

State of New Mexico

Shelly Trujillo  
County Clerk  
575-894-2840

Candace Chavez  
County Treasurer  
575-894-3524

Michael Huston  
County Assessor  
575-894-2589

Tom Pestak  
Probate Judge  
575-894-2840



County of Sierra

Travis Day  
Vice Chair  
575-894-6215

William Hopkins  
Commissioner  
575-894-6215

James Paxon  
Chairman  
575-894-6215

Glenn Hamilton  
County Sheriff  
575-894-9150

1712 Date

Truth or Consequences, New Mexico 87901

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

**BOARD OF COUNTY COMMISSIONERS  
SIERRA COUNTY, NEW MEXICO  
Resolution No. 110-071**

**Indigent Claims**

**WHEREAS**, the Board of Sierra County Commissioners has received Indigent Hospital and Medical Claim request for those persons unable to make proper restitution for Medical Services in the amount of 11910.88 new claims, and;

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

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

Sole community Providers in the amount of \$ 11910.88


to be deducted from the proper funds appropriated in the 2021-2022PY Budget. April 19 2022

Board of County Commissioners  
Sierra County, NM

  
\_\_\_\_\_  
JAMES PAXON, CHAIRMAN

  
\_\_\_\_\_  
TRAVIS DAY, VICE-CHAIRMAN

  
\_\_\_\_\_  
WILLIAM HOPKINS, COMMISSIONER

Attest:  
  
\_\_\_\_\_  
SHELLY K. TRUJILLO  
SIERRA COUNTY CLERK



SIERRA COUNTY INDIGENT HEALTH CARE  
RESOLUTION NO. 110-071

CLAIMS APPROVED FOR PAYMENT 8 \$ 11910.88

LUNA COUNTY 1 \$ 3893.34

COUNTY OF SOCORRO 4 \$ 6282.48

APP OF NEW MEXICO 1 \$ 1513.00

SIERRA VISTA HOSPITAL 1 \$ 89.06

CONCORD RADIOLOGY 1 \$ 133.00

Total \$ 11910.88



RECEIVED

MAR 08 2022

# INVOICE

From:

SIERRA VISTA HOSPITAL 69  
Tax ID: 850422820

COUNTY of SIERRA

Invoice ID: 44529C15467  
Invoice Date: 03/01/2022

**Total Due: \$137.02**

To:

INDIGENT  
855 VAN PATTEN ST  
TRUTH OR CONSEQUENCES NM 879013201

Please return top portion with payment to:

SIERRA VISTA HOSPITAL 69  
PO BOX 20999  
BELFAST ME 049154106

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
79668 2021-009 528352V15467 12/16/2021	RHEA HAZEN, CNP 99215	03/05/1957 99215 OFFICE OUTPATIENT VISIT EST HIGH	\$68.51
531352V15467 12/30/2021	RHEA HAZEN, CNP 99215	99215 OFFICE OUTPATIENT VISIT EST HIGH	\$68.51
<b>Patient Subtotal:</b>			<b>\$137.02</b>
<b>Comments:</b> Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.			<b>Total Due: \$137.02</b>

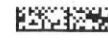
0000007 2/14



HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID# DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input checked="" type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)				
							525872118				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE (MM DD YY)		SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
D2022-005				03271990		M <input type="checkbox"/> F <input checked="" type="checkbox"/>	SAME				
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED			7. INSURED'S ADDRESS (No., Street)				
1050 W AMADOR				Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			SAME				
CITY		STATE		8. RESERVED FOR NUCC USE			CITY				
LAS CRUCES		NM									
ZIP CODE		TELEPHONE (Include Area Code)		10. IS PATIENT'S CONDITION RELATED TO			ZIP CODE				
88005		(575) 543-6174					( )				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				a. EMPLOYMENT? (Current or Previous)		11. INSURED'S POLICY GROUP OR FECA NUMBER					
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. AUTO ACCIDENT? PLACE (State)		a. INSURED'S DATE OF BIRTH (MM DD YY)					
b. RESERVED FOR NUCC USE				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		03271990 M <input type="checkbox"/> F <input checked="" type="checkbox"/>					
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT?		b. OTHER CLAIM ID (Designated by NUCC)					
d. INSURANCE PLAN NAME OR PROGRAM NAME				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. INSURANCE PLAN NAME OR PROGRAM NAME					
				10d. CLAIM CODES (Designated by NUCC)		SIERRA COUNTY INMATES					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?					
SIGNED SIGNATURE ON FILE DATE 030222				SIGNED SIGNATURE ON FILE		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete items 9, 9a, and 9d					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY) QUAL			15. OTHER DATE (MM DD YY) QUAL			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM DD YY) FROM TO					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM DD YY) FROM TO							
DN JENIFER SMYER			1427419357								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
20. OUTSIDE LAB? \$ CHARGES											
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind				22. RESUBMISSION CODE ORIGINAL REF. NO.							
A. 336.89				0							
23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE From To (MM DD YY MM DD YY)		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID QUAL	J. RENDERING PROVIDER ID. #
02282022 02282022		22		76817 26		A	133.00	1.0	NPI	1932305513	
									NPI		
									NPI		
									NPI		
									NPI		
									NPI		
									NPI		
									NPI		
25. FEDERAL TAX I.D. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov't claims, see back)		28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use		
824944510		<input type="checkbox"/> X	Z95M71Q		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		\$ 133.00	\$ 0.00	133.00		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse side of this bill and are made in good faith.)			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH #				
FORRESTER LENSING MD			MIMBRES MEMORIAL HOSPITAL 900 W ASH STREET DEMING, NM 88030-4000 a. 1891075446 b.				CONCORD RADIOLOGY PO BOX 4897 DEPT 313 HOUSTON, TX 77210-4897 a. 1598260515 b.				
SIGNED 030222											



CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION



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

HEALTH INSURANCE CLAIM FORM

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



PICA										PICA																													
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input checked="" type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 0084048																													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) D2022-002										3. PATIENT'S BIRTH DATE MM DD YY 11 15 1980 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F																													
5. PATIENT'S ADDRESS (no. Street) 1700 4TH ST NE										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																													
CITY STATE DEMING NM										7. INSURED'S ADDRESS (no. Street) 1700 4TH ST NE																													
ZIP CODE TELEPHONE (Include Area Code) 88030-8968 (575 543 6714)										CITY STATE DEMING NM																													
8. RESERVED FOR NUCC USE										8. RESERVED FOR NUCC USE																													
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:																													
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																													
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)																													
11. INSURED'S POLICY GROUP OR FECA NUMBER										11. INSURED'S POLICY GROUP OR FECA NUMBER																													
a. INSURED'S DATE OF BIRTH MM DD YY 11 15 1980 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F										a. INSURED'S DATE OF BIRTH MM DD YY 11 15 1980 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F																													
b. RESERVED FOR NUCC USE										b. OTHER CLAIM ID (Designated by NUCC)																													
c. RESERVED FOR NUCC USE										c. INSURANCE PLAN NAME OR PROGRAM NAME SIERRA CTY DETENTION																													
d. INSURANCE PLAN NAME OR PROGRAM NAME										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.																													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE																				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 12 07 2021 QUAL 431										15. OTHER DATE MM DD YY																													
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN BRIAN CASHIN MD										17a. NPI 1184803934																													
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																													
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. Z20.822 B. F10.20 C. D. ICD Ind. 0 E. F. G. H. I. J. K. L.										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES																													
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										22. RESUBMISSION CODE ORIGINAL REF. NO																													
B. PLACE OF SERVICE EMG										23. PRIOR AUTHORIZATION NUMBER																													
C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER										24. F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. #																													
E. DIAGNOSIS POINTER										25. FEDERAL TAX I.D. NUMBER 475305721 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>																													
F. \$ CHARGES 1445 00 1										26. PATIENT'S ACCOUNT NO 0104067506 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																													
G. DAYS OR UNITS 68 00 1										28. TOTAL CHARGE \$ 1513 00 29. AMOUNT PAID \$ 0 00 30. Rsvd for NUCC Use																													
H. EPSDT Family Plan										31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) BRIAN CASHIN MD																													
I. ID QUAL										32. SERVICE FACILITY LOCATION INFORMATION MIMBRES MEMORIAL HOSP 900 W ASH ST DEMING, NM 88030-4098																													
J. RENDERING PROVIDER ID. # 1184803934										33. BILLING PROVIDER INFO & PH # (800) 225 0953 APP OF NEW MEXICO ED PLLC PO BOX 4458 DEPT 159 HOUSTON, TX 77210-4458																													
SIGNED SOF 02/18/22										a. 1891075446 b. 1891169942																													

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

COMMERCIAL INSURANCE

CASE# 0039-0000740169

PHN# (888) 987-7983

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

# COUNTY OF SOCORRO



FINANCE DEPARTMENT  
ATTN: SAMMIE VEGA  
PO Box I  
Socorro, NM 87801

P: 575-835-0589 svega@co.socorro.nm.us  
F: 575-835-4629 www.socorrocounty.net

Bill To: Sierra County Phone: 575-894-6215 Invoice #: 22DC-051  
Attention: Larita Engle Fax: Invoice Date: 4/4/2022  
Address: 855 Van Patten Email: lengle@sierraco.org  
Address: T or C, NM 87901

## INVOICE FOR: INMATE RX, BILLING FOR MARCH 2022

FILLED		Description	Qty	Unit Price	Price	
3/5/2022	3/11/2022		1	94.00	\$ 94.00	
3/1/2022	3/28/2022		1	972.00	\$ 972.00	
<b>Invoice Subtotal</b>					\$ 1,066.00	
<b>Make all checks payable to COUNTY OF SOCORRO. PAYMENT DUE UPON RECEIPT</b>					<b>TOTAL</b>	\$ 1,066.00



# PATIENT PROFILE

April 4, 2022

██████████  
 414 ASH ST  
 TRUTH OR CONSEQUENCES, NM 87901  
 Phone: (575) -  
 SS#: - -

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

3/1/2022 through 3/31/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0252307	01	05	03/11/2022		8 500	ALBUTEROL AER HFA	00093-3174-31	CATES, CONRAD	\$49.00	ACF	TO
									Copay: \$49.00		
0252308	01	02	03/05/2022		30	TRAZODONE TAB 150MG	13668-0332-05	CATES, CONRAD	\$27.00	ACF	WSS
									Copay: \$27.00		
0252309	02	02	03/05/2022		30	HYDROXYZ PAM CAP 50MG	00185-0676-05	CATES, CONRAD	\$17.99	ACF	WSS
									Copay: \$18.00		

Prescriptions Agency: <b>-\$0.01</b>	Copay: <b>\$94.00</b>	Private Pay: <b>\$0.00</b>
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# PATIENT PROFILE

