DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

518417

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

132943

6-17-13

2237 1 AV 0.360
**********5-DIGIT 68310
BSDC 418 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2237 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
418
Patient Code
BSDC418
Amount Due
$ ~~869.37~~ 799.28

25050125. 418

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

RFP 4458 Z1

ATTACHMENT B

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC418

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DPT COD	NA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
04/04/2013	16066074	28	FEXOFENADINE HCL	01		*	22.71		.00	22.71
05/01/2013	16071026	170	CRITIC AID CLEAR	01		*	24.80		.00	24.80
05/01/2013	16068690	454	MINERIN CREAM	01		*	14.27		.00	14.27
			PATIENT: [redacted]							
05/03/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
05/21/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
			PATIENT: [redacted]							
05/06/2013	16077467	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
			PATIENT: [redacted]							
05/07/2013	16077548	10	AQUACEL AG 2X2 DR	01		*	78.92		.00	78.92
05/07/2013	16077549	7.50	CIPRODEX OTIC SUS	01		*	156.43		.00	156.43
05/07/2013	16077550	.50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
05/14/2013	16077548	10	AQUACEL AG 2X2 DR	01		*	78.92		.00	78.92
			PATIENT: [redacted]							
05/07/2013	00054154	2	CASUAL KNEE				144.00		.00	.00
05/07/2013		1	**Rcpt # 00555667				.00		.00	144.00
05/21/2013	16077993	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
			PATIENT: [redacted]							
05/21/2013	16075662	500	FISH OIL LIQUID	01		*	54.98		.00	54.98

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non-Covered for Month
$ 481.28	
YTD Med. Deduction	Covered for Month
$22,136.81	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~70.09~~					

Previous Balance		Charges This Month		Finance Charge	=	TOTAL CHARGES	-	Payments & Credits	=
$ ~~70.09~~	+	$ 799.28	+		=	$ ~~869.37~~	-		

Due Date
05/31/2013
Amount Due
$ ~~869.37~~

QS1 DEINES S VF7 117010GRP 2237 060520131171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2236 1 AV 0.360
**********5-DIGIT 68310
BSDC 414 SHERIDAN
3000 LINCOLN ST
414 SHERIDAN
BEATRICE, NE 68310-3319

2236 1 9

25050127 414

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
414
Patient Code
BSDC414
Amount Due
$ ~~956.76~~

6/5.17

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC414

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	BILL CODE	NA	MED DED	AMOUNT		BALE/TAX	DED TOTAL
			PATIENT: [redacted]							
04/18/2013	16075610	110	CRANBERRY 450MG T	01		*	14.92		.00	14.92
05/02/2013	16076739	4	TEGADERM 4 X 4 AN	01		*	12.69		.00	12.69
05/02/2013	16077250	10	AQUACEL, 4X4	01		*	84.38		.00	84.38
05/06/2013	16071139	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
05/21/2013	16072313	50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
			PATIENT: [redacted]							
05/15/2013	16066654	50	VICKS VAPORUB OIN	01		*	5.45		.00	5.45
			PATIENT: [redacted]							
04/18/2013	16075101	56	CRANBERRY 450MG T	01		*	12.02		.00	12.02
05/03/2013	00054110	1	JOBST KNEE H				42.00		.00	.00
05/03/2013		1	**Rcpt # 00555076				.00		.00	42.00
			PATIENT: [redacted]							
05/03/2013	00054112	1	JOBST 15-20				42.00		.00	.00
05/03/2013		1	**Rcpt # 00555079				.00		.00	42.00
05/07/2013	14005158	2	MIDAZOLAM HCL 5 M	01		*	12.16		.00	12.16
05/16/2013	16077893	100	MYCOCIDE CX CREAM	01		*	10.07		.00	10.07
05/22/2013	16078067	100	MYCOCIDE CX CREAM	01		*	10.07		.00	10.07
			PATIENT: [redacted]							
05/13/2013	16077747	10	DUODERM XTRTHIN 1	01		*	56.72		.00	56.72
			PATIENT: [redacted]							
05/09/2013	16077607	1	ZOSTAVAX VIAL	01		*	219.61		.00	219.61
05/21/2013	16070958	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
			PATIENT: [redacted]							
04/18/2013	16075699	56	FLUVOXAMINE 50MG	01		*	37.78		.00	37.78
04/18/2013	16075122	28	MELATONIN 5MG	01		*	5.05		.00	5.05

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-covered for Month
$ 531.17	
YTD Med Deduction	Uncovered for Month
$10,401.39	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~341.59~~					

Previous Balance		Current Month		Payments & Credits		Total Balance Due		Payments & Credits		Current Date
$ ~~341.59~~	+	$ 615.17	+		=	$ ~~956.76~~	-		=	05/31/2013
										$ ~~956.76~~

QS1 DEINES S VF7 117010GRP 2236 060520131713141 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2234 1 AV 0.360 2234 1 9
**********5-DIGIT 68310
BSDC 424 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

25050125. 424

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC424
Amount Due
~~$ 1,668.00~~

1377.53

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC424

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEPT CODE	RX	MED CED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/22/2013	16063815	1	SILICONE EAR PLUG	01		*	3.66		.00	3.66
			PATIENT: [redacted]							
04/18/2013	16071210	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
05/01/2013	16068914	50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
05/01/2013	16076840	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
05/16/2013	16076840	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
05/16/2013	16066779	237	CHLORHEXIDINE GLU	01		*	12.51		.00	12.51
05/22/2013	16076840	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
05/22/2013	16064666	170	CRITIC-AID CLEAR	01		*	25.16		.00	25.16
			PATIENT: [redacted]							
04/18/2013	16069351	57	CRANBERRY 450MG T	01		*	12.07		.00	12.07
05/09/2013	16077598	7.50	CIPRODEX OTIC SUS	01		*	156.43		.00	156.43
05/09/2013	16077611	1	SILICONE EAR PLUG	01		*	3.66		.00	3.66
05/16/2013	16077611	1	SILICONE EAR PLUG	01		*	3.66		.00	3.66
05/16/2013	16063091	50	ASCENSIA CONTOUR	01		*	50.00		.00	50.00
			PATIENT: [redacted]							
04/18/2013	16071213	27	PREVACID 30MG SOL	01		*	258.03		.00	258.03
			PATIENT: [redacted]							
05/02/2013	16077298	50	ONDANSETRON 4 MG/	01		*	82.74		.00	82.74
05/02/2013	16077302	50	ONDANSETRON 4 MG/	01		*	82.74		.00	82.74
05/16/2013	16070454	340.2	SOD SULFA/SULF CL	01		*	41.99		.00	41.99
05/16/2013	16069919	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
05/16/2013	16068912	454	MINERIN CREAM	01		*	8.41		.00	8.41
			PATIENT: [redacted]							
05/02/2013	16077254	2	ONDANSETRON ODT 4	01		*	3.63		.00	3.63
05/02/2013	16077268	15	ONDANSETRON HCL 8	01		*	17.74		.00	17.74

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductible	Next Bill Due To Month
$ 1,377.53	
YTD Med Deductible	Next Bill Due To Month
$40,267.35	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 290.47					

Statement Date
05/31/2013
Amount Due
~~$ 1,668.00~~

Previous Balance	+	Charges This Month	+	Other Charges	=	TOTAL CHARGES	-	Payments & Credits	=
$ 290.47	+	$ 1,377.53	+		=	~~$ 1,668.00~~	-		=

QS1 DEINES S VF7 117010GRP 2234 060520131713141 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2233 1 AV 0.360
**********5-DIGIT 68310
BSDC 416 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2233 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC416
Amount Due
$ ~~493.04~~

389.76

25050127. 416

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC416

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DIST CODE	NR	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
04/04/2013	16075015	28	TEGRETOL XR 100MG	01		*	32.16		.00	32.16
04/04/2013	16062501	84	HYDROXYZINE HCL 1	01			23.56		.00	23.56
			PATIENT: [redacted]							
04/04/2013	16075872	56	FLUVOXAMINE 50MG	01		*	46.80		.00	46.80
			PATIENT: [redacted]							
05/15/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
			PATIENT: [redacted]							
04/04/2013	16076874	56	OLANZAPINE 7.5 MG	01		*	31.50		.00	31.50
			PATIENT: [redacted]							
05/20/2013	16070639	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
			PATIENT: [redacted]							
04/04/2013	16063352	46	GINKGO 60 MG TABL	01		*	9.83		.00	9.83
			PATIENT: [redacted]							
05/06/2013	16077424	504	SALICYL ACID 10%/	01		*	23.92		.00	23.92
05/20/2013	16077424	504	SALICYL ACID 10%/	01		*	23.92		.00	23.92
			PATIENT: [redacted]							
05/06/2013	16068626	226	ALOE VESTA OINT	01		*	11.68		.00	11.68
05/15/2013	16068626	226	ALOE VESTA OINT	01		*	11.68		.00	11.68
			PATIENT: [redacted]							
04/04/2013	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non Legend for Month
$ 302.76	
YTD Med. Deduction	Legend for Month
$ 7,432.35	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~103.28~~					

Due Date
05/31/2013
Amount Due
$ ~~493.04~~

Previous Balance		Charges This Month		Finance Charge	=	TOTAL CHARGES	-	Payment/Credits	=
$ ~~103.28~~	+	$ 389.76	+		=	$ ~~493.04~~	-		=

QS1 DEINES S VF7 117010GRP 2233 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2232 1 AV 0.360 2232 1 9
**********5-DIGIT 68310
BSDC 412 STATE
3000 LINCOLN ST
412 STATE
BEATRICE, NE 68310-3319

25050126. 412

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC412
Amount Due
$ ~~1,162.54~~ 529.31

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC412

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEPT CODE	NON MED	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/10/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
			PATIENT: [redacted]							
05/06/2013	16068185	50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
05/06/2013	16066548	10	ADAPT BARRIER RIN	01		*	52.31		.00	52.31
05/13/2013	00051439	1	1 3/4 OPAQUE				100.00		.00	.00
05/13/2013		1	**Rcpt # 00556456				.00		.00	100.00
05/13/2013	16069640	20	SUR-FIT NATURA DU	01		*	211.97		.00	211.97
05/22/2013	16076342	113	RISAMINE OINTMENT	01			6.91		.00	6.91
			PATIENT: [redacted]							
05/06/2013	16070904	226	RISAMINE OINTMENT	01			12.84		.00	12.84
			PATIENT: [redacted]							
05/06/2013	16064204	100	UNISTIK 2 LANCET	01			27.78		.00	27.78

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non Legend for Month
$ 342.31	
YTD Med. Deduction	Legend for Month
$28,681.89	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Current	Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~633.23~~						

Due Date
05/31/2013
Amount Due
$ ~~1,162.54~~

Previous Balance	+	Charges This Month	+	Finance Charges	=	TOTAL CHARGES	-	Payments & Credits	=
$ ~~633.23~~	+	$ 529.31	+		=	$ ~~1,162.54~~	-		=

QS1 DEINES S VF7 117010GRP 2232 060520131713141 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CIDVCVC2/CVV2 Number

2231 1 AV 0.360 2231 1 9
**********5-DIGIT 68310
BSDC 411 STATE
BSDC
3000 LINCOLN ST.
BEATRICE, NE 68310-3319

25050126. 411

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC411
Amount Due
$ ~~652.32~~ 280.47

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC411

YOUR ACCOUNT IS 30 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DIA CODE	NA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/08/2013	16073927	113	VITAMIN A & D OIN	01		*	5.73		.00	5.73
			PATIENT: [redacted]							
05/08/2013	16065254	50	ASCENSIA CONTOUR	01		*	50.00		.00	50.00
05/08/2013	16065285	100	UNISTIK 2 LANCET	01		*	26.52		.00	26.52
			PATIENT: [redacted]							
05/01/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
05/08/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
05/15/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
05/21/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
			PATIENT: [redacted]							
05/08/2013	16077570	170	X-VIATE 40% CREAM	01		*	46.26		.00	46.26

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Rec Deduction
$ 280.47	
YTD Med Deduction	Lifetime Ded Month
$14,599.35	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~371.85~~					

Statement Date
05/31/2013
Amount Due
$ ~~652.32~~

Previous Balance	+	Charges This Month	+	Late Charges	=	TOTAL DUE	-	Payments & Credits	=
$ ~~371.85~~	+	$ 280.47	+		=	$ ~~652.32~~	-		=

QS1 DEINES S VF7 117010GRP 2231 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2230 1 AV 0.360
**********5-DIGIT 68310
BSDC 408 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2230 1 9

25050123.408

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC408
Amount Due
~~$ 2,288.53~~

1340.67

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC408

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DT/H COD	NA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/20/2013	16077983	133	TINACTIN 1% SPRAY	01		*	7.43		.00	7.43
			PATIENT: [redacted]							
05/01/2013	16077217	30	NEXIUM 20 MG PACK	01		*	241.11		.00	241.11
05/02/2013	16075379	560	TOPIRAMATE 25 MG	01		*	729.55		.00	729.55
05/17/2013	16077217	30	NEXIUM 20 MG PACK	01		*	241.11		.00	241.11
			PATIENT: [redacted]							
05/10/2013	16072196	30	ATROPINE 1% EYE D	01		*	86.70		.00	86.70
			PATIENT: [redacted]							
05/14/2013	16076552	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
05/14/2013	16071970	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
05/22/2013	16070881	8	HEAR-AID BAT #13	01		*	10.00		.00	10.00

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

YTD Med. Deductible	Non-Legend for Month
$ 1,340.67	
YTD Med. Deductible	**Legend for Month**
$25,666.82	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CK 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 947.86					

Previous Balance	+	Charges This Month	+	Finance Charges	=	TOTAL CHARGES	-	Payments & Credits	=	Bill Date	Amount Due
$ 947.86	+	$ 1,340.67	+		=	$ 2,288.53	-		=	05/31/2013	$ 2,288.53

QS1 DEINES S VF7 117010GRP 2230 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2228 1 AV 0.360
**********5-DIGIT 68310
BSDC 402 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2228 1 9

25050123.402

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC402
Amount Due
$ ~~688.01~~ 597.08

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC402

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DOC	INS	MED DED	AMOUNT		SALES TAX	NEW TOTAL
			PATIENT: [redacted]							
05/07/2013	16077534	133	TINACTIN 1% SPRAY	01		*	7.43		.00	7.43
			PATIENT: [redacted]							
05/22/2013	16072308	91	SEASONIQUE 0.15/0	01		*	266.58		.00	266.58
			PATIENT: [redacted]							
05/02/2013	16075396	84	RISPERIDONE 2MG	01		*	39.03		.00	39.03
05/22/2013	16063258	91	XAMETHIA 0.15/0.03	01		*	279.85		.00	279.85
			PATIENT: [redacted]							
05/03/2013	00054105	1	GENT-L-KARE				4.49		.00	4.49
05/03/2013		1	**Repc# 00554950				.00		.00	.00

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS. HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non Deductible Month
$ 592.59	
YTD Med. Deduction	Deductible Month
$ 5,166.00	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Current	30 Days	60 Days	90 Days	120 Days	Over 120 Days
$ ~~90.93~~					

Previous Balance		Payments Made		Credits		TOTAL CHARGES		Payment Enclosed		Total Due 05/31/2013
$ ~~90.93~~	+	$ 597.08	+		=	$ ~~688.01~~	-		=	$ ~~688.01~~

QS1 DEINES S VF7 117010GRP 2228 060520131713141 5

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2227 1 AV 0.360
**********5-DIGIT 68310
BSDC 311 LAKE
3000 LINCOLN ST
311 LAKE
BEATRICE, NE 68310-3319

2227 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC311
Amount Due
$ ~~84.19~~ 6.91

25050125. 311

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC311

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	OPT COD	NC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/06/2013	16077440	113	RISAMINE OINTMENT	01		*	6.91		00	6.91

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Not Covered This Month
$ 6.91	
YTD Med. Deduction	Expected Next Month
$ 2,215.29	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

