

SMITH FAMILY CARE
SERV DATES: 08/13/15 - 03/02/16
CPTS: IMMUNIZATIONS
BY CODE

Procedure Code	Procedure Desc	Patient Last Name	Patient First Name	Patient DOB	Svc Date From	Insurance Carrier
90649	HUMAN PAPILLOMA VIRUS(HPV) VACCINE	(last name)	(first name)	mm/dd/yy	12/17/2015	UNITED HEALTHCARE EAST COAST
		(last name)	(first name)	mm/dd/yy	11/16/2015	UNITED HEALTHCARE EAST COAST
90658	FLU VACCINE, OVER 3 YRS, IM	(last name)	(first name)	mm/dd/yy	10/19/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	10/12/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	10/12/2015	UNITED HEALTHCARE EAST COAST
		(last name)	(first name)	mm/dd/yy	10/22/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	10/19/2015	US FAMILY HEALTH PLAN AT MARTIN'S POINT
		(last name)	(first name)	mm/dd/yy	9/30/2015	BLUE SHIELD OF NEW HAMPSHIRE
		(last name)	(first name)	mm/dd/yy	12/21/2015	MEDICARE OF NH
90670	PNEUMOCOCCAL PCV 13	(last name)	(first name)	mm/dd/yy	11/23/2015	BLUE SHIELD OF NEW HAMPSHIRE
90686	FLU VACCINE, QUAD,SPLIT VIRUS,3 YRS +	(last name)	(first name)	mm/dd/yy	11/3/2015	TUFTS HMO
		(last name)	(first name)	mm/dd/yy	10/15/2015	UNITED HEALTHCARE EAST COAST
		(last name)	(first name)	mm/dd/yy	9/28/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	11/18/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	11/24/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	11/2/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	12/1/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/20/2015	US FAMILY HEALTH PLAN AT MARTIN'S POINT
		(last name)	(first name)	mm/dd/yy	11/12/2015	AETNA US HEALTHCARE
		(last name)	(first name)	mm/dd/yy	10/27/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	11/23/2015	UNITED HEALTHCARE EAST COAST
		(last name)	(first name)	mm/dd/yy	11/17/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/15/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	11/2/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/28/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	10/12/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	11/9/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	11/9/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	10/26/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	12/17/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	10/22/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/29/2015	BLUE SHIELD OF NEW HAMPSHIRE
		(last name)	(first name)	mm/dd/yy	10/12/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/29/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	10/13/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	11/2/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/27/2015	MEDICARE OF NH
(last name)	(first name)	mm/dd/yy	10/15/2015	BLUE SHIELD OF NH/BLUE CARD		
(last name)	(first name)	mm/dd/yy	10/22/2015	HARVARD PILGRIM HMO		
90688	FLU VACCINE, QUAD,SPLIT VIRUS,3 YRS +	(last name)	(first name)	mm/dd/yy	9/24/2015	MAIL HANDLERS BENEFIT PLAN
90700	DTAP VACCINE, IM	(last name)	(first name)	mm/dd/yy	11/23/2015	BLUE SHIELD OF NEW HAMPSHIRE
90710	MMRV VACCINE, SC	(last name)	(first name)	mm/dd/yy	8/26/2015	BLUE SHIELD OF NH/BLUE CARD
90713	POLIOVIRUS, IPV, SC	(last name)	(first name)	mm/dd/yy	9/8/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	8/21/2015	UNITED HEALTHCARE EAST COAST
		(last name)	(first name)	mm/dd/yy	10/1/2015	NEW HAMPSHIRE HEALTHY FAMILIES
90715	TETANUS, DIPHTHERIA TOXIODS , ACELLULAR	(last name)	(first name)	mm/dd/yy	10/26/2015	Self-Pay
		(last name)	(first name)	mm/dd/yy	12/14/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	8/26/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	9/30/2015	NEW HAMPSHIRE HEALTHY FAMILIES
		(last name)	(first name)	mm/dd/yy	9/18/2015	AETNA US HEALTHCARE
		(last name)	(first name)	mm/dd/yy	12/14/2015	BLUE SHIELD OF NEW HAMPSHIRE - HMO
		(last name)	(first name)	mm/dd/yy	10/27/2015	BLUE SHIELD OF NEW HAMPSHIRE
		(last name)	(first name)	mm/dd/yy	10/29/2015	BLUE SHIELD OF NEW HAMPSHIRE
		(last name)	(first name)	mm/dd/yy	1/6/2016	UNITED HEALTHCARE EAST COAST
		(last name)	(first name)	mm/dd/yy	10/7/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/26/2015	MEDICARE OF NH
90732	PNEUMOCOCCAL VACC, ADULT/ILL	(last name)	(first name)	mm/dd/yy	11/17/2015	BLUE SHIELD OF NEW HAMPSHIRE
		(last name)	(first name)	mm/dd/yy	10/22/2015	AETNA US HEALTHCARE
		(last name)	(first name)	mm/dd/yy	10/19/2015	HARVARD PILGRIM HMO
		(last name)	(first name)	mm/dd/yy	10/19/2015	US FAMILY HEALTH PLAN AT MARTIN'S POINT
		(last name)	(first name)	mm/dd/yy	10/26/2015	MEDICARE OF NH
		(last name)	(first name)	mm/dd/yy	10/14/2015	MEDICARE OF NH
90733	MENINGOCOCCAL VACCINE, SC	(last name)	(first name)	mm/dd/yy	10/15/2015	US FAMILY HEALTH PLAN AT MARTIN'S POINT
		(last name)	(first name)	mm/dd/yy	8/31/2015	BLUE SHIELD OF NEW HAMPSHIRE
		(last name)	(first name)	mm/dd/yy	10/15/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	8/27/2015	BLUE SHIELD OF NH/BLUE CARD
90734	MENINGOCOCCAL VACCINE	(last name)	(first name)	mm/dd/yy	9/9/2015	BLUE SHIELD OF NH/BLUE CARD
		(last name)	(first name)	mm/dd/yy	11/3/2015	BLUE SHIELD OF NEW HAMPSHIRE - HMO