April 4, 2022

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

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

3/1/2022 through 3/31/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0228084	11	11	03/10/2022		30	CETIRIZINE TAB 10MG	18714-0799-04	VOELKER, LARRY	\$12.00	ACF	TO
									Copay: \$12.00		
0249893	02	00	03/10/2022		30	MIRTAZAPINE 15MG TAB	13107-0031-05	COURTNEY PSYD MP, JOHN	\$14.00	ACF	TO
									Copay: \$14.00		
0249894	02	00	03/10/2022		60	FLUOXETINE CAP 20MG	16714-0721-03	COURTNEY PSYD MP, JOHN	\$13.00	ACF	TO
									Copay: \$13.00		
0253883	00	00	03/01/2022		60	PRAZOSIN HCL CAP 2MG	70954-0020-10	COURTNEY PSYD MP, JOHN	\$25.00	ACF	TO
									Copay: \$25.00		
0254859	00	01	03/11/2022		90	IBUPROFEN TAB 800MG	49483-0604-50	VOELKER, LARRY	\$22.00	ACF	WSS
									Copay: \$22.00		
0255355	00	01	03/16/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	VOELKER, LARRY	\$23.00	ACF	TO
									Copay: \$23.00		
	01	01	03/24/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	VOELKER, LARRY	\$23.00	ACF	TO
									Copay: \$23.00		
	02	01	03/28/2022		2.500	OLOPATADINE SOL 0.2%	58602-0007-39	VOELKER, LARRY	\$23.00	ACF	WSS
									Copay: \$23.00		
0255385	00	03	03/21/2022		4	COMBIVENT 20-100 AER	00597-0024-02	VOELKER, LARRY	\$718.00	ACF	TO
									Copay: \$718.00		
0255386	00	11	03/28/2022		17	ALBUTEROL AER HFA	00093-3174-31	VOELKER, LARRY	\$88.00	ACF	WSS
									Copay: \$88.00		
0255387	00	03	03/28/2022		60	PRAZOSIN HCL CAP 2MG	62559-0581-01	VOELKER, LARRY	\$11.00	ACF	WSS
									Copay: \$11.00		

Prescriptions Agency: \$0.00	Copay: \$972.00	Private Pay: \$0.00
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# COUNTY OF SOCORRO



**FINANCE DEPARTMENT**  
**ATTN: SAMMIE VEGA**  
 PO Box 1  
 Socorro, NM 87801

P: 575-835-0589 svega@co.socorro.nm.us  
 F: 575-835-4629 www.socorrocounty.net

Bill To: Sierra County  
 Attention: Kell Took  
 Address: 855 Van Patten  
 Address: T or C, NM 87901

Phone: 575-894-6215  
 Fax:  
 Email: ktook@sierraco.org

Invoice #: 22DC-052  
 Invoice Date: 4/5/2022

### INVOICE FOR: DETENTION CENTER BILLING FOR EYE CARE MARCH 2022

Start	Stop	Description	Qty	Unit Price	Price
3/1/2022	3/31/2022		1	515.48	\$ 515.48
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

**Make all checks payable to COUNTY OF SOCORRO.**  
**PAYMENT DUE UPON RECEIPT**

	<b>Total</b>	<b>\$ 515.48</b>
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Socorro Family Eye Care  
 122 Plaza St  
 Socorro, NM 87801



P: 575-835-3937  
 F: 575-218-7527  
 info@socorrofamilyeyecare.com  
 www.socorrofamilyeyecare.com

Invoice: 6616  
 Patient:  
 Provider: Dr. County, Laura

Date of Service: 02/11/2022

PO Box 598  
 Socorro, NM 87801-5806

Thank you for supporting our locally-owned small business!

Please note, all orders are final. We are unable to refund or return payments on services or custom eyewear.

Bill Code	Proc Code	Description	Amount
Frame	V2020	Frame	199.50
Plastic SV	V2100	Qnt 2: SV - Plastic Lenses	70.00
Poly SV	V2784	Qnt 2: Polycarbonate SV	20.00
TAX		Sales Tax	22.62
02/14/2022		Patient - Credit Card VISA 0253 Exp:0322 TSYS	<u>-515.48</u>
02/14/2022		Pay for Invoice #6615 2/9/2022	203.98
<b>Balance</b>		Invoice Balance:	<b>\$0.00</b>

Socorro Family Eye Care  
122 Plaza St  
Socorro, NM 87801



P: 575-835-3937  
F: 575-218-7527  
info@socorrofamilyeyecare.com  
www.socorrofamilyeyecare.com

Invoice: 6615  
Patient:  
Provider: Dr. County, Laura

Date of Service: 02/09/2022

PO Box 598  
Socorro, NM 87801-5806

Thank you for supporting our locally-owned small business!

Please note, all orders are final. We are unable to refund or return payments on services or custom eyewear.

Bill Code	Proc Code	Description	Amount
Comp. Exam NP	92004	Comprehensive Examination - new patient	150.00
Refraction	92015	Determination of Refractive State	40.00
TAX		Sales Tax	14.84
TAX		Tax discount for Comp. Exam NP	-1.17
TAX		Tax discount for Refraction	-0.31
02/14/2022		Paid as part of Invoice #6616 2/9/2022	-203.36
<b>Balance</b>			<b>Invoice Balance: \$0.00</b>