6/13/13 cf

Over 90	Over 60	Over 30	Over 120	Over 150	Over 180
$ ~~77.28~~					

Previous Balance	+	Charges This Month	+	Payments & Credits	=	TOTAL CHARGES	-	Payments & Credits	=	DUE DATE / AMOUNT DUE
$ ~~77.28~~	+	$ 6.91	+		=	$ ~~84.19~~	-		=	05/31/2013 / $ ~~84.19~~

QS1 DEINES S VF7 117010GRP 2227 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2223 1 AV 0.360 2223 1 9
**********5-DIGIT 68310
BSDC 422 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

25050125. 422

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
422
Patient Code
BSDC422
Amount Due
~~$ 2,932.25~~ 2714.87

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC422

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DEPT CODE	MA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
04/04/2013	16068237	28	B COMPLEX WITH C	01		*	4.39		.00	4.39
05/03/2013	16070075	1	SILICONE EAR PLUG	01		*	3.66		.00	3.66
05/15/2013	16077355	226	ALOE VESTA OINT	01		*	11.68		.00	11.68
			PATIENT: [redacted]							
04/04/2013	16064220	56	PREVACID 30MG SOL	01		*	523.36		.00	523.36
04/04/2013	16066077	252	BEANO TABS	01		*	14.93		.00	14.93
05/01/2013	16070834	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
05/10/2013	16073467	30	CO Q10 100MG CHEW	01		*	29.38		.00	29.38
			PATIENT: [redacted]							
05/01/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
05/22/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
05/22/2013		10	OTC CHARGE REVIEWS				50.00		.00	50.00
			PATIENT: [redacted]							
04/04/2013	16062561	140	ZONEGRAN 100MG CA	01		*	834.45		.00	834.45
04/04/2013	16062560	56	LAMICTAL 200MG TA	01		*	479.22		.00	479.22
04/04/2013	16074969	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
05/01/2013	16066184	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
05/22/2013	16065532	100	UNISTIK 2 LANCET	01		*	26.52		.00	26.52
			PATIENT: [redacted]							
05/01/2013	16065304	112	DESITIN DIAPER RA	01		*	15.79		.00	15.79
05/03/2013	16067889	454	MINERIN CREAM	01		*	8.41		.00	8.41
05/10/2013	16065304	112	DESITIN DIAPER RA	01		*	15.79		.00	15.79
			PATIENT: [redacted]							
05/15/2013	16077224	300	OXYFRESH MOUTHRI	01		*	14.14		.00	14.14
			PATIENT: [redacted]							
04/04/2013	14005238	56	LORAZEPAM 0.5MG TA	01		*	24.77		.00	24.77
05/07/2013	14005254	1	LORAZEPAM 1 MG TA	01		*	3.25		.00	3.25

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non-Covered for Month
YTD Med. Deduction	Covered for Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Due Date
05/31/2013
Amount Due

Previous Balance	+	Charges This Month	+	Finance Charges	=	TOTAL CHARGES	-	Payments & Credits	=

QS1 DEINES 2 VF7 117010GRP 2223 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2223 1 AV 0.360 2223 1 9
**********5-DIGIT 68310
BSDC 422 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
422
Patient Code
BSDC422
Amount Due
$ 2,932.25

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC422

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	CODE	MEDICARE	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
04/04/2013	16068260	84	WELCHOL 625MG TAB	01	*	176.31		.00	176.31

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non Lerend for Month
$ 2,490.87	
YTD Med. Deduction	Lerend for Month
$18,084.90	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CK 06/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 217.38					

Previous Balance	+	Charges This Month	+	Unpaid Charges	=	TOTAL CHARGES	-	Payments & Credits	=	Due Date / Amount Due
$ 217.38	+	$ 2,714.87	+		=	$ 2,932.25	-		=	05/31/2013 / $ 2,932.25

QS1 DEINES 2 VF7 117010GRP 2223 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2222 1 AV 0.360 2222 1 9
**********5-DIGIT 68310
BSDC 420 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

25050125. 420

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC420
Amount Due
~~$ 1,371.25~~ 818.84

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC420

YOUR ACCOUNT IS 30 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DPT CODE	WA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/08/2013	16064735	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
05/20/2013		2	TENA WASH				47.06		.00	47.06
			PATIENT: [redacted]							
04/04/2013	16068221	220	L-TYROSINE CAPLET	01		*	24.78		1.73	26.51
05/02/2013	16076535	340.2	SOD SULFA/SULF CL	01		*	41.99		.00	41.99
05/02/2013	16074412	473	CETAPHIL CLEANSER	01		*	15.82		.00	15.82
05/21/2013	16074412	473	CETAPHIL CLEANSER	01		*	15.82		.00	15.82
			PATIENT: [redacted]							
05/21/2013	16073587	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
04/04/2013	16075782	28	VESICARE 10 MG TA	01		*	219.49		.00	219.49
05/02/2013	16075160	454	MINERIN CREAM	01		*	8.41		.00	8.41
05/02/2013	16071487	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
05/02/2013	16076544	30	NEXIUM 20 MG PACK	01		*	214.57		.00	214.57
05/21/2013	16071487	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
05/21/2013	16071486	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
05/21/2013	16066440	42	BIOTENE ORALBALAN	01		*	8.83		.00	8.83
			PATIENT: [redacted]							
04/04/2013	16065819	225	VEOLIANE TABLET	01		*	106.12		.00	106.12
			PATIENT: [redacted]							
05/15/2013	16072989	50	ASCENSIA CONTOUR	01		*	50.00		.00	50.00
05/15/2013	16064352	50	UNISTIK 3 COMFORT	01		*	14.67		.00	14.67
			PATIENT: [redacted]							
05/15/2013	16064305	15	ARTIFICIAL TEARS	01		*	6.39		.00	6.39
05/15/2013	16076657	946	MILK OF MAGNESIA	01		*	10.06		.00	10.06
05/15/2013	16077844	300	GUAIFENESIN 100MG	01		*	6.30		.00	6.30

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non Covered or Mo/Pd
YTD Med Deduction	Medicare Deductible

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 90	Over 60	Over 30	Over 15	Current	Payments

Due Date
05/31/2013
Amount Due

Previous Balance	+	Charges This Month	+	Adjustments/Credits	=	TOTAL CHARGES	-	Payments & Credits	=

QS1 DEINES 2 VF7 117010GRP 2222 060520131713141 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2222 1 AV 0.360
**********5-DIGIT 68310
BSDC 420 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2222 1 9

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC420
Amount Due
$ 1,374.25

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC420

YOUR ACCOUNT IS 30 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEPT CODE	NC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/21/2013	16076805	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
05/21/2013	16072608	237	GERTA-VITE LIQUID	01			10.27		.00	10.27
			PATIENT: [redacted]							
05/08/2013	16071906	113	RIS/AMINE OINTMENT	01			6.91		.00	6.91

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deductible	Not Used This Month
$ 771.78	
YTD Med. Deductible	Used This Month
$ 7,749.29	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 552.41					

Previous Balance		Charges This Month		Payments & Credits		TOTAL CHARGES		Payments & Credits		Due Date / Amount Due
$ 552.41	+	$ 818.84	+		=	$ 1,371.25	-		=	05/31/2013 / $ 1,371.25

QS1 DEINES 2 VF7 117010GRP 2222 060520131713141 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2221 1 AV 0.360
**********5-DIGIT 68310
BSDC 415 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2221 1 9

25050127 415

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CIDCVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC415
Amount Due
~~$ 1,346.28~~ 1127.12

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC415

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DRUG CODE	NA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
04/04/2013	16065480	84	CRANBERRY 450MG T	01		*	11.57		.00	11.57
05/08/2013	16070735	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
05/08/2013	16074488	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
05/15/2013	16074488	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
05/22/2013	16070735	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
			PATIENT: [redacted]							
05/15/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
05/15/2013		50	BISACODYE SUPP				11.71		.00	11.71
			PATIENT: [redacted]							
04/04/2013	16071156	56	PANCRELIPASE 5,000	01		*	51.56		.00	51.56
04/04/2013	16063967	56	CRANBERRY 450MG T	01		*	8.71		.00	8.71
05/15/2013	16074489	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
			PATIENT: [redacted]							
04/04/2013	16062475	55	CRANBERRY 450MG B	01		*	8.61		.00	8.61
			PATIENT: [redacted]							
04/04/2013	16062480	42	MELATONIN 5MG	01		*	6.07		.00	6.07
			PATIENT: [redacted]							
04/04/2013	16063908	55	PREVACID 30MG SOL	01		*	514.21		.00	514.21
04/04/2013	16062484	56	CRANBERRY 450MG T	01		*	8.71		.00	8.71
05/01/2013	16070949	[illegible]	RISAMINE OINTMENT	01		*	12.84		.00	12.84
			PATIENT: [redacted]							
04/04/2013	16075870	56	OMEPRAZOLE DR 40	01		*	28.64		.00	28.64
05/01/2013	16070949	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
05/22/2013	16070949	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
			PATIENT: [redacted]							
05/01/2013	16070736	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
05/22/2013	16070736	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	NonLegend for Month
YTD Med. Deduction	Legend for Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance	+	Charges This Month	+	Finance Charges	=	TOTAL CHARGES	-	Payments & Credits	=	Due Date: 05/31/2013
										Amount Due

QSI DEINES 2 VF7 117010GRP 2221 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2221 1 AV 0.360
**********5-DIGIT 68310
BSDC 415 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2221 1 9

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC415
Amount Due
$ 1,346.29

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC415

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	Dep Cod	MA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
04/04/2013	16071920	27	PREVACID 30MG SOL	01		*	258.03		.00	258.03

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non Covered Items
$ 1,028.41	
YTD Med. Deduction	Last Payment
$29,770.75	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 219.17					

Due Date
05/31/2013
Amount Due
$ 1,346.29

Previous Balance	+	Charges This Month	+	Finance Charges	=	TOTAL BALANCE	-	Payments & Credits	=
$ 219.17	+	$ 1,127.12	+		=	$ 1,346.29	-		=

QS1 DEINES 2 VF7 117010GRP 2221 06052013171314 1 5

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2220 1 AV 0.360
**********5-DIGIT 68310
BSDC 413 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2220 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC413
Amount Due
~~$1,457.32~~ 439.27

25050126 . 413

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC413

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DIV CODE	NR	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/31/2013	16079006	30	OCUSOFT PRE-MOIST	01		*	14.15		.00	14.15
			PATIENT: [redacted]							
05/02/2013	16074490	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
			PATIENT: [redacted]							
05/02/2013	16066415	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
05/02/2013	16077251	42.50	ESTRACE 0.01% CRE	01		*	153.57		.00	153.57
05/21/2013	16066415	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
05/31/2013	16066415	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
			PATIENT: [redacted]							
05/02/2013	16071058	500	FISH OIL LIQUID	01		*	84.98		.00	84.98
05/02/2013	16064423	454	MINERIN CREAM	01		*	8.41		.00	8.41
			PATIENT: [redacted]							
05/02/2013	16066176	30	FUNGICURE LIQUID	01		*	13.01		.00	13.01
05/02/2013	16077252	454	HYDROPHOR OINTMEN	01		*	13.59		.00	13.59
			PATIENT: [redacted]							
05/08/2013	16063858	100	UNISTIK 3 COMFORT	01		*	27.66		.00	27.66
05/18/2013	16070314	2	SILICONE EAR PLUG	01		*	6.82		.00	6.82
			PATIENT: [redacted]							
05/01/2013	00052631	2	STOMAHESIVE				10.79		.00	10.79
05/01/2013	00053623	2	OSTOMY POUCH				.00		.00	.00
05/01/2013	00053672	16	EAKIN COHESI				.00		.00	.00
05/01/2013		1	**Rcpt # 00554697				.00		.00	10.79
05/21/2013	00052539	1	4X4 MOLDABLE				.00		.00	.00
			PATIENT: TAYLOR/ALLEN D ACCOUNT: TAYLA							
05/02/2013	16073614	500	FISH OIL LIQUID	01		*	54.98		.00	54.98

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non Covered Items
YTD Med Deduction	Deductible Met

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

6/13/13 CH

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance	+	Charges This Month	+	Finance Charge	=	TOTAL CHARGES	-	Payments & Credits	=

Due Date
05/31/2013
Amount Due

QS1 DEINES 2 VF7 117010GRP 2220 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

2220 1 AV 0.360 2220 1 9
**********5-DIGIT 68310
BSDC 413 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC413
Amount Due
$ 1,457.32

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC413

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEPT CODE	NT	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/02/2013	16072932	454	HYDROPHOR OINTMEN	01		*	13.59		.00	13.59

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deduction	Non Covered $ Month
$ 428.48	
YTD Med. Deduction	Covered $ Month
$16,570.05	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CA 6/13/13

Over 60	Over 90	Over 120	Over 150	Over 180
$ 1,018.05				

Due Date
05/31/2013
Amount Due
$ 1,457.32

Previous Balance	+	Charges This Month	+	Finance Charge	=	TOTAL CHARGE	-	Payments & Credits	=
$ 1,018.05	+	$ 439.27	+		=	$ 1,457.32	-		=

QS1 DEINES 2 VF7 117010GRP 2220 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2235 1 AV 0.360
**********5-DIGIT 68310
BSDC
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2235 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
BS
Patient Code
BSDC
Amount Due
$ ~~137.98~~

2SOS0126. 411

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

72.00

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	Rx CODE	INS	CO-PAY	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/22/2013	00053486	3	ASCENSIA CON				.00		.00	.00
			PATIENT: [redacted]							
05/08/2013	00053272	2	ASCENSIA CON				.00		.00	.00
			PATIENT: [redacted]							
05/29/2013			JOBST, WAIST [redacted]				72.00		.00	72.00

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Min Mail Order Amount	Non Refund for Month
30 Day Refund	Refund for Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 6/13/13

Due Date
05/31/2013
Amount Due
$ ~~137.98~~

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~65.98~~					

Previous Balance	+	Charges This Month	+	Payments & Credits	=	TOTAL BALANCE	-	Payments & Credits	=
$ ~~65.98~~	+	$ 72.00	+		=	$ ~~137.98~~	-		=

QS1 DEINES S VF7 117010GRP 2235 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

2225 1 AV 0.360 2225 1 9
**********5-DIGIT 68310
BSDC 104 KENNEDY
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

2505 0127 415

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
05/31/2013
Group Code
—
Patient Code
BSDC104
Amount Due
$ ~~38.40~~ 12.84

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
05/31/2013	BSDC104

YOUR ACCOUNT IS ~~30 DAYS PAST DUE~~ – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DFT CODE	NT	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/22/2013	16076021	220	RISAMINE OINTMENT [redacted]	01		*	12.84		.00	12.84

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Reimb Ins Payment
$ 12.84	
YTD Med Deduction	Unused Ins Month
$35,765.05	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 2/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~25.56~~					

Previous Balance		Charges This Month		Finance Charge		TOTAL CHARGES		Payments & Credits		Due Date / Amount Due
$ ~~25.56~~	+	$ 12.84	+		=	$ ~~38.40~~	-		=	05/31/2013
										$ ~~38.40~~

QS1 DEINES S VF7 117010GRP 2225 06052013171314 1 9

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

137620

58417

4475 1 AV 0.360
**********5-DIGIT 68310
BSDC 402 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4475 1 21

7-23-13

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CIDC/VC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC402
Amount Due
$ ~~644.74~~ 553.81

