PRIMARY

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE | MEDICAID | TRICARE | CHAMPVA | GROUP HEALTH PLAN | FECA BLK LUNG | OTHER X

1a. INSURED'S I.D. NUMBER: 631643109

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: X

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

8. RESERVED FOR NUCC USE

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

P.O. #: 842099

Invoice Received By:
D Eilenberg on 11/3/22

Good/Services Received By:
V Rodriguez on 8/29/22

1100-42327-200-002-0-331

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Hidalgo County Sheriff's Office

[redacted]

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE DATE: 10/11/22

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 3331560001
17b. NPI 1740189712

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? $ CHARGES — X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: ICD Ind. 0

A. Z021

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24.

	From MM	DD	YY	To MM	DD	YY	Place of Service	CPT/HCPCS	Diagnosis Pointer	$ Charges	Days or Units	ID Qual.	Rendering Provider ID. #
1	08	29	22	08	29	22	11	99213	A	65.00	1.0	NPI	1740189712
2	08	29	22	08	29	22	11	81002	A	10.00	1.0	NPI	1740189712
3	08	29	22	08	29	22	11	80305	A	50.00	1.0	NPI	1740189712
4	08	29	22	08	29	22	11	86592	A	15.00	1.0	NPI	1740189712
5												NPI	
6												NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2394E33880

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SOBIA NASIR MD
SIGNED DATE: 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393241
a. 1043589435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4291
EDINBURG TX 785404291
a. 1043589435

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PRIMARY

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER — X

1a. INSURED'S I.D. NUMBER: 631242348

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE / SEX: [redacted] X

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code) ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X

P.O.# 842099

Invoice Received By: [signature] on: 11/3/22

Good/Services Received By: V. Rodriguez on: 8/29/22

1100-42221-210-002-0-331

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Hidalgo County Sheriff's Office

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

15. OTHER DATE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 0000000001

17b. NPI 1710133712

19. ADDITIONAL CLAIM INFORMATION

20. OUTSIDE LAB? X NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. Z001

24.

	From MM	DD	YY	To MM	DD	YY	Place of Service	CPT/HCPCS	Diagnosis Pointer	$ Charges	Units	ID Qual.	Rendering Provider ID #
1	08	29	22	08	29	22	11	99213	A	65.00	1.0	NPI	1710133712
2	08	29	22	08	29	22	11	81002	A	10.00	1.0	NPI	1710133712
3	08	29	22	08	29	22	11	80305	A	50.00	1.0	NPI	1710133712
4	08	29	22	08	29	22	11	36592	A	15.00	1.0	NPI	1710133712
5												NPI	
6												NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2896833888

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: 140.00

29. AMOUNT PAID

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

SIGNED DATE 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-0714

SOBIA NASIR MD PA
PO BOX 4030
EDINBURG TX 785404230

a. 1043589435

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1238
EDINBURG, TX 78541

CARRIER

PATIENT AND INSURED INFORMATION

[redacted]

P.O. #: 842099

Invoice Received By: PEdenberger on: 9/3/22

Good/Services Received By: VRodriguez on: 9/1/22

2-1100-423-21-203-002-0-331

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Hidalgo County Sheriff's Office

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SIGNED SIGNATURE ON FILE

SIGNATURE ON FILE

PHYSICIAN OR SUPPLIER INFORMATION

	DATES OF SERVICE FROM	DATES OF SERVICE TO	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID QUAL	RENDERING PROVIDER ID #
1	09 01 22	09 01 22	11		99213		A		1.0		NPI	[redacted]
2	09 01 22	09 01 22	11		81000		A		1.0		NPI	[redacted]
3	09 01 22	09 01 22	11		80305		A		1.0		NPI	[redacted]
4	09 01 22	09 01 22	11		86580		A		1.0		NPI	[redacted]
5											NPI	
6											NPI	

FEDERAL TAX I.D. NUMBER	SSN	EIN	PATIENT'S ACCOUNT NO.	ACCEPT ASSIGNMENT	TOTAL CHARGE	AMOUNT PAID	BALANCE DUE
454034067		X	2927834209	X	140.00		

SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SCOBIA NASIR MD

10/24/2022

SIGNED DATE

SCOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393042

1043589435

SCOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

(956) 383-0714

1043589435

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PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

PATIENT AND INSURED INFORMATION

[redacted]

P.O. #: 842099

Invoice Received By:
P Eisenbrown on: 11/3/22

Good/Services Received By:
V Rodriguez on: 9/1/22

2-1100-42321-200-002-0-331

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SIGNATURE ON FILE

DR SOBIA NASIR

1	09	01	22	09	11	22	11	99211															
2	09	01	22	09	11	22	11	81300															
3																							
4																							
5																							
6																							

PHYSICIAN OR SUPPLIER INFORMATION

454034067 X 2306E84202 X

(956) 381-0714

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX

SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785404230

SOBIA NASIR MD
10/24/2022
SIGNED DATE

1043589405

1043589405

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

PICA

1. MEDICARE | MEDICAID | TRICARE | CHAMPVA | GROUP HEALTH PLAN | FECA BLK LUNG | OTHER X

1a. INSURED'S I.D. NUMBER: 64264554

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: F X

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted]

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE ( )

ZIP CODE: [redacted] TELEPHONE ( )

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

P.O. #: 842099

Invoice Received By: [signature] on: 11/3/22

Good/Services Received By: V Rodriguez on 9/5/22

2-1100-[illegible]-21-[illegible]-002-0-331

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Hidalgo County Sheriff's Office

a. INSURED'S DATE OF BIRTH: [redacted] SEX: F X

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE DATE: [illegible]

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

15. OTHER DATE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B [illegible]

17b. NPI [illegible]

