



THE UNIVERSITY of  
**NEW ORLEANS**  
OFFICE OF PURCHASING

ADDENDUM # 1

May 27, 2020

To: All Proposers

Reference: Bid Number: SOV2620: Secondary Student Athletic Insurance  
RFP Opening: June 11, 2020 at 2:00 p.m.

The following attachment will become a part of the specifications of the above referenced Invitation to Bid.

**Attachment:**

Attached is a claims history report from A-G Administrators for the period 2013 thru 4/11/18

All proposers should acknowledge receipt of this addendum with their proposal. Failure to do so may be cause for rejection of proposal without further consideration.

Susan Varble  
Director of Purchasing

**ACKNOWLEDGMENT OF ADDENDUM**

\_\_\_\_\_  
(Proposer)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Printed or Typed)

4/10/2018 9:53:56 AM

Pay Dates: 01/01/1900 - 04/11/2018

Report Criteria: University Of New Orleans

## A-G Administrators, Inc. Claims History Report

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
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Client: University Of New Orleans

Underwriting Year: 2013

Policy: ICS L00600024 001

Coverage: Coll.spts.,Excess

Checking Account: BRKLY

A., Hayley; Claim: 170317-20; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/24/2013									
11/30/2013	Ochsner Medical Center	Mri	\$1,316.00	\$1,216.00	Other Insurance	\$100.00	03/24/2014	03/24/2014	70005323
10/25/2013	Ochsner Medical Center	X-ray,Radiology	\$168.00	\$112.59	Other Insurance	\$55.41	03/24/2014	03/24/2014	70005323
10/25/2013	Ochsner Health System	Ph.visit Office	\$372.00	\$347.00	Other Insurance	\$25.00	05/12/2014	05/15/2014	70007092
01/03/2014	Ochsner Health System	X-ray,Radiology	\$1,054.00	\$954.00	Other Insurance	\$100.00	05/12/2014	05/15/2014	70007092
10/31/2013	Ochsner Health System	Ph.visit Office	\$372.00	\$347.00	Other Insurance	\$25.00	05/12/2014	05/15/2014	70007092
<b>Claim # 170317-20 Totals :</b>			<b>\$3,282.00</b>	<b>\$2,976.59</b>		<b>\$305.41</b>			

A., Hayley; Claim: 170317-41; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 11/08/2013									
11/25/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$241.00	Other Insurance	\$50.00	02/24/2014	04/14/2014	70006084
02/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$161.00	Other Insurance	\$50.00	09/15/2014	10/10/2014	70011353
02/05/2014	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$129.13	Other Insurance	\$67.87	06/11/2015	06/12/2015	70019404
<b>Claim # 170317-41 Totals :</b>			<b>\$699.00</b>	<b>\$531.13</b>		<b>\$167.87</b>			

A., Hayley; Claim: 170317-50; Activity: Womens Basketball; Diagnosis: Dehydration; Anatomy: Internal; Date Incurred: 09/26/2013									
01/07/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$186.00	Other Insurance	\$25.00	03/10/2014	03/31/2014	70005705
04/09/2014	Ochsner Clinic Llc	Ph.visit Office	\$84.00	\$55.02	Other Insurance	\$28.98	05/27/2014	06/12/2014	70008267
<b>Claim # 170317-50 Totals :</b>			<b>\$295.00</b>	<b>\$241.02</b>		<b>\$53.98</b>			

A., Jewel; Claim: 170317-132; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 06/06/2014									
09/25/2014	Ochsner Health System	Medical Treatment	\$219.00	\$190.43	Other Insurance	\$28.57	03/26/2015	03/27/2015	70016066
06/25/2014	Ochsner Health System	Medical Treatment	\$208.00	\$168.00	Other Insurance	\$40.00	03/26/2015	03/27/2015	70016091
<b>Claim # 170317-132 Totals :</b>			<b>\$427.00</b>	<b>\$358.43</b>		<b>\$68.57</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Morgan; Claim: 170317-85; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 08/25/2013</b>									
09/16/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$266.41	Other Insurance	\$22.59	03/31/2014	04/03/2014	70005817
09/13/2013	Ochsner Medical Center	Mri	\$2,800.09	\$2,594.24	Other Insurance	\$205.85	05/27/2014	06/26/2014	70008729
09/13/2013	Ochsner Clinic Llc	Surgery	\$489.00	\$468.29	Other Insurance	\$20.71	08/20/2014	09/12/2014	70010695
09/04/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$234.69	Other Insurance	\$54.31	08/20/2014	09/12/2014	70010695
09/13/2013	Ochsner Clinic Llc	Surgery	\$489.00	\$82.86	Other Insurance	\$406.14	04/22/2015	04/24/2015	70017421
<b>Claim # 170317-85 Totals :</b>			<b>\$4,356.09</b>	<b>\$3,646.49</b>		<b>\$709.60</b>			

<b>B., Dasia; Claim: 170317-54; Activity: Womens Basketball; Diagnosis: Swelling; Anatomy: R-foot; Date Incurred: 11/26/2013</b>									
01/17/2014	Southern Medical & Adaptive	Orthosis	\$300.00	\$0.00		\$300.00	02/25/2014	02/28/2014	70004729
<b>Claim # 170317-54 Totals :</b>			<b>\$300.00</b>	<b>\$0.00</b>		<b>\$300.00</b>			

<b>B., Michael; Claim: 170317-49; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 11/01/2013</b>									
12/18/2013	Bioventus	Bone Healing Sys	\$4,950.00	\$4,477.38	Other Insurance	\$472.62	02/03/2014	02/10/2014	70004179
12/11/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$381.00	Other Insurance	\$30.00	03/17/2014	03/17/2014	70005169
12/11/2013	Ochsner Clinic Llc	Mri	\$130.00	\$105.88	Other Insurance	\$24.12	03/17/2014	03/17/2014	70005169
01/20/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.39	Other Insurance	\$15.61	03/17/2014	03/17/2014	70005169
01/20/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	03/17/2014	03/17/2014	70005169
12/11/2013	Ochsner Medical Center	Mri	\$1,478.00	\$911.76	Other Insurance	\$566.24	06/16/2014	06/26/2014	70008726
<b>Claim # 170317-49 Totals :</b>			<b>\$7,275.00</b>	<b>\$6,131.41</b>		<b>\$1,143.59</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Michael; Claim: 170317-72; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 01/29/2014</b>									
01/31/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.39	Other Insurance	\$15.61	03/10/2014	03/17/2014	70005174
01/31/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	03/10/2014	03/17/2014	70005174
02/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	03/10/2014	03/17/2014	70005174
02/26/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.39	Other Insurance	\$15.61	03/31/2014	04/03/2014	70005816
02/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	03/31/2014	04/03/2014	70005816
02/26/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	05/19/2014	05/22/2014	70007649
02/26/2014	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$127.60	Other Insurance	\$46.40	06/23/2014	06/26/2014	70008727
05/07/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	06/16/2014	06/26/2014	70008728
07/16/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.39	Other Insurance	\$15.61	08/11/2014	08/19/2014	70010214
07/16/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	08/11/2014	08/19/2014	70010214
05/07/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.39	Other Insurance	\$15.61	09/02/2014	10/10/2014	70011354
01/31/2014	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$127.60	Other Insurance	\$46.40	03/26/2015	03/27/2015	70016139
05/07/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$116.76	Other Insurance	\$45.24	03/26/2015	03/27/2015	70016139
07/16/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$116.76	Other Insurance	\$45.24	07/16/2015	07/17/2015	70021123
05/07/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$116.76	Write-off	\$45.24	03/30/2016	04/01/2016	70031712
<b>Claim # 170317-72 Totals :</b>			<b>\$2,246.00</b>	<b>\$1,745.04</b>		<b>\$500.96</b>			

<b>B., Michael; Claim: 170317-35; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/10/2013</b>									
11/25/2013	Ochsner Clinic Llc	Surgery	\$741.00	\$433.27	Other Insurance	\$307.73	03/17/2014	03/17/2014	70005167
11/11/2013	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$47.55	Other Insurance	\$93.45	03/17/2014	03/17/2014	70005167
11/25/2013	Ochsner Clinic Llc	Mri	\$208.00	\$46.26	Other Insurance	\$161.74	06/04/2014	06/19/2014	70008513
11/25/2013	Ochsner Medical Center	Medical Treatment	\$2,473.64	\$2,025.31	Other Insurance	\$448.33	03/26/2015	03/27/2015	70016214
<b>Claim # 170317-35 Totals :</b>			<b>\$3,563.64</b>	<b>\$2,552.39</b>		<b>\$1,011.25</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Sarah; Claim: 170317-78; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 12/01/2013</b>									
02/24/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$129.60	Other Insurance	\$32.40	07/29/2014	08/01/2014	70009777
02/25/2014	Ochsner Medical Center	Mri	\$1,316.00	\$1,052.80	Other Insurance	\$263.20	07/29/2014	08/01/2014	70009777
02/24/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.00		\$17.00	07/29/2014	08/01/2014	70009778
02/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$96.14	Other Insurance	\$194.86	07/29/2014	08/01/2014	70009778
02/25/2014	Ochsner Clinic Llc	Mri	\$130.00	\$31.20	Other Insurance	\$98.80	07/29/2014	08/01/2014	70009778
03/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$178.93	Other Insurance	\$32.07	07/29/2014	08/01/2014	70009778
06/10/2014	Southern Medical & Adaptive	Medical Equipment	\$144.44	\$115.56	Other Insurance	\$28.88	08/19/2014	08/22/2014	70010269
06/10/2014	Southern Medical & Adaptive	Orthosis	\$320.00	\$291.12	Other Insurance	\$28.88	09/02/2014	09/04/2014	70010473
<b>Claim # 170317-78 Totals :</b>			<b>\$2,591.44</b>	<b>\$1,895.35</b>		<b>\$696.09</b>			

<b>B., Teris; Claim: 170317-105; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/06/2013</b>									
10/16/2013	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$106.00	Other Insurance	\$35.00	04/18/2014	04/21/2014	70006289
10/07/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	04/18/2014	04/21/2014	70006289
10/14/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	04/18/2014	04/21/2014	70006289
10/30/2013	Ochsner Clinic Llc	Surgery	\$342.00	\$307.00	Other Insurance	\$35.00	09/29/2014	10/03/2014	70011191
10/23/2013	Ochsner Clinic Llc	Surgery	\$342.00	\$307.00	Other Insurance	\$35.00	09/29/2014	10/03/2014	70011191
<b>Claim # 170317-105 Totals :</b>			<b>\$1,403.00</b>	<b>\$1,228.00</b>		<b>\$175.00</b>			

<b>B., Teris; Claim: 170317-114; Activity: Mens Basketball; Diagnosis: Laceration; Anatomy: Lip; Date Incurred: 03/23/2014</b>									
03/31/2014	Ochsner Clinic Llc	Ph.visit Office	\$84.00	\$56.31	Other Insurance	\$27.69	08/19/2014	08/27/2014	70010363
03/23/2014	Ochsner Medical Center	Emrg.room	\$1,192.72	\$921.22	Other Insurance	\$271.50	04/22/2015	04/24/2015	70017399
<b>Claim # 170317-114 Totals :</b>			<b>\$1,276.72</b>	<b>\$977.53</b>		<b>\$299.19</b>			

<b>B., Teris; Claim: 170317-56; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 12/30/2013</b>									
12/30/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	02/10/2014	02/24/2014	70004571
01/13/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	03/17/2014	03/31/2014	70005709
<b>Claim # 170317-56 Totals :</b>			<b>\$500.00</b>	<b>\$430.00</b>		<b>\$70.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Chaz; Claim: 170317-106; Activity: Mens Baseball; Diagnosis: Fracture; Anatomy: L-finger; Date Incurred: 04/08/2014</b>									
04/09/2014	Insured	Reimbursement	\$50.00	\$0.00		\$50.00	04/24/2014	05/05/2014	70006768
04/11/2014	Insured	Reimbursement	\$100.00	\$0.00		\$100.00	04/24/2014	05/05/2014	70006768
05/27/2014	La Orthopaedic Specialists	Phys.therapy	\$92.00	\$78.41	Other Insurance	\$13.59	06/30/2014	07/02/2014	70008991
05/23/2014	La Orthopaedic Specialists	Phys.therapy	\$92.00	\$78.41	Other Insurance	\$13.59	06/30/2014	07/02/2014	70008991
05/29/2014	La Orthopaedic Specialists	Phys.therapy	\$92.00	\$78.41	Other Insurance	\$13.59	06/30/2014	07/02/2014	70008991
05/21/2014	La Orthopaedic Specialists	Phys.therapy	\$217.00	\$184.04	Other Insurance	\$32.96	06/16/2014	07/25/2014	70009610
05/05/2014	Ochsner Medical Center	Rehab	\$1,495.00	\$1,343.50	Other Insurance	\$151.50	07/29/2014	08/01/2014	70009779
04/14/2014	Anesthesia Consultants Of Sout	Anesthesia	\$2,660.00	\$2,492.00	Other Insurance	\$168.00	07/29/2014	08/01/2014	70009780
08/04/2014	La Orthopaedic Specialists	Phys.therapy	\$92.00	\$78.41	Other Insurance	\$13.59	09/02/2014	09/30/2014	70011106
08/06/2014	La Orthopaedic Specialists	Phys.therapy	\$92.00	\$78.41	Other Insurance	\$13.59	09/02/2014	09/30/2014	70011106
08/08/2014	La Orthopaedic Specialists	Phys.therapy	\$137.00	\$117.01	Other Insurance	\$19.99	09/02/2014	09/30/2014	70011106
08/01/2014	La Orthopaedic Specialists	Phys.therapy	\$92.00	\$78.41	Other Insurance	\$13.59	09/02/2014	09/30/2014	70011106
06/30/2014	Insured	Reimbursement	\$2,847.15	\$0.00		\$2,847.15	09/19/2014	09/30/2014	70011107
<b>Claim # 170317-106 Totals :</b>			<b>\$8,058.15</b>	<b>\$4,607.01</b>		<b>\$3,451.14</b>			

<b>B., Chelise; Claim: 170317-92; Activity: Track &amp; Cross Country; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 02/12/2014</b>									
02/12/2014	Ochsner Medical Center	Misc Conversion	\$597.00	\$149.25	First Health Disc	\$447.75	03/31/2014	04/17/2014	70006203
02/12/2014	First Health	First Health Repricing	\$17.89	\$0.00		\$17.89	03/31/2014	04/17/2014	70006202
02/12/2014	First Health	First Health Repricing	\$4.50	\$0.00		\$4.50	03/31/2014	04/17/2014	70006202
02/12/2014	Ochsner Medical Center	Ph.visit Office	\$0.00	\$0.00	First Health Disc	\$0.00	03/31/2014	04/17/2014	70006203
02/12/2014	Ochsner Medical Center	X-ray,Radiology	\$0.00	\$0.00	First Health Disc	\$0.00	03/31/2014	04/17/2014	70006203
	Ochsner Medical Center		\$0.00	\$0.00		-\$368.07	04/17/2014	04/17/2014	0
02/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$171.00	\$152.43	Other Insurance	\$18.57	06/30/2014	07/02/2014	70008990
02/12/2014	Ochsner Clinic Llc	X-ray,Radiology	\$48.00	\$36.25	Other Insurance	\$11.75	06/30/2014	07/02/2014	70008990
<b>Claim # 170317-92 Totals :</b>			<b>\$838.39</b>	<b>\$706.00</b>		<b>\$132.39</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Tevin; Claim: 170317-118; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 05/05/2014</b>									
05/05/2014	Ochsner Clinic Llc	X-ray,Radiology	\$32.00	\$16.31	Other Insurance	\$15.69	08/25/2014	08/27/2014	70010364
05/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$261.00	Other Insurance	\$30.00	08/25/2014	08/27/2014	70010364
09/10/2014	Southern Medical & Adaptive	Orthosis	\$326.25	\$0.00		\$326.25	09/10/2014	10/10/2014	70011356
05/05/2014	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$117.47	Other Insurance	\$79.53	10/22/2014	11/18/2014	70012663
<b>Claim # 170317-118 Totals :</b>			<b>\$846.25</b>	<b>\$394.78</b>		<b>\$451.47</b>			

<b>B., Tevin; Claim: 170317-33; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 10/31/2013</b>									
10/31/2013	Ochsner Clinic Llc	Ph.visit Office	\$227.00	\$193.81	Other Insurance	\$33.19	12/16/2013	12/17/2013	70003129
10/31/2013	Ochsner Clinic Llc	X-ray,Radiology	\$231.00	\$187.00	Other Insurance	\$44.00	12/16/2013	12/17/2013	70003129
11/01/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$391.00	Other Insurance	\$20.00	12/16/2013	12/17/2013	70003129
11/04/2013	Ochsner Clinic Llc	Ph.visit Office	\$1,216.00	\$1,049.37	Other Insurance	\$166.63	12/30/2013	01/09/2014	70003482
10/31/2013	Ochsner Clinic Llc	Ph.visit Office	\$209.00	\$171.27	Other Insurance	\$37.73	12/30/2013	01/09/2014	70003482
10/31/2013	Ochsner Clinic Llc	Ph.visit Office	\$528.00	\$465.85	Other Insurance	\$62.15	12/30/2013	01/09/2014	70003482
10/31/2013	Ochsner Clinic Llc	X-ray,Radiology	\$185.00	\$150.39	Other Insurance	\$34.61	01/21/2014	02/10/2014	70004177
11/01/2013	Ochsner Clinic Llc	Medical Treatment	\$64.00	\$52.62	Other Insurance	\$11.38	01/21/2014	02/10/2014	70004177
11/01/2013	Ochsner Clinic Llc	Medical Treatment	\$43.00	\$35.80	Other Insurance	\$7.20	01/21/2014	02/10/2014	70004177
10/31/2013	Ochsner Clinic Llc	Medical Treatment	\$63.00	\$50.46	Other Insurance	\$12.54	01/21/2014	02/10/2014	70004177
10/31/2013	Ochsner Clinic Llc	X-ray,Radiology	\$18.00	\$14.74	Other Insurance	\$3.26	01/21/2014	02/10/2014	70004177
10/31/2013	Ochsner Medical Center	Emrg.room	\$10,020.00	\$9,793.28	Other Insurance	\$226.72	02/21/2014	03/24/2014	70005324
10/31/2013	Ochsner Health System	Emrg.room	\$10,020.00	\$7,720.00	Other Insurance	\$2,300.00	05/07/2015	05/08/2015	70017936
<b>Claim # 170317-33 Totals :</b>			<b>\$23,235.00</b>	<b>\$20,275.59</b>		<b>\$2,959.41</b>			

<b>C., Christian; Claim: 170317-86; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 02/08/2014</b>									
02/08/2014	Ochsner Medical Center	Emrg.room	\$959.66	\$934.66	Other Insurance	\$25.00	06/16/2014	06/19/2014	70008516
<b>Claim # 170317-86 Totals :</b>			<b>\$959.66</b>	<b>\$934.66</b>		<b>\$25.00</b>			

<b>C., Amber; Claim: 170317-7; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 08/30/2013</b>									
09/05/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$259.00	Other Insurance	\$30.00	02/24/2014	02/28/2014	70004721
<b>Claim # 170317-7 Totals :</b>			<b>\$289.00</b>	<b>\$259.00</b>		<b>\$30.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Jonathan; Claim: 170317-109; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 04/27/2014</b>									
04/28/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$146.00	Other Insurance	\$65.00	05/27/2014	06/23/2014	70008640
10/15/2014	Ochsner Clinic	Phys.vst.	\$141.00	\$104.80	First Health Disc	\$36.20	01/14/2015	01/21/2015	70014054
10/15/2014	First Health	First Health Repricing	\$15.72	\$0.00		\$15.72	01/16/2015	01/21/2015	70014012
06/19/2014	Ochsner Clinic	Asst.surgeon	\$1,555.00	\$777.50	Other Insurance	\$777.50	01/14/2015	01/21/2015	70014152
06/28/2014	Ochsner Medical Center	Phys.therapy	\$622.00	\$155.50	First Health Disc	\$466.50	01/14/2015	01/30/2015	70014443
06/28/2014	First Health	Phys.therapy	\$23.33	\$0.00		\$23.33	01/14/2015	01/30/2015	70014397
07/23/2014	Ochsner Medical Center	Phys.therapy	\$1,771.00	\$442.75	First Health Disc	\$1,328.25	12/22/2014	01/30/2015	70014457
07/23/2014	First Health	First Health Repricing	\$66.41	\$0.00		\$66.41	01/22/2015	01/30/2015	70014412
07/15/2014	First Health	First Health Repricing	\$12.07	\$0.00		\$12.07	04/22/2015	04/24/2015	70017302
07/15/2014	Ochsner Medical Center	Phys.therapy	\$322.00	\$80.50	First Health Disc	\$241.50	04/22/2015	04/24/2015	70017395
04/28/2014	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$54.75	First Health Disc	\$164.25	05/07/2015	05/08/2015	70017893
04/28/2014	First Health	First Health Repricing	\$8.21	\$0.00		\$8.21	05/07/2015	05/08/2015	70017844
04/30/2014	Ochsner Medical Center	Mri	\$1,775.00	\$763.25	Other Insurance	\$1,011.75	06/30/2015	07/02/2015	70020520
<b>Claim # 170317-109 Totals :</b>			<b>\$6,741.74</b>	<b>\$2,525.05</b>		<b>\$4,216.69</b>			

<b>C., Raven; Claim: 170317-14; Activity: Womens Basketball; Diagnosis: Need E.o.b.; Anatomy: L-shoulder; Date Incurred: 09/17/2013</b>									
11/05/2013	Ochsner Medical Center	Phys.therapy	\$944.00	\$913.26	Other Insurance	\$30.74	03/24/2014	03/24/2014	70005320
11/21/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$264.00	Other Insurance	\$27.00	03/24/2014	03/24/2014	70005321
10/19/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$193.60	Other Insurance	\$17.40	03/24/2014	03/24/2014	70005321
10/22/2013	Ochsner Clinic Llc	Ph.visit Office	\$513.00	\$461.38	Other Insurance	\$51.62	03/24/2014	03/24/2014	70005321
10/28/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$264.00	Other Insurance	\$27.00	03/24/2014	03/24/2014	70005321
02/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$157.00	Other Insurance	\$132.00	03/24/2014	03/24/2014	70005321
01/17/2014	Ochsner Clinic Llc	Mri	\$133.00	\$20.64	Other Insurance	\$112.36	03/31/2014	04/10/2014	70005957
01/17/2014	Ochsner Medical Center	Mri	\$1,775.00	\$958.58	Other Insurance	\$816.42	08/13/2015	08/14/2015	70022430
06/05/2015	Ochsner Medical Center	Phys.therapy	\$483.00	\$465.43	Other Insurance	\$17.57	12/03/2015	12/04/2015	70026564
05/22/2015	Ochsner Medical Center	Phys.therapy	\$622.00	\$524.81	Other Insurance	\$97.19	12/03/2015	12/04/2015	70026648
<b>Claim # 170317-14 Totals :</b>			<b>\$5,552.00</b>	<b>\$4,222.70</b>		<b>\$1,329.30</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>D., Danielle; Claim: 170317-1; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 07/02/2013</b>									
07/08/2013	Ochsner Medical Center	X-ray,Radiology	\$477.00	\$457.00	Other Insurance	\$20.00	09/09/2013	09/12/2013	70001826
07/08/2013	Ochsner Medical Center	Surgery	\$373.00	\$352.92	Other Insurance	\$20.08	09/16/2013	09/19/2013	70001884
<b>Claim # 170317-1 Totals :</b>			<b>\$850.00</b>	<b>\$809.92</b>		<b>\$40.08</b>			

<b>D., Kieran; Claim: 170317-119; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 02/03/2014</b>									
03/24/2014	Ochsner Medical Center	X-ray,Radiology	\$477.00	\$95.40	Other Insurance	\$381.60	08/19/2014	08/27/2014	70010365
03/24/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$23.02	Other Insurance	\$24.98	11/19/2015	11/20/2015	70026171
03/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Other Insurance	\$92.08	11/19/2015	11/20/2015	70026171
<b>Claim # 170317-119 Totals :</b>			<b>\$736.00</b>	<b>\$237.34</b>		<b>\$498.66</b>			

<b>D., Danielle; Claim: 170317-16; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 10/04/2013</b>									
10/23/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$191.00	Other Insurance	\$20.00	12/16/2013	01/13/2014	70003542
10/23/2013	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$177.00	Other Insurance	\$20.00	03/24/2014	03/24/2014	70005322
10/31/2013	American Back Institute	Medical Treatment	\$375.00	\$0.00		\$375.00	03/31/2014	05/01/2014	70006703
<b>Claim # 170317-16 Totals :</b>			<b>\$783.00</b>	<b>\$368.00</b>		<b>\$415.00</b>			

<b>D., Ariele; Claim: 170317-69; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/18/2014</b>									
01/20/2014	First Health	First Health Repricing	\$8.14	\$0.00		\$8.14	03/10/2014	03/17/2014	70005171
01/20/2014	First Health	First Health Repricing	\$0.04	\$0.00		\$0.04	03/10/2014	03/17/2014	70005171
01/20/2014	Ochsner Medical Center	X-ray,Radiology	\$217.00	\$54.25	First Health Disc	\$162.75	02/10/2014	03/17/2014	70005172
01/20/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.24	First Health Disc	\$16.76	03/10/2014	03/17/2014	70005173
<b>Claim # 170317-69 Totals :</b>			<b>\$242.18</b>	<b>\$54.49</b>		<b>\$187.69</b>			

<b>D., Brian; Claim: 170317-133; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 05/01/2014</b>									
05/19/2014	Ochsner Medical Center	Ph.visit Office	\$315.00	\$275.00	Other Insurance	\$40.00	08/20/2014	08/22/2014	70010272
<b>Claim # 170317-133 Totals :</b>			<b>\$315.00</b>	<b>\$275.00</b>		<b>\$40.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>D., Cory; Claim: 170317-29; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 10/21/2013</b>									
03/19/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$127.86	Other Insurance	\$83.14	08/19/2014	08/22/2014	70010266
<b>Claim # 170317-29 Totals :</b>			<b>\$211.00</b>	<b>\$127.86</b>		<b>\$83.14</b>			
<b>F., Mathilde; Claim: 170317-15; Activity: Womens Basketball; Diagnosis: Notification Only; Anatomy: Back; Date Incurred: 10/10/2013</b>									
10/19/2013	Rev-1 Solutions	Medical Treatment	\$100.06	\$0.00		\$100.06	09/29/2015	10/02/2015	70024324
<b>Claim # 170317-15 Totals :</b>			<b>\$100.06</b>	<b>\$0.00</b>		<b>\$100.06</b>			
<b>F., Mathilde; Claim: 170317-36; Activity: Womens Basketball; Diagnosis: Notification Only; Anatomy: Thoracic; Date Incurred: 11/10/2013</b>									
02/19/2014	Med-1 Solutions	Medical Treatment	\$27.94	\$0.00		\$27.94	04/23/2015	04/24/2015	70017321
<b>Claim # 170317-36 Totals :</b>			<b>\$27.94</b>	<b>\$0.00</b>		<b>\$27.94</b>			
<b>F., Mathilde; Claim: 170317-68; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 01/20/2014</b>									
08/25/2014	Ochsner Health System	Ph.visit Office	\$141.00	\$129.66	Other Insurance	\$11.34	12/01/2014	12/16/2014	70013491
01/20/2014	Ochsner Home Medical Equipment	Med Equipment	\$360.25	\$0.00		\$360.25	03/26/2015	03/27/2015	70016208
01/20/2014	Med 1 Solutions	Medical Treatment	\$173.60	\$0.00		\$173.60	04/17/2015	04/17/2015	70017180
01/20/2014	Med 1 Solutions	Medical Treatment	\$139.70	\$0.00		\$139.70	04/17/2015	04/17/2015	70017180
01/27/2014	Med 1 Solutions	Medical Treatment	\$24.37	\$0.00		\$24.37	04/17/2015	04/17/2015	70017180
01/27/2014	Med 1 Solutions	Medical Treatment	\$61.44	\$0.00		\$61.44	04/17/2015	04/17/2015	70017180
03/03/2014	Med 1 Solutions	Medical Treatment	\$579.04	\$0.00		\$579.04	04/17/2015	04/17/2015	70017180
04/15/2014	Med 1 Solutions	Medical Treatment	\$129.92	\$0.00		\$129.92	04/17/2015	04/17/2015	70017180
06/26/2015	American Back Institute	Medical Treatment	\$375.00	\$0.00		\$375.00	08/13/2015	08/14/2015	70022412
05/08/2014	Ochsner Health System	Medical Treatment	\$27.94	\$0.00		\$27.94	01/06/2016	01/08/2016	70027791
<b>Claim # 170317-68 Totals :</b>			<b>\$2,012.26</b>	<b>\$129.66</b>		<b>\$1,882.60</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>F., Alexia; Claim: 170317-46; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 10/18/2013</b>									
01/07/2014	Southern Medical & Adaptive	Orthosis	\$300.00	\$0.00		\$300.00	01/07/2014	02/10/2014	70004178
12/13/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$276.00	Other Insurance	\$15.00	03/10/2014	03/17/2014	70005168
01/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$196.00	Other Insurance	\$15.00	03/10/2014	03/17/2014	70005168
12/04/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$196.00	Other Insurance	\$15.00	03/24/2014	03/24/2014	70005325
12/13/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$276.00	Other Insurance	\$15.00	03/24/2014	03/24/2014	70005325
04/01/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$0.00		\$16.00	03/14/2016	03/15/2016	70030659
04/14/2015	First Health	First Health Repricing	\$10.14	\$0.00		\$10.14	04/21/2016	04/22/2016	70032716
04/14/2015	Southern Medical & Adaptive	Med Equipment	\$326.26	\$67.62	First Health Disc	\$258.64	04/21/2016	04/22/2016	70032898
<b>Claim # 170317-46 Totals :</b>			<b>\$1,656.40</b>	<b>\$1,011.62</b>		<b>\$644.78</b>			

<b>G., Andrew; Claim: 170317-87; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 02/01/2014</b>									
02/14/2014	Ochsner Clinic Llc	Mri	\$130.00	\$17.64	Other Insurance	\$112.36	03/31/2014	04/21/2014	70006288
02/10/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$244.00	Other Insurance	\$45.00	03/31/2014	04/21/2014	70006288
02/20/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$246.00	Other Insurance	\$45.00	04/14/2014	04/24/2014	70006467
03/21/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$166.00	Other Insurance	\$45.00	06/16/2014	06/19/2014	70008517
<b>Claim # 170317-87 Totals :</b>			<b>\$921.00</b>	<b>\$673.64</b>		<b>\$247.36</b>			

<b>G., Dalton; Claim: 170317-62; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 11/22/2013</b>									
12/04/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$251.00	Other Insurance	\$40.00	04/04/2014	04/28/2014	70006601
06/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$420.00	\$148.71	Other Insurance	\$271.29	07/14/2014	07/25/2014	70009609
06/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$191.00	Other Insurance	\$20.00	07/14/2014	07/25/2014	70009609
07/11/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$249.00	Other Insurance	\$40.00	08/04/2014	08/08/2014	70009949
07/17/2014	Ochsner Clinic Llc	Ph.visit Office	\$292.00	\$252.00	Other Insurance	\$40.00	08/18/2014	08/22/2014	70010268
07/22/2014	Ochsner Clinic Llc	Anesthesia	\$600.30	\$556.64	Other Insurance	\$43.66	09/08/2014	09/30/2014	70011104
07/22/2014	Ochsner Clinic Llc	Anesthesia	\$299.70	\$263.00	Other Insurance	\$36.70	09/08/2014	09/30/2014	70011104
07/22/2014	Ochsner Clinic Llc	Surgery	\$753.00	\$707.54	Other Insurance	\$45.46	09/08/2014	09/30/2014	70011104
07/22/2014	Ochsner Medical Center	Surgery Center	\$12,596.67	\$11,456.41	Other Insurance	\$1,140.26	04/23/2015	04/24/2015	70017458
<b>Claim # 170317-62 Totals :</b>			<b>\$15,752.67</b>	<b>\$14,075.30</b>		<b>\$1,677.37</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>G., Samantha; Claim: 170317-37; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 10/17/2013</b>									
11/18/2013	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$16.56	Other Insurance	\$2.44	05/14/2014	06/19/2014	70008514
11/18/2013	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$211.75	Other Insurance	\$7.25	06/24/2014	07/10/2014	70009197
11/18/2013	Ochsner Clinic Llc	Ph.visit Office	\$721.00	\$680.69	Other Insurance	\$40.31	08/13/2014	08/22/2014	70010267
<b>Claim # 170317-37 Totals :</b>			<b>\$959.00</b>	<b>\$909.00</b>		<b>\$50.00</b>			

<b>G., Samantha; Claim: 170317-63; Activity: ; Diagnosis: Deny-non Ath Inj; Anatomy: Throat; Date Incurred: 11/19/2013</b>									
01/20/2014	Ochsner Clinic Llc	Medical Treatment	\$289.00	\$162.86	Other Insurance	\$126.14	03/16/2015	03/17/2015	70015723
<b>Claim # 170317-63 Totals :</b>			<b>\$289.00</b>	<b>\$162.86</b>		<b>\$126.14</b>			

<b>H., Brandon; Claim: 170317-38; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 10/21/2013</b>									
10/30/2013	Insured	Ph.visit Office	\$65.00	\$0.00		\$65.00	04/16/2014	04/17/2014	70006199
10/21/2013	Insured	Ph.visit Office	\$65.00	\$0.00		\$65.00	04/16/2014	04/17/2014	70006199
10/28/2013	Ochsner Medical Center	Mri	\$2,802.30	\$1,289.07	Other Insurance	\$1,513.23	07/10/2014	07/10/2014	70009198
11/08/2013	Ochsner Medical Center	Surgery Center	\$28,465.55	\$19,747.11	Other Insurance	\$8,718.44	07/10/2014	07/10/2014	70009198
09/15/2014	Ochsner Clinic Llc	Medical Treatment	\$211.00	\$146.00	Other Insurance	\$65.00	03/16/2015	03/17/2015	70015696
<b>Claim # 170317-38 Totals :</b>			<b>\$31,608.85</b>	<b>\$21,182.18</b>		<b>\$10,426.67</b>			

<b>H., Kevin; Claim: 170317-23; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Bilateral Knee; Date Incurred: 10/24/2013</b>									
10/25/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$127.86	Other Insurance	\$83.14	01/13/2014	01/16/2014	70003631
10/25/2013	Ochsner Clinic Llc	X-ray,Radiology	\$57.00	\$25.07	Other Insurance	\$31.93	01/13/2014	01/16/2014	70003631
10/25/2013	Ochsner Medical Center	X-ray,Radiology	\$477.00	\$330.55	Write-off	\$146.45	08/13/2015	08/14/2015	70022388
<b>Claim # 170317-23 Totals :</b>			<b>\$745.00</b>	<b>\$483.48</b>		<b>\$261.52</b>			

<b>H., Kevin; Claim: 170317-60; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 12/03/2013</b>									
02/04/2015	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$68.57	Other Insurance	\$150.43	04/22/2015	04/24/2015	70017379
<b>Claim # 170317-60 Totals :</b>			<b>\$219.00</b>	<b>\$68.57</b>		<b>\$150.43</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>H., Kevin; Claim: 170317-81; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-toe; Date Incurred: 01/03/2014</b>									
01/17/2014	Southern Medical & Adaptive	Orthosis	\$300.00	\$0.00		\$300.00	02/25/2014	03/04/2014	70004825
<b>Claim # 170317-81 Totals :</b>			<b>\$300.00</b>	<b>\$0.00</b>		<b>\$300.00</b>			

<b>J., Bryce; Claim: 170317-129; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 06/23/2014</b>									
07/16/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$191.95	Other Insurance	\$19.05	08/18/2014	08/19/2014	70010216
07/02/2014	Ochsner Health System	Mri	\$1,316.00	\$767.71	Other Insurance	\$548.29	04/23/2015	04/24/2015	70017468
07/09/2014	Ochsner Health System	Mri	\$1,316.00	\$0.00		\$1,316.00	04/23/2015	04/24/2015	70017468
07/02/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$107.23	Other Insurance	\$25.77	06/11/2015	06/12/2015	70019367
06/25/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.26	Other Insurance	\$16.74	11/10/2015	11/13/2015	70025784
<b>Claim # 170317-129 Totals :</b>			<b>\$2,993.00</b>	<b>\$1,067.15</b>		<b>\$1,925.85</b>			

<b>J., Dannisha; Claim: 170317-58; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 11/26/2013</b>									
01/08/2014	Ochsner Clinic Llc	Surgery	\$451.00	\$312.49	Other Insurance	\$138.51	03/12/2014	03/17/2014	70005170
01/08/2014	Ochsner Clinic Llc	Mri	\$157.00	\$11.62	Other Insurance	\$145.38	03/12/2014	03/17/2014	70005170
07/07/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$166.00	Other Insurance	\$45.00	08/11/2014	08/19/2014	70010213
03/20/2014	Ochsner Clinic Llc	Surgery	\$2,874.00	\$2,494.55	Other Insurance	\$379.45	08/25/2014	09/04/2014	70010471
03/20/2014	Anesthesia Consultants Of Sout	Anesthesia	\$2,470.00	\$2,322.30	Other Insurance	\$147.70	09/04/2014	09/04/2014	70010472
05/06/2014	Ochsner Medical Center	Phys.therapy	\$483.00	\$265.80	Other Insurance	\$217.20	10/01/2014	10/17/2014	70011534
03/20/2014	Ochsner Baptist A Campus	Surgery Center	\$32,027.79	\$30,459.43	Other Insurance	\$1,568.36	10/06/2014	10/17/2014	70011535
04/08/2014	Ochsner Health System	Outpatient	\$1,610.00	\$1,368.43	Other Insurance	\$241.57	12/01/2014	12/16/2014	70013490
03/31/2014	Ochsner Medical Center	Phys.therapy	\$622.00	\$357.23	Other Insurance	\$264.77	06/03/2015	06/05/2015	70019134
10/22/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$244.00	Other Insurance	\$45.00	11/10/2015	11/13/2015	70025838
<b>Claim # 170317-58 Totals :</b>			<b>\$41,194.79</b>	<b>\$38,001.85</b>		<b>\$3,192.94</b>			

<b>J., Melissa; Claim: 170317-122; Activity: Womens Basketball; Diagnosis: Deny-non Ath Inj; Anatomy: Knee; Date Incurred: 11/07/2013</b>									
03/24/2014	Ochsner Clinic Llc	Medical Treatment	\$1,789.00	\$1,157.06	Other Insurance	\$631.94	03/26/2015	03/27/2015	70016230
02/18/2014	Ochsner Medical Center	Mri	\$1,316.00	\$442.24	Other Ins Paid		12/24/2015	12/29/2015	70027598
				\$263.20	Write-off	\$610.56	12/24/2015	12/29/2015	70027598
<b>Claim # 170317-122 Totals :</b>			<b>\$3,105.00</b>	<b>\$1,862.50</b>		<b>\$1,242.50</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>J., Melissa; Claim: 170317-59; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 12/20/2013</b>									
01/17/2014	Southern Medical & Adaptive	Orthosis	\$300.00	\$0.00		\$300.00	02/25/2014	02/28/2014	70004730
12/20/2013	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	03/12/2014	04/03/2014	70005814
12/20/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	03/12/2014	04/03/2014	70005815
01/10/2014	First Health	First Health Repricing	\$15.24	\$0.00		\$15.24	06/11/2014	07/25/2014	70009607
01/10/2014	Ochsner Clinic Llc	Surgery	\$152.00	\$101.60	First Health Disc	\$50.40	06/11/2014	07/25/2014	70009608
01/10/2014	Ochsner Clinic Llc	X-ray,Radiology	\$16.00	\$0.00		\$16.00	06/11/2014	07/25/2014	70009608
04/09/2014	Ochsner Clinic Llc	Ph.visit Office	\$84.00	\$53.33	Other Insurance	\$30.67	09/22/2014	10/24/2014	70011719
04/28/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$261.06	Other Insurance	\$27.94	09/22/2014	10/24/2014	70011719
01/10/2014	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	10/06/2014	11/07/2014	70012131
01/10/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	10/06/2014	11/07/2014	70012132
01/10/2014	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$165.48	Other Insurance	\$31.52	03/26/2015	03/27/2015	70016075
<b>Claim # 170317-59 Totals :</b>			<b>\$1,609.57</b>	<b>\$943.66</b>		<b>\$665.91</b>			
<b>K., Reese; Claim: 170317-126; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 05/02/2014</b>									
05/19/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$15.44	Other Insurance	\$1.56	07/21/2014	07/22/2014	70009522
05/19/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$202.69	Other Insurance	\$8.31	07/21/2014	07/22/2014	70009522
05/19/2014	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$17.44	Other Insurance	\$1.56	07/21/2014	07/22/2014	70009522
<b>Claim # 170317-126 Totals :</b>			<b>\$247.00</b>	<b>\$235.57</b>		<b>\$11.43</b>			
<b>K., Reese; Claim: 170317-71; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 01/01/2014</b>									
02/05/2014	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$17.37	Other Insurance	\$1.63	03/31/2014	04/10/2014	70005959
02/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$169.21	Other Insurance	\$121.79	03/31/2014	04/10/2014	70005959
<b>Claim # 170317-71 Totals :</b>			<b>\$310.00</b>	<b>\$186.58</b>		<b>\$123.42</b>			
<b>K., Timo; Claim: 170317-42; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 10/24/2013</b>									
12/11/2013	American Back Institute	Medical Treatment	\$75.00	\$0.00		\$75.00	03/24/2014	05/01/2014	70006705
<b>Claim # 170317-42 Totals :</b>			<b>\$75.00</b>	<b>\$0.00</b>		<b>\$75.00</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>K., Timo; Claim: 170317-73; Activity: Mens Tennis; Diagnosis: Need E.o.b.; Anatomy: Lower Back; Date Incurred: 01/31/2014</b>									
12/04/2014	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	04/23/2015	04/24/2015	70017337
12/04/2014	Ochsner Medical Center	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	04/23/2015	04/24/2015	70017454
<b>Claim # 170317-73 Totals :</b>			<b>\$1,365.35</b>	<b>\$329.00</b>		<b>\$1,036.35</b>			

<b>L., Ariane; Claim: 170317-32; Activity: Womens Volleyball; Diagnosis: Sprain/strain; Anatomy: R-knee; Date Incurred: 10/19/2013</b>									
11/06/2013	Ochsner Home Medical Equipment	Med Equipment	\$181.12	\$0.00		\$181.12	02/18/2015	02/18/2015	70014966
<b>Claim # 170317-32 Totals :</b>			<b>\$181.12</b>	<b>\$0.00</b>		<b>\$181.12</b>			

<b>L., Hafsa; Claim: 170317-83; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Toe; Date Incurred: 02/23/2014</b>									
02/27/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$148.12	Other Insurance	\$142.88	09/08/2014	10/07/2014	70011275
<b>Claim # 170317-83 Totals :</b>			<b>\$291.00</b>	<b>\$148.12</b>		<b>\$142.88</b>			

<b>L., Rebecca; Claim: 170317-70; Activity: Womens Track; Diagnosis: Pain; Anatomy: Back; Date Incurred: 01/01/2014</b>									
09/29/2014	First Health	First Health Repricing	\$0.66	\$0.00		\$0.66	01/27/2015	02/16/2015	70014654
02/03/2014	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	12/22/2014	02/16/2015	70014728
02/03/2014	Ochsner Clinic	Medical Treatment	\$291.00	\$201.51	First Health Disc	\$89.49	12/22/2014	02/16/2015	70014804
09/29/2014	Ochsner Clinic	Mri,X-ray Interp.	\$144.00	\$4.43	First Health Disc	\$139.57	01/27/2015	02/16/2015	70014829
02/03/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$31.00	\$0.00		\$31.00	03/26/2015	03/27/2015	70016074
11/10/2014	First Health	First Health Repricing	\$72.45	\$0.00		\$72.45	04/24/2015	04/28/2015	70017515
11/10/2014	Ochsner Medical Center	Phys.therapy	\$1,932.00	\$483.00	First Health Disc	\$1,449.00	04/24/2015	04/28/2015	70017585
10/07/2014	Ochsner Medical Center	Phys.therapy	\$5,130.00	\$4,650.00	Other Insurance	\$480.00	09/09/2015	09/11/2015	70023529
09/23/2014	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$360.68	First Health Disc	\$50.32	03/07/2016	03/08/2016	70030319
09/23/2014	First Health	First Health Repricing	\$54.10	\$0.00		\$54.10	03/07/2016	03/08/2016	70030323
09/23/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$31.00	\$0.00		\$31.00	03/07/2016	03/08/2016	70030308
<b>Claim # 170317-70 Totals :</b>			<b>\$8,127.44</b>	<b>\$5,699.62</b>		<b>\$2,427.82</b>			

<b>L., Shayne; Claim: 170317-24; Activity: Mens Baseball; Diagnosis: Fracture; Anatomy: R-hand; Date Incurred: 10/17/2013</b>									
02/24/2014	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	04/14/2014	04/17/2014	70006197
02/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	04/14/2014	04/17/2014	70006198
<b>Claim # 170317-24 Totals :</b>			<b>\$235.10</b>	<b>\$160.68</b>		<b>\$74.42</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>L., Shayne; Claim: 170317-79; Activity: Mens Baseball; Diagnosis: Fracture; Anatomy: Finger; Date Incurred: 02/15/2014</b>									
03/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$24.10	\$0.00		\$24.10	04/07/2014	04/10/2014	70005960
03/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	04/07/2014	04/10/2014	70005960
03/12/2014	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	04/28/2014	04/28/2014	70006602
03/27/2014	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	04/28/2014	04/28/2014	70006602
03/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	04/28/2014	04/28/2014	70006603
03/27/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	04/28/2014	04/28/2014	70006603
02/17/2014	First Health	First Health Repricing	\$42.85	\$0.00		\$42.85	07/28/2014	07/29/2014	70009660
02/17/2014	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$285.69	First Health Disc	\$125.31	07/28/2014	07/29/2014	70009661
04/16/2014	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	08/11/2014	08/22/2014	70010270
04/16/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	08/11/2014	08/22/2014	70010271
03/18/2014	Ochsner Medical Center	Phys.therapy	\$761.00	\$731.00	Other Insurance	\$30.00	09/29/2014	11/07/2014	70012134
02/15/2014	Ochsner Medical Center	Emrg.room	\$1,373.00	\$1,123.00	Other Insurance	\$250.00	08/13/2015	08/14/2015	70022404
<b>Claim # 170317-79 Totals :</b>			<b>\$3,528.25</b>	<b>\$2,782.41</b>		<b>\$745.84</b>			

<b>L., Lauren; Claim: 170317-21; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 10/24/2013</b>									
07/09/2015	American Back Institute	Medical Treatment	\$795.00	\$0.00		\$795.00	08/13/2015	08/14/2015	70022428
<b>Claim # 170317-21 Totals :</b>			<b>\$795.00</b>	<b>\$0.00</b>		<b>\$795.00</b>			

<b>L., Lauren; Claim: 170317-39; Activity: Womens Volleyball; Diagnosis: Sprain/strain; Anatomy: L-knee; Date Incurred: 10/25/2013</b>									
10/26/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$166.00	Other Insurance	\$45.00	05/19/2014	05/22/2014	70007647
<b>Claim # 170317-39 Totals :</b>			<b>\$211.00</b>	<b>\$166.00</b>		<b>\$45.00</b>			