25050123 402

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC402

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DPT COD	NA	MED PED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/10/2013		7	OTR CHART REVIEW				35.00		.00	35.00
06/04/2013			STERILE H2O 20ML				12.00		.00	12.00
06/21/2013			ACH 06/21/2013				597.08CR		.00	597.08CR
			PATIENT: [redacted]							
05/30/2013	16079123	118	BIOFREEZE SPRAY	01		*	13.05		.00	13.05
06/13/2013	16079123	118	BIOFREEZE SPRAY	01		*	13.05		.00	13.05
06/14/2013	16079711	100	MYCOCIDE CX CREAM	01		*	10.07		.00	10.07
06/20/2013	16080019	30	LIDODERM 5% PATCH	01		*	297.23		.00	297.23
06/25/2013	16080285	42	BIOTENE ORALBALAN	01		*	7.51		.00	7.51
			PATIENT: [redacted]							
05/02/2013	16064990	168	DAIRY RELIEF 3.00	01		*	21.47		.00	21.47
05/30/2013	16078046	84	RISPERIDONE 2MG	01		*	39.03		.00	39.03
05/30/2013	16064990	166	DAIRY RELIEF 3.00	01		*	21.34		.00	21.34
			PATIENT: [redacted]							
06/14/2013	00054501	2	JOBST, 15-20				84.00		.00	.00
06/14/2013		1	**Rcpt # 00560745				.00		.00	84.00

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD New Charges	Total Credits/Payments
$ 422.81	
YTD New Charges	Current Balance
$ 5,588.81	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 90.93					

Due Date
06/30/2013
Amount Due
$ ~~644.74~~

Previous Balance	+	Charges This Month	+	Finance Charge	=	TOTAL CHARGES	-	Payments/Credits	=
$ 688.01	+	$ 553.81	+		=	$ 1,241.82	-	$ 597.08	=

QS1 DEINES S VF7 122113GRP 4475 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4476 1 AV 0.360
**********5-DIGIT 68310
BSDC 406 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4476 1 21

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC406
Amount Due
$ ~~121.07~~ 92.50

J5050|23.406

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC406

YOUR ACCOUNT IS 60 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Dept Code	Nt	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]							
06/11/2013	16079490	2	TED HOSE LARGE/RE	01		*	23.36		.00	23.36
			PATIENT: [redacted]							
05/30/2013	16079120	226	ALOE VESTA OINT	01		*	11.68		.00	11.68
			PATIENT: [redacted]							
06/03/2013		5	QTR CHART REVIEW				25.00		.00	25.00
			PATIENT: [redacted]							
05/02/2013	16066410	84	DAIRY RELIEF 3.00	01		*	16.23		.00	16.23
05/30/2013	16066410	84	DAIRY RELIEF 3.00	01		*	16.23		.00	16.23

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

YTD Med Deductible	Remaining for Month
$ 67.50	
YTD Med Deductible	Remaining for Month
$ 8,321.89	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
	$ 28.57				

Statement Date
06/30/2013
Amount Due
$ ~~121.07~~

Previous Balance		Charges This Month		Credits	=	Total Balance	-	Payments Received	=
$ 28.57	+	$ 92.50			=	$ 121.07	-		=

QS1 DEINES S VF7 122113GRP 4476 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4463 1 AV 0.360
**********5-DIGIT 68310
BSDC 408 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4463 1 21

25050123.408

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC408
Amount Due
~~$3,507.76~~

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC408

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	Qty	Description	OP Code	Rx	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]							
05/02/2013	16075717	14	SERTRALINE HCL 50	01		*	25.71		.00	25.71
05/02/2013	16068159	28	LEVOTHYROXINE 50	01		*	13.34		.00	13.34
05/02/2013	16075376	280	CLOZAPINE 100MG T	01		*	419.01		.00	419.01
05/02/2013	16079281	49	RISPERIDONE 2MG	01		*	173.00		.00	173.00
05/02/2013	16079282	112	CLOZAPINE 25MG TA	01		*	72.31		.00	72.31
05/30/2013	16068159	28	LEVOTHYROXINE 50	01		*	13.34		.00	13.34
05/30/2013	16075376	280	CLOZAPINE 100MG T	01		*	419.01		.00	419.01
05/30/2013	16079282	112	CLOZAPINE 25MG TA	01		*	72.31		.00	72.31
05/30/2013	16077864	16	METOPROLOL TART 2	01		*	10.71		.00	10.71
05/30/2013	16078014	112	METOPROLOL TART 5	01		*	15.19		.00	15.19
05/30/2013	16079135	60	RISPERIDONE 2MG	01		*	32.99		.00	32.99
05/30/2013	16079134	4	RISPERIDONE 1MG	01		*	3.45		.00	3.45
05/30/2013	16079133	4	RISPERIDONE 0.5MG	01		*	3.80		.00	3.80
			PATIENT: [redacted]							
06/21/2013		50	BISACODYL SUPP				11.71		.00	11.71
06/21/2013			ACH 06/21/13				1,340.67CR		.00	1,340.67CR
06/28/2013		144	STOCK BACITRACIN				20.64		.00	20.64
			PATIENT: [redacted]							
05/30/2013	16077921	31	POLY-IRON 150 MG	01		*	5.93		.00	5.93
06/07/2013	00054434	1	MAGNETIC ALA				25.00		1.75	.00
06/07/2013			Rept # 00589594				.00		.00	
			PATIENT: [redacted]							
05/02/2013	16076885	24	THERA-M ENHANCED	01		*	3.66		.00	3.66
05/02/2013	16068959	48	DOCUSATE SODIUM	01		*	4.20		.00	4.20
05/30/2013	16076885	28	THERA-M ENHANCED	01		*	3.77		.00	3.77

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS. HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Net Deduction	Net Deduction Remaining
YTD Net Deduction	Deductible Remaining

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Payment Received	+	Charges This Month	+	Finance Charge	=	TOTAL CHARGES	-	Credit Balance	=
	+		+		=		-		=

Statement Date
06/30/2013
Amount Due

Q61 DEINES 2 VF7 122113GRP 4463 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4463 1 AV 0.360
**********5-DIGIT 68310
BSDC 408 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4463 1 21

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC408
Amount Due
~~$ 3,507.76~~

2559.90

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC408

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DOC CODE	NC	MED CODE	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/30/2013	16068959	56	DOCUSATE SODIUM 1	01		*	4.41		.00	4.41
			PATIENT: [redacted]							
05/02/2013	16075768	28	MELATONIN 3MG TAB	01		*	11.66		.00	11.66
05/30/2013	16075768	28	MELATONIN 3MG TAB	01		*	11.66		.00	11.66
05/30/2013	16078061	21	VITAMIN D 400IU C	01		*	9.38		.00	9.38
			PATIENT: [redacted]							
05/02/2013	16066535	28	VITAMIN B-12 500M	01		*	3.80		.00	3.80
05/30/2013	16066535	28	VITAMIN B-12 500M	01		*	3.80		.00	3.80
			PATIENT: [redacted]							
05/02/2013	16066203	56	MONTELUKAST 5MG C	01		*	50.91		.00	50.91
05/30/2013	16078005	560	TOPIRAMATE 25 MG	01		*	431.78		.00	431.78
05/30/2013	16066203	56	MONTELUKAST 5MG C	01		*	50.91		.00	50.91
06/19/2013	16077217	30	NEXIUM 20 MG PACK	01		*	241.11		.00	241.11
			PATIENT: [redacted]							
05/02/2013	16075549	28	VITAMIN D3 5,000	01		*	3.60		.00	3.60
06/14/2013	16079477	30	ATROPINE 1% EYE D	01		*	75.16		.00	75.16
06/26/2013	16080377	5	PATANOL 0.1% EYE	01		*	138.14		.00	138.14
			PATIENT: [redacted]							
05/02/2013	16075383	56	CULTURELLE	01		*	43.33		.00	43.33
05/02/2013	16075383	56	FLORASTOR 250MG	01		*	30.66		.00	30.66
05/30/2013	16075383	56	CULTURELLE	01		*	43.33		.00	43.33
05/30/2013	16075383	56	FLORASTOR 250MG	01		*	30.66		.00	30.66
06/01/2013	16071970	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
06/11/2013	16076552	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Medical Deductible	Non Covered Expenses
$ 2,500.80	
YTD Medical Deductible	Expenses This Month
$28,167.62	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CHD 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 947.86					

Due Date
06/30/2013
Amount Due
~~$ 3,507.76~~

Previous Balance		Charges This Month		Payments & Credits		Total Amount Due	-	Payments & Credits	=
$ 2,288.53	+	$ 2,559.90	+		=	$ 4,848.43	-	$ 1,340.67	=

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4474 1 AV 0.360 4474 1 21
**********5-DIGIT 68310
BSDC 311 LAKE
3000 LINCOLN ST
311 LAKE
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC311
Amount Due
~~$ 107.09~~ 29.81

25050175 . 311

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC311

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	[illegible]	[illegible]	AMOUNT	[illegible]	SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
06/21/2013			ACH 06/21/13			6.91CR		.00	6.91CR
			PATIENT: [redacted]						
05/02/2013	16077112	28	MULTI-DAY VITAMIN	01	*	3.67		.00	3.67
05/02/2013	16069565	56	CRANBERRY 450MG T	01	*	7.78		.00	7.78
05/30/2013	16077112	28	MULTI-DAY VITAMIN	01	*	3.67		.00	3.67
05/30/2013	16069565	56	CRANBERRY 450MG T	01	*	7.78		.00	7.78
06/06/2013	16077440	113	RISAMINE OINTMENT	01	*	6.91		.00	6.91

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Medicare Payment	MTD Insurance Payment
$ 29.81	
YTD Medicare Payment	YTD Insurance Payment
$ 2,245.10	

AN ~~ANNUAL PERCENTAGE RATE~~ OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 6.91	$ 70.37				

Date
06/30/2013
Amount Due
~~$ 107.09~~

Previous Balance	+	Current Month	+	Interest Charges	=	TOTAL CHARGES	-	Payments Credits	=
$ 84.19	+	$ 29.81	+		=	$ 114.00	-	$ 6.91	=

QS1 DEINES S VF7 122113GRP 4474 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4481 1 AV 0.360
**********5-DIGIT 68310
BSDC 414 SHERIDAN
3000 LINCOLN ST
414 SHERIDAN
BEATRICE, NE 68310-3319

4481 1 21

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
414
Patient Code
BSDC414
Amount Due
~~$ 813.13~~

25050127. 414

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

471.54

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC414

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Med Code	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]						
05/16/2013	16075610	112	CRANBERRY 450MG T	01	*	15.03		.00	15.03
06/04/2013	16071139	224	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/13/2013	16079132	19	NITROFURANTOIN MO	01	*	78.32		.00	78.32
06/13/2013	16075610	112	CRANBERRY 450MG T	01	*	15.03		.00	15.03
			PATIENT: [redacted]						
06/21/2013			ACH 06/21/2013			615.17CR		.00	615.17CR
			PATIENT: [redacted]						
05/16/2013	16075101	56	CRANBERRY 450MG T	01	*	12.02		.00	12.02
06/13/2013	16075101	56	CRANBERRY 450MG T	01	*	12.02		.00	12.02
			PATIENT: [redacted]						
06/10/2013	16077121	50	VICKS VAPORUB OIN	01	*	6.31		.00	6.31
06/21/2013	16077121	50	VICKS VAPORUB OIN	01	*	6.31		.00	6.31
			PATIENT: [redacted]						
06/19/2013	16074491	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
			PATIENT: [redacted]						
06/30/2013	16085158	2	MIDAZOLAM HCL 5 M	01	*	12.16		.00	12.16
			PATIENT: [redacted]						
06/11/2013	16077747	10	DUODERM EXTRA THIN 1	01	*	56.72		.00	56.72
06/24/2013	16080200	5	PATANOL 0.1% EYE	01	*	144.98		.00	144.98
			PATIENT: [redacted]						
05/16/2013	16075699	56	FLUVOXAMINE 50MG	01	*	37.78		.00	37.78
05/16/2013	16075122	28	MELATONIN 5MG	01	*	5.05		.00	5.05
06/13/2013	16075699	56	FLUVOXAMINE 50MG	01	*	37.78		.00	37.78
06/13/2013	16079847	28	MELATONIN 5MG	01	*	5.05		.00	5.05

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Min Due Current Month	Minimum Payment Month
$ 471.54	
Total Due Current Month	Total Payment Month
$10,872.93	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 341.59					

Statement Date
06/30/2013
Amount Due
~~$ 813.13~~

Previous Balance		Current Month Charges		Payments/Credits	=	Total Balance	-	Amount Due	=
$ 956.76	+	$ 471.54	+		=	$ 1,428.30	-	$ 615.17	=

QS1 DEINES S VF7 122113GRP 4481 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4466 1 AV 0.360 4466 1 21
**********5-DIGIT 68310
BSDC 415 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC415
Amount Due
~~$ 2,451.80~~

2732.43

2505 0127 415

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC415

YOUR ACCOUNT IS 30 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	OTHER CODE	INSURED CODE	AMOUNT		SALES TAX	TOTAL
			PATIENT: [redacted]						
05/02/2013	16065480	84	CRANBERRY 450MG T	01	*	11.57		.00	11.57
05/30/2013	16065480	84	CRANBERRY 450MG T	01	*	11.57		.00	11.57
06/13/2013	16074488	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
06/19/2013	16070737	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/26/2013	16074488	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
			PATIENT: [redacted]						
05/02/2013		8	QTR CHART REVIEW			40.00		.00	40.00
06/13/2013		50	BISACODYL SUPP			11.71		.00	11.71
06/19/2013		1	SILENT KNIGHT BAG			87.00		.00	87.00
06/21/2013			ACH 06/21/13			1,127.12CR		.00	1,127.12CR
06/26/2013		50	BISACODYL SUPP			11.71		.00	11.71
06/26/2013		1	SILENT KNIGHT BAG			87.00		.00	87.00
			PATIENT: [redacted]	GB					
05/02/2013	16071156	56	PANCRELIPASE 5,000	01	*	51.56		.00	51.56
05/02/2013	16063967	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
05/30/2013	16071156	56	PANCRELIPASE 5,000	01	*	51.56		.00	51.56
05/30/2013	16063967	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
06/07/2013	16079271	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
06/07/2013	16070737	113	RISAMINE OINTMENT	01	*	6.91		.00	6.91
06/26/2013	16079271	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
			PATIENT: [redacted]						
05/02/2013	16079366	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
05/30/2013	16079366	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
			PATIENT: [redacted]						
05/02/2013	16079371	42	MELATONIN 5MG	01	*	6.07		.00	6.07
05/30/2013	16079371	42	MELATONIN 5MG	01	*	6.07		.00	6.07
			PATIENT: [redacted]						

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MED Med Deductible	Not Covered by Medicare
PD Paid Deductible	OT Covered for Month

AN ANNUAL PERCENTAGE ~~RATE~~ OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Statement Date
06/30/2013
Amount Due

Previous Balance	+	Charges This Month	+	Payments/Adjustments	=	TOTAL CHARGES	-	Payments/Credits	=

QS1 DEINES 2 VF7 122113GRP 4466 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4466 1 AV 0.360 4466 1 21
**********5-DIGIT 68310
BSDC 415 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC415
Amount Due
~~$ 2,451.80~~

7732.43

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC415

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	DESCRIPTION	OUTLAY CODE	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
05/02/2013	16063908	56	PREVACID 30MG SOL	01	*	523.36		.00	523.36
05/02/2013	16079372	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
05/30/2013	16063908	56	PREVACID 30MG SOL	01	*	523.36		.00	523.36
05/30/2013	16079372	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
06/05/2013	16070948	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/19/2013	16070948	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
05/02/2013	16075870	56	OMEPRAZOLE DR 40	01	*	28.64		.00	28.64
05/30/2013	16075870	56	OMEPRAZOLE DR 40	01	*	28.64		.00	28.64
06/13/2013	16070949	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/26/2013	16070949	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
06/05/2013	16070736	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/19/2013	16070736	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/26/2013	16070736	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
05/02/2013	16071920	28	PREVACID 30MG SOL	01	*	267.18		.00	267.18
05/30/2013	16071920	28	PREVACID 30MG SOL	01	*	267.18		.00	267.18

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Medicare Payment	MTD Other Payment
$ 1,995.21	
YTD Medicare Payment	YTD Other Payment
$31,765.96	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 180
$ 219.17				

Previous Balance		Charges This Month			=	Total Charges	-	Payments	=	Amount Due
$ 1,346.29	+	$ 2,232.63	+		=	$ 3,578.92	-	$ 1,127.12	=	~~$ 2,451.80~~