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. 2021

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24	A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	J. RENDERING PROVIDER ID. #
1	09 05 22	09 05 22	11	99213	A	[illegible]	1.0	NPI 1710159712
2	09 05 22	09 05 22	11	81002	A	[illegible]	1.0	NPI 1710159712
3	09 05 22	09 05 22	11	80305	A	[illegible]	1.0	NPI 1710159712
4	09 05 22	09 05 22	11	86592	A	[illegible]	1.0	NPI 1710159712
5								NPI
6								NPI

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2900E33929

27. ACCEPT ASSIGNMENT? X YES

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

SIGNED DATE 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-0714

SOBIA NASIR MD PA
PO BOX 4090
EDINBURG TX 785404290

a. 1043589435

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PRIMARY

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER — X

1a. INSURED'S I.D. NUMBER: 635766568

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME

11. INSURED'S POLICY GROUP OR FECA NUMBER

P.O. #: 841669

Invoice Received By: P Ellenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/5/22

~~1100-428-00-280-001-0~~

2 1100-421-00-880-001-0-331

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Hidalgo County Sheriff's Office

a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X F

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 300666001

17b. NPI 1710139712

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION

20. OUTSIDE LAB? YES NO X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. Z021

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24A. DATE(S) OF SERVICE From	To	B. PLACE OF SERVICE	C. EMG	D. CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	I. ID QUAL	J. RENDERING PROVIDER ID. #
1	09 05 22	09 05 22	11		99213	A	65.00	1.0	NPI	1710139712
2	09 05 22	09 05 22	11		81002	A	10.00	1.0	NPI	1710139712
3	09 05 22	09 05 22	11		80305	A	50.00	1.0	NPI	1710139712
4	09 05 22	09 05 22	11		86592	A	15.00	1.0	NPI	1710139712
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN X

26. PATIENT'S ACCOUNT NO.: 2899E33925

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: 140.00

29. AMOUNT PAID

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SOBIA NASIR MD

SIGNED DATE 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

32a. 1043589435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785404230

33a. 1043589435

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

CARRIER

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER — X

1a. INSURED'S I.D. NUMBER: 637748229

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: M X

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X

P.O. #: 842099

Invoice Received By: P Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on 9/14/22

2-1100-126-0-0000-0000-0-331

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 3006680011

17b. NPI 1710139712

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION

20. OUTSIDE LAB? NO X $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. Z021

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	I. ID QUAL.	J. RENDERING PROVIDER ID. #
1	09 14 22	09 14 22	11	99212	A	[illegible]	1.0	NPI	1710139712
2	09 14 22	09 14 22	11	81002	A	10.00	1.0	NPI	1710139712
3	09 14 22	09 14 22	11	80305	A	50.00	1.0	NPI	1710139712
4	09 14 22	09 14 22	11	86592	A	15.00	1.0	NPI	1710139712
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN: X

26. PATIENT'S ACCOUNT NO.: 2912E34048

27. ACCEPT ASSIGNMENT? X YES

28. TOTAL CHARGE: 140.00

29. AMOUNT PAID

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SOBIA NASIR MD

SIGNED DATE 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393340

a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-0714

SOBIA NASIR MD PA
PO BOX 1230
EDINBURG TX 785404230

a. 1043589435

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

WCMS 1500CS 12

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

CARRIER

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X

1a. INSURED'S I.D. NUMBER: 627920377

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted]

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

P.O. #: 842099

Invoice Received By: A Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/14/22

2-1100-423-01-200-002-0-331

11.a INSURED'S DATE OF BIRTH: [redacted]

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. OB 330065001

17b. NPI 1710133712

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. Z021

24.

	From MM	DD	YY	To MM	DD	YY	Place of Service	CPT/HCPCS	Diagnosis Pointer	Charges	Units	ID Qual.	Rendering Provider ID #
1	09	14	22	09	14	22	11	99213	A	[illegible]	1.0	NPI	1710133712
2	09	14	22	09	14	22	11	81002	A	[illegible]	1.0	NPI	1710133712
3	09	14	22	09	14	22	11	80305	A	[illegible]	1.0	NPI	1710133712
4	09	14	22	09	14	22	11	86592	A	[illegible]	1.0	NPI	1710133712
5												NPI	
6												NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN: X

26. PATIENT'S ACCOUNT NO.: 2914E34053 X

28. TOTAL CHARGE: [illegible]

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD
10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

a. 1043589435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785404230

a. 1043589435

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

CARRIER

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X

1a. INSURED'S I.D. NUMBER: 643643310

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: F X

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME

P.O.#: 843099
Invoice Received By: A Ellenberger on: 10/3/22
Good/Services Received By: V Rodriguez on 9/14/22
2-1100-42321-200-000-0-331

a. INSURED'S DATE OF BIRTH: [redacted] SEX: F X

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE DATE: 10 11 22

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 300366001

17b. NPI 1710139712

19. ADDITIONAL CLAIM INFORMATION

20. OUTSIDE LAB? NO X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: 0

A. Z021

24.