# PATIENT PROFILE

February 3, 2022

✓  
SCDC  
SOCORRO, NM 87801  
Phone: (575) -  
SS#: - -

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

7/1/2021 through 12/31/2021

RX #	Rfl	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0223079	01	02	09/17/2021		15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	BONU COMFORT	\$406.00	ACF	TO
									Copay \$406.00		
	02	02	10/19/2021		15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	BONU COMFORT	\$406.00	ACF	TO
									Copay \$406.00		
0223591	02	02	07/07/2021		30	TRAZODONE TAB 50MG	68382-0805-10	VOELKER LARRY	\$12.00	ACF	PJJ
									Copay \$12.00		
0226096	01	02	07/07/2021	21186200010874670	15	NOVOLOG INJ FLEXPEN	00169-6339-10	BONU COMFORT	\$546.40	AFA	PJJ
									Copay \$0.00		
	02	02	08/30/2021		15	NOVOLOG INJ FLEXPEN	00169-6339-10	BONU COMFORT	\$695.00	ACF	TO
									Copay \$695.00		
0234336	00	00	07/02/2021	21183200010437200	15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	GEURTS MAURICE	\$324.60	AFA	TO
									Copay \$0.00		
0234337	00	00	07/02/2021	21183200010437900	10	TRAZODONE TAB 50MG	68382-0805-10	GEURTS MAURICE	\$7.86	AFA	TO
									Copay \$0.00		
0234422	00	00	07/05/2021	21186200010464650	6	ONDANSETRON TAB 4MG	71930-0017-30	GEURTS MAURICE	\$3.24	AFA	TO
									Copay \$0.00		
0234423	00	00	07/05/2021	21186200010351650	20	FAMOTIDINE 20MG TAB	61442-0121-10	GEURTS MAURICE	\$10.00	AFA	TO
									Copay \$0.00		
0235642	00	02	07/20/2021	21201200011212070	30	TRAZODONE TAB 50MG	68382-0805-10	VOELKER LARRY	\$10.00	AFA	TO
									Copay \$0.00		
0240666	00	00	09/23/2021		21	AMOXICILLIN 500MG CAP	16714-0299-04	VAHDANI AMIR	\$13.00	ACF	TO
									Copay \$13.00		
0240667	00	00	09/23/2021		18	IBUPROFEN TAB 800MG	49483-0604-50	VAHDANI AMIR	\$13.00	ACF	TO
									Copay \$13.00		
0242445	00	00	10/13/2021		18	IBUPROFEN TAB 800MG	49483-0604-50	VAHDANI AMIR	\$13.00	ACF	TO
									Copay \$13.00		
0243218	00	02	10/22/2021		15	NOVOLOG INJ FLEXPEN	00169-6339-10	VOELKER LARRY	\$695.00	ACF	TO
									Copay \$695.00		
0246346	00	02	12/07/2021		30	TRAZODONE TAB 50MG	68382-0805-10	CATES CONRAD	\$12.00	ACF	WSS
									Copay \$12.00		
	01	02	12/31/2021		30	TRAZODONE TAB 50MG	68382-0805-10	CATES CONRAD	\$12.00	ACF	TO
									Copay \$12.00		
0246849	00	00	12/07/2021		1	ACCU-CHEK KIT GUIDE	65702-0729-10	CATES CONRAD	\$44.00	ACF	WSS
									Copay \$44.00		

# PATIENT PROFILE

February 3, 2022

✓  
 SCCC  
 SOCORRO, NM 87801  
 Phone: (575) -  
 SS#: - -

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

7/1/2021 through 12/31/2021

RX #	RB	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0246850	00	04	12/07/2021		90	GABAPENTIN 100MG CAP	16714-0661-02	CATES, CONRAD	\$14.00	ACF	WSS
									Copay: \$14.00		
0246851	00	00	12/07/2021		15	LANTUS INJ SOLOSTAR	00088-2218-05	CATES, CONRAD	\$523.00	ACF	WSS
									Copay: \$523.00		
0246869	00	00	12/07/2021		50	ACCU-CHEK TES GUIDE	65702-0711-10	CATES, CONRAD	\$39.00	ACF	WSS
									Copay: \$39.00		
0246870	00	00	12/07/2021		100	SOFTCLIX MIS LANCETS	50924-0971-10	CATES, CONRAD	\$28.00	ACF	WSS
									Copay: \$28.00		
0247984	00	03	12/21/2021		30	LISINOPRIL 5MG TAB	43547-0352-11	CATES, CONRAD	\$12.00	ACF	TO
									Copay: \$12.00		
0247985	00	00	12/21/2021		15	BASAGLAR KWIKPEN INJ 100UNIT	00002-7715-59	CATES, CONRAD	\$406.00	ACF	TO
									Copay: \$406.00		

Prescriptions Agency: \$902.10

Copay: \$3343.00

Private Pay: \$0.00



# COUNTY OF SOCORRO



FINANCE DEPARTMENT  
ATTN: SAMMIE VEGA  
PO Box 1  
Socorro, NM 87801

P: 575-835-0589 svega@co.socorro.nm.us  
F: 575-835-4629 www.socorrocounty.net

**Bill To:** Sierra County **Phone:** 575-894-6215 **Invoice #:** 22DC-046  
**Attention:** Larita Engle **Fax:** **Invoice Date:** 3/3/2022  
**Address:** 855 Van Patten **Email:** lengle@sierraco.org  
**Address:** T or C, NM 87901

### INVOICE FOR: INMATE RX, BILLING FOR FEBRUARY 2022

FILLED		Description	Qty	Unit Price	Price	
2/1/2022	2/11/2022		1	625.00	\$ 625.00	
2/8/2022	2/25/2022		1	733.00	\$ 733.00	
<b>Invoice Subtotal</b>					\$ 1,358.00	
<b>Make all checks payable to COUNTY OF SOCORRO. PAYMENT DUE UPON RECEIPT</b>					<b>TOTAL</b>	\$ 1,358.00

# PATIENT PROFILE

March 2, 2022

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

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

2/1/2022 through 2/28/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0228084	10	11	02/11/2022		30	CETIRIZINE TAB 10MG	16714-0799-04	VOELKER LARRY	\$12.00	ACF	WSS
									Copay: \$12.00		
0249250	01	01	02/11/2022		90	IBUPROFEN TAB 800MG	49483-0604-50	VOELKER, LARRY	\$21.00	ACF	WSS
									Copay \$21.00		
0249893	01	00	02/11/2022		30	MIRTAZAPINE 15MG TAB	13107-0031-05	COURTNEY PSYD MP, JOHN	\$14.00	ACF	WSS
									Copay \$14.00		
0249894	01	00	02/11/2022		60	FLUOXETINE CAP 20MG	16714-0721-03	COURTNEY PSYD MP, JOHN	\$13.00	ACF	WSS
									Copay: \$13.00		
0251476	00	01	02/01/2022		4	COMBIVENT 20-100 AER	00597-0024-02	VOELKER, LARRY	\$565.00	ACF	TO
									Copay: \$565.00		