06/30/2013

QS1 DEINES 2 VF7 122113GRP 4466 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4478 1 AV 0.360 4478 1 21
**********5-DIGIT 68310
BSDC 416 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC416
Amount Due
$ ~~683.89~~

580.61

25050127. 416

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC416

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RxNumber	Qty	Description	Dept Code	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]						
05/02/2013	16076196	1	CARBAMAZEPINE ER	01	*	6.85		.00	6.85
05/02/2013	16079385	84	HYDROXYZINE HCL 1	01	*	23.54		.00	23.54
05/30/2013	16079385	84	HYDROXYZINE HCL 1	01	*	26.51		.00	26.51
05/30/2013	16077537	27	LANSOPRAZOLE DR 3	01	*	42.45		.00	42.45
			PATIENT: [redacted]						
05/02/2013	16075872	56	FLUVOXAMINE 50MG	01	*	46.80		.00	46.80
05/30/2013	16075872	56	FLUVOXAMINE 50MG	01	*	46.80		.00	46.80
06/18/2013	16079840	15	ATROPINE 1% EYED	01	*	48.85		.00	48.85
			PATIENT: [redacted]						
06/21/2013			ACH 06/21/13			389.76CR		.00	389.76CR
06/24/2013		11	OTR CHART REVIEW			55.00		.00	55.00
			PATIENT: [redacted]						
06/18/2013	16070639	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
06/18/2013	16072530	50	NO-STING SKIN PRE	01	*	30.50		.00	30.50
			PATIENT: [redacted]						
06/03/2013	16077424	504	SALICYL ACID 10%/	01	*	23.92		.00	23.92
06/29/2013	16077424	504	SALICYL ACID 10%/	01	*	22.77		.00	22.77
			PATIENT: [redacted]						
06/10/2013	16068626	226	ALOE VESTA OINT	01	*	11.68		.00	11.68
			PATIENT: [redacted]						
06/18/2013	16079841	120	HYDROCORT 2.5%/ML	01	*	30.72		.00	30.72
			PATIENT: [redacted]						
05/02/2013	16073690	112	OMEPRAZOLE DR 20	01	*	75.68		.00	75.68
05/30/2013	16073690	112	OMEPRAZOLE DR 20	01	*	75.68		.00	75.68

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Medical Deductible	MTD Medical Deductible Met
$ 525.61	
YTD Medical Deductible	YTD Medical Deductible Met
$ 7,957.96	

AN ANNUAL ~~PERCENTAGE RATE OF~~ 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CHS 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 103.28					

Previous Balance		Charges This Month		Payments/Credits	=	TOTAL CHARGES	-	Payments/Credits	=	Due Date / Amount Due
$ 493.04	+	$ 580.61	+		=	$ 1,073.65	-	$ 389.76	=	06/30/2013 / $ ~~683.89~~

QS1 DEINES S VF7 122113GRP 4478 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4482 1 AV 0.360 4482 1 21
**********5-DIGIT 68310
BSDC 418 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

25050 125. 418

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
418
Patient Code
BSDC418
Amount Due
~~$ 456.01~~ 385.92

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC418

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Inv.Number	Qty	Description	Dept Code	Not Taxed	Amount		Sales Tax	Item Total
			PATIENT: [redacted] ABBOA						
05/02/2013	16066074	28	FEXOFENADINE HCL	01	*	22.71		.00	22.71
05/30/2013	16066074	28	FEXOFENADINE HCL	01	*	22.71		.00	22.71
06/21/2013	16068690	454	MINERIN CREAM	01	*	7.31		.00	7.31
06/25/2013	16068690	454	MINERIN CREAM	01	*	7.31		.00	7.31
			PATIENT: [redacted]						
05/31/2013		56	BISACODYL SUPP			11.71		.00	11.71
06/21/2013			ACH 06/21/13			799.28CR		.00	799.28CR
06/24/2013		2	QTR CHART REVIEW			40.00		.00	40.00
			PATIENT: [redacted]						
05/31/2013	16077548	10	AQUACEL AG 2X2 DR	01	*	78.92		.00	78.92
06/11/2013	16077548	10	AQUACEL AG 2X2 DR	01	*	78.92		.00	78.92
06/25/2013	16077548	10	AQUACEL AG 2X2 DR	01	*	78.92		.00	78.92
06/25/2013	16079480	50	NO-STING SKIN PRE	01	*	30.50		.00	30.50
			PATIENT: [redacted]						
06/13/2013	16077993	113	RISAMINE OINTMENT	01	*	6.91		.00	6.91

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med/Dep Ded	Remaining Ded
$ 334.21	
YTD Med/Dep Ded	Remaining Ded
$22,471.02	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Current	Over 30	Over 60	Over 90	Over 120	Over 180
$ 70.09					

Previous Balance	Charges This Month	Adjustments	TOTAL CHARGES		Payments		Paid
$ 869.37	+ $ 385.92	+	= $ 1,255.29		- $ 799.28	=	06/30/2013
							~~$ 456.01~~

QS1 DEINES S VF7 122113GRP 4482 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4467 1 AV 0.360
**********5-DIGIT 68310
BSDC 420 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4467 1 21

25050125. 420

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

*3-4 Digit number on back of card

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC420
Amount Due
$ 1,511.50

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC420

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Invoice	QTY	Description	POS CODE	NC	MED IDED	AMOUNT		SALES TAX	DISCOUNT	TOTAL
			PATIENT: [redacted]								
06/26/2013	16064735	170	CRITIC-AID CLEAR	01		*	24.80		.00		24.80
			PATIENT: [redacted]								
06/21/2013			ACH 06/21/13				818.84CR		.00		818.84CR
06/21/2013		1	SHENT KNIGHT BAG				47.06		.00		47.06
06/26/2013		2	TENA WASH								
			PATIENT: [redacted]								
05/02/2013	16068221	222	L-TYROSINE CAPLET	01		*	24.98		1.75		26.73
05/30/2013	16068221	224	L-TYROSINE CAPLET	01		*	25.18		1.76		26.94
06/01/2013	16074412	473	CETAPHIL CLEANSER	01		*	15.82		.00		15.82
06/28/2013	16076535	840	SOD SULFACHL CL	01		*	41.99		.00		41.99
			PATIENT: [redacted]								
05/30/2013	16075710	28	VENIGARE 10 MG TAB	01		*	200.27		.00		200.27
06/06/2013	16064099	500	FISH OIL LIQUID	01		*	54.98		.00		54.98
06/06/2013	16076168	150	MINERIN CREAM	01		*	9.41		.00		9.41
06/19/2013	16076544	30	NEXIUM 20 MG PACK	01		*	214.57		.00		214.57
06/26/2013	16080300	113	RISAMINE OINTMENT	01		*	6.91		.00		6.91
06/26/2013	16066440	42	BIOTENE ORALBALAN	01		*	8.83		.00		8.83
			PATIENT: [redacted]								
05/02/2013	16066087	56	FLORANEX TABLET C	01		*	20.61		.00		20.61
05/30/2013	16066087	56	FLORANEX TABLET C	01		*	20.61		.00		20.61
06/06/2013	16068420	340	CRITIC-AID CLEAR	01		*	40.59		.00		40.59
			PATIENT: [redacted]								
05/02/2013	16073779	56	MELATONIN 3MG TAB	01		*	7.96		.00		7.96
05/30/2013	16073779	56	MELATONIN 3MG TAB	01		*	7.96		.00		7.96
			PATIENT: [redacted]								
06/19/2013	16071905	57	DIAPER RASH 10% D	01		*	9.46		.00		9.46
			PATIENT: [redacted]								

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

[redacted]	
[redacted]	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CHD 7/19/13

Over 30	Over 60	Over 90	Over 120		

Payment Received	+	Other Credits	+	Other Charges	=	Total Charges	-	Total Credits	=

06/30/2013
Amount Due

QS1 DEINES 2 VF7 122113GRP 4467 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4467 1 AV 0.360
**********5-DIGIT 68310
BSDC 420 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4467 1 21

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC420
Amount Due
~~$ 1,511.50~~

965.48

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC420

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Reference	QTY	Description	Code			Amount		Sales Tax	Item Total
			PATIENT: [redacted]							
05/02/2013	16073491	28	CHILD ASPIRIN 81	01		*	3.73		.00	3.73
05/02/2013	16072660	56	VITAMIN D 1000IU	01		*	4.17		.00	4.17
05/02/2013	16063378	56	CALCIUM 600MG TAB	01		*	3.73		.00	3.73
05/30/2013	16073491	28	CHILD ASPIRIN 81	01		*	4.22		.00	4.22
05/30/2013	16072666	56	VITAMIN D 1000IU	01		*	4.17		.00	4.17
05/30/2013	16079197	56	CALCIUM 600MG TAB	01		*	7.75		.00	7.75
05/31/2013	16079004	28.40	BACITRACIN ZN 500	01		*	3.24		.00	3.24
05/31/2013	16079003	20	ACETAMINOPHEN 500	01		*	3.10		.00	3.10
06/04/2013	16079105	8	ACETAMINOPHEN 500	01		*	3.24		.00	3.24
06/06/2013	16079218	20	ACETAMINOPHEN 500	01		*	5.75		.00	5.75
06/11/2013	16079506	3.50	EYE LUBRICANT OIN	01		*	10.27		.00	10.27
06/12/2013	16072608	237	GERIFA VITE LIQUID				6.39CR		.00	6.39CR
06/18/2013		15	RETURN ART TEARS	01		*	5.75		.00	5.75
06/18/2013	16079506	3.50	EYE LUBRICANT OIN	01		*	10.06		.00	10.06
06/19/2013	16076657	946	MILK OF MAGNESIA	01		*	5.75		.00	5.75
06/26/2013	16079506	3.50	EYE LUBRICANT OIN	01		*	7.92		.00	7.92
06/26/2013	16080322	14.10	AYR GEL							
			PATIENT: [redacted]	01		*	6.91		.00	6.91
06/19/2013	16071906	113	RISAMINE OINTMENT							

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Current Due	Unapplied Amount
$ 831.42	
Total Due	Unapplied Amount
$ 8,580.71	

AN ~~ANNUAL PERCENTAGE RATE~~ OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 546.02					

Previous Balance		Credits This Month				Total Due		Payments		Statement Date
$ 1,371.25	+	$ 965.48	+		=	$ 2,336.73	-	$ 825.23	=	06/30/2013
										~~$ 1,511.50~~

QS1 DEINES 2 VF7 122113GRP 4467 870120131239191 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

4468 1 AV 0.360 4468 1 21
**********5-DIGIT 68310
BSDC 422 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

25050175. 422

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
422
Patient Code
BSDC422
Amount Due
~~$ 6,106.79~~ 4889.41

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC422

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DOC CODE	INS CODE	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
05/02/2013	16068237	28	B COMPLEX WITH C	01	*	4.39		.00	4.39
05/30/2013	16068237	28	B COMPLEX WITH C	01	*	4.39		.00	4.39
			PATIENT: [redacted]						
05/02/2013	16064220	56	PREVACID 30MG SOL	01	*	523.36		.00	523.36
05/02/2013	16066077	252	BEANO TABS	01	*	14.93		.00	14.93
05/30/2013	16064220	56	PREVACID 30MG SOL	01	*	523.36		.00	523.36
05/30/2013	16066077	252	BEANO TABS	01	*	14.93		.00	14.93
05/10/2013	16073467	30	COQ10 100MG CHEW	01	*	29.38		.00	29.38
06/27/2013	16073467	30	COQ10 100MG CHEW	01	*	29.38		.00	29.38
			PATIENT: [redacted]						
06/21/2013			ACH 06/21/13			2,714.87CR		.00	2,714.87CR
06/27/2013		1	SILENT KNIGHT BAG			87.00		.00	87.00
			PATIENT: [redacted]						
05/02/2013	16079458	56	LAMICTAL 200MG TA	01	*	479.22		.00	479.22
05/02/2013	16079453	140	ZONEGRAN 100MG CA	01	*	834.45		.00	834.45
05/02/2013	16074969	28	PREVACID 30MG SOL	01	*	267.18		.00	267.18
05/30/2013	16079453	142	ZONEGRAN 100MG CA	01	*	846.22		.00	846.22
05/30/2013	16079458	57	LAMICTAL 200MG TA	01	*	487.46		.00	487.46
05/30/2013	16074969	28	PREVACID 30MG SOL	01	*	267.18		.00	267.18
06/27/2013	16083537	100	[illegible]	01	*	26.57		.00	26.57
			PATIENT: [redacted]						
06/18/2013	16067889	454	MINERAL CREAM	01	*	7.51		.00	7.51
06/18/2013	16065304	112	DESITIN DIAPER RA	01	*	15.79		.00	15.79
			PATIENT: [redacted]						
05/02/2013	14005238	56	LORAZEPAM 0.5MG T	01	*	24.77		.00	24.77
05/30/2013	14005238	56	LORAZEPAM 0.5MG T	01	*	24.77		.00	24.77
06/05/2013	16067888	170	CRITIC-AID CLEAR	01	*	24.80		.00	24.80

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

AMOUNT DUE	NEW BALANCE
120 DAYS	Balance Due

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance	+	Charges This Month	+	Finance Charge	=	TOTAL CHARGES	-	Payments & Credits	=

Statement Date
06/30/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4468 1 AV 0.360 4468 1 21
**********5-DIGIT 68310
BSDC 422 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
422
Patient Code
BSDC422
Amount Due
~~$ 5,100.79~~ 4889.41

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC422

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	POS CODE	INS	MED REC	AMOUNT	DT	SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/02/2013	16068260	84	WELCHOL 625MG TAB	01		*	176.31		.00	176.31
05/30/2013	16068260	84	WELCHOL 625MG TAB	01		*	176.31		.00	176.31

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Minimum Deductible	Non-Covered Monthly
$ 4,802.41	
Will Meet Deductible	**Covered Per Month**
$22,887.31	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120			
$ 217.38						

Previous Balance	+	Charges This Month	+	Other Charges	=	TOTAL CHARGES	-	Payments & Credits	=	Amount Due
$ 2,932.25	+	$ 4,889.41	+		=	$ 7,821.66	-	$ 2,714.87	=	~~$ 5,100.79~~

Statement Date
06/30/2013

QS1 DEINES 2 VF7 122113GRP 4468 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4479 1 AV 0.360
**********5-DIGIT 68310
BSDC 424 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4479 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC424
Amount Due
~~$ 4,039.76~~

25050/25. 424

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

1649.29

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC424

YOUR ACCOUNT IS 30 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	OPT CODE	NC	MED DED	AMOUNT		SALES TAX	RX TOTAL
			PATIENT: [redacted]							
06/05/2013		9	QTR CHART REVIEW				45.00		.00	45.00
06/06/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
06/21/2013			ACH 06/21/2013				1,377.53CR		.00	1,377.53CR
			PATIENT: [redacted]							
05/16/2013	16071210	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
06/05/2013	16076840	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
06/13/2013	16071210	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
06/19/2013	16024914	180	NON STING SKIN PRE	01		*	30.58		.00	30.58
06/21/2013	16076840	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
06/26/2013	16076840	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
			PATIENT: [redacted]							
05/16/2013	16069351	56	CRANBERRY 450MG T	01		*	12.02		.00	12.02
06/13/2013	16069351	56	CRANBERRY 450MG T	01		*	12.02		.00	12.02
06/21/2013	16080069	50	ASCENSIA CONTOUR	01		*	50.00		.00	50.00
06/21/2013	16074111	113	BISAMINE OINTMENT	01		*	6.91		.00	6.91
			PATIENT: [redacted]							
05/16/2013	16071213	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
06/13/2013	16071213	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
			PATIENT: [redacted]							
06/21/2013	16074113	113	BISAMINE OINTMENT	01		*	6.91		.00	6.91
06/21/2013	16069919	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
06/28/2013	00564668	1	TED KNEE HIG				12.79		.00	.00
06/28/2013		1	**Rcpt # 00563136				.00		.00	12.79