	A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	D. CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	J. RENDERING PROVIDER ID. #
1	09 14 22	09 14 22	11	99213	A	65.00	1.0	NPI 1710139712
2	09 14 22	09 14 22	11	81002	A	10.00	1.0	NPI 1710139712
3	09 14 22	09 14 22	11	80305	A	50.00	1.0	NPI 1710139712
4	09 14 22	09 14 22	11	36592	A	15.00	1.0	NPI 1710139712
5								NPI
6								NPI

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2913E34050

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SOBIA NASIR MD
SIGNED DATE 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393240
a. 1043569435

33. BILLING PROVIDER INFO & PH # (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4080
EDINBURG TX 785404080
a. 1043569435

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

CARRIER

PICA

1. MEDICARE | MEDICAID | TRICARE | CHAMPVA | GROUP HEALTH PLAN | FECA BLK LUNG | OTHER X

1a. INSURED'S I.D. NUMBER: 662092342

2. PATIENT'S NAME: [redacted]
3. PATIENT'S BIRTH DATE: [redacted] SEX: M X
4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]
7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX
CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE ( )
ZIP CODE: [redacted] TELEPHONE ( )

9. OTHER INSURED'S NAME

11a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X

P.O. #: 842099
Invoice Received By: PEilenberger on: 11/3/22
Good/Services Received By: VRodriguez on 9/14/22
2-1100-423-21-250-000-0-3

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED: SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY
A. 2021

	24A. DATE(S) OF SERVICE From	To	B. PLACE OF SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	J. RENDERING PROVIDER ID. #
1	09 14 22	09 14 22	11	29212	A	[illegible]	1.0	NPI [illegible]
2	09 14 22	09 14 22	11	81002	A	[illegible]	1.0	NPI [illegible]
3	09 14 22	09 14 22	11	80305	A	[illegible]	1.0	NPI [illegible]
4	09 14 22	09 14 22	11	[illegible]	A	[illegible]	1.0	NPI [illegible]
5								NPI
6								NPI

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X
26. PATIENT'S ACCOUNT NO.: 2916E34057
27. ACCEPT ASSIGNMENT: X
28. TOTAL CHARGE: [illegible]

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SOBIA NASIR MD
10/11/2022
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242
a. 1043569435

33. BILLING PROVIDER INFO & PH # (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785404230
a. 1043569435

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

CARRIER

1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER — 1a INSURED'S I.D. NUMBER: 644839845

2 PATIENT'S NAME: [redacted] — 3 PATIENT'S BIRTH DATE: [redacted] SEX M — 4 INSURED'S NAME: [redacted]

5 PATIENT'S ADDRESS: [redacted] — 6 PATIENT RELATIONSHIP TO INSURED: Self — 7 INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX — 8 RESERVED FOR NUCC USE — CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( ) — ZIP: [redacted] TELEPHONE: ( )

9 OTHER INSURED'S NAME — 10 IS PATIENT'S CONDITION RELATED TO: — 11 INSURED'S POLICY GROUP OR FECA NUMBER

9a OTHER INSURED'S POLICY OR GROUP NUMBER: P.O. #: 843099 — 10a EMPLOYMENT? YES NO — 11a INSURED'S DATE OF BIRTH: [redacted] SEX M

9b RESERVED FOR NUCC USE — 10b AUTO ACCIDENT? YES NO PLACE (State) — 11b OTHER CLAIM ID (Designated by NUCC)

9c RESERVED FOR NUCC USE — 10c OTHER ACCIDENT? YES NO — 11c INSURANCE PLAN NAME OR PROGRAM NAME

9d INSURANCE PLAN NAME OR PROGRAM NAME — 10d CLAIM CODES (Designated by NUCC) — 11d IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a, and 9d.

Invoice Received By: P Elizalde on 11/3/20

Good Services Received By: V Rodriguez on 9/15/22

2-1103-128-01-200-002-0-331

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Hidalgo County Sheriff's Office

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE — READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM — 13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE — DATE — SIGNED: SIGNATURE ON FILE

14 DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL — 15 OTHER DATE MM DD YY QUAL — 16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17 NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR — 17a [redacted] — 17b NPI [redacted] — 18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19 ADDITIONAL CLAIM INFORMATION (Designated by NUCC) — 20 OUTSIDE LAB? $ CHARGES

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) ICD Ind. 0 — 22 RESUBMISSION CODE ORIGINAL REF. NO.

A 2021 — B — C — D — E — F — G — H — I — J — K — L — 23 PRIOR AUTHORIZATION NUMBER

24 A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B PLACE OF SERVICE	C EMG	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS POINTER	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I ID. QUAL.	J RENDERING PROVIDER ID. #
1 09 15 22	09 15 22	11		99213		A	85.00	1		NPI	[redacted]
2 09 15 22	09 15 22	11		81002		A	11.00	1		NPI	[redacted]
3 09 15 22	09 15 22	11		80305		A	33.00	1		NPI	[redacted]
4 09 15 22	09 15 22	11		86592		A	18.00	1		NPI	[redacted]
5										NPI	
6										NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25 FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN X — 26 PATIENT'S ACCOUNT NO.: 2916E34066 X — 27 ACCEPT ASSIGNMENT? X — 28 TOTAL CHARGE: 148.00 — 29 AMOUNT PAID — 30 BALANCE DUE

31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SOBIA NASIR MD
SIGNED: 10/11/2022 DATE

32 SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393243
a 1043569435 b

33 BILLING PROVIDER INFO & PH # (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785404230
a [redacted] b

NUCC Instruction Manual available at: www.nucc.org — PLEASE PRINT OR TYPE — APPROVED OMB 0938-1197 FORM 1500 (02-12)

PRIMARY

HIDALGO COUNTY SHERIFFS OFFICE
ATTN BUDGET DEPARTMENT
PO BOX 1228
EDINBURG, TX 78541

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER — X

1a. INSURED'S I.D. NUMBER: 638826608

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: F X

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

[redacted]

9. OTHER INSURED'S NAME

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

P.O. #: 842099

Invoice Received By: P Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/15/22

2-1100-420-01-200-001-0-331

a. EMPLOYMENT? YES X NO

a. INSURED'S DATE OF BIRTH: [redacted] SEX: F X

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Hidalgo County Sheriff's Office

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE DATE: 10 11 22

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE — SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 330666001

17b. NPI 1710133712

19. ADDITIONAL CLAIM INFORMATION

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: Z021

24.