<b>L., Lauren; Claim: 170317-98; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/10/2014</b>									
03/19/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$166.00	Other Insurance	\$45.00	09/02/2014	10/07/2014	70011276
06/30/2014	Ochsner Health System	Ph.visit Office	\$211.00	\$166.00	Other Insurance	\$45.00	11/06/2014	12/16/2014	70013493
05/14/2014	Ochsner Health System	Ph.visit Office	\$289.00	\$244.00	Other Insurance	\$45.00	04/24/2015	04/28/2015	70017504
<b>Claim # 170317-98 Totals :</b>			<b>\$711.00</b>	<b>\$576.00</b>		<b>\$135.00</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Chase; Claim: 170317-91; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 02/15/2014</b>									
03/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$161.99	Other Insurance	\$129.01	04/28/2014	04/28/2014	70006604
03/24/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.39	Other Insurance	\$15.61	06/16/2014	06/19/2014	70008518
03/26/2014	Ochsner Clinic Llc	Mri	\$157.00	\$55.23	Other Insurance	\$101.77	06/16/2014	06/19/2014	70008518
04/14/2014	Ochsner Home Medical Equipment	Orthopedic Appliance	\$509.00	\$444.92	Other Insurance	\$64.08	06/16/2014	06/19/2014	70008519
04/03/2014	Ochsner Medical Center	Surgery Center	\$30,107.78	\$27,303.67	Other Insurance	\$2,804.11	06/24/2014	06/26/2014	70008730
03/26/2014	Ochsner Clinic Llc	Surgery	\$489.00	\$320.02	Other Insurance	\$168.98	06/18/2014	06/26/2014	70008731
04/03/2014	Ochsner Clinic Llc	Surgery	\$5,176.00	\$1,456.78	Other Insurance	\$3,719.22	07/14/2014	07/17/2014	70009422
03/31/2014	Empi Inc	Medical Equipment	\$190.00	\$184.68	Other Insurance	\$5.32	07/28/2014	07/29/2014	70009662
05/01/2014	Empi Inc	Medical Equipment	\$1,375.00	\$1,321.78	Other Insurance	\$53.22	07/28/2014	07/29/2014	70009662
07/01/2014	Ochsner Medical Center	Phys.therapy	\$1,932.00	\$1,758.24	Other Insurance	\$173.76	09/22/2014	09/26/2014	70011027
04/03/2014	Anesthesia Consultants Of Sout	Anesthesia	\$4,655.00	\$3,684.83	Other Insurance	\$970.17	09/22/2014	09/26/2014	70011028
03/26/2014	Ochsner Medical Center	Mri	\$2,766.48	\$2,721.63	Other Insurance	\$44.85	10/14/2014	11/07/2014	70012136
06/03/2014	Ochsner Medical Center	Phys.therapy	\$1,932.00	\$1,758.24	Other Insurance	\$173.76	08/13/2015	08/14/2015	70022393
<b>Claim # 170317-91 Totals :</b>			<b>\$49,597.26</b>	<b>\$41,173.40</b>		<b>\$8,423.86</b>			

<b>M., Emily; Claim: 170317-124; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 03/14/2014</b>									
04/07/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.00		\$17.00	10/13/2014	10/17/2014	70011539
04/07/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$256.00	Other Insurance	\$35.00	10/13/2014	10/17/2014	70011539
04/30/2014	Bioventus	Med Equipment	\$4,950.00	\$3,155.31	Other Insurance	\$1,794.69	06/11/2015	06/12/2015	70019516
04/22/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	08/13/2015	08/14/2015	70022333
<b>Claim # 170317-124 Totals :</b>			<b>\$5,547.00</b>	<b>\$3,665.31</b>		<b>\$1,881.69</b>			

<b>M., Tradarius; Claim: 170317-13; Activity: Mens Basketball; Diagnosis: Sprain/strain; Anatomy: L-ankle; Date Incurred: 10/17/2013</b>									
03/19/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$181.00	Other Insurance	\$30.00	06/23/2014	06/30/2014	70008868
<b>Claim # 170317-13 Totals :</b>			<b>\$211.00</b>	<b>\$181.00</b>		<b>\$30.00</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Hunter; Claim: 170317-103; Activity: Mens Baseball; Diagnosis: Sprain/strain; Anatomy: L-elbow; Date Incurred: 03/30/2014</b>									
04/09/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$239.00	Other Insurance	\$50.00	06/30/2014	07/07/2014	70009112
06/06/2014	Orthorx	Medical Equipment	\$44.86	\$0.00		\$44.86	08/04/2014	08/08/2014	70009952
06/09/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/25/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/20/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/20/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
05/30/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/30/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/02/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/11/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/18/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
05/28/2014	Ascension Physical Therapy	Phys.therapy	\$91.00	\$61.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/04/2014	Ascension Physical Therapy	Phys.therapy	\$103.00	\$73.00	Other Insurance	\$30.00	08/04/2014	08/08/2014	70009953
06/23/2014	Tulane University Medical Gr	Ph.visit Office	\$135.00	\$85.00	Other Insurance	\$50.00	10/06/2014	10/17/2014	70011538
08/04/2014	Ascension Physical Therapy	Phys.therapy	\$309.00	\$219.00	Other Insurance	\$90.00	10/20/2014	11/07/2014	70012138
08/11/2014	Ascension Physical Therapy	Phys.therapy	\$206.00	\$146.00	Other Insurance	\$60.00	10/20/2014	11/07/2014	70012138
05/26/2014	Tulane University Medical Gr	Ph.visit Office	\$135.00	\$85.00	Other Insurance	\$50.00	10/28/2014	12/16/2014	70013494
04/16/2014	Ochsner Medical Center	Surgery	\$2,801.27	\$2,577.03	Other Insurance	\$224.24	03/26/2015	03/27/2015	70016185
<b>Claim # 170317-103 Totals :</b>			<b>\$5,041.13</b>	<b>\$4,142.03</b>		<b>\$899.10</b>			

<b>M., Hunter; Claim: 170317-30; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 10/26/2013</b>									
10/26/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$361.00	Other Insurance	\$50.00	02/24/2014	02/28/2014	70004724
02/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$241.00	Other Insurance	\$50.00	03/10/2014	03/31/2014	70005704
07/09/2014	Ascension Physical Therapy	Phys.therapy	\$206.00	\$146.00	Other Insurance	\$60.00	08/11/2014	08/19/2014	70010212
07/14/2014	Ascension Physical Therapy	Phys.therapy	\$206.00	\$146.00	Other Insurance	\$60.00	08/11/2014	08/19/2014	70010212
07/02/2014	Ascension Physical Therapy	Phys.therapy	\$206.00	\$146.00	Other Insurance	\$60.00	08/11/2014	08/19/2014	70010212
07/23/2014	Ascension Physical Therapy	Phys.therapy	\$206.00	\$146.00	Other Insurance	\$60.00	08/25/2014	09/04/2014	70010470
07/18/2014	Ascension Physical Therapy	Phys.therapy	\$206.00	\$146.00	Other Insurance	\$60.00	08/25/2014	09/04/2014	70010470
<b>Claim # 170317-30 Totals :</b>			<b>\$1,732.00</b>	<b>\$1,332.00</b>		<b>\$400.00</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Matthew; Claim: 170317-77; Activity: Mens Golf; Diagnosis: Pain; Anatomy: Back; Date Incurred: 11/27/2013</b>									
02/12/2014	Ochsner Clinic Llc	X-ray,Radiology	\$31.00	\$5.59	Other Insurance	\$25.41	06/30/2014	07/07/2014	70009111
02/13/2014	Ochsner Clinic Llc	Mri	\$144.00	\$23.14	Other Insurance	\$120.86	06/30/2014	07/07/2014	70009111
<b>Claim # 170317-77 Totals :</b>			<b>\$175.00</b>	<b>\$28.73</b>		<b>\$146.27</b>			

<b>M., Matthew; Claim: 170317-96; Activity: Mens Golf; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 01/20/2014</b>									
03/31/2014	Ochsner Clinic Llc	Ph.visit Office	\$292.00	\$281.66	Other Insurance	\$10.34	04/28/2014	04/28/2014	70006605
02/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$199.39	Other Insurance	\$211.61	06/23/2014	06/30/2014	70008869
03/20/2014	Ochsner Clinic Llc	Injection	\$1,896.00	\$1,656.55	Other Insurance	\$239.45	06/30/2014	07/17/2014	70009423
02/12/2014	Ochsner Medical Center	X-ray,Radiology	\$320.00	\$172.80	Other Insurance	\$147.20	10/13/2014	10/17/2014	70011536
03/20/2014	Ochsner Baptist A Campus	Surgery Center	\$4,359.05	\$2,353.88	Other Insurance	\$2,005.17	10/06/2014	10/17/2014	70011537
03/31/2014	Ochsner Health System	Ph.visit Office	\$292.00	\$35.57	Other Insurance		04/23/2015	04/24/2015	70017397
				\$10.34	Previously Paid	\$246.09	04/23/2015	04/24/2015	70017397
<b>Claim # 170317-96 Totals :</b>			<b>\$7,570.05</b>	<b>\$4,710.19</b>		<b>\$2,859.86</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>N., Grace; Claim: 170317-84; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 02/13/2014</b>									
04/14/2014	Stand Up Open Mri Ctrs Of La	Mri	\$1,400.00	\$1,348.32	Other Insurance	\$51.68	10/13/2014	11/07/2014	70012135
05/02/2014	Ochsner Clinic Llc	Phys.vst.	\$411.00	\$367.51	Other Insurance	\$43.49	03/26/2015	03/27/2015	70016099
12/05/2014	Stand Up Open Mri Ctrs Of La	Mri	\$1,400.00	\$1,141.59	Other Insurance	\$258.41	03/26/2015	03/27/2015	70016193
09/19/2014	Ochsner Medical Center	24 Hour Nurse Help Line	\$622.00	\$322.48	Other Insurance	\$299.52	03/26/2015	03/27/2015	70016201
04/02/2014	Ochsner Health System	X-ray,Radiology	\$144.00	\$121.64	Other Insurance	\$22.36	05/27/2015	05/29/2015	70018621
08/28/2014	Ochsner Clinic Llc	Surgery	\$1,896.00	\$1,746.26	Other Insurance	\$149.74	06/09/2015	06/09/2015	70019253
07/09/2015	American Back Institute	Medical Treatment	\$475.00	\$0.00		\$475.00	08/13/2015	08/14/2015	70022417
09/20/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$192.58	Other Insurance	\$18.42	11/10/2015	11/13/2015	70025789
10/06/2014	Ochsner Medical Center	Phys.therapy	\$980.00	\$627.20	Other Ins Paid		12/17/2015	12/18/2015	70027313
				\$196.00	Write-off	\$156.80	12/17/2015	12/18/2015	70027313
03/19/2014	Ochsner Medical Center	X-ray,Radiology	\$320.00	\$204.80	Other Ins Paid		12/17/2015	12/18/2015	70027259
				\$64.00	Write-off	\$51.20	12/17/2015	12/18/2015	70027259
03/19/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$94.30	Other Ins Paid		02/09/2016	02/12/2016	70029198
				\$148.12	Write-off	\$48.58	02/09/2016	02/12/2016	70029198
04/02/2014	Ochsner Medical Center	Mri	\$1,481.00	\$747.84	Other Ins Paid		03/30/2016	04/01/2016	70031870
				\$296.20	Write-off	\$436.96	03/30/2016	04/01/2016	70031870
<b>Claim # 170317-84 Totals :</b>			<b>\$9,631.00</b>	<b>\$7,618.84</b>		<b>\$2,012.16</b>			
<b>P., Edmund; Claim: 170317-100; Activity: Mens Track; Diagnosis: Sprain/strain; Anatomy: Leg; Date Incurred: 01/14/2014</b>									
03/31/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$161.99	Other Insurance	\$129.01	06/20/2014	07/17/2014	70009424
07/09/2015	American Back Institute	Medical Treatment	\$225.00	\$0.00		\$225.00	08/13/2015	08/14/2015	70022401
<b>Claim # 170317-100 Totals :</b>			<b>\$516.00</b>	<b>\$161.99</b>		<b>\$354.01</b>			
<b>P., Alyssa; Claim: 170317-80; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 02/10/2014</b>									
02/10/2014	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$151.43	Other Insurance	\$45.57	04/29/2014	05/12/2014	70006975
02/10/2014	Ochsner Clinic Llc	X-ray,Radiology	\$16.00	\$0.39	Other Insurance	\$15.61	08/18/2014	08/19/2014	70010215
<b>Claim # 170317-80 Totals :</b>			<b>\$213.00</b>	<b>\$151.82</b>		<b>\$61.18</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Johannes; Claim: 170317-111; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 04/02/2014</b>									
04/23/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$3.92	Other Insurance	\$13.08	06/16/2014	06/19/2014	70008520
04/23/2014	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$193.53	Other Insurance	\$217.47	06/23/2014	06/26/2014	70008732
04/23/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$32.40	Other Insurance	\$129.60	06/11/2015	06/12/2015	70019426
07/09/2015	American Back Institute	Medical Treatment	\$225.00	\$0.00		\$225.00	08/13/2015	08/14/2015	70022399
<b>Claim # 170317-111 Totals :</b>			<b>\$815.00</b>	<b>\$229.85</b>		<b>\$585.15</b>			

<b>R., Celeste; Claim: 170317-26; Activity: Womens Volleyball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/31/2013</b>									
11/01/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$391.00	Other Insurance	\$20.00	03/24/2014	03/31/2014	70005703
03/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$269.00	Other Insurance	\$20.00	08/07/2015	08/07/2015	70021912
03/16/2015	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$121.00	Other Insurance	\$20.00	08/07/2015	08/07/2015	70021912
03/12/2015	Ochsner Clinic Llc	X-ray,Radiology	\$228.00	\$208.00	Other Insurance	\$20.00	08/07/2015	08/07/2015	70021912
02/06/2015	First Health	First Health Repricing	\$43.83	\$0.00		\$43.83	12/17/2015	12/18/2015	70027249
02/06/2015	Ochsner Clinic Llc	Medical Treatment	\$363.00	\$54.45	First Health Disc	\$308.55	12/17/2015	12/18/2015	70027384
02/06/2015	Ochsner Clinic Llc	Medical Treatment	\$1,240.00	\$186.00	First Health Disc	\$1,054.00	12/17/2015	12/18/2015	70027384
02/06/2015	Ochsner Clinic Llc	Medical Treatment	\$345.00	\$51.75	First Health Disc	\$293.25	12/17/2015	12/18/2015	70027384
<b>Claim # 170317-26 Totals :</b>			<b>\$3,060.83</b>	<b>\$1,281.20</b>		<b>\$1,779.63</b>			

<b>R., Hezekiah; Claim: 170317-112; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-arm; Date Incurred: 04/01/2014</b>									
04/28/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$2.36	Other Insurance	\$14.64	07/07/2014	07/07/2014	70009113
04/28/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$2.36	Other Insurance	\$14.64	07/07/2014	07/07/2014	70009113
04/28/2014	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$3.67	Other Insurance	\$15.33	07/07/2014	07/07/2014	70009113
04/28/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$271.00	Other Insurance	\$20.00	07/07/2014	07/07/2014	70009113
08/15/2014	Allan Chase	Phys.therapy	\$20.00	\$0.00		\$20.00	10/07/2014	10/10/2014	70011355
08/08/2014	Allan Chase	Phys.therapy	\$60.00	\$0.00		\$60.00	10/07/2014	10/10/2014	70011355
08/14/2014	Allan Chase	Phys.therapy	\$40.00	\$0.00		\$40.00	10/07/2014	10/10/2014	70011355
<b>Claim # 170317-112 Totals :</b>			<b>\$464.00</b>	<b>\$279.39</b>		<b>\$184.61</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Hezekiah; Claim: 170317-12; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/17/2013</b>									
10/22/2013	Ochsner Medical Center	Mri	\$1,316.00	\$652.80	Other Insurance	\$663.20	02/18/2014	02/28/2014	70004722
10/19/2013	Ochsner Medical Center	X-ray,Radiology	\$477.00	\$388.80	Other Insurance	\$88.20	02/18/2014	02/28/2014	70004722
10/19/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$271.00	Other Insurance	\$20.00	02/24/2014	02/28/2014	70004723
10/22/2013	Ochsner Clinic Llc	Mri	\$133.00	\$31.92	Other Insurance	\$101.08	06/16/2014	06/19/2014	70008512
<b>Claim # 170317-12 Totals :</b>			<b>\$2,217.00</b>	<b>\$1,344.52</b>		<b>\$872.48</b>			

<b>R., Courtney; Claim: 170317-10; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 10/08/2013</b>									
10/11/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$381.00	Other Insurance	\$30.00	12/02/2013	12/03/2013	70002839
<b>Claim # 170317-10 Totals :</b>			<b>\$411.00</b>	<b>\$381.00</b>		<b>\$30.00</b>			

<b>R., Courtney; Claim: 170317-93; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 03/14/2014</b>									
03/26/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$231.00	Other Insurance	\$60.00	07/07/2014	08/08/2014	70009950
08/13/2014	Ochsner Clinic Llc	X-ray,Radiology	\$157.00	\$129.10	Other Insurance	\$27.90	09/15/2014	09/30/2014	70011105
08/13/2014	Ochsner Clinic Llc	Surgery	\$397.00	\$341.39	Other Insurance	\$55.61	09/15/2014	09/30/2014	70011105
09/22/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$229.00	Other Insurance	\$60.00	10/20/2014	11/07/2014	70012137
08/18/2014	Ochsner Clinic Llc	Ph.visit Office	\$377.00	\$311.77	Other Insurance	\$65.23	12/01/2014	12/16/2014	70013492
08/13/2014	Ochsner Medical Center	Mri	\$2,838.73	\$2,457.25	Other Insurance	\$381.48	04/23/2015	04/24/2015	70017416
06/08/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	08/13/2015	08/14/2015	70022332
07/09/2015	American Back Institute	Medical Treatment	\$500.00	\$0.00		\$500.00	08/13/2015	08/14/2015	70022419
08/06/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$176.00	Other Insurance	\$35.00	09/01/2015	09/04/2015	70023258
03/02/2015	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$106.00	Other Insurance	\$35.00	09/01/2015	09/04/2015	70023259
06/05/2014	Ochsner Medical Center	Phys.therapy	\$1,617.00	\$1,527.00	Other Insurance	\$90.00	09/16/2015	09/18/2015	70023756
07/01/2014	Ochsner Medical Center	Phys.therapy	\$1,449.00	\$1,359.00	Other Insurance	\$90.00	09/16/2015	09/18/2015	70023756
01/07/2015	Ochsner Medical Center	Phys.therapy	\$2,576.00	\$2,426.00	Other Insurance	\$150.00	09/16/2015	09/18/2015	70023737
10/21/2014	Ochsner Medical Center	Phys.therapy	\$944.00	\$95.40	Other Ins Paid		12/17/2015	12/18/2015	70027261
				\$788.60	Write-off	\$60.00	12/17/2015	12/18/2015	70027261
08/11/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$75.96	Other Ins Paid		01/11/2016	01/12/2016	70027985
				\$153.04	Write-off	\$60.00	01/11/2016	01/12/2016	70027985
<b>Claim # 170317-93 Totals :</b>			<b>\$12,365.73</b>	<b>\$10,660.51</b>		<b>\$1,705.22</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Karl; Claim: 170317-120; Activity: Mens Track; Diagnosis: Notification Only; Anatomy: L-wrist; Date Incurred: 05/10/2014</b>									
05/21/2014	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$0.00		\$219.00	05/16/2016	05/17/2016	70034056
05/21/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	08/18/2016	08/19/2016	70038177
05/21/2014	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	11/08/2016	11/08/2016	70040815
<b>Claim # 170317-120 Totals :</b>			<b>\$253.00</b>	<b>\$0.00</b>		<b>\$253.00</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Cara; Claim: 170317-5; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 09/17/2013</b>									
09/17/2013	First Health	First Health Repricing	\$6.53	\$0.00		\$6.53	10/09/2013	10/14/2013	70002108
09/17/2013	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$43.50	First Health Disc	\$130.50	10/09/2013	10/14/2013	70002109
09/17/2013	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.00	First Health Disc	\$17.00	10/09/2013	10/14/2013	70002110
10/01/2013	First Health	First Health Repricing	\$0.98	\$0.00		\$0.98	10/21/2013	10/24/2013	70002236
09/17/2013	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	10/21/2013	10/24/2013	70002236
09/24/2013	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	10/21/2013	10/24/2013	70002236
10/01/2013	Ochsner Clinic Llc	Mri	\$133.00	\$6.53	First Health Disc	\$126.47	10/21/2013	10/24/2013	70002237
09/24/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	10/21/2013	10/24/2013	70002237
09/17/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	10/21/2013	10/24/2013	70002237
10/01/2013	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	10/28/2013	11/04/2013	70002384
10/01/2013	Ochsner Medical Center	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	10/28/2013	11/04/2013	70002385
09/18/2013	Premier Health Exc	Phx Fee	\$2.84	\$0.00		\$2.84	11/20/2013	12/05/2013	70002889
09/18/2013	Ochsner Home Medical Equipment	Orthopedic Appliance	\$108.00	\$16.20	Disc:phx	\$91.80	11/20/2013	12/05/2013	70002890
09/17/2013	Premier Health Exc	Phx Fee	\$4.65	\$0.00		\$4.65	12/30/2013	01/09/2014	70003480
09/17/2013	Ochsner Home Medical Equipment	Medical Equipment	\$177.00	\$26.55	Disc:phx	\$150.45	12/30/2013	01/09/2014	70003481
10/30/2013	Ochsner Clinic Llc	Phys.vst.	\$289.00	\$215.53	First Health Disc	\$73.47	03/26/2015	03/27/2015	70016180
11/06/2013	Ochsner Clinic Llc	Phys.vst.	\$141.00	\$104.80	First Health Disc	\$36.20	03/26/2015	03/27/2015	70016180
12/04/2013	Ochsner Clinic Llc	Phys.vst.	\$289.00	\$215.53	First Health Disc	\$73.47	03/26/2015	03/27/2015	70016180
10/30/2013	First Health	First Health Repricing	\$80.38	\$0.00		\$80.38	03/26/2015	03/27/2015	70016134
<b>Claim # 170317-5 Totals :</b>			<b>\$3,431.29</b>	<b>\$1,374.68</b>		<b>\$2,056.61</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Jonathan; Claim: 170317-44; Activity: Mens Baseball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/24/2013</b>									
10/24/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$401.00	Other Insurance	\$10.00	04/14/2014	04/17/2014	70006200
<b>Claim # 170317-44 Totals :</b>			<b>\$411.00</b>	<b>\$401.00</b>		<b>\$10.00</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Jonathan; Claim: 170317-64; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 12/01/2013</b>									
01/13/2014	Ochsner Clinic Llc	Ph.visit Office	\$208.00	\$198.00	Other Insurance	\$10.00	03/12/2014	03/24/2014	70005326
<b>Claim # 170317-64 Totals :</b>			<b>\$208.00</b>	<b>\$198.00</b>		<b>\$10.00</b>			

<b>S., Dario; Claim: 170317-113; Activity: Mens Track; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 04/26/2014</b>									
04/30/2014	Ochsner Clinic Llc	X-ray,Radiology	\$31.00	\$7.85	Other Insurance	\$23.15	06/09/2014	06/12/2014	70008268
05/12/2014	Ochsner Clinic Llc	Mri	\$144.00	\$121.64	Other Insurance	\$22.36	07/14/2014	07/17/2014	70009425
04/30/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$192.58	Other Insurance	\$18.42	07/14/2014	07/17/2014	70009425
05/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$261.06	Other Insurance	\$27.94	07/14/2014	07/17/2014	70009425
04/30/2014	Ochsner Medical Center	X-ray,Radiology	\$320.00	\$250.52	Other Insurance	\$69.48	06/02/2015	06/05/2015	70019022
07/09/2015	American Back Institute	Medical Treatment	\$1,325.00	\$0.00		\$1,325.00	09/15/2015	09/18/2015	70023838
<b>Claim # 170317-113 Totals :</b>			<b>\$2,320.00</b>	<b>\$833.65</b>		<b>\$1,486.35</b>			

<b>S., Ariel; Claim: 170317-66; Activity: Womens Track; Diagnosis: Pain; Anatomy: Hip; Date Incurred: 01/20/2014</b>									
01/22/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$127.86	Other Insurance	\$83.14	04/07/2014	04/10/2014	70005958
01/22/2014	Ochsner Clinic Llc	X-ray,Radiology	\$44.00	\$5.68	Other Insurance	\$38.32	04/07/2014	04/10/2014	70005958
01/22/2014	Ochsner Medical Center	X-ray,Radiology	\$359.00	\$246.87	Other Insurance	\$112.13	10/28/2014	11/07/2014	70012133
<b>Claim # 170317-66 Totals :</b>			<b>\$614.00</b>	<b>\$380.41</b>		<b>\$233.59</b>			

<b>S., Anna; Claim: 170317-108; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Foot; Date Incurred: 03/24/2014</b>									
04/09/2014	Ochsner Clinic Llc	X-ray,Radiology	\$32.00	\$12.38	Other Insurance	\$19.62	08/18/2014	09/04/2014	70010474
04/09/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$148.12	Other Insurance	\$142.88	08/18/2014	09/04/2014	70010474
07/09/2015	American Back Institute	Medical Treatment	\$225.00	\$0.00		\$225.00	08/19/2015	08/21/2015	70022644
04/09/2014	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$128.05	Write-off	\$68.95	05/19/2016	05/20/2016	70034213
<b>Claim # 170317-108 Totals :</b>			<b>\$745.00</b>	<b>\$288.55</b>		<b>\$456.45</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Brianna; Claim: 170317-8; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/10/2013</b>									
10/11/2013	First Health	First Health Repricing	\$21.49	\$0.00		\$21.49	10/28/2013	10/31/2013	70002325
10/11/2013	Ochsner Medical Center	X-ray,Radiology	\$573.00	\$143.25	First Health Disc	\$429.75	10/28/2013	10/31/2013	70002326
10/11/2013	First Health	First Health Repricing	\$2.23	\$0.00		\$2.23	11/04/2013	11/11/2013	70002477
10/17/2013	First Health	First Health Repricing	\$0.98	\$0.00		\$0.98	11/04/2013	11/11/2013	70002477
10/17/2013	Ochsner Medical Center	Mri	\$133.00	\$6.53	First Health Disc	\$126.47	11/04/2013	11/11/2013	70002478
10/11/2013	Ochsner Medical Center	X-ray,Radiology	\$57.00	\$14.85	First Health Disc	\$42.15	11/04/2013	11/11/2013	70002478
10/18/2013	First Health	First Health Repricing	\$72.79	\$0.00		\$72.79	11/11/2013	11/14/2013	70002577
10/18/2013	Ochsner Clinic Llc	Ph.visit Office	\$631.00	\$481.93	First Health Disc	\$149.07	11/11/2013	11/14/2013	70002578
10/17/2013	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	11/18/2013	11/27/2013	70002797
10/30/2013	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	11/18/2013	11/27/2013	70002797
10/17/2013	Ochsner Medical Center	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	11/18/2013	11/27/2013	70002798
10/30/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	11/18/2013	11/27/2013	70002799
11/13/2013	First Health	First Health Repricing	\$15.72	\$0.00		\$15.72	12/09/2013	12/11/2013	70002976
11/13/2013	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$104.80	First Health Disc	\$36.20	12/09/2013	12/11/2013	70002977
11/26/2013	First Health	First Health Repricing	\$59.19	\$0.00		\$59.19	12/23/2013	12/27/2013	70003299
11/26/2013	First Health	First Health Repricing	\$282.88	\$0.00		\$282.88	12/23/2013	12/27/2013	70003299
11/26/2013	First Health	First Health Repricing	\$217.31	\$0.00		\$217.31	12/23/2013	12/27/2013	70003299
11/26/2013	Ochsner Clinic Llc	Surgery	\$5,904.00	\$1,885.86	First Health Disc	\$4,018.14	12/23/2013	12/27/2013	70003300
11/26/2013	Ochsner Clinic Llc	Asst.surgeon	\$2,679.00	\$394.62	First Health Disc	\$2,284.38	12/23/2013	12/27/2013	70003300
11/26/2013	Anesthesia Consultants Of Sout	Anesthesia	\$3,420.00	\$1,448.75	First Health Disc	\$1,971.25	12/23/2013	12/27/2013	70003301
10/11/2013	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	02/24/2014	04/17/2014	70006194
10/14/2013	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	02/24/2014	04/17/2014	70006194
10/11/2013	First Health	First Health Repricing	\$17.89	\$0.00		\$17.89	02/24/2014	04/17/2014	70006194
11/27/2013	First Health	First Health Repricing	\$17.29	\$0.00		\$17.29	02/24/2014	04/17/2014	70006194
10/11/2013	Ochsner Medical Center	X-ray,Radiology	\$0.00	\$0.00	First Health Disc	\$0.00	02/24/2014	04/17/2014	70006195
11/27/2013	Ochsner Medical Center	Phys.therapy	\$0.00	\$0.00	First Health Disc	\$0.00	02/24/2014	04/17/2014	70006195
10/14/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	02/18/2014	04/17/2014	70006196
10/11/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	02/18/2014	04/17/2014	70006196
11/27/2013	Ochsner Medical Center	Misc Conversion	\$938.00	\$234.50	First Health Disc	\$703.50	02/24/2014	04/17/2014	70006195
	Ochsner Medical Center		\$0.00	\$0.00		-\$429.75	04/17/2014	04/17/2014	0
11/26/2013	Premier Health Exc	Phx Fee	\$3,159.38	\$0.00		\$3,159.38	05/14/2014	05/19/2014	70007190
11/26/2013	Ochsner Baptist A Campus	Surgery Center	\$50,725.95	\$18,053.59	Over Ucr Phx	\$32,672.36	05/14/2014	05/19/2014	70007191
03/19/2014	First Health	First Health Repricing	\$15.72	\$0.00		\$15.72	06/12/2014	06/12/2014	70008264

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Brianna; Claim: 170317-8; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/10/2013</b>									
12/03/2013	First Health	First Health Repricing	\$80.96	\$0.00		\$80.96	06/12/2014	06/12/2014	70008264
01/07/2014	First Health	First Health Repricing	\$161.44	\$0.00		\$161.44	06/12/2014	06/12/2014	70008264
02/04/2014	First Health	First Health Repricing	\$138.38	\$0.00		\$138.38	06/12/2014	06/12/2014	70008264
04/04/2014	First Health	First Health Repricing	\$109.28	\$0.00		\$109.28	06/12/2014	06/12/2014	70008264
03/11/2014	First Health	First Health Repricing	\$69.19	\$0.00		\$69.19	06/12/2014	06/12/2014	70008264
12/03/2013	Ochsner Medical Center	Phys.therapy	\$2,159.00	\$539.75	First Health Disc	\$1,619.25	06/12/2014	06/12/2014	70008265
02/04/2014	Ochsner Medical Center	Phys.therapy	\$3,690.00	\$922.50	First Health Disc	\$2,767.50	06/12/2014	06/12/2014	70008265
03/11/2014	Ochsner Medical Center	Phys.therapy	\$1,845.00	\$461.25	First Health Disc	\$1,383.75	06/12/2014	06/12/2014	70008265
04/04/2014	Ochsner Medical Center	Phys.therapy	\$2,914.00	\$728.50	First Health Disc	\$2,185.50	06/12/2014	06/12/2014	70008265
01/07/2014	Ochsner Medical Center	Phys.therapy	\$4,305.00	\$1,076.25	First Health Disc	\$3,228.75	06/12/2014	06/12/2014	70008265
03/19/2014	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$104.80	First Health Disc	\$36.20	06/12/2014	06/12/2014	70008266
11/13/2013	Premier Health Exc	Phx Fee	\$16.54	\$0.00		\$16.54	06/13/2014	06/17/2014	70008422
11/13/2013	Ochsner Home Medical Equipment	Orthopedic Appliance	\$630.00	\$94.50	Disc:phx	\$535.50	06/13/2014	06/17/2014	70008423
06/18/2014	First Health	First Health Repricing	\$15.72	\$0.00		\$15.72	07/07/2014	07/17/2014	70009420
06/18/2014	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$104.80	First Health Disc	\$36.20	07/07/2014	07/17/2014	70009421
06/25/2014	First Health	First Health Repricing	\$20.14	\$0.00		\$20.14	07/28/2014	08/01/2014	70009775
06/25/2014	Ochsner Medical Center	Phys.therapy	\$537.00	\$134.25	First Health Disc	\$402.75	07/28/2014	08/01/2014	70009776
07/16/2014	First Health	First Health Repricing	\$6.04	\$0.00		\$6.04	08/11/2014	08/22/2014	70010264
07/16/2014	Ochsner Medical Center	Phys.therapy	\$161.00	\$40.25	First Health Disc	\$120.75	08/11/2014	08/22/2014	70010265
08/25/2014	First Health	First Health Repricing	\$15.72	\$0.00		\$15.72	09/15/2014	10/10/2014	70011351
08/25/2014	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$104.80	First Health Disc	\$36.20	09/15/2014	10/10/2014	70011352
09/20/2014	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	10/06/2014	10/17/2014	70011532
09/20/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	10/06/2014	10/17/2014	70011533
08/19/2014	Premier Health Exc	Phx Fee	\$31.27	\$0.00		\$31.27	10/27/2014	11/14/2014	70012443
08/19/2014	Premier Health Exc	Phx Fee	\$31.27	\$0.00		\$31.27	10/27/2014	11/14/2014	70012443
08/19/2014	Ochsner Home Medical Equipment	Orthopedic Appliance	\$1,191.30	\$178.70	Disc:phx	\$1,012.60	10/27/2014	11/14/2014	70012444
08/19/2014	Ochsner Home Medical Equipment	Orthopedic Appliance	\$1,191.30	\$178.70	Disc:phx	\$1,012.60	10/27/2014	11/14/2014	70012444
10/28/2014	First Health	First Health Repricing	\$23.36	\$0.00		\$23.36	04/22/2015	04/24/2015	70017318
10/28/2014	Ochsner Medical Center	Phys.therapy	\$623.00	\$155.75	First Health Disc	\$467.25	04/22/2015	04/24/2015	70017430
	Premier Health Exc		\$0.00	\$0.00		-\$31.27	04/27/2015	04/27/2015	0
06/25/2014	Ochsner Health System	Phys.therapy	\$537.00	\$402.75	Write-off	\$134.25	07/25/2016	07/26/2016	70037153
<b>Claim # 170317-8 Totals :</b>			<b>\$92,488.84</b>	<b>\$29,524.65</b>		<b>\$62,964.19</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Yasmin; Claim: 170317-40; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 11/06/2013</b>									
11/12/2013	Ochsner Clinic Llc	Ph.visit Office	\$372.00	\$74.03	Other Insurance	\$297.97	02/24/2014	02/28/2014	70004725
11/09/2013	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$169.31	Other Insurance	\$241.69	06/04/2014	06/19/2014	70008515
<b>Claim # 170317-40 Totals :</b>			<b>\$783.00</b>	<b>\$243.34</b>		<b>\$539.66</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Yasmin; Claim: 170317-51; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/05/2013</b>									
12/10/2013	Ochsner Medical Center	Mri	\$1,316.00	\$1,131.76	Other Insurance	\$184.24	02/24/2014	02/24/2014	70004568
12/12/2013	Ochsner Clinic Llc	Surgery	\$1,548.00	\$1,314.22	Other Insurance	\$233.78	02/10/2014	02/24/2014	70004569
12/09/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.83	Other Insurance	\$92.17	02/10/2014	02/24/2014	70004569
12/10/2013	Ochsner Clinic Llc	Mri	\$133.00	\$108.06	Other Insurance	\$24.94	02/10/2014	02/24/2014	70004569
12/12/2013	Anesthesia Consultants Of Sout	Anesthesia	\$950.00	\$903.44	Other Insurance	\$46.56	02/24/2014	02/24/2014	70004570
12/12/2013	Anesthesia Consultants Of Sout	Anesthesia	\$950.00	\$903.44	Other Insurance	\$46.56	02/24/2014	02/24/2014	70004570
12/19/2013	Ochsner Medical Center	Phys.therapy	\$944.00	\$887.89	Other Insurance	\$56.11	04/14/2014	04/17/2014	70006201
04/09/2014	Ochsner Clinic Llc	Ph.visit Office	\$84.00	\$49.00	Other Insurance	\$35.00	09/15/2015	09/18/2015	70023674
<b>Claim # 170317-51 Totals :</b>			<b>\$6,136.00</b>	<b>\$5,416.64</b>		<b>\$719.36</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Yasmin; Claim: AGA-0006580; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 06/11/2014</b>									
07/07/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.26	Other Insurance	\$16.74	03/26/2015	03/27/2015	70016039
07/16/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$157.00	\$126.08	Other Insurance	\$30.92	03/26/2015	03/27/2015	70016073
07/07/2014	Ochsner Clinic Llc	Phys.vst.	\$211.00	\$176.00	Other Insurance	\$35.00	03/26/2015	03/27/2015	70016083
07/16/2014	Ochsner Clinic Llc	X-ray,Radiology	\$741.00	\$383.37	Other Insurance	\$357.63	03/26/2015	03/27/2015	70016207
07/07/2014	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$65.70	Write-off	\$153.30	08/13/2015	08/14/2015	70022389
<b>Claim # AGA-0006580 Totals :</b>			<b>\$1,345.00</b>	<b>\$751.41</b>		<b>\$593.59</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Letizia; Claim: 170317-102; Activity: Womens Track; Diagnosis: Pain; Anatomy: Achilles Tendon; Date Incurred: 02/26/2014</b>									
03/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Other Insurance	\$92.08	05/19/2014	05/22/2014	70007650
03/26/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Other Insurance	\$92.08	06/02/2014	06/30/2014	70008870
03/26/2014	Ochsner Clinic Llc	Mri	\$133.00	\$31.93	Other Insurance	\$101.07	06/02/2014	06/30/2014	70008870
04/30/2014	Southern Medical & Adaptive	Medical Equipment	\$320.00	\$0.00		\$320.00	08/06/2014	08/08/2014	70009951
03/24/2014	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$146.16	Other Insurance	\$27.84	08/13/2015	08/14/2015	70022324
<b>Claim # 170317-102 Totals :</b>			<b>\$1,049.00</b>	<b>\$415.93</b>		<b>\$633.07</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Letizia; Claim: 170317-17; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/26/2013</b>									
10/08/2013	American Back Institute	Medical Treatment	\$525.00	\$0.00		\$525.00	03/24/2014	05/01/2014	70006704
10/02/2013	Ochsner Clinic Llc	Ph.visit Office	\$502.00	\$192.58	Other Insurance	\$309.42	09/29/2014	10/03/2014	70011186
<b>Claim # 170317-17 Totals :</b>			<b>\$1,027.00</b>	<b>\$192.58</b>		<b>\$834.42</b>			

<b>T., Letizia; Claim: 170317-47; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 11/01/2013</b>									
12/04/2013	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$39.40	Other Insurance	\$157.60	10/03/2014	11/07/2014	70012128
12/04/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Other Insurance	\$92.08	04/24/2015	04/28/2015	70017522
<b>Claim # 170317-47 Totals :</b>			<b>\$408.00</b>	<b>\$158.32</b>		<b>\$249.68</b>			

<b>T., Alyx; Claim: 170317-67; Activity: Womens Track; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 10/30/2013</b>									
01/24/2014	Ochsner Baptist A Campus	Injection	\$2,323.31	\$2,298.31	Other Insurance	\$25.00	05/19/2014	05/22/2014	70007648
07/09/2015	American Back Institute	Medical Treatment	\$225.00	\$0.00		\$225.00	08/31/2015	09/01/2015	70023160
<b>Claim # 170317-67 Totals :</b>			<b>\$2,548.31</b>	<b>\$2,298.31</b>		<b>\$250.00</b>			

<b>W., Micah; Claim: 170317-27; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 10/24/2013</b>									
10/25/2013	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$148.12	Other Insurance	\$142.88	02/03/2014	02/10/2014	70004176
10/25/2013	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$5.32	Other Insurance	\$13.68	02/03/2014	02/10/2014	70004176
10/25/2013	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$43.80	Other Insurance	\$175.20	05/19/2014	05/22/2014	70007646
<b>Claim # 170317-27 Totals :</b>			<b>\$529.00</b>	<b>\$197.24</b>		<b>\$331.76</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Octavia; Claim: 170317-2; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 07/08/2013</b>									
07/09/2013	Ochsner Clinic Llc	Misc Conversion	\$578.00	\$381.00	Other Insurance	\$197.00	01/06/2014	01/09/2014	70003479
07/12/2013	Ochsner Medical Center	Mri	\$1,316.00	\$810.20	Other Insurance	\$505.80	01/06/2014	01/09/2014	70003478
07/09/2013	Ochsner Medical Center	X-ray,Radiology	\$336.00	\$312.48	Other Insurance	\$23.52	01/06/2014	01/09/2014	70003478
07/29/2013	Ochsner Clinic Llc	Ph.visit Office	\$0.00	\$0.00	Other Insurance	\$0.00	01/06/2014	01/09/2014	70003479
07/12/2013	Ochsner Clinic Llc	Mri	\$0.00	\$0.00		\$0.00	01/06/2014	01/09/2014	70003479
07/09/2013	Ochsner Clinic Llc	X-ray,Radiology	\$0.00	\$0.00		\$0.00	01/06/2014	01/09/2014	70003479
07/09/2013	Ochsner Clinic Llc	X-ray,Radiology	\$0.00	\$0.00		\$0.00	01/06/2014	01/09/2014	70003479
	Ochsner Clinic Llc		\$0.00	\$0.00		-\$197.00	01/09/2014	01/09/2014	0
09/09/2013	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$259.00	Other Insurance	\$30.00	02/24/2014	02/28/2014	70004720
11/05/2013	American Back Institute	Medical Treatment	\$225.00	\$0.00		\$225.00	04/30/2014	05/05/2014	70006767
<b>Claim # 170317-2 Totals :</b>			<b>\$2,744.00</b>	<b>\$1,959.68</b>		<b>\$784.32</b>			

Pay Dates: 01/01/1900 - 04/11/2018

Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Octavia; Claim: 170317-52; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 12/06/2013</b>									
01/07/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.80	Other Insurance	\$16.20	02/24/2014	02/28/2014	70004726
01/07/2014	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.80	Other Insurance	\$16.20	02/24/2014	02/28/2014	70004726
01/17/2014	Southern Medical & Adaptive	Orthosis	\$300.00	\$0.00		\$300.00	02/25/2014	02/28/2014	70004727
12/18/2013	Ochsner Medical Center	Emrg.room	\$696.00	\$496.00	Other Insurance	\$200.00	03/31/2014	03/31/2014	70005706
01/07/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$259.00	Other Insurance	\$30.00	03/31/2014	03/31/2014	70005707
07/10/2014	Jacksonville Orthopaedic	Phys.therapy	\$188.00	\$182.56	Other Insurance	\$5.44	09/29/2014	10/03/2014	70011187
07/22/2014	Jacksonville Orthopaedic	Phys.therapy	\$141.00	\$111.00	Other Insurance	\$30.00	09/29/2014	10/03/2014	70011187
07/28/2014	Jacksonville Orthopaedic	Phys.therapy	\$196.00	\$166.00	Other Insurance	\$30.00	09/29/2014	10/03/2014	70011187
07/29/2014	Jacksonville Orthopaedic	Phys.therapy	\$196.00	\$166.00	Other Insurance	\$30.00	09/29/2014	10/03/2014	70011187
05/23/2014	Ochsner Medical Center	Phys.therapy	\$1,266.00	\$1,185.64	Other Insurance	\$80.36	09/09/2014	10/03/2014	70011188
08/25/2014	Ochsner Clinic Llc	Ph.visit Office	\$84.00	\$54.00	Other Insurance	\$30.00	09/29/2014	10/03/2014	70011189
05/07/2014	Empi, Inc	Medical Treatment	\$122.44	\$82.96	Other Insurance	\$39.48	09/29/2014	10/03/2014	70011190
06/07/2014	Empi, Inc	Medical Treatment	\$190.00	\$184.36	Other Insurance	\$5.64	09/29/2014	10/03/2014	70011190
05/07/2014	Empi, Inc	Medical Treatment	\$190.00	\$184.36	Other Insurance	\$5.64	09/29/2014	10/03/2014	70011190
01/07/2014	Ochsner Medical Center	X-ray,Radiology	\$336.00	\$100.80	Other Insurance	\$235.20	10/13/2014	11/07/2014	70012129
05/13/2014	Ochsner Baptist A Campus	Surgery Center	\$18,665.65	\$17,767.27	Other Insurance	\$898.38	11/17/2014	11/26/2014	70012903
05/13/2014	Ochsner Baptist A Campus	Injection	\$1,962.00	\$1,834.47	Other Insurance	\$127.53	11/17/2014	11/26/2014	70012903
08/07/2014	Empi, Inc	Med Equipment	\$570.00	\$553.08	Other Insurance	\$16.92	06/09/2015	06/09/2015	70019206
07/09/2015	American Back Institute	Medical Treatment	\$475.00	\$0.00		\$475.00	08/31/2015	09/01/2015	70023181
<b>Claim # 170317-52 Totals :</b>			<b>\$25,901.09</b>	<b>\$23,329.10</b>		<b>\$2,571.99</b>			

<b>W., Octavia; Claim: 170317-53; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 10/12/2013</b>									
10/26/2013	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$181.00	Other Insurance	\$30.00	02/24/2014	02/28/2014	70004728
01/22/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$181.00	Other Insurance	\$30.00	03/12/2014	03/31/2014	70005708
05/13/2014	Ochsner Clinic Llc	Surgery	\$2,351.00	\$2,212.08	Other Insurance	\$138.92	10/20/2014	11/07/2014	70012130
<b>Claim # 170317-53 Totals :</b>			<b>\$2,773.00</b>	<b>\$2,574.08</b>		<b>\$198.92</b>			

<b>2013 Sub Total: Checking Account BRKLY Totals:</b>			<b>\$442,724.59</b>	<b>\$297,245.58</b>		<b>\$145,479.01</b>			
<b>2013 Sub Total: Coverage Coll.spts.,Excess Totals:</b>			<b>\$442,724.59</b>	<b>\$297,245.58</b>		<b>\$145,479.01</b>			
<b>2013 Sub Total: Policy ICS L00600024 001 Totals:</b>			<b>\$442,724.59</b>	<b>\$297,245.58</b>		<b>\$145,479.01</b>			
<b>2013 Sub Totals:</b>			<b>\$442,724.59</b>	<b>\$297,245.58</b>		<b>\$145,479.01</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
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Underwriting Year: 2014

Policy: ICS L00600024 002

Coverage: Coll.spts.,Excess

Checking Account: BRKLY

A., Jewel; Claim: AGA-0001891; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/10/2014									
12/10/2014	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$96.00	Other Insurance	\$133.00	07/23/2015	07/24/2015	70021408
Claim # AGA-0001891 Totals :			\$229.00	\$96.00		\$133.00			

A., Travis; Claim: 170317-145; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 07/14/2014									
07/18/2014	Ochsner Medical Center	X-ray,Radiology	\$1,316.00	\$497.99	Other Insurance	\$818.01	09/06/2014	10/10/2014	70011357
07/16/2014	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$168.98	Other Insurance	\$60.02	09/06/2014	10/10/2014	70011357
07/18/2014	Ochsner Clinic Llc	X-ray,Radiology	\$133.00	\$12.41	Other Insurance	\$120.59	09/06/2014	10/10/2014	70011358
07/16/2014	Ochsner Clinic Llc	Ph.visit Office	\$553.00	\$513.00	Other Insurance	\$40.00	09/06/2014	10/10/2014	70011358
07/16/2014	Ochsner Clinic Llc	X-ray,Radiology	\$48.00	\$28.13	Other Insurance	\$19.87	09/06/2014	10/10/2014	70011358
Claim # 170317-145 Totals :			\$2,279.00	\$1,220.51		\$1,058.49			