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Minimum Payment Due	Amount Enclosed
$ 1,504.50	
Total Balance Due	Please Pay This Amount
$41,771.85	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Current	Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 290.47						

06/30/2013

Previous Balance		Charges This Month		Payments/Credits		Total	-	Payment	=	Balance
$ 1,668.00	+	$ 1,649.29	+		=	$ 3,317.29	-	$ 1,377.53	=	~~$ 1,939.76~~

QS1 DEINES S VP7 122113GRP 4479 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4477 1 AV 0.360 4477 1 21
**********5-DIGIT 68310
BSDC 411 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC411
Amount Due
~~$ 769.55~~ 417.70

25050126. 411

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC411

YOUR ACCOUNT IS 60 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Orig Code	W	Rx Code	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
06/26/2013	16073927	113	VITAMIN A & D OIN	01		*	5.73		.00	5.73
			PATIENT: [redacted]							
06/21/2013			ACH 06/21/13				280.47CR		.00	280.47CR
			PATIENT: [redacted]							
06/26/2013	16080374	908	MINERIN CREAM	01		*	15.07		.00	15.07
			PATIENT: [redacted]							
06/11/2013	16065254	100	ASCENSIA CONTOUR	01		*	100.00		.00	100.00
06/26/2013	16080376	100	BD UF 3/10CC SYRI	01		*	27.29		.00	27.29
			PATIENT: [redacted]							
05/02/2013	16063465	112	CRANBERRY 450MG/	01		*	16.06		.00	16.06
05/29/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
05/30/2013	16079583	112	CRANBERRY 450MG/	01		*	16.06		.00	16.06
06/05/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
06/12/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
06/19/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
06/26/2013	16075715	714	GENT80MG/STERILE	01		*	37.99		.00	37.99
			PATIENT: [redacted]							
05/02/2013	16063467	56	GTC FORMULA VITAM	01		*	18.99		.00	18.99
05/30/2013	16079585	56	GTC FORMULA VITAM	01		*	18.99		.00	18.99
			PATIENT: [redacted]							
05/30/2013	16077917	31	VITAMIN D 400IU C	01		*	9.56		.00	9.56

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Min Med Deduction	Legend for Month
$ 417.70	
Ind Med Deduction	**Legend for Month**
$15,017.05	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 280.47	$ 91.38				

Due Date
06/30/2013
Amount Due
~~$ 769.55~~

Previous Balance		Charges This Month		Other Charges		TOTAL CHARGES		Payments Received		
$ 652.32	+	$ 417.70	+		=	$ 1,070.02	-	$ 280.47	=	

QS1 DEINES S V07 122113GRP 4477 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

518417

4464 1 AV 0.360 4464 1 21
**********5-DIGIT 68310
BSDC 412 STATE
3000 LINCOLN ST
412 STATE
BEATRICE, NE 68310-3319

25050126. 412

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID,CVC2,CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC412
Amount Due
~~$4,954.77~~

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC412

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Dept Code	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]						
05/02/2013	16075492	56	OLANZAPINE 10 MG	01	*	45.33		.00	45.33
05/30/2013	16075492	56	OLANZAPINE 10 MG	01	*	45.33		.00	45.33
			PATIENT: [redacted] 12						
05/31/2013		1	SILENT KNIGHT BAG			87.00		.00	87.00
06/21/2013			ACH 06/21/13			529.31CR		.00	529.31CR
			PATIENT: [redacted]						
06/11/2013	00051429	1	1 3/4" OPAQU			100.00		.00	100.00
06/11/2013		1	**Rcpt # 00560031			.00		.00	
06/11/2013	16066548	10	ADAPT BARRIER RIN	01	*	52.31		.00	52.31
06/17/2013	00051429	1	1 3/4" OPAQU			100.00		.00	.00
06/17/2013		1	**Rcpt # 00561038			.00		.00	
06/17/2013	16069403	20	SURFIT NATURA DU	01	*	211.97		.00	211.97
06/17/2013	16066548	10	ADAPT BARRIER RIN	01	*	52.31		.00	52.31
06/24/2013	00051429	1	1 3/4" OPAQU			100.00		.00	.00
06/24/2013		1	**Rcpt # 00562176			.00		.00	
06/24/2013	16069403	20	SURFIT NATURA DU	01	*	211.97		.00	211.97
06/24/2013	16066548	10	ADAPT BARRIER RIN	01	*	52.31		.00	52.31
			PATIENT: [redacted]						
06/03/2013	16070904	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
06/24/2013	16065813	133	TINACTIN 1% SPRAY	01	*	7.43		.00	7.43

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductible	Non Ded Total
YTD Med Deductible	Excess Ded Total

AN ANNUAL PERCENTAGE RATE OF 18.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance	+	Current Charges	+	Finance Charge	=	TOTAL CHARGES	-	Payments	=

Due Date
06/30/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4464 1 AV 0.360 4464 1 21
**********5-DIGIT 68310
BSDC 412 STATE
3000 LINCOLN ST
412 STATE
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC412
Amount Due
~~$ 1,954.77~~ 1321.54

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC412

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEL CODE	NC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
05/02/2013	16065163	28	POLY-IRON 150 MG	01		*	10.57		.00	10.57
05/02/2013	16077185	56	CRANBERRY 450MG [illegible]	01		*	12.02		.00	12.02
05/30/2013	16065163	28	POLY-IRON 150 MG	01		*	10.57		.00	10.57
05/30/2013	16077185	56	CRANBERRY 450MG [illegible]	01		*	12.02		.00	12.02
			PATIENT: [redacted]							
05/29/2013	16079124	250	LIDOCAINE HCL 2%	01		*	184.72		.00	184.72
06/03/2013	16071121	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Covered for Month
$ 934.54	
YTD Med Deduction	Covered for Month
$29,616.43	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 529.31	$ 103.92				

Previous Balance		Charges		Other Credits		Total Amount Due	-	Over 30	=	Amount Due
$ 1,162.54	+	$ 1,321.54	+		=	$ 2,484.08	-	$ 529.31	=	~~$ 1,954.77~~

06/30/2013

QS1 DEINES 2 VF7 122113GRP 4464 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4465 1 AV 0.360
**********5-DIGIT 68310
BSDC 413 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4465 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC413
Amount Due
~~$2,759.99~~ 1741.94

25050126. 413

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC413

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Dx/Proc	Int	Med Dx	Amount		Sales Tax	Item Total
			PATIENT: [redacted]							
05/02/2013	16071255	56	OMEPRAZOLE DR 40	01		*	28.64		.00	28.64
05/30/2013	16071255	56	OMEPRAZOLE DR 40	01		*	28.64		.00	28.64
			PATIENT: [redacted]							
06/10/2013			ACH 06/21/13				439.27CR		.00	439.27CR
			PATIENT: [redacted]							
06/17/2013	16067305	8	HEAR AID BAT #13	01		*	10.23		.00	10.23
06/17/2013	16067125	8	HEARING AID #312	01		*	10.00		.00	10.00
06/27/2013	16080417	2	TED HOSE KNEE MED	01		*	20.86		.00	20.86
06/28/2013	16079787	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
			PATIENT: [redacted]							
05/02/2013	16069101	112	CRANBERRY 450MG T	01		*	14.42		.00	14.42
05/30/2013	16069101	112	CRANBERRY 450MG T	01		*	14.42		.00	14.42
06/28/2013	00054663	1	JOBST, KNEE				72.00		.00	.00
06/28/2013	00054664	1	ULTRA KNEE H				72.00		.00	.00
06/28/2013		1	NDC# 00553101				144.00		.00	144.00
			PATIENT: [redacted]							
06/18/2013	16071058	500	FISH OIL LIQUID	01		*	54.98		.00	54.98
			PATIENT: [redacted]							
05/02/2013	16074991	140	SALSALATE 500MG T	01		*	76.38		.00	76.38
05/30/2013	16074991	140	SALSALATE 500MG T	01		*	76.38		.00	76.38
			PATIENT: [redacted]							
06/09/2013	16070314	2	SILICONE EAR PLUG	01		*	6.82		.00	6.82
06/27/2013	16080412	50	ASCENSIA CONTOUR	01		*	55.26		.00	55.26
06/27/2013	16080412	100	UNISTIK 3 COMFORT	01		*	27.66		.00	27.66
06/27/2013	16080415	2	TED HOSE SMALL/RE	01		*	20.27		.00	20.27

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Misc Description	Month Amount to Insurance
YTD Misc Description	Year to Date Amount

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CHD 7/19/13

Current	Over 30	Over 60	Over 90	Over 120	Over 150

Current Balance	+	Total Over 30 Days	+	Insurance Pending	=	Total Amount Due	-	Insurance Payment	=

Statement Date
06/30/2013
Amount Enclosed

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4465 1 AV 0.360 4465 1 21
**********5-DIGIT 68310
BSDC 413 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDC413
Amount Due
$ 2,759.89

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDC413

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Del Acct	Rx	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]							
06/29/2013	16070314	2	SILICONE EAR PLUG	01		*	6.82		.00	6.82
			PATIENT: [redacted]							
05/02/2013	16063845	168	THERMOTABS	01		*	19.57		.00	19.57
05/30/2013	16079834	168	THERMOTABS	01		*	19.57		.00	19.57
06/05/2013	16083623	10/25	OSTOMY POUCH				.00		.00	.00
			PATIENT: [redacted]							
05/02/2013	16067138	55	PREVACID 30MG SOL	01		*	514.21		.00	514.21
05/02/2013	16063852	54	CRANBERRY FRUIT	01		*	15.03		.00	15.03
05/30/2013	16067138	56	PREVACID 30MG SOL	01		*	523.36		.00	523.36
05/30/2013	16079689	54	CRANBERRY FRUIT	01		*	13.01		.00	13.01
06/27/2013	16065709	2	TED HOSE SMALL/RE	01		*	20.27		.00	20.27

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Minimum Payment	Next Service Charge
$ 1,597.94	
Balance Due	Charge for Month
$18,167.99	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ 439.27	$ 578.78				

Due Date
06/30/2013
Amount Due
$ 2,759.89

Previous Balance	+	Charges This Month	+	Finance Charge	=	TOTAL CHARGES	-	Payments & Credits	=
$ 1,457.32	+	$ 1,741.94			=	$ 3,199.26	-	$ 439.27	=

QS1 DEINES 2 VF7 122113GRP 4465 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

4471 1 AV 0.360 4471 1 21
**********5-DIGIT 68310
BSDC STAFF DEVELOPMENT
SHARON MCVAY
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDCSD
Amount Due
$ 7.50

25050079. 212

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDCSD

Date	Rx Number	QTY	Description	Original	Now Due	Amount		Balance	Item Total
			PATIENT: [redacted]						
05/29/2013		3	BISACODYL SUPP			7.50		.00	7.50

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Current Balance	Now Due Amount
Amount Enclosed	Current Balance

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 7/19/13

Current Due	Over 30	Over 60	Over 90	Over 120	Over 150

Previous Balance	+	Charge This Month	+	Interest Charges	=	Total Due	-	Payments	=	Amount Due
	+	$ 7.50	+		=	$ 7.50	-		=	$ 7.50

06/30/2013

QSI DEINES S VF7 122113GRP 4471 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

518417

4469 1 AV 0.360
**********5-DIGIT 68310
BSDC AMBULATORY SURGERY C
3000 LINCOLN ST
BEATRICE, NE 68310-3319

4469 1 21

B6177
7-11-13

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐

Card Number	Expiration Date
Signature	*CID-CVC2/CVV2 Number

*3-4 Digit number on back of card

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
06/30/2013
Group Code
—
Patient Code
BSDCASC
Amount Due
~~$ 1,644.60~~

58.10

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
06/30/2013	BSDCASC

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DVD COD	INS	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
06/14/2013		10	PATIENT: [redacted] EPINEPHRINE 1:10,				58.10		00	58.10

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Amount Past Due	Non-Posted Transactions
YTD Mfg. Deductible	Balance for Month
$ 21.22	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
	~~$ 453.45~~	~~$ 306.54~~	~~$ 207.00~~	~~$ 326.08~~	~~$ 204.03~~

Previous Balance		Charges This Month		Late Fee Charge	=	TOTAL CHARGES	-	Payments & Credits	=	Amount Due
~~$ 1,586.50~~	+	$ 58.10	+		=	$ 1,644.60	-		=	~~$ 1,644.60~~

Statement Date
06/30/2013

QS1 DEINES S VF7 122113GRP 4469 07012013123919 1 21

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3684 1 AV 0.360 3684 1 18
**********5-DIGIT 68310
BSDC STAFF DEVELOPMENT
SHARON MCVAY
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDCSD
Amount Due
$ ~~18.00~~ 7.50

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDCSD

YOUR ACCOUNT IS 30 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DEPT NO	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			BSDCSD						
07/16/2013		355	MILK OF MAG			2.50		.00	2.50
07/16/2013		248	BISACODYL SUPP			5.00		.00	5.00

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Current Month Due	Next Month Due
Past Month Due	Amount Due

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Current 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~7.50~~					

Previous Balance		Payments		Credits		Balance Due		Minimum Payment
$ ~~7.50~~	+	$ 7.50	+		=	$ 15.00	-	

Due Date
07/31/2013
Amount Due
$ ~~15.00~~

OS1 DEINES S VF7 128956GRP 3684 07312013222727 1 18

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	* CID/CVC2/CVV2 Number

3688 1 AV 0.360
**********5-DIGIT 68310
3688 1 18
BSDC 402 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC402
Amount Due
~~$ 1,115.78~~ 471.04

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC402

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DPI CODE	NC	MED IND	AMOUNT		SALES TAX	ITEM TOTAL
07/08/2013		144	STOCK APAP				22.79		.00	22.79
07/09/2013	16080285	42	BIOTENE ORALBALAN	01		*	7.51		.00	7.51
07/11/2013	16080010	30	LIDODERM 5% PATCH	01			297.29		.00	297.29
07/24/2013	16080285	42	BIOTENE ORALBALAN	01		*	7.51		.00	7.51
07/30/2013	16080285	42	BIOTENE ORALBALAN	01			7.51		.00	7.51
07/30/2013	16077534	133	TINACTIN 1% SPRAY	01		*	7.43		.00	7.43
06/27/2013	16078046	84	RISPERIDONE 2MG	01		*	39.03		.00	39.03
06/27/2013	16080847	168	DAIRY RELIEF 3,00	01			21.47		.00	21.47
07/25/2013	16078046	84	RISPERIDONE 2MG	01		*	39.03		.00	39.03
07/25/2013	16080847	168	DAIRY RELIEF 3,00	01			21.47		.00	21.47

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS are FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Covered for Month
$ 448.25	
YTD Med Deduction	Covered for Month
$ 6,037.06	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

Cff 8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
~~$ 553.81~~	~~$ 98.93~~				

Previous Balance		Payments & Credits		Current Charges		Late Charge		Amount Due
~~$ 644.74~~	+	$ 471.04	+		=	~~$ 1,115.78~~	-		=	~~$ 1,115.78~~

Due Date
07/31/2013
Amount Due
~~$ 1,115.78~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3689 1 AV 0.360 3689 1 18
**********5-DIGIT 68310
BSDC 404 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC404
Amount Due
$ 322.16

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC404

Date	RX NUMBER	QTY	Description	DEL CODE	NC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
[redacted]										
07/12/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
			PATIENT [redacted]							
06/27/2013	16076974	28	GLUCOSAM-CHONDR 5	01		*	6.70		.00	6.70
07/25/2013	16076974	28	GLUCOSAM-CHONDR 5	01		*	6.70		.00	6.70
07/29/2013	16081696	1	NEB KIT W/MASK	01		*	5.00		.00	5.00
			PATIENT [redacted]							
06/27/2013	16079265	112	MUCINEX 600MG TAB	01		*	55.33		.00	55.33
07/25/2013	16079265	112	MUCINEX 600MG TAB	01		*	55.33		.00	55.33
			PATIENT [redacted]							
06/27/2013	16080753	56	MULTAQ 400 MG TAB	01		*	330.79		.00	330.79
07/25/2013	16080753	56	MULTAQ 400 MG TAB	01		*	362.14		.00	362.14