	A. DATE(S) OF SERVICE From	To	B. Place of Service	D. Procedures	E. Diagnosis Pointer	F. $ Charges	G. Days or Units	J. Rendering Provider ID #
1	09 15 22	09 15 22	11	99203	A	75.00	1.0	1710133712
2	09 15 22	09 15 22	11	81002	A	15.00	1.0	1710133712
3	09 15 22	09 15 22	11	80305	A	35.00	1.0	1710133712
4	09 15 22	09 15 22	11	86580	A	15.00	1.0	1710133712
5								
6								

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2919E34071

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD
10/11/2022

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393241

a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-5714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

a. 1043589435

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-3471

CARRIER

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X

1a. INSURED'S I.D. NUMBER: 627712694

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: M X

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE ( )

ZIP CODE: [redacted] TELEPHONE ( )

9. OTHER INSURED'S NAME

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

P.O. #: 842099

Invoice Received By: P Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/15/22

2-1100-423-21-200-002-0-331

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Hidalgo County Sheriff's Office

a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 333666001

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. Z021

PATIENT AND INSURED INFORMATION

	From MM	DD	YY	To MM	DD	YY	Place of Service	CPT/HCPCS	Diagnosis Pointer	$ Charges	Units	NPI	Rendering Provider ID #
1	09	15	22	09	15	22	11	99213	A	45.00	1.0	NPI	1710133712
2	09	15	22	09	15	22	11	81002	A	10.00	1.0	NPI	1710133712
3	09	15	22	09	15	22	11	80305	A	30.00	1.0	NPI	1710133712
4	09	15	22	09	15	22	11	86580	A	25.00	1.0	NPI	1710133712
5												NPI	
6												NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2917E34065 X

28. TOTAL CHARGE: 110.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

10/11/2022

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

a. 1043563435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

a. 1043563435

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

WCMS-1500CS-12

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-3471

CARRIER

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER X

1a. INSURED'S I.D. NUMBER: 646284909

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: X

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME

P.O. #: 842099

Invoice Received By: P Eilenberger on: 11/3/22

Good/Services Received By: Y Rodriguez on: 9/16/22

211100-423-21-200-002-0-331

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X

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Hidalgo County Sheriff's Office

d. INSURANCE PLAN NAME OR PROGRAM NAME

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 300000001

17b. NPI: 1043569435

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? X NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. [illegible]

24. A. DATE(S) OF SERVICE / B. PLACE OF SERVICE / D. PROCEDURES, SERVICES, OR SUPPLIES / E. DIAGNOSIS POINTER / F. $ CHARGES / G. DAYS OR UNITS / J. RENDERING PROVIDER ID. #

	From MM	DD	YY	To MM	DD	YY	B. Place of Service	D. CPT/HCPCS	E. Diagnosis Pointer	F. $ Charges	G. Days or Units	I. ID Qual	J. Rendering Provider ID #
1	09	16	22	09	16	22	11	99211	A	[illegible]	1.0	NPI	[illegible]
2	09	16	22	09	16	22	11	80305	A	[illegible]	1.0	NPI	[illegible]
3												NPI	
4												NPI	
5												NPI	
6												NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2921E34075

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: [illegible]

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

SIGNED DATE 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393340

a. NPI: 1043569435

33. BILLING PROVIDER INFO & PH #: (956) 383-3714

SOBIA NASIR MD PA
PO BOX 4030
EDINBURG TX 785404030

a. NPI: 1043569435

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) X

1a. INSURED'S I.D. NUMBER: 635340507

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: X

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME

P.O. #: 842099

Invoice Received By: D Eulenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/16/22

1-1100-423-27-200-002-0-331

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

SIGNED: SIGNATURE ON FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

19. ADDITIONAL CLAIM INFORMATION

20. OUTSIDE LAB? NO X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. Z021

	From MM	DD	YY	To MM	DD	YY	Place of Service	CPT/HCPCS	Diagnosis Pointer	Charges	Units	Rendering Provider ID #
1	09	16	22	09	16	22	11	99213	A	45.00	1.0	1710159712
2	09	16	22	09	16	22	11	81002	A	10.00	1.0	1710159712
3	09	16	22	09	16	22	11	80305	A	57.00	1.0	1710159712
4	09	16	22	09	16	22	11	86592	A	15.00	1.0	1710159712
5												
6												

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2790234086

27. ACCEPT ASSIGNMENT? X

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

DATE: 10/11/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

a. 1043589435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

a. 1043589435

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER [X]

1a. INSURED'S I.D. NUMBER: 018749164

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted]

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE ( )

TELEPHONE ( )

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Hidalgo County Sheriff's Office

[redacted]

[redacted]

P.O. #: 841669

Invoice Received By: P Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/28/22

~~1100-428-21-280-002-0~~

2-1100-421-00-280-001-0-331

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. SIGNED: SIGNATURE ON FILE

13. SIGNED: SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

20. OUTSIDE LAB? YES [X] NO

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	D. PROCEDURES	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	I. ID QUAL.	J. RENDERING PROVIDER ID. #
1 09 28 22	09 28 22	11	99211	A	20.00	1.0	NPI	[illegible]
2 09 28 22	09 28 22	11	80305	A	50.00	1.0	NPI	[illegible]
3							NPI	
4							NPI	
5							NPI	
6							NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN [X]

