

Momentum Primary Care

**120 Handley Road
Suite 410
Tyrone, GA 30290
Office: (678) 430-8478
Fax: (678) 436-3963**

September 16, 2015

Patient: Alfred Boyd

D.O.B.: 07/10/1946

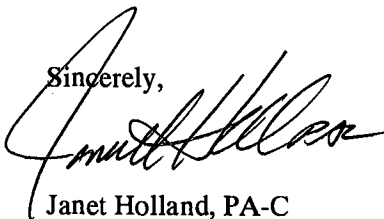
To Whom It May Concern:

Mr. Alfred Boyd is a patient of Janet Holland, PA-C here at Momentum Primary Care. He has been a patient of mine for several years and he suffers from lung and heart disease. Earlier this year he was suffering from complications due to his living conditions and he informed us that there were certain restoration projects that have been completed at his residence. He has also provided us with a copy of a mold clearance report that was performed at his house. Due to his medical history he is very susceptible to environmental changes and triggers. He has been hospitalized this year due to an allergic reaction and has been treated in our office for sinuses and allergy issues. He has also had an MRI this year which correlates to having chronic sinusitis.

At any level of detection of mold and allergens could be detrimental to his health. It has been recommended that all the drywall, insulation, and any other materials that could have been damaged or that could cause for him to suffer from these complications to be replaced. This includes all contents of the basement and garage that was damaged and exposed during the event of water exposure.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Janet Holland", written over a horizontal line.

Janet Holland, PA-C

Rx

0704

LISA C. ROBBINS, M.D.

THE ROBBINS HEALTH ALLIANCE

1324 ROCKBRIDGE ROAD
STONE MOUNTAIN, GA 30087

(770) 564-1399
Fax (770) 564-1231

GA LIC # 038346
DEA # BR3761601

Exhibit 22 - Without Prejudice

Case No. 555231331

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NAME: Eloise Boyd DOB: 5/11/97
ADDRESS: _____ DATE: 5/20/15

Rx

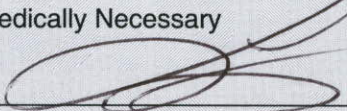
Air purifier and

Dehumidifier
For mold Allergies

Quantity: _____

Refills: _____ 1 2 3 4 5 6 []

Brand Medically Necessary



Lisa C. Robbins, MD
NPI # 1376629451



SECURITY FEATURES ON BACK

Lot 4118783

Rx **0857**

LISA C. ROBBINS, M.D.
THE ROBBINS HEALTH ALLIANCE
1324 ROCKBRIDGE ROAD
STONE MOUNTAIN, GA 30087

(770) 564-1399
Fax (770) 564-1231


GA LIC # 038346
DEA # BR3761601

NAME: Selita Boyd DOB: _____
ADDRESS: _____ DATE: 9/16/15

Rx
*Air purifier
for Basement mold*

Quantity: _____
 Refills: _____ 1 2 3 4 5 6 []
Brand Medically Necessary

Lisa C. Robbins, MD
NPI # 1376629451

Rx 

SECURITY FEATURES ON BACK

Lot 4118783

Selita

From: Walgreens <donotreply@rxorder.walgreens.com>
Sent: Monday, November 5, 2018 6:04 PM
To: selitab45@gmail.com
Subject: Your Prescription is Delayed: Insurance Issue



There was an Issue with Your Insurance

Dear ELOISE,

Your order is delayed due to an insurance issue that we're working to resolve.

If your insurance has recently changed, please call the pharmacy at (770) 935-5607 to provide updated insurance information.

Otherwise, the pharmacy may reach out if we need anything else and we'll notify you once the prescription is ready.

Opt in instantly. Get notified the next time your order is ready for pickup or a refill is due.¹

[Rx Text Alerts >](#)

Items for Pick Up in Store

Prescription Number	Quantity	Price*
XIFAXAN 550MG TABLETS 732427-7608	180	\$8538.09

Total: \$8538.09

*Retail price; insurance has not been applied.

Pickup Info

Pickup Location	Pharmacy Hours
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Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 05/11/2016 **Encounter Date:** 05/11/2016
Provider: Robbins, Lisa C

Total Amount: \$ 200.00 **Payments/Adjustments:** \$ 200.00 **Balance:** \$ 0.00
Claim Number: 6503 **Filing Status:** Patient

ICD Codes:

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed Fee
LDA Low Dose Allergy Injection		05/11/2016	05/11/2016	11-OFFICE	1 -Medical	\$200.00	1.00	\$200.00

Insurances:

Name	Group No	Subscriber No	Type	File Status

Payment:

From	Date	Type	Check No	Payment
Patient	05/11/2016	Credit Card (VISA)		\$200.00

Claim Data:

Symptom Indicator: No Symptom Date
Referring Provider: Robbins, Lisa C NPI 1376629451

Claim Header:

Residence Type:
Student Status:
Employment Status: Not employed
Primary Insurance:
Claim Type: Medical