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Minimum Amount Now Due	Non-Medicare Amount
$ 821.99	
Total Amount Due	Medicare Amount
$49,977.22	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

$ -586.83	+	$ 908.99	+		=	$ 322.16	-		=

Date Due
07/31/2013
Amount Due
$ 322.16

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3690 1 AV 0.360 3690 1 18
**********5-DIGIT 68310
BSDC 406 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC406
Amount Due
~~$ 159.17~~

38.10

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC406

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DRUG CODE	NDC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
07/10/2013		4	LIP THERAPY				5.64		.00	5.64
			PATIENT: [redacted]							
06/27/2013	16066410	84	DAIRY RELIEF 3.00	01		*	16.23		.00	16.23
07/25/2013	16066410A	84	DAIRY RELIEF 3.00	01			16.23		.00	16.23

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Medicare Deduction	Non Covered Medicare
$ 32.46	
Year Medicare Deduction	Recovered for Month
$ 8,354.35	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 90	Over 60	Over 30	Over 15	Over 30
$ ~~92.50~~		$ ~~28.57~~		

Previous Balance		Charges This Month		Payments Made		Amount Due	-	Payments & Credits	=	Due Date
$ ~~121.07~~	+	$ 38.10	+		=	$ 159.17				07/31/2013
										Amount Due
										~~$ 159.17~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3676 1 AV 0.360 3676 1 18
**********5-DIGIT 68310
BSDC 408 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC408
Amount Due
$ 6,340.05

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC408

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	R-NUMBER	QTY	Description	OFF CODE	N/C	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
06/27/2013	16068154	28	LEVOTHYROXINE 50	01		*	13.34		.00	13.34
06/27/2013	16080118	280	CLOZAPINE 100MG	01		*	307.06		.00	307.06
06/27/2013	16079118	32	METOPROLOL SUCC E	01		*	30.18		.00	30.18
06/27/2013	16079135	26	RISPERIDONE 2MG	01		*	24.43		.00	24.43
06/27/2013	16079134	31	RISPERIDONE 1 MG	01		*	21.34		.00	21.34
06/27/2013	16079133	31	RISPERIDONE 0.5MG	01		*	24.10		.00	24.10
07/25/2013	16079118	28	METOPROLOL SUCC E	01		*	27.53		.00	27.53
07/25/2013	16068154	28	LEVOTHYROXINE 50	01		*	13.34		.00	13.34
07/25/2013	16079134	28	RISPERIDONE 1 MG	01		*	21.00		.00	21.00
07/25/2013	16079135	28	RISPERIDONE 2MG	01		*	22.92		.00	22.92
07/25/2013	16081451	98	CLOZAPINE 25MG TA	01		*	65.26		.00	65.26
07/25/2013	16081449	308	CLOZAPINE 100MG	01		*	334.77		.00	334.77
			PATIENT: [redacted]							
07/05/2013		92	QTR CHART REVIEWS				45.00		.00	45.00
07/12/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
			PATIENT: [redacted]							
06/27/2013	16070497	1	SIMVASTATIN 40 MG	01		*	3.04		.00	3.04
06/27/2013	16072162	1	TAMSULOSIN HCL 0	01		*	1.93		.00	1.93
06/27/2013	16077921	50	POLY-IRON 150 MG	01		*	7.72		.00	7.72
07/25/2013	16077921	56	POLY-IRON 150MG	01		*	8.29		.00	8.29
			PATIENT: [redacted]							
06/27/2013	16076885	28	THERAMENHANCED	01		*	3.77		.00	3.77
06/27/2013	16068959	56	DOCUSATE SODIUM 1	01		*	4.41		.00	4.41
07/25/2013	16076885	28	THERAMENHANCED	01		*	3.77		.00	3.77
07/25/2013	16068959	56	DOCUSATE SODIUM 1	01		*	4.41		.00	4.41
			PATIENT: [redacted]							
06/27/2013	16078061	60	VITAMIN D 400IU C	01		*	10.08		.00	10.08

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non Med Ded to Month
YTD Med Deductible	Deductible Met

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 90	Over 60	Over 30	Current	Over 30	Over 180

Previous Balance	+	Charges This Month	+	Finance Charges	=	Total Charges	-	Payments & Credits	=

Due Date
07/31/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3676 1 AV 0.360 3676 1 18
**********5-DIGIT 68310
BSDC 408 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC408
Amount Due
$ ~~6,340.05~~

2832.29

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC408

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DBI CODE	Rx MED PED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
06/27/2013	16075768	28	MELATONIN 3MG TAB	01	*	11.66		.00	11.66
07/09/2013	16077983	133	TINACTIN 1% SPRAY	01	*	7.43		.00	7.43
07/23/2013	16077983	133	TINACTIN 1% SPRAY	01	*	7.43		.00	7.43
07/25/2013	16081754	28	MELATONIN 3MG TAB	01	*	5.48		.00	5.48
			PATIENT: [redacted]						
06/27/2013	16066535	28	VITAMIN B-12 500M	01	*	3.80		.00	3.80
07/25/2013	16066535	28	VITAMIN B-12 500M	01	*	3.80		.00	3.80
			PATIENT: [redacted]						
06/27/2013	16078005	560	TOPIRAMATE 25 MG	01	*	431.78		.00	431.78
06/27/2013	16066203	56	MONTELUKAST 5MG C	01	*	51.28		.00	51.28
07/16/2013	16077217	30	NEXIUM 20 MG PACK	01	*	268.97		.00	268.97
07/25/2013	16081457	560	TOPIRAMATE 25 MG	01	*	431.78		.00	431.78
07/25/2013	16066203	56	MONTELUKAST 5MG C	01	*	50.91		.00	50.91
07/30/2013	16077217	30	NEXIUM 20 MG PACK	01	*	268.97		.00	268.97
			PATIENT: [redacted]						
07/23/2013	16079477	30	ATROPINE 1% EYE D	01	*	10.00		.00	10.00
			PATIENT: [redacted]						
06/27/2013	16075383	54	CULTURELLE	01	*	42.17		.00	42.17
06/27/2013	16075385	56	FLORASTOR 250MG	01	*	30.66		.00	30.66
07/09/2013	16076552	113	RISAMIDE OINTMENT	01	*	6.91		.00	6.91
07/16/2013	16071970	473	FERROUS SULF 220M	01	*	17.86		.00	17.86
07/17/2013	16070881	28	HEARAID B-12	01	*	10.00		.00	10.00
07/23/2013	16081430	57	CRITIC-AID CLEAR	01	*	12.72		.00	12.72
07/25/2013	16075383	56	CULTURELLE	01	*	43.33		.00	43.33
07/25/2013	16075385	56	FLORASTOR 250MG	01	*	30.66		.00	30.66

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductible	Non-Covered for Month
$ 2,700.29	
YTD Med Deductible	Non-Covered for Year
$30,867.91	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 30	Over 60	Over 90	Over 120	Over 180
$ ~~2,559.90~~	$ ~~947.86~~			

Previous Balance		Current Month		Adjustments		Charges		Payments & Credits		Due Date
$ 3,507.76	+	$ 2,832.29	+		=	$ 6,340.05	-		=	07/31/2013
										Amount Due
										$ ~~6,340.05~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3687 1 AV 0.360
**********5-DIGIT 68310
BSDC 311 LAKE
3000 LINCOLN ST
311 LAKE
BEATRICE, NE 68310-3319

3687 1 18

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC311
Amount Due
$ ~~165.74~~ 58.65

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC311

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DEPT CODE	NUMBER OF DAYS	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]			22.79		.00	22.79
07/31/2013		1	STOCK APAP						
			PATIENT: [redacted]	01	*	3.67		.00	3.67
06/27/2013	16077112	28	MULTI-DAY VITAMIN	01	*	7.78		.00	7.78
06/27/2013	16069565	56	CRANBERRY 450MG TB	01	*	6.91		.00	6.91
07/10/2013	16077440	113	RISAMINE OINTMENT						
			PATIENT: [redacted]	01	*	10.07		.00	10.07
07/10/2013	16081062	100	MYCOCIDE CX CREAM						
			PATIENT: [redacted]	01	*	7.43		.00	7.43
07/22/2013	16080644	133	TINACTIN 1% SPRAY						

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Minimum Due Now	Non-Medicare Monthly
$ 35.86	
Total Due	**Medicare Monthly**
$ 2,280.96	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 90	Over 60	Over 30	Current	Payments	Credits
$ ~~20.81~~	$ ~~6.81~~	$ ~~70.37~~			

Previous Balance	Charges This Month		Payments This Month		Payments & Credits		Due Date	Amount Due
$ ~~107.00~~	+ $ 58.65	+	= $ ~~165.74~~	-		=	07/31/2013	$ ~~165.74~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3677 1 AV 0.360
**********5-DIGIT 68310
3677 1 18

BSDC 411 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard. VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC411
Amount Due
$ 1,711.90

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC411

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DBL/NU CODE	MED PED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
07/31/2013	16073927	113	VITAMIN A & D OIN	01	*	5.73		.00	5.73
			PATIENT: [redacted]						
07/15/2013		10	QTR CHART REVIEWS			50.00		.00	50.00
			PATIENT: [redacted]						
07/03/2013	16080768	170	X-VIATE 40% CREAM	01	*	46.26		.00	46.26
07/30/2013	16081711	453	GLOTRIM/ZOLE/BE/A	01	*	60.06		.00	60.06
07/31/2013	16080374	908	MINERIN CREAM	01	*	15.07		.00	15.07
07/31/2013	16081789	473	BATH OIL	01	*	12.03		.00	12.03
07/31/2013	16080768	170	X-VIATE 40% CREAM	01	*	46.26		.00	46.26
			PATIENT: [redacted]						
07/03/2013	16079743	100	ASCENSIA CONTOUR	01	*	100.00		.00	100.00
07/03/2013	16065255	100	UNISTIK 2 BANGET	01		26.52		.00	26.52
07/19/2013	16079743	100	ASCENSIA CONTOUR	01	*	100.00		.00	100.00
07/19/2013	16081319	100	UNISTIK 2 BANGET	01		26.52		.00	26.52
			PATIENT: [redacted]						
06/27/2013	16079583	112	CRANBERRY 450MG T	01	*	16.06		.00	16.06
07/03/2013	16075715	714	GENT80MG/STERILE	01	*	37.99		.00	37.99
07/10/2013	16075715	714	GENT80MG/STERILE	01		37.99		.00	37.99
07/11/2013	00054772	7	JOBST KNEE HI			84.00		.00	84.00
07/11/2013		1	**Rcpt # 00565030			.00		.00	.00
07/17/2013	16075715	714	GENT80MG/STERILE	01	*	37.99		.00	37.99
07/24/2013	16075715	714	GENT80MG/STERILE	01		37.99		.00	37.99
07/31/2013	16075715	714	GENT80MG/STERILE	01	*	37.99		.00	37.99
07/31/2013	16081701	251	CRITIC AID FLEX 3	01		12.72		.00	12.72
			PATIENT: [redacted]						

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Covered for Month
YTD Med Deduction	Non-Covered Year

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Due Date
07/31/2013
Amount Due

Previous Balance		Charges This Month			=	Payments Credits	=
	+		+			-	

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3677 1 AV 0.360
**********5-DIGIT 68310
BSDC 411 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

3677 1 18

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC411
Amount Due
~~$1,711.90~~

972.35

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC411

YOUR ACCOUNT IS 90 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DPT CODE	N/C	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT [redacted]							
06/27/2013	16079585	56	GTC FORMULA VITAM	01		*	18.99		.00	18.99
07/03/2013	16077570	170	X-VIATE 40% CREAM	01			46.26		.00	46.26
07/31/2013	16077570	170	X-VIATE 40% CREAM	01		*	46.26		.00	46.26
			PATIENT [redacted]							
06/27/2013	16077917	71	VITAMIN D 400IU C	01		*	10.28		.00	10.28
06/27/2013	16080759	362	MAGNESIUM OXIDE	01			9.38		.00	9.38

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Medical Month
$ 788.35	
YTD Med Deduction	YTD Non-Medical
$15,805.40	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CP 8/13/13

DONE DONE

Over 90					Over 180
$ ~~417.70~~	$ ~~280.47~~	$ 91.38			

Previous Balance		Current Month		Payments		Payments & Credits		Due Date
$ 789.55	+	$ 922.35	+		=	$ ~~1,711.90~~	-	07/31/2013
							=	Amount Due: $ ~~1,711.90~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	* CID/CVC2/CVV2 Number

3691 1 AV 0.360
**********5-DIGIT 68310
BSDC 412 STATE
3000 LINCOLN ST
412 STATE
BEATRICE, NE 68310-3319

3691 1 18

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC412
Amount Due
~~$ 2,807.72~~

852.95

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC412

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DPT CODE	TAX	MED CODE	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
06/27/2013	16080934	56	OLANZAPINE 10 MG	01		*	45.33		.00	45.33
			PATIENT: [redacted]							
07/05/2013		10	QTR CHART REVIEW				50.00		.00	50.00
07/15/2013		50	BISACODYL SUPP				11.71		.00	11.71
			PATIENT: [redacted]							
07/01/2013	16071579	302	NEXCARE ABSOELTE	01			15.06		.00	15.06
07/15/2013	16069640	20	SUR-FIT NATURA DU	01		*	211.97		.00	211.97
07/15/2013	16066548	10	ADAPT BARRIER RIN	01		*	52.31		.00	52.31
			PATIENT: [redacted]							
07/22/2013	00051429	1	1/2x4" OPAQU				100.00		.00	.00
07/22/2013		1	**Rcpt # 00566788				.00		.00	100.00
			PATIENT: [redacted]							
07/22/2013	16066548	10	ADAPT BARRIER RIN	01		*	52.31		.00	52.31
07/29/2013	16069640	20	SUR-FIT NATURA DU	01		*	211.97		.00	211.97
			PATIENT: [redacted]							
07/01/2013	16070904	226	RISAMINE OINTMENT	01			12.84		.00	12.84
			PATIENT: [redacted]							
07/01/2013	16076594	237	CHLORHEXIDINE GLU	01			12.51		.00	12.51
07/10/2013	16081065	180	IPRAT-ALBUT 0.5-3	01		*	34.20		.00	34.20
			PATIENT: [redacted]							
06/27/2013	16080954	28	POLY-IRON 150 MG	01		*	10.57		.00	10.57
06/27/2013	16077185	20	CRANBERRY 450MG	01		*	12.02		.00	12.02
			PATIENT: [redacted]							
07/15/2013	16071179	226	RISAMINE OINTMENT	01			12.84		.00	12.84
07/22/2013	16075822	454	MINERIN CREAM	01		*	7.31		.00	7.31

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Min. Mon. Prod. Required	Total Spend for Month
$ 691.24	
Total Prod. YTD	
$30,307.67	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/13/13

Over 90	Over 120	Over 150	Over 180
$ 1,321.54	$ 529.34	$ 103.92	

Prev. Bal.	Payments	Credits		Balance Due		Insurance Credits		Due Date
$ 1,954.77	+ $ 852.95	+	=	$ 2,807.72	-		=	07/31/2013
								Amount Due
								~~$ 2,807.72~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID\CVC2\CVV2 Number

3678 1 AV 0.360 3678 1 18
**********5-DIGIT 68310
BSDC 413 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC413
Amount Due
~~$4,369.44~~

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC413

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DPH CODE	NC	MED DED	AMOUNT	P	SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
06/27/2013	16071255	20	OMEPRAZOLE DR 40	01		*	21.72		.00	21.72
07/11/2013	16070436	118	BIOFREEZE SPRAY	01			14.19		.00	14.19
07/11/2013	16072777	226	RISAMINE OINTMENT	01		*	12.64		.00	12.64
07/29/2013	16070436	118	BIOFREEZE SPRAY	01			14.19		.00	14.19
			PATIENT: [redacted]							
07/05/2013		210	QTR CHART REVIEW				50.00		.00	50.00
07/06/2013		1	SILENT KNIGHT BAG				87.00		.00	87.00
07/15/2013		250	BISACODYL SUPP				11.71		.00	11.71
			PATIENT: [redacted]							
07/25/2013	16079787	300	OXYFRESH MOUTHRI	01			14.14		.00	14.14
			PATIENT: [redacted]							
06/27/2013	16069101	112	CRANBERRY 450MG T	01			14.42		.00	14.42
07/13/2013	16066415	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
07/29/2013	16076616	226	ALOE VESTA OINT	01			11.48		.00	11.48
07/29/2013	16066415	473	FERROUS SULF 220M	01		*	17.86		.00	17.86
			PATIENT: [redacted]							
06/27/2013	16074991	140	SALSALATE 500MG T	01		*	76.38		.00	76.38
07/25/2013	16077252	2454	HYDROPHOR OINTMEN	01			13.59		.00	13.59
			PATIENT: [redacted]							
07/05/2013	16080825	45	CLOTRIMAZOLE/BETHA	01			60.06		.00	60.06
07/10/2013	16081049	10	ACETIC ACID/HC SO	01		*	121.62		.00	121.62
07/11/2013	16070314	12	SILICONE EAR PLUG	01			6.82		.00	6.82
07/17/2013	16076395	500	FISH OIL LIQUID	01		*	52.03		.00	52.03
07/18/2013	00053272	2	ASCENSIA CON				.00		.00	.00
07/18/2013	16080413	100	UNISTIK 3 COMFORT	01		*	27.66		.00	27.66

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

M.D. Med. Deductible	Non Legend. for Month
Pat's Med. Deduction	Legend for Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Prev. Balance	+	Charges This Month	+	Service Charge	=	Total Due	-	Payments & Credits	=

Due Date
07/31/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3678 1 AV 0.360 3678 1 18
**********5-DIGIT 68310
BSDC 413 STATE
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard. VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC413
Amount Due
$ ~~4,369.14~~

1609.15

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC413

YOUR ACCOUNT IS 90 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	PRT CODE	NC	MED DED	AMOUNT			SALES TAX	ITEM TOTAL
			PATIENT: [redacted]								
07/23/2013	00054873	1	JOBST, 15-20				42.00			.00	.00
07/23/2013		1	**Rcpt # 00567129				.00			.00	42.00
07/25/2013	16067467	454	MINERIN CREAM	01		*	7.31			.00	7.31
07/25/2013	16070314	2	SILICONE EAR PLUG	01			6.82			.00	6.82
07/26/2013	00054935	1	ULTRA KNEE H				42.00			.00	.00
07/26/2013		1	**Rcpt # 00567629				.00			.00	42.00
			PATIENT: [redacted]								
06/27/2013	16079683	168	THERMO LABS	01			19.57			.00	19.57
07/12/2013	16081129	25	BENZACLIN GEL 1%/	01		*	229.97			.00	229.97
07/19/2013	00053623	2	OSTOMY POUCH				.00			.00	.00
			PATIENT: [redacted]								
07/18/2013	16078025	500	FISH OIL LIQUID	01			54.98			.00	54.98
			PATIENT: [redacted]								
06/27/2013	16067138	575	PREVACID 30MG SOL	01			532.51			.00	532.51
06/27/2013	16079689	56	CRANBERRY FRUIT 4	01		*	15.03			.00	15.03
07/29/2013	16072932	454	HYDROPHOR OINTMEN	01			13.59			.00	13.59

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductions	Non-Covered for Month
$ 1,376.44	
YTD Med Deductions	Covered for Month
$19,544.43	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 30	Over 60	Over 90			Over 180
~~$ 1,741.94~~	~~$ 430.27~~	~~$ 578.78~~			

Previous Balance		Charges This Month				Payments & Credits		Due Date
~~$ 2,753.99~~	+	$ 1,609.15	+		=	~~$ 4,360.14~~	-	07/31/2013
							=	Amount Due ~~$ 4,360.14~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3681 1 AV 0.360
**********5-DIGIT 68310
3681 1 18
BSDC 414 SHERIDAN
3000 LINCOLN ST
414 SHERIDAN
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
414
Patient Code
BSDC414
Amount Due
$ 1,280.75

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC414

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DRT COD	NA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
07/08/2013	16072313	50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
07/08/2013	16071139	226	RISAMINE OINTMENT	01			12.84		.00	12.84
07/11/2013	16076739	8	RETURN TEGADERM	01			12.69CR		.00	12.69CR
07/11/2013	16077250	101	RETURN AQUACEL	01			84.38CR		.00	84.38CR
07/11/2013	16075610	112	CRANBERRY 450MG T	01		*	15.03		.00	15.03
07/17/2013	16072313	50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
07/24/2013	16071139	226	RISAMINE OINTMENT	01		*	12.84		.00	12.84
			PATIENT: [redacted]							
07/01/2013	16066654	50	VICKS VAPORUB OIN	01		*	5.45		.00	5.45
			PATIENT: [redacted]							
07/31/2013	16081799	42.50	ESTRACE 0.01% CRE	01		*	173.86		.00	173.86
			PATIENT: [redacted]							
07/08/2013	16069512	100	MYCOCIDE CX CREAM	01		*	10.07		.00	10.07
07/11/2013	16081022	56	CRANBERRY 450MG T	01			12.02		.00	12.02
			PATIENT: [redacted]							
07/10/2013	16073121	50	VICKS VAPORUB OIN	01		*	6.31		.00	6.31
07/23/2013	16077121	50	VICKS VAPORUB OIN	01		*	6.31		.00	6.31
07/31/2013	16081781	15	ATROPINE 1% OPHTH	01			48.85		.00	48.85
			PATIENT: [redacted]							
07/08/2013	16080922	283	GOLD BOND POWDER	01			4.84		.00	4.84
07/31/2013	16074491	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
			PATIENT: [redacted]							
07/08/2013	16078067	100	MYCOCIDE CX CREAM	01		*	10.07		.00	10.07
			PATIENT: [redacted]							
07/08/2013	16077747	10	DUODERM XTRTHIN 1	01		*	54.30		.00	54.30
07/31/2013	16077747	10	DUODERM XTRTHIN 1	01			54.30		.00	54.30
07/31/2013	16081782	57	CRITIC-AID CLEAR	01		*	12.72		.00	12.72

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non-Ded Rx Month
YTD Med Deduction	Rx Exp Over 90

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Due Date
07/31/2013
Amount Due

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance		Charges This Month		Charges		Payments & Credits		
	+		+		=		-	=

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3681 1 AV 0.360
**********5-DIGIT 68310
BSDC 414 SHERIDAN
3000 LINCOLN ST
414 SHERIDAN
BEATRICE, NE 68310-3319

3681 1 18

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
414
Patient Code
BSDC414
Amount Due
~~$ 1,280.75~~

564.69

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC414

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Prescription	DEL CODE	NC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
07/08/2013	16070958	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
			PATIENT: [redacted]							
07/11/2013	16075699	56	FLUVOXAMINE 50MG	01		*	37.78		.00	37.78
07/11/2013	16079847	28	MELATONIN 5MG	01			5.05		.00	5.05

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductible	Non Covered Month
$ 564.69	
YTD Med Deductible	Covered Month
$11,437.62	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Current Due	Over 30	Over 60	Over 90	Over 120	Over 150
~~$ 471.54~~	~~$ 244.52~~				

Previous Balance		Charges this Month						Payments/Adjustments		Due Date
~~$ 816.13~~	+	$ 564.69	+		=	~~$ 1,377.82~~	-	~~$ 97.07~~	=	07/31/2013
										Amount Due
										~~$ 1,280.75~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3679 1 AV 0.360 3679 1 18
**********5-DIGIT 68310
BSDC 415 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC415
Amount Due
~~$ 4,224.93~~

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC415

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Dr Prescribing Code	Med Ded	Amount		Sales Tax	Item Total
			PATIENT: [redacted]						
06/27/2013	16080988	84	CRANBERRY 450MG T	01	*	11.57		.00	11.57
07/03/2013	16070735	226	RISAMINE OINTMENT	01		12.84		.00	12.84
07/17/2013	16074488	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
07/29/2013	16070735	226	RISAMINE OINTMENT	01		12.84		.00	12.84
			PATIENT: [redacted]						
07/10/2013		12	SILENT KNIGHT BAG			87.00		.00	87.00
07/10/2013		50	BISACODYL SUPP			11.71		.00	11.71
07/24/2013		25	STERILE H2O 20ME			29.52		.00	29.52
07/31/2013		1	STOCK APAP			22.79		.00	22.79
			PATIENT: [redacted]						
06/27/2013	16071156	56	PANCRELIPASE 5,00	01	*	51.56		.00	51.56
06/27/2013	16080990	56	CRANBERRY 450MG T	01		8.71		.00	8.71
07/10/2013	16070737	113	RISAMINE OINTMENT	01	*	6.91		.00	6.91
07/10/2013	16079781	300	OXYFRESH MOUTH RI	01		14.14		.00	14.14
07/31/2013	16081762	300	OXYFRESH MOUTH RI	01	*	14.14		.00	14.14
			PATIENT: [redacted]						
06/27/2013	16079366	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
07/03/2013	00054705	1	TED KNEE HIG			11.79		.00	.00
07/03/2013			**Rept # 00563824			.00		.00	11.79
07/16/2013	00054705	1	TED KNEE HIG			11.79		.00	.00
07/16/2013			**Rept # 00565819			.00		.00	11.79
07/24/2013	00054705	2	TED KNEE HIG			23.58		.00	.00
07/24/2013			**Rept # 00567250			.00		.00	23.58
			PATIENT: [redacted]						
06/27/2013	16079371	42	MELATONIN 5MG	01	*	6.07		.00	6.07

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non Deductible Month
YTD Med Deduction	Non Deductible Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Current	Over 30	Over 60	Over 90	Over 120	Over 180

Previous Balance + Payments + Adjustments = Balance - Amount Credit =

Due Date
07/31/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3679 1 AV 0.360 3679 1 18
**********5-DIGIT 68310
BSDC 415 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC415
Amount Due
~~$ 4,224.93~~

1773.13

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC415

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	RX NUMBER	QTY	Description	DPT CODE	MEDICARED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
06/10/2013	16079400	42.50	ESTRACE 0.01% CRE	01	*	153.57		.00	153.57
06/27/2013	16080993	56	PREVACID 30MG SOL	01		523.36		.00	523.36
06/27/2013	16079372	56	CRANBERRY 450MG T	01	*	8.71		.00	8.71
06/27/2013	16079455	42	FLORASTOR 250MG	01		47.92		.00	47.92
07/03/2013	16070948	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
07/03/2013	16079400	42.50	ESTRACE 0.01% CRE	01	*	153.57		.00	153.57
07/24/2013	16079400	42.50	ESTRACE 0.01% CRE	01	*	153.57		.00	153.57
07/31/2013	16070948	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
06/27/2013	16075870	56	OMEPRAZOLE DR 40	01	*	28.64		.00	28.64
07/29/2013	16070942	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
07/17/2013	16070736	226	RISAMINE OINTMENT	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
06/27/2013	16071920	28	PREVACID 30MG SOL	01	*	267.18		.00	267.18
07/20/2013	16079600	57	CRITIC-AID CLEAR	01		12.72		.00	12.72
07/29/2013	16079600	57	CRITIC-AID CLEAR	01	*	12.72		.00	12.72

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non Deductible Month
$ 1,574.95	
YTD Med Deduction	Non Deductible Month
$33,340.91	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/13/13

Current	Over 30	Over 60	Over 90	Over 120	Over 180
$ 2,232.63	$ 219.17				

Previous Balance		Balance This Month		Payments		Amount Due		Payments & Credits		Due Date
$ 2,451.80	+	$ 1,773.13	+		=	$ 4,224.93	-		=	07/31/2013
										Amount Due
										~~$ 4,224.93~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3692 1 AV 0.360
**********5-DIGIT 68310
BSDC 416 SHERIDAN
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

3692 1 18

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC416
Amount Due
~~$ 1,042.66~~

358.77

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC416

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEDUCT CODE	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
06/27/2013	16077537	28	LANSOPRAZOLE DR 3	01	*	43.36		.00	43.36
06/27/2013	16079385	84	HYDROXYZINE HCL [redacted]	01	*	26.51		.00	26.51
			PATIENT: [redacted]						
06/27/2013	16081000	56	FLUVOXAMINE 50MG [redacted]	01		46.80		.00	46.80
			PATIENT: [redacted]						
07/01/2013	16070639	226	RISAMINE OINTMENT [redacted]	01	*	12.84		.00	12.84
07/15/2013	16070639	226	RISAMINE OINTMENT [redacted]	01	*	12.84		.00	12.84
			PATIENT: [redacted]						
06/27/2013	16079393	42	FOLIC ACID 1MG TA [redacted]	01	*	3.80		.00	3.80
			PATIENT: [redacted]						
06/27/2013	16079940	10	OMEPRAZOLE DR 40 [redacted]	01	*	16.85		.00	16.85
07/08/2013	16080918	100	MYCOCIDE CX CREAM [redacted]	01	*	10.07		.00	10.07
07/11/2013	16081097	454	MINERIN CREAM [redacted]	01	*	7.31		.00	7.31
07/15/2013	16081036	100	MYCOCIDE CX CREAM [redacted]	01	*	10.07		.00	10.07
07/24/2013	16081036	100	MYCOCIDE CX CREAM [redacted]	01	*	10.07		.00	10.07
			PATIENT: [redacted]						
06/27/2013	16066934	56	FOLIC ACID 1MG TA [redacted]	01	*	4.07		.00	4.07
07/15/2013	16068626	226	ALOE VESTA OINT [redacted]	01	*	11.68		.00	11.68
07/27/2013	16068626	452	ALOE VESTA OINT [redacted]	01	*	20.40		.00	20.40
			PATIENT: [redacted]						
07/01/2013	16079841	120	HYDROCORT 2.5%/MI [redacted]	01	*	30.72		.00	30.72
			PATIENT: [redacted]						
06/27/2013	16073690	104	OMEPRAZOLE DR 20 [redacted]	01	*	72.42		.00	72.42
06/27/2013	16079939	21	OMEPRAZOLE DR 40 [redacted]	01	*	18.96		.00	18.96

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Medicare Deductible	Non Covered 30 Month
$ 358.77	
Total Medicare Deductible	**Total Non Covered 30 Month**
$ 8,316.73	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~566.61~~	$ ~~103.28~~				

Previous Balance	+	Current Month	+	Finance Charge	=	Total	-	Payments & Credits	=	Due Date	Amount Due
$ ~~683.89~~		$ 358.77				$ 1,042.66				07/31/2013	~~$ 1,042.66~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3695 1 AV 0.360 3695 1 18
**********5-DIGIT 68310
BSDC 418 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID\CVC2\CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
418
Patient Code
BSDC418
Amount Due
~~$ 1,089.42~~

633.41

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC418

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DIT CODE	NL	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
06/27/2013	16066074	28	FEXOFENADINE HCL	01		*	22.71		.00	22.71
07/05/2013	16071026	170	CRITIC AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
07/01/2013		2	TENA WASH				47.06		.00	47.06
			PATIENT: [redacted]							
07/18/2013	16081282	170	CRITIC AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
07/03/2013	16077548	10	AQUACEL AG 2X2 DR	01		*	78.92		.00	78.92
07/10/2013	16077548	10	AQUACEL AG 2X2 DR	01		*	78.92		.00	78.92
07/25/2013	16079480	50	NO-STING SKIN PRE	01		*	30.50		.00	30.50
07/25/2013	16077548	10	AQUACEL AG 2X2 DR	01		*	78.92		.00	78.92
07/30/2013	16081710	2	TED HOSE KNEE MED	01		*	23.36		.00	23.36
			PATIENT: [redacted]							
07/25/2013	16081556	28	ANUCORT-HC 25MG	01		*	69.64		.00	69.64
			PATIENT: [redacted]							
07/17/2013	16075662	500	FISH OIL LIQUID	01		*	54.98		.00	54.98
			PATIENT: [redacted]							
07/30/2013	00054941	1	JOBST, KNEE				74.00		.00	.00
07/30/2013		1	**Rcpt #00568147				.00		.00	74.00
			PATIENT: [redacted]							
07/08/2013	16080925	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Next Spend Down
$ 512.35	
YTD Med Deduction	Next Spend Down
$22,983.37	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