26. PATIENT'S ACCOUNT NO.: 2940E34323

27. ACCEPT ASSIGNMENT? YES [X]

28. TOTAL CHARGE: 70.00

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785404230

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SOBIA NASIR MD
10/24/2022
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393342

a. 1043589435

a. 1043589435

NUCC Instruction Manual available at: www.nucc.org

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-3471

CARRIER

1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER

1a INSURED'S I.D. NUMBER: 830587270

2 PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3 PATIENT'S BIRTH DATE SEX

4 INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5 PATIENT'S ADDRESS (No. Street): [redacted]

6 PATIENT RELATIONSHIP TO INSURED

7 INSURED'S ADDRESS (No. Street): [redacted]

CITY: [redacted] STATE: TX

8 RESERVED FOR NUCC USE

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

TELEPHONE (Include Area Code): ( )

9a OTHER INSURED'S POLICY OR GROUP NUMBER

9a GROUP OR FECA NUMBER

9b RESERVED FOR NUCC USE

9b OTHER INSURED'S DATE OF BIRTH SEX M F

9c RESERVED FOR NUCC USE

9c EMPLOYER'S NAME OR SCHOOL NAME

9d INSURANCE PLAN NAME OR PROGRAM NAME

9d HEALTH BENEFIT PLAN

10 IS PATIENT'S CONDITION RELATED TO: (If yes, complete items 9, 9a, and 9d.)

10a EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO

10b AUTO ACCIDENT? PLACE (State) YES NO

10c OTHER ACCIDENT? YES NO

10d CLAIM CODES (Designated by NUCC)

11 INSURED'S POLICY GROUP OR FECA NUMBER

11a INSURED'S DATE OF BIRTH MM DD YY SEX M F

11b EMPLOYER'S NAME OR SCHOOL NAME

11c INSURANCE PLAN NAME OR PROGRAM NAME

11d IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO (If yes, complete items 9, 9a, and 9d.)

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED: SIGNATURE ON FILE

13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: SIGNATURE ON FILE

14 DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15 OTHER DATE MM DD YY QUAL.

16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY TO

17 NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a

17b NPI

18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY TO

19 ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20 OUTSIDE LAB? $ CHARGES

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E) ICD Ind.)

22 RESUBMISSION CODE ORIGINAL REF. NO.

23 PRIOR AUTHORIZATION NUMBER

24A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	PLACE OF SERVICE	EMG	24B CPT/HCPCS	MODIFIER	24C DIAGNOSIS POINTER	24D $ CHARGES	24E DAYS OR UNITS	24F EPSDT Family Plan	24G RENDERING PROVIDER ID #	24J NPI
1 09 09 22	09 09 22	11		99211		A					
2 09 09 22	09 09 22	11		80305		A					
3											
4											
5											
6											

25 FEDERAL TAX I.D. NUMBER SSN EIN: 454034067 X

26 PATIENT'S ACCOUNT NO.: 2933534321 X

27 ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28 TOTAL CHARGE $

29 AMOUNT PAID $

30 BALANCE DUE $

31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SOBIA NASIR MD

10/24/2022

SIGNED DATE

32 SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

32a NPI: 1043589435

33 BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4230
EDINBURG TX 785044230

33a NPI: 1043589435

PHYSICIAN OR SUPPLIER INFORMATION

P.O. #: 8411619

Invoice Received By: E Edelbrock on: 11/3/00

Good/Services Received By: V Rodriguez on: 9/28/22

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Hidalgo County Sheriff's Office

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NUCC Instruction Manual available at: www.nucc.org

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

PATIENT AND INSURED INFORMATION

[redacted]

P.O. #: 841669

Invoice Received By: T Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/28/22

~~1100-483-27-253-002-0~~

2-1150-421-00-380-001-0-3311

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Hidalgo County Sheriff's Office

SIGNATURE ON FILE

SOBIA NASIR

1	09	28	22	09	28	22	11	99211	A
2	09	28	22	09	28	22	11	80305	A
3									
4									
5									
6									

PHYSICIAN OR SUPPLIER INFORMATION

454034067 X 2939E34322 X (956) 383-0714

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393140

SOBIA NASIR MD PA
PO BOX 4280
EDINBURG TX 785404280

SOBIA NASIR MD
12/24/2022
SIGNED DATE

1043589435

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E 1 CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER — X

1a. INSURED'S I.D. NUMBER: 633627507

2. PATIENT'S NAME: [redacted]

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

P.O. #: 844669

Invoice Received By: D Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 9/28/22

~~1100-420-27-250-001-0~~

2-1100-421-00-280-001-0-331

11a. INSURED'S DATE OF BIRTH: [redacted]

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

	24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	D. CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	J. RENDERING PROVIDER ID. #
1	09 28 22	09 28 22	11	99211	A	[illegible]	1.0	NPI [illegible]
2	09 28 22	09 28 22	11	80305	A	[illegible]	1.0	NPI [illegible]
3								NPI
4								NPI
5								NPI
6								NPI

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN: X

26. PATIENT'S ACCOUNT NO.: 2937E34320

27. ACCEPT ASSIGNMENT: X

28. TOTAL CHARGE: 70.00

33. BILLING PROVIDER INFO & PH #: (956) 383-0714

31. SIGNATURE OF PHYSICIAN OR SUPPLIER: SOBIA NASIR MD

DATE: 10/24/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393342

a. 1043569435

33. BILLING PROVIDER:
SOBIA NASIR MD PA
PO BOX 4030
EDINBURG TX 785404030

a. 1043569435

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-3471

CARRIER

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) X

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 636744416

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE / SEX: [redacted]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH / SEX: [redacted] M X

P.O. #: 842099

Invoice Received By: P Eilenberger on: 11/3/22

Good/Services Received By: V Rodriguez on: 10/6/22

2-1100-2021-200-002-0-331

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Hidalgo County Sheriff's Office

PATIENT AND INSURED INFORMATION

If yes, complete items 9, 9a and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? X NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE From (MM DD YY)	To (MM DD YY)	B. PLACE OF SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS)	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	I. ID QUAL.	J. RENDERING PROVIDER ID. #
1 10 06 22	10 06 22	11	[illegible]	A	[illegible]	1.0	NPI	[illegible]
2 10 06 22	10 06 22	11	[illegible]	A	[illegible]	1.0	NPI	[illegible]
3							NPI	
4							NPI	
5							NPI	
6							NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN X

26. PATIENT'S ACCOUNT NO.: 2750834516

27. ACCEPT ASSIGNMENT? X YES

28. TOTAL CHARGE: [illegible]

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

SIGNED DATE 11/01/2022

32. SERVICE FACILITY LOCATION INFORMATION

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX [illegible]

a. 1043569435

33. BILLING PROVIDER INFO & PH # (956) 383-0714

SOBIA NASIR MD PA
PO BOX 4090
EDINBURG TX 785404090

a. 1043569435

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

PRIMARY

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E E CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-2471

HEALTH INSURANCE CLAIM FORM

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

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X (Other)

1a. INSURED'S I.D. NUMBER: 637166532

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE / SEX: [redacted]

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

11.a INSURED'S DATE OF BIRTH: [redacted]

P.O. #: 8411669

Invoice Received By: E. Elenberge on: 11/3/22

Good/Services Received By: V Rodriguez on 10/6/22

~~1100-42021-200-002-0~~

2-1100-~~431-00-280-001-0~~-331

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Hidalgo County Sheriff's Office

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE IN FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED SIGNATURE IN FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY
A. Z111

PHYSICIAN OR SUPPLIER INFORMATION

24.

	DATE(S) OF SERVICE FROM	TO	PLACE OF SERVICE	CPT/HCPCS	DIAGNOSIS POINTER	CHARGES	DAYS OR UNITS	NPI	RENDERING PROVIDER ID. #
1	10 06 22	10 06 22	11	99211	A	[illegible]	1.0	NPI	1710139712
2	10 06 22	10 06 22	11	80305	A	[illegible]	1.0	NPI	1710139712
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN: X

26. PATIENT'S ACCOUNT NO.: 2944E34510

27. ACCEPT ASSIGNMENT: X

28. TOTAL CHARGE: [illegible].00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
SOBIA NASIR MD
SIGNED DATE 11/01/2022

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393241
a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290
a. 1043589435

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WCMS-1500CS-12

PRIMARY

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER X

1a. INSURED'S I.D. NUMBER: 642325978

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE / SEX: [redacted] M X

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE ( )

ZIP CODE: [redacted] TELEPHONE ( )

9. OTHER INSURED'S NAME

P.O.#: 842099

Invoice Received By: PEilenberger on: 11/3/22

Good/Services Received By: VRodriguez on: 10/7/22

2-1100-423-21-200.002-0-331

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Hidalgo County Sheriff's Office

11. INSURED'S DATE OF BIRTH / SEX: [redacted] M X

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNED SIGNATURE ON FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. Z001

24.

	DATE(S) OF SERVICE	PLACE OF SERVICE	CPT/HCPCS	DIAGNOSIS POINTER	$ CHARGES	UNITS	ID QUAL	RENDERING PROVIDER ID #
1	10 07 22 10 07 22 11		99211	A		1.0	NPI	1710339712
2	10 07 22 10 07 22 11		80305	A		1.0	NPI	1710339712
3							NPI	
4							NPI	
5							NPI	
6							NPI	

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2948E34531

27. ACCEPT ASSIGNMENT? X

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS: SOBIA NASIR MD

SIGNED DATE 11/01/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 78539

a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4030
EDINBURG TX 785404030

a. 1043589435

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CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER — X

1a. INSURED'S I.D. NUMBER: 644803852

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE / SEX: [redacted]

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

9. OTHER INSURED'S NAME

P.O. #: 842099

Invoice Received By: P Eilenberger on: 11/4/22

Good/Services Received By: V Rodriguez on: 10/10/22

2-1100-42321-250-002-0-331

a. INSURED'S DATE OF BIRTH / SEX: [redacted] M X

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE — SIGNED: SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 000046001

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY — A. Z000

	24A. DATE(S) OF SERVICE From	To	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES	E. DIAGNOSIS POINTER	F. $ CHARGES	G. UNITS	I. ID QUAL	J. RENDERING PROVIDER ID #
1	10 10 22	10 10 22	11		99213	A	[illegible]	1.0	NPI	[illegible]
2	10 10 22	10 10 22	11		81002	A	[illegible]	1.0	NPI	1710133712
3	10 10 22	10 10 22	11		80305	A	[illegible]	1.0	NPI	1710133712
4	10 10 22	10 10 22	11		86592	A	[illegible]	1.0	NPI	1710133712
5									NPI	
6									NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 464034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2951E34573

27. ACCEPT ASSIGNMENT: X

28. TOTAL CHARGE: 140.00

33. BILLING PROVIDER INFO & PH #: (956) 383-0714

31. SIGNATURE OF PHYSICIAN OR SUPPLIER: SOBIA NASIR MD

DATE: 11/04/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393243

a. 1043589435

33. SOBIA NASIR MD PA
PO BOX 4087
EDINBURG TX 785404090

a. 1043589435

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

1\. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#) X

1a. INSURED'S I.D. NUMBER: 628339867

2\. PATIENT'S NAME: [redacted]

3\. PATIENT'S BIRTH DATE / SEX: [redacted]

4\. INSURED'S NAME: [redacted]

5\. PATIENT'S ADDRESS: [redacted]

7\. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

9\. OTHER INSURED'S NAME

9a. OTHER INSURED'S POLICY OR GROUP NUMBER

P.O. #: 842099

Invoice Received By: J. Eilenberger on: 11/3/22

Good/Services Received By: V. Rodriguez on: 10/11/22

1100-423-[illegible]-200-002-0-331

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Hidalgo County Sheriff's Office

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12\. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE DATE [illegible]

13\. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14\. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) QUAL

15\. OTHER DATE QUAL

17\. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIF

17a. 0B [illegible]

17b. NPI [illegible]

19\. ADDITIONAL CLAIM INFORMATION

20\. OUTSIDE LAB? $ CHARGES — YES X NO

21\. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. [illegible]

22\. RESUBMISSION CODE — ORIGINAL REF. NO.