Prescriptions Agency: \$0.00

Copay: \$625.00

Private Pay: \$0.00

# PATIENT PROFILE

March 2, 2022

SCDC  
 SOCORRO, NM 87801  
 Phone: (575) -  
 SS#: - -

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

2/1/2022 through 2/28/2022

RX #	R#	RA	Dispensed	Auth Number	Qty	Drug Name	NDC Number	Doctor	Price	AG	IN
0243218	01	02	02/25/2022		15	NOVOLOG INJ FLEXPEN	00169-6339-10	VOELKER, LARRY	\$695.00	ACF	TO
									Copay: \$695.00		
0246848	02	02	02/11/2022		30	TRAZODONE TAB 50MG	68382-0805-10	CATES, CONRAD	\$12.00	ACF	WSS
									Copay: \$12.00		
0246850	02	04	02/16/2022		90	GABAPENTIN 100MG CAP	18714-0661-02	CATES, CONRAD	\$14.00	ACF	WSS
									Copay: \$14.00		
0247984	01	03	02/08/2022		30	LISINOPRIL 5MG TAB	43547-0352-11	CATES, CONRAD	\$12.00	ACF	TO
									Copay: \$12.00		

Prescriptions Agency: \$0.00

Copay: \$733.00

Private Pay: \$0.00

# LUNA COUNTY DETENTION CENTER


1700 4TH ST N.E.  
DEMING, NM 88030  
Phone (575) 543-6707 Fax (575) 544-7272

DATE: March 14, 2022  
INVOICE # DP382022

FOR: Medical billing for  
inmates for Sierra  
Inmates February  
2022

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

DESCRIPTION	Rate	AMOUNT
Medical Billing for Inmates housed at LCDC Diamond Pharmacy 02/1/2022 - 02/28/2022  Back up Pharmacy Order		\$ 3,893.34
	SUBTOTAL	\$ 3,893.34

  
Gauadalupe Sandoval / Billing

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

**Diamond Drugs, Inc.**

**Invoice**

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

**Number:** IN001211858  
**Date:** 2/28/2022

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

**Attn:** Chris Brice NMLA

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

**Attn:** Chris Brice

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

Item No.	Description/Comments	Quantity	UOM	Unit Price	Amount								
XCURMEDS	Current Medications FEB 2022	1 00000	EA	2 336 230000	2,336.23								
XCURMEDS	Current Medications OTC	1 00000	EA	698 400000	698.40								
XCURMEDS	Current Medications SIERRA	1 00000	EA	3 893 340000	3,893.34								
XCURRET	Credit for Returns	1 00000	EA	-409 140000	-409.14								
XCURRET	Credit for Returns	1 00000	EA	-25 740000	-25.74								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="border-bottom: 1px solid black;">Due Date</th> <th style="border-bottom: 1px solid black;">Amount Due</th> <th style="border-bottom: 1px solid black;">Disc. Date</th> <th style="border-bottom: 1px solid black;">Disc. Amount</th> </tr> <tr> <td>3/30/2022</td> <td style="text-align: right;">6,493.09</td> <td></td> <td style="text-align: right;">0.00</td> </tr> </table>	Due Date	Amount Due	Disc. Date	Disc. Amount	3/30/2022	6,493.09		0.00				
Due Date	Amount Due	Disc. Date	Disc. Amount										
3/30/2022	6,493.09		0.00										

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

Please reference this invoice and customer number when making payment.

**Remit To:**

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

Subtotal before taxes	6,493.09
Total taxes	0.00
<b>Total amount</b>	<b>6,493.09</b>
Payment received	0.00
Discount taken	0.00
<b>Amount due</b>	<b>6,493.09</b>

EIN: 25-1378278 DUNS 05-112-8163

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			<b>- 0079666 S</b>					
43585784		30.0	Citalopram 20mg Tablet	13668-0010-05	Yes	4.96 02/24/22	02/24/22	HERRELL
42890380		30.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	4.52 02/01/22	02/01/22	HERRELL
42944664		60.0	cloNIDine 0.1mg Tablet	00228-2127-50	Yes	5.57 02/22/22	02/22/22	HERRELL
42944753		30.0	Divalproex DR 250mg Tab	62756-0797-13	Yes	5.11 02/22/22	02/22/22	HERRELL
42944638		30.0	Divalproex DR 500mg Tab	62756-0798-13	Yes	6.68 02/25/22	02/25/22	HERRELL
43458008		30.0	Docusate Sodium 100mg Cap	00904-6998-80	Yes	4.38 02/17/22	02/17/22	SMYER
43458006		30.0	Furosemide 20mg Tablet	69315-0116-10	Yes	5.01 02/17/22	02/17/22	SMYER
						<b>36.23</b>		
			<b>- 0072679 S</b>					
43386434		60.0	Eliquis 5mg Tablet	00003-0894-21	No	515.80 02/13/22	02/13/22	SMYER
						<b>515.80</b>		
			<b>- 0060533 S</b>					
43446958		10.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	4.36 02/16/22	02/16/22	SMYER
43444415		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43 02/16/22	02/16/22	SMYER
						<b>10.79</b>		
			<b>L - 0083152</b>					
43183423		60.0	METOPROL TAR TAB 50MG	57237-0101-99	Yes	4.87 02/02/22	02/02/22	SMYER
						<b>4.87</b>		
			<b>N - 0072539</b>					
43321353		20.0	Acetaminophen 325mg Tab	49483-0340-10	Yes	4.22 02/09/22	02/09/22	SMYER
43209815		7.0	LamoTRigine 25mg Tablet	65862-0227-01	Yes	4.28 02/03/22	02/03/22	HERRELL
43599961		30.0	LamoTRigine 25mg Tablet	65862-0227-01	Yes	5.28 02/25/22	02/25/22	HERRELL
43209818		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94 02/03/22	02/03/22	HERRELL
43599385		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94 02/25/22	02/25/22	HERRELL
43209817		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61 02/03/22	02/03/22	HERRELL
43599975		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61 02/25/22	02/25/22	HERRELL
						<b>38.88</b>		
			<b>0068391</b>					
43224608		30.0	Lisinopril 20mg Tablet	70518-0544-00	Yes	4.49 02/03/22	02/03/22	SMYER
						<b>4.49</b>		