CH 8/13/13

Over 90	Over 60				Over 30
$ ~~385.92~~	$ ~~70.09~~				

Previous Balance		Current Charges		Payments		TOTAL BALANCE	-	Credits	=	Due Date
$ ~~456.61~~	+	$ ~~633.41~~	+		=	$ 1,089.42	-		=	07/31/2013
										~~$ 1,089.42~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3680 1 AV 0.360
**********5-DIGIT 68310
BSDC 420 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

3680 1 18

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC420
Amount Due
~~$ 2,560.02~~

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC420

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEPT CODE	NC	MED DED	AMOUNT	D	A	SALES TAX	ITEM TOTAL
			PATIENT: [redacted]								
07/24/2013	16081476	170	CRITIC-AID CLEAR	01		*	24.80			.00	24.80
			PATIENT: [redacted]								
07/15/2013		10	OTR CHART REVIEWS				50.00			.00	50.00
07/17/2013		144	SURGILUBE				41.01			.00	41.01
07/31/2013		1	SILENT KNIGHT BAG				87.00			.00	87.00
			PATIENT: [redacted]								
06/27/2013	16068221	224	L-TYROSINE CAPLET	01		*	25.18			1.76	26.94
07/03/2013	16074412	473	CETAPHIL CLEANSER	01		*	15.82			.00	15.82
07/24/2013	16074412	473	CETAPHIL CLEANSER	01		*	15.82			.00	15.82
			PATIENT: [redacted]								
07/03/2013	16073587	170	CRITIC-AID CLEAR	01		*	24.80			.00	24.80
07/31/2013	16073587	170	CRITIC-AID CLEAR	01		*	24.80			.00	24.80
			PATIENT: [redacted]								
06/27/2013	16075782	28	VESICARE 10 MG TAB	01			200.27			.00	200.27
07/10/2013	16075160	454	MINERIN CREAM	01		*	8.41			.00	8.41
07/10/2013	16081042	500	FISH OIL LIQUID	01			54.98			.00	54.98
07/12/2013	16080290	113	RISAMINE OINTMENT	01		*	6.91			.00	6.91
07/17/2013	16066440	42	BIOTENE ORALBALAN	01			8.83			.00	8.83
07/17/2013	16071486	113	RISAMINE OINTMENT	01		*	6.91			.00	6.91
07/24/2013	16080290	113	RISAMINE OINTMENT	01		*	6.91			.00	6.91
07/24/2013	16066440	42	BIOTENE ORALBALAN	01		*	8.83			.00	8.83
07/24/2013	16076544	30	NEXIUM 20 MG PACK	01			239.85			.00	239.85
07/31/2013	16080290	113	RISAMINE OINTMENT	01		*	6.91			.00	6.91
07/31/2013	16066440	42	BIOTENE ORALBALAN	01		*	8.83			.00	8.83
			PATIENT: [redacted]								
06/27/2013	16066057	56	KLORANE TABLETS	01			20.61			.00	20.61
07/31/2013	16068420	340	CRITIC-AID CLEAR	01		*	40.59			.00	40.59

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductible	Non-Shared for Month
YTD Med Deductible	Shared for Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance	+	Charges this Month	+	[redacted]	=	[redacted]	-	Payments & Credits	=

Due Date
07/31/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3680 1 AV 0.360
**********5-DIGIT 68310
BSDC 420 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

3680 1 18

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC420
Amount Due
~~$ 2,580.02~~ 1068.52

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC420

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DPT CODE	NC	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
06/27/2013	16073779	56	MELATONIN 3MG TAB	01		*	7.96		.00	7.96
			PATIENT: [redacted]							
06/27/2013	16076474	56	DILANTIN 50MG INF	01		*	43.04		.00	43.04
07/08/2013	*16071905*	*57*	DEAPERRASH 10% CR	01		*	9.46		.00	9.46
			PATIENT: [redacted]							
06/27/2013	*16073491*	*28*	CHILDASPIRIN 81	01		*	3.73		.00	3.73
06/27/2013	16072666	56	VITAMIN D 1000IU	01		*	4.22		.00	4.22
06/27/2013	*16079797*	*56*	CALCIUM 600MG TAB	01		*	4.17		.00	4.17
07/03/2013	16079506	3.50	EYE LUBRICANT OIN	01		*	5.75		.00	5.75
07/17/2013	*16076805*	*170*	CRTHG AID CLEAR	01		*	24.80		.00	24.80
07/31/2013	16073217	44	SALINE NASAL SPRA	01		*	3.85		.00	3.85
07/31/2013	*16076805*	*170*	CRTHG AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
07/12/2013	16071906	*113*	RISAMINE OINTMENT	01		*	6.91		.00	6.91

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deduction	Non Added for Month
$ 890.51	
YTD Med Deduction	Expended for Month
$ 9,471.22	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/12/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~965.48~~	$ ~~546.02~~				

Previous Balance	+	Charges This Month	+	Finance Charges	=	$ 2,580.02	-	Payments & Credits	=	Due Date 07/31/2013 / Amount Due ~~$ 2,580.02~~
~~$ 1,511.50~~		$ 1,068.52								

DEI DEINES 3 1/07 1300562PB 3680 07312013222727 1 18

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

3682 1 AV 0.360
**********5-DIGIT 68310
BSDC 422 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

3682 1 18

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
422
Patient Code
BSDC422
Amount Due
~~$ 8,269.00~~

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC422

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	ORI COD	NC	MED DED	AMOUNT	SALES TAX	ITEM TOTAL
			PATIENT: [redacted]						
06/27/2013	16068237	28	B COMPLEX WITH C	01		*	4.39	.00	4.39
07/11/2013	16070075	15	SILICONE EAR PLUG	01			3.66	.00	3.66
07/24/2013	16077355	226	ALOE VESTA OINT	01		*	11.68	.00	11.68
			PATIENT: [redacted]						
06/27/2013	16080901	56	PREVACID 30MG SOL	01	*	*	523.36	.00	523.36
06/27/2013	16066077	252	BEANO TABS	01			14.93	.00	14.93
07/02/2013	16071173	473	FERROUS SULF 220M	01		*	17.86	.00	17.86
07/11/2013	16073467	30	COQ10 100MG CHEW	01			29.38	.00	29.38
07/15/2013	16070834	226	RISAMINE OINTMENT	01		*	12.84	.00	12.84
07/23/2013	16073467	30	COQ10 100MG CHEW	01			29.38	.00	29.38
07/25/2013	16080901	56	PREVACID 30MG SOL	01		*	523.36	.00	523.36
07/25/2013	16066077	252	BEANO TABS	01			14.93	.00	14.93
			PATIENT: [redacted]						
07/31/2013	[redacted]	16	STERILE H2O 20ML				9.00	.00	9.00
			PATIENT: [redacted]						
06/27/2013	16079453	140	ZONEGRAN 100MG CA	01			834.45	.00	834.45
06/27/2013	16079451	56	LAMICTAL 200MG TA	01		*	479.22	.00	479.22
06/27/2013	16074969	284	PREVACID 30MG SOL	01			267.18	.00	267.18
07/03/2013	16080742	170	CRITIC-AID CLEAR	01		*	24.80	.00	24.80
07/15/2013	16080742	170	CRITIC-AID CLEAR	01			24.80	.00	24.80
07/24/2013	16081482	70	COTTON BALLS	01		*	4.09	.00	4.09
			PATIENT: [redacted]						
07/11/2013	16067889	454	MINERIN CREAM	01		*	7.31	.00	7.31
07/11/2013	16065304	112	BESTIN DIAPER RA	01			15.79	.00	15.79
07/26/2013	16077829	75	MEGESTROL ACET 40	01		*	20.40	.00	20.40
			PATIENT: [redacted]						

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med Deductible	Needed for Month
YTD Med Deductible	Needed for Month

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180

Previous Balance	+	Charges this Month	+	Finance Charges	=	TOTAL BALANCE	-	Payments and Credits	=

Due Date
07/31/2013
Amount Due

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3682 1 AV 0.360 3682 1 18
**********5-DIGIT 68310
BSDC 422 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard. VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID\CVC2\CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
422
Patient Code
BSDC422
Amount Due
~~$ 8,269.06~~

3162.27

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC422

YOUR ACCOUNT IS 60 DAYS PAST DUE -- PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY.	Description	DEPT. CODE	NON MED	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
07/26/2013	00052471	1	WOMENS SUPPO				32.99		2.31	.00
07/26/2013		1	**Rcpt # 00567214				.00		.00	35.30
			PATIENT: [redacted]							
07/01/2013	16077224	300	OXYFRESH MOUTH RI	01		*	14.14		.00	14.14
07/23/2013	16077224	300	OXYFRESH MOUTH RI	01			14.14		.00	14.14
			PATIENT: [redacted]							
06/27/2013	14005663	562	LORAZEPAM 0.5MG TI	01			24.77		.00	24.77
07/03/2013	16076820	170	CRITIC-AID CLEAR	01		*	24.80		.00	24.80
			PATIENT: [redacted]							
06/27/2013	16068260	84	WELCHOL 625MG TAB	01		*	176.31		.00	176.31

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

Min Med Deductible	Non Covered for Month
$ 3,117.97	
Total Balance Due	Covered for Month
$26,005.28	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
$ ~~4,889.41~~	$ ~~217.38~~				

Previous Balance	+	Charges This Month	+	Balance Due	=	Payments & Credits	-		=	Due Date / Amount Due
$ ~~5,106.79~~	+	$ 3,162.27	+		=	$ ~~8,269.06~~	-		=	07/31/2013 / ~~$ 8,269.06~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

3693 1 AV 0.360 3693 1 18
**********5-DIGIT 68310
BSDC 424 SOLAR
BSDC
3000 LINCOLN ST
BEATRICE, NE 68310-3319

MasterCard. VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 Digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDC424
Amount Due
~~$ 2,956.16~~

1016.40

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDC424

YOUR ACCOUNT IS 60 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx NUMBER	QTY	Description	DEL CODE	NA	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT: [redacted]							
07/24/2013	16081483	1	SILICONE EAR PLUG	01		*	3.66		.00	3.66
			PATIENT: [redacted]							
07/03/2013	16080774	170	CRITIC-AID CLEAR	01		*	25.16		.00	25.16
07/11/2013	16081096	10	AQUACEL AG 2X2 DR	01			97.54		.00	97.54
07/11/2013	16071210	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
07/12/2013	16081096	10	AQUACEL AG 2X2 DR	01			97.54		.00	97.54
07/17/2013	16081096	10	AQUACEL AG 2X2 DR	01		*	97.54		.00	97.54
07/17/2013	16066779	237	CHLORHEXIDINE GLU	01			12.51		.00	12.51
			PATIENT: [redacted]							
07/03/2013	16080773	100	UNISTIK 2 LANCET	01			27.78		.00	27.78
07/03/2013	16074111	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
07/03/2013	16080775	70	COTTON BALLS	01			1.79		.00	1.79
07/11/2013	16074111	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
07/11/2013	16077611	1	SILICONE EAR PLUG	01			3.66		.00	3.66
07/11/2013	16069351	56	CRANBERRY 450MG T	01		*	12.02		.00	12.02
07/17/2013	16074111	113	RISAMINE OINTMENT	01			6.91		.00	6.91
07/24/2013	16074111	113	RISAMINE OINTMENT	01		*	6.91		.00	6.91
			PATIENT: [redacted]							
07/11/2013	16071213	28	PREVACID 30MG SOL	01		*	267.18		.00	267.18
			PATIENT: [redacted]							
07/11/2013	16070454	340.2	SOD SULF/SULF CLE	01		*	41.99		.00	41.99
07/11/2013	16069919	170	CRITIC-AID CLEAR	01			24.80		.00	24.80
			PATIENT: [redacted]							
07/03/2013	16068912	454	MINERIN CREAM	01			8.41		.00	8.41

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

MTD Med. Deductible	Nonbenefit for Month
$ 1,016.40	
YTD Med. Deductible	Benefit for Month
$42,788.25	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

8/13/13

Over 30	Over 60	Over 90	Over 120	Over 150	Over 180
~~$ 1,649.29~~	~~$ 290.47~~				

Previous Balance		Charges This Month		Payments Received			Payments & Credits		Due Date
~~$ 1,938.76~~	+	$ 1,016.40	+		=	$ 2,956.16	-		07/31/2013
									Amount Due
									~~$ 2,956.16~~

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

RETURN SERVICE REQUESTED

518417

3683 1 AV 0.360 3683 1 18
**********5-DIGIT 68310
BSDC AMBULATORY SURGERY C
3000 LINCOLN ST
BEATRICE, NE 68310-3319

139492

8-6-13

MasterCard VISA DISCOVER

PAYMENT BY:
CHECK ☐ MASTERCARD ☐ VISA ☐ DISCOVER ☐
*3-4 digit number on back of card

Card Number	Expiration Date
Signature	*CID/CVC2/CVV2 Number

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

Statement Date
07/31/2013
Group Code
—
Patient Code
BSDCASC
Amount Due
~~$ 1,849.28~~

262.78

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT AND KEEP BOTTOM PORTION FOR YOUR RECORDS

DEINES PHARMACY
910 E. COURT ST.
BEATRICE, NE 68310

402-223-4779

DEINES PHARMACY
HOME MEDICAL EQUIPMENT

Statement

Statement Date	Patient Code
07/31/2013	BSDCASC

YOUR ACCOUNT IS 90 DAYS PAST DUE – PLEASE MAKE ARRANGEMENTS FOR PAYMENT

Date	Rx Number	QTY	Description	Dr Code	W	MED DED	AMOUNT		SALES TAX	ITEM TOTAL
			PATIENT [redacted] ACCOUNT	BS	DCASC					
05/10/2013		1	LABETALOL 5MG/ML				2.08		.00	2.08
05/10/2013		100	NEOSTIGMINE 0/100				91.80		.00	91.80
05/10/2013		10	ANECTINE 20MG/ML				30.16		.00	30.16
05/10/2013		12	LACTATED RINGERS				23.76		.00	23.76
06/10/2013		10	EPHEDRINE 50MG/ML				36.80		.00	36.80
06/10/2013		20	DIPRIVAN 10MG/ML				72.00		.00	72.00
07/09/2013	14005703	10	HYDROCODONE/APAP	01		*	6.18		.00	6.18
07/31/2013			ACH 07/26/13				58.40CR		.00	58.40CR

HEALTH SAVINGS/FLEX CARDS ARE VERY WELCOME AT THE TIME OF PURCHASE OF SPECIFIC APPROVED ITEMS, HOWEVER CARDS ARE FREQUENTLY REJECTED IF USED TO MAKE A GENERAL "PAYMENT ON ACCOUNT" FOR QUESTIONS ABOUT THIS STATEMENT PLEASE CALL 402-223-4779 X224 MON-FRI 9A-5P.

$ 6.18	
$ 27.40	

AN ANNUAL PERCENTAGE RATE OF 12.00 % OR A MINIMUM SERVICE CHARGE OF $ 2.00 WILL BE CHARGED ON ALL AMOUNTS 60 DAYS OR MORE PAST DUE

$ ~~58.10~~		$ ~~452.15~~	$ ~~306.64~~	$ ~~297.60~~	$ ~~470.81~~	07/31/2013
$ ~~1,014.60~~ +	$ 262.78 +		= $ ~~1,997.38~~	- $ ~~58.10~~ =		$ ~~1,849.28~~

QS1 DEINES S VF7 128956GRP 3683 07312013222727 1 18