B., Taylor; Claim: 170317-137; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 08/01/2014									
07/09/2015	American Back Institute	Medical Treatment	\$225.00	\$0.00		\$225.00	08/13/2015	08/14/2015	70022400
Claim # 170317-137 Totals :			\$225.00	\$0.00		\$225.00			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Kevin; Claim: 170317-151; Activity: Mens Basketball; Diagnosis: Dislocation; Anatomy: L-knee; Date Incurred: 09/02/2014</b>									
09/11/2014	Anesthesia Consultants Of Sout	Anesthesia	\$855.00	\$813.60	Other Insurance	\$41.40	11/03/2014	11/07/2014	70012236
09/11/2014	Anesthesia Consultants Of Sout	Anesthesia	\$2,185.00	\$2,122.91	Other Insurance	\$62.09	11/03/2014	11/07/2014	70012236
09/11/2014	Ochsner Baptist A Campus	Surgery Center	\$19,442.71	\$17,219.63	Other Insurance	\$2,223.08	11/03/2014	11/07/2014	70012237
09/05/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$109.85	Other Insurance	\$23.15	03/26/2015	03/27/2015	70016051
09/17/2014	Ochsner Clinic Llc	Surgery	\$342.00	\$317.60	Other Insurance	\$24.40	04/24/2015	04/28/2015	70017510
09/18/2014	Ochsner Clinic Llc	Surgery	\$342.00	\$317.60	Other Insurance	\$24.40	04/24/2015	04/28/2015	70017510
09/19/2014	Ochsner Clinic Llc	Surgery	\$49.00	\$39.20	Other Insurance	\$9.80	04/24/2015	04/28/2015	70017510
01/14/2015	Ochsner Clinic Llc	Ph.visit Office	\$208.00	\$118.38	Other Insurance	\$89.62	04/24/2015	04/28/2015	70017520
03/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$121.38	Other Insurance	\$89.62	04/24/2015	04/28/2015	70017521
07/09/2015	American Back Institute	Medical Treatment	\$75.00	\$0.00		\$75.00	08/13/2015	08/14/2015	70022360
09/11/2014	Ochsner Clinic Llc	Surgery	\$1,548.00	\$1,315.41	Other Insurance	\$232.59	12/02/2015	12/04/2015	70026697
<b>Claim # 170317-151 Totals :</b>			<b>\$25,390.71</b>	<b>\$22,495.56</b>		<b>\$2,895.15</b>			

<b>B., Randi; Claim: AGA-0012502; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/27/2015</b>									
04/07/2015	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	08/13/2015	08/14/2015	70022343
04/07/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$6.53	First Health Disc	\$126.47	08/13/2015	08/14/2015	70022380
04/07/2015	First Health	First Health Repricing	\$0.98	\$0.00		\$0.98	08/13/2015	08/14/2015	70022291
04/13/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$38.00	\$17.21	First Health Disc	\$20.79	08/13/2015	08/14/2015	70022320
04/13/2015	First Health	First Health Repricing	\$2.58	\$0.00		\$2.58	08/13/2015	08/14/2015	70022293
04/07/2015	Ochsner Baptist A Campus	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	08/13/2015	08/14/2015	70022433
07/13/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$229.00	Other Insurance	\$60.00	09/14/2015	09/15/2015	70023580
07/21/2015	Ochsner Clinic Llc	Surgery	\$2,708.00	\$1,145.22	Other Insurance	\$1,562.78	11/09/2015	11/10/2015	70025741
07/21/2015	Ochsner Clinic Llc	Surgery	\$2,708.00	\$1,145.22	Other Insurance	\$1,562.78	11/23/2015	11/25/2015	70026457
07/23/2015	Ochsner Medical Center	Phys.therapy	\$1,427.00	\$827.66	Write-off	\$599.34	03/30/2016	04/01/2016	70031888
07/21/2015	First Health	First Health Repricing	\$75.03	\$0.00		\$75.03	11/30/2016	12/02/2016	70041560
07/21/2015	Anesthesia Consultants Of Sout	Anesthesia	\$855.00	\$500.17	First Health Disc	\$354.83	11/30/2016	12/02/2016	70041646
<b>Claim # AGA-0012502 Totals :</b>			<b>\$9,601.94</b>	<b>\$4,200.01</b>		<b>\$5,401.93</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Tevin; Claim: 170317-147; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/19/2014</b>									
09/22/2014	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$15.72	Other Insurance	\$3.28	10/28/2014	11/07/2014	70012235
10/17/2014	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$111.00	Other Insurance	\$30.00	12/01/2014	12/16/2014	70013544
09/22/2014	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$191.41	Other Insurance	\$27.59	03/26/2015	03/27/2015	70016061
03/09/2015	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$2.59	Other Insurance	\$16.41	04/22/2015	04/24/2015	70017310
03/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.29	Other Insurance	\$92.71	04/22/2015	04/24/2015	70017363
03/09/2015	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$81.03	Write-off	\$137.97	03/21/2016	03/22/2016	70031143
<b>Claim # 170317-147 Totals :</b>			<b>\$828.00</b>	<b>\$520.04</b>		<b>\$307.96</b>			

<b>B., Tevin; Claim: AGA-0002956; Activity: Mens Basketball; Diagnosis: Wound; Anatomy: Elbow; Date Incurred: 12/07/2014</b>									
12/07/2014	Ochsner Clinic Llc	Dr.visit-emerg Room	\$119.00	\$100.62	Other Insurance	\$18.38	03/26/2015	03/27/2015	70016040
12/07/2014	Ochsner Medical Center	Emrg.room	\$913.00	\$730.40	Other Insurance	\$182.60	10/21/2015	10/23/2015	70025034
<b>Claim # AGA-0002956 Totals :</b>			<b>\$1,032.00</b>	<b>\$831.02</b>		<b>\$200.98</b>			

<b>C., Samuel; Claim: AGA-0011217; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 03/15/2015</b>									
04/17/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	11/16/2015	11/17/2015	70025977
03/16/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$34.80	Other Ins Paid	\$139.20	12/23/2015	12/23/2015	70027452
03/30/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off		03/03/2016	03/04/2016	70030111
				\$104.70	Other Ins Paid	\$35.00	03/03/2016	03/04/2016	70030111
04/17/2015	Ochsner Clinic Llc	Ph.visit Office	\$104.70	\$0.00		\$104.70	06/24/2016	06/28/2016	70036045
<b>Claim # AGA-0011217 Totals :</b>			<b>\$856.70</b>	<b>\$542.80</b>		<b>\$313.90</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Davis; Claim: 170317-148; Activity: Mens Basketball; Diagnosis: Dislocation; Anatomy: L-knee; Date Incurred: 09/12/2014</b>									
10/02/2014	Ochsner Clinic Llc	Surgery	\$1,485.00	\$1,097.11	Other Insurance	\$387.89	12/01/2014	12/16/2014	70013545
09/23/2014	Ochsner Health System	Radiology Services	\$1,438.00	\$1,178.64	Other Insurance	\$259.36	03/26/2015	03/27/2015	70016194
10/25/2014	Lakeview Urgent Care	Phys.vst.	\$208.00	\$101.22	Other Insurance	\$106.78	03/26/2015	03/27/2015	70016145
09/20/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$148.12	Other Insurance	\$142.88	09/10/2015	09/11/2015	70023493
09/20/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$54.00	\$20.40	Other Insurance	\$33.60	09/10/2015	09/11/2015	70023451
10/02/2014	Anesthesia Consultants Of Sout	Anesthesia	\$950.00	\$555.75	First Health Disc	\$394.25	10/07/2015	10/09/2015	70024647
10/02/2014	First Health	First Health Repricing	\$83.36	\$0.00		\$83.36	10/07/2015	10/09/2015	70024624
10/02/2014	Ochsner Baptist A Campus	Surgery Center	\$21,592.28	\$21,085.95	Other Insurance	\$506.33	10/21/2015	10/23/2015	70025068
09/20/2014	Ochsner Medical Center	X-ray,Radiology	\$426.00	\$272.64	Other Ins Paid		03/21/2016	03/22/2016	70031127
				\$85.20	Write-off	\$68.16	03/21/2016	03/22/2016	70031127
<b>Claim # 170317-148 Totals :</b>			<b>\$26,527.64</b>	<b>\$24,545.03</b>		<b>\$1,982.61</b>			

<b>C., Davis; Claim: 170317-171; Activity: Mens Basketball; Diagnosis: Contusion; Anatomy: L-toe; Date Incurred: 08/13/2014</b>									
08/15/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$2.92	Other Insurance	\$13.08	12/03/2015	12/04/2015	70026557
<b>Claim # 170317-171 Totals :</b>			<b>\$16.00</b>	<b>\$2.92</b>		<b>\$13.08</b>			

<b>C., Jonathan; Claim: AGA-0006327; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 11/07/2014</b>									
12/10/2014	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	03/26/2015	03/27/2015	70016077
12/10/2014	Ochsner Clinic Llc	Phys.vst.	\$289.00	\$215.53	First Health Disc	\$73.47	03/26/2015	03/27/2015	70016127
01/20/2015	First Health	First Health Repricing	\$23.33	\$0.00		\$23.33	04/24/2015	04/24/2015	70017317
01/20/2015	Ochsner Medical Center	Phys.therapy	\$622.00	\$155.50	First Health Disc	\$466.50	04/24/2015	04/24/2015	70017429
11/19/2014	First Health	First Health Repricing	\$24.64	\$0.00		\$24.64	08/13/2015	08/14/2015	70022322
11/19/2014	Ochsner Medical Center	X-ray,Radiology	\$657.00	\$164.25	First Health Disc	\$492.75	08/13/2015	08/14/2015	70022418
	Ochsner Medical Center		\$0.00	\$0.00		-\$438.00	01/21/2016	01/21/2016	0
<b>Claim # AGA-0006327 Totals :</b>			<b>\$1,648.30</b>	<b>\$973.28</b>		<b>\$675.02</b>			

<b>C., Raven; Claim: 170317-164; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 11/10/2014</b>									
11/10/2014	Ochsner Clinic Llc	Ph.visit Office	\$784.00	\$722.89	Other Insurance	\$61.11	12/03/2015	12/04/2015	70026626
<b>Claim # 170317-164 Totals :</b>			<b>\$784.00</b>	<b>\$722.89</b>		<b>\$61.11</b>			

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Raven; Claim: 170317-165; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/06/2014</b>									
11/03/2014	Ochsner Clinic Llc	X-ray,Radiology	\$34.00	\$27.96	Other Insurance	\$6.04	12/01/2014	12/16/2014	70013546
11/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$261.81	Other Insurance	\$27.19	12/01/2014	12/16/2014	70013546
11/19/2014	Ochsner Clinic Llc	Phys.vst.	\$289.00	\$261.81	Other Insurance	\$27.19	03/26/2015	03/27/2015	70016060
11/03/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$129.60	Other Insurance	\$32.40	08/13/2015	08/14/2015	70022329
06/29/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.69	Other Insurance	\$92.31	09/03/2015	09/04/2015	70023290
06/29/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.47	Other Insurance	\$15.53	09/03/2015	09/04/2015	70023290
07/23/2015	Anesthesia Consultants Of Sout	Anesthesia	\$4,465.00	\$4,370.18	Other Insurance	\$94.82	11/12/2015	11/13/2015	70025870
07/23/2015	Ochsner Medical Center	Surgery Center	\$22,223.92	\$20,614.74	Other Insurance	\$1,609.18	12/03/2015	12/04/2015	70026758
11/11/2015	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$45.46	Other Ins Paid		01/25/2016	01/26/2016	70028459
				\$84.17	Write-off	\$11.37	01/25/2016	01/26/2016	70028459
07/07/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$73.85	Other Ins Paid		02/10/2016	02/12/2016	70029150
				\$118.69	Write-off	\$18.46	02/10/2016	02/12/2016	70029150
05/13/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.69	Write-off	\$92.31	02/10/2016	02/12/2016	70029226
	Berkley Life & Health Ins		\$0.00	\$0.00		-\$1,814.77	09/06/2016	09/06/2016	0
	Berkley Life & Health Ins		\$0.00	\$0.00		-\$26.90	09/06/2016	09/06/2016	0
<b>Claim # 170317-165 Totals :</b>			<b>\$28,253.92</b>	<b>\$28,068.79</b>		<b>\$185.13</b>			

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Raven; Claim: AGA-0042777; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 06/01/2015</b>									
07/23/2015	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$239.20	Other Ins Paid		02/17/2016	02/19/2016	70029572
				\$936.00	Write-off	\$59.80	02/17/2016	02/19/2016	70029572
08/04/2015	Ochsner Medical Center	Phys.therapy	\$2,725.00	\$390.93	Other Ins Paid		02/22/2016	02/23/2016	70029701
				\$2,236.34	Write-off	\$97.73	02/22/2016	02/23/2016	70029701
06/29/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$89.24	Other Ins Paid		03/29/2016	04/01/2016	70031736
				\$9.12	Write-off	\$63.64	03/29/2016	04/01/2016	70031736
07/23/2015	Ochsner Health System	Medical Treatment	\$2,351.00	\$2,061.35	Other Ins Paid	\$289.65	03/31/2016	04/01/2016	70031843
01/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$84.17	Write-off	\$56.83	04/20/2016	04/22/2016	70032813
06/29/2015	Berkley Life & Health Ins	Ph.visit Office	\$211.00	\$118.69	Write-off	\$92.31	09/06/2016	09/06/2016	70038828
07/07/2015	Berkley Life & Health Ins	Ph.visit Office	\$211.00	\$118.69	Write-off		09/06/2016	09/06/2016	70038828
				\$73.85	Other Ins Paid	\$18.46	09/06/2016	09/06/2016	70038828
07/23/2015	Berkley Life & Health Ins	Anesthesia	\$4,465.00	\$4,370.18	Write-off	\$94.82	09/06/2016	09/06/2016	70038828
07/23/2015	Berkley Life & Health Ins	Surgery Center	\$22,223.92	\$20,614.74	Write-off	\$1,609.18	09/06/2016	09/06/2016	70038828
11/11/2015	Berkley Life & Health Ins	Ph.visit Office	\$141.00	\$45.46	Write-off		09/06/2016	09/06/2016	70038827
				\$84.17	Other Ins Paid	\$11.37	09/06/2016	09/06/2016	70038827
06/29/2015	Berkley Life & Health Ins	Mri,X-ray Interp.	\$17.00	\$1.47	Write-off	\$15.53	09/06/2016	09/06/2016	70038827
03/22/2017	Ochsner Medical Center	X-ray,Radiology	\$324.00	\$164.38	Primary Adjustm	\$159.62	05/08/2017	05/09/2017	70046165
03/22/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$144.76	Primary Adjustm	\$144.24	05/08/2017	05/09/2017	70046159
03/28/2017	Ochsner Baptist A Campus	Mri	\$2,632.00	\$318.16	Other Ins Paid		05/09/2017	05/12/2017	70046302
				\$1,160.68	Primary Adjustm	\$1,153.16	05/09/2017	05/12/2017	70046302
03/28/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$260.00	\$14.44	Primary Adjustm	\$245.56	06/01/2017	06/02/2017	70046852
	Ochsner Medical Center		\$0.00	\$0.00		-\$115.39	07/27/2017	07/27/2017	0
<b>Claim # AGA-0042777 Totals :</b>			<b>\$37,387.92</b>	<b>\$33,391.41</b>		<b>\$3,996.51</b>			

<b>D., Darren; Claim: AGA-0015651; Activity: Mens Track; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 04/28/2015</b>									
04/29/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$107.94	Other Insurance	\$25.06	08/13/2015	08/14/2015	70022365
04/29/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$26.14	Other Insurance	\$21.86	08/13/2015	08/14/2015	70022365
04/29/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$254.00	Other Insurance	\$35.00	08/13/2015	08/14/2015	70022365
04/29/2015	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$166.04	Other Insurance	\$62.96	09/02/2015	09/04/2015	70023277
05/02/2015	Ochsner Baptist A Campus	Mri	\$1,316.00	\$651.59	Other Insurance	\$664.41	09/24/2015	09/25/2015	70024160
<b>Claim # AGA-0015651 Totals :</b>			<b>\$2,015.00</b>	<b>\$1,205.71</b>		<b>\$809.29</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>D., Ariele; Claim: 170317-163; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 11/10/2014</b>									
11/10/2014	First Health	First Health Repricing	\$41.60	\$0.00		\$41.60	12/01/2014	12/18/2014	70013705
11/10/2014	Ochsner Clinic Llc	Ph.visit Office	\$701.00	\$277.33	First Health Disc	\$423.67	12/01/2014	12/18/2014	70013706
<b>Claim # 170317-163 Totals :</b>			<b>\$742.60</b>	<b>\$277.33</b>		<b>\$465.27</b>			

<b>D., Katilyn; Claim: 170317-159; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/01/2014</b>									
11/05/2014	Ochsner Health System	Phys.vst.	\$640.00	\$356.00	Other Insurance	\$284.00	03/26/2015	03/27/2015	70016197
11/05/2014	Ochsner Health System	X-ray,Radiology	\$48.00	\$9.62	Other Insurance	\$38.38	04/24/2015	04/28/2015	70017502
<b>Claim # 170317-159 Totals :</b>			<b>\$688.00</b>	<b>\$365.62</b>		<b>\$322.38</b>			

<b>F., Mathilde; Claim: 170317-166; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 10/20/2014</b>									
11/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$261.06	Other Insurance	\$27.94	10/28/2015	11/03/2015	70025240
<b>Claim # 170317-166 Totals :</b>			<b>\$289.00</b>	<b>\$261.06</b>		<b>\$27.94</b>			

<b>F., Mathilde; Claim: AGA-0023125; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Achilles Tendon; Date Incurred: 06/15/2015</b>									
06/24/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$20.26	Other Ins Paid		12/15/2015	12/18/2015	70027227
				\$160.68	Write-off	\$30.06	12/15/2015	12/18/2015	70027227
06/24/2015	Ochsner Health System	X-ray,Radiology	\$174.00	\$147.90	Other Ins Paid	\$26.10	03/01/2016	03/04/2016	70030088
08/22/2015	First Health	First Health Repricing	\$0.98	\$0.00		\$0.98	03/29/2016	04/01/2016	70031633
08/24/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	03/29/2016	04/01/2016	70031789
08/27/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	03/29/2016	04/01/2016	70031789
08/24/2015	First Health	First Health Repricing	\$64.66	\$0.00		\$64.66	03/29/2016	04/01/2016	70031738
08/22/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$6.53	First Health Disc	\$126.47	03/29/2016	04/01/2016	70031779
08/22/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$104.00	Other Ins Paid	\$26.00	04/20/2016	04/22/2016	70032759
10/12/2015	Southern Medical & Adaptive	Med Equipment	\$878.14	\$619.50	First Health Disc	\$258.64	07/25/2016	07/26/2016	70037169
10/12/2015	First Health	First Health Repricing	\$92.93	\$0.00		\$92.93	07/25/2016	07/26/2016	70037134
04/04/2016	Ochsner Medical Center	Phys.therapy	\$4,073.00	\$2,769.64	Other Ins Paid		05/09/2017	05/12/2017	70046294
				\$610.95	Primary Adjustm	\$692.41	05/09/2017	05/12/2017	70046294
11/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	07/06/2017	07/07/2017	70047777
11/04/2015	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	07/06/2017	07/07/2017	70047746
<b>Claim # AGA-0023125 Totals :</b>			<b>\$6,657.04</b>	<b>\$5,086.05</b>		<b>\$1,570.99</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>F., Alexia; Claim: AGA-0019138; Activity: Womens Track; Diagnosis: Tear; Anatomy: R-knee; Date Incurred: 04/15/2015</b>									
07/16/2015	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$1,175.20	Other Insurance	\$59.80	09/09/2015	09/11/2015	70023485
07/16/2015	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$1,175.20	Other Insurance	\$59.80	09/09/2015	09/11/2015	70023485
07/16/2015	Ochsner Clinic Llc	Surgery	\$1,548.00	\$958.26	Other Ins Paid		02/26/2016	02/26/2016	70029897
				\$350.17	Write-off	\$239.57	02/26/2016	02/26/2016	70029897
07/16/2015	Ochsner Baptist A Campus	Surgery Center	\$23,200.63	\$17,660.20	Write-off		03/14/2016	03/15/2016	70030823
				\$3,444.01	Other Ins Paid	\$2,096.42	03/14/2016	03/15/2016	70030823
08/04/2015	Ochsner Medical Center	Phys.therapy	\$3,220.00	\$470.88	Other Ins Paid		03/29/2016	04/01/2016	70031771
				\$2,631.40	Write-off	\$117.72	03/29/2016	04/01/2016	70031771
07/17/2015	First Health	First Health Repricing	\$114.68	\$0.00		\$114.68	03/31/2017	04/04/2017	70044910
07/17/2015	Ochsner Medical Center	Phys.therapy	\$3,058.00	\$764.50	First Health Disc	\$2,293.50	03/31/2017	04/04/2017	70045036
04/24/2015	Ochsner Health System	Mri	\$1,316.00	\$855.40	Primary Adjustm	\$460.60	06/02/2017	06/06/2017	70046985
<b>Claim # AGA-0019138 Totals :</b>			<b>\$34,927.31</b>	<b>\$29,485.22</b>		<b>\$5,442.09</b>			

<b>G., Blake; Claim: AGA-0009948; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/13/2015</b>									
03/16/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$38.00	\$18.38	Other Insurance	\$19.62	08/13/2015	08/14/2015	70022316
03/16/2015	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$45.80	Other Insurance	\$183.20	09/14/2015	09/15/2015	70023599
03/16/2015	Ochsner Health System	Ph.visit Office	\$291.00	\$226.94	Write-off	\$64.06	03/28/2016	03/29/2016	70031542
<b>Claim # AGA-0009948 Totals :</b>			<b>\$558.00</b>	<b>\$291.12</b>		<b>\$266.88</b>			

<b>H., Sara; Claim: 170317-139; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 08/01/2014</b>									
09/17/2014	Ochsner Health System	X-ray,Radiology	\$1,087.00	\$713.08	Other Insurance	\$373.92	12/01/2014	12/05/2014	70013187
09/16/2014	Ochsner Health System	X-ray,Radiology	\$219.00	\$183.96	Other Insurance	\$35.04	12/01/2014	12/05/2014	70013187
09/17/2014	Ochsner Health System	X-ray,Radiology	\$103.00	\$86.59	Other Insurance	\$16.41	12/01/2014	12/05/2014	70013187
09/23/2014	Ochsner Health System	Phys.vst.	\$141.00	\$129.66	Other Insurance	\$11.34	03/25/2015	03/27/2015	70016029
11/01/2014	Ochsner Health System	Radiology Services	\$217.00	\$182.28	Other Insurance	\$34.72	03/25/2015	03/27/2015	70016079
<b>Claim # 170317-139 Totals :</b>			<b>\$1,767.00</b>	<b>\$1,295.57</b>		<b>\$471.43</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>H., Sara; Claim: AGA-0016912; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Elbow; Date Incurred: 10/25/2014</b>									
11/03/2014	Ochsner Home Medical Equipment	Med Equipment	\$220.00	\$0.00		\$220.00	09/02/2015	09/04/2015	70023318
11/01/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$3.92	Other Insurance	\$13.08	10/28/2015	11/03/2015	70025204
11/01/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$242.42	Other Insurance	\$48.58	10/28/2015	11/03/2015	70025283
<b>Claim # AGA-0016912 Totals :</b>			<b>\$528.00</b>	<b>\$246.34</b>		<b>\$281.66</b>			
<b>H., Kevin; Claim: AGA-0014454; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 02/03/2015</b>									
02/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Other Insurance	\$92.08	06/11/2015	06/12/2015	70019411
02/04/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$5.32	Other Insurance	\$13.68	06/25/2015	06/26/2015	70019981
<b>Claim # AGA-0014454 Totals :</b>			<b>\$230.00</b>	<b>\$124.24</b>		<b>\$105.76</b>			
<b>H., Kelsea; Claim: 170317-134; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Hand; Date Incurred: 08/11/2014</b>									
08/12/2014	Ochsner Clinic Llc	X-ray,Radiology	\$13.00	\$0.40	Other Insurance	\$12.60	12/01/2014	12/16/2014	70013542
08/12/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$114.55	Other Insurance	\$176.45	12/01/2014	12/16/2014	70013542
09/02/2014	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$71.13	Other Insurance	\$69.87	12/01/2014	12/16/2014	70013542
08/19/2014	Ochsner Clinic	Phys.vst.	\$141.00	\$71.13	Write-off	\$69.87	12/31/2014	01/30/2015	70014413
09/16/2014	Ochsner Clinic	Phys.vst.	\$158.00	\$88.13	Write-off	\$69.87	01/21/2015	01/30/2015	70014414
<b>Claim # 170317-134 Totals :</b>			<b>\$744.00</b>	<b>\$345.34</b>		<b>\$398.66</b>			
<b>H., Kelsea; Claim: 170317-136; Activity: ; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 09/15/2014</b>									
09/15/2014	Ochsner Clinic	X-ray,Radiology	\$17.00	\$0.26	Write-off	\$16.74	12/31/2014	01/30/2015	70014392
09/15/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$141.37	Other Insurance	\$149.63	04/22/2015	04/24/2015	70017377
<b>Claim # 170317-136 Totals :</b>			<b>\$308.00</b>	<b>\$141.63</b>		<b>\$166.37</b>			
<b>J., Bryce; Claim: 170317-152; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 10/03/2014</b>									
10/03/2014	Ochsner Clinic Llc	X-ray,Radiology	\$16.00	\$12.80	Other Insurance	\$3.20	11/10/2014	11/18/2014	70012717
10/06/2014	Ochsner Clinic Llc	Mri	\$130.00	\$104.23	Other Insurance	\$25.77	11/10/2014	11/18/2014	70012717
11/05/2014	Southern Medical & Adaptive	Orthotics	\$300.00	\$0.00		\$300.00	12/01/2014	12/05/2014	70013189
10/06/2014	Ochsner Baptist A Campus	Mri	\$1,316.00	\$1,274.25	Other Insurance	\$41.75	06/30/2015	07/02/2015	70020285
<b>Claim # 170317-152 Totals :</b>			<b>\$1,762.00</b>	<b>\$1,391.28</b>		<b>\$370.72</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>J., Parker; Claim: 170317-157; Activity: Mens Baseball; Diagnosis: Need E.o.b.; Anatomy: R-elbow; Date Incurred: 10/25/2014</b>									
11/01/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$276.39	Other Insurance	\$12.61	06/11/2015	06/12/2015	70019345
11/01/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$15.44	Other Insurance	\$1.56	06/11/2015	06/12/2015	70019334
<b>Claim # 170317-157 Totals :</b>			<b>\$306.00</b>	<b>\$291.83</b>		<b>\$14.17</b>			
<b>K., Timo; Claim: AGA-0010411; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 03/13/2015</b>									
04/14/2015	Southern Medical & Adaptive	Med Equipment	\$326.26	\$45.76	Other Insurance	\$280.50	06/11/2015	06/12/2015	70019462
03/16/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$34.80	Write-off	\$139.20	03/29/2016	04/01/2016	70031787
<b>Claim # AGA-0010411 Totals :</b>			<b>\$500.26</b>	<b>\$80.56</b>		<b>\$419.70</b>			
<b>K., Timo; Claim: AGA-0022591; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 11/01/2014</b>									
12/01/2014	Ochsner Health System	Ph.visit Office	\$289.00	\$261.06	Other Insurance	\$27.94	11/10/2015	11/13/2015	70025809
12/01/2014	Ochsner Health System	X-ray,Radiology	\$197.00	\$165.48	Other Insurance	\$31.52	11/10/2015	11/13/2015	70025837
12/01/2014	Ochsner Health System	X-ray,Radiology	\$16.00	\$2.92	Other Insurance	\$13.08	11/10/2015	11/13/2015	70025837
12/04/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$109.79	Other Insurance	\$20.21	11/10/2015	11/13/2015	70025801
03/16/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Write-off	\$92.08	04/21/2016	04/22/2016	70032835
<b>Claim # AGA-0022591 Totals :</b>			<b>\$843.00</b>	<b>\$658.17</b>		<b>\$184.83</b>			
<b>L., Dane; Claim: 170317-170; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Toe; Date Incurred: 10/06/2014</b>									
10/06/2014	Ochsner Medical Center	X-ray,Radiology	\$122.00	\$81.00	Other Insurance	\$41.00	10/14/2015	10/16/2015	70024784
<b>Claim # 170317-170 Totals :</b>			<b>\$122.00</b>	<b>\$81.00</b>		<b>\$41.00</b>			
<b>L., Hafsa; Claim: 170317-167; Activity: Womens Tennis; Diagnosis: Notification Only; Anatomy: R-knee; Date Incurred: 09/24/2014</b>									
11/03/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$16.38	Other Insurance	\$2.62	04/23/2015	04/24/2015	70017294
11/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$314.07	Other Insurance	\$96.93	04/23/2015	04/24/2015	70017365
<b>Claim # 170317-167 Totals :</b>			<b>\$430.00</b>	<b>\$330.45</b>		<b>\$99.55</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>L., Rebecca; Claim: AGA-0017032; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 01/10/2015</b>									
01/21/2015	Ochsner Medical Center	Phys.therapy	\$1,602.00	\$400.50	First Health Disc	\$1,201.50	10/22/2015	10/23/2015	70025083
01/21/2015	First Health	First Health Repricing	\$60.08	\$0.00		\$60.08	10/22/2015	10/23/2015	70024992
02/03/2015	HealthRisk Resource Group LLC	Hrgi Fee	\$35.20	\$0.00		\$35.20	04/18/2016	04/19/2016	70032635
03/04/2015	HealthRisk Resource Group LLC	Hrgi Fee	\$21.25	\$0.00		\$21.25	04/18/2016	04/19/2016	70032629
04/07/2015	HealthRisk Resource Group LLC	Hrgi Fee	\$7.73	\$0.00		\$7.73	04/18/2016	04/19/2016	70032621
01/14/2015	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$21.90	Disc: Hrgi	\$197.10	04/18/2016	04/19/2016	70032663
01/14/2015	HealthRisk Resource Group LLC	Hrgi Fee	\$2.63	\$0.00		\$2.63	04/18/2016	04/19/2016	70032620
04/07/2015	Ochsner Medical Center	Phys.therapy	\$644.00	\$64.40	Disc: Hrgi	\$579.60	04/18/2016	04/19/2016	70032686
03/04/2015	Ochsner Medical Center	Phys.therapy	\$1,771.00	\$177.10	Disc: Hrgi	\$1,593.90	04/18/2016	04/19/2016	70032690
02/03/2015	Ochsner Medical Center	Phys.therapy	\$2,933.00	\$293.30	Disc: Hrgi	\$2,639.70	04/18/2016	04/19/2016	70032692
03/24/2015	HealthRisk Resource Group LLC	Hrgi Fee	\$5.80	\$0.00		\$5.80	05/23/2016	05/24/2016	70034382
03/24/2015	Ochsner Medical Center	Phys.therapy	\$483.00	\$48.30	Disc: Hrgi	\$434.70	05/23/2016	05/24/2016	70034487
01/14/2015	Ochsner Health System	Ph.visit Office	\$289.00	\$0.00		\$289.00	09/08/2016	09/09/2016	70039021
01/14/2015	Ochsner Health System	Injection	\$88.00	\$0.00		\$88.00	09/08/2016	09/09/2016	70039021
01/14/2015	Ochsner Health System	Drain/injection	\$342.00	\$0.00		\$342.00	09/08/2016	09/09/2016	70039021
<b>Claim # AGA-0017032 Totals :</b>			<b>\$8,503.69</b>	<b>\$1,005.50</b>		<b>\$7,498.19</b>			

<b>L., Lauren; Claim: 170317-135; Activity: Womens Volleyball; Diagnosis: Notification Only; Anatomy: R-foot; Date Incurred: 08/01/2014</b>									
08/18/2015	First Health	First Health Repricing	\$9.20	\$0.00		\$9.20	11/10/2015	11/13/2015	70025764
08/18/2015	Southern Medical & Adaptive	Med Equipment	\$320.00	\$61.36	First Health Disc	\$258.64	11/10/2015	11/13/2015	70025898
<b>Claim # 170317-135 Totals :</b>			<b>\$329.20</b>	<b>\$61.36</b>		<b>\$267.84</b>			

<b>M., Preston; Claim: AGA-0015771; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 05/08/2015</b>									
05/11/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$38.00	\$21.26	Other Insurance	\$16.74	10/01/2015	10/02/2015	70024225
05/11/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$161.00	Other Insurance	\$50.00	10/01/2015	10/02/2015	70024291
05/11/2015	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$68.70	Write-off	\$160.30	01/26/2016	02/02/2016	70028712
<b>Claim # AGA-0015771 Totals :</b>			<b>\$478.00</b>	<b>\$250.96</b>		<b>\$227.04</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Darron; Claim: AGA-0015373; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 04/13/2015</b>									
04/13/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$386.00	Other Insurance	\$25.00	06/29/2015	07/02/2015	70020287
04/13/2015	Ochsner Clinic Llc	X-ray,Radiology	\$19.00	\$0.31	Other Insurance	\$18.69	06/29/2015	07/02/2015	70020287
05/28/2015	Ochsner Clinic Llc	Surgery	\$324.00	\$230.72	Other Insurance	\$93.28	08/07/2015	08/07/2015	70021986
05/28/2015	Ochsner Clinic Llc	X-ray,Radiology	\$54.00	\$3.61	Other Insurance	\$50.39	08/07/2015	08/07/2015	70021986
05/28/2015	Ochsner Clinic Llc	X-ray,Radiology	\$157.00	\$8.83	Other Insurance	\$148.17	08/07/2015	08/07/2015	70021986
04/13/2015	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$204.79	Other Insurance	\$14.21	09/24/2015	09/25/2015	70023966
08/26/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$264.00	Other Insurance	\$25.00	10/02/2015	10/06/2015	70024460
05/28/2015	Ochsner Medical Center	Mri	\$2,931.17	\$50.23	Other Ins Paid		01/11/2016	01/12/2016	70028027
				\$2,695.94	Write-off	\$185.00	01/11/2016	01/12/2016	70028027
10/08/2015	Ochsner Baptist A Campus	Surgery Center	\$43,445.23	\$17,894.28	Other Ins Paid		03/30/2016	04/01/2016	70031909
				\$24,126.89	Write-off	\$1,424.06	03/30/2016	04/01/2016	70031909
10/08/2015	Anesthesia Consultants Of Sout	Anesthesia	\$2,470.00	\$106.33	Other Ins Paid		06/27/2016	06/28/2016	70036084
				\$1,837.09	Write-off	\$526.58	06/27/2016	06/28/2016	70036084
10/08/2015	Anesthesia Consultants Of Sout	Anesthesia	\$1,710.00	\$276.48	Other Ins Paid		06/27/2016	06/28/2016	70036084
				\$1,364.40	Write-off	\$69.12	06/27/2016	06/28/2016	70036084
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		10/28/2016	11/01/2016	70040500
				\$111.37	Other Ins Paid	\$25.00	10/28/2016	11/01/2016	70040500
01/06/2016	Ochsner Medical Center	Phys.therapy	\$1,350.00	\$653.16	Other Ins Paid		12/06/2017	12/08/2017	70050874
				\$621.84	Primary Adjustm	\$75.00	12/06/2017	12/08/2017	70050874
<b>Claim # AGA-0015373 Totals :</b>			<b>\$53,668.40</b>	<b>\$50,988.90</b>		<b>\$2,679.50</b>			

<b>P., Bria; Claim: AGA-0021176; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 03/01/2015</b>									
06/29/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$261.00	Other Insurance	\$30.00	08/13/2015	08/14/2015	70022328
06/29/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$14.61	Other Insurance	\$2.39	08/13/2015	08/14/2015	70022328
<b>Claim # AGA-0021176 Totals :</b>			<b>\$308.00</b>	<b>\$275.61</b>		<b>\$32.39</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Jordan; Claim: 170317-173; Activity: Mens Baseball; Diagnosis: Contusion; Anatomy: R-knee; Date Incurred: 11/18/2014</b>									
12/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$171.00	Other Insurance	\$40.00	09/03/2015	09/04/2015	70023263
11/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$251.00	Other Insurance	\$40.00	09/03/2015	09/04/2015	70023264
12/01/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$84.41	Other Insurance		11/12/2015	11/13/2015	70025819
				\$12.41	Write-off	\$36.18	11/12/2015	11/13/2015	70025819
<b>Claim # 170317-173 Totals :</b>			<b>\$635.00</b>	<b>\$518.82</b>		<b>\$116.18</b>			

<b>P., Jordan; Claim: AGA-0009874; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Elbow; Date Incurred: 03/04/2015</b>									
03/04/2015	First Health	First Health Repricing	\$8.14	\$0.00		\$8.14	07/27/2016	07/29/2016	70037211
03/04/2015	First Health	First Health Repricing	\$24.14	\$0.00		\$24.14	07/27/2016	07/29/2016	70037246
03/04/2015	Ochsner Medical Center	X-ray,Radiology	\$217.00	\$54.25	First Health Disc	\$162.75	07/27/2016	07/29/2016	70037339
03/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	07/27/2016	07/29/2016	70037290
03/04/2015	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.24	First Health Disc	\$16.76	07/27/2016	07/29/2016	70037290
<b>Claim # AGA-0009874 Totals :</b>			<b>\$477.28</b>	<b>\$215.17</b>		<b>\$262.11</b>			

<b>R., Celeste; Claim: AGA-0014427; Activity: Womens Volleyball; Diagnosis: Other Activities; Anatomy: Unspecified; Date Incurred: 10/25/2014</b>									
03/09/2015	Ochsner Medical Center	Lab,Pathology	\$167.00	\$120.64	Write-off	\$46.36	03/21/2016	03/22/2016	70031119
<b>Claim # AGA-0014427 Totals :</b>			<b>\$167.00</b>	<b>\$120.64</b>		<b>\$46.36</b>			

<b>R., Yasmine; Claim: AGA-0014442; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 02/22/2015</b>									
02/27/2015	Ochsner Health System	X-ray,Radiology	\$174.00	\$34.80	Other Insurance	\$139.20	09/15/2015	09/18/2015	70023741
02/27/2015	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$3.92	Other Insurance	\$13.08	09/15/2015	09/18/2015	70023741
<b>Claim # AGA-0014442 Totals :</b>			<b>\$191.00</b>	<b>\$38.72</b>		<b>\$152.28</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Zachary; Claim: 170317-146; Activity: Mens Baseball; Diagnosis: Fracture; Anatomy: L-hand; Date Incurred: 09/30/2014</b>									
10/07/2014	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$1,175.20	Other Insurance	\$59.80	12/01/2014	12/16/2014	70013543
10/07/2014	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$1,175.20	Other Insurance	\$59.80	12/01/2014	12/16/2014	70013543
10/02/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$19.17	Other Insurance	\$142.83	03/26/2015	03/27/2015	70016166
10/07/2014	Ochsner Medical Center	Surgery Center	\$24,358.09	\$23,093.28	Other Insurance	\$1,264.81	04/24/2015	04/28/2015	70017580
11/19/2014	First Health	First Health Repricing	\$0.06	\$0.00		\$0.06	06/11/2015	06/12/2015	70019330
10/02/2014	First Health	First Health Repricing	\$0.06	\$0.00		\$0.06	06/11/2015	06/12/2015	70019331
10/07/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	06/11/2015	06/12/2015	70019359
11/19/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.38	First Health Disc	\$16.62	06/11/2015	06/12/2015	70019356
11/07/2014	First Health	First Health Repricing	\$63.53	\$0.00		\$63.53	06/11/2015	06/12/2015	70019400
10/22/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	06/11/2015	06/12/2015	70019480
10/27/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	06/11/2015	06/12/2015	70019480
11/03/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	06/11/2015	06/12/2015	70019480
11/19/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	06/11/2015	06/12/2015	70019480
10/22/2014	First Health	First Health Repricing	\$24.30	\$0.00		\$24.30	06/11/2015	06/12/2015	70019364
10/07/2014	First Health	First Health Repricing	\$79.20	\$0.00		\$79.20	06/11/2015	06/12/2015	70019405
10/27/2014	Ochsner Home Medical Equipment	Med Equipment	\$255.00	\$0.00		\$255.00	06/11/2015	06/12/2015	70019457
12/05/2014	Ochsner Medical Center	Phys.therapy	\$436.00	\$109.00	First Health Disc	\$327.00	06/11/2015	06/12/2015	70019467
12/05/2014	First Health	First Health Repricing	\$16.35	\$0.00		\$16.35	06/11/2015	06/12/2015	70019355
10/02/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.19	First Health Disc	\$16.81	06/11/2015	06/12/2015	70019374
11/03/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.19	First Health Disc	\$16.81	06/11/2015	06/12/2015	70019374
10/07/2014	Ochsner Clinic Llc	Surgery	\$1,283.00	\$528.01	First Health Disc	\$754.99	06/11/2015	06/12/2015	70019495
11/07/2014	Ochsner Medical Center	Occupational Therapy	\$1,694.00	\$423.50	First Health Disc	\$1,270.50	06/11/2015	06/12/2015	70019506
12/05/2014	Ochsner Medical Center	Phys.therapy	\$436.00	\$386.00	Other Insurance	\$50.00	06/23/2015	06/26/2015	70020001
<b>Claim # 170317-146 Totals :</b>			<b>\$31,993.59</b>	<b>\$27,072.12</b>		<b>\$4,921.47</b>			

<b>S., Mikayla; Claim: 170317-140; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 09/09/2014</b>									
09/17/2014	Ochsner Health System	X-ray,Radiology	\$217.00	\$96.58	Other Insurance	\$120.42	12/01/2014	12/05/2014	70013188
09/17/2014	Ochsner Health System	Ph.visit Office	\$291.00	\$148.12	Other Insurance		06/09/2015	06/09/2015	70019211
				\$120.42	Previously Paid	\$22.46	06/09/2015	06/09/2015	70019211
<b>Claim # 170317-140 Totals :</b>			<b>\$508.00</b>	<b>\$365.12</b>		<b>\$142.88</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Mikayla; Claim: 170317-161; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 10/20/2014</b>									
10/22/2014	Ochsner Health System	Phys.vst.	\$289.00	\$261.06	Other Insurance	\$27.94	03/25/2015	03/27/2015	70016064
11/22/2014	Ochsner Health System	Radiology Services	\$1,316.00	\$905.44	Other Insurance	\$410.56	03/26/2015	03/27/2015	70016211
11/01/2014	Ochsner Health System	Ph.visit Office	\$289.00	\$261.06	Other Insurance	\$27.94	06/03/2015	06/05/2015	70019019
12/02/2014	Ochsner Health System	X-ray,Radiology	\$103.00	\$86.59	Other Insurance	\$16.41	06/03/2015	06/05/2015	70019019
11/22/2014	Ochsner Health System	X-ray,Radiology	\$130.00	\$109.79	Other Insurance	\$20.21	06/03/2015	06/05/2015	70019019
04/28/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$109.79	Other Insurance	\$20.21	08/13/2015	08/14/2015	70022319
12/02/2014	Ochsner Medical Center	Cat Scan	\$1,054.00	\$885.36	Other Insurance	\$168.64	09/01/2015	09/04/2015	70023312
04/22/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$262.42	Other Insurance	\$28.58	09/02/2015	09/04/2015	70023253
04/22/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$14.38	Other Insurance	\$2.62	09/21/2015	09/22/2015	70023861
11/01/2014	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$111.36	Other Ins Paid		12/15/2015	12/18/2015	70027223
				\$34.80	Write-off	\$27.84	12/15/2015	12/18/2015	70027223
04/28/2015	Ochsner Baptist A Campus	Mri	\$1,316.00	\$842.24	Other Ins Paid		03/06/2017	03/07/2017	70044265
				\$263.20	Primary Adjustm	\$210.56	03/06/2017	03/07/2017	70044265
04/22/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$111.36	Other Ins Paid		04/07/2017	04/11/2017	70045190
				\$34.80	Primary Adjustm	\$27.84	04/07/2017	04/11/2017	70045190
<b>Claim # 170317-161 Totals :</b>			<b>\$5,283.00</b>	<b>\$4,293.65</b>		<b>\$989.35</b>			

<b>S., Shawn; Claim: AGA-0014815; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Elbow; Date Incurred: 05/04/2015</b>									
05/04/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.60	Other Insurance	\$3.40	06/29/2015	07/02/2015	70020138
05/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$261.88	Other Insurance	\$29.12	06/29/2015	07/02/2015	70020243
05/04/2015	Ochsner Medical Center	X-ray,Radiology	\$217.00	\$188.57	Other Insurance	\$28.43	09/09/2015	09/11/2015	70023448
<b>Claim # AGA-0014815 Totals :</b>			<b>\$525.00</b>	<b>\$464.05</b>		<b>\$60.95</b>			

<b>S., Brianna; Claim: 170317-149; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-finger; Date Incurred: 10/03/2014</b>									
10/03/2014	Ochsner Medical Center	X-ray,Radiology	\$359.00	\$263.50	Other Insurance	\$95.50	08/13/2015	08/14/2015	70022371
<b>Claim # 170317-149 Totals :</b>			<b>\$359.00</b>	<b>\$263.50</b>		<b>\$95.50</b>			

<b>S., Brianna; Claim: 170317-168; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 10/03/2014</b>									
10/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$162.86	Other Insurance	\$126.14	08/13/2015	08/14/2015	70022379
<b>Claim # 170317-168 Totals :</b>			<b>\$289.00</b>	<b>\$162.86</b>		<b>\$126.14</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Brianna; Claim: AGA-0004955; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/06/2014</b>									
12/11/2014	First Health	First Health Repricing	\$0.98	\$0.00		\$0.98	03/26/2015	03/27/2015	70016017
12/11/2014	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	03/26/2015	03/27/2015	70016100
12/11/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$6.53	First Health Disc	\$126.47	03/26/2015	03/27/2015	70016157
12/11/2014	Ochsner Baptist A Campus	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	03/26/2015	03/27/2015	70016244
12/08/2014	First Health	First Health Repricing	\$8.59	\$0.00		\$8.59	06/04/2015	06/05/2015	70018942
12/08/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	06/04/2015	06/05/2015	70019026
12/08/2014	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	06/04/2015	06/05/2015	70018984
12/08/2014	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$57.25	First Health Disc	\$171.75	06/04/2015	06/05/2015	70019104
12/08/2014	Ochsner Health System	Medical Treatment	\$48.00	\$0.00		\$48.00	10/19/2015	10/20/2015	70024894
12/10/2014	Ochsner Health System	Medical Treatment	\$141.00	\$0.00		\$141.00	10/19/2015	10/20/2015	70024894
<b>Claim # AGA-0004955 Totals :</b>			<b>\$2,247.25</b>	<b>\$608.31</b>		<b>\$1,638.94</b>			

<b>S., Brianna; Claim: AGA-0009028; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Mouth; Date Incurred: 01/20/2015</b>									
01/20/2015	Mid-City Smiles Family Dentistry	Dental	\$374.00	\$0.00		\$374.00	05/27/2015	05/29/2015	70018778
<b>Claim # AGA-0009028 Totals :</b>			<b>\$374.00</b>	<b>\$0.00</b>		<b>\$374.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Anri; Claim: AGA-0009313; Activity: Womens Track; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 01/12/2015</b>									
04/14/2015	Southern Medical & Adaptive	Med Equipment	\$326.26	\$68.54	Other Insurance	\$257.72	06/11/2015	06/12/2015	70019458
07/09/2015	American Back Institute	Medical Treatment	\$885.00	\$0.00		\$885.00	08/31/2015	09/01/2015	70023200
03/02/2015	Ochsner Health System	Ph.visit Office	\$115.00	\$76.58	Other Insurance	\$38.42	10/13/2015	10/16/2015	70024780
04/13/2015	Ochsner Health System	Ph.visit Office	\$211.00	\$192.58	Other Ins Paid	\$18.42	02/09/2016	02/12/2016	70029149
03/02/2015	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$126.08	Other Ins Paid		03/21/2016	03/22/2016	70031110
				\$39.40	Write-off	\$31.52	03/21/2016	03/22/2016	70031110
01/21/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$242.42	Other Ins Paid	\$48.58	03/21/2016	03/22/2016	70031120
04/13/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$192.58	Other Ins Paid	\$18.42	03/21/2016	03/22/2016	70031098
01/27/2015	Ochsner Health System	X-ray,Radiology	\$130.00	\$28.93	Write-off	\$101.07	04/04/2016	04/05/2016	70032034
02/03/2015	Ochsner Health System	Ph.visit Office	\$291.00	\$148.12	Write-off	\$142.88	04/04/2016	04/05/2016	70032034
01/27/2015	Ochsner Medical Center	Mri	\$1,316.00	\$642.24	Other Ins Paid		03/06/2017	03/07/2017	70044270
				\$263.20	Primary Adjustm	\$410.56	03/06/2017	03/07/2017	70044270
01/21/2015	Ochsner Medical Center	X-ray,Radiology	\$573.00	\$366.72	Other Ins Paid		04/07/2017	04/11/2017	70045209
				\$114.60	Primary Adjustm	\$91.68	04/07/2017	04/11/2017	70045209
<b>Claim # AGA-0009313 Totals :</b>			<b>\$4,546.26</b>	<b>\$2,501.99</b>		<b>\$2,044.27</b>			

<b>S., Terrance; Claim: 170317-128; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 07/23/2014</b>									
10/30/2014	Djo Llc	Med Equipment	\$1,642.97	\$1,209.17	Other Insurance	\$433.80	04/24/2015	04/24/2015	70017425
<b>Claim # 170317-128 Totals :</b>			<b>\$1,642.97</b>	<b>\$1,209.17</b>		<b>\$433.80</b>			

<b>S., Terrance; Claim: 170317-153; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/02/2014</b>									
11/07/2014	Southern Medical & Adaptive	Orthosis	\$300.00	\$0.00		\$300.00	11/07/2014	12/18/2014	70013704
10/03/2014	Ochsner Home Medical Equipment	Med Equipment	\$17.60	\$0.00		\$17.60	08/13/2015	08/14/2015	70022315
10/27/2014	Ochsner Medical Center	X-ray,Radiology	\$229.00	\$146.56	Other Ins Paid		01/05/2016	01/08/2016	70027800
				\$45.80	Write-off	\$36.64	01/05/2016	01/08/2016	70027800
<b>Claim # 170317-153 Totals :</b>			<b>\$546.60</b>	<b>\$192.36</b>		<b>\$354.24</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Terrance; Claim: AGA-0015631; Activity: Mens Basketball; Diagnosis: Wound; Anatomy: Head; Date Incurred: 02/07/2015</b>									
02/07/2015	First Health	First Health Repricing	\$35.84	\$0.00		\$35.84	06/29/2015	07/02/2015	70020274
02/07/2015	Med College Phys Grp	Emrg.room	\$417.00	\$238.94	First Health Disc	\$178.06	06/29/2015	07/02/2015	70020432
<b>Claim # AGA-0015631 Totals :</b>			<b>\$452.84</b>	<b>\$238.94</b>		<b>\$213.90</b>			

<b>T., Yasmin; Claim: 170317-142; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 09/21/2014</b>									
10/03/2014	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$191.00	Other Insurance	\$20.00	10/28/2014	11/07/2014	70012234
09/24/2014	Ochsner Clinic Llc	Ph.visit Office	\$679.00	\$641.70	Other Insurance	\$37.30	10/28/2014	11/07/2014	70012234
<b>Claim # 170317-142 Totals :</b>			<b>\$890.00</b>	<b>\$832.70</b>		<b>\$57.30</b>			

<b>T., Jarred; Claim: AGA-0012634; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 04/15/2015</b>									
04/17/2015	Ochsner Medical Center	X-ray,Radiology	\$217.00	\$94.04	Other Insurance	\$122.96	09/09/2015	09/11/2015	70023486
<b>Claim # AGA-0012634 Totals :</b>			<b>\$217.00</b>	<b>\$94.04</b>		<b>\$122.96</b>			

<b>T., Jarred; Claim: AGA-0013808; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 04/03/2015</b>									
04/08/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$193.53	Other Insurance	\$217.47	08/13/2015	08/14/2015	70022398
<b>Claim # AGA-0013808 Totals :</b>			<b>\$411.00</b>	<b>\$193.53</b>		<b>\$217.47</b>			

<b>T., Matthew; Claim: 170317-174; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 11/08/2014</b>									
12/03/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$16.55	Other Insurance	\$2.45	06/11/2015	06/12/2015	70019336
01/08/2015	First Health	First Health Repricing	\$23.59	\$0.00		\$23.59	08/06/2015	08/07/2015	70021865
12/03/2014	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$211.39	Other Insurance	\$7.61	08/06/2015	08/07/2015	70021840
01/08/2015	Ochsner Medical Center	Phys.therapy	\$629.00	\$157.25	First Health Disc	\$471.75	08/06/2015	08/07/2015	70022005
<b>Claim # 170317-174 Totals :</b>			<b>\$890.59</b>	<b>\$385.19</b>		<b>\$505.40</b>			

<b>T., Kenneth; Claim: AGA-0014199; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 02/04/2015</b>									
02/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	06/03/2015	06/05/2015	70019009
02/04/2015	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	06/03/2015	06/05/2015	70018967
<b>Claim # AGA-0014199 Totals :</b>			<b>\$235.10</b>	<b>\$160.68</b>		<b>\$74.42</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Travin; Claim: AGA-0006404; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Hip; Date Incurred: 01/30/2015</b>									
02/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$236.00	Other Insurance	\$55.00	06/03/2015	06/05/2015	70019106
02/05/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$7.67	Other Insurance	\$125.33	06/03/2015	06/05/2015	70019106
02/10/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$236.00	Other Insurance	\$55.00	06/03/2015	06/05/2015	70019056
02/13/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$356.00	Other Insurance	\$55.00	06/03/2015	06/05/2015	70019056
02/24/2015	Ochsner Medical Center	Phys.therapy	\$622.00	\$357.23	Write-off		12/17/2015	12/18/2015	70027283
				\$172.06	Other Ins Paid	\$92.71	12/17/2015	12/18/2015	70027283
02/05/2015	Ochsner Baptist A Campus	Mri	\$1,316.00	\$491.02	Write-off	\$824.98	03/21/2016	03/22/2016	70031171
<b>Claim # AGA-0006404 Totals :</b>			<b>\$3,064.00</b>	<b>\$1,855.98</b>		<b>\$1,208.02</b>			

<b>T., Letizia; Claim: 170317-141; Activity: Womens Cross-Country; Diagnosis: Sprain/strain; Anatomy: L-foot; Date Incurred: 09/12/2014</b>									
09/22/2014	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$39.40	Other Insurance	\$157.60	08/13/2015	08/14/2015	70022390
<b>Claim # 170317-141 Totals :</b>			<b>\$197.00</b>	<b>\$39.40</b>		<b>\$157.60</b>			

<b>W., Colton; Claim: AGA-0009597; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 02/03/2015</b>									
02/11/2015	Ochsner Clinic Llc	X-ray,Radiology	\$130.00	\$8.80	Other Insurance	\$121.20	04/22/2015	04/24/2015	70017371
03/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$101.00	Other Insurance	\$40.00	06/03/2015	06/05/2015	70018994
05/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$171.00	Other Insurance	\$40.00	06/11/2015	06/12/2015	70019382
03/09/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$119.78	Other Insurance	\$42.22	08/13/2015	08/14/2015	70022337
02/13/2015	Ochsner Medical Center	Medical Treatment	\$558.00	\$206.46	Other Insurance	\$351.54	08/13/2015	08/14/2015	70022411
<b>Claim # AGA-0009597 Totals :</b>			<b>\$1,202.00</b>	<b>\$607.04</b>		<b>\$594.96</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Mariah; Claim: 170317-162; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/29/2014</b>									
01/05/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	04/23/2015	04/24/2015	70017311
01/05/2015	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	04/23/2015	04/24/2015	70017299
01/05/2015	First Health	First Health Repricing	\$15.72	\$0.00		\$15.72	04/23/2015	04/24/2015	70017308
03/09/2015	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	04/23/2015	04/24/2015	70017298
03/09/2015	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$0.00		\$17.00	04/23/2015	04/24/2015	70017312
10/28/2014	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	04/23/2015	04/24/2015	70017336
03/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	04/23/2015	04/24/2015	70017351
03/09/2015	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	04/23/2015	04/24/2015	70017327
10/28/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$0.00		\$130.00	04/23/2015	04/24/2015	70017375
10/22/2014	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	04/23/2015	04/24/2015	70017374
02/02/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	04/23/2015	04/24/2015	70017374
10/22/2014	First Health	First Health Repricing	\$56.43	\$0.00		\$56.43	04/23/2015	04/24/2015	70017341
03/09/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	04/23/2015	04/24/2015	70017372
01/05/2015	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$104.80	First Health Disc	\$36.20	04/23/2015	04/24/2015	70017333
01/05/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	04/23/2015	04/24/2015	70017373
10/28/2014	Ochsner Medical Center	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	04/23/2015	04/24/2015	70017455
03/31/2015	First Health	First Health Repricing	\$134.24	\$0.00		\$134.24	05/07/2015	05/08/2015	70017889
03/31/2015	First Health	First Health Repricing	\$125.04	\$0.00		\$125.04	05/07/2015	05/08/2015	70017884
11/05/2014	Ochsner Home Medical Equipment	Med Equipment	\$55.00	\$0.00		\$55.00	05/07/2015	05/08/2015	70017869
03/31/2015	Ochsner Baptist A Campus	Surgery Center	\$28,587.73	\$19,790.08	Over Ucr Phx	\$8,797.65	05/07/2015	05/08/2015	70017943
03/31/2015	Premier Health Exc	Phx Fee	\$3,463.26	\$0.00		\$3,463.26	05/07/2015	05/08/2015	70017939
03/31/2015	Anesthesia Consultants Of Sout	Anesthesia	\$1,425.00	\$833.62	First Health Disc	\$591.38	05/07/2015	05/08/2015	70017922
03/31/2015	Ochsner Clinic Llc	X-ray,Radiology	\$17.00	\$1.30	First Health Disc	\$15.70	05/07/2015	05/08/2015	70017933
03/31/2015	Ochsner Clinic Llc	Surgery	\$2,706.00	\$893.62	First Health Disc	\$1,812.38	05/07/2015	05/08/2015	70017933
10/22/2014	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	06/11/2015	06/12/2015	70019340
10/22/2014	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	06/11/2015	06/12/2015	70019422
10/22/2014	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	08/13/2015	08/14/2015	70022312
11/05/2014	Ochsner Clinic Llc	Ph.visit Office	\$207.00	\$66.96	First Health Disc	\$140.04	08/13/2015	08/14/2015	70022387
11/05/2014	First Health	First Health Repricing	\$10.04	\$0.00		\$10.04	08/13/2015	08/14/2015	70022302
05/04/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	08/13/2015	08/14/2015	70022378
05/04/2015	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	08/13/2015	08/14/2015	70022299
08/24/2015	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	09/15/2015	09/18/2015	70023672
08/24/2015	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	09/15/2015	09/18/2015	70023639

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Mariah; Claim: 170317-162; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 09/29/2014</b>									
08/24/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	09/15/2015	09/18/2015	70023652
08/24/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	09/15/2015	09/18/2015	70023728
08/24/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	09/15/2015	09/18/2015	70023699
<b>Claim # 170317-162 Totals :</b>			<b>\$40,489.82</b>	<b>\$23,029.15</b>		<b>\$17,460.67</b>			

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**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Mariah; Claim: AGA-0028019; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 06/03/2015</b>									
06/03/2015	Ochsner Health System	X-ray,Radiology	\$162.00	\$93.96	Other Insurance	\$68.04	10/14/2015	10/16/2015	70024841
06/08/2015	Ochsner Health System	X-ray,Radiology	\$320.00	\$185.60	Other Insurance	\$134.40	10/14/2015	10/16/2015	70024841
06/12/2015	Ochsner Health System	X-ray,Radiology	\$423.00	\$245.34	Other Insurance	\$177.66	10/14/2015	10/16/2015	70024841
06/12/2015	Ochsner Health System	Emrg.room	\$1,009.32	\$599.82	Other Insurance	\$409.50	10/14/2015	10/16/2015	70024841
06/03/2015	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$3.28	Other Insurance	\$13.72	10/14/2015	10/16/2015	70024841
06/12/2015	Ochsner Health System	Ph.visit Office	\$411.00	\$351.00	Other Insurance	\$60.00	10/14/2015	10/16/2015	70024841
06/15/2015	Ochsner Health System	Ph.visit Office	\$208.00	\$148.00	Other Insurance	\$60.00	10/14/2015	10/16/2015	70024841
06/17/2015	Ochsner Health System	Ph.visit Office	\$141.00	\$81.00	Other Insurance	\$60.00	10/14/2015	10/16/2015	70024841
06/22/2015	Ochsner Health System	Ph.visit Office	\$211.00	\$151.00	Other Insurance	\$60.00	10/14/2015	10/16/2015	70024841
06/12/2015	Ochsner Health System	Mri,X-ray Interp.	\$24.00	\$4.85	Other Insurance	\$19.15	10/14/2015	10/16/2015	70024841
06/12/2015	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$3.28	Other Insurance	\$13.72	10/14/2015	10/16/2015	70024841
06/08/2015	Ochsner Health System	Mri,X-ray Interp.	\$31.00	\$5.78	Other Insurance	\$25.22	10/14/2015	10/16/2015	70024841
07/01/2015	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$3.28	Other Insurance	\$13.72	10/14/2015	10/16/2015	70024841
07/01/2015	Ochsner Health System	X-ray,Radiology	\$162.00	\$93.96	Other Ins Paid	\$68.04	12/23/2015	12/29/2015	70027548
11/12/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.76	Other Ins Paid		01/25/2016	01/26/2016	70028487
				\$149.30	Write-off	\$27.94	01/25/2016	01/26/2016	70028487
06/12/2015	Belle Chasse Emergency	Emrg.room	\$3,143.00	\$1,578.96	Write-off	\$1,564.04	02/11/2016	02/12/2016	70029336
11/12/2015	Ochsner Medical Center	X-ray,Radiology	\$227.00	\$45.40	Write-off	\$181.60	03/29/2016	04/01/2016	70031804
02/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$47.00	\$13.70	Primary Adjustm	\$33.30	05/19/2017	05/23/2017	70046579
02/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$151.22	Primary Adjustm	\$137.78	05/19/2017	05/23/2017	70046579
02/17/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$144.00	\$32.20	Primary Adjustm	\$111.80	05/19/2017	05/23/2017	70046579
02/21/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$85.23	Primary Adjustm	\$55.77	05/19/2017	05/23/2017	70046579
03/27/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$75.03	Primary Adjustm	\$65.97	05/19/2017	05/23/2017	70046579
02/13/2017	Ochsner Baptist A Campus	X-ray,Radiology	\$533.00	\$123.41	Primary Adjustm	\$409.59	06/27/2017	07/05/2017	70047687
02/17/2017	Ochsner Baptist A Campus	Mri	\$1,481.00	\$296.20	Primary Adjustm	\$1,184.80	06/27/2017	07/05/2017	70047687
04/17/2017	Ochsner Baptist A Campus	Facility Fee	\$2,154.63	\$1,300.26	Primary Adjustm	\$854.37	09/25/2017	09/26/2017	70049618
04/17/2017	Ochsner Clinic Llc	Injection	\$641.00	\$311.72	Primary Adjustm	\$329.28	09/25/2017	09/26/2017	70049615
11/12/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$23.00	\$6.35	Primary Adjustm	\$16.65	11/07/2017	11/10/2017	70050381
<b>Claim # AGA-0028019 Totals :</b>			<b>\$12,406.95</b>	<b>\$6,250.89</b>		<b>\$6,156.06</b>			

<b>2014 Sub Total: Checking Account BRKLY Totals:</b>	<b>\$362,005.88</b>	<b>\$283,865.13</b>	<b>\$78,140.75</b>
<b>2014 Sub Total: Coverage Coll.spts.,Excess Totals:</b>	<b>\$362,005.88</b>	<b>\$283,865.13</b>	<b>\$78,140.75</b>

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**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>2014 Sub Total: Policy ICS L00600024 002 Totals:</b>			<b>\$362,005.88</b>	<b>\$283,865.13</b>		<b>\$78,140.75</b>			
<b>2014 Sub Totals:</b>			<b>\$362,005.88</b>	<b>\$283,865.13</b>		<b>\$78,140.75</b>			

**Underwriting Year: 2015**

**Policy: ICS L00600024 003**

**Coverage: Intercollegiate Sports**

**Checking Account: UNIVERSITY OF NEW ORLEANS**

<b>A., Travis; Claim: AGA-0031121; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 10/10/2015</b>									
10/10/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$249.00	Other Insurance	\$40.00	11/19/2015	11/20/2015	13600015
10/10/2015	Ochsner Clinic Llc	X-ray,Radiology	\$53.00	\$3.14	Write-off	\$49.86	12/21/2015	12/23/2015	13600039
10/10/2015	Ochsner Medical Center	X-ray,Radiology	\$631.00	\$454.96	Write-off	\$176.04	03/11/2016	03/11/2016	13600092
<b>Claim # AGA-0031121 Totals :</b>			<b>\$973.00</b>	<b>\$707.10</b>		<b>\$265.90</b>			

<b>B., Dasia; Claim: AGA-0025285; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 08/26/2015</b>									
09/16/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$192.58	Other Insurance	\$18.42	11/16/2015	11/20/2015	13600004
09/23/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$104.00	Other Ins Paid	\$26.00	12/23/2015	12/29/2015	13600046
09/16/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$32.40	Write-off	\$129.60	12/23/2015	12/29/2015	13600051
09/16/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$3.92	Write-off	\$13.08	02/29/2016	03/01/2016	13600078
09/23/2015	Ochsner Medical Center	Mri	\$1,316.00	\$756.38	Other Ins Paid		03/21/2016	03/22/2016	13600106
				\$263.20	Write-off	\$296.42	03/21/2016	03/22/2016	13600106
<b>Claim # AGA-0025285 Totals :</b>			<b>\$1,836.00</b>	<b>\$1,352.48</b>		<b>\$483.52</b>			

<b>B., Dasia; Claim: AGA-0039976; Activity: Womens Basketball; Diagnosis: Hyperextension; Anatomy: L-knee; Date Incurred: 12/08/2015</b>									
12/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$38.00	\$18.38	Write-off	\$19.62	03/25/2016	03/29/2016	13600118
12/09/2015	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$200.58	Other Ins Paid		03/31/2016	04/01/2016	13600141
				\$91.60	Write-off	\$165.82	03/31/2016	04/01/2016	13600141
12/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off	\$139.70	07/20/2016	07/22/2016	13600246
<b>Claim # AGA-0039976 Totals :</b>			<b>\$785.00</b>	<b>\$459.86</b>		<b>\$325.14</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Myles; Claim: AGA-0032766; Activity: Mens Baseball; Diagnosis: Syncope; Anatomy: Internal; Date Incurred: 10/08/2015</b>									
10/19/2015	Ochsner Clinic Llc	Medical Treatment	\$1,526.00	\$627.59	Other Ins Paid		12/15/2015	12/18/2015	13600033
				\$828.68	Write-off	\$69.73	12/15/2015	12/18/2015	13600033
10/27/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$86.98	Other Ins Paid		12/15/2015	12/18/2015	13600030
				\$154.02	Write-off	\$50.00	12/15/2015	12/18/2015	13600030
10/29/2015	Ochsner Clinic Llc	Medical Treatment	\$889.00	\$397.79	Other Ins Paid		12/15/2015	12/18/2015	13600029
				\$447.01	Write-off	\$44.20	12/15/2015	12/18/2015	13600029
10/29/2015	Ochsner Clinic Llc	Medical Treatment	\$21.00	\$15.11	Other Ins Paid		12/15/2015	12/18/2015	13600029
				\$4.21	Write-off	\$1.68	12/15/2015	12/18/2015	13600029
10/29/2015	Ochsner Medical Center	Surgery Center	\$31,340.76	\$9,496.34	Other Ins Paid		03/31/2016	04/01/2016	13600144
				\$20,289.28	Write-off	\$1,555.14	03/31/2016	04/01/2016	13600144
<b>Claim # AGA-0032766 Totals :</b>			<b>\$34,067.76</b>	<b>\$32,347.01</b>		<b>\$1,720.75</b>			

<b>B., Chaz; Claim: AGA-0057380; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Abdomen; Date Incurred: 05/13/2016</b>									
05/19/2016	Ochsner Clinic Llc	Ph.visit Office	\$703.00	\$56.37	Other Ins Paid		06/14/2016	06/17/2016	13600226
				\$459.76	Write-off	\$186.87	06/14/2016	06/17/2016	13600226
05/27/2016	UT Physicians	Medical Treatment	\$394.00	\$307.59	Other Ins Paid	\$86.41	06/20/2016	06/21/2016	13600229
05/25/2016	MHHS Hermann Hospital	Ultrasound	\$2,487.00	\$849.45	Other Ins Paid		06/27/2016	06/28/2016	13600236
				\$1,425.19	Write-off	\$212.36	06/27/2016	06/28/2016	13600236
05/27/2016	MHHS Hermann Hospital	Ultrasound	\$2,524.50	\$381.03	Other Ins Paid		06/27/2016	06/28/2016	13600236
				\$1,441.50	Write-off	\$701.97	06/27/2016	06/28/2016	13600236
05/25/2016	UT Physicians	X-ray,Radiology	\$1,001.00	\$72.20	Other Ins Paid		07/06/2016	07/08/2016	13600240
				\$910.77	Write-off	\$18.03	07/06/2016	07/08/2016	13600240
<b>Claim # AGA-0057380 Totals :</b>			<b>\$7,109.50</b>	<b>\$5,903.86</b>		<b>\$1,205.64</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Kyle; Claim: AGA-0043227; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 02/05/2016</b>									
02/08/2016	Ochsner Clinic Llc	Ph.visit Office	\$208.00	\$44.15	Other Ins Paid		03/22/2016	03/25/2016	13600111
				\$113.85	Write-off	\$50.00	03/22/2016	03/25/2016	13600111
02/08/2016	Ochsner Home Medical Equipment	Med Equipment	\$255.00	\$90.76	Write-off		04/06/2016	04/08/2016	13600147
				\$131.39	Other Ins Paid	\$32.85	04/06/2016	04/08/2016	13600147
05/02/2016	Ochsner Health System	Ph.visit Office	\$211.00	\$161.00	Write-off	\$50.00	06/10/2016	06/14/2016	13600210
	Ochsner Clinic Llc		\$0.00	\$0.00		-\$50.00	07/12/2016	07/12/2016	0
05/03/2016	Ochsner Medical Center	X-ray,Radiology	\$807.00	\$378.55	Other Ins Paid		04/07/2017	04/11/2017	13600427
				\$403.45	Primary Adjustm	\$25.00	04/07/2017	04/11/2017	13600427
04/30/2016	Ochsner Medical Center	Emrg.room	\$1,081.00	\$368.91	Other Ins Paid		05/16/2017	05/19/2017	13600471
				\$562.09	Primary Adjustm	\$150.00	05/16/2017	05/19/2017	13600471
<b>Claim # AGA-0043227 Totals :</b>			<b>\$2,562.00</b>	<b>\$2,304.15</b>		<b>\$257.85</b>			

<b>B., Kyle; Claim: AGA-0052768; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 03/11/2016</b>									
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$86.37	Other Ins Paid		05/11/2016	05/13/2016	13600172
				\$152.63	Write-off	\$50.00	05/11/2016	05/13/2016	13600172
<b>Claim # AGA-0052768 Totals :</b>			<b>\$289.00</b>	<b>\$239.00</b>		<b>\$50.00</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Randi; Claim: AGA-0029916; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 10/19/2015</b>									
10/20/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$10.46	Other Ins Paid		12/28/2015	12/29/2015	13600042
				\$3.92	Write-off	\$2.62	12/28/2015	12/29/2015	13600042
11/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$53.66	Other Ins Paid		12/28/2015	12/29/2015	13600049
				\$118.92	Write-off	\$38.42	12/28/2015	12/29/2015	13600049
10/26/2015	Ochsner Clinic Llc	Medical Treatment	\$289.00	\$150.76	Other Insurance	\$138.24	01/28/2016	01/29/2016	13600064
10/20/2015	Ochsner Clinic Llc	Medical Treatment	\$289.00	\$149.30	Other Insurance	\$139.70	01/28/2016	01/29/2016	13600065
10/20/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$34.80	Other Ins Paid	\$139.20	03/11/2016	03/11/2016	13600090
04/08/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.76	Other Ins Paid		05/19/2016	05/20/2016	13600186
				\$149.30	Write-off	\$27.94	05/19/2016	05/20/2016	13600186
04/11/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$80.86	Other Ins Paid		05/19/2016	05/20/2016	13600183
				\$31.93	Write-off	\$20.21	05/19/2016	05/20/2016	13600183
03/16/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off	\$139.70	06/27/2016	06/28/2016	13600234
04/12/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$263.44	Other Ins Paid	\$175.63	08/11/2016	08/12/2016	13600262
04/11/2016	Ochsner Medical Center	Mri	\$1,316.00	\$842.24	Other Ins Paid		07/19/2017	07/21/2017	13600546
				\$263.20	Primary Adjustm	\$210.56	07/19/2017	07/21/2017	13600546
<b>Claim # AGA-0029916 Totals :</b>			<b>\$3,446.07</b>	<b>\$2,413.85</b>		<b>\$1,032.22</b>			

<b>B., Tevin; Claim: AGA-0024645; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Groin; Date Incurred: 09/10/2015</b>									
09/11/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$57.00	\$45.69	Other Insurance	\$11.31	11/10/2015	11/20/2015	13600002
09/11/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$215.67	Other Insurance	\$195.33	10/02/2015	11/20/2015	13600023
09/11/2015	Ochsner Medical Center	Ultrasound	\$571.00	\$299.21	Other Ins Paid		02/11/2016	02/12/2016	13600074
				\$196.99	Write-off	\$74.80	02/11/2016	02/12/2016	13600074
<b>Claim # AGA-0024645 Totals :</b>			<b>\$1,039.00</b>	<b>\$757.56</b>		<b>\$281.44</b>			

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Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Tevin; Claim: AGA-0034281; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 10/25/2015</b>									
10/26/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$91.97	Other Ins Paid		12/15/2015	12/18/2015	13600031
				\$144.04	Write-off	\$52.99	12/15/2015	12/18/2015	13600031
10/26/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.60	Other Ins Paid	\$3.40	12/15/2015	12/18/2015	13600024
11/07/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.60	Other Ins Paid	\$3.40	12/15/2015	12/18/2015	13600025
10/27/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$104.00	Other Ins Paid	\$26.00	12/15/2015	12/18/2015	13600028
11/23/2015	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$22.90	Other Ins Paid		01/19/2016	01/20/2016	13600054
				\$82.38	Write-off	\$35.72	01/19/2016	01/20/2016	13600054
10/26/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$84.89	Other Ins Paid		03/21/2016	03/22/2016	13600099
				\$55.89	Write-off	\$21.22	03/21/2016	03/22/2016	13600099
11/07/2015	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$84.89	Other Ins Paid		03/21/2016	03/22/2016	13600100
				\$55.89	Write-off	\$21.22	03/21/2016	03/22/2016	13600100
10/27/2015	Ochsner Medical Center	Mri	\$1,316.00	\$1,040.00	Other Ins Paid		03/31/2016	04/01/2016	13600142
				\$16.00	Write-off	\$260.00	03/31/2016	04/01/2016	13600142
11/20/2015	Ochsner Medical Center	Phys.therapy	\$552.00	\$196.80	Other Ins Paid		03/31/2016	04/01/2016	13600132
				\$276.00	Write-off	\$79.20	03/31/2016	04/01/2016	13600132
11/07/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$112.78	Write-off		11/02/2016	11/04/2016	13600284
				\$54.58	Other Ins Paid	\$43.64	11/02/2016	11/04/2016	13600284
<b>Claim # AGA-0034281 Totals :</b>			<b>\$2,997.00</b>	<b>\$2,450.21</b>		<b>\$546.79</b>			

<b>B., Tevin; Claim: AGA-0048900; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 02/17/2016</b>									
02/24/2016	Ochsner Clinic Llc	Medical Treatment	\$531.00	\$407.00	Write-off	\$124.00	04/21/2016	04/22/2016	13600156
02/24/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$175.00	Write-off		04/21/2016	04/22/2016	13600156
				\$94.00	Other Ins Paid	\$20.00	04/21/2016	04/22/2016	13600156
02/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$94.00	Other Ins Paid		04/28/2016	04/29/2016	13600161
				\$175.00	Write-off	\$20.00	04/28/2016	04/29/2016	13600161
03/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$820.00	\$94.00	Other Ins Paid		06/02/2016	06/07/2016	13600205
				\$582.00	Write-off	\$144.00	06/02/2016	06/07/2016	13600205
<b>Claim # AGA-0048900 Totals :</b>			<b>\$1,929.00</b>	<b>\$1,621.00</b>		<b>\$308.00</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Rondolyn; Claim: AGA-0039055; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 10/05/2015</b>									
12/07/2015	Ochsner Clinic Llc	Ph.visit Office	\$208.00	\$113.85	Write-off		02/11/2016	02/12/2016	13600073
				\$34.15	Other Ins Paid	\$60.00	02/11/2016	02/12/2016	13600073
01/26/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$31.00	\$1.52	Write-off	\$29.48	03/14/2016	03/15/2016	13600095
01/26/2016	Ochsner Medical Foundation	X-ray,Radiology	\$533.00	\$380.91	Write-off	\$152.09	11/02/2016	11/04/2016	13600292
<b>Claim # AGA-0039055 Totals :</b>			<b>\$772.00</b>	<b>\$530.43</b>		<b>\$241.57</b>			

<b>C., Ryan; Claim: AGA-0034835; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/07/2015</b>									
11/12/2015	Ryan Calloway	Prescriptions	\$10.85	\$0.00		\$10.85	12/17/2015	12/18/2015	13600026
11/07/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$154.02	Write-off	\$136.98	12/17/2015	12/18/2015	13600034
11/07/2015	Ochsner Clinic Llc	Medical Treatment	\$19.00	\$1.57	Other Insurance	\$17.43	01/28/2016	01/29/2016	13600063
11/07/2015	Ochsner Medical Center	X-ray,Radiology	\$403.00	\$283.27	Write-off	\$119.73	03/29/2016	04/01/2016	13600136
<b>Claim # AGA-0034835 Totals :</b>			<b>\$723.85</b>	<b>\$438.86</b>		<b>\$284.99</b>			

<b>C., Ryan; Claim: AGA-0052779; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 03/19/2016</b>									
04/11/2016	Ochsner Clinic Llc	Medical Treatment	\$162.00	\$89.22	Other Ins Paid		05/19/2016	05/20/2016	13600187
				\$43.04	Write-off	\$29.74	05/19/2016	05/20/2016	13600187
03/23/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$32.00	\$15.29	Other Ins Paid		06/10/2016	06/14/2016	13600213
				\$11.62	Write-off	\$5.09	06/10/2016	06/14/2016	13600213
03/29/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$142.00	\$100.66	Other Ins Paid		06/10/2016	06/14/2016	13600213
				\$7.79	Write-off	\$33.55	06/10/2016	06/14/2016	13600213
03/23/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$86.37	Other Ins Paid		06/10/2016	06/14/2016	13600213
				\$152.63	Write-off	\$50.00	06/10/2016	06/14/2016	13600213
03/29/2016	Ochsner Baptist A Campus	Mri	\$1,322.00	\$676.89	Other Ins Paid		04/27/2017	04/28/2017	13600441
				\$419.48	Primary Adjustm	\$225.63	04/27/2017	04/28/2017	13600441
04/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$86.37	Other Ins Paid		09/06/2017	09/08/2017	13600592
				\$152.63	Primary Adjustm	\$50.00	09/06/2017	09/08/2017	13600592
03/23/2016	Ochsner Medical Center	X-ray,Radiology	\$167.00	\$62.63	Other Ins Paid		10/16/2017	10/17/2017	13600627
				\$83.50	Primary Adjustm	\$20.87	10/16/2017	10/17/2017	13600627
04/11/2016	Ochsner Medical Center	Ultrasound	\$770.00	\$72.38	Other Ins Paid		10/16/2017	10/17/2017	13600627
				\$673.49	Primary Adjustm	\$24.13	10/16/2017	10/17/2017	13600627
<b>Claim # AGA-0052779 Totals :</b>			<b>\$3,173.00</b>	<b>\$2,733.99</b>		<b>\$439.01</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Samuel; Claim: AGA-0053878; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 03/09/2016</b>									
03/10/2016	MHM Urgent Care Riverridge	Ph.visit Office	\$206.00	\$96.80	Write-off		05/03/2016	05/06/2016	13600170
				\$35.00	Previously Paid	\$74.20	05/03/2016	05/06/2016	13600170
03/10/2016	MHM Urgent Care Riverridge	X-ray,Radiology	\$75.00	\$22.50	Write-off	\$52.50	05/03/2016	05/06/2016	13600170
03/10/2016	Samuel Capielano	Ph.visit Office	\$35.00	\$0.00		\$35.00	05/03/2016	05/06/2016	13600168
03/11/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off	\$139.70	07/07/2016	07/08/2016	13600244
03/11/2016	Ochsner Medical Center	X-ray,Radiology	\$381.00	\$95.25	First Health Disc	\$285.75	07/22/2016	07/26/2016	13600254
03/11/2016	First Health	First Health Repricing	\$14.29	\$0.00		\$14.29	07/22/2016	07/26/2016	13600248
<b>Claim # AGA-0053878 Totals :</b>			<b>\$1,000.29</b>	<b>\$398.85</b>		<b>\$601.44</b>			
<b>C., Danny; Claim: AGA-0031582; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 10/16/2015</b>									
10/17/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	11/19/2015	11/20/2015	13600019
10/17/2015	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	11/19/2015	11/20/2015	13600010
10/17/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	12/15/2015	12/18/2015	13600027
10/17/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$43.50	First Health Disc	\$130.50	03/29/2016	04/01/2016	13600137
10/17/2015	First Health	First Health Repricing	\$6.53	\$0.00		\$6.53	03/29/2016	04/01/2016	13600123
<b>Claim # AGA-0031582 Totals :</b>			<b>\$518.76</b>	<b>\$245.01</b>		<b>\$273.75</b>			
<b>C., Raven; Claim: AGA-0027802; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 09/01/2015</b>									
09/25/2015	Ochsner Health System	Ph.visit Office	\$289.00	\$260.99	Other Ins Paid	\$28.01	03/31/2016	04/01/2016	13600127
09/25/2015	Ochsner Health System	Medical Treatment	\$43.00	\$37.26	Other Ins Paid	\$5.74	03/31/2016	04/01/2016	13600127
<b>Claim # AGA-0027802 Totals :</b>			<b>\$332.00</b>	<b>\$298.25</b>		<b>\$33.75</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Scott; Claim: AGA-0058085; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 05/17/2016</b>									
05/18/2016	LMG LLC	Ph.visit Office	\$320.00	\$108.67	Other Ins Paid		06/14/2016	06/17/2016	13600220
				\$196.33	Write-off	\$15.00	06/14/2016	06/17/2016	13600220
05/17/2016	East Jefferson Hospital	Emrg.room	\$5,494.75	\$1,285.20	Other Ins Paid		06/14/2016	06/17/2016	13600227
				\$3,966.75	Write-off	\$242.80	06/14/2016	06/17/2016	13600227
06/08/2016	LMG LLC	Ph.visit Office	\$215.00	\$68.66	Other Ins Paid		06/28/2016	07/01/2016	13600238
				\$131.34	Write-off	\$15.00	06/28/2016	07/01/2016	13600238
07/19/2016	LMG LLC	Ph.visit Office	\$215.00	\$131.34	Write-off		08/09/2016	08/12/2016	13600260
				\$68.66	Other Ins Paid	\$15.00	08/09/2016	08/12/2016	13600260
08/08/2016	LMG LLC	Ph.visit Office	\$215.00	\$68.66	Other Ins Paid		08/31/2016	09/02/2016	13600267
				\$131.34	Write-off	\$15.00	08/31/2016	09/02/2016	13600267
<b>Claim # AGA-0058085 Totals :</b>			<b>\$6,459.75</b>	<b>\$6,156.95</b>		<b>\$302.80</b>			

<b>D., Dakota; Claim: AGA-0053523; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-toe; Date Incurred: 04/15/2016</b>									
04/18/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$12.27	Other Ins Paid		06/14/2016	06/17/2016	13600219
				\$0.67	Write-off	\$3.06	06/14/2016	06/17/2016	13600219
04/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$109.59	Other Ins Paid		07/06/2016	07/08/2016	13600243
				\$154.02	Write-off	\$27.39	07/06/2016	07/08/2016	13600243
04/18/2016	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$41.70	Other Ins Paid		08/31/2017	09/01/2017	13600573
				\$144.88	Primary Adjustm	\$10.42	08/31/2017	09/01/2017	13600573
<b>Claim # AGA-0053523 Totals :</b>			<b>\$504.00</b>	<b>\$463.13</b>		<b>\$40.87</b>			

<b>D., Blessing; Claim: AGA-0055831; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 04/22/2016</b>									
05/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$145.85	Other Ins Paid		05/25/2016	05/27/2016	13600199
				\$200.15	Write-off	\$65.00	05/25/2016	05/27/2016	13600199
05/02/2016	Ochsner Medical Center	X-ray,Radiology	\$118.00	\$75.10	Primary Adjustm	\$42.90	10/16/2017	10/17/2017	13600626
<b>Claim # AGA-0055831 Totals :</b>			<b>\$529.00</b>	<b>\$421.10</b>		<b>\$107.90</b>			

<b>E., Coleman; Claim: AGA-0057893; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 09/30/2015</b>									
09/30/2015	Ochsner Home Medical Equipment	Med Equipment	\$185.84	\$0.00		\$185.84	07/14/2016	07/15/2016	13600245
<b>Claim # AGA-0057893 Totals :</b>			<b>\$185.84</b>	<b>\$0.00</b>		<b>\$185.84</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>F., Alba; Claim: AGA-0056564; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-toe; Date Incurred: 03/03/2016</b>									
03/16/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$88.40	Other Ins Paid		05/19/2016	05/20/2016	13600184
				\$19.50	Write-off	\$22.10	05/19/2016	05/20/2016	13600184
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$55.12	Other Ins Paid		06/15/2016	06/17/2016	13600228
				\$29.10	Write-off	\$206.78	06/15/2016	06/17/2016	13600228
05/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$123.48	Other Ins Paid		06/15/2016	06/17/2016	13600228
				\$31.65	Write-off	\$55.87	06/15/2016	06/17/2016	13600228
03/14/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$32.00	\$7.20	Write-off	\$24.80	07/07/2016	07/08/2016	13600242
04/12/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$233.66	Other Ins Paid	\$205.41	07/25/2016	07/26/2016	13600252
09/12/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$69.36	Write-off		10/07/2016	10/11/2016	13600276
				\$95.71	Other Ins Paid	\$123.93	10/07/2016	10/11/2016	13600276
03/14/2016	Ochsner Medical Foundation	X-ray,Radiology	\$394.00	\$59.10	Write-off		11/03/2016	11/04/2016	13600294
				\$262.16	Other Ins Paid	\$72.74	11/03/2016	11/04/2016	13600294
03/16/2016	Ochsner Medical Foundation	Mri	\$1,316.00	\$197.40	Write-off		11/03/2016	11/04/2016	13600294
				\$894.88	Other Ins Paid	\$223.72	11/03/2016	11/04/2016	13600294
04/21/2017	Ochsner Medical Center	Ph.visit Office	\$197.00	\$157.60	Other Ins Paid	\$39.40	06/21/2017	06/23/2017	13600500
04/21/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$128.29	Other Ins Paid		06/21/2017	06/23/2017	13600499
				\$56.64	Primary Adjustm	\$26.07	06/21/2017	06/23/2017	13600499
04/21/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$9.73	Other Ins Paid		06/21/2017	06/23/2017	13600499
				\$3.84	Primary Adjustm	\$2.43	06/21/2017	06/23/2017	13600499
<b>Claim # AGA-0056564 Totals :</b>			<b>\$3,526.07</b>	<b>\$2,522.82</b>		<b>\$1,003.25</b>			

**A-G Administrators, Inc.**  
**Claims History Report**

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>F., Mathilde; Claim: AGA-0043446; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 01/18/2016</b>									
01/20/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$21.10	Write-off	\$189.90	05/10/2016	05/13/2016	13600176
01/20/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.70	Write-off	\$15.30	05/10/2016	05/13/2016	13600176
03/21/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$95.76	Other Ins Paid		05/19/2016	05/20/2016	13600189
				\$13.30	Write-off	\$23.94	05/19/2016	05/20/2016	13600189
03/23/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$188.08	Other Ins Paid		05/19/2016	05/20/2016	13600189
				\$28.90	Write-off	\$72.02	05/19/2016	05/20/2016	13600189
05/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$131.92	Other Ins Paid		06/15/2016	06/17/2016	13600224
				\$21.10	Write-off	\$57.98	06/15/2016	06/17/2016	13600224
05/05/2016	Ochsner Medical Center	Phys.therapy	\$651.00	\$416.64	Other Ins Paid		02/21/2017	02/22/2017	13600375
				\$130.20	Primary Adjustm	\$104.16	02/21/2017	02/22/2017	13600375
03/21/2016	Ochsner Medical Center	Mri	\$1,316.00	\$894.88	Other Ins Paid		10/16/2017	10/17/2017	13600637
				\$197.40	Primary Adjustm	\$223.72	10/16/2017	10/17/2017	13600637
<b>Claim # AGA-0043446 Totals :</b>			<b>\$2,828.00</b>	<b>\$2,140.98</b>		<b>\$687.02</b>			

<b>F., Nathaniel; Claim: AGA-0027443; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 09/21/2015</b>									
09/21/2015	Ochsner Clinic Llc	Ph.visit Office	\$513.00	\$319.10	Other Ins Paid		03/21/2016	03/22/2016	13600102
				\$153.90	Write-off	\$40.00	03/21/2016	03/22/2016	13600102
09/28/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$107.70	Other Ins Paid		03/21/2016	03/22/2016	13600103
				\$63.30	Write-off	\$40.00	03/21/2016	03/22/2016	13600103
<b>Claim # AGA-0027443 Totals :</b>			<b>\$724.00</b>	<b>\$644.00</b>		<b>\$80.00</b>			

<b>F., Nathaniel; Claim: AGA-0043466; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/17/2016</b>									
01/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$162.30	Other Ins Paid		03/21/2016	03/22/2016	13600101
				\$86.70	Write-off	\$40.00	03/21/2016	03/22/2016	13600101
<b>Claim # AGA-0043466 Totals :</b>			<b>\$289.00</b>	<b>\$249.00</b>		<b>\$40.00</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>G., Christavious; Claim: AGA-0037421; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 11/30/2015</b>									
11/30/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$19.98	Other Ins Paid		03/22/2016	03/25/2016	13600107
				\$23.02	Write-off	\$5.00	03/22/2016	03/25/2016	13600107
11/30/2015	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$207.42	Other Ins Paid		03/30/2016	04/01/2016	13600139
				\$91.60	Write-off	\$158.98	03/30/2016	04/01/2016	13600139
11/30/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$148.12	Primary Adjustm	\$142.88	06/01/2017	06/02/2017	13600483
<b>Claim # AGA-0037421 Totals :</b>			<b>\$797.00</b>	<b>\$490.14</b>		<b>\$306.86</b>			

<b>G., Christavious; Claim: AGA-0038207; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 09/03/2015</b>									
09/04/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$7.87	Other Ins Paid		02/02/2016	02/05/2016	13600069
				\$3.92	Write-off	\$5.21	02/02/2016	02/05/2016	13600069
09/04/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Write-off	\$92.08	03/11/2016	03/15/2016	13600096
<b>Claim # AGA-0038207 Totals :</b>			<b>\$228.00</b>	<b>\$130.71</b>		<b>\$97.29</b>			

<b>G., Christavious; Claim: AGA-0052085; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 04/03/2016</b>									
04/04/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$3.92	Write-off		05/23/2016	05/24/2016	13600192
				\$10.46	Other Ins Paid	\$2.62	05/23/2016	05/24/2016	13600192
04/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$15.44	Other Ins Paid		05/25/2016	05/27/2016	13600200
				\$149.30	Write-off	\$124.26	05/25/2016	05/27/2016	13600200
<b>Claim # AGA-0052085 Totals :</b>			<b>\$306.00</b>	<b>\$179.12</b>		<b>\$126.88</b>			

<b>G., Kaitlyn; Claim: AGA-0052084; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 04/01/2016</b>									
04/08/2016	Ochsner Health System	Mri	\$1,481.00	\$1,058.78	Other Ins Paid	\$422.22	05/11/2016	05/13/2016	13600179
04/06/2016	Ochsner Health System	X-ray,Radiology	\$412.00	\$237.59	Other Ins Paid	\$174.41	05/11/2016	05/13/2016	13600175
04/06/2016	Ochsner Health System	Mri,X-ray Interp.	\$34.00	\$2.44	Other Ins Paid	\$31.56	05/11/2016	05/13/2016	13600174
04/08/2016	Ochsner Health System	Mri,X-ray Interp.	\$144.00	\$7.50	Other Ins Paid	\$136.50	05/11/2016	05/13/2016	13600174
04/06/2016	Ochsner Health System	Ph.visit Office	\$291.00	\$251.00	Other Ins Paid	\$40.00	06/24/2016	06/28/2016	13600233
<b>Claim # AGA-0052084 Totals :</b>			<b>\$2,362.00</b>	<b>\$1,557.31</b>		<b>\$804.69</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>H., Sara; Claim: AGA-0024165; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 09/01/2015</b>									
09/02/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$2.40	Write-off	\$13.60	03/04/2016	03/08/2016	13600084
09/02/2015	Ochsner Health System	Ph.visit Office	\$289.00	\$264.00	Write-off	\$25.00	03/28/2016	03/29/2016	13600120
09/08/2015	Ochsner Health System	X-ray,Radiology	\$130.00	\$107.90	Write-off	\$22.10	03/28/2016	03/29/2016	13600120
10/12/2015	Southern Medical & Adaptive	Med Equipment	\$878.14	\$421.50	Other Ins Paid		07/25/2016	07/26/2016	13600250
				\$351.26	Write-off	\$105.38	07/25/2016	07/26/2016	13600250
<b>Claim # AGA-0024165 Totals :</b>			<b>\$1,313.14</b>	<b>\$1,147.06</b>		<b>\$166.08</b>			

<b>H., Kevin; Claim: AGA-0028813; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 08/17/2015</b>									
08/17/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$34.00	\$28.76	Other Insurance	\$5.24	11/19/2015	11/20/2015	13600006
08/17/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$112.79	Other Insurance	\$20.21	11/19/2015	11/20/2015	13600006
08/17/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$261.06	Other Insurance	\$27.94	11/19/2015	11/20/2015	13600007
08/17/2015	Ochsner Medical Center	X-ray,Radiology	\$336.00	\$15.04	Other Ins Paid		12/23/2015	12/23/2015	13600040
				\$67.20	Write-off	\$253.76	12/23/2015	12/23/2015	13600040
08/18/2015	Ochsner Medical Center	Mri	\$1,316.00	\$642.24	Other Ins Paid		12/23/2015	12/23/2015	13600041
				\$263.20	Write-off	\$410.56	12/23/2015	12/23/2015	13600041
	Ochsner Clinic Llc		\$0.00	\$0.00		-\$20.21	04/28/2016	04/28/2016	0
08/18/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$31.93	Write-off		11/02/2016	11/04/2016	13600281
				\$80.86	Other Ins Paid	\$20.21	11/02/2016	11/04/2016	13600281
<b>Claim # AGA-0028813 Totals :</b>			<b>\$2,241.00</b>	<b>\$1,523.29</b>		<b>\$717.71</b>			

<b>H., Kevin; Claim: AGA-0033359; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 11/09/2015</b>									
11/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$118.92	Write-off		12/28/2015	12/29/2015	13600044
				\$73.66	Other Ins Paid	\$18.42	12/28/2015	12/29/2015	13600044
11/09/2015	Ochsner Clinic Llc	Medical Treatment	\$17.00	\$3.92	Other Insurance	\$13.08	01/28/2016	01/29/2016	13600062
11/09/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$34.80	Write-off	\$139.20	03/30/2016	04/01/2016	13600138
06/13/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$180.43	First Health Disc	\$258.64	08/11/2016	08/12/2016	13600263
06/13/2016	First Health	First Health Repricing	\$27.06	\$0.00		\$27.06	08/11/2016	08/12/2016	13600261
<b>Claim # AGA-0033359 Totals :</b>			<b>\$868.13</b>	<b>\$411.73</b>		<b>\$456.40</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>H., Kevin; Claim: AGA-0043453; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 01/28/2016</b>									
01/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$54.51	Other Ins Paid		03/22/2016	03/25/2016	13600112
				\$149.30	Write-off	\$85.19	03/22/2016	03/25/2016	13600112
01/28/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$36.00	\$9.84	Write-off	\$26.16	05/19/2016	05/20/2016	13600185
04/13/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.76	Other Ins Paid		05/26/2016	05/27/2016	13600196
				\$149.30	Write-off	\$27.94	05/26/2016	05/27/2016	13600196
01/28/2016	Ochsner Medical Foundation	X-ray,Radiology	\$355.00	\$57.92	Write-off		11/03/2016	11/04/2016	13600293
				\$115.84	Other Ins Paid	\$181.24	11/03/2016	11/04/2016	13600293
<b>Claim # AGA-0043453 Totals :</b>			<b>\$969.00</b>	<b>\$648.47</b>		<b>\$320.53</b>			

<b>H., Riley; Claim: AGA-0047551; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 02/01/2016</b>									
02/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$147.28	Other Ins Paid		03/24/2016	03/25/2016	13600108
				\$108.72	Write-off	\$35.00	03/24/2016	03/25/2016	13600108
02/11/2016	Ochsner Medical Center	Phys.therapy	\$611.00	\$193.22	Other Ins Paid		05/16/2017	05/19/2017	13600467
				\$369.47	Primary Adjustm	\$48.31	05/16/2017	05/19/2017	13600467
05/29/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$163.34	Other Ins Paid		07/11/2017	07/14/2017	13600534
				\$90.66	Primary Adjustm	\$35.00	07/11/2017	07/14/2017	13600534
06/02/2017	Baptist Hospital	Phys.therapy	\$1,067.00	\$341.44	Other Ins Paid		08/14/2017	08/15/2017	13600568
				\$640.20	Primary Adjustm	\$85.36	08/14/2017	08/15/2017	13600568
<b>Claim # AGA-0047551 Totals :</b>			<b>\$2,258.00</b>	<b>\$2,054.33</b>		<b>\$203.67</b>			

<b>J., Matthew; Claim: AGA-0041366; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Eye; Date Incurred: 01/06/2016</b>									
01/14/2016	Gentilly Vision Source	Ph.visit Office	\$110.00	\$40.98	Write-off	\$69.02	03/08/2016	03/11/2016	13600089
<b>Claim # AGA-0041366 Totals :</b>			<b>\$110.00</b>	<b>\$40.98</b>		<b>\$69.02</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>L., Camila; Claim: AGA-0034780; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 10/09/2015</b>									
11/05/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$168.06	Other Ins Paid		02/09/2016	02/12/2016	13600076
				\$42.01	Write-off	\$80.93	02/09/2016	02/12/2016	13600076
11/12/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$211.20	Other Ins Paid	\$77.80	02/09/2016	02/12/2016	13600075
11/05/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$0.00		\$16.00	02/29/2016	03/01/2016	13600079
11/06/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$0.00		\$130.00	02/29/2016	03/01/2016	13600080
12/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$131.92	Other Ins Paid		03/28/2016	03/29/2016	13600121
				\$21.10	Write-off	\$57.98	03/28/2016	03/29/2016	13600121
01/20/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$10.88	Other Ins Paid		03/28/2016	03/29/2016	13600117
				\$2.40	Write-off	\$2.72	03/28/2016	03/29/2016	13600117
01/20/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$123.48	Other Ins Paid		03/28/2016	03/29/2016	13600119
				\$62.52	Write-off	\$25.00	03/28/2016	03/29/2016	13600119
11/06/2015	Ochsner Medical Center	Mri	\$1,316.00	\$894.88	Other Ins Paid		03/28/2016	03/29/2016	13600122
				\$197.40	Write-off	\$223.72	03/28/2016	03/29/2016	13600122
11/05/2015	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$29.55	Write-off		03/30/2016	04/01/2016	13600126
				\$133.96	Other Ins Paid	\$33.49	03/30/2016	04/01/2016	13600126
03/30/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$10.88	Other Ins Paid		05/16/2016	05/17/2016	13600180
				\$2.40	Write-off	\$2.72	05/16/2016	05/17/2016	13600180
03/30/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$176.52	Other Ins Paid		05/23/2016	05/24/2016	13600194
				\$43.35	Write-off	\$69.13	05/23/2016	05/24/2016	13600194
04/03/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$88.40	Other Ins Paid		05/23/2016	05/24/2016	13600194
				\$19.50	Write-off	\$22.10	05/23/2016	05/24/2016	13600194
04/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$176.52	Other Ins Paid		05/23/2016	05/24/2016	13600193
				\$43.35	Write-off	\$69.13	05/23/2016	05/24/2016	13600193
12/09/2015	Ochsner Medical Foundation	X-ray,Radiology	\$197.00	\$29.55	Write-off		11/03/2016	11/04/2016	13600288
				\$133.96	Other Ins Paid	\$33.49	11/03/2016	11/04/2016	13600288
01/20/2016	Ochsner Medical Foundation	X-ray,Radiology	\$197.00	\$29.55	Write-off		11/03/2016	11/04/2016	13600288
				\$133.96	Other Ins Paid	\$33.49	11/03/2016	11/04/2016	13600288
02/23/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$233.66	Other Ins Paid	\$205.41	08/31/2017	09/01/2017	13600581
03/30/2016	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$133.96	Other Ins Paid		09/11/2017	09/12/2017	13600602
				\$29.55	Primary Adjustm	\$33.49	09/11/2017	09/12/2017	13600602
04/03/2016	Ochsner Medical Center	Mri	\$1,316.00	\$197.40	Primary Adjustm		10/16/2017	10/17/2017	13600636
				\$894.88	Other Ins Paid	\$223.72	10/16/2017	10/17/2017	13600636

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Claim # AGA-0034780 Totals :</b>			<b>\$5,747.07</b>	<b>\$4,406.75</b>		<b>\$1,340.32</b>			

<b>L., Ryan; Claim: AGA-0055292; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 03/11/2016</b>									
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$180.85	Other Ins Paid		05/10/2016	05/13/2016	13600171
				\$200.15	Write-off	\$30.00	05/10/2016	05/13/2016	13600171
03/21/2016	Ochsner Medical Center	Phys.therapy	\$461.00	\$167.87	Other Ins Paid		04/07/2017	04/11/2017	13600429
				\$251.14	Primary Adjustm	\$41.99	04/07/2017	04/11/2017	13600429
04/15/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$62.39	Other Ins Paid		09/06/2017	09/08/2017	13600588
				\$118.61	Primary Adjustm	\$30.00	09/06/2017	09/08/2017	13600588
<b>Claim # AGA-0055292 Totals :</b>			<b>\$1,083.00</b>	<b>\$981.01</b>		<b>\$101.99</b>			

<b>L., Lauren; Claim: AGA-0028394; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 09/01/2015</b>									
10/08/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$244.00	Other Insurance	\$45.00	11/05/2015	11/20/2015	13600016
<b>Claim # AGA-0028394 Totals :</b>			<b>\$289.00</b>	<b>\$244.00</b>		<b>\$45.00</b>			

<b>L., Lauren; Claim: AGA-0043714; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 01/27/2016</b>									
01/27/2016	Lauren Levy	Ph.visit Office	\$45.00	\$0.00		\$45.00	03/24/2016	03/25/2016	13600113
02/02/2016	Lauren Levy	Ph.visit Office	\$45.00	\$0.00		\$45.00	03/24/2016	03/25/2016	13600113
01/27/2016	Doctors Express Metairie	Ph.visit Office	\$369.22	\$45.00	Previously Paid	\$324.22	03/24/2016	03/25/2016	13600116
<b>Claim # AGA-0043714 Totals :</b>			<b>\$459.22</b>	<b>\$45.00</b>		<b>\$414.22</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>L., Lauren; Claim: AGA-0070168; Activity: Womens Volleyball; Diagnosis: Athletic Injury; Anatomy: Neck; Date Incurred: 03/30/2016</b>									
10/05/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		11/03/2016	11/04/2016	13600285
				\$91.37	Other Ins Paid	\$45.00	11/03/2016	11/04/2016	13600285
10/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$329.00	\$190.83	Other Ins Paid		12/14/2016	12/16/2016	13600327
				\$93.17	Write-off	\$45.00	12/14/2016	12/16/2016	13600327
12/08/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$91.37	Other Ins Paid		01/05/2017	01/06/2017	13600340
				\$152.63	Write-off	\$45.00	01/05/2017	01/06/2017	13600340
02/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$91.37	Other Ins Paid		03/20/2017	03/21/2017	13600394
				\$152.63	Primary Adjustm	\$45.00	03/20/2017	03/21/2017	13600394
05/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$91.37	Other Ins Paid		07/07/2017	07/11/2017	13600519
				\$152.63	Primary Adjustm	\$45.00	07/07/2017	07/11/2017	13600519
05/26/2017	Ochsner Medical Center	Phys.therapy	\$577.00	\$267.25	Other Ins Paid		07/07/2017	07/11/2017	13600518
				\$279.75	Primary Adjustm	\$30.00	07/07/2017	07/11/2017	13600518
06/09/2017	Ochsner Clinic Llc	Injection	\$2,678.00	\$514.67	Other Ins Paid		07/19/2017	07/21/2017	13600542
				\$2,118.33	Primary Adjustm	\$45.00	07/19/2017	07/21/2017	13600542
08/17/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$91.37	Other Ins Paid		09/25/2017	09/26/2017	13600610
				\$152.63	Primary Adjustm	\$45.00	09/25/2017	09/26/2017	13600610
09/12/2017	Ochsner Medical Center	Phys.therapy	\$1,279.00	\$544.42	Other Ins Paid		11/21/2017	11/28/2017	13600665
				\$644.58	Primary Adjustm	\$90.00	11/21/2017	11/28/2017	13600665
11/01/2017	Ochsner Clinic Llc	Injection	\$2,472.00	\$2,366.65	Primary Adjustm		01/23/2018	01/26/2018	13600703
				\$60.35	Other Ins Paid	\$45.00	01/23/2018	01/26/2018	13600703
10/03/2017	Ochsner Medical Center	Phys.therapy	\$490.00	\$212.97	Other Ins Paid		01/23/2018	01/26/2018	13600706
				\$247.03	Primary Adjustm	\$30.00	01/23/2018	01/26/2018	13600706
10/03/2017	Ochsner Medical Center	Phys.therapy	\$329.00	\$130.35	Other Ins Paid		01/23/2018	01/26/2018	13600706
				\$168.65	Primary Adjustm	\$30.00	01/23/2018	01/26/2018	13600706
10/03/2017	Ochsner Medical Center	Phys.therapy	\$329.00	\$130.35	Other Ins Paid		01/23/2018	01/26/2018	13600706
				\$168.65	Primary Adjustm	\$30.00	01/23/2018	01/26/2018	13600706
10/03/2017	Ochsner Medical Center	Phys.therapy	\$336.00	\$125.46	Other Ins Paid		01/23/2018	01/26/2018	13600706
				\$180.54	Primary Adjustm	\$30.00	01/23/2018	01/26/2018	13600706
10/03/2017	Ochsner Medical Center	Phys.therapy	\$329.00	\$130.35	Other Ins Paid		01/23/2018	01/26/2018	13600706
				\$168.65	Primary Adjustm	\$30.00	01/23/2018	01/26/2018	13600706
11/07/2017	Ochsner Medical Center	Phys.therapy	\$1,654.00	\$692.20	Other Ins Paid		02/15/2018	02/16/2018	13600727
				\$841.80	Primary Adjustm	\$120.00	02/15/2018	02/16/2018	13600727

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Claim # AGA-0070168 Totals :</b>			<b>\$12,247.00</b>	<b>\$11,497.00</b>		<b>\$750.00</b>			

<b>L., Anja; Claim: AGA-0049298; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 03/12/2016</b>									
03/21/2016	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$2.55	Write-off	\$14.45	05/19/2016	05/20/2016	13600182
03/21/2016	Ochsner Health System	X-ray,Radiology	\$174.00	\$144.42	Other Ins Paid	\$29.58	06/27/2016	06/28/2016	13600232
03/21/2016	Ochsner Health System	Ph.visit Office	\$291.00	\$73.09	Write-off	\$217.91	07/22/2016	07/26/2016	13600253
<b>Claim # AGA-0049298 Totals :</b>			<b>\$482.00</b>	<b>\$220.06</b>		<b>\$261.94</b>			

<b>M., Federico; Claim: AGA-0043808; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 01/15/2016</b>									
01/29/2016	Ochsner Health System	X-ray,Radiology	\$1,316.00	\$1,052.80	Other Ins Paid	\$263.20	04/18/2016	04/19/2016	13600152
02/08/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$96.93	Other Ins Paid		04/18/2016	04/19/2016	13600151
				\$69.84	Write-off	\$124.23	04/18/2016	04/19/2016	13600151
01/27/2016	Ochsner Health System	X-ray,Radiology	\$16.00	\$13.57	Write-off	\$2.43	04/29/2016	05/03/2016	13600164
01/27/2016	Ochsner Health System	Ph.visit Office	\$291.00	\$246.77	Write-off	\$44.23	04/29/2016	05/03/2016	13600164
01/29/2016	Ochsner Health System	X-ray,Radiology	\$130.00	\$110.24	Write-off	\$19.76	04/29/2016	05/03/2016	13600164
02/01/2016	Ochsner Health System	Ph.visit Office	\$289.00	\$245.07	Write-off	\$43.93	04/29/2016	05/03/2016	13600164
01/27/2016	Ochsner Health System	X-ray,Radiology	\$197.00	\$157.60	Other Ins Paid	\$39.40	06/02/2016	06/07/2016	13600203
05/06/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$176.93	Other Ins Paid		09/26/2016	09/27/2016	99999999
				\$69.84	Write-off		09/26/2016	09/27/2016	99999999
				\$44.23	Service Not Covered	\$0.00	09/26/2016	09/27/2016	99999999
05/06/2016	Ochsner Clinic Llc	Medical Treatment	\$26.00	\$15.81	Other Ins Paid		09/26/2016	09/27/2016	99999999
				\$6.24	Write-off		09/26/2016	09/27/2016	99999999
				\$3.95	Service Not Covered	\$0.00	09/26/2016	09/27/2016	99999999
05/06/2016	Ochsner Clinic Llc	Medical Treatment	\$43.00	\$26.14	Other Ins Paid		09/26/2016	09/27/2016	99999999
				\$10.32	Write-off		09/26/2016	09/27/2016	99999999
				\$6.54	Service Not Covered	\$0.00	09/26/2016	09/27/2016	99999999
<b>Claim # AGA-0043808 Totals :</b>			<b>\$2,890.00</b>	<b>\$2,352.82</b>		<b>\$537.18</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Alexis; Claim: AGA-0034411; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-finger; Date Incurred: 11/29/2015</b>									
12/01/2015	Ochsner Clinic Llc	Medical Treatment	\$1,598.00	\$663.64	Other Ins Paid		01/14/2016	01/15/2016	13600053
				\$768.45	Write-off	\$165.91	01/14/2016	01/15/2016	13600053
12/01/2015	Ochsner Medical Center	Surgery Center	\$17,119.43	\$1,800.00	Other Ins Paid		03/31/2016	04/01/2016	13600143
				\$14,869.43	Write-off	\$450.00	03/31/2016	04/01/2016	13600143
12/07/2015	Ochsner Medical Center	X-ray,Radiology	\$241.00	\$192.80	Other Ins Paid	\$48.20	04/10/2017	04/11/2017	13600430
11/30/2015	Ochsner Medical Center	X-ray,Radiology	\$241.00	\$192.80	Other Ins Paid	\$48.20	10/11/2017	10/13/2017	13600619
<b>Claim # AGA-0034411 Totals :</b>			<b>\$19,199.43</b>	<b>\$18,487.12</b>		<b>\$712.31</b>			

<b>M., Daniel; Claim: AGA-0026515; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 08/23/2015</b>									
09/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$101.98	Other Ins Paid		04/28/2016	04/29/2016	13600162
				\$154.02	Write-off	\$35.00	04/28/2016	04/29/2016	13600162
11/30/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$101.37	Other Ins Paid		04/28/2016	04/29/2016	13600162
				\$152.63	Write-off	\$35.00	04/28/2016	04/29/2016	13600162
12/10/2015	Ochsner Medical Center	Phys.therapy	\$1,129.00	\$347.78	Other Ins Paid		06/10/2016	06/14/2016	13600218
				\$614.79	Write-off	\$166.43	06/10/2016	06/14/2016	13600218
01/04/2016	Ochsner Medical Center	Phys.therapy	\$1,200.00	\$117.81	Other Ins Paid		06/10/2016	06/14/2016	13600218
				\$552.74	Write-off	\$529.45	06/10/2016	06/14/2016	13600218
<b>Claim # AGA-0026515 Totals :</b>			<b>\$2,909.00</b>	<b>\$2,143.12</b>		<b>\$765.88</b>			

<b>M., Mouhamadou; Claim: AGA-0029185; Activity: Mens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/05/2015</b>									
10/05/2015	Ochsner Clinic Llc	Ph.visit Office	\$513.00	\$350.12	First Health Disc	\$162.88	03/29/2016	04/01/2016	13600140
10/05/2015	First Health	First Health Repricing	\$52.52	\$0.00		\$52.52	03/29/2016	04/01/2016	13600130
10/12/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$176.52	Other Ins Paid		03/29/2016	04/01/2016	13600124
				\$87.48	Write-off	\$25.00	03/29/2016	04/01/2016	13600124
10/12/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$43.35	Write-off		10/03/2016	10/04/2016	13600272
				\$176.52	Other Ins Paid		10/03/2016	10/04/2016	13600272
				\$25.00	Previously Paid	\$44.13	10/03/2016	10/04/2016	13600272
<b>Claim # AGA-0029185 Totals :</b>			<b>\$1,143.52</b>	<b>\$858.99</b>		<b>\$284.53</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Mouhamadou; Claim: AGA-0049038; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/16/2016</b>									
02/23/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$29.10	Write-off		04/18/2016	04/19/2016	13600149
				\$189.52	Other Ins Paid	\$72.38	04/18/2016	04/19/2016	13600149
02/23/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$4.80	Write-off		04/18/2016	04/19/2016	13600149
				\$34.56	Other Ins Paid	\$8.64	04/18/2016	04/19/2016	13600149
03/16/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$188.08	Other Ins Paid		05/11/2016	05/13/2016	13600173
				\$28.90	Write-off	\$72.02	05/11/2016	05/13/2016	13600173
05/03/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$95.76	Other Ins Paid		06/15/2016	06/17/2016	13600221
				\$13.30	Write-off	\$23.94	06/15/2016	06/17/2016	13600221
02/23/2016	Ochsner Home Medical Equipment	Med Equipment	\$204.40	\$0.00		\$204.40	06/07/2017	06/09/2017	13600487
02/23/2016	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$311.44	Other Ins Paid		09/11/2017	09/12/2017	13600603
				\$68.70	Primary Adjustm	\$77.86	09/11/2017	09/12/2017	13600603
05/03/2016	Ochsner Baptist A Campus	Mri	\$1,316.00	\$732.75	Other Ins Paid		10/11/2017	10/13/2017	13600621
				\$400.06	Primary Adjustm	\$183.19	10/11/2017	10/13/2017	13600621
<b>Claim # AGA-0049038 Totals :</b>			<b>\$2,739.40</b>	<b>\$2,096.97</b>		<b>\$642.43</b>			

<b>N., Michael; Claim: AGA-0041360; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 10/23/2015</b>									
10/29/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$111.04	Other Ins Paid		03/14/2016	03/15/2016	13600097
				\$61.65	Write-off	\$238.31	03/14/2016	03/15/2016	13600097
11/03/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$88.40	Other Ins Paid		03/14/2016	03/15/2016	13600097
				\$19.50	Write-off	\$22.10	03/14/2016	03/15/2016	13600097
10/29/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$2.55	Write-off	\$14.45	04/28/2016	04/29/2016	13600159
10/29/2015	Ochsner Medical Foundation	X-ray,Radiology	\$656.00	\$524.80	Other Ins Paid	\$131.20	11/03/2016	11/04/2016	13600291
10/29/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$2.55	Primary Adjustm		03/20/2017	03/21/2017	13600388
				\$11.56	Other Ins Paid	\$2.89	03/20/2017	03/21/2017	13600388
<b>Claim # AGA-0041360 Totals :</b>			<b>\$1,231.00</b>	<b>\$822.05</b>		<b>\$408.95</b>			

<b>O., Clayton; Claim: AGA-0027804; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 09/23/2015</b>									
09/28/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$261.00	Other Insurance	\$30.00	11/12/2015	11/20/2015	13600008
<b>Claim # AGA-0027804 Totals :</b>			<b>\$291.00</b>	<b>\$261.00</b>		<b>\$30.00</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Aaron; Claim: AGA-0052776; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-finger; Date Incurred: 03/06/2016</b>									
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$200.15	Write-off	\$210.85	05/11/2016	05/13/2016	13600178
03/14/2016	Ochsner Medical Center	X-ray,Radiology	\$122.00	\$76.33	Primary Adjustm	\$45.67	10/16/2017	10/17/2017	13600628
<b>Claim # AGA-0052776 Totals :</b>			<b>\$533.00</b>	<b>\$276.48</b>		<b>\$256.52</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Edmund; Claim: AGA-0050703; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 03/21/2016</b>									
03/22/2016	Ochsner Clinic Llc	Ph.visit Office	\$361.00	\$170.83	Write-off	\$190.17	05/11/2016	05/13/2016	13600177
03/22/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Write-off	\$15.95	05/11/2016	05/13/2016	13600177
03/22/2016	Ochsner Home Medical Equipment	Med Equipment	\$177.00	\$62.57	Other Ins Paid	\$114.43	08/25/2016	08/26/2016	13600266
03/22/2016	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$120.93	Primary Adjustm	\$53.07	04/27/2017	04/28/2017	13600440
<b>Claim # AGA-0050703 Totals :</b>			<b>\$729.00</b>	<b>\$355.38</b>		<b>\$373.62</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Bria; Claim: AGA-0024081; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 08/24/2015</b>									
08/26/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$44.73	Other Insurance	\$3.27	09/21/2015	11/20/2015	13600012
08/26/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$259.00	Other Insurance	\$30.00	09/21/2015	11/20/2015	13600012
08/26/2015	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$53.52	Other Ins Paid		12/21/2015	12/23/2015	13600036
				\$395.04	Write-off	\$9.44	12/21/2015	12/23/2015	13600036
09/16/2015	Ochsner Health System	Ph.visit Office	\$289.00	\$269.00	Other Ins Paid	\$20.00	12/21/2015	12/23/2015	13600038
09/16/2015	Ochsner Health System	Medical Treatment	\$342.00	\$326.01	Other Ins Paid	\$15.99	12/21/2015	12/23/2015	13600038
09/16/2015	Ochsner Health System	Medical Treatment	\$40.00	\$39.93	Other Ins Paid	\$0.07	12/21/2015	12/23/2015	13600038
<b>Claim # AGA-0024081 Totals :</b>			<b>\$1,466.00</b>	<b>\$1,387.23</b>		<b>\$78.77</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Jordan; Claim: AGA-0038498; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 12/01/2015</b>									
12/09/2015	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$114.50	First Health Disc	\$343.50	07/27/2016	07/29/2016	13600259
12/09/2015	First Health	First Health Repricing	\$17.17	\$0.00		\$17.17	07/27/2016	07/29/2016	13600256
12/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	07/27/2016	07/29/2016	13600258
12/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$24.00	\$0.00		\$24.00	07/27/2016	07/29/2016	13600258
12/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$24.00	\$0.00		\$24.00	07/27/2016	07/29/2016	13600258
12/09/2015	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	07/27/2016	07/29/2016	13600257
<b>Claim # AGA-0038498 Totals :</b>			<b>\$758.27</b>	<b>\$275.18</b>		<b>\$483.09</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Celeste; Claim: AGA-0033923; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/24/2015</b>									
11/05/2015	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$72.31	Other Ins Paid		12/28/2015	12/29/2015	13600045
				\$118.69	Write-off	\$20.00	12/28/2015	12/29/2015	13600045
<b>Claim # AGA-0033923 Totals :</b>			<b>\$211.00</b>	<b>\$191.00</b>		<b>\$20.00</b>			

<b>R., Celeste; Claim: AGA-0049166; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 02/24/2016</b>									
03/10/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$32.00	\$9.47	Write-off		04/25/2016	04/26/2016	13600157
				\$2.53	Other Ins Paid	\$20.00	04/25/2016	04/26/2016	13600157
03/10/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$123.23	Other Ins Paid		04/28/2016	04/29/2016	13600160
				\$147.77	Write-off	\$20.00	04/28/2016	04/29/2016	13600160
<b>Claim # AGA-0049166 Totals :</b>			<b>\$323.00</b>	<b>\$283.00</b>		<b>\$40.00</b>			

<b>R., Hezekiaha; Claim: AGA-0052773; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 02/19/2016</b>									
03/16/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$76.37	Other Ins Paid		06/02/2016	06/07/2016	13600206
				\$152.63	Write-off	\$60.00	06/02/2016	06/07/2016	13600206
03/28/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$55.00	\$2.74	Write-off	\$52.26	06/02/2016	06/07/2016	13600206
04/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		06/02/2016	06/07/2016	13600206
				\$76.37	Other Ins Paid	\$60.00	06/02/2016	06/07/2016	13600206
03/16/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Write-off	\$15.95	06/02/2016	06/07/2016	13600206
<b>Claim # AGA-0052773 Totals :</b>			<b>\$650.00</b>	<b>\$461.79</b>		<b>\$188.21</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Hezekiah; Claim: AGA-0061273; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 02/19/2016</b>									
03/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$434.00	\$347.28	Write-off	\$86.72	07/25/2016	07/26/2016	13600251
04/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		07/25/2016	07/26/2016	13600251
				\$76.37	Other Ins Paid	\$60.00	07/25/2016	07/26/2016	13600251
04/18/2016	Ochsner Medical Center	Phys.therapy	\$622.00	\$71.38	Other Ins Paid		04/07/2017	04/11/2017	13600433
				\$333.01	Primary Adjustm	\$217.61	04/07/2017	04/11/2017	13600433
03/16/2016	Ochsner Medical Center	X-ray,Radiology	\$217.00	\$157.03	Primary Adjustm	\$59.97	05/10/2017	05/12/2017	13600461
03/28/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$157.00	\$8.83	Primary Adjustm	\$148.17	08/31/2017	09/01/2017	13600580
03/28/2016	Ochsner Medical Center	Mri	\$2,795.23	\$115.81	Other Ins Paid		10/16/2017	10/17/2017	13600631
				\$2,550.47	Primary Adjustm	\$128.95	10/16/2017	10/17/2017	13600631
<b>Claim # AGA-0061273 Totals :</b>			<b>\$4,514.23</b>	<b>\$3,812.81</b>		<b>\$701.42</b>			

<b>R., Cameron; Claim: AGA-0048909; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Foot/ankle-bilateral; Date Incurred: 03/12/2016</b>									
04/05/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$125.01	Write-off	\$314.06	11/09/2016	11/11/2016	13600301
<b>Claim # AGA-0048909 Totals :</b>			<b>\$439.07</b>	<b>\$125.01</b>		<b>\$314.06</b>			

<b>R., Shaylene; Claim: AGA-0030562; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 10/17/2015</b>									
10/19/2015	Ochsner Clinic Llc	Medical Treatment	\$291.00	\$61.53	Other Insurance	\$229.47	01/28/2016	01/29/2016	13600066
10/19/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$44.00	\$35.20	Other Ins Paid	\$8.80	02/09/2016	02/12/2016	13600072
10/19/2015	Ochsner Medical Center	X-ray,Radiology	\$359.00	\$53.85	Write-off		03/29/2016	04/01/2016	13600131
				\$244.12	Other Ins Paid	\$61.03	03/29/2016	04/01/2016	13600131
<b>Claim # AGA-0030562 Totals :</b>			<b>\$694.00</b>	<b>\$394.70</b>		<b>\$299.30</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Shaylene; Claim: AGA-0050704; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 03/22/2016</b>									
03/22/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$2.40	Write-off		05/26/2016	05/27/2016	13600195
				\$10.88	Other Ins Paid	\$2.72	05/26/2016	05/27/2016	13600195
04/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$289.00	Need EOB's	\$0.00	05/26/2016	05/27/2016	13600195
03/22/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$176.52	Other Ins Paid		06/02/2016	06/07/2016	13600204
				\$43.35	Write-off	\$69.13	06/02/2016	06/07/2016	13600204
04/01/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$88.40	Other Ins Paid		06/02/2016	06/07/2016	13600204
				\$19.50	Write-off	\$22.10	06/02/2016	06/07/2016	13600204
04/15/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$177.88	Other Ins Paid		06/10/2016	06/14/2016	13600211
				\$43.65	Write-off	\$69.47	06/10/2016	06/14/2016	13600211
04/12/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$281.01	Other Ins Paid		07/25/2016	07/26/2016	13600249
				\$87.81	Write-off	\$70.25	07/25/2016	07/26/2016	13600249
03/22/2016	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$133.96	Other Ins Paid		04/27/2017	04/28/2017	13600437
				\$29.55	Primary Adjustm	\$33.49	04/27/2017	04/28/2017	13600437
04/01/2016	Ochsner Medical Center	Mri	\$1,316.00	\$894.88	Other Ins Paid		05/10/2017	05/12/2017	13600463
				\$197.40	Primary Adjustm	\$223.72	05/10/2017	05/12/2017	13600463
<b>Claim # AGA-0050704 Totals :</b>			<b>\$2,967.07</b>	<b>\$2,476.19</b>		<b>\$490.88</b>			

<b>R., Jeffrey; Claim: AGA-0046001; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 02/19/2016</b>									
02/29/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$96.37	Other Ins Paid		04/21/2016	04/22/2016	13600155
				\$152.63	Write-off	\$40.00	04/21/2016	04/22/2016	13600155
02/29/2016	Ochsner Home Medical Equipment	Med Equipment	\$126.40	\$67.61	Other Ins Paid		04/21/2016	04/22/2016	13600153
				\$29.82	Write-off	\$28.97	04/21/2016	04/22/2016	13600153
02/29/2016	Ochsner Medical Foundation	X-ray,Radiology	\$458.00	\$395.04	Write-off		11/03/2016	11/04/2016	13600283
				\$22.96	Other Ins Paid	\$40.00	11/03/2016	11/04/2016	13600283
02/22/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$96.37	Other Ins Paid		03/30/2017	03/31/2017	13600417
				\$152.63	Primary Adjustm	\$40.00	03/30/2017	03/31/2017	13600417
<b>Claim # AGA-0046001 Totals :</b>			<b>\$1,162.40</b>	<b>\$1,013.43</b>		<b>\$148.97</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Marquis; Claim: AGA-0028233; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 10/06/2015</b>									
10/06/2015	Ochsner Clinic Llc	Ph.visit Office	\$227.00	\$78.99	First Health Disc	\$148.01	11/19/2015	11/20/2015	13600021
10/06/2015	First Health	First Health Repricing	\$11.85	\$0.00		\$11.85	11/19/2015	11/20/2015	13600003
10/06/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	11/19/2015	11/20/2015	13600005
10/06/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	11/19/2015	11/20/2015	13600013
10/06/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	11/19/2015	11/20/2015	13600013
10/07/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	10/29/2015	11/20/2015	13600018
10/07/2015	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	10/29/2015	11/20/2015	13600009
10/07/2015	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$54.75	First Health Disc	\$164.25	10/29/2015	11/20/2015	13600022
10/07/2015	First Health	First Health Repricing	\$8.21	\$0.00		\$8.21	10/29/2015	11/20/2015	13600001
10/07/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	03/11/2016	03/15/2016	13600094
<b>Claim # AGA-0028233 Totals :</b>			<b>\$863.29</b>	<b>\$335.25</b>		<b>\$528.04</b>			

<b>R., Matthew; Claim: AGA-0043855; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 01/11/2016</b>									
01/25/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$148.96	Write-off	\$140.04	03/03/2016	03/04/2016	13600082
01/25/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$1.84	Write-off	\$14.16	03/07/2016	03/08/2016	13600085
01/25/2016	Ochsner Medical Foundation	X-ray,Radiology	\$100.00	\$25.00	First Health Disc	\$75.00	11/03/2016	11/04/2016	13600289
01/25/2016	First Health	First Health Repricing	\$3.75	\$0.00		\$3.75	11/03/2016	11/04/2016	13600279
<b>Claim # AGA-0043855 Totals :</b>			<b>\$408.75</b>	<b>\$175.80</b>		<b>\$232.95</b>			

<b>S., Cara; Claim: AGA-0028641; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 09/21/2015</b>									
09/24/2015	Ochsner Health System	X-ray,Radiology	\$174.00	\$113.10	Other Ins Paid	\$60.90	03/01/2016	03/04/2016	13600081
09/24/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$147.08	Other Ins Paid		03/29/2016	04/01/2016	13600134
				\$43.35	Write-off	\$98.57	03/29/2016	04/01/2016	13600134
09/24/2015	Ochsner Health System	Mri,X-ray Interp.	\$17.00	\$1.70	Write-off	\$15.30	04/29/2016	05/03/2016	13600163
<b>Claim # AGA-0028641 Totals :</b>			<b>\$480.00</b>	<b>\$305.23</b>		<b>\$174.77</b>			

Pay Dates: 01/01/1900 - 04/11/2018

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Shawn; Claim: AGA-0054990; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-hand; Date Incurred: 04/15/2016</b>									
04/27/2016	Ochsner Clinic Llc	Medical Treatment	\$351.00	\$308.78	Other Ins Paid	\$42.22	05/18/2016	05/20/2016	13600188
05/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$104.24	Other Ins Paid		05/24/2016	05/27/2016	13600198
				\$144.76	Write-off	\$40.00	05/24/2016	05/27/2016	13600198
04/27/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$12.44	Other Ins Paid		06/24/2016	06/28/2016	13600231
				\$1.45	Write-off	\$3.11	06/24/2016	06/28/2016	13600231
<b>Claim # AGA-0054990 Totals :</b>			<b>\$657.00</b>	<b>\$571.67</b>		<b>\$85.33</b>			

<b>S., Karim; Claim: AGA-0048945; Activity: Mens Tennis; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 03/12/2016</b>									
03/14/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.48	Other Ins Paid		06/02/2016	06/07/2016	13600202
				\$2.55	Write-off	\$13.97	06/02/2016	06/07/2016	13600202
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$177.88	Other Ins Paid		05/18/2017	05/19/2017	13600468
				\$43.65	Primary Adjustm	\$69.47	05/18/2017	05/19/2017	13600468
03/14/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$32.85	Primary Adjustm	\$186.15	09/11/2017	09/12/2017	13600606
<b>Claim # AGA-0048945 Totals :</b>			<b>\$527.00</b>	<b>\$257.41</b>		<b>\$269.59</b>			

<b>S., Jacob; Claim: AGA-0024094; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Arm; Date Incurred: 08/17/2015</b>									
09/28/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	11/10/2015	11/20/2015	13600017
09/28/2015	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	11/10/2015	11/20/2015	13600011
10/09/2015	Ochsner Clinic Llc	Medical Treatment	\$488.00	\$364.12	Other Insurance	\$123.88	11/16/2015	11/20/2015	13600020
10/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$157.00	\$8.83	Write-off	\$148.17	01/14/2016	01/15/2016	13600052
11/06/2015	Ochsner Medical Center	Phys.therapy	\$2,253.00	\$1,229.25	Write-off	\$1,023.75	03/04/2016	03/08/2016	13600088
10/09/2015	Ochsner Medical Center	Mri	\$2,854.09	\$2,618.86	Write-off	\$235.23	03/04/2016	03/08/2016	13600087
08/31/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	03/29/2016	04/01/2016	13600133
08/31/2015	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	03/29/2016	04/01/2016	13600125
08/31/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	04/06/2016	04/08/2016	13600146
<b>Claim # AGA-0024094 Totals :</b>			<b>\$6,411.65</b>	<b>\$4,638.10</b>		<b>\$1,773.55</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Yasmin; Claim: AGA-0024079; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 08/24/2015</b>									
09/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$139.37	Write-off		12/28/2015	12/29/2015	13600048
				\$114.63	Other Ins Paid	\$35.00	12/28/2015	12/29/2015	13600048
09/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.39	Other Ins Paid		12/28/2015	12/29/2015	13600043
				\$0.26	Write-off	\$3.35	12/28/2015	12/29/2015	13600043
10/13/2015	Southern Medical & Adaptive	Med Equipment	\$326.25	\$123.97	Write-off	\$202.28	02/04/2016	02/05/2016	13600071
09/09/2015	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$97.44	Other Ins Paid		10/11/2017	10/13/2017	13600616
				\$52.20	Primary Adjustm	\$24.36	10/11/2017	10/13/2017	13600616
<b>Claim # AGA-0024079 Totals :</b>			<b>\$806.25</b>	<b>\$541.26</b>		<b>\$264.99</b>			

<b>T., Yasmin; Claim: AGA-0034701; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/31/2015</b>									
11/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$14.01	Write-off	\$118.99	12/28/2015	12/29/2015	13600050
11/07/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$146.47	Other Ins Paid		12/28/2015	12/29/2015	13600047
				\$107.53	Write-off	\$35.00	12/28/2015	12/29/2015	13600047
11/11/2015	Ochsner Clinic Llc	Ph.visit Office	\$631.00	\$228.86	Other Ins Paid		02/22/2016	02/23/2016	13600077
				\$346.54	Write-off	\$55.60	02/22/2016	02/23/2016	13600077
11/09/2015	Ochsner Medical Center	Mri	\$1,316.00	\$371.27	Other Ins Paid	\$944.73	03/03/2016	03/04/2016	13600083
02/01/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$27.25	Write-off	\$20.75	03/22/2016	03/25/2016	13600114
02/04/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$14.01	Write-off	\$118.99	03/22/2016	03/25/2016	13600114
02/01/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$29.00	\$2.74	Write-off	\$26.26	03/22/2016	03/25/2016	13600110
02/01/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$38.00	\$21.45	Write-off	\$16.55	03/22/2016	03/25/2016	13600110
11/07/2015	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$349.97	Write-off	\$108.03	03/30/2016	04/01/2016	13600135
05/17/2016	Ochsner Clinic Llc	Surgery	\$6,318.00	\$2,551.92	Other Ins Paid		06/27/2016	06/28/2016	13600237
				\$2,622.01	Write-off	\$1,144.07	06/27/2016	06/28/2016	13600237
<b>Claim # AGA-0034701 Totals :</b>			<b>\$9,393.00</b>	<b>\$6,804.03</b>		<b>\$2,588.97</b>			

<b>T., Yasmin; Claim: AGA-0035625; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 11/15/2015</b>									
11/17/2015	Ochsner Clinic Llc	Medical Treatment	\$22.00	\$18.13	Other Insurance	\$3.87	01/28/2016	01/29/2016	13600061
11/17/2015	Ochsner Medical Center	X-ray,Radiology	\$123.00	\$59.59	Other Ins Paid		03/07/2016	03/08/2016	13600086
				\$48.51	Write-off	\$14.90	03/07/2016	03/08/2016	13600086
11/17/2015	Ochsner Health System	Ph.visit Office	\$211.00	\$176.00	Write-off	\$35.00	04/07/2016	04/08/2016	13600148
<b>Claim # AGA-0035625 Totals :</b>			<b>\$356.00</b>	<b>\$302.23</b>		<b>\$53.77</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Yasmin; Claim: AGA-0046014; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 01/30/2016</b>									
02/01/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$107.53	Write-off	\$181.47	03/24/2016	03/25/2016	13600115
02/15/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$88.05	Write-off	\$122.95	04/18/2016	04/19/2016	13600150
02/29/2016	Ochsner Home Medical Equipment	Med Equipment	\$950.65	\$386.60	Write-off	\$564.05	06/10/2016	06/10/2016	13600208
05/17/2016	Anesthesia Consultants Of Sout	Anesthesia	\$3,515.00	\$521.25	Other Ins Paid		06/29/2016	07/01/2016	13600239
				\$2,863.43	Write-off	\$130.32	06/29/2016	07/01/2016	13600239
05/17/2016	Anesthesia Consultants Of Sout	Anesthesia	\$2,185.00	\$410.88	Other Ins Paid		06/29/2016	07/01/2016	13600239
				\$1,671.40	Write-off	\$102.72	06/29/2016	07/01/2016	13600239
05/17/2016	Ochsner Clinic Llc	Surgery	\$6,318.00	\$2,551.92	Other Ins Paid		07/20/2016	07/22/2016	13600247
				\$2,622.01	Write-off	\$1,144.07	07/20/2016	07/22/2016	13600247
02/01/2016	Ochsner Medical Foundation	X-ray,Radiology	\$1,016.00	\$575.26	Write-off	\$440.74	11/03/2016	11/04/2016	13600296
02/04/2016	Ochsner Medical Foundation	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	11/03/2016	11/04/2016	13600297
02/04/2016	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	11/03/2016	11/04/2016	13600286
05/27/2016	Bioventus LLC	Med Equipment	\$4,950.00	\$2,185.00	Write-off		11/18/2016	11/23/2016	13600308
				\$2,212.00	Other Ins Paid	\$553.00	11/18/2016	11/23/2016	13600308
05/27/2016	Ochsner Medical Center	Phys.therapy	\$622.00	\$202.83	Other Ins Paid		04/07/2017	04/11/2017	13600431
				\$368.47	Primary Adjustm	\$50.70	04/07/2017	04/11/2017	13600431
05/17/2016	Ochsner Baptist A Campus	Surgery Center	\$71,862.58	\$20,772.49	Other Ins Paid		04/25/2017	04/28/2017	13600445
				\$50,566.64	Primary Adjustm	\$523.45	04/25/2017	04/28/2017	13600445
<b>Claim # AGA-0046014 Totals :</b>			<b>\$93,284.58</b>	<b>\$88,434.76</b>		<b>\$4,849.82</b>			

<b>T., Erik; Claim: AGA-0038221; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Foot/ankle-bilateral; Date Incurred: 10/26/2015</b>									
11/11/2015	Southern Medical & Adaptive	Med Equipment	\$878.14	\$200.48	Other Ins Paid	\$677.66	07/25/2016	07/26/2016	13600255
<b>Claim # AGA-0038221 Totals :</b>			<b>\$878.14</b>	<b>\$200.48</b>		<b>\$677.66</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Erik; Claim: AGA-0049384; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 02/21/2016</b>									
02/22/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$34.00	\$7.84	Write-off	\$26.16	04/25/2016	04/26/2016	13600158
03/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.76	Other Ins Paid		05/04/2016	05/06/2016	13600169
				\$149.30	Write-off	\$27.94	05/04/2016	05/06/2016	13600169
03/17/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$80.86	Other Ins Paid		05/04/2016	05/06/2016	13600169
				\$31.93	Write-off	\$20.21	05/04/2016	05/06/2016	13600169
03/21/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$10.46	Other Ins Paid		05/03/2016	05/06/2016	13600165
				\$3.92	Write-off	\$2.62	05/03/2016	05/06/2016	13600165
02/22/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$193.53	Write-off	\$217.47	05/19/2016	05/20/2016	13600190
03/21/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off		05/19/2016	05/20/2016	13600190
				\$111.76	Other Ins Paid	\$27.94	05/19/2016	05/20/2016	13600190
04/13/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$3.92	Write-off		05/19/2016	05/20/2016	13600190
				\$10.46	Other Ins Paid	\$2.62	05/19/2016	05/20/2016	13600190
04/13/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.76	Other Ins Paid		05/26/2016	05/27/2016	13600197
				\$149.30	Write-off	\$27.94	05/26/2016	05/27/2016	13600197
03/17/2016	Ochsner Medical Center	Mri	\$1,775.00	\$936.00	Other Ins Paid		06/10/2016	06/14/2016	13600217
				\$355.00	Write-off	\$484.00	06/10/2016	06/14/2016	13600217
03/30/2016	Bioventus LLC	Med Equipment	\$4,950.00	\$4,268.49	Other Ins Paid	\$681.51	06/27/2016	06/28/2016	13600235
05/02/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$10.46	Other Ins Paid		06/27/2016	06/28/2016	13600230
				\$3.92	Write-off	\$2.62	06/27/2016	06/28/2016	13600230
05/02/2016	Ochsner Clinic Llc	Medical Treatment	\$211.00	\$73.66	Other Ins Paid		07/07/2016	07/08/2016	13600241
				\$118.92	Write-off	\$18.42	07/07/2016	07/08/2016	13600241
02/22/2016	Ochsner Home Medical Equipment	Med Equipment	\$365.00	\$182.50	Write-off		08/15/2016	08/16/2016	13600264
				\$146.00	Other Ins Paid	\$36.50	08/15/2016	08/16/2016	13600264
02/22/2016	Ochsner Medical Foundation	X-ray,Radiology	\$381.00	\$76.20	Write-off		11/03/2016	11/04/2016	13600290
				\$243.84	Other Ins Paid	\$60.96	11/03/2016	11/04/2016	13600290
03/21/2016	Ochsner Medical Foundation	X-ray,Radiology	\$162.00	\$32.40	Write-off		11/03/2016	11/04/2016	13600290
				\$103.68	Other Ins Paid	\$25.92	11/03/2016	11/04/2016	13600290
04/13/2016	Ochsner Health System	X-ray,Radiology	\$162.00	\$136.08	Primary Adjustm	\$25.92	07/11/2017	07/14/2017	13600533
05/02/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$103.68	Other Ins Paid		10/16/2017	10/17/2017	13600624
				\$32.40	Primary Adjustm	\$25.92	10/16/2017	10/17/2017	13600624
<b>Claim # AGA-0049384 Totals :</b>			<b>\$9,664.00</b>	<b>\$7,949.33</b>		<b>\$1,714.67</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>U., Samantha; Claim: AGA-0028871; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/08/2015</b>									
10/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$371.00	Other Insurance	\$40.00	11/05/2015	11/20/2015	13600014
10/13/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$95.36	Other Ins Paid		12/22/2015	12/23/2015	13600037
				\$13.80	Write-off	\$23.84	12/22/2015	12/23/2015	13600037
10/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$38.00	\$24.84	Other Ins Paid		12/22/2015	12/23/2015	13600035
				\$6.94	Write-off	\$6.22	12/22/2015	12/23/2015	13600035
10/09/2015	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$30.58	Other Ins Paid		03/11/2016	03/11/2016	13600093
				\$213.33	Write-off	\$214.09	03/11/2016	03/11/2016	13600093
10/13/2015	Ochsner Medical Center	Mri	\$1,316.00	\$590.02	Other Ins Paid		03/11/2016	03/11/2016	13600091
				\$578.47	Write-off	\$147.51	03/11/2016	03/11/2016	13600091
10/19/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$148.96	Write-off		08/25/2016	08/26/2016	13600265
				\$100.04	Other Ins Paid	\$40.00	08/25/2016	08/26/2016	13600265
<b>Claim # AGA-0028871 Totals :</b>			<b>\$2,645.00</b>	<b>\$2,173.34</b>		<b>\$471.66</b>			