Claim Log:

Exhibit 22 - Without Prejudice
Case No. 555231331
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Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 05/22/2015 **Encounter Date:** 05/20/2015
Provider: Robbins, Lisa C

Total Amount: \$ 175.00 **Payments/Adjustments:** \$ 175.00 **Balance:** \$ 0.00
Claim Number: 2907 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 03/20/2015 **Encounter Date:** 03/20/2015
Provider: Robbins, Lisa C

Total Amount: \$ 170.00 **Payments/Adjustments:** \$ 170.00 **Balance:** \$ 0.00
Claim Number: 2267 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 03/12/2015 **Encounter Date:** 03/10/2015
Provider: Robbins, Lisa C

Total Amount: \$ 155.00 **Payments/Adjustments:** \$ 155.00 **Balance:** \$ 0.00
Claim Number: 2154 **Filing Status:** Pending

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 03/03/2016 **Encounter Date:** 03/02/2016
Provider: Robbins, Lisa C

Total Amount: \$ 175.00 **Payments/Adjustments:** \$ 175.00 **Balance:** \$ 0.00
Claim Number: 5753 **Filing Status:** Closed

ICD Codes:

- I10 Benign essential HTN.
- E11.9 Diabetes mellitus.
- J30.9 Allergic rhinitis.
- J30.1 Allergic rhinitis due to pollen.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units Billed	Fee
81000 URINALYSIS		03/02/2016	03/02/2016	11-OFFICE	1 -Medical	\$10.00	1.00	\$10.00
99212 Office Visit, Est Pt., Level 2		03/02/2016	03/02/2016	11-OFFICE	1 -Medical	\$150.00	1.00	\$150.00

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 07/26/2016 **Encounter Date:** 09/10/2015
Provider: Robbins, Lisa C

Total Amount: \$ 220.00 **Payments/Adjustments:** \$ 220.00 **Balance:** \$ 0.00
Claim Number: 7305 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 08/21/2015 **Encounter Date:** 08/21/2015
Provider: Robbins, Lisa C

Total Amount: \$ 285.00 **Payments/Adjustments:** \$ 285.00 **Balance:** \$ 0.00
Claim Number: 3827 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 05/19/2016 **Encounter Date:** 05/19/2016
Provider: Robbins, Lisa C

Total Amount: \$ 200.00 **Payments/Adjustments:** \$ 200.00 **Balance:** \$ 0.00
Claim Number: 6606 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 03/02/2016 **Encounter Date:** 03/02/2016
Provider: Robbins, Lisa C

Total Amount: \$ 10.60 **Payments/Adjustments:** \$ 10.60 **Balance:** \$ 0.00
Claim Number: 5746 **Filing Status:** Patient

ICD Codes:

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units	Billed	Fee
HISTA Histaminum Hydrochloricum Homeopathic		03/02/2016	03/02/2016	11-OFFICE	9 -Other Medical Service	\$10.00	1.00		\$10.00
Tax Sales Tax		03/02/2016	03/02/2016	11-OFFICE	9 -Other Medical Service	\$0.60	1.00		\$0.60

Insurances:

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Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 11/24/2015 **Encounter Date:** 11/24/2015
Provider: Robbins, Lisa C

Total Amount: \$ 185.00 **Payments/Adjustments:** \$ 185.00 **Balance:** \$ 0.00
Claim Number: 4730 **Filing Status:** Closed

ICD Codes:

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 10/08/2015 **Encounter Date:** 10/07/2015
Provider: Robbins, Lisa C

Total Amount: \$ 160.00 **Payments/Adjustments:** \$ 160.00 **Balance:** \$ 0.00
Claim Number: 4330 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 09/22/2015 **Encounter Date:** 09/22/2015
Provider: Robbins, Lisa C

Total Amount: \$ 235.00 **Payments/Adjustments:** \$ 235.00 **Balance:** \$ 0.00
Claim Number: 4147 **Filing Status:** Closed

Patient: Boyd, Eloise **DOB:** 05/11/1947 **Phone:** 770-465-5321
Address: 6841 CAVALIER CT, STONE MOUNTAIN, GA, US, 30087-6332
Claim Date: 05/12/2016 **Encounter Date:** 05/11/2016
Provider: Robbins, Lisa C

Total Amount: \$ 175.00 **Payments/Adjustments:** \$ 175.00 **Balance:** \$ 0.00
Claim Number: 6525 **Filing Status:** Patient

ICD Codes:

- R00.0 Tachycardia.
- R42 Vertigo.
- R19.7 Diarrhea, unspecified.
- R35.8 Polyuria.
- R11.0 Nausea.
- J30.1 Allergic rhinitis due to pollen.

CPT Codes:

Code	Modifiers	Start Dt	End Dt	POS	TOS	Unit Fee	Units Billed	Fee
99213 Office Visit, Est Pt., Level 3		05/11/2016	05/11/2016	11-OFFICE	1 -Medical	\$175.00	1.00	\$175.00