23\. PRIOR AUTHORIZATION NUMBER

	24A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	J. RENDERING PROVIDER ID. #
1	10 11 22	10 11 22	11	99213	A	[illegible]	1.0	NPI [illegible]
2	10 11 22	10 11 22	11	81002	A	[illegible]	1.0	NPI [illegible]
3	10 11 22	10 11 22	11	80305	A	[illegible]	1.0	NPI [illegible]
4	10 11 22	10 11 22	11	86580	A	[illegible]	1.0	NPI [illegible]
5								NPI
6								NPI

PHYSICIAN OR SUPPLIER INFORMATION

25\. FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN X

26\. PATIENT'S ACCOUNT NO.: 2952E34591

27\. ACCEPT ASSIGNMENT? X

28\. TOTAL CHARGE: 140.00

31\. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIF MD

SIGNED 11/01/2022 DATE

32\. SERVICE FACILITY LOCATION INFORMATION

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393240

a. 1043560435

33\. BILLING PROVIDER INFO & PH # (956) 383-0714

SOBIA NASIR MD PA
PO BOX 4030
EDINBURG TX 785404030

a. 1043560435

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X

1a. INSURED'S I.D. NUMBER: 648033447

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE / SEX: [redacted]

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH: [redacted] SEX: F X

P.O. #: 842099

Invoice Received By: P Ellenberger on: 11/4/22

Good/Services Received By: V Rodriguez on: 10/18/22

2-1100-42321-250-002-0-331

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Hidalgo County Sheriff's Office

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE DATE: 11 04 22

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 201888001

20. OUTSIDE LAB? NO X

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: A. Z011

	24A. DATE(S) OF SERVICE From			To			B. PLACE OF SERVICE	D. PROCEDURES	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	J. RENDERING PROVIDER ID #
1	10	12	22	10	12	22	11	99213	A	15.00	1.0	NPI 1710139712
2	10	12	22	10	12	22	11	81002	A	10.00	1.0	NPI 1710139712
3	10	12	22	10	12	22	11	80305	A	80.00	1.0	NPI 1710139712
4	10	12	22	10	12	22	11	86592	A	15.00	1.0	NPI 1710139712
5												NPI
6												NPI

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2957E34679

27. ACCEPT ASSIGNMENT? YES X

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS: SOBIA NASIR MD

DATE: 11/04/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393241

a. 1043569435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

a. 1043569435

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

PICA

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X

1a. INSURED'S I.D. NUMBER: 227173922

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: X

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

P.O. #: 841669

Invoice Received By: P. Eilenberger On: 11/4/22

Good/Services Received By: V Rodriguez On: 10/18/22

1100-42900-280-001-0-331

[redacted]

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12. SIGNED: SIGNATURE ON FILE

13. SIGNED: SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

17. DN SOBIA NASIR

17a. 0B [illegible]

17b. NPI [illegible]

21. A. [illegible]

	DATE(S) OF SERVICE FROM	TO	PLACE OF SERVICE	CPT/HCPCS	DIAGNOSIS POINTER	$ CHARGES / DAYS OR UNITS	ID QUAL	RENDERING PROVIDER ID #
1	10 12 22	10 12 22	11	99213	A	[illegible] 1.0	NPI	[illegible]
2	10 12 22	10 12 22	11	80305	A	[illegible] 1.0	NPI	[illegible]
3							NPI	
4							NPI	
5							NPI	
6							NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN: X

26. PATIENT'S ACCOUNT NO.: 2958E34694

27. ACCEPT ASSIGNMENT: X

28. TOTAL CHARGE: [illegible].00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER: SOBIA NASIR MD DATE: 11/04/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

32a. 1043589435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

33a. 1043589435

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PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

CARRIER

PICA

[redacted]

P.O.#: 841669

Invoice Received By:
Eisenberger On: 11/4/22

Good/Services Received By:
Rodriguez On: 10/12/22

2 100-22-900-230-001-0- 331

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PATIENT AND INSURED INFORMATION

SIGNATURE ON FILE

SIGNATURE ON FILE

PHYSICIAN OR SUPPLIER INFORMATION

1
2
3
4
5
6

454034067 X 411E34695 X

(956) 383-0714

SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393141

SOBIA NASIR MD PA
PO BOX 4130
EDINBURG TX 785404130

SOBIA NASIR MD

11/04/2022
DATE

1043569435

1043569435

NUCC Instruction Manual available at: www.nucc.org

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

PRIMARY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE

CARRIER

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-0471

PICA

1 MEDICARE MEDICAID TRICARE CHAMPVA

642922336

2 PATIENT'S NAME

3 PATIENT'S ADDRESS

CITY

STATE TX

ZIP CODE

TELEPHONE

6 OTHER INSURED'S NAME

7 OTHER INSURED'S POLICY OR GROUP NUMBER

P.O.#: 842099

Invoice Received By: [illegible] on: 11/3/22

Good/Services Received By: V Rodriguez on: 10/13/22

2-1100-420-01-200-002-0-331

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Hidalgo County Sheriff's Office