<b>U., Samantha; Claim: AGA-0046731; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 02/01/2016</b>									
02/16/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$103.23	Other Ins Paid		03/22/2016	03/25/2016	13600109
				\$147.77	Write-off	\$40.00	03/22/2016	03/25/2016	13600109
03/08/2016	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$16.83	Other Ins Paid		03/29/2016	04/01/2016	13600128
				\$84.17	Write-off	\$40.00	03/29/2016	04/01/2016	13600128
03/30/2016	Ochsner Clinic Llc	Surgery	\$1,306.00	\$232.72	Other Ins Paid		04/21/2016	04/22/2016	13600154
				\$1,033.28	Write-off	\$40.00	04/21/2016	04/22/2016	13600154
03/30/2016	Ochsner Clinic Llc	Lab,Pathology	\$76.00	\$47.88	Other Ins Paid		05/04/2016	05/06/2016	13600166
				\$16.15	Write-off	\$11.97	05/04/2016	05/06/2016	13600166
03/30/2016	Ochsner Medical Center	Lab,Pathology	\$278.00	\$98.97	Other Ins Paid		06/10/2016	06/14/2016	13600209
				\$154.29	Write-off	\$24.74	06/10/2016	06/14/2016	13600209
<b>Claim # AGA-0046731 Totals :</b>			<b>\$2,092.00</b>	<b>\$1,935.29</b>		<b>\$156.71</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>V., Raymond; Claim: AGA-0032670; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-upper Leg; Date Incurred: 10/19/2015</b>									
10/21/2015	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$76.98	Other Ins Paid		12/16/2015	12/18/2015	13600032
				\$154.02	Write-off	\$60.00	12/16/2015	12/18/2015	13600032
10/21/2015	Ochsner Medical Center	X-ray,Radiology	\$359.00	\$89.75	First Health Disc	\$269.25	03/21/2016	03/22/2016	13600105
10/21/2015	First Health	First Health Repricing	\$13.46	\$0.00		\$13.46	03/21/2016	03/22/2016	13600098
<b>Claim # AGA-0032670 Totals :</b>			<b>\$663.46</b>	<b>\$320.75</b>		<b>\$342.71</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>V., Raymond; Claim: AGA-0057291; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 05/17/2016</b>									
05/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$76.06	Other Ins Paid		06/08/2016	06/10/2016	13600207
				\$115.93	Write-off	\$19.01	06/08/2016	06/10/2016	13600207
05/18/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$12.81	Other Ins Paid		06/08/2016	06/10/2016	13600207
				\$0.99	Write-off	\$3.20	06/08/2016	06/10/2016	13600207
05/20/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$98.22	Other Ins Paid		06/14/2016	06/17/2016	13600222
				\$10.22	Write-off	\$24.56	06/14/2016	06/17/2016	13600222
05/20/2016	Ochsner Medical Center	Mri	\$1,316.00	\$573.94	Primary Adjustm		06/09/2017	06/13/2017	13600494
				\$593.65	Other Ins Paid	\$148.41	06/09/2017	06/13/2017	13600494
05/18/2016	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$131.95	Other Ins Paid		09/11/2017	09/12/2017	13600601
				\$9.06	Primary Adjustm	\$32.99	09/11/2017	09/12/2017	13600601
<b>Claim # AGA-0057291 Totals :</b>			<b>\$1,851.00</b>	<b>\$1,622.83</b>		<b>\$228.17</b>			

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Zachary; Claim: AGA-0052780; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 03/08/2016</b>									
04/06/2016	Ochsner Clinic Llc	Medical Treatment	\$88.00	\$13.20	First Health Disc	\$74.80	06/15/2016	06/17/2016	13600225
04/06/2016	Ochsner Clinic Llc	Medical Treatment	\$447.00	\$371.40	First Health Disc	\$75.60	06/15/2016	06/17/2016	13600225
04/06/2016	First Health	First Health Repricing	\$57.69	\$0.00		\$57.69	06/15/2016	06/17/2016	13600223
04/06/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	09/29/2016	09/30/2016	13600271
04/06/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	05/02/2017	05/05/2017	13600448
04/06/2016	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	05/02/2017	05/05/2017	13600447
<b>Claim # AGA-0052780 Totals :</b>			<b>\$932.92</b>	<b>\$586.11</b>		<b>\$346.81</b>			

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Danielle; Claim: AGA-0024080; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Abdomen; Date Incurred: 09/09/2015</b>									
09/09/2015	Ochsner Clinic Llc	Ph.visit Office	\$463.00	\$187.40	Other Ins Paid		02/02/2016	02/05/2016	13600070
				\$231.45	Write-off	\$44.15	02/02/2016	02/05/2016	13600070
09/09/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$26.00	\$19.37	Other Ins Paid		02/02/2016	02/05/2016	13600070
				\$1.79	Write-off	\$4.84	02/02/2016	02/05/2016	13600070
09/15/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$109.10	Other Ins Paid		02/02/2016	02/05/2016	13600070
				\$152.63	Write-off	\$27.27	02/02/2016	02/05/2016	13600070
09/23/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$78.00	\$58.68	Other Ins Paid		02/02/2016	02/05/2016	13600070
				\$4.66	Write-off	\$14.66	02/02/2016	02/05/2016	13600070
09/23/2015	Ochsner Baptist A Campus	Ultrasound	\$571.00	\$160.86	Other Ins Paid		03/29/2016	04/01/2016	13600129
				\$369.93	Write-off	\$40.21	03/29/2016	04/01/2016	13600129
09/09/2015	Ochsner Medical Center	X-ray,Radiology	\$514.00	\$92.50	Other Ins Paid		04/07/2017	04/11/2017	13600426
				\$398.40	Primary Adjustm	\$23.10	04/07/2017	04/11/2017	13600426
<b>Claim # AGA-0024080 Totals :</b>			<b>\$1,941.00</b>	<b>\$1,786.77</b>		<b>\$154.23</b>			

<b>W., Mariah; Claim: AGA-0031739; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/09/2015</b>									
10/10/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off	\$139.70	02/01/2016	02/02/2016	13600068
10/10/2015	Ochsner Clinic Llc	Mri,X-ray Interp.	\$36.00	\$9.84	Write-off		02/01/2016	02/02/2016	13600067
				\$20.92	Other Ins Paid	\$5.24	02/01/2016	02/02/2016	13600067
10/10/2015	Ochsner Medical Center	X-ray,Radiology	\$343.00	\$131.28	Other Ins Paid		03/21/2016	03/22/2016	13600104
				\$68.60	Write-off	\$143.12	03/21/2016	03/22/2016	13600104
09/19/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.49	Primary Adjustm	\$139.51	06/01/2017	06/02/2017	13600482
05/31/2016	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$32.40	Primary Adjustm	\$129.60	11/09/2017	11/10/2017	13600649
<b>Claim # AGA-0031739 Totals :</b>			<b>\$1,119.00</b>	<b>\$561.83</b>		<b>\$557.17</b>			

<b>W., Danielle; Claim: AGA-0036775; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 11/23/2015</b>									
11/24/2015	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$168.68	Other Ins Paid		04/04/2016	04/05/2016	13600145
				\$200.15	Write-off	\$42.17	04/04/2016	04/05/2016	13600145
12/01/2015	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$109.10	Other Ins Paid		04/04/2016	04/05/2016	13600145
				\$152.63	Write-off	\$27.27	04/04/2016	04/05/2016	13600145
<b>Claim # AGA-0036775 Totals :</b>			<b>\$700.00</b>	<b>\$630.56</b>		<b>\$69.44</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Danielle; Claim: AGA-0046943; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 07/14/2015</b>									
03/07/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$109.10	Other Ins Paid		05/16/2016	05/17/2016	13600181
				\$152.63	Write-off	\$27.27	05/16/2016	05/17/2016	13600181
03/10/2016	Ochsner Medical Center	Mri	\$1,316.00	\$720.37	Other Ins Paid		05/10/2017	05/12/2017	13600462
				\$415.54	Primary Adjustm	\$180.09	05/10/2017	05/12/2017	13600462
05/10/2017	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$54.80	Other Ins Paid		07/07/2017	07/11/2017	13600515
				\$389.50	Primary Adjustm	\$13.70	07/07/2017	07/11/2017	13600515
03/10/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$100.27	Other Ins Paid		07/07/2017	07/11/2017	13600517
				\$7.67	Primary Adjustm	\$25.06	07/07/2017	07/11/2017	13600517
05/10/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$17.84	Other Ins Paid		07/07/2017	07/11/2017	13600517
				\$25.70	Primary Adjustm	\$4.46	07/07/2017	07/11/2017	13600517
<b>Claim # AGA-0046943 Totals :</b>			<b>\$2,244.00</b>	<b>\$1,993.42</b>		<b>\$250.58</b>			

<b>W., Mariah; Claim: AGA-0048956; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 01/27/2016</b>									
03/16/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$5.32	Write-off	\$13.68	05/03/2016	05/06/2016	13600167
03/16/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off	\$139.70	05/26/2016	05/27/2016	13600201
03/16/2016	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$34.06	Other Ins Paid		06/10/2016	06/14/2016	13600214
				\$34.80	Write-off	\$105.14	06/10/2016	06/14/2016	13600214
<b>Claim # AGA-0048956 Totals :</b>			<b>\$482.00</b>	<b>\$223.48</b>		<b>\$258.52</b>			

<b>Y., Bryan; Claim: AGA-0044399; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/10/2015</b>									
05/11/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$154.02	Write-off	\$136.98	06/10/2016	06/14/2016	13600216
05/11/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.31	Write-off	\$18.69	06/10/2016	06/14/2016	13600216
05/11/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$163.66	Primary Adjustm	\$55.34	10/16/2017	10/17/2017	13600629
<b>Claim # AGA-0044399 Totals :</b>			<b>\$529.00</b>	<b>\$317.99</b>		<b>\$211.01</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Z., Milica; Claim: AGA-0044402; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 07/23/2015</b>									
08/04/2015	Ochsner Health System	Ph.visit Office	\$411.00	\$0.00		\$411.00	05/17/2016	05/20/2016	13600191
08/11/2015	Ochsner Health System	Ph.visit Office	\$289.00	\$0.00		\$289.00	05/17/2016	05/20/2016	13600191
08/18/2015	Ochsner Health System	Medical Treatment	\$531.00	\$0.00		\$531.00	05/17/2016	05/20/2016	13600191
08/18/2015	Ochsner Health System	Ph.visit Office	\$289.00	\$0.00		\$289.00	05/17/2016	05/20/2016	13600191
<b>Claim # AGA-0044402 Totals :</b>			<b>\$1,520.00</b>	<b>\$0.00</b>		<b>\$1,520.00</b>			

<b>2015 Sub Total: Checking Account UNIVERSITY OF NEW ORLEAN</b>			<b>\$295,657.88</b>	<b>\$254,118.60</b>		<b>\$41,539.28</b>			
<b>2015 Sub Total: Coverage Intercollegiate Sports Totals:</b>			<b>\$295,657.88</b>	<b>\$254,118.60</b>		<b>\$41,539.28</b>			
<b>2015 Sub Total: Policy ICS L00600024 003 Totals:</b>			<b>\$295,657.88</b>	<b>\$254,118.60</b>		<b>\$41,539.28</b>			
<b>2015 Sub Totals:</b>			<b>\$295,657.88</b>	<b>\$254,118.60</b>		<b>\$41,539.28</b>			

Underwriting Year: 2016

Policy: ICS L00600024 004

Coverage: Intercollegiate Sports

Checking Account: UNIVERSITY OF NEW ORLEANS

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Karli; Claim: AGA-0071473; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 09/19/2016</b>									
09/26/2016	Bioventus LLC	Med Equipment	\$4,950.00	\$1,628.09	Other Ins Paid		02/01/2017	02/03/2017	13600361
				\$2,442.09	Write-off	\$879.82	02/01/2017	02/03/2017	13600361
11/01/2016	Southern Medical & Adaptive	Med Equipment	\$439.07	\$212.96	Other Ins Paid		02/01/2017	02/03/2017	13600357
				\$172.87	Write-off	\$53.24	02/01/2017	02/03/2017	13600357
09/19/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$0.67	Write-off	\$15.33	02/01/2017	02/03/2017	13600358
09/22/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$7.39	Write-off		02/01/2017	02/03/2017	13600358
				\$98.09	Other Ins Paid	\$24.52	02/01/2017	02/03/2017	13600358
09/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		02/01/2017	02/03/2017	13600358
				\$106.37	Other Ins Paid	\$30.00	02/01/2017	02/03/2017	13600358
05/08/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$142.51	Primary Adjustm	\$54.49	06/09/2017	06/13/2017	13600492
05/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$109.09	Other Ins Paid		07/07/2017	07/11/2017	13600520
				\$149.91	Primary Adjustm	\$30.00	07/07/2017	07/11/2017	13600520
05/08/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$0.36	Primary Adjustm	\$15.64	07/07/2017	07/11/2017	13600520
09/22/2016	Ochsner Baptist A Campus	Mri	\$1,316.00	\$721.12	Other Ins Paid		07/07/2017	07/11/2017	13600526
				\$414.60	Primary Adjustm	\$180.28	07/07/2017	07/11/2017	13600526
09/19/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$106.98	Other Ins Paid		07/19/2017	07/21/2017	13600541
				\$154.02	Primary Adjustm	\$30.00	07/19/2017	07/21/2017	13600541
<b>Claim # AGA-0071473 Totals :</b>			<b>\$7,933.07</b>	<b>\$6,619.75</b>		<b>\$1,313.32</b>			

<b>B., Keyanna; Claim: AGA-0086709; Activity: Womens Track; Diagnosis: Athletic Injury; Anatomy: Knee; Date Incurred: 01/23/2017</b>									
01/30/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	11/20/2017	11/21/2017	13600655
01/30/2017	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	11/20/2017	11/21/2017	13600653
01/30/2017	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$114.50	First Health Disc	\$343.50	11/20/2017	11/21/2017	13600658
01/30/2017	First Health	First Health Repricing	\$17.17	\$0.00		\$17.17	11/20/2017	11/21/2017	13600651
<b>Claim # AGA-0086709 Totals :</b>			<b>\$796.40</b>	<b>\$316.01</b>		<b>\$480.39</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Nicole; Claim: AGA-0087038; Activity: Womens Track; Diagnosis: Athletic Injury; Anatomy: Shin Splints; Date Incurred: 01/16/2017</b>									
01/27/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$199.54	Other Ins Paid		03/20/2017	03/21/2017	13600407
				\$186.46	Primary Adjustm	\$25.00	03/20/2017	03/21/2017	13600407
01/27/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.01	Primary Adjustm	\$15.99	03/20/2017	03/21/2017	13600407
01/30/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$260.00	\$53.93	Other Ins Paid		03/20/2017	03/21/2017	13600407
				\$20.58	Primary Adjustm	\$185.49	03/20/2017	03/21/2017	13600407
01/27/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	03/30/2017	03/31/2017	13600419
01/27/2017	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	03/30/2017	03/31/2017	13600414
01/30/2017	Ochsner Baptist A Campus	Mri	\$2,632.00	\$1,177.06	Other Ins Paid		05/08/2017	05/09/2017	13600457
				\$1,160.68	Primary Adjustm	\$294.26	05/08/2017	05/09/2017	13600457
<b>Claim # AGA-0087038 Totals :</b>			<b>\$3,488.07</b>	<b>\$2,839.76</b>		<b>\$648.31</b>			

<b>B., Rondolyn; Claim: AGA-0096927; Activity: Womens Volleyball; Diagnosis: Athletic Injury; Anatomy: Knee; Date Incurred: 04/20/2017</b>									
04/24/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$25.70	Primary Adjustm	\$22.30	06/12/2017	06/13/2017	13600495
04/24/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.91	Primary Adjustm	\$139.09	06/12/2017	06/13/2017	13600495
04/26/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$5.16	Primary Adjustm	\$127.84	06/12/2017	06/13/2017	13600495
04/24/2017	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$389.50	Primary Adjustm	\$68.50	06/12/2017	06/13/2017	13600493
04/26/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$374.56	Primary Adjustm	\$941.44	06/12/2017	06/13/2017	13600497
10/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.90	Primary Adjustm	\$139.10	12/06/2017	12/08/2017	13600677
10/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$5.16	Primary Adjustm	\$127.84	12/06/2017	12/08/2017	13600677
10/23/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.90	Primary Adjustm	\$139.10	01/03/2018	01/05/2018	13600683
<b>Claim # AGA-0096927 Totals :</b>			<b>\$2,955.00</b>	<b>\$1,249.79</b>		<b>\$1,705.21</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., John; Claim: AGA-0068690; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 09/23/2016</b>									
09/24/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$143.48	Write-off	\$147.52	10/21/2016	10/25/2016	13600277
09/29/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$10.22	Write-off	\$122.78	10/21/2016	10/25/2016	13600277
09/24/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$18.00	\$3.41	Write-off	\$14.59	10/21/2016	10/25/2016	13600277
09/24/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.00	Write-off	\$16.00	10/21/2016	10/25/2016	13600277
09/30/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$144.76	Write-off	\$144.24	11/02/2016	11/04/2016	13600295
10/04/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$215.43	Write-off	\$195.57	11/02/2016	11/04/2016	13600295
09/30/2016	Ochsner Clinic Llc	Phys.therapy	\$72.00	\$16.28	Write-off	\$55.72	11/09/2016	11/11/2016	13600298
10/12/2016	Ochsner Clinic Llc	X-ray,Radiology	\$1,234.00	\$375.50	Write-off		11/15/2016	11/18/2016	13600306
				\$655.92	Other Ins Paid	\$202.58	11/15/2016	11/18/2016	13600306
10/12/2016	Ochsner Clinic Llc	Anesthesia	\$678.34	\$384.71	Write-off		11/15/2016	11/18/2016	13600306
				\$234.90	Other Ins Paid	\$58.73	11/15/2016	11/18/2016	13600306
10/12/2016	Ochsner Clinic Llc	X-ray,Radiology	\$397.00	\$47.28	Write-off	\$349.72	11/15/2016	11/18/2016	13600306
10/12/2016	Ochsner Clinic Llc	Anesthesia	\$338.66	\$45.03	Write-off		11/15/2016	11/18/2016	13600306
				\$234.90	Other Ins Paid	\$58.73	11/15/2016	11/18/2016	13600306
10/26/2016	Ochsner Clinic Llc	Phys.therapy	\$72.00	\$44.58	Other Ins Paid		11/29/2016	12/02/2016	13600310
				\$16.28	Write-off	\$11.14	11/29/2016	12/02/2016	13600310
09/30/2016	Ochsner Clinic Llc	Medical Treatment	\$208.00	\$56.00	Other Ins Paid		12/07/2016	12/09/2016	13600318
				\$138.00	Write-off	\$14.00	12/07/2016	12/09/2016	13600318
10/31/2016	Ochsner Medical Center	Phys.therapy	\$607.00	\$83.26	Other Ins Paid		12/22/2016	12/23/2016	13600329
				\$502.92	Write-off	\$20.82	12/22/2016	12/23/2016	13600329
11/14/2016	Ochsner Medical Center	Phys.therapy	\$499.00	\$301.01	Write-off	\$197.99	01/31/2017	02/03/2017	13600360
11/17/2016	Ochsner Medical Center	Phys.therapy	\$436.00	\$262.51	Primary Adjustm	\$173.49	02/07/2017	02/10/2017	13600371
10/12/2016	Ochsner Medical Center	Surgery Center	\$15,729.03	\$6,091.05	Other Ins Paid		03/23/2017	03/24/2017	13600413
				\$8,115.22	Primary Adjustm	\$1,522.76	03/23/2017	03/24/2017	13600413
09/29/2016	Ochsner Baptist A Campus	Mri	\$1,775.00	\$1,032.94	Primary Adjustm	\$742.06	05/18/2017	05/19/2017	13600474
09/24/2016	Ochsner Medical Center	X-ray,Radiology	\$363.00	\$198.06	Primary Adjustm	\$164.94	09/11/2017	09/12/2017	13600605
11/02/2016	Ochsner Medical Center	Phys.therapy	\$499.00	\$301.01	Primary Adjustm	\$197.99	12/06/2017	12/08/2017	13600675
<b>Claim # AGA-0068690 Totals :</b>			<b>\$24,067.03</b>	<b>\$19,655.66</b>		<b>\$4,411.37</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Amen; Claim: AGA-0065651; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 09/12/2016</b>									
09/16/2016	Ochsner Health System	Ph.visit Office	\$291.00	\$149.71	Primary Adjustm	\$141.29	07/17/2017	07/18/2017	13600540
09/14/2016	Ochsner Health System	Ph.visit Office	\$291.00	\$149.71	Primary Adjustm	\$141.29	07/26/2017	07/28/2017	13600552
09/14/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$35.62	Primary Adjustm	\$183.38	07/26/2017	07/28/2017	13600553
09/14/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$5.32	Primary Adjustm	\$13.68	10/06/2017	10/10/2017	13600615
<b>Claim # AGA-0065651 Totals :</b>			<b>\$820.00</b>	<b>\$340.36</b>		<b>\$479.64</b>			

<b>C., Amen; Claim: AGA-0069463; Activity: Mens Basketball; Diagnosis: Gastro Intestinal Disord.; Anatomy: Abdomen; Date Incurred: 10/07/2016</b>									
10/07/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$91.29	Other Ins Paid		01/30/2017	01/31/2017	13600351
				\$149.71	Write-off	\$50.00	01/30/2017	01/31/2017	13600351
10/07/2016	Ochsner Medical Center	Lab,Pathology	\$622.00	\$218.99	Primary Adjustm	\$403.01	08/31/2017	09/01/2017	13600583
<b>Claim # AGA-0069463 Totals :</b>			<b>\$913.00</b>	<b>\$459.99</b>		<b>\$453.01</b>			

<b>C., Amen; Claim: AGA-0072554; Activity: Mens Basketball; Diagnosis: Athletic Injury; Anatomy: Foot; Date Incurred: 10/18/2016</b>									
10/25/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$28.93	Primary Adjustm	\$101.07	02/23/2017	02/24/2017	13600385
10/18/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.49	Primary Adjustm	\$139.51	03/20/2017	03/21/2017	13600405
10/18/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$2.92	Primary Adjustm	\$13.08	03/20/2017	03/21/2017	13600405
10/25/2016	Ochsner Baptist A Campus	Mri	\$1,316.00	\$263.20	Primary Adjustm	\$1,052.80	05/18/2017	05/19/2017	13600475
10/26/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$187.93	Primary Adjustm	\$101.07	07/10/2017	07/11/2017	13600523
<b>Claim # AGA-0072554 Totals :</b>			<b>\$2,040.00</b>	<b>\$632.47</b>		<b>\$1,407.53</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>C., Chase; Claim: AGA-0066316; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 08/29/2016</b>									
08/30/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$86.98	Other Ins Paid		10/03/2016	10/04/2016	13600273
				\$154.02	Write-off	\$50.00	10/03/2016	10/04/2016	13600273
10/07/2016	Ochsner Medical Center	Phys.therapy	\$2,695.02	\$800.36	Other Ins Paid		12/07/2016	12/09/2016	13600323
				\$1,694.57	Write-off	\$200.09	12/07/2016	12/09/2016	13600323
11/02/2016	Ochsner Medical Center	Phys.therapy	\$835.00	\$249.07	Other Ins Paid		01/06/2017	01/10/2017	13600345
				\$523.66	Write-off	\$62.27	01/06/2017	01/10/2017	13600345
08/30/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$164.09	Write-off	\$54.91	01/06/2017	01/10/2017	13600344
12/08/2016	Ochsner Baptist A Campus	X-ray,Radiology	\$219.00	\$164.09	Primary Adjustm	\$54.91	02/07/2017	02/10/2017	13600367
10/13/2016	Ochsner Home Medical Equipment	Med Equipment	\$59.51	\$29.26	Other Ins Paid		02/23/2017	02/24/2017	13600377
				\$22.93	Primary Adjustm	\$7.32	02/23/2017	02/24/2017	13600377
09/19/2016	Ochsner Baptist A Campus	Surgery Center	\$14,561.11	\$6,063.13	Other Ins Paid		04/07/2017	04/11/2017	13600434
				\$8,247.98	Primary Adjustm	\$250.00	04/07/2017	04/11/2017	13600434
09/13/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$160.85	Other Ins Paid		04/25/2017	04/28/2017	13600439
				\$200.15	Primary Adjustm	\$50.00	04/25/2017	04/28/2017	13600439
09/02/2016	Ochsner Medical Center	Mri	\$1,775.00	\$651.62	Other Ins Paid		05/16/2017	05/19/2017	13600473
				\$873.38	Primary Adjustm	\$250.00	05/16/2017	05/19/2017	13600473
09/09/2016	Ochsner Medical Center	Cat Scan	\$1,020.00	\$241.83	Other Ins Paid		10/16/2017	10/17/2017	13600638
				\$528.17	Primary Adjustm	\$250.00	10/16/2017	10/17/2017	13600638
<b>Claim # AGA-0066316 Totals :</b>			<b>\$22,085.64</b>	<b>\$20,856.14</b>		<b>\$1,229.50</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>D., Dakota; Claim: AGA-0070174; Activity: Mens Baseball; Diagnosis: Athletic Injury; Anatomy: Wrist; Date Incurred: 09/13/2016</b>									
10/05/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$35.00	\$2.26	Write-off		11/02/2016	11/04/2016	13600280
				\$26.20	Other Ins Paid	\$6.54	11/02/2016	11/04/2016	13600280
10/05/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		11/09/2016	11/11/2016	13600299
				\$109.10	Other Ins Paid	\$27.27	11/09/2016	11/11/2016	13600299
10/08/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$7.67	Write-off		11/09/2016	11/11/2016	13600299
				\$100.27	Other Ins Paid	\$25.06	11/09/2016	11/11/2016	13600299
10/11/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$200.15	Write-off		11/09/2016	11/11/2016	13600299
				\$168.68	Other Ins Paid	\$42.17	11/09/2016	11/11/2016	13600299
10/08/2016	Ochsner Baptist A Campus	Mri	\$1,775.00	\$873.38	Write-off		11/14/2016	11/15/2016	13600302
				\$721.30	Other Ins Paid	\$180.32	11/14/2016	11/15/2016	13600302
10/20/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$7.67	Write-off		11/15/2016	11/18/2016	13600305
				\$100.27	Other Ins Paid	\$25.06	11/15/2016	11/18/2016	13600305
10/20/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$402.00	\$214.89	Write-off		11/15/2016	11/18/2016	13600305
				\$149.69	Other Ins Paid	\$37.42	11/15/2016	11/18/2016	13600305
10/25/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$73.92	Other Ins Paid		12/07/2016	12/09/2016	13600319
				\$118.61	Write-off	\$18.47	12/07/2016	12/09/2016	13600319
10/20/2016	Ochsner Baptist A Campus	Mri	\$2,344.83	\$148.36	Other Ins Paid		12/09/2016	12/13/2016	13600325
				\$2,159.39	Write-off	\$37.08	12/09/2016	12/13/2016	13600325
<b>Claim # AGA-0070174 Totals :</b>			<b>\$5,733.83</b>	<b>\$5,334.44</b>		<b>\$399.39</b>			

<b>D., Blessing; Claim: AGA-0089626; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 02/08/2017</b>									
02/10/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$71.37	Other Ins Paid		03/20/2017	03/21/2017	13600397
				\$152.63	Primary Adjustm	\$65.00	03/20/2017	03/21/2017	13600397
02/15/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$415.54	Primary Adjustm	\$900.46	04/03/2017	04/04/2017	13600424
<b>Claim # AGA-0089626 Totals :</b>			<b>\$1,605.00</b>	<b>\$639.54</b>		<b>\$965.46</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>E., Coleman; Claim: AGA-0098531; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 04/01/2017</b>									
04/24/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$32.00	\$4.80	First Health Disc	\$27.20	05/10/2017	05/12/2017	13600459
04/24/2017	First Health	First Health Repricing	\$0.72	\$0.00		\$0.72	05/10/2017	05/12/2017	13600458
04/24/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	06/01/2017	06/02/2017	13600480
04/24/2017	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	06/01/2017	06/02/2017	13600478
04/24/2017	Ochsner Medical Center	X-ray,Radiology	\$167.00	\$41.75	First Health Disc	\$125.25	06/01/2017	06/02/2017	13600481
04/24/2017	First Health	First Health Repricing	\$6.26	\$0.00		\$6.26	06/01/2017	06/02/2017	13600477
<b>Claim # AGA-0098531 Totals :</b>			<b>\$527.31</b>	<b>\$262.08</b>		<b>\$265.23</b>			

<b>F., Alexia; Claim: AGA-0090845; Activity: Womens Track; Diagnosis: Athletic Injury; Anatomy: Head; Date Incurred: 02/17/2017</b>									
02/20/2017	Ochsner Clinic Llc	Ph.visit Office	\$820.00	\$455.69	Primary Adjustm	\$364.31	05/02/2017	05/05/2017	13600450
02/27/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$144.77	Primary Adjustm	\$144.23	05/02/2017	05/05/2017	13600450
<b>Claim # AGA-0090845 Totals :</b>			<b>\$1,109.00</b>	<b>\$600.46</b>		<b>\$508.54</b>			

<b>F., Brooklyn; Claim: AGA-0105323; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 01/16/2017</b>									
02/08/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$87.33	Other Ins Paid	\$109.67	04/03/2018	04/04/2018	13600757
02/09/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$1,011.84	Other Ins Paid	\$304.16	04/03/2018	04/04/2018	13600759
03/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	04/03/2018	04/04/2018	13600754
03/13/2017	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	04/03/2018	04/04/2018	13600749
<b>Claim # AGA-0105323 Totals :</b>			<b>\$1,834.33</b>	<b>\$1,314.70</b>		<b>\$519.63</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>G., Troy; Claim: AGA-0104144; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 06/19/2017</b>									
06/22/2017	Ochsner Baptist A Campus	Surgery Center	\$33,333.79	\$6,373.18	Other Ins Paid		07/26/2017	07/28/2017	13600556
				\$21,771.29	Primary Adjustm	\$5,189.32	07/26/2017	07/28/2017	13600556
06/19/2017	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$168.00	Other Ins Paid		08/04/2017	08/08/2017	13600561
				\$218.00	Primary Adjustm	\$72.00	08/04/2017	08/08/2017	13600561
06/22/2017	Anesthesia Consultants Of Sout	Anesthesia	\$1,045.00	\$177.10	Other Ins Paid		10/31/2017	11/03/2017	13600641
				\$792.00	Primary Adjustm	\$75.90	10/31/2017	11/03/2017	13600641
06/20/2017	Ochsner Medical Center	Mri	\$1,800.00	\$1,102.50	Other Ins Paid		11/21/2017	11/21/2017	13600659
				\$225.00	Primary Adjustm	\$472.50	11/21/2017	11/21/2017	13600659
07/24/2017	Recovery Pump	Med Equipment	\$4,000.00	\$2,325.00	A-G Discount	\$1,675.00	01/10/2018	01/12/2018	13600698
08/18/2017	Owens Recovery Science	Med Equipment	\$5,133.00	\$0.00		\$5,133.00	01/16/2018	01/17/2018	13600700
<b>Claim # AGA-0104144 Totals :</b>			<b>\$45,769.79</b>	<b>\$33,152.07</b>		<b>\$12,617.72</b>			

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Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>G., William; Claim: AGA-0098542; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 04/18/2017</b>									
04/24/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$107.51	Primary Adjustm	\$54.49	06/09/2017	06/13/2017	13600498
04/25/2017	Ochsner Medical Center	Mri	\$1,775.00	\$832.35	Primary Adjustm	\$942.65	06/09/2017	06/13/2017	13600498
04/27/2017	Ochsner Medical Center	Cat Scan	\$1,020.00	\$505.79	Primary Adjustm	\$514.21	06/09/2017	06/13/2017	13600498
05/05/2017	Bioventus LLC	Med Equipment	\$4,950.00	\$1,450.59	Other Ins Paid		07/19/2017	07/21/2017	13600549
				\$2,442.09	Primary Adjustm	\$1,057.32	07/19/2017	07/21/2017	13600549
06/12/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$45.93	Other Ins Paid		07/26/2017	07/28/2017	13600550
				\$161.59	Primary Adjustm	\$11.48	07/26/2017	07/28/2017	13600550
06/12/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.02	Other Ins Paid		07/26/2017	07/28/2017	13600551
				\$0.73	Primary Adjustm	\$3.25	07/26/2017	07/28/2017	13600551
06/12/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.28	Other Ins Paid		07/26/2017	07/28/2017	13600551
				\$149.90	Primary Adjustm	\$27.82	07/26/2017	07/28/2017	13600551
05/17/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$130.00	Need EOB's	\$0.00	08/24/2017	08/25/2017	999999999
05/17/2017	Ochsner Medical Center	Mri	\$1,535.00	\$1,535.00	Need EOB's	\$0.00	08/24/2017	08/25/2017	999999999
07/05/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.28	Other Ins Paid		08/24/2017	08/25/2017	13600571
				\$149.90	Primary Adjustm	\$27.82	08/24/2017	08/25/2017	13600571
07/24/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$111.28	Other Ins Paid		08/24/2017	08/25/2017	13600571
				\$149.90	Primary Adjustm	\$27.82	08/24/2017	08/25/2017	13600571
07/24/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.02	Other Ins Paid		09/06/2017	09/08/2017	13600585
				\$0.73	Primary Adjustm	\$3.25	09/06/2017	09/08/2017	13600585
07/24/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$45.93	Other Ins Paid		09/11/2017	09/12/2017	13600600
				\$161.59	Primary Adjustm	\$11.48	09/11/2017	09/12/2017	13600600
06/12/2017	Ochsner Home Medical Equipment	Med Equipment	\$255.00	\$131.78	Other Ins Paid		10/11/2017	10/13/2017	13600617
				\$90.27	Primary Adjustm	\$32.95	10/11/2017	10/13/2017	13600617
07/07/2017	Ochsner Medical Center	Phys.therapy	\$3,210.00	\$1,048.08	Other Ins Paid		11/02/2017	11/03/2017	13600644
				\$1,899.88	Primary Adjustm	\$262.04	11/02/2017	11/03/2017	13600644
08/01/2017	Ochsner Medical Center	Phys.therapy	\$299.00	\$94.56	Other Ins Paid		11/02/2017	11/03/2017	13600644
				\$180.80	Primary Adjustm	\$23.64	11/02/2017	11/03/2017	13600644
05/17/2017	Ochsner Medical Center	Mri	\$1,535.00	\$799.87	Other Ins Paid		11/02/2017	11/03/2017	13600643
				\$535.17	Primary Adjustm	\$199.96	11/02/2017	11/03/2017	13600643
04/25/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$5.16	Primary Adjustm	\$127.84	11/21/2017	11/28/2017	13600667
04/22/2017	Longhorn Emergency Medical	Emrg.room	\$488.00	\$93.43	Other Ins Paid		02/27/2018	03/02/2018	13600731
				\$371.21	Primary Adjustm	\$23.36	02/27/2018	03/02/2018	13600731
04/22/2017	St Davids Hospital	Emrg.room	\$1,843.00	\$767.20	Other Ins Paid		04/04/2018	04/06/2018	13600763

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>G., William; Claim: AGA-0098542; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 04/18/2017</b>									
				\$884.00	Primary Adjustm	\$191.80	04/04/2018	04/06/2018	13600763
<b>Claim # AGA-0098542 Totals :</b>			<b>\$18,674.00</b>	<b>\$15,130.82</b>		<b>\$3,543.18</b>			
<b>H., Alexander; Claim: AGA-0108017; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-upper Leg; Date Incurred: 04/15/2017</b>									
08/09/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$142.00	\$5.11	Primary Adjustm	\$136.89	12/06/2017	12/08/2017	13600674
08/09/2017	Ochsner Medical Center	Mri	\$1,322.00	\$626.98	Other Ins Paid		01/30/2018	02/02/2018	13600715
				\$378.41	Primary Adjustm	\$316.61	01/30/2018	02/02/2018	13600715
<b>Claim # AGA-0108017 Totals :</b>			<b>\$1,464.00</b>	<b>\$1,010.50</b>		<b>\$453.50</b>			
<b>H., Emma; Claim: AGA-0104122; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 03/05/2017</b>									
03/10/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$662.46	Other Ins Paid		02/15/2018	02/16/2018	13600728
				\$374.26	Primary Adjustm	\$279.28	02/15/2018	02/16/2018	13600728
<b>Claim # AGA-0104122 Totals :</b>			<b>\$1,316.00</b>	<b>\$1,036.72</b>		<b>\$279.28</b>			
<b>H., Lane; Claim: AGA-0066119; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-upper Leg; Date Incurred: 08/30/2016</b>									
12/02/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$20.06	First Health Disc	\$27.94	01/04/2017	01/06/2017	13600337
12/02/2016	First Health	First Health Repricing	\$3.01	\$0.00		\$3.01	01/04/2017	01/06/2017	13600336
12/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	03/29/2017	03/31/2017	13600421
12/05/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$6.53	First Health Disc	\$126.47	03/29/2017	03/31/2017	13600421
12/02/2016	First Health	First Health Repricing	\$31.21	\$0.00		\$31.21	03/29/2017	03/31/2017	13600415
12/19/2016	Ochsner Medical Center	X-ray,Radiology	\$181.00	\$45.25	First Health Disc	\$135.75	05/16/2017	05/19/2017	13600470
12/19/2016	First Health	First Health Repricing	\$6.79	\$0.00		\$6.79	05/16/2017	05/19/2017	13600465
10/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$119.10	Other Ins Paid		01/23/2018	01/26/2018	13600701
				\$149.90	Primary Adjustm	\$20.00	01/23/2018	01/26/2018	13600701
<b>Claim # AGA-0066119 Totals :</b>			<b>\$983.01</b>	<b>\$542.35</b>		<b>\$440.66</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>H., Lane; Claim: AGA-0092683; Activity: Womens Volleyball; Diagnosis: Athletic Injury; Anatomy: Ankle; Date Incurred: 03/18/2017</b>									
03/21/2017	Ochsner Medical Center	X-ray,Radiology	\$336.00	\$84.00	First Health Disc	\$252.00	07/12/2017	07/14/2017	13600538
03/21/2017	First Health	First Health Repricing	\$12.60	\$0.00		\$12.60	07/12/2017	07/14/2017	13600531
03/21/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	07/12/2017	07/14/2017	13600532
<b>Claim # AGA-0092683 Totals :</b>			<b>\$365.60</b>	<b>\$84.00</b>		<b>\$281.60</b>			

<b>H., Riley; Claim: AGA-0066120; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/12/2016</b>									
05/30/2017	Ochsner Medical Center	Mri	\$1,481.00	\$1,136.34	Other Ins Paid	\$344.66	07/10/2017	07/11/2017	13600528
05/30/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$155.00	\$15.06	Primary Adjustm	\$139.94	08/31/2017	09/01/2017	13600578
<b>Claim # AGA-0066120 Totals :</b>			<b>\$1,636.00</b>	<b>\$1,151.40</b>		<b>\$484.60</b>			

<b>I., Farydah; Claim: AGA-0087045; Activity: Womens Track; Diagnosis: Athletic Injury; Anatomy: Hip; Date Incurred: 01/11/2017</b>									
01/25/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$32.00	\$7.68	Primary Adjustm	\$24.32	02/23/2017	02/24/2017	13600379
01/25/2017	Ochsner Medical Center	X-ray,Radiology	\$167.00	\$73.06	Other Ins Paid	\$93.94	03/20/2017	03/21/2017	13600400
02/06/2017	Ochsner Medical Center	Mri	\$2,975.09	\$1,174.40	Other Ins Paid		04/27/2017	04/28/2017	13600443
				\$1,507.09	Primary Adjustm	\$293.60	04/27/2017	04/28/2017	13600443
04/03/2017	Ochsner Baptist A Campus	X-ray,Radiology	\$861.38	\$689.10	Other Ins Paid	\$172.28	05/16/2017	05/19/2017	13600472
02/06/2017	Ochsner Clinic Llc	Surgery	\$444.00	\$269.95	Other Ins Paid		06/20/2017	06/23/2017	13600504
				\$106.56	Primary Adjustm	\$67.49	06/20/2017	06/23/2017	13600504
01/25/2017	Ochsner Health System	Ph.visit Office	\$291.00	\$226.77	Other Insurance	\$64.23	06/20/2017	06/23/2017	13600503
02/06/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$158.00	\$37.92	Primary Adjustm	\$120.08	07/11/2017	07/14/2017	13600537
04/03/2017	Ochsner Clinic Llc	Drain/injection	\$208.00	\$49.92	Primary Adjustm		07/11/2017	07/14/2017	13600537
				\$126.46	Other Ins Paid	\$31.62	07/11/2017	07/14/2017	13600537
05/22/2017	RP Sports attn Jessica Savage	Med Equipment	\$3,895.00	\$1,934.44	Other Ins Paid		09/19/2017	09/22/2017	13600609
				\$1,825.00	Primary Adjustm	\$135.56	09/19/2017	09/22/2017	13600609
<b>Claim # AGA-0087045 Totals :</b>			<b>\$9,031.47</b>	<b>\$8,028.35</b>		<b>\$1,003.12</b>			

<b>J., Matthew; Claim: AGA-0086713; Activity: Mens Basketball; Diagnosis: Contusion; Anatomy: Hip; Date Incurred: 01/30/2017</b>									
01/30/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$200.16	Primary Adjustm	\$210.84	03/20/2017	03/21/2017	13600406
01/30/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$32.00	\$11.62	Primary Adjustm	\$20.38	01/23/2018	01/26/2018	13600702
<b>Claim # AGA-0086713 Totals :</b>			<b>\$443.00</b>	<b>\$211.78</b>		<b>\$231.22</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>K., Jacob; Claim: AGA-0066251; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-lower Leg; Date Incurred: 08/26/2016</b>									
08/29/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$118.02	Other Ins Paid		09/22/2016	09/23/2016	13600270
				\$143.48	Write-off	\$29.50	09/22/2016	09/23/2016	13600270
08/29/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$32.58	Other Ins Paid		09/22/2016	09/23/2016	13600270
				\$7.28	Write-off	\$8.14	09/22/2016	09/23/2016	13600270
08/29/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$12.79	Other Ins Paid		09/22/2016	09/23/2016	13600270
				\$1.01	Write-off	\$3.20	09/22/2016	09/23/2016	13600270
08/29/2016	Ochsner Medical Center	X-ray,Radiology	\$620.00	\$218.53	Other Ins Paid		05/10/2017	05/12/2017	13600460
				\$346.84	Primary Adjustm	\$54.63	05/10/2017	05/12/2017	13600460
<b>Claim # AGA-0066251 Totals :</b>			<b>\$976.00</b>	<b>\$880.53</b>		<b>\$95.47</b>			

Pay Dates: 01/01/1900 - 04/11/2018

Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>K., Jacob; Claim: AGA-0066252; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Date Incurred: 08/13/2016</b>									
09/14/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$115.39	Other Ins Paid		10/06/2016	10/07/2016	13600275
				\$146.76	Write-off	\$28.85	10/06/2016	10/07/2016	13600275
09/14/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$12.79	Other Ins Paid		10/06/2016	10/07/2016	13600275
				\$1.01	Write-off	\$3.20	10/06/2016	10/07/2016	13600275
09/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$144.76	Write-off		10/27/2016	10/28/2016	13600278
				\$115.39	Other Ins Paid	\$28.85	10/27/2016	10/28/2016	13600278
01/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$115.94	Primary Adjustm	\$95.06	02/23/2017	02/24/2017	13600384
01/23/2017	Ochsner Medical Center	Phys.therapy	\$1,544.00	\$1,261.04	Primary Adjustm	\$282.96	03/20/2017	03/21/2017	13600409
09/14/2016	Ochsner Medical Center	X-ray,Radiology	\$217.00	\$131.95	Other Ins Paid		03/20/2017	03/21/2017	13600391
				\$52.06	Primary Adjustm	\$32.99	03/20/2017	03/21/2017	13600391
02/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$144.76	Primary Adjustm	\$144.24	03/20/2017	03/21/2017	13600403
02/01/2017	Ochsner Medical Center	Phys.therapy	\$2,415.00	\$1,969.25	Primary Adjustm	\$445.75	04/26/2017	04/28/2017	13600444
03/20/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$144.77	Primary Adjustm	\$144.23	04/26/2017	04/28/2017	13600442
03/21/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$157.00	\$8.99	Primary Adjustm		04/26/2017	04/28/2017	13600442
				\$118.41	Other Ins Paid	\$29.60	04/26/2017	04/28/2017	13600442
03/21/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$397.00	\$21.40	Primary Adjustm		04/26/2017	04/28/2017	13600442
				\$300.48	Other Ins Paid	\$75.12	04/26/2017	04/28/2017	13600442
03/21/2017	Ochsner Medical Center	Mri	\$2,943.70	\$2,248.87	Other Ins Paid	\$694.83	05/02/2017	05/05/2017	13600451
03/01/2017	Ochsner Medical Center	Phys.therapy	\$805.00	\$106.74	Other Ins Paid		05/16/2017	05/19/2017	13600466
				\$656.41	Primary Adjustm	\$41.85	05/16/2017	05/19/2017	13600466
04/26/2017	Ochsner Medical Center	Phys.therapy	\$483.00	\$71.32	Other Ins Paid		06/27/2017	06/30/2017	13600513
				\$393.85	Primary Adjustm	\$17.83	06/27/2017	06/30/2017	13600513
05/03/2017	Ochsner Medical Center	Phys.therapy	\$980.00	\$216.00	Other Ins Paid		07/11/2017	07/14/2017	13600535
				\$710.00	Primary Adjustm	\$54.00	07/11/2017	07/14/2017	13600535
<b>Claim # AGA-0066252 Totals :</b>			<b>\$11,327.70</b>	<b>\$9,208.34</b>		<b>\$2,119.36</b>			