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

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA  
 03/09/2022 DIAP - DIAMOND PHARMACY SERVICES  
 Billing Date(s): 2/1/2022 - 2/28/2022  
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	- 0066438	<i>Sierra</i>					
43314385		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 02/09/22	02/09/22	SMYER
43331162		10.2	Budes/Formot 80-4.5 Aer	00310-7372-20	No	261.37 02/10/22	02/10/22	SMYER
43599987		60.0	BusPIRone 30mg Tablet	64380-0744-03	Yes	9.98 02/25/22	02/25/22	HERRELL
43310142		20.0	Doxycycline Hyc 100mg Cap	00143-9803-05	Yes	5.83 02/09/22	02/09/22	SMYER
42781635		30.0	FLUoxetine 40mg Capsule	65862-0194-01	Yes	5.03 02/01/22	02/01/22	HERRELL
43600000		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 02/25/22	02/25/22	HERRELL
42918850		60.0	Indomethacin 25mg Capsule	68462-0406-10	Yes	9.21 02/25/22	02/25/22	SMYER
43337751		10.0	Losartan 50mg Tablet	65862-0202-99	No	4.53 02/10/22	02/10/22	SMYER
43458002		30.0	Losartan 50mg Tablet	65862-0202-99	No	5.63 02/17/22	02/17/22	SMYER
43310534		10.0	Mucus Relief 600mg ER Tab	00904-6986-40	No	6.59 02/09/22	02/09/22	SMYER
42781633		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 02/01/22	02/01/22	HERRELL
						348.50		
	✓	- 0082747	<i>Sierra</i>					
43307630		60.0	HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	8.40 02/09/22	02/09/22	HERRELL
43307657		30.0	Mirtazapine 30mg Tablet	57237-0009-05	Yes	6.23 02/09/22	02/09/22	HERRELL
43307644		30.0	Olanzapine 2.5mg Tablet	55111-0163-05	Yes	6.14 02/09/22	02/09/22	HERRELL
43307584		30.0	Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61 02/09/22	02/09/22	HERRELL
						27.38		
	✓	- 0079158	<i>Sierra</i>					
43224899		6.1	Alvesco 160mcg Inhaler	70515-0712-01	No	123.43 02/03/22	02/03/22	SMYER
43224797		30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20 02/03/22	02/03/22	SMYER
43354165		60.0	Docusate Sodium 100mg Cap	00904-6998-80	Yes	4.78 02/11/22	02/11/22	SMYER
42763023		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.22 02/22/22	02/22/22	SMYER
42763054		30.0	Lisinopril 20mg Tablet	68180-0981-03	Yes	4.49 02/22/22	02/22/22	SMYER
43585798		60.0	PARoxetine 30mg Tablet	68382-0099-10	Yes	8.56 02/24/22	02/24/22	HERRELL
43585792		30.0	Xarelto 20mg Tablet	50458-0579-30	No	486.33 02/24/22	02/24/22	SMYER
						636.01		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
	✓	- 0069422	<i>Sierra</i>					
42844145		60.0	Gemfibrozil 600mg Tablet	69097-0821-12	Yes	8.45 02/08/22	02/08/22	SMYER
43256660		30.0	HCTZ 25mg Tablet	16729-0183-17	Yes	4.22 02/07/22	02/07/22	SMYER
43222631		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43 02/03/22	02/03/22	SMYER
42674721		30.0	Mirtazapine 15mg Tablet	13107-0031-05	Yes	6.13 02/08/22	02/08/22	HERRELL
						25.23		
	✓	- 0083129	<i>Sierra</i>					
43334080		30.0	Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95 02/10/22	02/10/22	HERRELL
43334078		60.0	Duloxetine 60mg DR Cap	27241-0099-90	Yes	13.42 02/10/22	02/10/22	HERRELL
43334082		30.0	Lamotrigine 200mg TAB	65862-0230-60	Yes	6.10 02/10/22	02/10/22	HERRELL
43334076		30.0	Mirtazapine 45mg Tablet	13107-0032-05	Yes	6.38 02/10/22	02/10/22	HERRELL
43334086		30.0	Olanzapine 20mg Tablet	55111-0168-05	Yes	7.32 02/10/22	02/10/22	HERRELL
43334075		30.0	Prazosin 1mg Capsule	70954-0019-20	No	11.39 02/10/22	02/10/22	HERRELL
43334026		30.0	Propranolol 10mg Tablet	69238-2077-07	Yes	5.07 02/10/22	02/10/22	HERRELL
43334073		60.0	TrazODONE 100mg Tab	50111-0561-03	Yes	6.71 02/10/22	02/10/22	HERRELL
						61.34		
	✓	0075678	<i>Sierra</i>					
43228641		30.0	Aripiprazole 10mg Tablet	67877-0432-05	Yes	5.30 02/04/22	02/04/22	HERRELL
						5.30		
	✓	1 - 0069805	<i>Sierra</i>					
43479283		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77 02/18/22	02/18/22	HERRELL
						4.77		
	✓	1 - 0079515	<i>Sierra</i>					
43428994		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 02/15/22	02/15/22	HERRELL
						7.24		
	✓	0075748	<i>Sierra</i>					
43556019		60.0	Docusate Sodium 100mg Cap	00904-6998-80	Yes	4.78 02/23/22	02/23/22	SMYER
43307624		30.0	Olanzapine 10mg Tablet	43598-0166-05	Yes	5.94 02/09/22	02/09/22	HERRELL
43307609		30.0	TraZODone 50mg Tablet	50111-0560-03	Yes	4.73 02/09/22	02/09/22	HERRELL
						15.45		