PATIENT AND INSURED INFORMATION

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SIGNATURE ON FILE

SIGNATURE ON FILE

14 DATE OF CURRENT ILLNESS

17 NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a

SOBIA NASIR

19 ADDITIONAL CLAIM INFORMATION

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

22 MEDICAID RESUBMISSION

23 PRIOR AUTHORIZATION NUMBER

24A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	RENDERING PROVIDER ID. #
1 10 13 22	10 13 22	11		99213		A	85.00	1	NPI	1720139710
2 10 13 22	10 13 22	11		81002		A	17.00	1	NPI	1720139710
3 10 13 22	10 13 22	11		80305		A	51.00	1	NPI	1720139710
4 10 13 22	10 13 22	11		86592		A	15.00	1	NPI	1720139710
5									NPI	
6									NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25 FEDERAL TAX I.D. NUMBER: 454034067 X

26 PATIENT'S ACCOUNT NO.: 2953E34619 X

27 ACCEPT ASSIGNMENT

28 TOTAL CHARGE: 168.00

29 AMOUNT PAID

30 BALANCE DUE

31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD
11/01/2022
SIGNED DATE

33 SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393240

(956) 383-0711

33a 1043569435

33 SOBIA NASIR MD PA
PO BOX 4090
EDINBURG TX 785044090

33a 1043569435

NUCC Instruction Manual available at: www.nucc.org

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NCMS-1500CS-12

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACOUNTS PAYABLE
EDINBURG, TX 78542-3471

CARRIER

1. MEDICARE / MEDICAID / TRICARE / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER: X

1a. INSURED'S I.D. NUMBER: 643904990

2. PATIENT'S NAME: [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: M X

4. INSURED'S NAME: [redacted]

5. PATIENT'S ADDRESS: [redacted]

7. INSURED'S ADDRESS: [redacted]

CITY: [redacted] STATE: TX

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE: ( )

ZIP CODE: [redacted] TELEPHONE: ( )

11a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X

P.O. #: 842099

Invoice Received By: D Eilerberger on: 11/4/22

Good/Services Received By: V Rodriguez on: 10/14/22

2-1100-433-21-230-002-0-331

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Hidalgo County Sheriff's Office

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: SIGNATURE ON FILE

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B [illegible]
17b. NPI [illegible]

21. DIAGNOSIS: A. Z001

PATIENT AND INSURED INFORMATION

	DATE(S) OF SERVICE FROM			TO			PLACE OF SERVICE	CPT/HCPCS	DIAGNOSIS POINTER	$ CHARGES	DAYS OR UNITS		RENDERING PROVIDER ID. #
1	10	14	22	10	14	22	11	99213	A	[illegible]	1.0	NPI	[illegible]
2	10	14	22	10	14	22	11	81002	A	[illegible]	1.0	NPI	1710133712
3	10	14	22	10	14	22	11	80305	A	[illegible]	1.0	NPI	1710133712
4	10	14	22	10	14	22	11	86592	A	[illegible]	1.0	NPI	1710133712
5												NPI	
6												NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 EIN X

26. PATIENT'S ACCOUNT NO.: 2955E34637

27. ACCEPT ASSIGNMENT? X YES

28. TOTAL CHARGE: 140.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER: SOBIA NASIR MD
SIGNED DATE 11/04/2022

32. SERVICE FACILITY LOCATION INFORMATION:
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242
a. 1043589435

33. BILLING PROVIDER INFO & PH #: (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4090
EDINBURG TX 785404290
a. 1043589435

PRIMARY

HEALTH INSURANCE CLAIM FORM

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

PICA

HIDALGO COUNTY SHERIFFS DEPT HCSD
711 E L CIBOLO RD
ATT ACCOUNTS PAYABLE
EDINBURG, TX 78542-0471

PICA

CARRIER

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) X

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 629500521

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): [redacted]

3. PATIENT'S BIRTH DATE: [redacted] SEX: M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): [redacted]

5. PATIENT'S ADDRESS (No., Street): [redacted]

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street): [redacted]

CITY: [redacted] STATE: TX

8. RESERVED FOR NUCC USE

CITY: [redacted] STATE: TX

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

ZIP CODE: [redacted] TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME

P.O. #: 841669

Invoice Received By: P Eilenberger On: 11/4/22

Good/Services Received By: V Rodriguez On: 10/14/22

1100-42100-280-001-0-331

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? b. AUTO ACCIDENT? c. OTHER ACCIDENT?

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH: [redacted] SEX: M X F

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

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Hidalgo County Sheriff's Office

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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

SIGNED: SIGNATURE ON FILE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL

15. OTHER DATE QUAL

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: DN SOBIA NASIR

17a. 0B 2002662001

17b. NPI 1710139712

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO X $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. Z021 B. C. D.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

	24A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 14 22	10 14 22	11		99211		A	11.00	1.0		NPI	1710139712
2	10 14 22	10 14 22	11		80305		A	81.00	1.0		NPI	1710139712
3											NPI	
4											NPI	
5											NPI	
6											NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER: 454034067 SSN EIN X

26. PATIENT'S ACCOUNT NO.: 2954E34635

27. ACCEPT ASSIGNMENT? X YES NO

28. TOTAL CHARGE: 70.00

29. AMOUNT PAID

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS

SOBIA NASIR MD

SIGNED DATE 11/04/2022

32. SERVICE FACILITY LOCATION INFORMATION
SOBIA NASIR MD PA
702 W UNIVERSITY DR
EDINBURG TX 785393242

a. 1043589435

33. BILLING PROVIDER INFO & PH # (956) 383-0714
SOBIA NASIR MD PA
PO BOX 4290
EDINBURG TX 785404290

a. 1043589435