<b>L., Whitley; Claim: AGA-0065319; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Heart; Date Incurred: 08/21/2016</b>									
08/22/2016	Ochsner Health System	Ph.visit Office	\$411.00	\$371.00	Other Insurance	\$40.00	08/30/2017	09/01/2017	13600577
08/29/2016	Ochsner Health System	Tests/procedures	\$1,406.00	\$1,366.00	Other Insurance	\$40.00	08/30/2017	09/01/2017	13600577
<b>Claim # AGA-0065319 Totals :</b>			<b>\$1,817.00</b>	<b>\$1,737.00</b>		<b>\$80.00</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>L., Whitley; Claim: AGA-0087042; Activity: Womens Basketball; Diagnosis: Fracture; Anatomy: Foot; Date Incurred: 01/23/2017</b>									
01/25/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$170.85	Other Ins Paid		02/23/2017	02/24/2017	13600381
				\$200.15	Primary Adjustm	\$40.00	02/23/2017	02/24/2017	13600381
01/25/2017	Ochsner Medical Center	X-ray,Radiology	\$371.00	\$65.19	Other Ins Paid		03/20/2017	03/21/2017	13600393
				\$265.81	Primary Adjustm	\$40.00	03/20/2017	03/21/2017	13600393
02/27/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$96.37	Other Ins Paid		03/30/2017	03/31/2017	13600416
				\$152.63	Primary Adjustm	\$40.00	03/30/2017	03/31/2017	13600416
02/27/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$12.12	Other Ins Paid		04/25/2017	04/28/2017	13600438
				\$144.88	Primary Adjustm	\$40.00	04/25/2017	04/28/2017	13600438
01/27/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$751.40	Other Ins Paid		05/08/2017	05/09/2017	13600455
				\$414.60	Primary Adjustm	\$150.00	05/08/2017	05/09/2017	13600455
05/04/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$792.42	Other Ins Paid		06/22/2017	06/23/2017	13600509
				\$373.58	Primary Adjustm	\$150.00	06/22/2017	06/23/2017	13600509
05/01/2017	Ochsner Medical Center	Medical Treatment	\$197.00	\$14.49	Other Ins Paid		06/22/2017	06/23/2017	13600501
				\$142.51	Primary Adjustm	\$40.00	06/22/2017	06/23/2017	13600501
04/10/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.10	Other Ins Paid		06/22/2017	06/23/2017	13600505
				\$149.90	Primary Adjustm	\$40.00	06/22/2017	06/23/2017	13600505
05/01/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.10	Other Ins Paid		06/22/2017	06/23/2017	13600505
				\$149.90	Primary Adjustm	\$40.00	06/22/2017	06/23/2017	13600505
09/06/2017	Ochsner Medical Center	Cat Scan	\$1,417.00	\$483.14	Other Ins Paid		10/16/2017	10/17/2017	13600632
				\$783.86	Primary Adjustm	\$150.00	10/16/2017	10/17/2017	13600632
09/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.10	Other Ins Paid		11/06/2017	11/07/2017	13600646
				\$149.90	Primary Adjustm	\$40.00	11/06/2017	11/07/2017	13600646
<b>Claim # AGA-0087042 Totals :</b>			<b>\$6,381.00</b>	<b>\$5,611.00</b>		<b>\$770.00</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>L., Anja; Claim: AGA-0067692; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/26/2016</b>									
09/26/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$155.71	Other Ins Paid		11/02/2016	11/04/2016	13600287
				\$69.36	Write-off	\$63.93	11/02/2016	11/04/2016	13600287
09/26/2016	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$315.58	Other Ins Paid		11/18/2016	11/23/2016	13600307
				\$78.90	Write-off	\$63.52	11/18/2016	11/23/2016	13600307
11/10/2016	Anesthesia Consultants Of Sout	Anesthesia	\$1,900.00	\$368.00	Other Ins Paid		05/09/2017	05/09/2017	13600453
				\$1,440.00	Primary Adjustm	\$92.00	05/09/2017	05/09/2017	13600453
11/10/2016	Ochsner Baptist A Campus	Surgery Center	\$20,287.56	\$7,651.20	Other Ins Paid		05/25/2017	05/26/2017	13600476
				\$10,723.56	Primary Adjustm	\$1,912.80	05/25/2017	05/26/2017	13600476
09/26/2016	Ochsner Health System	X-ray,Radiology	\$48.00	\$27.36	Previously Paid	\$20.64	06/07/2017	06/09/2017	13600488
11/10/2016	Ochsner Health System	Surgery	\$1,771.00	\$1,501.81	Other Insurance	\$269.19	06/07/2017	06/09/2017	13600488
<b>Claim # AGA-0067692 Totals :</b>			<b>\$24,753.56</b>	<b>\$22,331.48</b>		<b>\$2,422.08</b>			

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Owen; Claim: AGA-0102646; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 05/16/2017</b>									
05/23/2017	Anesthesia Consultants Of Sout	Anesthesia	\$950.00	\$230.40	Other Ins Paid		07/07/2017	07/11/2017	13600524
				\$662.00	Primary Adjustm	\$57.60	07/07/2017	07/11/2017	13600524
05/23/2017	Anesthesia Consultants Of Sout	Anes.inj.	\$1,805.00	\$164.74	Other Ins Paid		07/07/2017	07/11/2017	13600524
				\$1,599.08	Primary Adjustm	\$41.18	07/07/2017	07/11/2017	13600524
05/23/2017	Anesthesia Consultants Of Sout	Anesthesia	\$950.00	\$153.60	Other Ins Paid		07/07/2017	07/11/2017	13600524
				\$758.00	Primary Adjustm	\$38.40	07/07/2017	07/11/2017	13600524
05/23/2017	Ochsner Baptist A Campus	Surgery Center	\$17,746.42	\$8,740.17	Other Ins Paid		07/07/2017	07/11/2017	13600530
				\$7,796.65	Primary Adjustm	\$1,209.60	07/07/2017	07/11/2017	13600530
06/07/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.02	Other Ins Paid		07/07/2017	07/11/2017	13600527
				\$0.73	Primary Adjustm	\$3.25	07/07/2017	07/11/2017	13600527
05/22/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.02	Other Ins Paid		07/07/2017	07/11/2017	13600527
				\$0.73	Primary Adjustm	\$3.25	07/07/2017	07/11/2017	13600527
05/23/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$69.00	\$53.44	Other Ins Paid		07/07/2017	07/11/2017	13600527
				\$2.20	Primary Adjustm	\$13.36	07/07/2017	07/11/2017	13600527
05/23/2017	Ochsner Clinic Llc	Surgery	\$1,646.00	\$892.33	Other Ins Paid		07/07/2017	07/11/2017	13600527
				\$530.59	Primary Adjustm	\$223.08	07/07/2017	07/11/2017	13600527
05/22/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$111.78	Other Ins Paid		07/07/2017	07/11/2017	13600527
				\$151.29	Primary Adjustm	\$27.93	07/07/2017	07/11/2017	13600527
06/07/2017	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$44.40	Other Ins Paid		07/07/2017	07/11/2017	13600516
				\$118.51	Primary Adjustm	\$11.09	07/07/2017	07/11/2017	13600516
05/22/2017	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$44.40	Other Ins Paid		07/07/2017	07/11/2017	13600516
				\$118.51	Primary Adjustm	\$11.09	07/07/2017	07/11/2017	13600516
05/20/2017	Ochsner Clinic Llc	Ph.visit Office	\$358.00	\$134.28	Other Ins Paid		07/19/2017	07/21/2017	13600543
				\$156.64	Primary Adjustm	\$67.08	07/19/2017	07/21/2017	13600543
07/05/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.02	Other Ins Paid		07/28/2017	08/01/2017	13600557
				\$0.73	Primary Adjustm	\$3.25	07/28/2017	08/01/2017	13600557
06/08/2017	Ochsner Medical Center	Phys.therapy	\$1,872.00	\$762.68	Other Ins Paid		08/04/2017	08/08/2017	13600562
				\$918.68	Primary Adjustm	\$190.64	08/04/2017	08/08/2017	13600562
07/05/2017	Ochsner Medical Center	Phys.therapy	\$1,956.00	\$800.67	Other Ins Paid		09/07/2017	09/08/2017	13600599
				\$955.18	Primary Adjustm	\$200.15	09/07/2017	09/08/2017	13600599
08/09/2017	Ochsner Medical Center	Phys.therapy	\$1,350.00	\$633.72	Other Ins Paid		10/16/2017	10/17/2017	13600635
				\$557.85	Primary Adjustm	\$158.43	10/16/2017	10/17/2017	13600635
09/06/2017	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$44.40	Other Ins Paid		10/16/2017	10/17/2017	13600635

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Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Owen; Claim: AGA-0102646; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 05/16/2017</b>									
				\$118.51	Primary Adjustm	\$11.09	10/16/2017	10/17/2017	13600635
	Ochsner Clinic Llc		\$0.00	\$0.00		-\$67.08	10/23/2017	10/23/2017	0
09/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$45.01	Other Ins Paid		11/06/2017	11/07/2017	13600645
				\$84.74	Primary Adjustm	\$11.25	11/06/2017	11/07/2017	13600645
<b>Claim # AGA-0102646 Totals :</b>			<b>\$29,707.42</b>	<b>\$27,492.78</b>		<b>\$2,214.64</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Katarina; Claim: AGA-0064987; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 08/23/2016</b>									
08/23/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.30	Write-off		11/09/2016	11/11/2016	13600300
				\$91.76	Other Ins Paid	\$47.94	11/09/2016	11/11/2016	13600300
08/26/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$0.00		\$133.00	11/09/2016	11/11/2016	13600300
08/23/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$43.00	\$0.00		\$43.00	11/09/2016	11/11/2016	13600300
09/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$155.71	Other Ins Paid		12/20/2016	12/23/2016	13600331
				\$69.36	Write-off	\$63.93	12/20/2016	12/23/2016	13600331
09/03/2016	Ochsner Health System	Ph.visit Office	\$289.00	\$225.07	Other Insurance	\$63.93	12/22/2016	12/23/2016	13600330
11/08/2016	Ochsner Clinic Llc	Surgery	\$1,548.00	\$861.18	Other Ins Paid		04/24/2017	04/25/2017	13600436
				\$371.52	Primary Adjustm	\$315.30	04/24/2017	04/25/2017	13600436
09/20/2016	Bioventus LLC	Med Equipment	\$4,950.00	\$1,844.90	Other Ins Paid		05/10/2017	05/12/2017	13600464
				\$2,643.87	Primary Adjustm	\$461.23	05/10/2017	05/12/2017	13600464
01/25/2017	Ochsner Home Medical Equipment	Med Equipment	\$126.40	\$66.02	Primary Adjustm		06/07/2017	06/09/2017	13600485
				\$48.30	Other Ins Paid	\$12.08	06/07/2017	06/09/2017	13600485
08/26/2016	Ochsner Health System	X-ray,Radiology	\$1,316.00	\$1,132.81	Other Insurance	\$183.19	06/07/2017	06/09/2017	13600486
11/10/2016	Zynex Medical	Med Equipment	\$2,270.98	\$2,136.98	Write-off	\$134.00	06/22/2017	06/23/2017	13600507
11/08/2016	Anesthesia Consultants	Anesthesia	\$950.00	\$184.00	Other Ins Paid		07/06/2017	07/07/2017	13600514
				\$720.00	Primary Adjustm	\$46.00	07/06/2017	07/07/2017	13600514
11/08/2016	Ochsner Health System	Surgery Center	\$19,861.55	\$13,505.85	Write-off	\$6,355.70	08/15/2017	08/15/2017	13600569
07/12/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$65.73	Other Ins Paid		08/24/2017	08/25/2017	13600572
				\$8.84	Primary Adjustm	\$66.43	08/24/2017	08/25/2017	13600572
08/23/2016	Ochsner Medical Center	X-ray,Radiology	\$403.00	\$257.92	Other Ins Paid		10/05/2017	10/06/2017	13600612
				\$80.60	Primary Adjustm	\$64.48	10/05/2017	10/06/2017	13600612
09/11/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$11.52	Primary Adjustm	\$36.48	10/19/2017	10/20/2017	13600640
09/13/2017	Ochsner Clinic Llc	Mri-arthrogram	\$133.00	\$31.92	Primary Adjustm	\$101.08	04/02/2018	04/04/2018	13600756
09/18/2017	Ochsner Clinic Llc	Drain/injection	\$620.00	\$620.00	Need EOB's	\$0.00	04/02/2018	04/04/2018	13600756
<b>Claim # AGA-0064987 Totals :</b>			<b>\$33,410.93</b>	<b>\$25,283.16</b>		<b>\$8,127.77</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Katarina; Claim: AGA-0064989; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 08/08/2016</b>									
08/11/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$3.92	Write-off		12/14/2016	12/16/2016	13600326
				\$10.46	Other Ins Paid	\$2.62	12/14/2016	12/16/2016	13600326
08/11/2016	Ochsner Health System	Ph.visit Office	\$411.00	\$193.53	Other Insurance	\$217.47	12/22/2016	12/23/2016	13600333
08/11/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$134.14	Other Ins Paid		04/07/2017	04/11/2017	13600428
				\$43.80	Primary Adjustm	\$41.06	04/07/2017	04/11/2017	13600428
<b>Claim # AGA-0064989 Totals :</b>			<b>\$647.00</b>	<b>\$385.85</b>		<b>\$261.15</b>			

<b>M., William; Claim: AGA-0088707; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 02/03/2017</b>									
05/29/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$69.56	Other Ins Paid		07/07/2017	07/11/2017	13600521
				\$136.44	Primary Adjustm	\$85.00	07/07/2017	07/11/2017	13600521
05/31/2017	Ochsner MedicBaptist A Campus	Mri	\$2,632.00	\$983.12	Other Ins Paid		07/07/2017	07/11/2017	13600529
				\$1,223.88	Primary Adjustm	\$425.00	07/07/2017	07/11/2017	13600529
08/17/2017	Ochsner Clinic Llc	Ph.visit Office	\$329.00	\$181.09	Other Ins Paid		10/11/2017	10/13/2017	13600620
				\$62.91	Primary Adjustm	\$85.00	10/11/2017	10/13/2017	13600620
08/25/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$19.25	Other Ins Paid		12/04/2017	12/05/2017	13600670
				\$106.75	Primary Adjustm	\$85.00	12/04/2017	12/05/2017	13600670
02/23/2017	Southern Medical & Adaptive	Med Equipment	\$439.07	\$172.87	Primary Adjustm	\$266.20	01/03/2018	01/05/2018	13600685
<b>Claim # AGA-0088707 Totals :</b>			<b>\$3,902.07</b>	<b>\$2,955.87</b>		<b>\$946.20</b>			

## A-G Administrators, Inc. Claims History Report

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Rafael; Claim: AGA-0102649; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 05/07/2017</b>									
05/29/2017	Ochsner Medical Center	X-ray,Radiology	\$438.00	\$322.28	Primary Adjustm	\$115.72	07/11/2017	07/14/2017	13600536
06/02/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$364.00	\$217.34	Primary Adjustm	\$146.66	07/11/2017	07/14/2017	13600539
06/02/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$5.07	Primary Adjustm	\$124.93	07/11/2017	07/14/2017	13600539
05/29/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$151.28	Primary Adjustm		07/11/2017	07/14/2017	13600539
				\$99.72	Other Ins Paid	\$40.00	07/11/2017	07/14/2017	13600539
05/29/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.73	Primary Adjustm	\$16.27	07/11/2017	07/14/2017	13600539
05/29/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	07/11/2017	07/14/2017	13600539
06/02/2017	Ochsner Medical Center	Mri	\$2,388.17	\$70.89	Other Ins Paid		07/19/2017	07/21/2017	13600545
				\$2,132.28	Primary Adjustm	\$185.00	07/19/2017	07/21/2017	13600545
07/11/2017	Ortho Florida, LLC	Ph.visit Office	\$1,056.00	\$154.46	Other Ins Paid		08/03/2017	08/04/2017	13600558
				\$861.54	Primary Adjustm	\$40.00	08/03/2017	08/04/2017	13600558
08/11/2017	Ochsner Medical Center	Phys.therapy	\$1,536.02	\$638.29	Other Ins Paid		10/16/2017	10/17/2017	13600633
				\$738.16	Primary Adjustm	\$159.57	10/16/2017	10/17/2017	13600633
09/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$151.29	Primary Adjustm		11/06/2017	11/07/2017	999999999
				\$99.71	Other Ins Paid		11/06/2017	11/07/2017	999999999
				\$40.00	Not Covered	\$0.00	11/06/2017	11/07/2017	999999999
09/06/2017	Ochsner Medical Center	Phys.therapy	\$922.00	\$413.84	Other Ins Paid		11/21/2017	11/28/2017	13600666
				\$404.70	Primary Adjustm	\$103.46	11/21/2017	11/28/2017	13600666
10/02/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.10	Other Ins Paid		11/21/2017	11/28/2017	13600662
				\$149.90	Primary Adjustm	\$40.00	11/21/2017	11/28/2017	13600662
<b>Claim # AGA-0102649 Totals :</b>			<b>\$7,741.19</b>	<b>\$6,750.58</b>		<b>\$990.61</b>			

<b>M., Hunter; Claim: AGA-0086360; Activity: Mens Baseball; Diagnosis: Athletic Injury; Anatomy: L-lower Leg; Date Incurred: 01/25/2017</b>									
01/26/2017	Ochsner Health System	Ph.visit Office	\$289.00	\$239.00	Primary Adjustm	\$50.00	06/22/2017	06/23/2017	13600502
<b>Claim # AGA-0086360 Totals :</b>			<b>\$289.00</b>	<b>\$239.00</b>		<b>\$50.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>M., Spencer; Claim: AGA-0077143; Activity: Mens Baseball; Diagnosis: Athletic Injury; Anatomy: L-wrist; Date Incurred: 11/18/2016</b>									
11/23/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$81.98	Other Ins Paid		01/03/2017	01/04/2017	13600335
				\$154.02	Write-off	\$55.00	01/03/2017	01/04/2017	13600335
11/23/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Other Insurance	\$15.95	01/03/2017	01/04/2017	13600335
11/23/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$164.09	Write-off	\$54.91	01/06/2017	01/06/2017	13600342
<b>Claim # AGA-0077143 Totals :</b>			<b>\$527.00</b>	<b>\$401.14</b>		<b>\$125.86</b>			

<b>M., Nicholas; Claim: AGA-0088265; Activity: Mens Track; Diagnosis: Athletic Injury; Anatomy: Finger; Date Incurred: 02/09/2017</b>									
02/13/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	11/20/2017	11/21/2017	13600657
02/13/2017	First Health	First Health Repricing	\$6.08	\$0.00		\$6.08	11/20/2017	11/21/2017	13600650
02/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	11/20/2017	11/21/2017	13600656
02/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.38	First Health Disc	\$16.62	11/20/2017	11/21/2017	13600656
02/13/2017	First Health	First Health Repricing	\$30.28	\$0.00		\$30.28	11/20/2017	11/21/2017	13600654
<b>Claim # AGA-0088265 Totals :</b>			<b>\$506.36</b>	<b>\$242.39</b>		<b>\$263.97</b>			

<b>N., Andrea; Claim: AGA-0072015; Activity: Womens Volleyball; Diagnosis: Athletic Injury; Anatomy: Finger; Date Incurred: 10/12/2016</b>									
10/31/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.99	Other Insurance	\$16.01	12/01/2016	12/02/2016	13600311
10/31/2016	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	12/01/2016	12/02/2016	13600316
10/31/2016	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	12/01/2016	12/02/2016	13600309
10/31/2016	Ochsner Clinic Llc	Ph.visit Office	\$513.00	\$230.94	Other Insurance	\$282.06	12/22/2016	12/23/2016	13600334
<b>Claim # AGA-0072015 Totals :</b>			<b>\$698.07</b>	<b>\$272.43</b>		<b>\$425.64</b>			

<b>P., Aaron; Claim: AGA-0088704; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 01/22/2017</b>									
02/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Primary Adjustm	\$136.37	03/20/2017	03/21/2017	13600410
02/08/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.31	Primary Adjustm	\$18.69	03/20/2017	03/21/2017	13600410
02/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$717.00	\$468.01	Primary Adjustm	\$248.99	03/20/2017	03/21/2017	13600410
02/08/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$163.66	Primary Adjustm	\$55.34	03/29/2017	03/31/2017	13600418
04/24/2017	Ochsner Clinic Llc	Ph.visit Office	\$717.00	\$461.65	Primary Adjustm	\$255.35	06/21/2017	06/23/2017	13600510
<b>Claim # AGA-0088704 Totals :</b>			<b>\$1,961.00</b>	<b>\$1,246.26</b>		<b>\$714.74</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Makur; Claim: AGA-0082786; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 12/01/2016</b>									
12/01/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$4.08	Write-off	\$12.92	02/06/2017	02/07/2017	13600363
12/08/2016	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$129.60	Other Ins Paid	\$32.40	02/23/2017	02/24/2017	13600380
12/01/2016	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$129.60	Other Ins Paid	\$32.40	03/20/2017	03/21/2017	13600390
12/01/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$117.60	Other Ins Paid		03/20/2017	03/21/2017	13600401
				\$69.84	Primary Adjustm	\$103.56	03/20/2017	03/21/2017	13600401
12/08/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$175.71	Other Ins Paid		06/09/2017	06/13/2017	13600491
				\$69.36	Primary Adjustm	\$43.93	06/09/2017	06/13/2017	13600491
12/08/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$4.08	Primary Adjustm	\$12.92	08/04/2017	08/08/2017	13600560
<b>Claim # AGA-0082786 Totals :</b>			<b>\$938.00</b>	<b>\$699.87</b>		<b>\$238.13</b>			

<b>P., Makur; Claim: AGA-0083921; Activity: Mens Basketball; Diagnosis: Other Activities; Anatomy: Mouth; Date Incurred: 01/05/2017</b>									
01/11/2017	Nick Holtgrieve	Dental	\$150.00	\$0.00		\$150.00	03/30/2017	03/31/2017	13600422
01/13/2017	Nick Holtgrieve	Dental	\$1,195.00	\$0.00		\$1,195.00	03/30/2017	03/31/2017	13600422
01/23/2017	Nick Holtgrieve	Dental	\$1,195.00	\$0.00		\$1,195.00	03/30/2017	03/31/2017	13600422
01/23/2017	Nick Holtgrieve	Dental	\$1,195.00	\$0.00		\$1,195.00	03/30/2017	03/31/2017	13600422
<b>Claim # AGA-0083921 Totals :</b>			<b>\$3,735.00</b>	<b>\$0.00</b>		<b>\$3,735.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Q., Quintarius; Claim: AGA-0092584; Activity: Mens Track; Diagnosis: Athletic Injury; Anatomy: Toe; Date Incurred: 01/12/2017</b>									
03/14/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$43.59	Other Ins Paid		06/22/2017	06/23/2017	13600511
				\$142.51	Primary Adjustm	\$10.90	06/22/2017	06/23/2017	13600511
03/23/2017	Ochsner Medical Center	Cat Scan	\$1,500.00	\$492.22	Other Ins Paid		06/22/2017	06/23/2017	13600511
				\$884.73	Primary Adjustm	\$123.05	06/22/2017	06/23/2017	13600511
03/18/2017	Ochsner Medical Center	Mri	\$1,316.00	\$245.75	Other Ins Paid		06/22/2017	06/23/2017	13600511
				\$373.49	Primary Adjustm	\$696.76	06/22/2017	06/23/2017	13600511
03/14/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$12.51	Other Ins Paid		06/22/2017	06/23/2017	13600506
				\$0.36	Primary Adjustm	\$3.13	06/22/2017	06/23/2017	13600506
03/18/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$100.05	Other Ins Paid		06/22/2017	06/23/2017	13600506
				\$4.94	Primary Adjustm	\$25.01	06/22/2017	06/23/2017	13600506
03/23/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$103.00	\$75.10	Other Ins Paid		06/22/2017	06/23/2017	13600506
				\$9.12	Primary Adjustm	\$18.78	06/22/2017	06/23/2017	13600506
03/14/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$94.72	Other Ins Paid		06/22/2017	06/23/2017	13600506
				\$151.28	Primary Adjustm	\$45.00	06/22/2017	06/23/2017	13600506
<b>Claim # AGA-0092584 Totals :</b>			<b>\$3,553.00</b>	<b>\$2,630.37</b>		<b>\$922.63</b>			

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Q., Alyssa; Claim: AGA-0079073; Activity: Womens Basketball; Diagnosis: Fracture; Anatomy: Finger; Date Incurred: 12/04/2016</b>									
12/05/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$86.98	Other Ins Paid		01/05/2017	01/06/2017	13600341
				\$154.02	Write-off	\$50.00	01/05/2017	01/06/2017	13600341
12/05/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$14.36	Other Ins Paid		01/05/2017	01/06/2017	13600341
				\$1.05	Write-off	\$1.59	01/05/2017	01/06/2017	13600341
12/28/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$14.36	Other Ins Paid		01/23/2017	01/24/2017	13600346
				\$1.05	Write-off	\$1.59	01/23/2017	01/24/2017	13600346
12/05/2016	Ochsner Medical Foundation	X-ray,Radiology	\$162.00	\$46.91	Other Ins Paid		01/23/2017	01/24/2017	13600347
				\$109.88	Write-off	\$5.21	01/23/2017	01/24/2017	13600347
12/28/2016	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$46.91	Other Ins Paid		02/01/2017	02/03/2017	13600354
				\$109.88	Write-off	\$5.21	02/01/2017	02/03/2017	13600354
01/09/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$14.36	Other Ins Paid		02/06/2017	02/07/2017	13600365
				\$1.05	Write-off	\$1.59	02/06/2017	02/07/2017	13600365
01/09/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$85.85	Write-off	\$55.15	02/06/2017	02/07/2017	13600365
12/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$5.16	Other Ins Paid		02/06/2017	02/07/2017	13600364
				\$85.84	Write-off	\$50.00	02/06/2017	02/07/2017	13600364
01/09/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$46.91	Other Ins Paid		02/23/2017	02/24/2017	13600376
				\$109.88	Primary Adjustm	\$5.21	02/23/2017	02/24/2017	13600376
01/25/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$46.91	Other Ins Paid		03/20/2017	03/21/2017	13600389
				\$109.88	Primary Adjustm	\$5.21	03/20/2017	03/21/2017	13600389
01/25/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$85.85	Primary Adjustm	\$55.15	03/20/2017	03/21/2017	13600395
01/25/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Primary Adjustm		03/20/2017	03/21/2017	13600395
				\$14.36	Other Ins Paid	\$1.59	03/20/2017	03/21/2017	13600395
<b>Claim # AGA-0079073 Totals :</b>			<b>\$1,430.00</b>	<b>\$1,192.50</b>		<b>\$237.50</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Alireza; Claim: AGA-0087044; Activity: Mens Track; Diagnosis: Athletic Injury; Anatomy: Hand; Date Incurred: 01/14/2017</b>									
04/03/2017	LMG LLC	Ph.visit Office	\$320.00	\$211.18	Primary Adjustm	\$108.82	08/30/2017	09/01/2017	13600579
04/03/2017	LMG LLC	X-ray,Radiology	\$99.00	\$63.83	Primary Adjustm	\$35.17	08/30/2017	09/01/2017	13600579
01/27/2017	First Health	First Health Repricing	\$162.94	\$0.00		\$162.94	01/08/2018	01/09/2018	13600692
02/17/2017	First Health	First Health Repricing	\$49.35	\$0.00		\$49.35	01/08/2018	01/09/2018	13600690
01/27/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	01/08/2018	01/09/2018	13600694
02/14/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$285.69	First Health Disc	\$125.31	01/08/2018	01/09/2018	13600694
02/17/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$0.00		\$130.00	01/08/2018	01/09/2018	13600694
02/21/2017	Ochsner Clinic Llc	Drain/injection	\$331.00	\$271.68	First Health Disc	\$59.32	01/08/2018	01/09/2018	13600694
02/21/2017	Ochsner Clinic Llc	Medical Treatment	\$40.00	\$6.00	First Health Disc	\$34.00	01/08/2018	01/09/2018	13600694
02/21/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	01/08/2018	01/09/2018	13600694
03/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	01/08/2018	01/09/2018	13600694
02/17/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$329.00	First Health Disc	\$987.00	01/08/2018	01/09/2018	13600695
01/27/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$40.50	First Health Disc	\$121.50	01/08/2018	01/09/2018	13600691
01/30/2017	Ochsner Medical Center	Mri	\$1,316.00	\$1,316.00	Need EOB's	\$0.00	01/08/2018	01/09/2018	13600691
01/27/2017	First Health	First Health Repricing	\$6.07	\$0.00		\$6.07	01/08/2018	01/09/2018	13600688
03/07/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	03/19/2018	03/20/2018	13600733
03/07/2017	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	03/19/2018	03/20/2018	13600732
<b>Claim # AGA-0087044 Totals :</b>			<b>\$5,291.46</b>	<b>\$3,207.43</b>		<b>\$2,084.03</b>			

<b>R., Cameron; Claim: AGA-0077571; Activity: Mens Basketball; Diagnosis: Contusion; Anatomy: Shoulder; Date Incurred: 11/19/2016</b>									
11/28/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$22.00	\$16.47	Other Ins Paid		01/04/2017	01/06/2017	13600338
				\$1.41	Write-off	\$4.12	01/04/2017	01/06/2017	13600338
11/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$109.58	Other Ins Paid		01/04/2017	01/06/2017	13600338
				\$154.02	Write-off	\$27.40	01/04/2017	01/06/2017	13600338
11/28/2016	Ochsner Medical Center	X-ray,Radiology	\$202.00	\$52.41	Other Ins Paid		01/06/2017	01/10/2017	13600343
				\$136.49	Write-off	\$13.10	01/06/2017	01/10/2017	13600343
04/05/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.91	Primary Adjustm	\$139.09	06/21/2017	06/23/2017	13600508
<b>Claim # AGA-0077571 Totals :</b>			<b>\$804.00</b>	<b>\$620.29</b>		<b>\$183.71</b>			

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Lilli; Claim: AGA-0069711; Activity: Womens Track; Diagnosis: Pain; Anatomy: Hamstring; Date Incurred: 08/04/2016</b>									
09/12/2016	Ochsner Clinic Llc	Ph.visit Home	\$291.00	\$96.93	Other Ins Paid		12/19/2016	12/20/2016	13600328
				\$69.84	Write-off	\$124.23	12/19/2016	12/20/2016	13600328
<b>Claim # AGA-0069711 Totals :</b>			<b>\$291.00</b>	<b>\$166.77</b>		<b>\$124.23</b>			

Pay Dates: 01/01/1900 - 04/11/2018

Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>R., Jeffery; Claim: AGA-0072556; Activity: Mens Baseball; Diagnosis: Athletic Injury; Anatomy: R-knee; Date Incurred: 10/18/2016</b>									
10/19/2016	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$25.51	Other Ins Paid		12/01/2016	12/02/2016	13600317
				\$392.49	Write-off	\$40.00	12/01/2016	12/02/2016	13600317
10/28/2016	Ochsner Medical Center	Mri	\$1,316.00	\$750.46	Other Ins Paid		12/01/2016	12/02/2016	13600317
				\$415.54	Write-off	\$150.00	12/01/2016	12/02/2016	13600317
10/19/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$96.37	Other Ins Paid		12/01/2016	12/02/2016	13600315
				\$152.63	Write-off	\$40.00	12/01/2016	12/02/2016	13600315
10/24/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$96.37	Other Ins Paid		12/01/2016	12/02/2016	13600315
				\$152.63	Write-off	\$40.00	12/01/2016	12/02/2016	13600315
11/02/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$96.37	Other Ins Paid		12/01/2016	12/02/2016	13600315
				\$152.63	Write-off	\$40.00	12/01/2016	12/02/2016	13600315
11/11/2016	Ochsner Clinic Llc	Surgery	\$1,548.00	\$813.11	Other Ins Paid		12/09/2016	12/09/2016	13600322
				\$534.89	Write-off	\$200.00	12/09/2016	12/09/2016	13600322
11/11/2016	Ochsner Baptist A Campus	Surgery Center	\$20,238.67	\$6,950.76	Other Ins Paid		12/22/2016	12/23/2016	13600332
				\$13,187.91	Write-off	\$100.00	12/22/2016	12/23/2016	13600332
11/14/2016	Ochsner Medical Center	Phys.therapy	\$2,554.00	\$1,087.27	Other Ins Paid		01/26/2017	01/27/2017	13600349
				\$1,316.73	Write-off	\$150.00	01/26/2017	01/27/2017	13600349
12/02/2016	Ochsner Medical Center	Phys.therapy	\$483.00	\$207.07	Other Ins Paid		02/07/2017	02/10/2017	13600369
				\$245.93	Primary Adjustm	\$30.00	02/07/2017	02/10/2017	13600369
12/07/2016	Ochsner Medical Center	Phys.therapy	\$483.00	\$207.07	Other Ins Paid		02/07/2017	02/10/2017	13600369
				\$245.93	Primary Adjustm	\$30.00	02/07/2017	02/10/2017	13600369
12/09/2016	Ochsner Medical Center	Phys.therapy	\$483.00	\$207.07	Other Ins Paid		02/07/2017	02/10/2017	13600369
				\$245.93	Primary Adjustm	\$30.00	02/07/2017	02/10/2017	13600369
12/16/2016	Tallahassee Ortho & Sports Pt	Phys.therapy	\$600.00	\$122.88	Other Ins Paid		03/20/2017	03/21/2017	13600399
				\$387.12	Primary Adjustm	\$90.00	03/20/2017	03/21/2017	13600399
02/02/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$750.46	Other Ins Paid		03/20/2017	03/21/2017	13600404
				\$415.54	Primary Adjustm	\$150.00	03/20/2017	03/21/2017	13600404
02/01/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$203.02	Other Ins Paid		03/20/2017	03/21/2017	13600398
				\$45.98	Primary Adjustm	\$40.00	03/20/2017	03/21/2017	13600398
02/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$203.02	Other Ins Paid		03/20/2017	03/21/2017	13600398
				\$45.98	Primary Adjustm	\$40.00	03/20/2017	03/21/2017	13600398
02/22/2017	Ochsner Home Medical Equipment	Med Equipment	\$1,005.94	\$409.12	Other Ins Paid		05/02/2017	05/05/2017	13600449
				\$421.49	Primary Adjustm	\$175.33	05/02/2017	05/05/2017	13600449

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Claim # AGA-0072556 Totals :</b>			<b>\$31,930.61</b>	<b>\$30,585.28</b>		<b>\$1,345.33</b>			

<b>R., Courtney; Claim: AGA-0087046; Activity: Womens Volleyball; Diagnosis: Athletic Injury; Anatomy: Foot; Date Incurred: 11/01/2016</b>									
03/06/2017	Ochsner Medical Center	Phys.therapy	\$1,797.00	\$744.00	Other Ins Paid		05/16/2017	05/19/2017	13600469
				\$918.00	Primary Adjustm	\$135.00	05/16/2017	05/19/2017	13600469
<b>Claim # AGA-0087046 Totals :</b>			<b>\$1,797.00</b>	<b>\$1,662.00</b>		<b>\$135.00</b>			

<b>R., Courtney; Claim: AGA-0101653; Activity: Womens Volleyball; Diagnosis: Athletic Injury; Anatomy: Chest; Date Incurred: 04/04/2017</b>									
05/30/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$128.76	Other Ins Paid		07/07/2017	07/11/2017	13600522
				\$135.24	Primary Adjustm	\$25.00	07/07/2017	07/11/2017	13600522
05/31/2017	Ochsner Clinic Llc	Tests/procedures	\$107.00	\$60.24	Other Ins Paid		07/07/2017	07/11/2017	13600522
				\$31.70	Primary Adjustm	\$15.06	07/07/2017	07/11/2017	13600522
05/31/2017	Ochsner Clinic Llc	Tests/procedures	\$225.00	\$180.00	Other Ins Paid	\$45.00	07/07/2017	07/11/2017	13600522
05/31/2017	Ochsner Clinic Llc	Tests/procedures	\$64.00	\$12.01	Primary Adjustm		08/09/2017	08/11/2017	13600565
				\$41.59	Other Ins Paid	\$10.40	08/09/2017	08/11/2017	13600565
<b>Claim # AGA-0101653 Totals :</b>			<b>\$685.00</b>	<b>\$589.54</b>		<b>\$95.46</b>			

<b>S., Gavin; Claim: AGA-0086368; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 01/10/2017</b>									
01/10/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$26.14	Write-off	\$21.86	02/02/2017	02/03/2017	13600359
01/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$7.67	Write-off	\$125.33	02/02/2017	02/03/2017	13600359
01/13/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$415.54	Primary Adjustm	\$900.46	02/14/2017	02/17/2017	13600374
01/10/2017	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$392.49	Primary Adjustm	\$65.51	02/23/2017	02/24/2017	13600383
01/10/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$91.37	Other Ins Paid		03/20/2017	03/21/2017	13600402
				\$152.63	Primary Adjustm	\$45.00	03/20/2017	03/21/2017	13600402
01/17/2017	Ochsner Clinic Llc	Surgery	\$1,548.00	\$921.27	Other Ins Paid		03/20/2017	03/21/2017	13600402
				\$534.89	Primary Adjustm	\$91.84	03/20/2017	03/21/2017	13600402
<b>Claim # AGA-0086368 Totals :</b>			<b>\$3,792.00</b>	<b>\$2,542.00</b>		<b>\$1,250.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Dario; Claim: AGA-0092627; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 02/20/2017</b>									
02/20/2017	Ochsner Home Medical Equipment	Med Equipment	\$14.69	\$0.00		\$14.69	09/07/2017	09/08/2017	13600586
03/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$176.93	Other Ins Paid		09/07/2017	09/08/2017	13600590
				\$69.84	Primary Adjustm	\$44.23	09/07/2017	09/08/2017	13600590
02/20/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$87.33	Other Ins Paid	\$109.67	09/07/2017	09/08/2017	13600596
<b>Claim # AGA-0092627 Totals :</b>			<b>\$502.69</b>	<b>\$334.10</b>		<b>\$168.59</b>			

<b>S., Dario; Claim: AGA-0099821; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 11/14/2016</b>									
12/05/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	08/31/2017	09/01/2017	13600582
12/08/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$6.82	First Health Disc	\$126.18	08/31/2017	09/01/2017	13600582
12/05/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	08/31/2017	09/01/2017	13600582
12/05/2016	First Health	First Health Repricing	\$33.35	\$0.00		\$33.35	08/31/2017	09/01/2017	13600574
12/08/2016	Ochsner Baptist A Campus	Mri	\$1,775.00	\$443.75	First Health Disc	\$1,331.25	08/31/2017	09/01/2017	13600584
12/08/2016	First Health	First Health Repricing	\$66.56	\$0.00		\$66.56	08/31/2017	09/01/2017	13600576
12/05/2016	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$54.75	First Health Disc	\$164.25	10/16/2017	10/17/2017	13600634
12/05/2016	First Health	First Health Repricing	\$8.21	\$0.00		\$8.21	10/16/2017	10/17/2017	13600623
<b>Claim # AGA-0099821 Totals :</b>			<b>\$2,541.12</b>	<b>\$720.85</b>		<b>\$1,820.27</b>			

<b>S., Anna; Claim: AGA-0087655; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: R-foot; Date Incurred: 01/16/2017</b>									
01/30/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$155.71	Other Ins Paid		03/20/2017	03/21/2017	13600396
				\$69.36	Primary Adjustm	\$63.93	03/20/2017	03/21/2017	13600396
01/16/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$4.08	Primary Adjustm	\$12.92	05/02/2017	05/05/2017	13600446
<b>Claim # AGA-0087655 Totals :</b>			<b>\$306.00</b>	<b>\$229.15</b>		<b>\$76.85</b>			

<b>S., Anna; Claim: AGA-0099209; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 01/16/2017</b>									
04/05/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$155.71	Other Ins Paid		08/10/2017	08/11/2017	13600567
				\$69.36	Primary Adjustm	\$63.93	08/10/2017	08/11/2017	13600567
04/05/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$4.08	Primary Adjustm	\$12.92	08/10/2017	08/11/2017	13600567
04/06/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$133.00	Need EOB's	\$0.00	01/30/2018	02/02/2018	99999999
<b>Claim # AGA-0099209 Totals :</b>			<b>\$439.00</b>	<b>\$362.15</b>		<b>\$76.85</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Shawn; Claim: AGA-0097017; Activity: Mens Baseball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 02/19/2017</b>									
02/20/2017	Ochsner Clinic Llc	Tests/procedures	\$531.00	\$310.93	Primary Adjustm		05/08/2017	05/09/2017	13600452
				\$180.07	Other Ins Paid	\$40.00	05/08/2017	05/09/2017	13600452
02/19/2017	Belle Chasse Emergency	Emrg.room	\$1,360.00	\$489.60	Primary Adjustm	\$870.40	07/19/2017	07/21/2017	13600548
02/19/2017	Ochsner Baptist A Campus	Emrg.room	\$1,517.00	\$446.15	Other Ins Paid		08/04/2017	08/08/2017	13600563
				\$679.72	Primary Adjustm	\$391.13	08/04/2017	08/08/2017	13600563
02/19/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$82.00	\$4.69	Primary Adjustm	\$77.31	09/07/2017	09/08/2017	13600595
<b>Claim # AGA-0097017 Totals :</b>			<b>\$3,490.00</b>	<b>\$2,111.16</b>		<b>\$1,378.84</b>			

<b>S., Michael; Claim: AGA-0097482; Activity: Mens Golf; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 03/27/2017</b>									
04/08/2017	Ochsner Baptist A Campus	Mri	\$1,775.00	\$372.10	Other Ins Paid		05/08/2017	05/09/2017	13600456
				\$1,172.58	Primary Adjustm	\$230.32	05/08/2017	05/09/2017	13600456
04/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$363.00	\$162.60	Other Ins Paid		05/08/2017	05/09/2017	13600454
				\$159.77	Primary Adjustm	\$40.63	05/08/2017	05/09/2017	13600454
04/10/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$115.39	Other Ins Paid		05/08/2017	05/09/2017	13600454
				\$144.77	Primary Adjustm	\$28.84	05/08/2017	05/09/2017	13600454
04/08/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$98.22	Other Ins Paid		05/08/2017	05/09/2017	13600454
				\$10.22	Primary Adjustm	\$24.56	05/08/2017	05/09/2017	13600454
04/06/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$12.80	Other Ins Paid		05/08/2017	05/09/2017	13600454
				\$1.00	Primary Adjustm	\$3.20	05/08/2017	05/09/2017	13600454
04/06/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$59.38	Primary Adjustm	\$159.62	06/01/2017	06/02/2017	13600484
04/06/2017	Ochsner Home Medical Equipment	Med Equipment	\$255.00	\$80.99	Other Ins Paid		06/09/2017	06/13/2017	13600489
				\$153.76	Primary Adjustm	\$20.25	06/09/2017	06/13/2017	13600489
<b>Claim # AGA-0097482 Totals :</b>			<b>\$3,051.00</b>	<b>\$2,543.58</b>		<b>\$507.42</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Jacob; Claim: AGA-0082657; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Spleen; Date Incurred: 11/17/2016</b>									
11/17/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$194.00	\$29.10	First Health Disc	\$164.90	01/27/2017	01/27/2017	13600350
11/17/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$18.00	\$0.91	First Health Disc	\$17.09	01/27/2017	01/27/2017	13600350
11/29/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	01/27/2017	01/27/2017	13600350
11/17/2016	First Health	First Health Repricing	\$28.60	\$0.00		\$28.60	01/27/2017	01/27/2017	13600348
01/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	01/31/2017	02/03/2017	13600356
01/06/2017	First Health	First Health Repricing	\$24.10	\$0.00		\$24.10	01/31/2017	02/03/2017	13600355
11/17/2016	Ochsner Medical Center	Emrg.room	\$61,241.23	\$20,444.82	Other Ins Paid		02/01/2017	02/03/2017	13600362
				\$37,296.41	Write-off	\$3,500.00	02/01/2017	02/03/2017	13600362
01/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$160.68	First Health Disc	\$50.32	02/10/2017	02/14/2017	13600373
01/17/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$155.00	\$19.63	Primary Adjustm	\$135.37	02/10/2017	02/14/2017	13600373
01/16/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$22.00	\$1.08	First Health Disc	\$20.92	02/10/2017	02/14/2017	13600373
01/16/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$23.00	\$0.15	First Health Disc	\$22.85	02/10/2017	02/14/2017	13600373
01/16/2017	First Health	First Health Repricing	\$24.29	\$0.00		\$24.29	02/10/2017	02/14/2017	13600372
01/16/2017	Ochsner Medical Center	X-ray,Radiology	\$387.00	\$263.36	Primary Adjustm	\$123.64	03/23/2017	03/24/2017	13600411
01/13/2017	Baton Rouge Radiology Group	Mri,X-ray Interp.	\$525.00	\$389.13	Primary Adjustm	\$135.87	03/23/2017	03/24/2017	13600412
01/13/2017	Ochsner Medical Center	Cat Scan	\$3,707.22	\$2,738.07	Primary Adjustm	\$969.15	09/11/2017	09/12/2017	13600607
01/17/2017	Ochsner Baptist A Campus	Mri	\$1,481.00	\$576.69	Primary Adjustm	\$904.31	10/16/2017	10/17/2017	13600639
<b>Claim # AGA-0082657 Totals :</b>			<b>\$68,463.44</b>	<b>\$62,241.39</b>		<b>\$6,222.05</b>			

<b>S., John; Claim: AGA-0088705; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-elbow; Date Incurred: 02/01/2017</b>									
02/15/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$52.39	Other Ins Paid		03/20/2017	03/21/2017	13600392
				\$118.61	Primary Adjustm	\$40.00	03/20/2017	03/21/2017	13600392
02/09/2017	Ochsner Medical Center	Mri	\$2,915.16	\$119.76	Other Ins Paid		03/29/2017	03/31/2017	13600420
				\$2,670.40	Primary Adjustm	\$125.00	03/29/2017	03/31/2017	13600420
02/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$96.98	Other Ins Paid		06/01/2017	06/02/2017	13600479
				\$154.02	Primary Adjustm	\$40.00	06/01/2017	06/02/2017	13600479
<b>Claim # AGA-0088705 Totals :</b>			<b>\$3,417.16</b>	<b>\$3,212.16</b>		<b>\$205.00</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Jada; Claim: AGA-0072555; Activity: Womens Basketball; Diagnosis: Athletic Injury; Anatomy: Head; Date Incurred: 10/25/2016</b>									
10/27/2016	Ochsner Clinic Llc	Ph.visit Office	\$372.00	\$147.64	Other Ins Paid		12/01/2016	12/02/2016	13600314
				\$189.36	Write-off	\$35.00	12/01/2016	12/02/2016	13600314
11/01/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off		12/01/2016	12/02/2016	13600314
				\$101.37	Other Ins Paid	\$35.00	12/01/2016	12/02/2016	13600314
<b>Claim # AGA-0072555 Totals :</b>			<b>\$661.00</b>	<b>\$591.00</b>		<b>\$70.00</b>			

