

Original
050705-24

**LARAMIE COUNTY CLERK
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM PROCES**

1. DATE OF PROPOSED ACTION: MAY 17, 2005

2. AGENDA ITEM: ☐ Appointments ☐ Bids/Purchases ☐ Claims
☒ Contracts/agreements/leases ☐ Grants ☐ Land Use: Variances/Board App/Plats
☐ Proclamations ☐ Public Hearings/Rules & Regs ☐ Reports & Public Petitions
☐ Resolutions ☐ Other: _____

3. DEPARTMENT: LARAMIE COUNTY SHERIFFS DEPARTMENT

APPLICANT: SHERIFF **AGENT:** CAPTAIN LONG

4. DESCRIPTION: CONSIDERATION OF A REQUEST FOR PAYMENT FOR INMATE
MEDICAL SERVICES FROM DR. LARRY SEITZ M.D.

Amount \$ 2474.00 From _____

5. DOCUMENTATION: 1 Originals and (4) four copies

| <u>Commissioner</u> | <u>Clerks Use Only:</u> |
|------------------------|-------------------------|
| Humphrey _____ | <u>Signatures</u> |
| Knudson _____ | Co Attny _____ |
| Ketcham _____ | Assist Co Attny _____ |
| Action _____ | Grants Manager _____ |
| Postponed/Tabled _____ | Outside Agency _____ |

RECEIVED AND APPROVED
AS TO FORM ONLY
BY ASSISTANT COUNTY ATTORNEY

COPY OF RECORD



**Cheyenne
Dermatology**
& Wyoming Laser Center

May 3, 2005

Mark Voss
310 West 19th St., Suite 320
Cheyenne, WY 82001

Re: John Forkell

Enclosed you will find a claim we have submitted for John Forkell. This claim was initiated at the request of the personnel at the Laramie County Jail for a bleeding growth on his back on the 19th of November, 2004. This area was biopsied as was another area on his leg. The area on the back was found to be a bleeding hemangioma and the area on his leg was a malignant melanoma. He had no insurance and was incarcerated in the county jail at that time. He felt as if his incarceration was going to be prolonged and when jail personnel was told about this they also confirmed that his incarceration would probably be prolonged.

Melanoma is not the type of tumor that can be delayed and a large excision was done on this area. The infirmary at the jail asked that they be allowed to care for his wound, and when seen in follow up the wound was infected and required antibiotics, debridement and follow up to clear the infection in his leg. The initial visit was initiated by the jail personnel. The follow up visits for the infection on his leg resulted from an unknown activity that occurred between the time that we did the surgery and the time we saw him for the infection. It is my opinion that these visits are the obligation of the Laramie County Sheriff's Department. The removal of aggressive cancer from the incarcerated prisoner may be of dubious value to society in general, but certainly is a moral obligation. If the county feels that they have no role in this societal activity then that will just have to be a consideration that I carry forward as I have continued requests from jail personnel. In the interim I would like to have this bill presented to the county commissioners for their consideration and am willing to provide further information as necessary.

Sincerely,

Larry Seitz, M.D.

LS/da

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 137887
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***

*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|------------|----------|----------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 11/19/2004 | 11/19/2004 | 11100 | BIOPSY | 11 | 782.2 | 1 | \$127.00 | \$0.00 |
| 11/19/2004 | 11/19/2004 | 11101 | ADDITIONAL BIOPSY | 11 | 782.2 | 1 | \$87.00 | \$0.00 |
| 11/19/2004 | 11/19/2004 | 99202-25 | NEW PATIENT OFFICE V | 11 | 216.5 | 1 | \$74.00 | \$0.00 |

*** RECEIPT SUMMARY ***

TODAY'S TOTALS: \$288.00 \$0.00
LESS TODAY'S PAYMENT: \$0.00 \$0.00

NEW BALANCES: \$288.00 \$0.00

*** THIS STATEMENT MAY NOT INCLUDE ALL LABORATORY CHARGES ***

** Please make checks payable to: CHEYENNE DERMATOLOGY, P.C. **

| | |
|---|--|
| Larry Seitz, MD UPIN#: B42851 MC#: 307284 | |
|---|--|

Cheyenne Dermatology & Wyoming Laser P.C
2112 Seymour Avenue
CHEYENNE WY 82001
(307) 635-8299 (800) 626-7982
FAX: (307) 635-6984
Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 137888
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

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*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|------------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 11/29/2004 | 11/29/2004 | 88305 | PATHOLOGY | 11 | 686.1 | 1 | \$110.00 | \$0.00 |
| 11/29/2004 | 11/29/2004 | 88305 | PATHOLOGY | 11 | 172.7 | 1 | \$110.00 | \$0.00 |