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DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA  
 03/09/2022 DIAP - DIAMOND PHARMACY SERVICES  
 Billing Date(s): 2/1/2022 - 2/28/2022  
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty	Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
				<b>D - 0068734</b>						
42581336	G	60.0		Oxcarbazepine 300mg Tab	51991-0293-05	Yes	16.51	02/15/22	02/15/22	HERRELL
							<b>16.51</b>			
				<b>M - 0083628</b>						
43356562		30.0		amLODIPine 5mg Tablet	67877-0198-10	Yes	4.36	02/11/22	02/11/22	SMYER
43356564		30.0		Farxiga 5mg Tablet	00310-6205-30	No	519.05	02/11/22	02/11/22	SMYER
43467350		15.0		Nystatin Cream	45802-0059-35	Yes	7.75	02/17/22	02/17/22	SMYER
43356560		30.0		Pioglitazone 15mg Tablet	57237-0219-05	No	6.11	02/11/22	02/11/22	SMYER
							<b>537.27</b>			
				<b>- 0084201</b>						
43417933		6.7		Albuterol HFA Inhaler	00781-7296-85	No	24.61	02/15/22	02/15/22	SMYER
43483544		30.0		Multivitamin Tablets	80681-0020-00	Yes	4.25	02/18/22	02/18/22	HERRELL
43483546		30.0		Olanzapine 5mg Tablet	33342-0068-44	Yes	6.61	02/18/22	02/18/22	HERRELL
43483549		60.0		Vitamin B-1 100mg Tablet	43292-0123-45	Yes	5.16	02/18/22	02/18/22	HERRELL
							<b>40.63</b>			
				<b>.0084203</b>						
43434863		30.0		Aripiprazole 5mg Tablet	67877-0431-05	Yes	4.95	02/16/22	02/16/22	HERRELL
43434860		30.0		Venlafaxine ER 75mg Cap	65862-0528-99	No	7.84	02/16/22	02/16/22	HERRELL
							<b>12.79</b>			
				<b>067797</b>						
43458010		60.0		Acetaminophen ER 650mg Tb	54257-0573-03	No	7.95	02/17/22	02/17/22	SMYER
43347319		30.0		Atorvastatin 10mg Tablet	72205-0022-05	Yes	4.68	02/10/22	02/10/22	SMYER
42983155		30.0		HydrOXYzine HCl 50mg Tab	23155-0502-10	Yes	6.19	02/22/22	02/22/22	HERRELL
42635506		30.0		Loratadine 10mg Tablet	51660-0526-01	Yes	5.09	02/08/22	02/08/22	SMYER
42636606		30.0		Montelukast 10mg Tablet	31722-0726-10	No	5.65	02/08/22	02/08/22	SMYER
43215959		10.0		Polymyxin/Trimeth OPL	61314-0628-10	No	9.56	02/03/22	02/03/22	SMYER
43247641		80.0		Triamcinolone 0.1% Cream	45802-0064-36	Yes	9.09	02/05/22	02/05/22	SMYER
43347050		30.0		Valsart/Hctz 320-25mg Tab	00378-6325-77	No	11.47	02/10/22	02/10/22	SMYER
43541166		30.0		Venlafaxine ER 150mg* <b>TAB*</b>	75834-0218-30	No	24.11	02/22/22	02/22/22	HERRELL
43346908		30.0		Xarelto 20mg Tablet	50458-0579-30	No	486.33	02/10/22	02/10/22	SMYER
							<b>570.12</b>			

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DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA  
 03/09/2022 DIAP - DIAMOND PHARMACY SERVICES  
 Billing Date(s): 2/1/2022 - 2/28/2022  
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			- 0070821					
43458226		30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 02/17/22	02/17/22	HERRELL
						7.24		
			- 0071099					
43431218		30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88 02/16/22	02/16/22	HERRELL
42097955		180.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	7.03 02/08/22	02/08/22	HERRELL
43431183		180.0	HydrOXYzine HCl 25mg Tab	00093-5061-10	No	7.03 02/16/22	02/16/22	HERRELL
43431067		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 02/16/22	02/16/22	SMYER
43431100		30.0	Magnesium Oxide 400mg Tab	10006-0730-38	Yes	4.65 02/16/22	02/16/22	SMYER
41801154		60.0	Methocarbamol 500mg Tab	69584-0611-50	Yes	7.51 02/02/22	02/02/22	SMYER
43431125		60.0	Methocarbamol 500mg Tab	69584-0611-50	Yes	7.51 02/16/22	02/16/22	SMYER
43431087		60.0	Naproxen 500mg Tablet	68462-0190-05	Yes	7.20 02/16/22	02/16/22	SMYER
43431052	J	30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 02/16/22	02/16/22	SMYER
43431208		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01 02/16/22	02/16/22	HERRELL
43209946	J	60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	6.71 02/03/22	02/03/22	HERRELL
43431195	J	60.0	TraZODONE 100mg Tab	50111-0561-03	Yes	6.71 02/16/22	02/16/22	HERRELL
42098088		60.0	Venlafaxine 75mg *ER* Tab	75834-0217-30	No	80.48 02/03/22	02/03/22	HERRELL
43431166	J	60.0	Venlafaxine 75mg *ER* Tab	75834-0217-30	No	80.48 02/16/22	02/16/22	HERRELL
						242.43		
			- 0081720					
43267703		14.0	Amox/Clav 875mg/125mg Tab	65862-0503-01	Yes	9.54 02/07/22	02/07/22	SMYER
42465758		60.0	Celecoxib 200mg Capsule	75834-0238-05	No	10.80 02/08/22	02/08/22	SMYER
						20.34		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			<b>- 0083461</b>					
42674799		30.0	Escitalopram 10mg Tablet	16729-0169-17	Yes	5.36 02/08/22	02/08/22	HERRELL
42388924		30.0	HCTZ 12.5mg Tablet	16729-0182-17	Yes	5.25 02/08/22	02/08/22	SMYER
43458427		30.0	Loratadine 10mg Tablet	51660-0526-01	Yes	5.09 02/17/22	02/17/22	SMYER
42553127		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 02/08/22	02/08/22	SMYER
42388922		30.0	Potassium Micro 10meq Tab	63304-0076-10	No	7.14 02/08/22	02/08/22	SMYER
42674550		30.0	Prazosin 2mg Capsule	70954-0020-20	No	12.01 02/01/22	02/01/22	HERRELL
43458432		30.0	Vit D3 2,000U (50mcg) Tab	80681-0170-00	Yes	4.70 02/17/22	02/17/22	SMYER
43360298		30.0	Xarelto 20mg Tablet	50458-0579-30	No	486.33 02/11/22	02/11/22	SMYER
						<b>531.02</b>		
			<b>- 0067462</b>					
43428507		30.0	Melatonin 5mg Tablets	80681-0040-02	No	4.63 02/15/22	02/15/22	HERRELL
43428499		30.0	Sertraline 50mg Tablet	68180-0352-05	Yes	4.77 02/15/22	02/15/22	HERRELL
						<b>9.40</b>		
			<b>- 0073368</b>					
43162720		3.0	Azithromycin 500mg Tab	50111-0788-10	Yes	5.78 02/01/22	02/01/22	SMYER
						<b>5.78</b>		
			<b>0050389</b>					
43221865		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 02/03/22	02/03/22	SMYER
						<b>5.14</b>		
			<b>- 0083496</b>					
43591684		6.7	Albuterol HFA Inhaler	00781-7296-85	No	24.61 02/24/22	02/24/22	SMYER
						<b>24.61</b>		

