG ROOM	12013	120821	1	49199		
0771	VACCINE ADMIN	90471	120821	1	27777		

0001 PAGE 1 OF 1 CREATION DATE 121521 TOTALS 650583 000

50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 AGG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID | 58

SIERRA COUNTY IND | 999990000 | Y | Y | 000 | 000 | 1891075446

58 INSURED'S NAME | 59 P REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO

18 0077043

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX | 67 | 68

S0181XA R402142 R402362 R402252 Z23 E079 Z651 Z881

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

0 | S0181X | Y048XXA Y92149

74 PRINCIPAL PROCEDURE CODE | 75 OTHER PROCEDURE CODE | 76 ATTENDING NPI | 77 OPERATING NPI | 78 OTHER NPI | 79 OTHER NPI

76 ATTENDING NPI 1851331847 QUAL FIRST JORGE
 77 OPERATING NPI 1851331847 QUAL FIRST JORGE
 78 OTHER NPI QUAL FIRST
 79 OTHER NPI QUAL FIRST

80 REMARKS | 81 CC | 82

SIERRA COUNTY IND
 855 VAN PATTEN
 T OR C NM 87901
 B3282N00000X

OVERDUE INVOICE

From: SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 41532C15467
Invoice Date: 01/04/2022
Original Invoice Date: 11/05/2021

Total Due: \$34.68

To: Please return top portion with payment to:

INDIGENT
855 VAN PATTEN ST
TRUTH OR CONSEQUENCES NM 879013201

Sierra Vista Hospital
800 E 9th Ave
Truth or Consequences, NM 87901

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
510173V15467 10/05/2021	79668 <i>2021-009</i> ESTELA RUBIN, CNP 99213	03/05/1957 99213 OFFICE OUTPATIENT VISIT EST MOD	\$34.68 Patient Subtotal: \$34.68
Comments: Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.			Total Due: \$34.68

INVOICE

From:

SIERRA VISTA HOSPITAL 69
Tax ID: 850422820

Invoice ID: 43038C15467
Invoice Date: 01/03/2022

Total Due: \$232.23

To:

INDIGENT
855 VAN PATTEN ST
TRUTH OR CONSEQUENCES NM 879013201

Please return top portion with payment to:

Sierra Vista Hospital
800 E 9th Ave
Truth or Consequences, NM 87901

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
.....N, 79067 520916V15467 11/15/2021	<i>2021-021</i> KARENLYNN FIATO, NP 99213	03/06/1963 99213 OFFICE OUTPATIENT VISIT EST MOD	\$34.68 Patient Subtotal: \$34.68
.....S, 64887 522537V15467 11/24/2021	<i>2021-013</i> RHEA HAZEN, CNP 99212,25	12/20/1973 99212 OFFICE OUTPATIENT VISIT EST LOW	\$25.00 Patient Subtotal: \$25.00
.....M, 58092 512156V15467 10/19/2021	<i>2021-008</i> WILLIAM ADKINS, MD 99213,GW	09/15/1958 99213 OFFICE OUTPATIENT VISIT EST MOD	\$34.68
515919V15467 10/24/2021	AMBULANCE SERVICES A0429,RH,QN	BLS EMERG	\$102.40
10/24/2021	Pickup: RESIDENCE 165 N SILVER 48 TRUTH OR CONSEQUENCES NM 87901 Destination: SVH 800 E 9TH AVE TRUTH OR CONSEQUENCES NM 87901 A0425,RH,QN	GROUND MILEAGE: 1 MILE	\$2.55 Patient Subtotal: \$139.63
....., 79110 464579V15467 04/13/2021	<i>2020-027</i> PHYSICIAN, PHYSICIAN 76881,TC	01/08/1948 US EXT NON VASCULAR COMPLETE	\$32.92 Patient Subtotal: \$32.92
Comments: Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.			Total Due: \$232.23

INVOICE

From:
 SIERRA VISTA HOSPITAL 69
 Tax ID: 850422820

Invoice ID: 43789C15467
 Invoice Date: 02/01/2022

Total Due: \$3,985.06

To:
 INDIGENT
 855 VAN PATTEN ST
 TRUTH OR CONSEQUENCES NM 879013201

Please return top portion with payment to:

Sierra Vista Hospital
 800 E 9th Ave
 Truth or Consequences, NM 87901

Patient Name, Patient ID Claim ID	DOB	Provider Name Procedure	Description	Amount
WATSON, CHAD 532914V15467	57851 2022-003 02/08/1955	CHAD BERRYMAN, MD	CT HEAD W/O CONTRAST	\$87.00
01/04/2022		70450,TC	ACETAMINOPHEN 500 MG TABLET 500 mg, 10	\$3.00
01/04/2022		0250		
Patient Subtotal:				\$90.00
WATSON, EMMA 516451V15467	1, 58092 2021-005 09/15/1958	EMMANUEL GALLEGOS, MD	Pharmacy - IV Solutions	\$45.00
10/24/2021		0258		\$571.61
10/24/2021		G0378	Pharmacy - General	\$18.64
10/24/2021		0250	CT HEAD W/O CONTRAST	\$435.30
10/24/2021		70450,TC,GW	CT C SPINE W/O CONTRAST	\$570.04
10/24/2021		72125,TC,GW	CEFTRIAXONE (ROCEPHIN) ADDV : 1GM	\$0.71
10/24/2021		J0696,GW	CT CHEST W/O CONTRAST	\$468.48
10/24/2021		71250,TC,GW	CT ABD/PELVIS WO (NO ORAL NO IV)	\$1,041.84
10/24/2021		74176,TC,GW	POTASSIUM CHLO (KCL) LIQ UD : 20MEQ	\$109.20
10/24/2021		A9270,GY,GW	ER-LEVEL 5 HIGH COMPLEXITY	\$343.96
10/24/2021		99285,25,GW	IV INFUSION HYDRATION-ADDITIONAL HRS	\$72.08
10/24/2021		96361,GW	IV PUSH DRUG - SINGLE OR INITIAL	\$60.17
10/24/2021		96374,GW	IV INFUSION HYDRATION - ADDITIONAL HO	\$36.04
10/25/2021		96361,GW	IV PUSH DRUG - SINGLE OR INITIAL	\$60.17
10/25/2021		96376,GW	IV PUSH - EACH SUBSEQUENT PUSH SAME ME	\$34.50
10/24/2021		70450,26,GW	PF - CT HEAD W/O CONTRAST	\$7.79
10/24/2021		72125,26,GW	PF - CT C SPINE W/O CONTRAST	\$9.15
10/24/2021		71250,26,GW	PF - CT CHEST W/O CONTRAST	\$10.38
Patient Subtotal:				\$3,895.06
Comments: Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.				Total Due: \$3,985.06