<b>S., Jada; Claim: AGA-0091957; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Date Incurred: 02/01/2017</b>									
02/08/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$112.62	Primary Adjustm	\$49.38	03/20/2018	03/23/2018	13600737
02/08/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$101.37	Other Ins Paid		03/20/2018	03/23/2018	13600738
				\$152.63	Primary Adjustm	\$35.00	03/20/2018	03/23/2018	13600738
02/27/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$101.37	Other Ins Paid		03/20/2018	03/23/2018	13600738
				\$152.63	Primary Adjustm	\$35.00	03/20/2018	03/23/2018	13600738
02/08/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Primary Adjustm	\$15.95	03/20/2018	03/23/2018	13600738
02/01/2018	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$104.10	Other Ins Paid		04/03/2018	04/04/2018	13600750
				\$149.90	Primary Adjustm	\$35.00	04/03/2018	04/04/2018	13600750
02/01/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$20.00	\$13.30	Other Ins Paid		04/03/2018	04/04/2018	13600750
				\$4.36	Primary Adjustm	\$2.34	04/03/2018	04/04/2018	13600750
<b>Claim # AGA-0091957 Totals :</b>			<b>\$1,066.00</b>	<b>\$893.33</b>		<b>\$172.67</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Jada; Claim: AGA-0101163; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-wrist; Date Incurred: 04/10/2017</b>									
05/01/2017	Ochsner Home Medical Equipment	Med Equipment	\$255.00	\$140.03	Other Ins Paid		01/08/2018	01/09/2018	13600689
				\$90.27	Primary Adjustm	\$24.70	01/08/2018	01/09/2018	13600689
05/10/2017	Ochsner Medical Center	Surgery Center	\$10,619.14	\$4,551.58	Other Ins Paid		01/08/2018	01/09/2018	13600696
				\$5,264.35	Primary Adjustm	\$803.21	01/08/2018	01/09/2018	13600696
04/10/2017	Ochsner Medical Center	X-ray,Radiology	\$381.00	\$269.10	Primary Adjustm	\$111.90	01/08/2018	01/09/2018	13600696
04/21/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$157.60	Other Ins Paid	\$39.40	01/08/2018	01/09/2018	13600696
06/06/2017	Ochsner Medical Center	Phys.therapy	\$1,669.00	\$673.00	Other Ins Paid		01/08/2018	01/09/2018	13600696
				\$921.00	Primary Adjustm	\$75.00	01/08/2018	01/09/2018	13600696
05/10/2017	Ochsner Clinic Llc	Anesthesia	\$527.60	\$313.40	Primary Adjustm		01/08/2018	01/09/2018	13600693
				\$182.07	Other Ins Paid	\$32.13	01/08/2018	01/09/2018	13600693
04/10/2017	Ochsner Clinic Llc	Surgery	\$916.00	\$310.53	Primary Adjustm		01/08/2018	01/09/2018	13600693
				\$485.38	Other Ins Paid	\$120.09	01/08/2018	01/09/2018	13600693
05/01/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$195.93	Primary Adjustm		01/08/2018	01/09/2018	13600693
				\$180.07	Other Ins Paid	\$35.00	01/08/2018	01/09/2018	13600693
04/10/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$34.00	\$1.46	Primary Adjustm	\$32.54	01/08/2018	01/09/2018	13600693
04/10/2017	Ochsner Clinic Llc	Ph.visit Office	\$662.00	\$461.97	Primary Adjustm		01/08/2018	01/09/2018	13600693
				\$59.24	Other Ins Paid	\$140.79	01/08/2018	01/09/2018	13600693
08/18/2017	Owens Recovery Science	Med Equipment	\$5,133.00	\$0.00		\$5,133.00	01/16/2018	01/17/2018	13600699
09/09/2017	Ochsner Clinic Llc	X-ray,Radiology	\$119.00	\$93.06	Other Ins Paid		03/20/2018	03/23/2018	13600735
				\$9.53	Primary Adjustm	\$16.41	03/20/2018	03/23/2018	13600735
	Ochsner Clinic Llc		\$0.00	\$0.00		-\$39.40	03/27/2018	03/27/2018	0
<b>Claim # AGA-0101163 Totals :</b>			<b>\$20,923.74</b>	<b>\$14,398.97</b>		<b>\$6,524.77</b>			

<b>T., Sarah; Claim: AGA-0063196; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Hamstring; Date Incurred: 08/08/2016</b>									
02/15/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$12.30	Other Ins Paid		04/03/2017	04/04/2017	13600423
				\$0.63	Primary Adjustm	\$3.07	04/03/2017	04/04/2017	13600423
<b>Claim # AGA-0063196 Totals :</b>			<b>\$16.00</b>	<b>\$12.93</b>		<b>\$3.07</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Sarah; Claim: AGA-0069294; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 09/12/2016</b>									
10/03/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$26.08	Write-off	\$21.92	11/02/2016	11/04/2016	13600282
10/03/2016	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$114.65	Write-off		11/15/2016	11/18/2016	13600304
				\$236.35	Other Ins Paid	\$60.00	11/15/2016	11/18/2016	13600304
12/28/2016	Ochsner Medical Center	Cat Scan	\$1,146.00	\$794.85	Other Ins Paid		01/30/2017	01/31/2017	13600353
				\$52.43	Write-off	\$298.72	01/30/2017	01/31/2017	13600353
01/05/2017	Texas Children's Hospital	Phys.therapy	\$546.00	\$279.56	Other Ins Paid		01/30/2017	01/31/2017	13600352
				\$196.56	Write-off	\$69.88	01/30/2017	01/31/2017	13600352
12/30/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$1.52	Primary Adjustm	\$17.48	02/09/2017	02/10/2017	13600366
12/28/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$131.67	Other Ins Paid		02/07/2017	02/10/2017	13600368
				\$97.33	Primary Adjustm	\$60.00	02/07/2017	02/10/2017	13600368
12/30/2016	Anesthesia Consultants Of Sout	Anesthesia	\$3,040.00	\$445.01	Other Ins Paid		02/23/2017	02/24/2017	13600386
				\$2,483.74	Primary Adjustm	\$111.25	02/23/2017	02/24/2017	13600386
01/06/2017	Texas Children's Hospital	Phys.therapy	\$1,009.00	\$516.61	Other Ins Paid		03/20/2017	03/21/2017	13600408
				\$363.24	Primary Adjustm	\$129.15	03/20/2017	03/21/2017	13600408
01/09/2017	Texas Children's Hospital	Phys.therapy	\$1,009.00	\$516.61	Other Ins Paid		03/20/2017	03/21/2017	13600408
				\$363.24	Primary Adjustm	\$129.15	03/20/2017	03/21/2017	13600408
01/12/2017	Texas Children's Hospital	Phys.therapy	\$794.00	\$406.53	Other Ins Paid		04/07/2017	04/11/2017	13600432
				\$285.84	Primary Adjustm	\$101.63	04/07/2017	04/11/2017	13600432
01/11/2017	Texas Children's Hospital	Phys.therapy	\$1,009.00	\$516.61	Other Ins Paid		04/18/2017	04/21/2017	13600435
				\$363.24	Primary Adjustm	\$129.15	04/18/2017	04/21/2017	13600435
12/30/2016	Ochsner Baptist A Campus	Surgery Center	\$42,889.57	\$9,299.80	Other Ins Paid		06/21/2017	06/23/2017	13600512
				\$31,114.82	Primary Adjustm	\$2,474.95	06/21/2017	06/23/2017	13600512
12/30/2016	Anesthesia Consultants Of Sout	Anesthesia	\$1,710.00	\$336.00	Other Ins Paid		07/19/2017	07/21/2017	13600544
				\$1,290.00	Primary Adjustm	\$84.00	07/19/2017	07/21/2017	13600544
12/30/2016	Ochsner Clinic Llc	Surgery	\$5,379.00	\$1,808.47	Other Ins Paid		07/19/2017	07/21/2017	13600547
				\$2,908.49	Primary Adjustm	\$662.04	07/19/2017	07/21/2017	13600547
05/02/2017	Recovery Pump	Med Equipment	\$3,000.00	\$1,700.00	Disc:occunet	\$1,300.00	07/26/2017	07/28/2017	13600555
05/02/2017	Recovery Pump	Med Equipment	\$1,000.00	\$625.00	Disc:occunet	\$375.00	07/26/2017	07/28/2017	13600555
05/02/2017	Provider Alliance Network	Provider Alliance	\$465.00	\$0.00		\$465.00	07/26/2017	07/28/2017	13600554
06/26/2017	Ochsner Clinic Llc	Ph.visit Office	\$141.00	\$20.29	Other Ins Paid		08/03/2017	08/04/2017	13600559
				\$60.71	Primary Adjustm	\$60.00	08/03/2017	08/04/2017	13600559
10/03/2016	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$341.66	Primary Adjustm	\$116.34	09/11/2017	09/12/2017	13600604
08/14/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$138.34	Other Ins Paid		10/06/2017	10/06/2017	13600613

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Sarah; Claim: AGA-0069294; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 09/12/2016</b>									
				\$90.66	Primary Adjustm	\$60.00	10/06/2017	10/06/2017	13600613
08/18/2017	Ochsner Clinic Llc	Drain/injection	\$447.00	\$91.18	Other Ins Paid		10/06/2017	10/06/2017	13600613
				\$333.03	Primary Adjustm	\$22.79	10/06/2017	10/06/2017	13600613
08/22/2017	Ochsner Medical Center	Phys.therapy	\$322.00	\$124.70	Other Ins Paid		10/06/2017	10/06/2017	13600611
				\$166.12	Primary Adjustm	\$31.18	10/06/2017	10/06/2017	13600611
<b>Claim # AGA-0069294 Totals :</b>			<b>\$65,420.57</b>	<b>\$58,640.94</b>		<b>\$6,779.63</b>			

<b>T., Erik; Claim: AGA-0098704; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Bilateral Knee; Date Incurred: 04/01/2017</b>									
04/24/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$126.02	Primary Adjustm	\$162.98	07/10/2017	07/11/2017	13600525
<b>Claim # AGA-0098704 Totals :</b>			<b>\$289.00</b>	<b>\$126.02</b>		<b>\$162.98</b>			

<b>V., Orynn; Claim: AGA-0072557; Activity: Mens Baseball; Diagnosis: Athletic Injury; Anatomy: R-elbow; Date Incurred: 10/22/2016</b>									
10/26/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Write-off	\$15.95	11/15/2016	11/18/2016	13600303
10/26/2016	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$86.98	Other Ins Paid		12/01/2016	12/02/2016	13600313
				\$154.02	Write-off	\$50.00	12/01/2016	12/02/2016	13600313
11/09/2016	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$42.39	Other Ins Paid		12/09/2016	12/09/2016	13600321
				\$118.61	Write-off	\$50.00	12/09/2016	12/09/2016	13600321
<b>Claim # AGA-0072557 Totals :</b>			<b>\$519.00</b>	<b>\$403.05</b>		<b>\$115.95</b>			

<b>V., Corey; Claim: AGA-0072553; Activity: Mens Basketball; Diagnosis: Athletic Injury; Anatomy: Hand; Date Incurred: 10/19/2016</b>									
10/19/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.24	Other Ins Paid		12/01/2016	12/02/2016	13600312
				\$144.76	Write-off	\$45.00	12/01/2016	12/02/2016	13600312
11/16/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.24	Other Ins Paid		12/09/2016	12/09/2016	13600320
				\$144.76	Write-off	\$45.00	12/09/2016	12/09/2016	13600320
12/05/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$99.24	Other Ins Paid		01/04/2017	01/06/2017	13600339
				\$144.76	Write-off	\$45.00	01/04/2017	01/06/2017	13600339
11/04/2016	Ochsner Clinic Llc	Phys.therapy	\$72.00	\$16.28	Primary Adjustm		04/05/2017	04/07/2017	13600425
				\$30.72	Other Ins Paid	\$25.00	04/05/2017	04/07/2017	13600425
<b>Claim # AGA-0072553 Totals :</b>			<b>\$939.00</b>	<b>\$779.00</b>		<b>\$160.00</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Brian; Claim: AGA-0099799; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Finger; Date Incurred: 04/28/2017</b>									
05/02/2017	Ochsner Clinic Llc	Phys.therapy	\$256.00	\$38.40	First Health Disc	\$217.60	06/12/2017	06/13/2017	13600496
05/02/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	06/12/2017	06/13/2017	13600496
05/02/2017	First Health	First Health Repricing	\$35.99	\$0.00		\$35.99	06/12/2017	06/13/2017	13600490
05/16/2017	First Health	First Health Repricing	\$64.77	\$0.00		\$64.77	09/06/2017	09/08/2017	13600593
05/02/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	09/06/2017	09/08/2017	13600587
05/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	09/06/2017	09/08/2017	13600598
05/16/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.38	First Health Disc	\$16.62	09/06/2017	09/08/2017	13600598
05/29/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.38	First Health Disc	\$16.62	09/06/2017	09/08/2017	13600598
05/29/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	09/06/2017	09/08/2017	13600598
<b>Claim # AGA-0099799 Totals :</b>			<b>\$1,276.76</b>	<b>\$671.73</b>		<b>\$605.03</b>			

<b>W., Asia; Claim: AGA-0105385; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 06/27/2017</b>									
06/29/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$30.69	Primary Adjustm	\$17.31	04/03/2018	04/04/2018	13600758
06/29/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$125.94	Primary Adjustm		04/03/2018	04/04/2018	13600758
				\$115.06	Other Ins Paid	\$50.00	04/03/2018	04/04/2018	13600758
07/06/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$31.93	Primary Adjustm	\$101.07	04/03/2018	04/04/2018	13600758
<b>Claim # AGA-0105385 Totals :</b>			<b>\$472.00</b>	<b>\$303.62</b>		<b>\$168.38</b>			

<b>W., Danielle; Claim: AGA-0065876; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 08/15/2016</b>									
08/19/2016	Ochsner Clinic Llc	Phys.therapy	\$72.00	\$18.20	Write-off		09/19/2016	09/20/2016	13600268
				\$43.04	Other Ins Paid	\$10.76	09/19/2016	09/20/2016	13600268
08/19/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Write-off		09/19/2016	09/20/2016	13600268
				\$12.76	Other Ins Paid	\$3.19	09/19/2016	09/20/2016	13600268
08/19/2016	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$109.10	Other Ins Paid		09/22/2016	09/23/2016	13600269
				\$152.63	Write-off	\$27.27	09/22/2016	09/23/2016	13600269
09/10/2016	Ochsner Clinic Llc	Mri,X-ray Interp.	\$130.00	\$97.99	Other Ins Paid		10/06/2016	10/07/2016	13600274
				\$7.52	Write-off	\$24.49	10/06/2016	10/07/2016	13600274
09/10/2016	Ochsner Baptist A Campus	Mri	\$1,316.00	\$721.12	Other Ins Paid		10/05/2017	10/06/2017	13600614
				\$414.60	Primary Adjustm	\$180.28	10/05/2017	10/06/2017	13600614
<b>Claim # AGA-0065876 Totals :</b>			<b>\$1,824.00</b>	<b>\$1,578.01</b>		<b>\$245.99</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Danielle; Claim: AGA-0087043; Activity: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: Wrist; Date Incurred: 01/05/2017</b>									
01/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$152.63	Write-off	\$136.37	02/08/2017	02/10/2017	13600370
01/16/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$164.09	Primary Adjustm	\$54.91	02/23/2017	02/24/2017	13600382
01/16/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$1.05	Primary Adjustm	\$15.95	02/23/2017	02/24/2017	13600378
<b>Claim # AGA-0087043 Totals :</b>			<b>\$525.00</b>	<b>\$317.77</b>		<b>\$207.23</b>			

<b>2016 Sub Total: Checking Account UNIVERSITY OF NEW ORLEAN</b>			<b>\$510,625.40</b>	<b>\$420,873.91</b>		<b>\$89,751.49</b>			
<b>2016 Sub Total: Coverage Intercollegiate Sports Totals:</b>			<b>\$510,625.40</b>	<b>\$420,873.91</b>		<b>\$89,751.49</b>			
<b>2016 Sub Total: Policy ICS L00600024 004 Totals:</b>			<b>\$510,625.40</b>	<b>\$420,873.91</b>		<b>\$89,751.49</b>			
<b>2016 Sub Totals:</b>			<b>\$510,625.40</b>	<b>\$420,873.91</b>		<b>\$89,751.49</b>			

Underwriting Year: 2017

Policy: COL L006000002405

Coverage: Intercollegiate Sports

Checking Account: UNIVERSITY OF NEW ORLEANS

<b>A., Kyle; Claim: AGA-0113628; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 09/19/2017</b>									
09/22/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$148.12	Primary Adjustm	\$142.88	01/30/2018	02/02/2018	13600713
10/09/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$100.00	Other Ins Paid		03/26/2018	03/27/2018	13600743
				\$149.30	Primary Adjustm	\$39.70	03/26/2018	03/27/2018	13600743
<b>Claim # AGA-0113628 Totals :</b>			<b>\$580.00</b>	<b>\$397.42</b>		<b>\$182.58</b>			

<b>B., Lamont; Claim: AGA-0106090; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Medical Screening; Date Incurred: 07/18/2017</b>									
07/21/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$138.73	Primary Adjustm	\$152.27	09/06/2017	09/08/2017	13600597
07/28/2017	Ochsner Clinic Llc	Tests/procedures	\$64.00	\$17.29	Primary Adjustm	\$46.71	10/12/2017	10/13/2017	13600618
08/22/2017	Ochsner Medical Center	Lab,Pathology	\$55.00	\$44.11	Primary Adjustm	\$10.89	11/09/2017	11/10/2017	13600648
07/26/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$209.14	Primary Adjustm	\$201.86	12/06/2017	12/08/2017	13600676
<b>Claim # AGA-0106090 Totals :</b>			<b>\$821.00</b>	<b>\$409.27</b>		<b>\$411.73</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>B., Rondolyn; Claim: AGA-0131721; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/04/2017</b>									
10/13/2017	Ochsner Medical Center	Mri	\$1,316.00	\$291.05	Other Ins Paid		01/30/2018	02/02/2018	13600717
				\$374.56	Primary Adjustm	\$650.39	01/30/2018	02/02/2018	13600717
10/23/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.90	Primary Adjustm	\$139.10	01/30/2018	02/02/2018	13600716
10/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$149.90	Primary Adjustm	\$139.10	01/30/2018	02/02/2018	13600716
10/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$5.16	Primary Adjustm	\$127.84	01/30/2018	02/02/2018	13600716
<b>Claim # AGA-0131721 Totals :</b>			<b>\$2,027.00</b>	<b>\$970.57</b>		<b>\$1,056.43</b>			

<b>C., Diontae; Claim: AGA-0105423; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 07/12/2017</b>									
07/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$263.00	\$15.88	Primary Adjustm	\$247.12	10/11/2017	10/13/2017	13600622
08/24/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$138.73	Primary Adjustm		10/11/2017	10/13/2017	13600622
				\$92.27	Other Ins Paid	\$60.00	10/11/2017	10/13/2017	13600622
<b>Claim # AGA-0105423 Totals :</b>			<b>\$554.00</b>	<b>\$246.88</b>		<b>\$307.12</b>			

<b>C., Diontae; Claim: AGA-0133183; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 01/10/2018</b>									
01/12/2018	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$171.77	Other Ins Paid		04/03/2018	04/04/2018	13600753
				\$179.23	Primary Adjustm	\$60.00	04/03/2018	04/04/2018	13600753
<b>Claim # AGA-0133183 Totals :</b>			<b>\$411.00</b>	<b>\$351.00</b>		<b>\$60.00</b>			

<b>G., Claudette; Claim: AGA-0113825; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: Head; Date Incurred: 09/16/2017</b>									
09/21/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$229.89	Other Ins Paid		01/29/2018	01/30/2018	13600707
				\$98.64	Primary Adjustm	\$82.47	01/29/2018	01/30/2018	13600707
<b>Claim # AGA-0113825 Totals :</b>			<b>\$411.00</b>	<b>\$328.53</b>		<b>\$82.47</b>			

<b>G., Kaitlyn; Claim: AGA-0112992; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-ankle; Date Incurred: 09/16/2017</b>									
10/02/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$34.00	\$2.35	Primary Adjustm	\$31.65	11/21/2017	11/28/2017	13600661
10/02/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$158.34	Other Ins Paid		12/06/2017	12/08/2017	13600672
				\$90.66	Primary Adjustm	\$40.00	12/06/2017	12/08/2017	13600672
12/04/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$12.68	Other Ins Paid		02/15/2018	02/16/2018	13600718
				\$0.15	Primary Adjustm	\$3.17	02/15/2018	02/16/2018	13600718
<b>Claim # AGA-0112992 Totals :</b>			<b>\$339.00</b>	<b>\$264.18</b>		<b>\$74.82</b>			

Pay Dates: 01/01/1900 - 04/11/2018

## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>G., Kaitlyn; Claim: AGA-0114725; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 09/20/2017</b>									
10/02/2017	Ochsner Medical Center	X-ray,Radiology	\$324.00	\$243.72	Primary Adjustm	\$80.28	11/21/2017	11/28/2017	13600664
<b>Claim # AGA-0114725 Totals :</b>			<b>\$324.00</b>	<b>\$243.72</b>		<b>\$80.28</b>			

<b>G., Kaitlyn; Claim: AGA-0122476; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 10/04/2017</b>									
12/04/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$141.57	Primary Adjustm		02/01/2018	02/02/2018	13600708
				\$61.94	Other Ins Paid	\$15.49	02/01/2018	02/02/2018	13600708
10/12/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$141.57	Primary Adjustm	\$77.43	02/01/2018	02/02/2018	13600710
10/12/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$158.34	Other Ins Paid		02/01/2018	02/02/2018	13600709
				\$90.66	Primary Adjustm	\$40.00	02/01/2018	02/02/2018	13600709
10/12/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$1.22	Primary Adjustm	\$17.78	02/01/2018	02/02/2018	13600709
10/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$90.34	Primary Adjustm		02/01/2018	02/02/2018	13600709
				\$175.66	Other Ins Paid		02/01/2018	02/02/2018	13600709
				\$25.00	Service Not Covered	\$0.00	02/01/2018	02/02/2018	13600709
12/04/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$36.00	\$27.40	Other Ins Paid		02/15/2018	02/16/2018	13600719
				\$1.74	Primary Adjustm	\$6.86	02/15/2018	02/16/2018	13600719
01/15/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$182.00	\$29.04	Primary Adjustm	\$152.96	03/26/2018	03/27/2018	13600746
01/15/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$413.00	\$413.00	Need EOB's	\$0.00	03/26/2018	03/27/2018	13600746
01/15/2018	Ochsner Medical Center	Mri	\$2,725.16	\$299.10	Primary Adjustm	\$2,426.06	04/03/2018	04/04/2018	13600760
<b>Claim # AGA-0122476 Totals :</b>			<b>\$4,393.16</b>	<b>\$1,656.58</b>		<b>\$2,736.58</b>			

<b>G., Kaitlyn; Claim: AGA-0132042; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 12/01/2017</b>									
12/04/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$115.27	Primary Adjustm	\$81.73	02/01/2018	02/02/2018	13600714
12/04/2017	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$85.18	Primary Adjustm		02/01/2018	02/02/2018	13600714
				\$8.47	Other Ins Paid	\$80.35	02/01/2018	02/02/2018	13600714
12/04/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$158.34	Other Ins Paid		02/13/2018	02/16/2018	13600722
				\$92.66	Primary Adjustm	\$40.00	02/13/2018	02/16/2018	13600722
<b>Claim # AGA-0132042 Totals :</b>			<b>\$662.00</b>	<b>\$459.92</b>		<b>\$202.08</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>H., Lane; Claim: AGA-0131070; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 10/04/2017</b>									
10/23/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	02/15/2018	02/16/2018	13600725
10/23/2017	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	02/15/2018	02/16/2018	13600721
10/06/2017	First Health	First Health Repricing	\$17.17	\$0.00		\$17.17	03/20/2018	03/23/2018	13600736
10/06/2017	Ochsner Medical Center	X-ray,Radiology	\$458.00	\$114.50	First Health Disc	\$343.50	03/20/2018	03/23/2018	13600741
<b>Claim # AGA-0131070 Totals :</b>			<b>\$796.50</b>	<b>\$330.03</b>		<b>\$466.47</b>			

<b>H., Nicole; Claim: AGA-0110006; Activity: Womens Basketball; Diagnosis: Syncope; Anatomy: Internal; Date Incurred: 08/23/2017</b>									
08/23/2017	Ochsner Clinic Llc	Emrg.room	\$227.00	\$118.02	Other Ins Paid		12/04/2017	12/05/2017	13600669
				\$54.48	Primary Adjustm	\$54.50	12/04/2017	12/05/2017	13600669
<b>Claim # AGA-0110006 Totals :</b>			<b>\$227.00</b>	<b>\$172.50</b>		<b>\$54.50</b>			

<b>J., Matthew; Claim: AGA-0111217; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Skin; Date Incurred: 08/21/2017</b>									
10/13/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$116.76	Primary Adjustm	\$94.24	12/06/2017	12/08/2017	13600673
<b>Claim # AGA-0111217 Totals :</b>			<b>\$211.00</b>	<b>\$116.76</b>		<b>\$94.24</b>			

<b>M., Katarina; Claim: AGA-0109825; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-finger; Date Incurred: 07/20/2017</b>									
07/20/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$155.71	Other Ins Paid		09/07/2017	09/08/2017	13600594
				\$69.36	Primary Adjustm	\$63.93	09/07/2017	09/08/2017	13600594
07/20/2017	Ochsner Clinic Llc	X-ray,Radiology	\$66.00	\$40.13	Other Ins Paid		09/07/2017	09/08/2017	13600594
				\$15.84	Primary Adjustm	\$10.03	09/07/2017	09/08/2017	13600594
<b>Claim # AGA-0109825 Totals :</b>			<b>\$355.00</b>	<b>\$281.04</b>		<b>\$73.96</b>			

<b>P., Scott; Claim: AGA-0106648; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 07/31/2017</b>									
08/01/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$89.72	Other Ins Paid		08/30/2017	09/01/2017	13600575
				\$151.28	Primary Adjustm	\$50.00	08/30/2017	09/01/2017	13600575
<b>Claim # AGA-0106648 Totals :</b>			<b>\$291.00</b>	<b>\$241.00</b>		<b>\$50.00</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>P., Scott; Claim: AGA-0119652; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 10/21/2017</b>									
10/26/2017	Ochsner Medical Center	Lab,Pathology	\$248.00	\$169.36	Primary Adjustm	\$78.64	01/03/2018	01/05/2018	13600680
10/26/2017	Ochsner Clinic Llc	Ph.visit Office	\$329.00	\$190.55	Other Ins Paid		01/03/2018	01/05/2018	13600679
				\$88.45	Primary Adjustm	\$50.00	01/03/2018	01/05/2018	13600679
11/09/2017	Gregory W Pippin MD	Surgery	\$15,933.00	\$2,525.00	Other Ins Paid		01/03/2018	01/05/2018	13600686
				\$12,236.64	Primary Adjustm	\$1,171.36	01/03/2018	01/05/2018	13600686
11/15/2017	Gregory W Pippin MD	Ph.visit Office	\$655.00	\$388.60	Other Ins Paid		01/03/2018	01/05/2018	13600686
				\$216.40	Primary Adjustm	\$50.00	01/03/2018	01/05/2018	13600686
11/06/2017	Gregory W Pippin MD	Ph.visit Office	\$151.00	\$47.97	Other Ins Paid		01/03/2018	01/05/2018	13600686
				\$53.03	Primary Adjustm	\$50.00	01/03/2018	01/05/2018	13600686
10/30/2017	Gregory W Pippin MD	Ph.visit Office	\$776.00	\$435.24	Other Ins Paid		01/03/2018	01/05/2018	13600686
				\$290.76	Primary Adjustm	\$50.00	01/03/2018	01/05/2018	13600686
11/09/2017	West Bank Surgery Center	Surgery Center	\$102,867.00	\$12,459.82	Other Ins Paid		01/30/2018	02/02/2018	13600712
				\$90,307.18	Primary Adjustm	\$100.00	01/30/2018	02/02/2018	13600712
<b>Claim # AGA-0119652 Totals :</b>			<b>\$120,959.00</b>	<b>\$119,409.00</b>		<b>\$1,550.00</b>			

<b>P., Makur; Claim: AGA-0106091; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-foot; Date Incurred: 07/12/2017</b>									
07/17/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$108.29	Other Ins Paid		08/24/2017	08/25/2017	13600570
				\$50.64	Primary Adjustm	\$52.07	08/24/2017	08/25/2017	13600570
07/17/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$16.00	\$9.73	Other Ins Paid		08/24/2017	08/25/2017	13600570
				\$3.84	Primary Adjustm	\$2.43	08/24/2017	08/25/2017	13600570
07/17/2017	Ochsner Medical Center	X-ray,Radiology	\$197.00	\$157.60	Other Ins Paid	\$39.40	12/06/2017	12/08/2017	13600671
<b>Claim # AGA-0106091 Totals :</b>			<b>\$424.00</b>	<b>\$330.10</b>		<b>\$93.90</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>Q., Alyssa; Claim: AGA-0138510; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-ankle; Date Incurred: 01/03/2018</b>									
01/12/2018	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$79.10	Other Ins Paid		04/06/2018	04/06/2018	13600761
				\$149.90	Primary Adjustm	\$60.00	04/06/2018	04/06/2018	13600761
01/22/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$158.00	\$112.55	Other Ins Paid		04/06/2018	04/06/2018	13600761
				\$32.94	Primary Adjustm	\$12.51	04/06/2018	04/06/2018	13600761
01/12/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$40.00	\$28.72	Other Ins Paid		04/06/2018	04/06/2018	13600761
				\$8.09	Primary Adjustm	\$3.19	04/06/2018	04/06/2018	13600761
01/12/2018	Ochsner Medical Center	X-ray,Radiology	\$371.00	\$99.00	Other Ins Paid		04/06/2018	04/06/2018	13600762
				\$261.02	Primary Adjustm	\$10.98	04/06/2018	04/06/2018	13600762
01/22/2018	Ochsner Medical Center	Mri	\$1,316.00	\$848.18	Other Ins Paid		04/06/2018	04/06/2018	13600762
				\$373.58	Primary Adjustm	\$94.24	04/06/2018	04/06/2018	13600762
<b>Claim # AGA-0138510 Totals :</b>			<b>\$2,174.00</b>	<b>\$1,993.08</b>		<b>\$180.92</b>			
<b>R., Bol; Claim: AGA-0114461; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-knee; Date Incurred: 09/18/2017</b>									
09/20/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.01	\$201.51	First Health Disc	\$89.50	02/15/2018	02/16/2018	13600726
09/20/2017	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	02/15/2018	02/16/2018	13600720
<b>Claim # AGA-0114461 Totals :</b>			<b>\$321.24</b>	<b>\$201.51</b>		<b>\$119.73</b>			
<b>R., Bryson; Claim: AGA-0106088; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-finger; Date Incurred: 07/18/2017</b>									
07/18/2017	Ochsner Clinic Llc	X-ray,Radiology	\$66.00	\$23.50	First Health Disc	\$42.50	08/09/2017	08/11/2017	13600566
07/18/2017	First Health	First Health Repricing	\$3.53	\$0.00		\$3.53	08/09/2017	08/11/2017	13600564
07/18/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$201.51	First Health Disc	\$89.49	07/31/2017	10/17/2017	13600630
07/18/2017	First Health	First Health Repricing	\$30.23	\$0.00		\$30.23	07/31/2017	10/17/2017	13600625
<b>Claim # AGA-0106088 Totals :</b>			<b>\$390.76</b>	<b>\$225.01</b>		<b>\$165.75</b>			
<b>S., Jada; Claim: AGA-0111704; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-arm; Date Incurred: 09/09/2017</b>									
09/09/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$69.24	Other Ins Paid		11/21/2017	11/21/2017	13600652
				\$116.76	Primary Adjustm	\$25.00	11/21/2017	11/21/2017	13600652
10/09/2017	Ochsner Home Medical Equipment	Med Equipment	\$61.43	\$33.55	Other Ins Paid		01/08/2018	01/09/2018	13600687
				\$21.96	Primary Adjustm	\$5.92	01/08/2018	01/09/2018	13600687
<b>Claim # AGA-0111704 Totals :</b>			<b>\$272.43</b>	<b>\$241.51</b>		<b>\$30.92</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>S., Jada; Claim: AGA-0113162; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 08/23/2017</b>									
12/11/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$43.00	\$35.11	Other Ins Paid		03/20/2018	03/23/2018	13600739
				\$1.70	Primary Adjustm	\$6.19	03/20/2018	03/23/2018	13600739
09/05/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$263.00	\$214.98	Other Ins Paid		03/20/2018	03/23/2018	13600739
				\$10.10	Primary Adjustm	\$37.92	03/20/2018	03/23/2018	13600739
12/11/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$104.10	Other Ins Paid		03/20/2018	03/23/2018	13600739
				\$149.90	Primary Adjustm	\$35.00	03/20/2018	03/23/2018	13600739
12/14/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$108.67	Other Ins Paid		03/20/2018	03/23/2018	13600739
				\$5.16	Primary Adjustm	\$19.17	03/20/2018	03/23/2018	13600739
08/23/2017	Ochsner Medical Center	X-ray,Radiology	\$167.00	\$70.16	Other Ins Paid		03/20/2018	03/23/2018	13600734
				\$84.47	Primary Adjustm	\$12.37	03/20/2018	03/23/2018	13600734
12/14/2017	Ochsner Baptist A Campus	Mri	\$1,316.00	\$800.23	Other Ins Paid		03/20/2018	03/23/2018	13600740
				\$374.56	Primary Adjustm	\$141.21	03/20/2018	03/23/2018	13600740
<b>Claim # AGA-0113162 Totals :</b>			<b>\$2,211.00</b>	<b>\$1,959.14</b>		<b>\$251.86</b>			

<b>S., Jada; Claim: AGA-0130913; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Date Incurred: 12/28/2017</b>									
01/04/2018	Ochsner Medical Center	Mri	\$2,751.16	\$173.13	Other Ins Paid		03/26/2018	03/27/2018	13600745
				\$2,495.27	Primary Adjustm	\$82.76	03/26/2018	03/27/2018	13600745
12/29/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$16.15	Other Ins Paid	\$2.85	03/26/2018	03/27/2018	13600747
01/19/2018	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$104.10	Other Ins Paid		03/26/2018	03/27/2018	13600747
				\$149.90	Primary Adjustm	\$35.00	03/26/2018	03/27/2018	13600747
12/29/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$104.10	Other Ins Paid		03/26/2018	03/27/2018	13600747
				\$149.90	Primary Adjustm	\$35.00	03/26/2018	03/27/2018	13600747
01/04/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$413.00	\$292.09	Primary Adjustm	\$120.91	03/26/2018	03/27/2018	13600747
<b>Claim # AGA-0130913 Totals :</b>			<b>\$3,761.16</b>	<b>\$3,484.64</b>		<b>\$276.52</b>			

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## Claims History Report

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>T., Travin; Claim: AGA-0119839; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 10/05/2017</b>									
10/05/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$161.14	Primary Adjustm	\$57.86	01/23/2018	01/26/2018	13600704
10/05/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$84.10	Other Ins Paid		01/23/2018	01/26/2018	13600705
				\$149.90	Primary Adjustm	\$55.00	01/23/2018	01/26/2018	13600705
10/17/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$84.10	Other Ins Paid		01/23/2018	01/26/2018	13600705
				\$149.90	Primary Adjustm	\$55.00	01/23/2018	01/26/2018	13600705
10/05/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$19.00	\$0.00		\$19.00	01/23/2018	01/26/2018	13600705
10/05/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$160.07	Other Ins Paid		04/03/2018	04/04/2018	13600752
				\$195.93	Primary Adjustm	\$55.00	04/03/2018	04/04/2018	13600752
<b>Claim # AGA-0119839 Totals :</b>			<b>\$1,227.00</b>	<b>\$985.14</b>		<b>\$241.86</b>			

<b>T., Kayla; Claim: AGA-0123317; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Cervical; Date Incurred: 10/02/2017</b>									
10/09/2017	Ochsner Clinic Llc	Ph.visit Office	\$291.00	\$96.98	Other Ins Paid		02/15/2018	02/16/2018	13600723
				\$154.02	Primary Adjustm	\$40.00	02/15/2018	02/16/2018	13600723
<b>Claim # AGA-0123317 Totals :</b>			<b>\$291.00</b>	<b>\$251.00</b>		<b>\$40.00</b>			

<b>T., Sarah; Claim: AGA-0124970; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-wrist; Date Incurred: 10/14/2017</b>									
10/16/2017	Ochsner Medical Center	X-ray,Radiology	\$219.00	\$113.08	Primary Adjustm	\$105.92	01/03/2018	01/05/2018	13600681
10/16/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$17.00	Need EOB's	\$0.00	01/03/2018	01/05/2018	13600684
10/16/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$90.34	Primary Adjustm	\$198.66	01/03/2018	01/05/2018	13600684
<b>Claim # AGA-0124970 Totals :</b>			<b>\$525.00</b>	<b>\$220.42</b>		<b>\$304.58</b>			

<b>U., Samantha; Claim: AGA-0108531; Activity: Womens Volleyball; Diagnosis: Deny-non Ath Inj; Anatomy: Back; Date Incurred: 07/30/2017</b>									
08/02/2017	Ochsner Medical Center	X-ray,Radiology	\$227.00	\$181.60	Other Ins Paid	\$45.40	09/07/2017	09/08/2017	13600591
08/02/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$58.14	Other Ins Paid		09/07/2017	09/08/2017	13600589
				\$112.86	Primary Adjustm	\$40.00	09/07/2017	09/08/2017	13600589
08/02/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$23.00	\$16.82	Other Ins Paid		09/07/2017	09/08/2017	13600589
				\$1.98	Primary Adjustm	\$4.20	09/07/2017	09/08/2017	13600589
08/15/2017	Ochsner Clinic Llc	Ph.visit Office	\$144.00	\$112.15	Other Ins Paid		09/12/2017	09/15/2017	13600608
				\$3.81	Primary Adjustm	\$28.04	09/12/2017	09/15/2017	13600608
<b>Claim # AGA-0108531 Totals :</b>			<b>\$605.00</b>	<b>\$487.36</b>		<b>\$117.64</b>			

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Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>V., Orynn; Claim: AGA-0111293; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 09/01/2017</b>									
09/11/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$289.00	Need EOB's	\$0.00	11/06/2017	11/07/2017	13600647
09/14/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$144.00	\$5.16	Primary Adjustm	\$138.84	11/06/2017	11/07/2017	13600647
10/04/2017	Ochsner Medical Center	X-ray,Radiology	\$533.00	\$34.35	Other Ins Paid		11/21/2017	11/28/2017	13600668
				\$367.55	Primary Adjustm	\$131.10	11/21/2017	11/28/2017	13600668
10/04/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$165.07	Other Ins Paid		11/21/2017	11/28/2017	13600663
				\$195.93	Primary Adjustm	\$50.00	11/21/2017	11/28/2017	13600663
10/04/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$47.00	\$35.68	Other Ins Paid		11/21/2017	11/28/2017	13600663
				\$2.40	Primary Adjustm	\$8.92	11/21/2017	11/28/2017	13600663
09/14/2017	Ochsner Baptist A Campus	Mri	\$1,481.00	\$226.91	Other Ins Paid		12/06/2017	12/08/2017	13600678
				\$535.54	Primary Adjustm	\$718.55	12/06/2017	12/08/2017	13600678
<b>Claim # AGA-0111293 Totals :</b>			<b>\$2,905.00</b>	<b>\$1,857.59</b>		<b>\$1,047.41</b>			
<b>V., Ank; Claim: AGA-0117050; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: R-knee; Date Incurred: 10/07/2017</b>									
10/09/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$289.00	Need EOB's	\$0.00	01/03/2018	01/05/2018	13600682
10/09/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$48.00	\$11.52	Primary Adjustm	\$36.48	01/03/2018	01/05/2018	13600682
10/13/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$133.00	\$31.92	Primary Adjustm	\$101.08	01/03/2018	01/05/2018	13600682
<b>Claim # AGA-0117050 Totals :</b>			<b>\$470.00</b>	<b>\$332.44</b>		<b>\$137.56</b>			
<b>W., Maxine; Claim: AGA-0113022; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Achilles Tendon; Date Incurred: 09/15/2017</b>									
09/20/2017	Ochsner Medical Center	X-ray,Radiology	\$174.00	\$85.18	Primary Adjustm	\$88.82	10/31/2017	11/03/2017	13600642
<b>Claim # AGA-0113022 Totals :</b>			<b>\$174.00</b>	<b>\$85.18</b>		<b>\$88.82</b>			
<b>W., Shania; Claim: AGA-0113186; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-hand; Date Incurred: 09/18/2017</b>									
09/18/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.01	\$167.48	Other Ins Paid		02/15/2018	02/16/2018	13600724
				\$193.53	Primary Adjustm	\$50.00	02/15/2018	02/16/2018	13600724
09/19/2017	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$845.00	Primary Adjustm	\$390.00	02/26/2018	02/27/2018	13600730
09/19/2017	Anesthesia Consultants Of Sout	Anesthesia	\$1,235.00	\$845.00	Primary Adjustm	\$390.00	02/26/2018	02/27/2018	13600730
09/18/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$3.92	Primary Adjustm	\$13.08	02/26/2018	02/27/2018	13600729
09/19/2017	Ochsner Clinic Llc	Surgery	\$1,538.00	\$894.37	Primary Adjustm	\$643.63	02/26/2018	02/27/2018	13600729
<b>Claim # AGA-0113186 Totals :</b>			<b>\$4,436.01</b>	<b>\$2,949.30</b>		<b>\$1,486.71</b>			

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>W., Mariah; Claim: AGA-0119499; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 07/28/2017</b>									
07/28/2017	Ochsner Clinic Llc	Ph.visit Office	\$211.00	\$112.86	Primary Adjustm	\$98.14	01/30/2018	02/02/2018	13600711
<b>Claim # AGA-0119499 Totals :</b>			<b>\$211.00</b>	<b>\$112.86</b>		<b>\$98.14</b>			

<b>Y., Kenneth; Claim: AGA-0127800; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-finger; Date Incurred: 10/18/2017</b>									
12/04/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$215.53	First Health Disc	\$73.47	03/26/2018	03/27/2018	13600748
10/19/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$13.00	\$10.40	Other Ins Paid	\$2.60	03/26/2018	03/27/2018	13600748
10/19/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$89.10	Other Ins Paid		03/26/2018	03/27/2018	13600748
				\$149.90	Primary Adjustm	\$50.00	03/26/2018	03/27/2018	13600748
10/19/2017	Ochsner Clinic Llc	Phys.therapy	\$256.00	\$38.40	First Health Disc	\$217.60	03/26/2018	03/27/2018	13600748
11/06/2017	Ochsner Clinic Llc	Phys.therapy	\$256.00	\$38.40	First Health Disc	\$217.60	03/26/2018	03/27/2018	13600748
10/18/2017	Ochsner Clinic Llc	Ph.visit Office	\$411.00	\$185.07	Other Ins Paid		03/26/2018	03/27/2018	13600748
				\$195.93	Primary Adjustm	\$30.00	03/26/2018	03/27/2018	13600748
10/18/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$66.00	\$48.76	Other Ins Paid		03/26/2018	03/27/2018	13600748
				\$5.05	Primary Adjustm	\$12.19	03/26/2018	03/27/2018	13600748
11/06/2017	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$89.10	Other Ins Paid		03/26/2018	03/27/2018	13600748
				\$149.90	Primary Adjustm	\$50.00	03/26/2018	03/27/2018	13600748
11/06/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$13.02	Other Ins Paid		03/26/2018	03/27/2018	13600748
				\$0.73	Primary Adjustm	\$3.25	03/26/2018	03/27/2018	13600748
10/19/2017	First Health	First Health Repricing	\$11.52	\$0.00		\$11.52	03/26/2018	03/27/2018	13600744
12/04/2017	First Health	First Health Repricing	\$32.33	\$0.00		\$32.33	03/26/2018	03/27/2018	13600744
10/19/2017	Ochsner Medical Center	X-ray,Radiology	\$122.00	\$38.20	Other Ins Paid		03/26/2018	03/27/2018	13600742
				\$74.25	Primary Adjustm	\$9.55	03/26/2018	03/27/2018	13600742
11/06/2017	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$43.59	Other Ins Paid		03/26/2018	03/27/2018	13600742
				\$107.51	Primary Adjustm	\$10.90	03/26/2018	03/27/2018	13600742
01/24/2018	Ochsner Medical Center	X-ray,Radiology	\$162.00	\$107.51	Primary Adjustm	\$54.49	04/03/2018	04/04/2018	13600751
12/04/2017	Ochsner Clinic Llc	Mri,X-ray Interp.	\$17.00	\$0.00		\$17.00	04/03/2018	04/04/2018	13600755
01/24/2018	Ochsner Clinic Llc	Ph.visit Office	\$289.00	\$89.10	Other Ins Paid		04/03/2018	04/04/2018	13600755
				\$149.90	Primary Adjustm	\$50.00	04/03/2018	04/04/2018	13600755
01/24/2018	Ochsner Clinic Llc	Mri,X-ray Interp.	\$20.00	\$3.73	Primary Adjustm	\$16.27	04/03/2018	04/04/2018	13600755
<b>Claim # AGA-0127800 Totals :</b>			<b>\$2,701.85</b>	<b>\$1,843.08</b>		<b>\$858.77</b>			

<b>2017 Sub Total: Checking Account UNIVERSITY OF NEW ORLEAN</b>			<b>\$156,462.11</b>	<b>\$143,437.76</b>		<b>\$13,024.35</b>			
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Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>2017 Sub Total: Coverage Intercollegiate Sports Totals:</b>			<b>\$156,462.11</b>	<b>\$143,437.76</b>		<b>\$13,024.35</b>			
<b>2017 Sub Total: Policy COL L006000002405 Totals:</b>			<b>\$156,462.11</b>	<b>\$143,437.76</b>		<b>\$13,024.35</b>			
<b>2017 Sub Totals:</b>			<b>\$156,462.11</b>	<b>\$143,437.76</b>		<b>\$13,024.35</b>			
<b>University Of New Orleans Sub Totals:</b>			<b>\$1,767,475.86</b>	<b>\$1,399,540.98</b>		<b>\$367,934.88</b>			

## A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/11/2018

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
<b>2013 Underwriting Year</b>									
Policy:	ICS L00600024 001								
Coverage:	Coll.spts.,Excess								
	Checking Account BRKLY		\$442,724.59	\$297,245.58		\$145,479.01			
	2013 Grand Total		\$442,724.59	\$297,245.58		\$145,479.01			
<b>2014 Underwriting Year</b>									
Policy:	ICS L00600024 002								
Coverage:	Coll.spts.,Excess								
	Checking Account BRKLY		\$362,005.88	\$283,865.13		\$78,140.75			
	2014 Grand Total		\$362,005.88	\$283,865.13		\$78,140.75			
<b>2015 Underwriting Year</b>									
Policy:	ICS L00600024 003								
Coverage:	Intercollegiate Sports								
	Checking Account UNIVERSITY OF NEW ORLEAN		\$295,657.88	\$254,118.60		\$41,539.28			
	2015 Grand Total		\$295,657.88	\$254,118.60		\$41,539.28			
<b>2016 Underwriting Year</b>									
Policy:	ICS L00600024 004								
Coverage:	Intercollegiate Sports								
	Checking Account UNIVERSITY OF NEW ORLEAN		\$510,625.40	\$420,873.91		\$89,751.49			
	2016 Grand Total		\$510,625.40	\$420,873.91		\$89,751.49			
<b>2017 Underwriting Year</b>									
Policy:	COL L006000002405								
Coverage:	Intercollegiate Sports								
	Checking Account UNIVERSITY OF NEW ORLEAN		\$156,462.11	\$143,437.76		\$13,024.35			
	2017 Grand Total		\$156,462.11	\$143,437.76		\$13,024.35			

Grand Total

Pay Dates: 01/01/1900 - 04/11/2018

**Claims History Report**

Report Criteria: University Of New Orleans

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
	Checking Account UNIVERSITY OF NEW ORLEAN		\$962,745.39	\$818,430.27		\$144,315.12			
	Checking Account BRKLY		\$804,730.47	\$581,110.71		\$223,619.76			
	<b>Grand Totals</b>		<b>\$1,767,475.86</b>	<b>\$1,399,540.98</b>		<b>\$367,934.88</b>			