DIAMOND PHARMACY SERVICES - Main DB Billing Report SIERRA  
 03/09/2022 DIAP - DIAMOND PHARMACY SERVICES  
 Billing Date(s): 2/1/2022 - 2/28/2022  
 NMLA - LUNA COUNTY DETENTION CENTER

Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price Fill Date	Bill Date	Doctor
			<b>- 0075899</b>					
43584741	✓	30.0	amLODIPine 10mg Tablet	67877-0199-05	Yes	4.20 02/24/22	02/24/22	SMYER
43584756		30.0	Aspir-low 81mg EC Tablet	49483-0481-10	Yes	4.16 02/24/22	02/24/22	SMYER
43584744		30.0	Atorvastatin 10mg Tablet	72205-0022-05	Yes	4.68 02/24/22	02/24/22	SMYER
43584930		237.0	Bismatrol 262/15ml Susp	00536-1286-36	Yes	6.41 02/24/22	02/24/22	SMYER
43584751		30.0	Donepezil 10mg Tablet	43547-0276-11	No	4.76 02/24/22	02/24/22	SMYER
43584722		30.0	Finasteride 5mg Tablet	16729-0090-16	No	5.72 02/24/22	02/24/22	SMYER
43599943		30.0	FLUoxetine 20mg Capsule	65862-0193-99	Yes	4.72 02/25/22	02/25/22	SMYER
43584735		30.0	Memantine 5mg Tablet	72578-0003-05	No	5.42 02/24/22	02/24/22	SMYER
43584948		30.0	Multivitamin Tablets	80681-0020-00	Yes	4.25 02/24/22	02/24/22	SMYER
43584729		30.0	Tamsulosin 0.4mg Capsule	33342-0159-15	Yes	5.06 02/24/22	02/24/22	SMYER
						<b>49.38</b>		
			<b>- 0076710</b>					
43578736	✓	30.0	Duloxetine 30mg DR Cap	27241-0098-10	Yes	7.24 02/24/22	02/24/22	SMYER
43578738		60.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	6.24 02/24/22	02/24/22	SMYER
43310687		30.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	5.20 02/09/22	02/09/22	SMYER
43599930		60.0	Lisinopril 40mg Tablet	68180-0979-03	Yes	6.43 02/25/22	02/25/22	SMYER
43310688		30.0	Omeprazole 20mg Capsule	70700-0150-10	Yes	5.14 02/09/22	02/09/22	SMYER
						<b>30.25</b>		
			<b>- 0083134</b>					
41807777	✓	30.0	Atorvastatin 20mg Tablet	16729-0045-17	Yes	5.10 02/08/22	02/08/22	SMYER
42844188		60.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	5.77 02/08/22	02/08/22	HERRELL
42844231		30.0	Olanzapine 15mg Tablet	55111-0167-05	Yes	6.83 02/25/22	02/25/22	HERRELL
42844170		60.0	Venlafaxine 37.5mg Tablet	57237-0173-01	Yes	6.43 02/08/22	02/08/22	HERRELL
42844215		60.0	Venlafaxine 75mg Tablet	57237-0175-01	Yes	6.92 02/08/22	02/08/22	HERRELL
						<b>31.05</b>		
			<b>- 0083722</b>					
43458426	✓	30.0	CloNIDine 0.2mg Tablet	00228-2128-50	Yes	4.88 02/17/22	02/17/22	HERRELL
43605219		14.0	Ibuprofen 600mg Tablet	67877-0320-05	Yes	4.51 02/25/22	02/25/22	SMYER
42844155		30.0	Melatonin ER 5mg Tablet	74312-0530-98	No	7.71 02/22/22	02/22/22	HERRELL
						<b>17.10</b>		

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Rx #	Patient	Qty Dsp	Drug	NDC	Form	Price	Fill Date	Bill Date	Doctor
	LUNA COUNTY DETENTION					3893.34			
	<b>Grand Total</b>					3893.34			