*** RECEIPT SUMMARY ***

| | | |
|-----------------------|----------|--------|
| TODAY'S TOTALS: | \$220.00 | \$0.00 |
| LESS TODAY'S PAYMENT: | \$0.00 | \$0.00 |
| NEW BALANCES: | \$220.00 | \$0.00 |

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| MC#: 307284 | |

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CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 139950
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***

*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|-----------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 1/04/2005 | 1/04/2005 | 11000 | DEBRIDEMENT | 11 | 682.9 | 1 | \$100.00 | \$0.00 |
| 1/04/2005 | 1/04/2005 | 99212-25 | OFFICE VISIT | 11 | 172.7 | 1 | \$52.00 | \$0.00 |

*** RECEIPT SUMMARY ***

TODAY'S TOTALS: \$152.00 \$0.00
LESS TODAY'S PAYMENT: \$0.00 \$0.00
NEW BALANCES: \$152.00 \$0.00

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| Larry Seitz, MD UPIN#: B42851 MC#: 307284 | |
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FAX: (307) 635-6984
Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 140437
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***

*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|-----------|-----------|----------|---------------------|-----|--------|-------|--------------------|-----------|
| | | | | | | | PREVIOUS BALANCES: | 0.00 0.00 |
| 1/11/2005 | 1/11/2005 | 11000 | DEBRIDEMENT | 11 | 172.7 | 1 | \$100.00 | \$0.00 |

*** RECEIPT SUMMARY ***

| | | |
|-----------------------|----------|--------|
| TODAY'S TOTALS: | \$100.00 | \$0.00 |
| LESS TODAY'S PAYMENT: | \$0.00 | \$0.00 |
| NEW BALANCES: | \$100.00 | \$0.00 |

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Larry Seitz, MD
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MC#: 307284

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FAX: (307) 635-6984
Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 140676
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***

*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|-----------|-----------|----------|---------------------|-----|--------|-------|--------------------|-----------|
| | | | | | | | PREVIOUS BALANCES: | 0.00 0.00 |
| 1/18/2005 | 1/18/2005 | 11000 | DEBRIDEMENT | 11 | | 1 | \$100.00 | \$0.00 |

*** RECEIPT SUMMARY ***

| | | |
|-----------------------|----------|--------|
| TODAY'S TOTALS: | \$100.00 | \$0.00 |
| LESS TODAY'S PAYMENT: | \$0.00 | \$0.00 |
| NEW BALANCES: | \$100.00 | \$0.00 |

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FAX: (307) 635-6984
Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C.

2/12/05 -
Spoke 2 Rec. person
Per conversation
Send all bills
to Immate Co
Address - contact
when complete

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 137863
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Dr. Seitz will write
this bill off.

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***
*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|------------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 12/06/2004 | 12/06/2004 | 88305 | PATHOLOGY | 11 | 172.7 | 1 | \$110.00 | \$0.00 |

*** RECEIPT SUMMARY ***

| | | |
|-----------------------|----------|--------|
| TODAY'S TOTALS: | \$110.00 | \$0.00 |
| LESS TODAY'S PAYMENT: | \$0.00 | \$0.00 |
| NEW BALANCES: | \$110.00 | \$0.00 |

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| | |
|---|--|
| Larry Seitz, MD UPIN#: B42851 MC#: 307284 | |
|---|--|

CLIA LAB#: 53D0920785

Next Appointment:

Cheyenne Dermatology & Wyoming Laser P.C.
2112 Seymour Avenue
CHEYENNE WY 82001
(307) 635-8299 (800) 626-7982
FAX: (307) 635-8984
Tax ID: 83-0318499

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456

Patient: JOHN D FORKELL

2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 137279

Receipt No:

Date: 2/08/2005

Service Provider: Seitz, MD

Bill To: JOHN D FORKELL

2130 WEST 10TH #106
BROOMFIELD CO 80020*Dr. Seitz
will write this bill off.*

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***

*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL

Patient ID 49456

Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|------------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 11/30/2004 | 11/30/2004 | 11606 | EXCISION MALIG. | 11 | 172.7 | 1 | \$627.00 | \$0.00 |
| 11/30/2004 | 11/30/2004 | 15100 | SPLIT GRAFT | 11 | 172.7 | 1 | \$877.00 | \$0.00 |

*** RECEIPT SUMMARY ***

TODAY'S TOTALS: \$1,504.00 \$0.00

LESS TODAY'S PAYMENT: \$0.00 \$0.00

NEW BALANCES: \$1,504.00 \$0.00

*** THIS STATEMENT MAY NOT INCLUDE ALL LABORATORY CHARGES ***

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Larry Seitz, MD

UPIN#: B42851

MC#: 307284

Cheyenne Dermatology & Wyoming Laser P.C

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Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456

Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 140437

Receipt No:

Date: 2/08/2005

Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

*** PLEASE DETACH TOP PORTION OF THIS STATEMENT AND RETURN WITH PAYMENT ***

*** ATTACH THIS BOTTOM PORTION TO YOUR INSURANCE CLAIM FORM. ***

Pat Name: JOHN D FORKELL

Patient ID 49456

Charge Type: PATIENT

| From Date | To Date | CPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|-----------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 1/11/2005 | 1/11/2005 | 11000 | DEBRIDEMENT | 11 | 172.7 | 1 | \$100.00 | \$0.00 |

*** RECEIPT SUMMARY ***

| | | |
|-----------------------|----------|--------|
| TODAY'S TOTALS: | \$100.00 | \$0.00 |
| LESS TODAY'S PAYMENT: | \$0.00 | \$0.00 |
| NEW BALANCES: | \$100.00 | \$0.00 |

*** THIS STATEMENT MAY NOT INC

** Please make checks payable to:

Larry Seitz, MD

UPIN#: B42851

MC#: 307284

CLIA LAB#: 53D0920785

Next Appointment:

ATROVENT
(ipratropium bromide)
INHALATION AEROSOL 16 puffs per puff

***** PATIENT RECEIPT *******Cheyenne Dermatology & Wyoming Laser P.C**

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 139950
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

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Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

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|--------------------|-----------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 1/04/2005 | 1/04/2005 | 11000 | DEBRIDEMENT | 11 | 682.9 | 1 | \$100.00 | \$0.00 |
| 1/04/2005 | 1/04/2005 | 99212-25 | OFFICE VISIT | 11 | 172.7 | 1 | \$52.00 | \$0.00 |

***** RECEIPT SUMMARY *****

TODAY'S TOTALS: \$152.00 \$0.00
LESS TODAY'S PAYMENT: \$0.00 \$0.00
NEW BALANCES: \$152.00 \$0.00

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2112 Seymour Avenue
CHEYENNE WY 82001
(307) 635-8299 (800) 626-7982
FAX: (307) 635-6984
Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

***** PATIENT RECEIPT *******Cheyenne Dermatology & Wyoming Laser P.C**

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 140676
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
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BROOMFIELD CO 80020

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| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 1/18/2005 | 1/18/2005 | 11000 | DEBRIDEMENT | 11 | | 1 | \$100.00 | \$0.00 |

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| LESS TODAY'S PAYMENT: | \$0.00 | \$0.00 |
| NEW BALANCES: | \$100.00 | \$0.00 |

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| Larry Seitz, MD UPIN#: B42851 MC#: 307284 | |
|---|--|

CLIA LAB#: 53D0920785

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FAX: (307) 635-6984
Tax ID: 83-0318499

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 137887
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

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| 11/19/2004 | 11/19/2004 | 11100 | BIOPSY | 11 | 782.2 | 1 | \$127.00 | \$0.00 |
| 11/19/2004 | 11/19/2004 | 11101 | ADDITIONAL BIOPSY | 11 | 782.2 | 1 | \$87.00 | \$0.00 |
| 11/19/2004 | 11/19/2004 | 99202-25 | NEW PATIENT OFFICE V | 11 | 216.5 | 1 | \$74.00 | \$0.00 |

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TODAY'S TOTALS: \$288.00 \$0.00

LESS TODAY'S PAYMENT: \$0.00 \$0.00

NEW BALANCES: \$288.00 \$0.00

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| Larry Seitz, MD UPIN#: B42851 MC#: 307284 | |
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FAX: (307) 635-6984
Tax ID: 83-0318499

CLIA LAB#: 53D0920785

Next Appointment:

*** PATIENT RECEIPT ***

Cheyenne Dermatology & Wyoming Laser P.C

Patient Num: 49456
Patient: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

Transaction ID: 137888
Receipt No:
Date: 2/08/2005
Service Provider: Seitz, MD

Bill To: JOHN D FORKELL
2130 WEST 10TH #106
BROOMFIELD CO 80020

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Pat Name: JOHN D FORKELL Patient ID 49456 Charge Type: PATIENT

| From Date | To Date | GPT Code | Description of Svcs | POS | ICD9CM | Units | Patient | Insurance |
|--------------------|------------|----------|---------------------|-----|--------|-------|----------|-----------|
| PREVIOUS BALANCES: | | | | | | | 0.00 | 0.00 |
| 11/29/2004 | 11/29/2004 | 88305 | PATHOLOGY | 11 | 886.1 | 1 | \$110.00 | \$0.00 |
| 11/29/2004 | 11/29/2004 | 88305 | PATHOLOGY | 11 | 172.7 | 1 | \$110.00 | \$0.00 |

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| TODAY'S TOTALS: | \$220.00 | \$0.00 |
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| NEW BALANCES: | \$220.00 | \$0.00 |

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Next Appointment: