

**REQUEST FOR PROPOSALS
CONCORD UNIVERSITY
RFB#CU2306 Student Health Insurance**

ADDENDUM #1

1. **Question:** What is the premium for the last four years?

Answer: The University only has premiums for the past two years.
Please see the past two below:

- 08/01/2022-06/30/2023 amount was \$81,023
- 08/01/2021-07/31/2022 amount was \$95321.00

2. **Question:** What are the claims paid for the last four years (detailed runs)?

Answer: Please see attached.

3. **Question:** Student athletes are required to have primary insurance coverage. Can you provide details on this separate policy? Sports Maximum limit?

Answer: Yes, students are required to have a primary insurance. When services are billed through our EMR, if coverage is not active, we are alerted. We do let our athletes know that secondary insurance is available only after primary insurance is billed. Our current secondary policy will not bill until a primary insurance is billed and responds.

4. **Question:** In section 3.3 the RFP states that all student-athletes are required to have primary insurance. How does the University handle this process? Does the University verify that the student-athletes insurance is still active? If so, how?

Answer: Yes, students are required to have a primary insurance. When services are billed through our EMR, if coverage is not active, we are alerted. We do let our athletes know that secondary insurance is available only after primary insurance is billed. Our current secondary policy will not bill until a primary insurance is billed and responds.

5. **Question:** Does the University accept In-state and Out-of-State Medicaid as primary insurance?

Answer: Yes.

6. **Question:** If a student-athlete has out of state primary insurance that does not cover them in the Athens, WV area, do you require them to return home for surgery or does your current secondary insurance plan cover those surgeries?

Answer: We do not schedule surgeries from our office, but when we call a primary insurance for pre-auth on an outpatient service such as a MRI, if our area is out of network, the we coordinate with the athlete to go home for that procedure.

7. **Question:** How many international student-athletes are there on campus?

Answer: We currently have 33 international athletes that are active.

8. **Question:** Are the international student-athletes required to purchase a certain plan or are they able to purchase plans on their own? If required, could you please give us details on that plan? Does it cover Intercollegiate sports injuries?

Answer: International students are able to choose their own plans.

9. **Question:** Could you please provide a plan summary or benefits summary including your current deductible?

Answer: Please see attached.

10. **Question:** Could you please provide current loss runs for the current policy year and prior 4 policy periods?

Answer: Please see attached.

11. **Question:** Have any sports been added or deleted in the prior 5 years? If so, please explain.

Answer: None this past year.

12. **Question:** Has the University's deductible on this plan changed in the prior 5 years? If so, please explain.

Answer: No, it was the same as last year.

13. **Question:** Does the University currently file claims with their insurance carrier through injury tracking software? What injury tracking software does the University utilize?

Answer: No. Student Health files claims online if the provider services (hospital, MD Office) has not filed them previously. We do not bill secondary insurance for balances after primary insurance pays for services provided on campus in either the training room or the health center. We have a shared excel spreadsheet with our PA and AT's that tracks injuries in each of the sports.

14. **Question:** Does the University have any agreements or discount arrangements with any of your main providers? If so, could you please provide details.

Answer: No.

15. **Question:** Who is the University's current insurance broker?

Answer: Dissinger Reed, A Division of HUB International

16. **Question:** Is your current insurance broker charging a fee or collecting commission on this plan? What is the current commission or fee your broker is charging for their services?

Answer: Broker is compensated via commission paid by the insurance carrier.

17. **Question:** Who is the team doctor?

Answer: Concord University is in the process of hiring a Medical Director.

18. **Question:** Please provide a census for the number of athletes needing coverage broken out per sport.

Answer: Please see the following census for 2022-2023:

- **Women's Soccer – 52**
- **Men's Soccer – 57**
- **Women's Cross Country – 14**
- **Men's Cross Country – 19**
- **Women's Basketball – 31**
- **Men's Basketball – 23**
- **Football – 85**
- **Volleyball – 14**
- **Women's Track – 30**
- **Men's Track - 32**
- **Baseball – 34**
- **Softball – 30**
- **Women's Golf – 9**
- **Men's Golf - 11**

19. **Question:** Can you provide a copy of the current policy?

Answer: Please see attached.

20. **Question:** Please provide the current and previous 2-4 years of total premium for the policy.

Answer: The University only has premiums for the past two years. Please see the past two below:

- **08/01/2022-06/30/2023 amount was \$81,023**
- **08/01/2021-07/31/2022 amount was \$95321.00**

21. **Question:** Please provide the current and previous 2-4 years of claims.

Answer: Please see attached.

22. **Question:** Please provide a census for the number of athletes needing coverage broken down by sport.

Answer: Please see the following census for 2022-2023:

- **Women's Soccer – 52**
- **Men's Soccer – 57**
- **Women's Cross Country – 14**
- **Men's Cross Country – 19**
- **Women's Basketball – 31**
- **Men's Basketball – 23**
- **Football – 85**
- **Volleyball – 14**
- **Women's Track – 30**
- **Men's Track - 32**
- **Baseball – 34**
- **Softball – 30**
- **Women's Golf – 9**
- **Men's Golf - 11**

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--------------|------------|----------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
|--------------|------------|----------|----------------|------------------|------------------|-------------|---------------|------------|--------------|

Client: Concord University

Underwriting Year: 2011

Policy: IHH000130-937

Coverage: Col.spts.1000 Ded.

Checking Account: QBE

| A., Matthew; Claim: 472007-33; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: Neck; Date Incurred: 08/22/2011 | | | | | | | | | |
|--|---------------------------|---------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|------|
| 08/22/2011 | Princeton Comm Hosp | Emrg.Room | \$1,710.95 | \$32.00 | Deductible | \$1,678.95 | 11/07/2011 | 11/22/2011 | 6597 |
| 08/22/2011 | Princeton Comm Hosp | Emrg.Room | \$90.05 | \$90.05 | Disc:TRPN | \$0.00 | 11/07/2011 | 11/22/2011 | 6597 |
| 08/22/2011 | Professional Imaging | Cat Scan | \$210.00 | \$146.00 | Other Insurance | \$64.00 | 11/07/2011 | 11/22/2011 | 6598 |
| 08/22/2011 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$610.00 | \$366.00 | Other Insurance | \$244.00 | 11/07/2011 | 11/22/2011 | 6599 |
| 08/22/2011 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$260.00 | \$156.00 | Other Insurance | \$104.00 | 11/07/2011 | 11/22/2011 | 6600 |
| 08/22/2011 | Medexpress Urgent Care Wv | Medical Treatment | \$140.00 | \$50.00 | Other Insurance | \$90.00 | 11/07/2011 | 11/22/2011 | 6600 |
| 08/22/2011 | Princeton Rescue Squad | Ambulance | \$520.35 | \$250.00 | Other Insurance | \$270.35 | 11/07/2011 | 11/22/2011 | 6601 |
| Claim # 472007-33 Totals : | | | \$3,541.35 | \$1,090.05 | | \$2,451.30 | | | |

| A., Matthew; Claim: 472007-88; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2012 | | | | | | | | | |
|---|---------------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|-------|
| 02/15/2012 | Philip Branson Md | X-Ray, Radiology | \$118.50 | \$17.77 | Disc:R2R USA | \$100.73 | 03/22/2012 | 03/30/2012 | 10317 |
| 02/15/2012 | Philip Branson Md | Medical Treatment | \$29.02 | \$29.02 | Disc:R2R USA | \$0.00 | 03/22/2012 | 03/30/2012 | 10317 |
| 02/15/2012 | Philip Branson Md | Medical Treatment | \$164.48 | \$50.00 | Other Insurance | \$114.48 | 03/22/2012 | 03/30/2012 | 10317 |
| 02/29/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$50.00 | Other Insurance | \$143.50 | 03/22/2012 | 03/30/2012 | 10317 |
| 02/24/2012 | Princeton Comm Hosp | MRI | \$250.00 | \$250.00 | Other Insurance | \$0.00 | 03/06/2012 | 03/30/2012 | 10318 |
| 02/24/2012 | Princeton Comm Hosp | MRI | \$1,192.00 | \$650.00 | Deductible | \$542.00 | 03/06/2012 | 03/30/2012 | 10318 |
| 02/24/2012 | Professional Imaging | MRI | \$285.00 | \$14.25 | Disc:TRPN | \$270.75 | 03/06/2012 | 03/30/2012 | 10319 |
| 02/15/2012 | R2r Usa | R2R USA Repricing | \$8.24 | \$0.00 | | \$8.24 | 03/06/2012 | 03/30/2012 | 10320 |
| 02/24/2012 | Three Rivers Prov Network | TRPN Fee | \$1.71 | \$0.00 | | \$1.71 | 03/22/2012 | 03/30/2012 | 10321 |
| Claim # 472007-88 Totals : | | | \$2,242.45 | \$1,061.04 | | \$1,181.41 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| B., Raymond; Claim: 472007-103; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Wrist; Date Incurred: 10/15/2011 | | | | | | | | | |
| 01/27/2012 | Philip Branson Md | Medical Treatment | \$322.00 | \$108.49 | Other Insurance | \$213.51 | 05/16/2012 | 05/17/2012 | 12053 |
| 02/21/2012 | Philip Branson Md | Medical Treatment | \$105.00 | \$16.09 | Other Insurance | \$88.91 | 05/16/2012 | 05/17/2012 | 12053 |
| 03/22/2012 | Princeton Comm Hosp | Outpatient | \$2,784.94 | \$2,524.55 | Other Insurance | \$260.39 | 05/16/2012 | 05/17/2012 | 12054 |
| 04/06/2012 | Princeton Comm Hosp | Outpatient | \$5,543.03 | \$5,024.76 | Other Insurance | \$518.27 | 05/16/2012 | 05/17/2012 | 12054 |
| 04/06/2012 | Philip Branson Md | Surgery | \$1,162.50 | \$563.09 | Other Insurance | \$599.41 | 06/18/2012 | 07/02/2012 | 100764 |
| 06/25/2012 | Wvu Hospitals | X-Ray, Radiology | \$244.28 | \$221.81 | Other Insurance | \$22.47 | 07/30/2012 | 08/01/2012 | 101642 |
| 03/27/2012 | Philip Branson Md | Medical Treatment | \$105.00 | \$57.90 | Other Insurance | \$47.10 | 07/30/2012 | 08/02/2012 | 101694 |
| 07/09/2012 | Wvu Hospitals | Medical Treatment | \$50.00 | \$45.40 | Other Insurance | \$4.60 | 08/14/2012 | 08/30/2012 | 102637 |
| 07/09/2012 | Wvu Medical Corp | MRI | \$1,579.00 | \$1,490.13 | Other Insurance | \$88.87 | 08/14/2012 | 08/30/2012 | 102638 |
| 03/22/2012 | Professional Imaging | MRI | \$285.00 | \$270.35 | Other Insurance | \$14.65 | 09/14/2012 | 09/17/2012 | 103052 |
| 06/25/2012 | Wvu Medical Corp | Medical Treatment | \$132.00 | \$102.00 | Other Insurance | \$30.00 | 02/08/2013 | 02/21/2013 | 108637 |
| 07/09/2012 | Wvu Medical Corp | Medical Treatment | \$88.00 | \$58.00 | Other Insurance | \$30.00 | 02/08/2013 | 02/21/2013 | 108637 |
| Claim # 472007-103 Totals : | | | \$12,400.75 | \$10,482.57 | | \$1,918.18 | | | |

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|--|-------------|------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|--------|
| C., Kenneth; Claim: 472007-80; Activity: Mens Football; Diagnosis: Pain; Anatomy: Neck; Date Incurred: 11/19/2011 | | | | | | | | | |
| 02/16/2012 | Beckley Arh | X-Ray, Radiology | \$3,478.00 | \$3,254.20 | Other Insurance | \$223.80 | 05/04/2012 | 05/17/2012 | 12051 |
| 02/16/2012 | Beckley Arh | X-Ray, Radiology | \$3,478.00 | \$1,070.90 | Other Insurance | \$2,407.10 | 05/04/2012 | 07/16/2012 | 101088 |
| Claim # 472007-80 Totals : | | | \$6,956.00 | \$4,325.10 | | \$2,630.90 | | | |

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|--|-------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|--------|
| C., Corey; Claim: 472007-93; Activity: Mens Football; Diagnosis: Deductible Credit Only; Anatomy: Back; Date Incurred: 03/01/2012 | | | | | | | | | |
| 04/04/2012 | Beckley Arh | Outpatient | \$1,341.00 | \$1,266.64 | Other Insurance | \$74.36 | 05/24/2012 | 07/02/2012 | 100761 |
| 04/04/2012 | Beckley Medical Imaging | Cat Scan | \$236.00 | \$223.52 | Other Insurance | \$12.48 | 05/24/2012 | 07/02/2012 | 100762 |
| 03/01/2012 | Willis Chiropractic | Medical Treatment | \$185.00 | \$45.65 | Other Insurance | \$139.35 | 05/15/2012 | 07/02/2012 | 100763 |
| 03/07/2012 | Willis Chiropractic | Phys.Therapy | \$120.00 | \$110.52 | Other Insurance | \$9.48 | 05/15/2012 | 07/02/2012 | 100763 |
| 04/02/2012 | Willis Chiropractic | Phys.Therapy | \$180.00 | \$162.79 | Other Insurance | \$17.21 | 05/15/2012 | 07/02/2012 | 100763 |
| 03/09/2012 | Willis Chiropractic | Phys.Therapy | \$120.00 | \$110.52 | Other Insurance | \$9.48 | 05/15/2012 | 07/02/2012 | 100763 |
| 03/19/2012 | Willis Chiropractic | Phys.Therapy | \$120.00 | \$110.66 | Other Insurance | \$9.34 | 05/15/2012 | 07/02/2012 | 100763 |
| 03/26/2012 | Willis Chiropractic | Phys.Therapy | \$90.00 | \$83.52 | Other Insurance | \$6.48 | 05/15/2012 | 07/02/2012 | 100763 |
| 04/09/2012 | Arh Southern Wv Cln | Medical Treatment | \$104.00 | \$69.00 | Other Insurance | \$35.00 | 10/29/2012 | 11/05/2012 | 104482 |
| 04/02/2012 | Arh Southern Wv Cln | Medical Treatment | \$122.00 | \$87.00 | Other Insurance | \$35.00 | 02/14/2013 | 02/21/2013 | 108636 |
| Claim # 472007-93 Totals : | | | \$2,618.00 | \$2,269.82 | | \$348.18 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

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|--|--------------------------------|------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| D., Jordan; Claim: 472007-89; Activity: Mens Basketball; Diagnosis: Dislocation; Anatomy: L-Knee; Date Incurred: 02/22/2012 | | | | | | | | | |
| 04/12/2012 | Bon Secours St Francis Medical | Out-Pat.Surgery | \$16,517.59 | \$15,366.37 | Other Insurance | \$1,151.22 | 05/04/2012 | 05/10/2012 | 11820 |
| 04/12/2012 | Orthovirginia | Surgery | \$1,811.00 | \$1,718.49 | Other Insurance | \$92.51 | 09/05/2012 | 09/06/2012 | 102767 |
| 04/12/2012 | Orthovirginia | Surgery | \$1,742.00 | \$1,564.36 | Other Insurance | \$177.64 | 09/05/2012 | 09/06/2012 | 102767 |
| 03/13/2012 | Radiology Assoc Of Rich Inc | X-Ray, Radiology | \$53.33 | \$43.54 | Other Insurance | \$9.79 | 09/05/2012 | 09/17/2012 | 103051 |
| 03/15/2012 | Radiology Assoc Of Rich Inc | MRI | \$137.10 | \$14.13 | Other Insurance | \$122.97 | 09/05/2012 | 09/17/2012 | 103051 |
| 03/15/2012 | Chippenham Jw Hospital | MRI | \$4,522.00 | \$4,248.80 | Other Insurance | \$273.20 | 10/18/2012 | 10/25/2012 | 104275 |
| Claim # 472007-89 Totals : | | | \$24,783.02 | \$22,955.69 | | \$1,827.33 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| D., Carlton; Claim: 472007-29; Activity: Mens Football; Diagnosis: Stinger; Anatomy: Neck; Date Incurred: 10/29/2011 | | | | | | | | | |
| 10/29/2011 | Princeton Comm Hosp | Emrg.Room | \$2,173.44 | \$2,133.44 | Other Insurance | \$40.00 | 12/19/2011 | 01/24/2012 | 8173 |
| 11/16/2011 | Associated Radiologists | Misc Conversion | \$1,314.00 | \$0.00 | | \$958.47 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/31/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | Cat Scan | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 12/14/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 01/25/2012 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 12/14/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 01/25/2012 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 11/16/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | Cat Scan | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/31/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.75 | Disc:TRPN | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 11/16/2011 | Associated Radiologists | X-Ray, Radiology | \$0.00 | \$19.78 | Other Insurance | \$0.00 | 06/05/2012 | 06/07/2012 | 12790 |
| 10/30/2011 | Trpn | TRPN Fee | \$23.65 | \$0.00 | | \$23.65 | 06/05/2012 | 06/07/2012 | 12791 |
| | Associated Radiologists | | \$0.00 | \$0.00 | | -\$757.65 | 06/07/2012 | 06/07/2012 | 0 |
| 10/31/2011 | Associated Radiologists | Medical Treatment | \$41.10 | \$0.00 | | \$41.10 | 11/04/2012 | 11/15/2012 | 104824 |
| Claim # 472007-29 Totals : | | | \$3,552.19 | \$3,246.62 | | \$305.57 | | | |

A-G Administrators, Inc.

Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| D., Evin; Claim: 472007-28; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 09/10/2011 | | | | | | | | | |
| 09/13/2011 | Beckley Arh | X-Ray, Radiology | \$2,424.95 | \$750.00 | Deductible | \$1,674.95 | 11/08/2011 | 11/10/2011 | 6349 |
| 09/13/2011 | Beckley Arh | X-Ray, Radiology | \$472.06 | \$472.06 | Disc:AMN | \$0.00 | 11/08/2011 | 11/10/2011 | 6349 |
| 09/13/2011 | A&g Healthcare Services | A&G Healthcare Fee | \$70.81 | \$0.00 | | \$70.81 | 11/08/2011 | 11/10/2011 | 6350 |
| 09/13/2011 | First Health | First Health Repricing | \$35.34 | \$0.00 | | \$35.34 | 11/08/2011 | 11/18/2011 | 6469 |
| 09/13/2011 | Beckley Medical Imaging | X-Ray, Radiology | \$51.00 | \$37.22 | First Health Disc | \$13.78 | 11/08/2011 | 11/18/2011 | 6471 |
| 09/13/2011 | Beckley Medical Imaging | MRI | \$290.00 | \$198.36 | First Health Disc | \$91.64 | 11/08/2011 | 11/18/2011 | 6471 |
| 09/27/2011 | Arh Southern Wv Cln | Medical Treatment | \$73.00 | \$43.80 | Other Insurance | \$29.20 | 11/08/2011 | 11/18/2011 | 6472 |
| 10/06/2011 | Fred Morgan Do | Medical Treatment | \$105.00 | \$50.00 | Other Insurance | \$55.00 | 11/08/2011 | 11/18/2011 | 6473 |
| 09/13/2011 | Arh Southern Wv Cln | Medical Treatment | \$122.00 | \$50.00 | Other Insurance | \$72.00 | 11/08/2011 | 11/22/2011 | 6596 |
| 08/10/2012 | Beckley Arh | Outpatient | \$51.00 | \$7.65 | Disc:AMN | \$43.35 | 08/29/2012 | 09/06/2012 | 102764 |
| 08/10/2012 | A&g Healthcare Services | A&G Healthcare Fee | \$1.15 | \$0.00 | | \$1.15 | 08/29/2012 | 09/06/2012 | 102765 |
| Claim # 472007-28 Totals : | | | \$3,696.31 | \$1,609.09 | | \$2,087.22 | | | |

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|--|-------------------------|-----|-------------------|-------------------|-----------------|-----------------|------------|------------|--------|
| G., Frank; Claim: 472007-83; Activity: Mens Football; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 10/19/2011 | | | | | | | | | |
| 12/09/2011 | Beckley Arh | MRI | \$2,759.00 | \$2,473.52 | Other Insurance | \$285.48 | 10/05/2012 | 10/08/2012 | 103631 |
| 12/09/2011 | Beckley Medical Imaging | MRI | \$340.00 | \$311.13 | Other Insurance | \$28.87 | 10/05/2012 | 10/08/2012 | 103632 |
| Claim # 472007-83 Totals : | | | \$3,099.00 | \$2,784.65 | | \$314.35 | | | |

| | | | | | | | | | |
|---|-------------------------|--------------------|-------------------|-----------------|-----------------|-------------------|------------|------------|--------|
| G., Adam; Claim: 472007-12; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 08/16/2011 | | | | | | | | | |
| 08/30/2011 | Beckley Arh | MRI | \$3,095.00 | \$154.75 | Disc:A&G | \$2,940.25 | 07/03/2012 | 07/12/2012 | 100912 |
| 08/30/2011 | A&g Healthcare Services | A&G Healthcare Fee | \$23.21 | \$0.00 | | \$23.21 | 07/03/2012 | 07/12/2012 | 100913 |
| 08/24/2011 | Wvu Medical Corp | Medical Treatment | \$420.00 | \$262.17 | Other Insurance | \$157.83 | 07/03/2012 | 07/12/2012 | 100914 |
| Claim # 472007-12 Totals : | | | \$3,538.21 | \$416.92 | | \$3,121.29 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| G., Ryan; Claim: 472007-68; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 09/21/2011 | | | | | | | | | |
| 03/12/2012 | Princeton Comm Hosp | Outpatient | \$9,762.31 | \$9,092.92 | Other Insurance | \$669.39 | 08/14/2012 | 08/16/2012 | 102125 |
| 03/27/2012 | Fred Morgan Do | Surgery | \$2,900.00 | \$2,638.63 | Other Insurance | \$261.37 | 08/14/2012 | 08/16/2012 | 102126 |
| 04/05/2012 | Fred Morgan Do | X-Ray, Radiology | \$111.00 | \$103.61 | Other Insurance | \$7.39 | 08/14/2012 | 08/16/2012 | 102126 |
| 12/16/2011 | Fred Morgan Do | X-Ray, Radiology | \$297.00 | \$192.77 | Other Insurance | \$104.23 | 08/14/2012 | 08/16/2012 | 102126 |
| 02/08/2012 | Fred Morgan Do | Medical Treatment | \$105.00 | \$88.33 | Other Insurance | \$16.67 | 08/14/2012 | 08/16/2012 | 102126 |
| 03/12/2012 | Fred Morgan Do | Medical Treatment | \$105.00 | \$88.33 | Other Insurance | \$16.67 | 08/14/2012 | 08/16/2012 | 102126 |
| Claim # 472007-68 Totals : | | | \$13,280.31 | \$12,204.59 | | \$1,075.72 | | | |

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|--|---------------------|-----------------|-------------------|-------------------|-----------------|-------------------|------------|------------|------|
| H., Michael; Claim: 472007-8; Activity: Mens Football; Diagnosis: Pain; Anatomy: Groin; Date Incurred: 08/21/2011 | | | | | | | | | |
| 08/22/2011 | Princeton Comm Hosp | Cat Scan | \$1,324.00 | \$994.50 | Other Insurance | \$329.50 | 12/01/2011 | 12/05/2011 | 6853 |
| 08/25/2011 | Princeton Comm Hosp | Out-Pat.Surgery | \$6,013.54 | \$3,264.54 | Other Insurance | \$2,749.00 | 01/09/2012 | 01/09/2012 | 7648 |
| 08/26/2011 | Doctor's Anesthesia | Anesthesia | \$560.04 | \$118.96 | Other Insurance | \$441.08 | 01/09/2012 | 03/01/2012 | 9465 |
| Claim # 472007-8 Totals : | | | \$7,897.58 | \$4,378.00 | | \$3,519.58 | | | |

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|---|-------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|------|
| H., Molly; Claim: 472007-41; Activity: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: R-Knee; Date Incurred: 10/15/2011 | | | | | | | | | |
| 11/23/2011 | Winchester Med.ctr. | MRI | \$80.37 | \$80.37 | Write-off | \$0.00 | 12/27/2011 | 01/09/2012 | 7650 |
| 11/23/2011 | Winchester Med.ctr. | MRI | \$508.30 | \$508.30 | Other Insurance | \$0.00 | 12/27/2011 | 01/09/2012 | 7650 |
| 11/23/2011 | Winchester Med.ctr. | MRI | \$1,084.33 | \$452.20 | Deductible | \$632.13 | 12/27/2011 | 01/09/2012 | 7650 |
| 11/21/2011 | Winchester Orthopaedic | Medical Treatment | \$69.50 | \$39.50 | Other Insurance | \$30.00 | 12/27/2011 | 01/09/2012 | 7651 |
| 11/21/2011 | Winchester Orthopaedic | Medical Treatment | \$65.50 | \$65.50 | Write-off | \$0.00 | 12/27/2011 | 01/09/2012 | 7651 |
| 11/21/2011 | Winchester Orthopaedic | X-Ray, Radiology | \$72.00 | \$29.25 | Write-off | \$42.75 | 12/27/2011 | 01/09/2012 | 7651 |
| 12/21/2011 | Winchester Orthopaedic | Medical Treatment | \$135.00 | \$105.00 | Other Insurance | \$30.00 | 01/23/2012 | 02/06/2012 | 8519 |
| 11/23/2011 | Winchester Radiologists | MRI | \$195.00 | \$177.50 | Other Insurance | \$17.50 | 02/06/2012 | 03/01/2012 | 9470 |
| Claim # 472007-41 Totals : | | | \$2,210.00 | \$1,457.62 | | \$752.38 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-----------------------------|----------------------|--------------------|--------------------|------------------|-----------------|---------------|------------|--------------|
| K., Kylie; Claim: 472007-126; Activity: Womens Soccer; Diagnosis: Dislocation; Anatomy: L-Knee; Date Incurred: 03/23/2012 | | | | | | | | | |
| 03/24/2012 | Beckley Arh | Outpatient | \$3,413.00 | \$3,313.00 | Other Insurance | \$100.00 | 06/25/2012 | 07/02/2012 | 100765 |
| 04/09/2012 | Sw Va Orthopedics And Spine | Medical Treatment | \$107.00 | \$62.00 | Other Insurance | \$45.00 | 06/25/2012 | 08/09/2012 | 101883 |
| 04/10/2012 | Sw Va Orthopedics And Spine | Surgery | \$3,314.00 | \$3,164.00 | Other Insurance | \$150.00 | 06/25/2012 | 08/09/2012 | 101883 |
| 04/02/2012 | Sw Va Orthopedics And Spine | Medical Treatment | \$529.00 | \$484.00 | Other Insurance | \$45.00 | 06/25/2012 | 08/09/2012 | 101883 |
| 04/10/2012 | Sw Va Orthopedics And Spine | Surgery | \$2,162.00 | \$2,162.00 | Other Insurance | \$0.00 | 06/25/2012 | 08/09/2012 | 101883 |
| 04/10/2012 | Lewisgale Hos Montgomery | Outpatient | \$42,201.20 | \$42,101.20 | Other Insurance | \$100.00 | 08/31/2012 | 09/06/2012 | 102768 |
| 09/19/2012 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$131.00 | Other Insurance | \$45.00 | 10/12/2012 | 10/18/2012 | 104034 |
| 07/20/2012 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$175.92 | Other Insurance | \$0.08 | 10/12/2012 | 10/18/2012 | 104034 |
| 03/27/2012 | Lillys Home Medical Inc | Orthopedic Appliance | \$99.50 | \$26.86 | Other Insurance | \$72.64 | 02/01/2013 | 02/11/2013 | 108195 |
| Claim # 472007-126 Totals : | | | \$52,177.70 | \$51,619.98 | | \$557.72 | | | |

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|---|--------------------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|--------|
| L., Jacob; Claim: 472007-32; Activity: Mens Football; Diagnosis: Contusion; Anatomy: R-Shoulder; Date Incurred: 10/18/2011 | | | | | | | | | |
| 10/31/2011 | Princeton Comm Hosp | MRI | \$4,517.00 | \$3,883.49 | Other Insurance | \$633.51 | 11/28/2011 | 12/15/2011 | 7034 |
| 10/31/2011 | Professional Imaging | Medical Treatment | \$393.92 | \$349.60 | Other Insurance | \$44.32 | 02/06/2012 | 03/01/2012 | 9468 |
| 10/24/2011 | Arh Southern Wv Cln | Medical Treatment | \$122.00 | \$82.00 | Other Insurance | \$40.00 | 02/06/2012 | 03/01/2012 | 9469 |
| 10/31/2011 | Professional Imaging | X-Ray, Radiology | \$53.09 | \$44.32 | Add Charge | \$8.77 | 02/06/2012 | 04/05/2012 | 10519 |
| 03/30/2012 | Beckley Medical Imaging | MRI | \$396.00 | \$377.18 | Other Insurance | \$18.82 | 05/24/2012 | 05/31/2012 | 12551 |
| 04/23/2012 | Arh Southern Wv Cln | Medical Treatment | \$104.00 | \$79.00 | Other Insurance | \$25.00 | 06/27/2012 | 06/28/2012 | 100715 |
| 03/30/2012 | Beckley Arh | MRI | \$2,759.00 | \$2,129.32 | Other Insurance | \$629.68 | 06/29/2012 | 07/05/2012 | 100803 |
| 11/03/2011 | Philip Branson Md | X-Ray, Radiology | \$412.50 | \$187.16 | Other Insurance | \$225.34 | 07/20/2012 | 07/23/2012 | 101327 |
| 10/31/2011 | Professional Imaging | X-Ray, Radiology | \$65.65 | \$0.00 | | \$65.65 | 08/07/2012 | 08/09/2012 | 101881 |
| 03/01/2012 | Wake Forest Univ Health Scienc | Medical Treatment | \$290.00 | \$240.00 | Other Insurance | \$50.00 | 08/07/2012 | 08/09/2012 | 101882 |
| Claim # 472007-32 Totals : | | | \$9,113.16 | \$7,372.07 | | \$1,741.09 | | | |

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|--|--------------------------|---------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|-------|
| L., Andrew; Claim: 472007-98; Activity: Mens Football; Diagnosis: Laceration; Anatomy: Leg; Date Incurred: 03/21/2012 | | | | | | | | | |
| 03/21/2012 | Raleigh General Hospital | Outpatient | \$1,028.28 | \$928.28 | Other Insurance | \$100.00 | 05/15/2012 | 05/17/2012 | 12052 |
| 03/23/2012 | Raleigh General Hospital | Dr.Visit-Emerg Room | \$181.75 | \$81.75 | Other Insurance | \$100.00 | 05/15/2012 | 05/17/2012 | 12052 |
| 03/21/2012 | Healthcare Alliance Inc. | Medical Treatment | \$1,379.00 | \$1,094.27 | Other Insurance | \$284.73 | 05/24/2012 | 05/31/2012 | 12552 |
| Claim # 472007-98 Totals : | | | \$2,589.03 | \$2,104.30 | | \$484.73 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------|--------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| L., Brandon; Claim: 472007-66; Activity: Mens Football; Diagnosis: Dislocation; Anatomy: R-Knee; Date Incurred: 11/05/2011 | | | | | | | | | |
| 12/12/2011 | Beckley Arh | MRI | \$2,345.15 | \$1,000.00 | Deductible | \$1,345.15 | 05/07/2012 | 05/07/2012 | 11691 |
| 12/12/2011 | Beckley Arh | MRI | \$413.85 | \$413.85 | Disc:A&G | \$0.00 | 05/07/2012 | 05/07/2012 | 11691 |
| 12/12/2011 | A&g Healthcare Services | A&G Healthcare Fee | \$62.08 | \$0.00 | | \$62.08 | 05/07/2012 | 05/07/2012 | 11692 |
| Claim # 472007-66 Totals : | | | \$2,821.08 | \$1,413.85 | | \$1,407.23 | | | |

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|--|---------------------------|---------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|--------|
| M., Caitlin; Claim: 472007-14; Activity: Womens Cheerleading; Diagnosis: Dislocation; Anatomy: L-Elbow; Date Incurred: 09/28/2011 | | | | | | | | | |
| 10/05/2011 | Philip Branson Md | X-Ray, Radiology | \$91.50 | \$50.22 | Other Insurance | \$41.28 | 11/14/2011 | 12/05/2011 | 6854 |
| 10/05/2011 | Philip Branson Md | Medical Treatment | \$193.50 | \$113.50 | Other Insurance | \$80.00 | 11/14/2011 | 12/05/2011 | 6854 |
| 09/28/2011 | Princeton Comm Hosp | Emrg.Room | \$670.00 | \$310.29 | Other Insurance | \$359.71 | 12/12/2011 | 01/09/2012 | 7649 |
| 12/17/2011 | Raleigh Radiology | MRI | \$370.00 | \$326.69 | Other Insurance | \$43.31 | 01/23/2012 | 02/06/2012 | 8518 |
| 11/10/2011 | Philip Branson Md | Medical Treatment | \$105.00 | \$25.00 | Other Insurance | \$80.00 | 01/23/2012 | 02/16/2012 | 8960 |
| 09/28/2011 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$53.74 | Other Insurance | \$2.25 | 01/23/2012 | 02/16/2012 | 8961 |
| 12/06/2011 | Philip Branson Md | Medical Treatment | \$105.00 | \$25.00 | Other Insurance | \$80.00 | 01/30/2012 | 02/23/2012 | 9229 |
| 10/20/2011 | Philip Branson Md | Medical Treatment | \$105.00 | \$25.00 | Other Insurance | \$80.00 | 01/30/2012 | 02/23/2012 | 9229 |
| 12/06/2011 | Philip Branson Md | X-Ray, Radiology | \$91.50 | \$91.50 | Other Insurance | \$0.00 | 01/30/2012 | 02/23/2012 | 9229 |
| 10/20/2011 | Philip Branson Md | X-Ray, Radiology | \$91.50 | \$91.50 | Other Insurance | \$0.00 | 01/30/2012 | 02/23/2012 | 9229 |
| 12/17/2011 | Raleigh General Hospital | MRI | \$2,587.00 | \$2,187.23 | Other Insurance | \$399.77 | 02/13/2012 | 03/01/2012 | 9466 |
| 09/28/2011 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$391.00 | \$361.00 | Other Insurance | \$30.00 | 02/13/2012 | 03/01/2012 | 9467 |
| 05/24/2012 | Wvu Hospitals | Out-Pat.Surgery | \$5,170.21 | \$3,653.76 | Other Insurance | \$1,516.45 | 05/10/2012 | 07/02/2012 | 100760 |
| 03/05/2012 | Wvu Hospitals | Medical Treatment | \$84.00 | \$10.45 | Other Insurance | \$73.55 | 05/10/2012 | 07/02/2012 | 100760 |
| 05/18/2012 | Wvu Medical Corp | Medical Treatment | \$124.00 | \$61.34 | Other Insurance | \$62.66 | 06/29/2012 | 08/09/2012 | 101880 |
| 05/24/2012 | Wvu Medical Corp | Surgery | \$1,750.00 | \$1,477.23 | Other Insurance | \$272.77 | 06/29/2012 | 08/09/2012 | 101880 |
| 05/24/2012 | Wvu Medical Corp | Anesthesia | \$288.00 | \$220.59 | Other Insurance | \$67.41 | 08/14/2012 | 08/16/2012 | 102124 |
| 05/24/2012 | Wvu Medical Corp | Anesthesia | \$432.00 | \$330.89 | Other Insurance | \$101.11 | 08/14/2012 | 08/16/2012 | 102124 |
| 05/18/2012 | Wvu Hospitals | Outpatient | \$373.41 | \$275.34 | Other Insurance | \$98.07 | 08/14/2012 | 08/23/2012 | 102384 |
| 06/18/2012 | Wvu Hospitals | Medical Treatment | \$50.00 | \$36.87 | Other Insurance | \$13.13 | 08/14/2012 | 08/23/2012 | 102384 |
| 05/07/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$173.50 | Other Insurance | \$20.00 | 08/14/2012 | 08/23/2012 | 102385 |
| 01/03/2012 | Philip Branson Md | Medical Treatment | \$165.00 | \$85.00 | Other Insurance | \$80.00 | 08/14/2012 | 08/23/2012 | 102385 |
| 03/05/2012 | Wvu Medical Corp | Medical Treatment | \$185.00 | \$105.00 | Other Insurance | \$80.00 | 11/13/2012 | 11/15/2012 | 104823 |
| Claim # 472007-14 Totals : | | | \$13,672.11 | \$10,090.64 | | \$3,581.47 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| M., Jacob; Claim: 472007-81; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 02/04/2012 | | | | | | | | | |
| 02/06/2012 | Arh Southern Wv Cln | Medical Treatment | \$122.00 | \$30.50 | Other Insurance | \$91.50 | 08/08/2012 | 08/16/2012 | 102127 |
| 05/29/2012 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 06/07/2012 | Leesburg Sports Inc | Phys.Therapy | \$304.00 | \$274.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 06/27/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 07/03/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 06/20/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 06/28/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 07/10/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 06/05/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 05/22/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 05/31/2012 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 06/25/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 07/02/2012 | Leesburg Sports Inc | Phys.Therapy | \$486.00 | \$456.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 07/12/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/16/2012 | 102129 |
| 07/17/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/23/2012 | 102386 |
| 07/19/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/23/2012 | 102386 |
| 07/24/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 08/08/2012 | 08/23/2012 | 102386 |
| 07/26/2012 | Leesburg Sports Inc | Phys.Therapy | \$162.00 | \$132.00 | Other Insurance | \$30.00 | 08/30/2012 | 09/06/2012 | 102766 |
| 07/31/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 08/30/2012 | 09/10/2012 | 102861 |
| 08/02/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 08/30/2012 | 09/10/2012 | 102861 |
| 08/09/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 09/14/2012 | 09/17/2012 | 103050 |
| 08/07/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 09/14/2012 | 09/17/2012 | 103050 |
| 08/30/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 10/05/2012 | 10/08/2012 | 103630 |
| 08/28/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 10/05/2012 | 10/08/2012 | 103630 |
| 09/11/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 10/11/2012 | 10/18/2012 | 104031 |
| 09/06/2012 | Leesburg Sports Inc | Phys.Therapy | \$380.00 | \$350.00 | Other Insurance | \$30.00 | 10/11/2012 | 10/18/2012 | 104031 |
| 09/04/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 10/11/2012 | 10/18/2012 | 104031 |
| 09/13/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 10/11/2012 | 10/18/2012 | 104031 |
| 09/18/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 10/25/2012 | 10/25/2012 | 104274 |
| 09/20/2012 | Leesburg Sports Inc | Phys.Therapy | \$228.00 | \$198.00 | Other Insurance | \$30.00 | 11/09/2012 | 11/12/2012 | 104712 |
| 09/25/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 11/13/2012 | 11/15/2012 | 104825 |
| 10/02/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 11/13/2012 | 11/15/2012 | 104825 |
| 10/04/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 11/13/2012 | 11/15/2012 | 104825 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|--------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| M., Jacob; Claim: 472007-81; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 02/04/2012 | | | | | | | | | |
| 09/27/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 11/13/2012 | 11/15/2012 | 104825 |
| 10/18/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 11/29/2012 | 11/29/2012 | 105286 |
| 10/09/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 11/29/2012 | 11/29/2012 | 105286 |
| 10/11/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 11/29/2012 | 11/29/2012 | 105286 |
| 10/16/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 11/29/2012 | 11/29/2012 | 105286 |
| 10/23/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 12/04/2012 | 12/06/2012 | 105587 |
| 11/01/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 12/12/2012 | 12/20/2012 | 106177 |
| 11/06/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 12/12/2012 | 12/20/2012 | 106177 |
| 11/08/2012 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 12/12/2012 | 12/20/2012 | 106177 |
| 10/30/2012 | Leesburg Sports Inc | Phys.Therapy | \$172.00 | \$142.00 | Other Insurance | \$30.00 | 12/12/2012 | 12/20/2012 | 106177 |
| 11/13/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 12/28/2012 | 01/17/2013 | 107069 |
| 11/21/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 12/28/2012 | 01/17/2013 | 107069 |
| 11/28/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 12/28/2012 | 01/17/2013 | 107069 |
| 11/15/2012 | Leesburg Sports Inc | Phys.Therapy | \$258.00 | \$228.00 | Other Insurance | \$30.00 | 12/28/2012 | 01/17/2013 | 107069 |
| 11/29/2012 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 12/28/2012 | 01/17/2013 | 107069 |
| 06/13/2012 | Leesburg Sports Inc | Phys.Therapy | \$450.00 | \$420.00 | Other Insurance | \$30.00 | 01/18/2013 | 01/31/2013 | 107739 |
| 06/18/2012 | Leesburg Sports Inc | Phys.Therapy | \$405.00 | \$375.00 | Other Insurance | \$30.00 | 01/18/2013 | 01/31/2013 | 107739 |
| 12/13/2012 | Leesburg Sports Inc | Phys.Therapy | \$152.00 | \$122.00 | Other Insurance | \$30.00 | 01/18/2013 | 01/31/2013 | 107739 |
| 12/20/2012 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 02/08/2013 | 02/21/2013 | 108635 |
| 01/07/2013 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 02/08/2013 | 02/21/2013 | 108635 |
| 01/10/2013 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 02/08/2013 | 02/21/2013 | 108635 |
| 01/14/2013 | Leesburg Sports Inc | Phys.Therapy | \$344.00 | \$314.00 | Other Insurance | \$30.00 | 03/04/2013 | 03/14/2013 | 109595 |
| 12/17/2012 | Leesburg Sports Inc | Phys.Therapy | \$491.00 | \$461.00 | Other Insurance | \$30.00 | 12/09/2013 | 01/27/2014 | 121306 |
| Claim # 472007-81 Totals : | | | \$13,380.00 | \$11,638.50 | | \$1,741.50 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------------|---------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| M., Stephen; Claim: 472007-118; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 04/16/2012 | | | | | | | | | |
| 05/22/2012 | Princeton Comm Hosp | Outpatient | \$19,079.49 | \$17,819.78 | Other Insurance | \$1,259.71 | 06/27/2012 | 07/19/2012 | 101229 |
| 04/27/2012 | Beckley Arh | X-Ray, Radiology | \$3,213.00 | \$3,087.67 | Other Insurance | \$125.33 | 06/27/2012 | 07/19/2012 | 101230 |
| 04/27/2012 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$654.00 | \$628.39 | Other Insurance | \$25.61 | 06/27/2012 | 07/19/2012 | 101231 |
| 05/07/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$173.50 | Other Insurance | \$20.00 | 08/13/2012 | 08/20/2012 | 102230 |
| 07/05/2012 | Charleston Area Med Ctr | Phys.Therapy | \$910.00 | \$632.24 | Other Insurance | \$277.76 | 08/13/2012 | 09/04/2012 | 102693 |
| 08/02/2012 | Charleston Area Med Ctr | Phys.Therapy | \$564.00 | \$505.35 | Other Insurance | \$58.65 | 10/15/2012 | 10/18/2012 | 104032 |
| 04/27/2012 | Beckley Medical Imaging | MRI | \$324.00 | \$309.66 | Other Insurance | \$14.34 | 10/15/2012 | 10/18/2012 | 104033 |
| 01/28/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$80.00 | Other Insurance | \$25.00 | 03/04/2013 | 03/07/2013 | 109258 |
| 02/19/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$80.00 | Other Insurance | \$25.00 | 04/09/2013 | 04/11/2013 | 110983 |
| 02/07/2013 | Pro 1 Therapy Services | Phys.Therapy | \$170.00 | \$144.00 | Other Insurance | \$26.00 | 07/01/2014 | 07/02/2014 | 125478 |
| Claim # 472007-118 Totals : | | | \$25,317.99 | \$23,460.59 | | \$1,857.40 | | | |

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|--|---------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|--------|
| O., Casey; Claim: 472007-111; Activity: Womens Track; Diagnosis: Sprain/strain; Anatomy: Hamstring; Date Incurred: 03/07/2012 | | | | | | | | | |
| 05/23/2012 | Ch Hospital Of Allentown | X-Ray, Radiology | \$630.00 | \$315.00 | Other Insurance | \$315.00 | 06/21/2012 | 06/25/2012 | 100534 |
| 05/31/2012 | Ch Hospital Of Allentown | MRI | \$3,000.00 | \$2,691.49 | Other Insurance | \$308.51 | 06/21/2012 | 06/25/2012 | 100534 |
| 05/23/2012 | Chs Professional Practice | X-Ray, Radiology | \$275.00 | \$206.82 | Other Insurance | \$68.18 | 06/27/2012 | 07/12/2012 | 100915 |
| 05/31/2012 | Chs Professional Practice | MRI | \$350.00 | \$261.00 | Other Insurance | \$89.00 | 06/27/2012 | 07/12/2012 | 100915 |
| 06/01/2012 | Ch Hospital Of Allentown | Medical Treatment | \$165.00 | \$148.32 | Other Insurance | \$16.68 | 06/27/2012 | 07/12/2012 | 100916 |
| 06/05/2012 | Ch Hospital Of Allentown | X-Ray, Radiology | \$865.50 | \$777.99 | Other Insurance | \$87.51 | 06/27/2012 | 07/12/2012 | 100916 |
| 06/05/2012 | Chs Professional Practice | X-Ray, Radiology | \$401.00 | \$345.95 | Other Insurance | \$55.05 | 06/27/2012 | 08/02/2012 | 101695 |
| Claim # 472007-111 Totals : | | | \$5,686.50 | \$4,746.57 | | \$939.93 | | | |

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|--|--------------------------------|-------------------|--------------------|--------------------|-----------------|-----------------|------------|------------|--------|
| S., Nick; Claim: 472007-141; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 10/29/2011 | | | | | | | | | |
| 09/25/2012 | Roanoke Ambulatory Surgery Ctr | Outpatient | \$11,451.00 | \$10,906.49 | Other Insurance | \$544.51 | 10/25/2012 | 11/08/2012 | 104650 |
| 09/25/2012 | Acv Inc | Anesthesia | \$1,329.00 | \$1,123.24 | Other Insurance | \$205.76 | 10/25/2012 | 11/08/2012 | 104651 |
| 02/06/2013 | Carilion Services Inc | Medical Treatment | \$89.00 | \$54.00 | Other Insurance | \$35.00 | 03/08/2013 | 03/14/2013 | 109596 |
| Claim # 472007-141 Totals : | | | \$12,869.00 | \$12,083.73 | | \$785.27 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|-------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| T., Amber; Claim: 472007-87; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 01/23/2012 | | | | | | | | | |
| 02/09/2012 | Princeton Comm Hosp | Outpatient | \$335.07 | \$335.07 | Other Insurance | \$0.00 | 03/06/2012 | 03/12/2012 | 9720 |
| 02/09/2012 | Princeton Comm Hosp | Outpatient | \$2,347.14 | \$664.93 | Deductible | \$1,682.21 | 03/06/2012 | 03/12/2012 | 9720 |
| 02/09/2012 | Professional Imaging | Medical Treatment | \$355.04 | \$121.21 | Write-off | \$233.83 | 04/02/2012 | 04/02/2012 | 10396 |
| | Professional Imaging | | \$0.00 | \$0.00 | | -\$210.45 | 04/02/2012 | 04/02/2012 | 0 |
| 01/25/2012 | Fred Morgan Do | X-Ray, Radiology | \$312.00 | \$62.40 | A-G Discount | \$249.60 | 07/05/2012 | 03/11/2013 | 109440 |
| 02/13/2012 | Fred Morgan Do | Medical Treatment | \$165.00 | \$33.00 | A-G Discount | \$132.00 | 01/02/2014 | 01/27/2014 | 121307 |
| 03/09/2012 | Fred Morgan Do | Medical Treatment | \$105.00 | \$21.00 | A-G Discount | \$84.00 | 01/02/2014 | 01/27/2014 | 121307 |
| Claim # 472007-87 Totals : | | | \$3,619.25 | \$1,448.06 | | \$2,171.19 | | | |

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|--|--------------------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|--------|
| W., Joshua; Claim: 472007-39; Activity: Mens Baseball; Diagnosis: Contusion; Anatomy: Nose; Date Incurred: 10/22/2011 | | | | | | | | | |
| 10/25/2011 | Augusta Health Care Inc | Emrg.Room | \$488.79 | \$388.79 | Other Insurance | \$100.00 | 02/13/2012 | 02/13/2012 | 8759 |
| 10/25/2011 | Augusta Health Care Inc | Emrg.Room | \$91.65 | \$91.65 | Write-off | \$0.00 | 02/13/2012 | 02/13/2012 | 8759 |
| 10/22/2011 | Princeton Rescue Squad | Ambulance | \$250.31 | \$250.31 | Write-off | \$0.00 | 02/13/2012 | 02/13/2012 | 8760 |
| 10/22/2011 | Princeton Rescue Squad | Ambulance | \$315.89 | \$252.71 | Other Insurance | \$63.18 | 02/13/2012 | 02/13/2012 | 8760 |
| 10/28/2011 | Augusta Medical Grp | Surgery | \$333.75 | \$333.75 | Write-off | \$0.00 | 02/13/2012 | 02/13/2012 | 8761 |
| 10/28/2011 | Augusta Medical Grp | Surgery | \$203.25 | \$145.50 | Deductible | \$57.75 | 02/13/2012 | 02/13/2012 | 8761 |
| 10/28/2011 | Augusta Medical Ctr | Out-Pat.Surgery | \$10,965.84 | \$10,810.83 | Other Insurance | \$155.01 | 02/13/2012 | 02/23/2012 | 9230 |
| 10/28/2011 | Anesthesia Asso Augusta | Anesthesia | \$700.00 | \$572.00 | Other Insurance | \$128.00 | 02/13/2012 | 02/23/2012 | 9231 |
| 10/28/2011 | Augusta Medical Grp | Surgery | \$145.50 | \$0.00 | Add Charge | \$145.50 | 02/13/2012 | 03/12/2012 | 9719 |
| 10/28/2011 | Augusta Medical Grp | Surgery | \$213.00 | \$213.00 | Other Insurance | \$0.00 | 02/13/2012 | 03/12/2012 | 9719 |
| 10/22/2011 | Princeton Comm Hosp | Emrg.Room | \$2,995.45 | \$2,895.45 | Other Insurance | \$100.00 | 03/08/2012 | 04/05/2012 | 10520 |
| 12/18/2012 | Rmh Healthcare | Outpatient | \$5,103.75 | \$5,003.75 | Other Insurance | \$100.00 | 01/18/2013 | 03/14/2013 | 109592 |
| 12/18/2012 | Alexiou Hearing And Sinus Cent | Medical Treatment | \$2,197.50 | \$2,017.72 | Other Insurance | \$179.78 | 01/18/2013 | 03/14/2013 | 109593 |
| 12/18/2012 | Harrisonburg Physicians | Anesthesia | \$765.00 | \$649.80 | Other Insurance | \$115.20 | 01/18/2013 | 03/14/2013 | 109594 |
| Claim # 472007-39 Totals : | | | \$24,769.68 | \$23,625.26 | | \$1,144.42 | | | |

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|---|-------------|------------|-------------------|-------------------|------------|-------------------|------------|------------|--------|
| W., Darrick; Claim: 472007-99; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: R-Knee; Date Incurred: 03/21/2012 | | | | | | | | | |
| 03/22/2012 | Beckley Arh | Outpatient | \$2,268.73 | \$1,000.00 | Deductible | \$1,268.73 | 07/02/2012 | 07/16/2012 | 101089 |
| 03/22/2012 | Beckley Arh | Outpatient | \$973.27 | \$973.27 | Write-off | \$0.00 | 07/02/2012 | 07/16/2012 | 101089 |
| Claim # 472007-99 Totals : | | | \$3,242.00 | \$1,973.27 | | \$1,268.73 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------|----------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| 2011 Sub Total: Checking Account QBE Totals: | | | \$259,072.67 | \$219,858.58 | | \$39,214.09 | | | |
| 2011 Sub Total: Coverage Col.spts.1000 Ded. Totals: | | | \$259,072.67 | \$219,858.58 | | \$39,214.09 | | | |
| 2011 Sub Total: Policy IHH000130-937 Totals: | | | \$259,072.67 | \$219,858.58 | | \$39,214.09 | | | |

Policy: US037558-2

Coverage: Collegiate Covg Plan A

Checking Account: FAIRM

| A., Matthew; Claim: 472007-6; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: Neck; Date Incurred: 08/22/2011 | | | | | | | | | |
|---|---------------------------|---------------------|------------|----------|-------------------|----------|------------|------------|-------|
| 08/22/2011 | Professional Imaging | Cat Scan | \$210.00 | \$64.00 | Max Benefit | \$146.00 | 11/07/2011 | 11/22/2011 | 51095 |
| 08/22/2011 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$457.50 | \$91.50 | 80% Benefit | \$366.00 | 11/07/2011 | 11/22/2011 | 51096 |
| 08/22/2011 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$152.50 | \$152.50 | First Health Disc | \$0.00 | 11/07/2011 | 11/22/2011 | 51096 |
| 08/22/2011 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$260.00 | \$104.00 | Co-insurance | \$156.00 | 11/07/2011 | 11/22/2011 | 51097 |
| 08/22/2011 | Medexpress Urgent Care Wv | Medical Treatment | \$140.00 | \$90.00 | Max Vst | \$50.00 | 11/07/2011 | 11/22/2011 | 51097 |
| 08/22/2011 | Princeton Rescue Squad | Ambulance | \$100.00 | \$100.00 | Deductible | \$0.00 | 11/07/2011 | 11/22/2011 | 51098 |
| 08/22/2011 | Princeton Rescue Squad | Ambulance | \$420.35 | \$170.35 | Max Benefit | \$250.00 | 11/07/2011 | 11/22/2011 | 51098 |
| Claim # 472007-6 Totals : | | | \$1,740.35 | \$772.35 | | \$968.00 | | | |

| A., Matthew; Claim: 472007-76; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2012 | | | | | | | | | |
|---|---------------------|-------------------|------------|------------|--------------|----------|------------|------------|-------|
| 02/15/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$143.50 | Max Benefit | \$50.00 | 03/22/2012 | 03/30/2012 | 57764 |
| 02/29/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$143.50 | Max Benefit | \$50.00 | 03/22/2012 | 03/30/2012 | 57764 |
| 02/24/2012 | Princeton Comm Hosp | MRI | \$100.00 | \$100.00 | Deductible | \$0.00 | 03/06/2012 | 03/30/2012 | 57765 |
| 02/24/2012 | Princeton Comm Hosp | MRI | \$72.10 | \$72.10 | Disc:R2R USA | \$0.00 | 03/06/2012 | 03/30/2012 | 57765 |
| 02/24/2012 | Princeton Comm Hosp | MRI | \$1,269.90 | \$1,019.90 | Max Benefit | \$250.00 | 03/06/2012 | 03/30/2012 | 57765 |
| 02/24/2012 | R2r Usa | R2R USA Repricing | \$12.98 | \$0.00 | | \$12.98 | 03/06/2012 | 03/30/2012 | 57766 |
| Claim # 472007-76 Totals : | | | \$1,841.98 | \$1,479.00 | | \$362.98 | | | |

| C., Walter; Claim: 472007-19; Activity: Mens Baseball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/02/2011 | | | | | | | | | |
|--|---------------------|-------------------|----------|----------|------------|---------|------------|------------|-------|
| 10/10/2011 | Arh Southern Wv Cln | Medical Treatment | \$100.00 | \$100.00 | Deductible | \$0.00 | 10/31/2011 | 11/10/2011 | 50688 |
| 10/10/2011 | Arh Southern Wv Cln | Medical Treatment | \$73.00 | \$23.00 | Max Vst | \$50.00 | 10/31/2011 | 11/10/2011 | 50688 |
| Claim # 472007-19 Totals : | | | \$173.00 | \$123.00 | | \$50.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| D., Evin; Claim: 472007-10; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 09/10/2011 | | | | | | | | | |
| 09/13/2011 | Beckley Arh | X-Ray, Radiology | \$3,047.00 | \$2,797.00 | Max Benefit | \$250.00 | 10/03/2011 | 11/10/2011 | 50687 |
| 09/13/2011 | Beckley Arh | X-Ray, Radiology | \$100.00 | \$100.00 | Deductible | \$0.00 | 10/03/2011 | 11/10/2011 | 50687 |
| 09/27/2011 | Arh Southern Wv Cln | Medical Treatment | \$73.00 | \$29.20 | Co-insurance | \$43.80 | 10/24/2011 | 11/18/2011 | 50969 |
| 10/06/2011 | Fred Morgan Do | Medical Treatment | \$105.00 | \$55.00 | Max Vst | \$50.00 | 10/24/2011 | 11/18/2011 | 50970 |
| 09/13/2011 | Arh Southern Wv Cln | Medical Treatment | \$122.00 | \$72.00 | Max Vst | \$50.00 | 11/07/2011 | 11/22/2011 | 51099 |
| Claim # 472007-10 Totals : | | | \$3,447.00 | \$3,053.20 | | \$393.80 | | | |

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|---|---------------------------|------------------|-----------------|----------------|-------------------|----------------|------------|------------|-------|
| G., Zachary; Claim: 472007-62; Activity: Mens Football; Diagnosis: Contusion; Anatomy: L-Shoulder; Date Incurred: 08/20/2011 | | | | | | | | | |
| 10/30/2011 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$98.96 | \$19.79 | 80% Benefit | \$79.17 | 02/06/2012 | 03/01/2012 | 56233 |
| 10/30/2011 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$16.04 | \$16.04 | First Health Disc | \$0.00 | 02/06/2012 | 03/01/2012 | 56233 |
| Claim # 472007-62 Totals : | | | \$115.00 | \$35.83 | | \$79.17 | | | |

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|---|----------------|-------------------|-----------------|-----------------|-------------|-----------------|------------|------------|-------|
| J., Howard; Claim: 472007-53; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/12/2011 | | | | | | | | | |
| 11/16/2011 | Fred Morgan Do | Medical Treatment | \$93.50 | \$43.50 | Max Benefit | \$50.00 | 03/06/2012 | 03/22/2012 | 57376 |
| 11/16/2011 | Fred Morgan Do | Medical Treatment | \$100.00 | \$100.00 | Deductible | \$0.00 | 03/06/2012 | 03/22/2012 | 57376 |
| 11/16/2011 | Fred Morgan Do | Surgery | \$161.00 | \$64.40 | 80% Benefit | \$96.60 | 03/06/2012 | 03/22/2012 | 57376 |
| 11/16/2011 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$0.00 | | \$118.50 | 03/06/2012 | 03/22/2012 | 57376 |
| Claim # 472007-53 Totals : | | | \$473.00 | \$207.90 | | \$265.10 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------|-------------|-----------------|------------------|------------------|-----------------|---------------|------------|--------------|
| U., Concord; Claim: 472007-26; Activity: ; Diagnosis: Re-pricing Only; Anatomy: ; Date Incurred: 08/01/2011 | | | | | | | | | |
| 09/01/2011 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 11/08/2011 | 11/10/2011 | 50689 |
| 10/01/2011 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 11/08/2011 | 11/10/2011 | 50689 |
| 11/01/2011 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 11/08/2011 | 11/10/2011 | 50689 |
| 08/01/2011 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 11/08/2011 | 11/10/2011 | 50689 |
| 01/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 01/03/2012 | 01/05/2012 | 52978 |
| 12/01/2011 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 01/03/2012 | 01/05/2012 | 52978 |
| 02/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 02/08/2012 | 02/09/2012 | 54979 |
| 03/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 03/06/2012 | 03/08/2012 | 56514 |
| 04/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 04/04/2012 | 04/05/2012 | 58196 |
| 05/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 05/04/2012 | 05/07/2012 | 59678 |
| 06/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 06/05/2012 | 06/07/2012 | 61350 |
| 07/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 07/03/2012 | 07/05/2012 | 101273 |
| 08/01/2012 | First Health | Access Fees | \$20.15 | \$0.00 | | \$20.15 | 08/10/2012 | 08/13/2012 | 102849 |
| Claim # 472007-26 Totals : | | | \$261.95 | \$0.00 | | \$261.95 | | | |

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|--|----------------|-------------------|-----------------|-----------------|--------------|-----------------|------------|------------|-------|
| W., Amanda; Claim: 472007-59; Activity: Womens Volleyball; Diagnosis: Contusion; Anatomy: R-Knee; Date Incurred: 10/10/2011 | | | | | | | | | |
| 11/17/2011 | Fred Morgan Do | Medical Treatment | \$100.00 | \$100.00 | Deductible | \$0.00 | 12/12/2011 | 01/24/2012 | 54077 |
| 11/17/2011 | Fred Morgan Do | Medical Treatment | \$93.50 | \$43.50 | Max Vst | \$50.00 | 12/12/2011 | 01/24/2012 | 54077 |
| 11/17/2011 | Fred Morgan Do | X-Ray, Radiology | \$88.50 | \$35.40 | Co-insurance | \$53.10 | 12/12/2011 | 01/24/2012 | 54077 |
| 11/17/2011 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$47.40 | Co-insurance | \$71.10 | 12/12/2011 | 01/24/2012 | 54077 |
| Claim # 472007-59 Totals : | | | \$400.50 | \$226.30 | | \$174.20 | | | |

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|--|--|--|---------------------|---------------------|--|--------------------|--|--|--|
| 2011 Sub Total: Checking Account FAIRM Totals: | | | \$8,452.78 | \$5,897.58 | | \$2,555.20 | | | |
| 2011 Sub Total: Coverage Collegiate Covg Plan A Totals: | | | \$8,452.78 | \$5,897.58 | | \$2,555.20 | | | |
| 2011 Sub Total: Policy US037558-2 Totals: | | | \$8,452.78 | \$5,897.58 | | \$2,555.20 | | | |
| 2011 Sub Totals: | | | \$267,525.45 | \$225,756.16 | | \$41,769.29 | | | |

Underwriting Year: 2012

Policy: IHH000130-937

Coverage: Col.spts.1000 Ded.

Checking Account: QBE

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|--------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| A., Rachel; Claim: 472007-256; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 04/15/2013 | | | | | | | | | |
| 05/13/2013 | Beckley Arh | MRI | \$2,938.00 | \$2,502.77 | Write-off | \$435.23 | 07/22/2013 | 08/06/2013 | 116360 |
| 07/08/2013 | Merritt Physical Therapy | Phys.Therapy | \$255.00 | \$220.00 | Other Insurance | \$35.00 | 07/22/2013 | 08/06/2013 | 116361 |
| 07/01/2013 | Merritt Physical Therapy | Phys.Therapy | \$235.00 | \$200.00 | Other Insurance | \$35.00 | 07/22/2013 | 08/06/2013 | 116361 |
| 07/03/2013 | Merritt Physical Therapy | Phys.Therapy | \$175.00 | \$140.00 | Write-off | \$35.00 | 07/22/2013 | 08/06/2013 | 116361 |
| 06/13/2013 | Merritt Physical Therapy | Phys.Therapy | \$245.00 | \$210.00 | Other Insurance | \$35.00 | 08/19/2013 | 09/26/2013 | 118177 |
| 06/10/2013 | Merritt Physical Therapy | Phys.Therapy | \$325.00 | \$290.00 | Other Insurance | \$35.00 | 08/19/2013 | 09/26/2013 | 118177 |
| 06/06/2013 | Merritt Physical Therapy | Phys.Therapy | \$195.00 | \$160.00 | Other Insurance | \$35.00 | 08/19/2013 | 09/26/2013 | 118177 |
| 06/07/2013 | Merritt Physical Therapy | Phys.Therapy | \$225.00 | \$190.00 | Other Insurance | \$35.00 | 08/19/2013 | 09/26/2013 | 118177 |
| 06/11/2013 | Merritt Physical Therapy | Phys.Therapy | \$435.00 | \$400.00 | Other Insurance | \$35.00 | 08/19/2013 | 09/26/2013 | 118177 |
| 05/13/2013 | Beckley Medical Imaging | MRI | \$352.00 | \$320.30 | Other Insurance | \$31.70 | 12/09/2013 | 12/11/2013 | 120391 |
| Claim # 472007-256 Totals : | | | \$5,380.00 | \$4,633.07 | | \$746.93 | | | |

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|---|-------------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|--------|
| B., Russell; Claim: 472007-137; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 08/16/2012 | | | | | | | | | |
| 09/11/2012 | Beckley Arh | MRI | \$2,938.00 | \$2,675.20 | Other Insurance | \$262.80 | 11/13/2012 | 11/15/2012 | 104909 |
| 08/22/2012 | Beckley Arh | MRI | \$4,400.00 | \$3,970.65 | Other Insurance | \$429.35 | 11/13/2012 | 11/15/2012 | 104909 |
| 08/22/2012 | Beckley Medical Imaging | MRI | \$503.00 | \$272.29 | Other Insurance | \$230.71 | 11/15/2012 | 11/26/2012 | 105199 |
| 09/11/2012 | Beckley Medical Imaging | MRI | \$324.00 | \$295.13 | Other Insurance | \$28.87 | 11/15/2012 | 11/26/2012 | 105199 |
| 11/08/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$178.50 | Other Insurance | \$15.00 | 01/03/2013 | 02/14/2013 | 108428 |
| 11/27/2012 | Philip Branson Md | Medical Treatment | \$105.00 | \$90.00 | Other Insurance | \$15.00 | 01/03/2013 | 02/14/2013 | 108428 |
| 01/11/2013 | Princeton Comm Hosp | Out-Pat.Surgery | \$11,634.23 | \$9,957.38 | Other Insurance | \$1,676.85 | 03/04/2013 | 03/14/2013 | 109729 |
| 01/11/2013 | Fred Morgan Do | Asst.Surgeon | \$464.00 | \$407.07 | Other Insurance | \$56.93 | 03/04/2013 | 03/14/2013 | 109730 |
| 01/11/2013 | Philip Branson Md | Surgery | \$2,900.00 | \$2,413.07 | Other Insurance | \$486.93 | 03/25/2013 | 03/28/2013 | 110394 |
| 01/21/2013 | Philip Branson Md | X-Ray, Radiology | \$111.00 | \$99.39 | Other Insurance | \$11.61 | 04/02/2013 | 04/18/2013 | 111452 |
| 08/08/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$90.00 | Other Insurance | \$15.00 | 10/07/2013 | 10/07/2013 | 118483 |
| Claim # 472007-137 Totals : | | | \$23,677.73 | \$20,448.68 | | \$3,229.05 | | | |

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|--|-------------|------------|-------------------|-------------------|-----------|-----------------|------------|------------|--------|
| B., Stephen; Claim: 472007-265; Activity: Mens Football; Diagnosis: Pain; Anatomy: Bicep; Date Incurred: 04/14/2013 | | | | | | | | | |
| 04/16/2013 | Beckley Arh | Outpatient | \$3,410.00 | \$2,846.05 | Write-off | \$563.95 | 08/26/2013 | 09/09/2013 | 117461 |
| Claim # 472007-265 Totals : | | | \$3,410.00 | \$2,846.05 | | \$563.95 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| B., Randy; Claim: 472007-182; Activity: Mens Baseball; Diagnosis: Fracture; Anatomy: Nose; Date Incurred: 09/26/2012 | | | | | | | | | |
| 10/02/2012 | Beckley Arh | Outpatient | \$8,749.92 | \$7,539.36 | Other Insurance | \$1,210.56 | 03/07/2013 | 03/14/2013 | 109734 |
| 10/02/2012 | Arh Southern Wv Cln | Anesthesia | \$880.00 | \$655.48 | Other Insurance | \$224.52 | 02/14/2013 | 03/14/2013 | 109735 |
| 10/01/2012 | Arh Southern Wv Cln | Medical Treatment | \$244.00 | \$214.00 | Other Insurance | \$30.00 | 02/14/2013 | 03/14/2013 | 109735 |
| 10/02/2012 | Arh Southern Wv Cln | Medical Treatment | \$1,947.00 | \$1,733.06 | Other Insurance | \$213.94 | 04/09/2013 | 04/18/2013 | 111453 |
| Claim # 472007-182 Totals : | | | \$11,820.92 | \$10,141.90 | | \$1,679.02 | | | |

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|--|-------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|--------|
| B., Raymond; Claim: 472007-167; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: R-Finger; Date Incurred: 09/26/2012 | | | | | | | | | |
| 01/24/2013 | Wvu Hospitals | Out-Pat.Surgery | \$13,551.89 | \$12,590.98 | Other Insurance | \$960.91 | 02/26/2013 | 03/14/2013 | 109731 |
| 01/23/2013 | Wvu Hospitals | Outpatient | \$340.78 | \$309.43 | Other Insurance | \$31.35 | 02/26/2013 | 03/14/2013 | 109731 |
| 11/30/2012 | Philip Branson Md | X-Ray, Radiology | \$181.50 | \$113.42 | Other Insurance | \$68.08 | 12/17/2012 | 03/14/2013 | 109732 |
| 10/05/2012 | Philip Branson Md | X-Ray, Radiology | \$181.50 | \$113.42 | Other Insurance | \$68.08 | 12/17/2012 | 03/14/2013 | 109732 |
| 01/24/2013 | Wvu Medical Corp | Medical Treatment | \$127.00 | \$119.26 | Other Insurance | \$7.74 | 04/19/2013 | 05/09/2013 | 112346 |
| 05/08/2013 | Wvu Medical Corp | Medical Treatment | \$88.00 | \$58.00 | Other Insurance | \$30.00 | 09/03/2013 | 09/09/2013 | 117458 |
| Claim # 472007-167 Totals : | | | \$14,470.67 | \$13,304.51 | | \$1,166.16 | | | |

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|--|---------------------|-------------------|-------------------|-------------------|------------|-------------------|------------|------------|--------|
| B., Andrea; Claim: 472007-214; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 11/09/2012 | | | | | | | | | |
| 01/09/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Write-off | \$84.19 | 07/08/2013 | 07/22/2013 | 115682 |
| 11/14/2012 | Philip Branson Md | X-Ray, Radiology | \$304.50 | \$119.26 | Write-off | \$185.24 | 07/08/2013 | 07/22/2013 | 115682 |
| 11/28/2012 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Write-off | \$84.19 | 07/08/2013 | 07/22/2013 | 115682 |
| 01/30/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Write-off | \$84.19 | 07/08/2013 | 07/22/2013 | 115682 |
| 03/06/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Write-off | \$84.19 | 07/08/2013 | 07/22/2013 | 115682 |
| 01/25/2013 | Princeton Comm Hosp | Outpatient | \$3,017.40 | \$1,401.57 | Deductible | \$1,615.83 | 07/08/2013 | 07/22/2013 | 115683 |
| 12/28/2012 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Write-off | \$84.19 | 10/23/2013 | 11/19/2013 | 119791 |
| Claim # 472007-214 Totals : | | | \$3,846.90 | \$1,624.88 | | \$2,222.02 | | | |

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|---|-------------------|------------------|-----------------|-----------------|-----------------|-----------------|------------|------------|--------|
| B., Paul; Claim: 472007-229; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 02/05/2013 | | | | | | | | | |
| 02/06/2013 | Beckley Arh | X-Ray, Radiology | \$206.00 | \$185.90 | Other Insurance | \$20.10 | 04/09/2013 | 07/11/2013 | 115242 |
| 03/14/2013 | Medical X-ray Inc | MRI | \$163.50 | \$38.19 | Write-off | \$125.31 | 04/09/2013 | 07/11/2013 | 115243 |
| Claim # 472007-229 Totals : | | | \$369.50 | \$224.09 | | \$145.41 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------------|---------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| C., Danielle; Claim: 472007-186; Activity: Womens Volleyball; Diagnosis: Sprain/strain; Anatomy: L-Knee; Date Incurred: 10/16/2012 | | | | | | | | | |
| 10/17/2012 | Beckley Arh | MRI | \$1,567.72 | \$1,567.72 | Write-off | \$0.00 | 04/29/2013 | 05/09/2013 | 112347 |
| 10/17/2012 | Beckley Arh | MRI | \$1,842.28 | \$882.88 | Deductible | \$959.40 | 04/29/2013 | 05/09/2013 | 112347 |
| 10/17/2012 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$654.00 | \$604.00 | Other Insurance | \$50.00 | 04/29/2013 | 05/09/2013 | 112348 |
| Claim # 472007-186 Totals : | | | \$4,064.00 | \$3,054.60 | | \$1,009.40 | | | |
| C., Brandon; Claim: 472007-235; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 03/10/2013 | | | | | | | | | |
| 04/10/2013 | Beckley Arh | MRI | \$2,938.00 | \$2,918.00 | Write-off | \$20.00 | 07/08/2013 | 07/22/2013 | 115684 |
| Claim # 472007-235 Totals : | | | \$2,938.00 | \$2,918.00 | | \$20.00 | | | |
| D., Brad; Claim: 472007-152; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 09/22/2012 | | | | | | | | | |
| 10/26/2012 | Philip Branson Md | Surgery | \$2,160.00 | \$2,010.00 | Other Insurance | \$150.00 | 11/29/2012 | 11/29/2012 | 105345 |
| 10/03/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$158.50 | Other Insurance | \$35.00 | 11/29/2012 | 11/29/2012 | 105345 |
| 09/26/2012 | Beckley Arh | Outpatient | \$1,327.00 | \$1,252.00 | Other Insurance | \$75.00 | 11/29/2012 | 11/29/2012 | 105346 |
| 11/06/2012 | Philip Branson Md | X-Ray, Radiology | \$96.00 | \$71.00 | Other Insurance | \$25.00 | 12/14/2012 | 12/20/2012 | 106333 |
| Claim # 472007-152 Totals : | | | \$3,776.50 | \$3,491.50 | | \$285.00 | | | |
| G., Andrew; Claim: 472007-150; Activity: Mens Football; Diagnosis: Pain; Anatomy: Neck; Date Incurred: 09/01/2012 | | | | | | | | | |
| 09/04/2012 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$908.00 | \$726.40 | Other Insurance | \$181.60 | 12/28/2012 | 02/14/2013 | 108429 |
| Claim # 472007-150 Totals : | | | \$908.00 | \$726.40 | | \$181.60 | | | |
| H., Donnie; Claim: 472007-159; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 09/29/2012 | | | | | | | | | |
| 10/01/2012 | Beckley Arh | MRI | \$2,938.00 | \$2,806.60 | Other Insurance | \$131.40 | 11/13/2012 | 11/15/2012 | 104910 |
| 10/02/2012 | Philip Branson Md | Medical Treatment | \$193.50 | \$168.50 | Other Insurance | \$25.00 | 11/29/2012 | 11/29/2012 | 105347 |
| 10/19/2012 | Princeton Comm Hosp | Out-Pat.Surgery | \$9,418.88 | \$8,884.86 | Other Insurance | \$534.02 | 02/15/2013 | 02/21/2013 | 108740 |
| 02/08/2013 | Philip Branson Md | Medical Treatment | \$266.00 | \$142.92 | Other Insurance | \$123.08 | 03/25/2013 | 03/28/2013 | 110395 |
| 03/05/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$80.00 | Other Insurance | \$25.00 | 09/11/2013 | 10/10/2013 | 118611 |
| Claim # 472007-159 Totals : | | | \$12,921.38 | \$12,082.88 | | \$838.50 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|-------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| H., Jordan; Claim: 472007-278; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: Head; Date Incurred: 04/20/2013 | | | | | | | | | |
| 04/24/2013 | Princeton Comm Hosp | Outpatient | \$5,641.67 | \$426.52 | Write-off | \$5,215.15 | 11/18/2013 | 11/19/2013 | 119792 |
| 04/20/2013 | Princeton Comm Hosp | Outpatient | \$1,714.88 | \$1,129.65 | Write-off | \$585.23 | 11/18/2013 | 11/19/2013 | 119792 |
| 04/25/2013 | L Smith Md & R Jones Md Pc | Surgery | \$371.00 | \$183.86 | Write-off | \$187.14 | 11/18/2013 | 11/19/2013 | 119793 |
| 04/24/2013 | L Smith Md & R Jones Md Pc | Medical Treatment | \$179.00 | \$34.29 | Write-off | \$144.71 | 11/18/2013 | 11/19/2013 | 119793 |
| Claim # 472007-278 Totals : | | | \$7,906.55 | \$1,774.32 | | \$6,132.23 | | | |

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|--|-------------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|--------|
| J., Logan; Claim: 472007-170; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Elbow; Date Incurred: 10/13/2012 | | | | | | | | | |
| 10/14/2012 | Princeton Comm Hosp | Outpatient | \$1,219.00 | \$1,033.32 | Other Insurance | \$185.68 | 02/15/2013 | 02/21/2013 | 108741 |
| 10/13/2012 | Greenbrier Emerg Services | Medical Treatment | \$684.00 | \$641.00 | Other Insurance | \$43.00 | 02/15/2013 | 02/21/2013 | 108742 |
| 10/24/2012 | Fred Morgan Do | Medical Treatment | \$165.00 | \$130.00 | Other Insurance | \$35.00 | 02/15/2013 | 02/21/2013 | 108743 |
| 10/17/2012 | Fred Morgan Do | Medical Treatment | \$193.50 | \$158.50 | Other Insurance | \$35.00 | 02/15/2013 | 02/21/2013 | 108743 |
| 11/01/2012 | Wake Forest U Health Sciences | Medical Treatment | \$290.00 | \$255.00 | Other Insurance | \$35.00 | 06/10/2013 | 06/13/2013 | 114021 |
| 03/07/2013 | Wake Forest U Health Sciences | Medical Treatment | \$218.00 | \$183.00 | Other Insurance | \$35.00 | 06/10/2013 | 06/13/2013 | 114021 |
| Claim # 472007-170 Totals : | | | \$2,769.50 | \$2,400.82 | | \$368.68 | | | |

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|--|--------------------------------|-------------------|-------------------|-------------------|-------------------|-----------------|------------|------------|--------|
| J., Calvinaugh; Claim: 472007-226; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 09/26/2012 | | | | | | | | | |
| 01/04/2013 | Chesapeake Orthopaedic & Sport | X-Ray, Radiology | \$202.00 | \$176.58 | First Health Disc | \$25.42 | 01/24/2013 | 02/14/2013 | 108433 |
| 01/15/2013 | Chesapeake Orthopaedic & Sport | Surgery | \$2,900.00 | \$2,712.42 | First Health Disc | \$187.58 | 01/24/2013 | 02/14/2013 | 108433 |
| 01/08/2013 | Chesapeake Orthopaedic & Sport | Medical Treatment | \$145.00 | \$133.00 | Previously Paid | \$12.00 | 01/24/2013 | 02/14/2013 | 108433 |
| 01/15/2013 | Baltimore Washington Med Ctr | Outpatient | \$2,168.16 | \$1,738.87 | First Health Disc | \$429.29 | 01/24/2013 | 02/14/2013 | 108434 |
| 01/15/2013 | Seven Anesthesia Services Pa | Anesthesia | \$736.00 | \$441.60 | Previously Paid | \$294.40 | 02/15/2013 | 03/04/2013 | 109213 |
| Claim # 472007-226 Totals : | | | \$6,151.16 | \$5,202.47 | | \$948.69 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-----------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| K., Rahman; Claim: 472007-232; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/20/2012 | | | | | | | | | |
| 01/28/2013 | Arh Southern Wv Cln | Medical Treatment | \$25.00 | \$0.00 | | \$25.00 | 04/16/2013 | 05/09/2013 | 112359 |
| 11/02/2012 | Beckley Medical Imaging | MRI | \$324.00 | \$304.20 | Other Insurance | \$19.80 | 04/16/2013 | 05/09/2013 | 112360 |
| 12/19/2012 | Richardo O. Pyfrom, Md | Surgery | \$6,440.00 | \$6,044.75 | Other Insurance | \$395.25 | 04/16/2013 | 05/09/2013 | 112361 |
| 12/19/2012 | Dimensions Surgery Center | Outpatient | \$9,024.60 | \$8,493.71 | Other Insurance | \$530.89 | 04/16/2013 | 05/09/2013 | 112362 |
| 01/10/2013 | Sports Pro Physical Therapy | Phys.Therapy | \$260.00 | \$188.00 | Other Insurance | \$72.00 | 04/16/2013 | 05/09/2013 | 112363 |
| 01/18/2013 | Sports Pro Physical Therapy | Phys.Therapy | \$225.00 | \$153.00 | Other Insurance | \$72.00 | 04/16/2013 | 05/09/2013 | 112363 |
| 01/16/2013 | Sports Pro Physical Therapy | Phys.Therapy | \$260.00 | \$188.00 | Other Insurance | \$72.00 | 04/16/2013 | 05/09/2013 | 112363 |
| 01/14/2013 | Sports Pro Physical Therapy | Phys.Therapy | \$260.00 | \$188.00 | Other Insurance | \$72.00 | 04/16/2013 | 05/09/2013 | 112363 |
| 01/07/2013 | Sports Pro Physical Therapy | Phys.Therapy | \$260.00 | \$188.00 | Other Insurance | \$72.00 | 04/16/2013 | 05/09/2013 | 112363 |
| 01/11/2013 | Sports Pro Physical Therapy | Phys.Therapy | \$245.00 | \$173.00 | Other Insurance | \$72.00 | 04/16/2013 | 05/09/2013 | 112363 |
| 04/19/2013 | Richardo O. Pyfrom, Md | Medical Treatment | \$120.00 | \$56.70 | Other Insurance | \$63.30 | 06/19/2013 | 06/24/2013 | 114522 |
| 06/12/2013 | Richardo O. Pyfrom, Md | Medical Treatment | \$120.00 | \$56.70 | Write-off | \$63.30 | 01/13/2014 | 01/27/2014 | 121383 |
| 11/04/2013 | Richardo O. Pyfrom, Md | Medical Treatment | \$120.00 | \$54.56 | Write-off | \$65.44 | 01/13/2014 | 01/27/2014 | 121383 |
| 04/19/2013 | Richardo O. Pyfrom, Md | Medical Treatment | \$120.00 | \$56.70 | Write-off | \$63.30 | 01/13/2014 | 01/31/2014 | 121556 |
| 12/17/2013 | Richardo O. Pyfrom, Md | Medical Treatment | \$120.00 | \$54.56 | Other Insurance | \$65.44 | 02/20/2014 | 02/28/2014 | 122160 |
| Claim # 472007-232 Totals : | | | \$17,923.60 | \$16,199.88 | | \$1,723.72 | | | |

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|---|---------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|------------|------------|--------|
| K., Tyler; Claim: 472007-144; Activity: Mens Football; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 08/15/2012 | | | | | | | | | |
| 10/19/2012 | Beckley Arh | Emrg.Room | \$584.00 | \$238.38 | Other Insurance | \$345.62 | 12/28/2012 | 02/11/2013 | 108282 |
| 08/20/2012 | Medexpress Urgent Care Wv | Medical Treatment | \$355.00 | \$253.88 | Other Insurance | \$101.12 | 04/08/2013 | 04/25/2013 | 111774 |
| Claim # 472007-144 Totals : | | | \$939.00 | \$492.26 | | \$446.74 | | | |

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|---|-------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|--------|
| M., Davon; Claim: 472007-218; Activity: Mens Football; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 09/01/2012 | | | | | | | | | |
| 11/20/2012 | Beckley Arh | X-Ray, Radiology | \$3,165.00 | \$250.00 | Other Insurance | \$2,915.00 | 12/12/2012 | 01/14/2013 | 107004 |
| 11/23/2012 | Beckley Arh | MRI | \$2,938.00 | \$0.00 | Other Insurance | \$2,938.00 | 12/12/2012 | 01/14/2013 | 107004 |
| 11/20/2012 | Beckley Medical Imaging | X-Ray, Radiology | \$379.00 | \$358.57 | Other Insurance | \$20.43 | 12/12/2012 | 01/14/2013 | 107005 |
| 11/23/2012 | Beckley Medical Imaging | MRI | \$324.00 | \$306.51 | First Health Disc | \$17.49 | 12/12/2012 | 01/14/2013 | 107005 |
| 11/20/2012 | Arh Southern Wv Cln | Medical Treatment | \$173.00 | \$43.59 | First Health Disc | \$129.41 | 12/12/2012 | 01/14/2013 | 107006 |
| 12/04/2012 | Arh Southern Wv Cln | Medical Treatment | \$104.00 | \$86.32 | First Health Disc | \$17.68 | 12/12/2012 | 01/14/2013 | 107006 |
| 02/26/2013 | Arh Southern Wv Cln | Medical Treatment | \$73.00 | \$10.95 | First Health Disc | \$62.05 | 03/25/2013 | 04/11/2013 | 111171 |
| Claim # 472007-218 Totals : | | | \$7,156.00 | \$1,055.94 | | \$6,100.06 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., Davon; Claim: 472007-386; Activity: Mens Football; Diagnosis: Pain; Anatomy: Hip; Date Incurred: 11/10/2012 | | | | | | | | | |
| 04/15/2013 | Beckley Arh | X-Ray, Radiology | \$188.00 | \$150.40 | Other Insurance | \$37.60 | 01/31/2014 | 01/31/2014 | 121557 |
| 04/11/2013 | Raleigh General Hospital | MRI | \$2,208.00 | \$1,822.86 | Other Insurance | \$385.14 | 01/31/2014 | 01/31/2014 | 121558 |
| 04/15/2013 | Beckley Medical Imaging | X-Ray, Radiology | \$55.00 | \$40.23 | Other Insurance | \$14.77 | 01/31/2014 | 01/31/2014 | 121559 |
| 04/05/2013 | Arh Southern Wv Cln | Medical Treatment | \$73.00 | \$0.00 | | \$73.00 | 01/31/2014 | 01/31/2014 | 121560 |
| Claim # 472007-386 Totals : | | | \$2,524.00 | \$2,013.49 | | \$510.51 | | | |

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|---|---------------------------|------------------------|--------------------|-------------------|-------------------|--------------------|------------|------------|--------|
| M., Davon; Claim: 472007-462; Activity: Mens Football; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 11/10/2012 | | | | | | | | | |
| 01/09/2014 | First Health | First Health Repricing | \$63.20 | \$0.00 | | \$63.20 | 07/26/2014 | 08/19/2014 | 126556 |
| 01/09/2014 | Three Rivers Prov Network | TRPN Fee | \$6.86 | \$0.00 | | \$6.86 | 07/26/2014 | 08/19/2014 | 126557 |
| 01/09/2014 | Arh Southern Wv Cln | Surgery | \$2,809.00 | \$421.35 | First Health Disc | \$2,387.65 | 07/26/2014 | 08/19/2014 | 126558 |
| 01/09/2014 | Beckley Arh | Out-Pat.Surgery | \$13,268.06 | \$5,307.22 | A-G Discount | \$7,960.84 | 07/26/2014 | 08/19/2014 | 126559 |
| 01/09/2014 | Arh Beckley Hospital | Anesthesia | \$1,144.00 | \$57.20 | Disc:TRPN | \$1,086.80 | 07/26/2014 | 08/19/2014 | 126560 |
| 08/04/2014 | First Health | First Health Repricing | \$2.77 | \$0.00 | | \$2.77 | 11/07/2014 | 11/11/2014 | 127970 |
| 08/04/2014 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$18.45 | First Health Disc | \$104.55 | 09/02/2014 | 11/11/2014 | 127971 |
| Claim # 472007-462 Totals : | | | \$17,416.89 | \$5,804.22 | | \$11,612.67 | | | |

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|---|-------------------------------|----------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|--------|
| M., Nathaniel; Claim: 472007-228; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2013 | | | | | | | | | |
| 02/27/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$90.95 | Other Insurance | \$14.05 | 04/09/2013 | 05/09/2013 | 112350 |
| 02/05/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$90.95 | Other Insurance | \$14.05 | 04/09/2013 | 05/09/2013 | 112350 |
| 02/26/2013 | Princeton Comm Hosp | Outpatient | \$2,161.00 | \$2,030.72 | Other Insurance | \$130.28 | 04/19/2013 | 05/09/2013 | 112351 |
| 01/30/2013 | Beckley Arh | MRI | \$2,938.00 | \$2,638.00 | Other Insurance | \$300.00 | 04/09/2013 | 05/09/2013 | 112352 |
| 02/26/2013 | Professional Imaging | X-Ray, Radiology | \$220.99 | \$187.84 | Other Insurance | \$33.15 | 04/19/2013 | 05/09/2013 | 112353 |
| 01/30/2013 | Beckley Medical Imaging | MRI | \$324.00 | \$310.46 | Other Insurance | \$13.54 | 04/09/2013 | 05/09/2013 | 112354 |
| 02/20/2013 | Physicians Anesthesia Service | Anesthesia | \$1,725.00 | \$1,515.00 | Other Insurance | \$210.00 | 04/09/2013 | 05/09/2013 | 112355 |
| 02/20/2013 | Beacon West Surg Ctr | Out-Pat.Surgery | \$9,014.00 | \$8,469.30 | Other Insurance | \$544.70 | 04/09/2013 | 05/09/2013 | 112356 |
| 02/18/2013 | Beacon Orthopaedics | Medical Treatment | \$177.00 | \$153.45 | Other Insurance | \$23.55 | 04/09/2013 | 05/09/2013 | 112357 |
| 02/20/2013 | Beacon Orthopaedics | Asst.Surgeon | \$1,000.00 | \$971.12 | Other Insurance | \$28.88 | 04/09/2013 | 05/09/2013 | 112357 |
| 03/09/2013 | Beacon Orthopaedics | Phys.Therapy | \$325.00 | \$305.10 | Other Insurance | \$19.90 | 04/09/2013 | 05/09/2013 | 112357 |
| 02/18/2013 | Bioworks Inc | Orthopedic Appliance | \$685.00 | \$569.24 | Other Insurance | \$115.76 | 04/09/2013 | 05/09/2013 | 112358 |
| Claim # 472007-228 Totals : | | | \$18,779.99 | \$17,332.13 | | \$1,447.86 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| S., Kari; Claim: 472007-208; Activity: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: L-Knee; Date Incurred: 11/01/2012 | | | | | | | | | |
| 11/12/2012 | Lewisgale Hos Montgomery | MRI | \$2,962.00 | \$2,661.65 | Other Insurance | \$300.35 | 12/17/2012 | 12/20/2012 | 106334 |
| 11/20/2012 | Valley Anesthesia | Medical Treatment | \$1,443.00 | \$1,382.23 | Other Insurance | \$60.77 | 01/18/2013 | 01/24/2013 | 107508 |
| 01/02/2013 | Mountain River Physical Ther | Phys.Therapy | \$260.00 | \$240.00 | Other Insurance | \$20.00 | 02/01/2013 | 02/11/2013 | 108283 |
| 01/04/2013 | Mountain River Physical Ther | Phys.Therapy | \$260.00 | \$240.00 | Other Insurance | \$20.00 | 02/08/2013 | 02/14/2013 | 108430 |
| 01/08/2013 | Mountain River Physical Ther | Phys.Therapy | \$250.00 | \$230.00 | Other Insurance | \$20.00 | 02/08/2013 | 02/14/2013 | 108430 |
| 01/11/2013 | Mountain River Physical Ther | Phys.Therapy | \$350.00 | \$330.00 | Other Insurance | \$20.00 | 02/08/2013 | 02/14/2013 | 108430 |
| 11/20/2012 | Sw Va Orthopedics And Spine | Surgery | \$3,314.00 | \$3,122.40 | Other Insurance | \$191.60 | 02/08/2013 | 02/14/2013 | 108431 |
| 11/20/2012 | Lewisgale Hos Montgomery | Outpatient | \$38,661.00 | \$35,942.89 | Other Insurance | \$2,718.11 | 02/08/2013 | 02/14/2013 | 108432 |
| 01/18/2013 | Mountain River Physical Ther | Phys.Therapy | \$295.00 | \$275.00 | Other Insurance | \$20.00 | 02/15/2013 | 02/21/2013 | 108744 |
| 01/15/2013 | Mountain River Physical Ther | Phys.Therapy | \$360.00 | \$340.00 | Other Insurance | \$20.00 | 02/15/2013 | 02/21/2013 | 108744 |
| 02/15/2013 | Mountain River Physical Ther | Phys.Therapy | \$320.00 | \$300.00 | Other Insurance | \$20.00 | 04/02/2013 | 04/18/2013 | 111454 |
| 02/22/2013 | Mountain River Physical Ther | Phys.Therapy | \$300.00 | \$280.00 | Other Insurance | \$20.00 | 04/02/2013 | 04/18/2013 | 111454 |
| 03/08/2013 | Mountain River P.t. | Phys.Therapy | \$240.00 | \$220.00 | Other Insurance | \$20.00 | 04/22/2013 | 05/09/2013 | 112349 |
| 03/29/2013 | Mountain River P.t. | Phys.Therapy | \$245.00 | \$225.00 | Other Insurance | \$20.00 | 04/22/2013 | 05/09/2013 | 112349 |
| 01/21/2013 | Mountain River P.t. | Phys.Therapy | \$255.00 | \$235.00 | Other Insurance | \$20.00 | 04/22/2013 | 05/09/2013 | 112349 |
| 04/12/2013 | Mountain River P.t. | Phys.Therapy | \$159.00 | \$146.56 | Other Insurance | \$12.44 | 05/28/2013 | 06/13/2013 | 114022 |
| 05/08/2013 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$156.00 | Other Insurance | \$20.00 | 07/08/2013 | 07/22/2013 | 115681 |
| 06/20/2013 | Mountain River P.t. | Phys.Therapy | \$245.00 | \$225.00 | Other Insurance | \$20.00 | 08/05/2013 | 08/08/2013 | 116480 |
| 06/17/2013 | Mountain River P.t. | Phys.Therapy | \$145.00 | \$125.00 | Other Insurance | \$20.00 | 08/05/2013 | 08/08/2013 | 116480 |
| 06/18/2013 | Mountain River P.t. | Phys.Therapy | \$245.00 | \$225.00 | Other Insurance | \$20.00 | 08/05/2013 | 08/08/2013 | 116480 |
| 07/16/2013 | Mountain River P.t. | Phys.Therapy | \$200.00 | \$180.00 | Other Insurance | \$20.00 | 09/03/2013 | 09/09/2013 | 117459 |
| 07/18/2013 | Mountain River P.t. | Phys.Therapy | \$200.00 | \$180.00 | Other Insurance | \$20.00 | 09/03/2013 | 09/09/2013 | 117459 |
| 07/26/2013 | Mountain River P.t. | Phys.Therapy | \$200.00 | \$180.00 | Other Insurance | \$20.00 | 09/09/2013 | 09/12/2013 | 117656 |
| 07/23/2013 | Mountain River P.t. | Phys.Therapy | \$200.00 | \$180.00 | Other Insurance | \$20.00 | 09/09/2013 | 09/12/2013 | 117656 |
| 07/11/2013 | Mountain River P.t. | Phys.Therapy | \$145.00 | \$125.00 | Other Insurance | \$20.00 | 10/16/2013 | 11/19/2013 | 119789 |
| 07/02/2013 | Mountain River P.t. | Phys.Therapy | \$245.00 | \$225.00 | Other Insurance | \$20.00 | 10/16/2013 | 11/19/2013 | 119789 |
| 07/03/2013 | Mountain River P.t. | Phys.Therapy | \$195.00 | \$175.00 | Other Insurance | \$20.00 | 10/16/2013 | 11/19/2013 | 119789 |
| 07/09/2013 | Mountain River P.t. | Phys.Therapy | \$250.00 | \$230.00 | Other Insurance | \$20.00 | 10/16/2013 | 11/19/2013 | 119789 |
| 07/24/2013 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$156.00 | Other Insurance | \$20.00 | 10/16/2013 | 11/19/2013 | 119790 |
| 03/18/2013 | Sw Va Orthopedics And Spine | Medical Treatment | \$107.00 | \$87.00 | Other Insurance | \$20.00 | 10/16/2013 | 11/19/2013 | 119790 |
| 11/20/2012 | Mmi Holdings | CPM Equipment | \$270.00 | \$208.22 | Other Insurance | \$61.78 | 12/23/2013 | 01/27/2014 | 121381 |
| 06/27/2013 | Mountain River P.t. | Phys.Therapy | \$245.00 | \$225.00 | Other Insurance | \$20.00 | 12/23/2013 | 01/27/2014 | 121382 |
| 06/25/2013 | Mountain River P.t. | Phys.Therapy | \$195.00 | \$175.00 | Other Insurance | \$20.00 | 12/23/2013 | 01/27/2014 | 121382 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|------------------------------------|------------|----------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| Claim # 472007-208 Totals : | | | \$53,113.00 | \$49,227.95 | | \$3,885.05 | | | |

| S., Ryan; Claim: 472007-136; Activity: Mens Football; Diagnosis: Fracture; Anatomy: Clavicle; Date Incurred: 09/15/2012 | | | | | | | | | |
|--|----------------------------|------------------------|--------------------|-------------------|-------------------|-------------------|------------|------------|--------|
| 09/20/2012 | First Health | First Health Repricing | \$147.94 | \$0.00 | | \$147.94 | 10/12/2012 | 10/22/2012 | 104154 |
| 09/20/2012 | Orthocarolina | X-Ray, Radiology | \$276.00 | \$276.00 | First Health Disc | \$0.00 | 10/12/2012 | 10/22/2012 | 104155 |
| 09/21/2012 | Orthocarolina | Surgery | \$479.00 | \$386.69 | First Health Disc | \$92.31 | 10/12/2012 | 10/22/2012 | 104155 |
| 10/02/2012 | Orthocarolina | X-Ray, Radiology | \$80.00 | \$29.55 | First Health Disc | \$50.45 | 10/12/2012 | 10/22/2012 | 104155 |
| 09/21/2012 | Orthocarolina | Surgery | \$1,595.00 | \$1,294.02 | Deductible | \$300.98 | 10/12/2012 | 10/22/2012 | 104155 |
| 09/21/2012 | First Health | First Health Repricing | \$1,167.40 | \$0.00 | | \$1,167.40 | 10/12/2012 | 11/05/2012 | 104563 |
| 09/21/2012 | Charlotte Surgery Center | Outpatient | \$12,153.44 | \$7,782.66 | First Health Disc | \$4,370.78 | 10/12/2012 | 11/05/2012 | 104564 |
| 09/25/2012 | Orthohelix Surigal Designs | Medical Treatment | \$3,052.04 | \$0.00 | | \$3,052.04 | 10/26/2012 | 11/09/2012 | 104689 |
| 10/29/2012 | Orthocarolina | X-Ray, Radiology | \$80.00 | \$29.55 | First Health Disc | \$50.45 | 11/13/2012 | 11/15/2012 | 104908 |
| 12/17/2012 | First Health | First Health Repricing | \$4.43 | \$0.00 | | \$4.43 | 12/28/2012 | 01/03/2013 | 106558 |
| 12/17/2012 | Orthocarolina | X-Ray, Radiology | \$80.00 | \$29.55 | First Health Disc | \$50.45 | 12/28/2012 | 01/03/2013 | 106559 |
| 02/18/2013 | Orthocarolina | Medical Treatment | \$151.00 | \$62.28 | First Health Disc | \$88.72 | 02/28/2013 | 03/07/2013 | 109408 |
| 02/18/2013 | First Health | First Health Repricing | \$4.43 | \$0.00 | | \$4.43 | 03/25/2013 | 04/11/2013 | 111169 |
| 02/18/2013 | Orthocarolina | X-Ray, Radiology | \$80.00 | \$29.55 | First Health Disc | \$50.45 | 03/25/2013 | 04/11/2013 | 111170 |
| Claim # 472007-136 Totals : | | | \$19,350.68 | \$9,919.85 | | \$9,430.83 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|----------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| T., Rachel; Claim: 472007-244; Activity: Womens Track; Diagnosis: Pain; Anatomy: Achilles Tendon; Date Incurred: 02/16/2013 | | | | | | | | | |
| 02/26/2013 | Monongalia Gen Hospital | Outpatient | \$8,220.45 | \$7,414.94 | Other Insurance | \$805.51 | 05/17/2013 | 07/11/2013 | 115244 |
| 02/18/2013 | Philip Branson Md | Medical Treatment | \$193.50 | \$168.50 | Other Insurance | \$25.00 | 05/17/2013 | 07/11/2013 | 115245 |
| 02/21/2013 | Mountaineer Ortho | X-Ray, Radiology | \$535.00 | \$496.36 | Other Insurance | \$38.64 | 05/17/2013 | 07/11/2013 | 115246 |
| 03/11/2013 | Mountaineer Ortho | Orthopedic Appliance | \$864.00 | \$818.87 | Other Insurance | \$45.13 | 05/17/2013 | 07/11/2013 | 115246 |
| 02/26/2013 | Mountaineer Ortho | Surgery | \$3,395.00 | \$3,246.51 | Other Insurance | \$148.49 | 05/17/2013 | 07/11/2013 | 115246 |
| 02/26/2013 | Mountaineer Ortho | Asst.Surgeon | \$3,395.00 | \$3,371.24 | Other Insurance | \$23.76 | 05/17/2013 | 07/11/2013 | 115246 |
| 02/26/2013 | Mid-atlantic Anesthesia Consul | Anesthesia | \$1,100.00 | \$1,029.70 | Other Insurance | \$70.30 | 06/21/2013 | 07/11/2013 | 115247 |
| 05/21/2013 | St Mary Physical Therapy | Phys.Therapy | \$95.00 | \$78.86 | Other Insurance | \$16.14 | 06/21/2013 | 07/11/2013 | 115248 |
| 05/17/2013 | St Mary Physical Therapy | Phys.Therapy | \$241.00 | \$184.83 | Other Insurance | \$56.17 | 06/21/2013 | 07/11/2013 | 115248 |
| 05/28/2013 | St Mary Physical Therapy | Phys.Therapy | \$258.00 | \$255.00 | Other Insurance | \$3.00 | 07/08/2013 | 07/22/2013 | 115685 |
| 06/03/2013 | St Mary Physical Therapy | Phys.Therapy | \$190.00 | \$170.00 | Other Insurance | \$20.00 | 07/08/2013 | 07/22/2013 | 115685 |
| 05/22/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$255.00 | Other Insurance | \$30.00 | 07/08/2013 | 07/22/2013 | 115685 |
| 06/14/2013 | St Mary Physical Therapy | Phys.Therapy | \$190.00 | \$170.00 | Other Insurance | \$20.00 | 07/29/2013 | 08/08/2013 | 116481 |
| 05/28/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$258.00 | Other Insurance | \$27.00 | 07/29/2013 | 08/08/2013 | 116481 |
| 06/12/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$255.00 | Other Insurance | \$30.00 | 07/29/2013 | 08/08/2013 | 116481 |
| 06/19/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$255.00 | Other Insurance | \$30.00 | 08/12/2013 | 08/15/2013 | 116710 |
| 06/26/2013 | St Mary Physical Therapy | Phys.Therapy | \$95.00 | \$85.00 | Other Insurance | \$10.00 | 08/12/2013 | 08/15/2013 | 116710 |
| 07/05/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$92.79 | Other Insurance | \$192.21 | 08/19/2013 | 08/22/2013 | 117026 |
| 07/12/2013 | St Mary Physical Therapy | Phys.Therapy | \$95.00 | \$70.93 | Other Insurance | \$24.07 | 08/19/2013 | 08/22/2013 | 117026 |
| 07/26/2013 | St Mary Physical Therapy | Phys.Therapy | \$95.00 | \$70.93 | Other Insurance | \$24.07 | 09/03/2013 | 09/09/2013 | 117460 |
| 07/15/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$212.79 | Other Insurance | \$72.21 | 09/03/2013 | 09/09/2013 | 117460 |
| 08/05/2013 | Mountaineer Ortho | Medical Treatment | \$96.00 | \$71.00 | Other Insurance | \$25.00 | 09/09/2013 | 09/12/2013 | 117657 |
| 07/29/2013 | St Mary Physical Therapy | Phys.Therapy | \$285.00 | \$212.79 | Other Insurance | \$72.21 | 09/09/2013 | 09/12/2013 | 117658 |
| 07/01/2013 | St Mary Physical Therapy | Phys.Therapy | \$190.00 | \$162.47 | Other Insurance | \$27.53 | 09/23/2013 | 09/26/2013 | 118176 |
| 06/28/2013 | St Mary Physical Therapy | Phys.Therapy | \$95.00 | \$46.86 | Other Insurance | \$48.14 | 09/30/2013 | 10/03/2013 | 118400 |
| 07/19/2013 | St Mary Physical Therapy | Phys.Therapy | \$190.00 | \$141.86 | Other Insurance | \$48.14 | 10/14/2013 | 10/31/2013 | 119197 |
| 11/27/2013 | Mountaineer Ortho | Medical Treatment | \$131.00 | \$106.00 | Write-off | \$25.00 | 02/18/2014 | 03/04/2014 | 122220 |
| Claim # 472007-244 Totals : | | | \$21,658.95 | \$19,701.23 | | \$1,957.72 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| W., Hayley; Claim: 472007-245; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 02/01/2013 | | | | | | | | | |
| 03/02/2013 | Beckley Arh | MRI | \$2,938.00 | \$2,510.55 | Deductible | \$427.45 | 05/28/2013 | 07/11/2013 | 115249 |
| 03/02/2013 | Beckley Medical Imaging | MRI | \$324.00 | \$179.61 | Write-off | \$144.39 | 05/28/2013 | 07/11/2013 | 115250 |
| 02/18/2013 | Arh Southern Wv Cln | Medical Treatment | \$122.00 | \$97.00 | Other Insurance | \$25.00 | 05/28/2013 | 07/11/2013 | 115251 |
| 02/25/2013 | Arh Southern Wv Cln | Medical Treatment | \$252.00 | \$136.19 | Other Insurance | \$115.81 | 05/28/2013 | 07/11/2013 | 115251 |
| Claim # 472007-245 Totals : | | | \$3,636.00 | \$2,923.35 | | \$712.65 | | | |

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|--|-------------|-----------|-------------------|-------------------|----------------|-----------------|------------|------------|--------|
| W., Joshua; Claim: 472007-233; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 02/24/2013 | | | | | | | | | |
| 02/26/2013 | Beckley Arh | Emrg.Room | \$2,034.00 | \$673.71 | Write-off | | 07/06/2015 | 07/07/2015 | 130480 |
| | | | | \$1,260.29 | Other Ins Paid | \$100.00 | 07/06/2015 | 07/07/2015 | 130480 |
| Claim # 472007-233 Totals : | | | \$2,034.00 | \$1,934.00 | | \$100.00 | | | |

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|--|----------------------------|-------------------|--------------------|--------------------|-----------------|-----------------|------------|------------|--------|
| W., Alexander; Claim: 472007-135; Activity: Mens Soccer; Diagnosis: Fracture; Anatomy: L-Elbow; Date Incurred: 09/16/2012 | | | | | | | | | |
| 09/21/2012 | The Christ Hospital | Out-Pat.Surgery | \$22,670.94 | \$22,520.94 | Other Insurance | \$150.00 | 02/22/2013 | 02/28/2013 | 109047 |
| 09/18/2012 | Philip Branson Md | X-Ray, Radiology | \$739.50 | \$724.50 | Other Insurance | \$15.00 | 06/06/2013 | 06/13/2013 | 114018 |
| 10/11/2012 | Wellington Ortho & Sport | Medical Treatment | \$279.00 | \$233.55 | Other Insurance | \$45.45 | 06/06/2013 | 06/13/2013 | 114019 |
| 09/16/2012 | Beckley Emergency Phys Llc | Medical Treatment | \$1,857.00 | \$1,564.44 | Other Insurance | \$292.56 | 06/06/2013 | 06/13/2013 | 114020 |
| 10/11/2012 | Wellington Ortho & Sport | Phys.Therapy | \$134.00 | \$119.00 | Other Insurance | \$15.00 | 07/15/2013 | 08/06/2013 | 116359 |
| Claim # 472007-135 Totals : | | | \$25,680.44 | \$25,162.43 | | \$518.01 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| W., Joshua; Claim: 472007-140; Activity: Mens Football; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 08/07/2012 | | | | | | | | | |
| 09/07/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/10/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$112.20 | Other Insurance | \$27.80 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/14/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/21/2012 | Anderson Chiropractic Center | Phys.Therapy | \$90.00 | \$73.58 | Other Insurance | \$16.42 | 10/25/2012 | 10/25/2012 | 104360 |
| 08/20/2012 | Anderson Chiropractic Center | Phys.Therapy | \$335.00 | \$195.16 | Other Insurance | \$139.84 | 10/25/2012 | 10/25/2012 | 104360 |
| 08/31/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/17/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/19/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 08/27/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 08/29/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 08/22/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 08/24/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/05/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$80.22 | Other Insurance | \$59.78 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/12/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/24/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 10/25/2012 | 10/25/2012 | 104360 |
| 09/04/2012 | Community Radiology Of Va | MRI | \$1,000.00 | \$915.94 | Other Insurance | \$84.06 | 10/05/2012 | 10/25/2012 | 104361 |
| 10/03/2012 | Anderson Chiropractic Center | Phys.Therapy | \$130.00 | \$106.34 | Other Insurance | \$23.66 | 11/09/2012 | 11/12/2012 | 104725 |
| 11/16/2012 | Anderson Chiropractic Center | Medical Treatment | \$90.00 | \$71.70 | Other Insurance | \$18.30 | 01/09/2013 | 01/11/2013 | 106851 |
| 09/26/2012 | Anderson Chiropractic Center | Phys.Therapy | \$140.00 | \$116.34 | Other Insurance | \$23.66 | 01/24/2013 | 01/31/2013 | 107887 |
| Claim # 472007-140 Totals : | | | \$3,605.00 | \$2,951.22 | | \$653.78 | | | |

| | | | |
|--|---------------------|---------------------|--------------------|
| 2012 Sub Total: Checking Account QBE Totals: | \$298,228.36 | \$239,592.12 | \$58,636.24 |
| 2012 Sub Total: Coverage Col.spts.1000 Ded. Totals: | \$298,228.36 | \$239,592.12 | \$58,636.24 |

Coverage: Not Specified

Checking Account: QBE

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------------|-------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| P., Anthony; Claim: 472007-275; Activity: Student; Diagnosis: Athletic Injury; Anatomy: Lower Back; Date Incurred: 02/06/2013 | | | | | | | | | |
| 08/15/2014 | Neurological Assoc | Injection | \$846.00 | \$602.72 | Write-off | \$243.28 | 01/21/2015 | 01/23/2015 | 128586 |
| 08/04/2014 | Associated Radiologists | MRI | \$329.00 | \$49.35 | Disc:TRPN | \$279.65 | 02/03/2015 | 02/09/2015 | 128705 |
| 08/04/2014 | Three Rivers Prov Network | TRPN Fee | \$5.92 | \$0.00 | | \$5.92 | 02/03/2015 | 02/09/2015 | 128681 |
| 11/11/2014 | Beckley Emerg Phys | Phys.Visit | \$1,122.00 | \$574.29 | Other Insurance | \$547.71 | 04/13/2015 | 04/14/2015 | 129476 |
| 08/12/2014 | Neurological Assoc | Medical Treatment | \$80.00 | \$0.00 | | \$80.00 | 04/21/2015 | 04/24/2015 | 129625 |
| 08/15/2014 | Neurological Assoc | Injection | \$846.00 | \$243.28 | Previously Paid | \$602.72 | 04/21/2015 | 04/24/2015 | 129625 |
| 08/19/2014 | Neurological Assoc | Medical Treatment | \$80.00 | \$0.00 | | \$80.00 | 04/21/2015 | 04/24/2015 | 129625 |
| Claim # 472007-275 Totals : | | | \$3,308.92 | \$1,469.64 | | \$1,839.28 | | | |

| | | | | | | | | | |
|---|--|--|---------------------|---------------------|--|--------------------|--|--|--|
| 2012 Sub Total: Checking Account QBE Totals: | | | \$3,308.92 | \$1,469.64 | | \$1,839.28 | | | |
| 2012 Sub Total: Coverage Not Specified Totals: | | | \$3,308.92 | \$1,469.64 | | \$1,839.28 | | | |
| 2012 Sub Total: Policy IHH000130-937 Totals: | | | \$301,537.28 | \$241,061.76 | | \$60,475.52 | | | |

Policy: US078410-2

Coverage: Collegiate Covg Plan A

Checking Account: FAIRM

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|--|--------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|--------|
| J., Calvinaugh; Claim: 472007-210; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 09/26/2012 | | | | | | | | | |
| 01/08/2013 | Chesapeake Orthopaedic & Sport | Medical Treatment | \$145.00 | \$96.98 | First Health Disc | \$48.02 | 01/24/2013 | 02/14/2013 | 110739 |
| 01/15/2013 | Chesapeake Orthopaedic & Sport | Surgery | \$2,900.00 | \$2,149.68 | 80% Benefit | \$750.32 | 01/24/2013 | 02/14/2013 | 110739 |
| 01/04/2013 | Chesapeake Orthopaedic & Sport | X-Ray, Radiology | \$202.00 | \$100.32 | 80% Benefit | \$101.68 | 01/24/2013 | 02/14/2013 | 110739 |
| 01/15/2013 | Baltimore Washington Med Ctr | Outpatient | \$2,168.16 | \$450.97 | First Health Disc | \$1,717.19 | 01/24/2013 | 02/14/2013 | 110740 |
| 01/15/2013 | Seven Anesthesia Services Pa | Anesthesia | \$736.00 | \$294.40 | 60% UCR Benefit | \$441.60 | 02/15/2013 | 03/04/2013 | 111669 |
| Claim # 472007-210 Totals : | | | \$6,151.16 | \$3,092.35 | | \$3,058.81 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| M., Davon; Claim: 472007-196; Activity: Mens Football; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 09/01/2012 | | | | | | | | | |
| 11/20/2012 | Beckley Arh | X-Ray, Radiology | \$3,165.00 | \$2,915.00 | 60% UCR Benefit | \$250.00 | 12/12/2012 | 01/14/2013 | 109016 |
| 11/23/2012 | Beckley Arh | MRI | \$2,938.00 | \$2,938.00 | Max Benefit | \$0.00 | 12/12/2012 | 01/14/2013 | 109016 |
| 11/23/2012 | Beckley Medical Imaging | MRI | \$324.00 | \$254.02 | First Health Disc | \$69.98 | 12/12/2012 | 01/14/2013 | 109017 |
| 11/20/2012 | Beckley Medical Imaging | X-Ray, Radiology | \$379.00 | \$297.27 | First Health Disc | \$81.73 | 12/12/2012 | 01/14/2013 | 109017 |
| 11/20/2012 | Arh Southern Wv Cln | Medical Treatment | \$100.00 | \$100.00 | Deductible | \$0.00 | 12/12/2012 | 01/14/2013 | 109018 |
| 11/20/2012 | Arh Southern Wv Cln | Medical Treatment | \$73.00 | \$55.36 | 80% Benefit | \$17.64 | 12/12/2012 | 01/14/2013 | 109018 |
| 12/04/2012 | Arh Southern Wv Cln | Medical Treatment | \$104.00 | \$33.28 | First Health Disc | \$70.72 | 12/12/2012 | 01/14/2013 | 109018 |
| Claim # 472007-196 Totals : | | | \$7,083.00 | \$6,592.93 | | \$490.07 | | | |
| M., Davon; Claim: 472007-215; Activity: Mens Football; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 11/10/2012 | | | | | | | | | |
| 04/15/2013 | First Health | First Health Repricing | \$6.03 | \$0.00 | | \$6.03 | 01/28/2014 | 01/31/2014 | 155138 |
| 04/11/2013 | First Health | First Health Repricing | \$49.68 | \$0.00 | | \$49.68 | 01/28/2014 | 01/31/2014 | 155138 |
| 04/15/2013 | Beckley Arh | X-Ray, Radiology | \$188.00 | \$37.60 | 80% Benefit | \$150.40 | 01/28/2014 | 01/31/2014 | 155139 |
| 04/11/2013 | Raleigh General Hospital | MRI | \$1,876.80 | \$385.14 | Deductible | \$1,491.66 | 01/28/2014 | 01/31/2014 | 155140 |
| 04/11/2013 | Raleigh General Hospital | MRI | \$331.20 | \$331.20 | First Health Disc | \$0.00 | 01/28/2014 | 01/31/2014 | 155140 |
| Claim # 472007-215 Totals : | | | \$2,451.71 | \$753.94 | | \$1,697.77 | | | |
| U., Concord; Claim: 472007-156; Activity: ; Diagnosis: Re-pricing Only; Anatomy: ; Date Incurred: 08/01/2012 | | | | | | | | | |
| 09/01/2012 | First Health | Access Fees | \$22.40 | \$0.00 | | \$22.40 | 10/10/2012 | 10/11/2012 | 105227 |
| 10/01/2012 | First Health | Access Fees | \$22.40 | \$0.00 | | \$22.40 | 10/10/2012 | 10/11/2012 | 105227 |
| 11/01/2012 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 11/06/2012 | 11/08/2012 | 106218 |
| 12/01/2012 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 12/06/2012 | 12/06/2012 | 107503 |
| 01/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 01/15/2013 | 01/17/2013 | 109197 |
| 02/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 02/06/2013 | 02/07/2013 | 110328 |
| 03/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 03/06/2013 | 03/07/2013 | 111859 |
| 04/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 04/05/2013 | 04/08/2013 | 113365 |
| 05/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 05/07/2013 | 05/09/2013 | 144793 |
| 06/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 06/10/2013 | 06/10/2013 | 145983 |
| 07/01/2013 | First Health | Access Fees | \$23.10 | \$0.00 | | \$23.10 | 07/02/2013 | 07/08/2013 | 147317 |
| Claim # 472007-156 Totals : | | | \$252.70 | \$0.00 | | \$252.70 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------|----------|---------------------|---------------------|------------------|--------------------|---------------|------------|--------------|
| 2012 Sub Total: Checking Account FAIRM Totals: | | | \$15,938.57 | \$10,439.22 | | \$5,499.35 | | | |
| 2012 Sub Total: Coverage Collegiate Covg Plan A Totals: | | | \$15,938.57 | \$10,439.22 | | \$5,499.35 | | | |
| 2012 Sub Total: Policy US078410-2 Totals: | | | \$15,938.57 | \$10,439.22 | | \$5,499.35 | | | |
| 2012 Sub Totals: | | | \$317,475.85 | \$251,500.98 | | \$65,974.87 | | | |

Underwriting Year: 2013

Policy: ICS L00600068 001

Coverage: Col.spts.1000 Ded.

Checking Account: BRKLY

| B., Michael; Claim: 472007-449; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 04/25/2014 | | | | | | | | | |
|---|----------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| 05/01/2014 | Philip Branson Md | Medical Treatment | \$312.00 | \$233.64 | Other Insurance | \$78.36 | 05/19/2014 | 06/05/2014 | 70008085 |
| 05/01/2014 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,447.98 | Other Insurance | \$773.02 | 05/19/2014 | 06/05/2014 | 70008086 |
| 05/15/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$80.00 | Other Insurance | \$25.00 | 07/14/2014 | 07/14/2014 | 70009364 |
| 05/10/2014 | Professional Imaging | MRI | \$285.00 | \$257.57 | Other Insurance | \$27.43 | 07/14/2014 | 07/14/2014 | 70009365 |
| Claim # 472007-449 Totals : | | | \$2,923.00 | \$2,019.19 | | \$903.81 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| B., Stephen; Claim: 472007-391; Activity: Mens Football; Diagnosis: Subluxation; Anatomy: R-Shoulder; Date Incurred: 11/06/2013 | | | | | | | | | |
| 12/16/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$75.00 | Write-off | \$30.00 | 02/18/2014 | 03/04/2014 | 70004904 |
| 12/30/2013 | Philip Branson Md | X-Ray, Radiology | \$111.00 | \$102.29 | Write-off | \$8.71 | 02/18/2014 | 03/04/2014 | 70004904 |
| 12/04/2013 | Philip Branson Md | Medical Treatment | \$193.50 | \$163.50 | Write-off | \$30.00 | 02/18/2014 | 03/04/2014 | 70004904 |
| 12/13/2013 | Philip Branson Md | Medical Treatment | \$193.50 | \$163.50 | Write-off | \$30.00 | 02/18/2014 | 03/04/2014 | 70004904 |
| 12/04/2013 | Philip Branson Md | X-Ray, Radiology | \$111.00 | \$102.29 | Write-off | \$8.71 | 02/18/2014 | 03/04/2014 | 70004904 |
| 12/18/2013 | Philip Branson Md | Surgery | \$2,900.00 | \$2,633.13 | Write-off | \$266.87 | 02/18/2014 | 03/04/2014 | 70004904 |
| 12/07/2013 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,940.76 | Write-off | \$280.24 | 02/18/2014 | 03/04/2014 | 70004905 |
| 12/18/2013 | Princeton Comm Hosp | Outpatient | \$16,838.88 | \$14,714.21 | Other Insurance | \$2,124.67 | 02/24/2014 | 03/06/2014 | 70004953 |
| 12/07/2013 | Professional Imaging | MRI | \$285.00 | \$264.43 | Other Insurance | \$20.57 | 03/24/2014 | 03/27/2014 | 70005632 |
| 01/03/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$100.00 | \$80.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 01/14/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$105.00 | \$85.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 02/14/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$105.00 | \$85.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 02/26/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$105.00 | \$85.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 01/21/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$105.00 | \$85.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 02/06/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$70.00 | \$50.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 01/07/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$70.00 | \$50.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 01/09/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$105.00 | \$85.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 01/16/2014 | Physical And Occ Therapy Ser | Phys.Therapy | \$70.00 | \$50.00 | Other Insurance | \$20.00 | 03/10/2014 | 03/27/2014 | 70005633 |
| 12/20/2013 | Beckley Arh | Medical Treatment | \$835.00 | \$709.75 | Other Insurance | \$125.25 | 03/24/2014 | 04/10/2014 | 70006023 |
| 04/15/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$75.00 | Other Insurance | \$30.00 | 05/19/2014 | 05/22/2014 | 70007707 |
| Claim # 472007-391 Totals : | | | \$24,733.88 | \$21,598.86 | | \$3,135.02 | | | |

| | | | | | | | | | |
|---|------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| B., Kristi; Claim: 472007-298; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Elbow; Date Incurred: 09/03/2013 | | | | | | | | | |
| 09/17/2013 | Beckley Arh | MRI | \$3,144.00 | \$2,878.02 | Other Insurance | \$265.98 | 06/30/2014 | 07/02/2014 | 70009091 |
| 09/09/2013 | Arh Southern Wv Clinic | Medical Treatment | \$73.00 | \$33.00 | Other Insurance | \$40.00 | 06/30/2014 | 07/02/2014 | 70009092 |
| 09/05/2013 | Arh Southern Wv Clinic | Medical Treatment | \$93.00 | \$53.00 | Other Insurance | \$40.00 | 06/30/2014 | 07/02/2014 | 70009092 |
| 10/24/2013 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$83.00 | Other Insurance | \$40.00 | 06/30/2014 | 07/02/2014 | 70009092 |
| 09/19/2013 | Arh Southern Wv Clinic | Medical Treatment | \$73.00 | \$33.00 | Other Insurance | \$40.00 | 06/30/2014 | 07/02/2014 | 70009092 |
| Claim # 472007-298 Totals : | | | \$3,506.00 | \$3,080.02 | | \$425.98 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|------------------------|----------------|------------------|-------------------|-------------|---------------|------------|--------------|
| B., Shawn; Claim: 472007-425; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/11/2013 | | | | | | | | | |
| 12/03/2013 | First Health | First Health Repricing | \$3.07 | \$0.00 | | \$3.07 | 06/02/2014 | 06/19/2014 | 70008607 |
| 05/08/2014 | Hrgi | HRGI Fee | \$29.61 | \$0.00 | | \$29.61 | 06/02/2014 | 06/19/2014 | 70008608 |
| 04/10/2014 | Hrgi | HRGI Fee | \$20.73 | \$0.00 | | \$20.73 | 06/02/2014 | 06/19/2014 | 70008608 |
| 04/11/2014 | Hrgi | HRGI Fee | \$16.64 | \$0.00 | | \$16.64 | 06/02/2014 | 06/19/2014 | 70008608 |
| 03/28/2014 | Hrgi | HRGI Fee | \$22.17 | \$0.00 | | \$22.17 | 06/02/2014 | 06/19/2014 | 70008608 |
| 04/04/2014 | Hrgi | HRGI Fee | \$25.04 | \$0.00 | | \$25.04 | 06/02/2014 | 06/19/2014 | 70008608 |
| 05/09/2014 | Hrgi | HRGI Fee | \$20.73 | \$0.00 | | \$20.73 | 06/02/2014 | 06/19/2014 | 70008608 |
| 05/13/2014 | Hrgi | HRGI Fee | \$24.40 | \$0.00 | | \$24.40 | 06/02/2014 | 06/19/2014 | 70008608 |
| 05/12/2014 | Hrgi | HRGI Fee | \$20.73 | \$0.00 | | \$20.73 | 06/02/2014 | 06/19/2014 | 70008608 |
| 05/15/2014 | Hrgi | HRGI Fee | \$20.40 | \$0.00 | | \$20.40 | 06/02/2014 | 06/19/2014 | 70008608 |
| 04/08/2014 | Hrgi | HRGI Fee | \$20.73 | \$0.00 | | \$20.73 | 06/02/2014 | 06/19/2014 | 70008608 |
| 05/08/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$497.13 | \$497.13 | Disc:HPO/IHP | \$0.00 | 06/02/2014 | 06/19/2014 | 70008609 |
| 04/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$383.66 | \$208.73 | Disc:HPO/IHP | \$174.93 | 06/02/2014 | 06/19/2014 | 70008609 |
| 05/12/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$313.90 | Deductible | \$0.00 | 06/02/2014 | 06/19/2014 | 70008609 |
| 05/13/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$381.34 | \$381.34 | Deductible | \$0.00 | 06/02/2014 | 06/19/2014 | 70008609 |
| 04/11/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$273.21 | \$138.69 | Disc:HPO/IHP | \$134.52 | 06/02/2014 | 06/19/2014 | 70008609 |
| 05/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$313.90 | Disc:HPO/IHP | \$0.00 | 06/02/2014 | 06/19/2014 | 70008609 |
| 05/15/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$381.34 | \$381.34 | Disc:HPO/IHP | \$0.00 | 06/02/2014 | 06/19/2014 | 70008609 |
| 04/10/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$203.05 | Disc:HPO/IHP | \$110.85 | 06/02/2014 | 06/19/2014 | 70008609 |
| 03/28/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$330.17 | \$184.81 | Disc:HPO/IHP | \$145.36 | 06/02/2014 | 06/19/2014 | 70008609 |
| 04/08/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$313.90 | Disc:HPO/IHP | \$0.00 | 06/02/2014 | 06/19/2014 | 70008609 |
| 12/03/2013 | Kent Diagnostic Radiology | X-Ray, Radiology | \$39.00 | \$20.47 | First Health Disc | \$18.53 | 06/02/2014 | 06/19/2014 | 70008610 |
| 05/27/2014 | Hrgi | HRGI Fee | \$24.40 | \$0.00 | | \$24.40 | 06/16/2014 | 06/23/2014 | 70008670 |
| 05/30/2014 | Hrgi | HRGI Fee | \$28.42 | \$0.00 | | \$28.42 | 06/16/2014 | 06/23/2014 | 70008670 |
| 05/19/2014 | Hrgi | HRGI Fee | \$28.39 | \$0.00 | | \$28.39 | 06/16/2014 | 06/23/2014 | 70008670 |
| 05/20/2014 | Hrgi | HRGI Fee | \$36.69 | \$0.00 | | \$36.69 | 06/16/2014 | 06/23/2014 | 70008670 |
| 05/23/2014 | Hrgi | HRGI Fee | \$36.69 | \$0.00 | | \$36.69 | 06/16/2014 | 06/23/2014 | 70008670 |
| 05/28/2014 | Hrgi | HRGI Fee | \$24.40 | \$0.00 | | \$24.40 | 06/16/2014 | 06/23/2014 | 70008670 |
| 05/30/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$446.44 | \$236.88 | Disc:HPO/IHP | \$209.56 | 06/16/2014 | 06/23/2014 | 70008671 |
| 05/19/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$449.93 | \$236.59 | Disc:HPO/IHP | \$213.34 | 06/16/2014 | 06/23/2014 | 70008671 |
| 05/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$588.28 | \$305.79 | Disc:HPO/IHP | \$282.49 | 06/16/2014 | 06/23/2014 | 70008671 |
| 05/20/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$588.28 | \$305.79 | Disc:HPO/IHP | \$282.49 | 06/16/2014 | 06/23/2014 | 70008671 |
| 05/27/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$381.34 | \$203.34 | Disc:HPO/IHP | \$178.00 | 06/16/2014 | 06/23/2014 | 70008671 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|------------------------|----------------|------------------|-------------------|-------------|---------------|------------|--------------|
| B., Shawn; Claim: 472007-425; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/11/2013 | | | | | | | | | |
| 05/28/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$381.34 | \$203.34 | Disc:HPO/IHP | \$178.00 | 06/16/2014 | 06/23/2014 | 70008671 |
| 06/06/2014 | Hrgi | HRGI Fee | \$24.65 | \$0.00 | | \$24.65 | 07/01/2014 | 07/02/2014 | 70009094 |
| 06/04/2014 | Hrgi | HRGI Fee | \$8.01 | \$0.00 | | \$8.01 | 07/01/2014 | 07/02/2014 | 70009094 |
| 06/06/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$406.90 | \$205.48 | Disc:HPO/IHP | \$201.42 | 07/01/2014 | 07/02/2014 | 70009095 |
| 06/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$133.69 | \$66.79 | Disc:HPO/IHP | \$66.90 | 07/01/2014 | 07/02/2014 | 70009095 |
| 06/16/2014 | Hrgi | HRGI Fee | \$20.73 | \$0.00 | | \$20.73 | 07/07/2014 | 07/29/2014 | 70009702 |
| 06/18/2014 | Hrgi | HRGI Fee | \$24.40 | \$0.00 | | \$24.40 | 07/07/2014 | 07/29/2014 | 70009702 |
| 06/20/2014 | Hrgi | HRGI Fee | \$20.41 | \$0.00 | | \$20.41 | 07/07/2014 | 07/29/2014 | 70009702 |
| 06/23/2014 | Hrgi | HRGI Fee | \$24.40 | \$0.00 | | \$24.40 | 07/07/2014 | 07/29/2014 | 70009702 |
| 06/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$381.34 | \$203.34 | Disc:HPO/IHP | \$178.00 | 07/07/2014 | 07/29/2014 | 70009703 |
| 06/18/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$381.34 | \$203.34 | Disc:HPO/IHP | \$178.00 | 07/07/2014 | 07/29/2014 | 70009703 |
| 06/20/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$312.75 | \$170.09 | Disc:HPO/IHP | \$142.66 | 07/07/2014 | 07/29/2014 | 70009703 |
| 06/16/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$172.78 | Disc:HPO/IHP | \$141.12 | 07/07/2014 | 07/29/2014 | 70009703 |
| 06/02/2014 | Hrgi | HRGI Fee | \$25.04 | \$0.00 | | \$25.04 | 09/15/2014 | 09/30/2014 | 70011136 |
| 06/02/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$383.66 | \$208.73 | Disc:HPO/IHP | \$174.93 | 09/15/2014 | 09/30/2014 | 70011137 |
| 12/03/2013 | First Health | First Health Repricing | \$2.82 | \$0.00 | | \$2.82 | 11/03/2014 | 11/07/2014 | 70012209 |
| 12/03/2013 | Bayhealth Medical Center | X-Ray, Radiology | \$188.00 | \$18.80 | First Health Disc | \$169.20 | 11/03/2014 | 11/07/2014 | 70012210 |
| 06/04/2014 | Hrgi | HRGI Fee | \$12.96 | \$0.00 | | \$12.96 | 11/10/2014 | 11/11/2014 | 70012346 |
| 06/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$249.97 | \$108.03 | Disc:HPO/IHP | \$141.94 | 09/19/2014 | 11/11/2014 | 70012347 |
| 04/01/2014 | Premier Health Exc | PHX Fee | \$56.72 | \$0.00 | | \$56.72 | 12/03/2014 | 12/05/2014 | 70013172 |
| 08/08/2014 | Premier Health Exc | PHX Fee | \$15.97 | \$0.00 | | \$15.97 | 12/03/2014 | 12/05/2014 | 70013172 |
| 06/09/2014 | Premier Health Exc | PHX Fee | \$26.24 | \$0.00 | | \$26.24 | 12/03/2014 | 12/05/2014 | 70013172 |
| 06/11/2014 | Premier Health Exc | PHX Fee | \$14.57 | \$0.00 | | \$14.57 | 12/03/2014 | 12/05/2014 | 70013172 |
| 06/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$149.97 | Disc:Multiplan | \$163.93 | 11/11/2014 | 12/05/2014 | 70013173 |
| 06/11/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$208.11 | \$83.24 | Disc:Multiplan | \$124.87 | 11/11/2014 | 12/05/2014 | 70013173 |
| 08/08/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$228.18 | \$91.27 | Disc:Multiplan | \$136.91 | 11/11/2014 | 12/05/2014 | 70013173 |
| 04/01/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$688.24 | \$324.12 | Disc:Multiplan | \$364.12 | 11/11/2014 | 12/05/2014 | 70013173 |
| 06/05/2014 | Dj Ortho Llc | Orthotics | \$1,642.97 | \$575.03 | A-G Discount | \$1,067.94 | 03/16/2015 | 03/17/2015 | 70015756 |
| 06/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$209.28 | \$107.85 | Disc:Hrgi | \$101.43 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$68.59 | \$33.25 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/27/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$209.28 | \$107.85 | Disc:Hrgi | \$101.43 | 10/22/2015 | 10/23/2015 | 70025094 |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|--------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| B., Shawn; Claim: 472007-425; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/11/2013 | | | | | | | | | |
| 06/27/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$68.59 | \$33.25 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/27/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/27/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/30/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$139.52 | \$71.90 | Disc:Hrgi | \$67.62 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/30/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$202.32 | \$91.68 | Disc:Hrgi | \$110.64 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/02/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/02/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$137.18 | \$66.50 | Disc:Hrgi | \$70.68 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/02/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/03/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/03/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$46.50 | \$29.41 | Disc:Hrgi | \$17.09 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/03/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$209.28 | \$107.85 | Disc:Hrgi | \$101.43 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/03/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/03/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/07/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/07/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$137.18 | \$66.50 | Disc:Hrgi | \$70.68 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/07/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/07/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$134.88 | \$61.12 | Disc:Hrgi | \$73.76 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$209.28 | \$107.85 | Disc:Hrgi | \$101.43 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$68.59 | \$33.25 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/09/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/11/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/11/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$137.18 | \$66.50 | Disc:Hrgi | \$70.68 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/11/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/11/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$134.88 | \$61.12 | Disc:Hrgi | \$73.76 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/14/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$40.69 | \$34.09 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/14/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$69.76 | \$35.95 | Disc:Hrgi | \$33.81 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/14/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$137.18 | \$66.50 | Disc:Hrgi | \$70.68 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/14/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/14/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$134.88 | \$61.12 | Disc:Hrgi | \$73.76 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/16/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$69.76 | \$35.95 | Disc:Hrgi | \$33.81 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/16/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$137.18 | \$66.50 | Disc:Hrgi | \$70.68 | 10/22/2015 | 10/23/2015 | 70025094 |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|--------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| B., Shawn; Claim: 472007-425; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/11/2013 | | | | | | | | | |
| 07/16/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/16/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$134.88 | \$61.12 | Disc:Hrgi | \$73.76 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/21/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$43.06 | \$36.46 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/21/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/21/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/21/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$43.06 | \$36.46 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$46.50 | \$29.41 | Disc:Hrgi | \$17.09 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$166.62 | \$99.00 | Disc:Hrgi | \$67.62 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/23/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$134.88 | \$61.12 | Disc:Hrgi | \$73.76 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$43.06 | \$36.46 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/25/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/28/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$83.31 | \$49.50 | Disc:Hrgi | \$33.81 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/28/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/28/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 07/28/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/01/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$249.93 | \$148.50 | Disc:Hrgi | \$101.43 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/01/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/01/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/01/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$43.06 | \$36.46 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$166.62 | \$99.00 | Disc:Hrgi | \$67.62 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/04/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$67.44 | \$30.56 | Disc:Hrgi | \$36.88 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/06/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$43.06 | \$36.46 | Disc:Hrgi | \$6.60 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/06/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$249.93 | \$148.50 | Disc:Hrgi | \$101.43 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/06/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$81.54 | \$46.20 | Disc:Hrgi | \$35.34 | 10/22/2015 | 10/23/2015 | 70025094 |
| 08/06/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$65.10 | \$33.54 | Disc:Hrgi | \$31.56 | 10/22/2015 | 10/23/2015 | 70025094 |
| 06/30/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$19.63 | \$0.00 | | \$19.63 | 10/22/2015 | 10/23/2015 | 70025060 |

A-G Administrators, Inc.

Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|--------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| B., Shawn; Claim: 472007-425; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/11/2013 | | | | | | | | | |
| 06/25/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$25.05 | \$0.00 | | \$25.05 | 10/22/2015 | 10/23/2015 | 70025060 |
| 06/27/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$24.62 | \$0.00 | | \$24.62 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/02/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$36.66 | \$0.00 | | \$36.66 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/03/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$7.69 | \$0.00 | | \$7.69 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/07/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$23.43 | \$0.00 | | \$23.43 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/11/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$23.43 | \$0.00 | | \$23.43 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/09/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$32.81 | \$0.00 | | \$32.81 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/14/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$23.65 | \$0.00 | | \$23.65 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/16/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$23.65 | \$0.00 | | \$23.65 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/21/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$17.61 | \$0.00 | | \$17.61 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/23/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$36.69 | \$0.00 | | \$36.69 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/25/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$13.94 | \$0.00 | | \$13.94 | 10/22/2015 | 10/23/2015 | 70025060 |
| 07/28/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$19.18 | \$0.00 | | \$19.18 | 10/22/2015 | 10/23/2015 | 70025060 |
| 08/01/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$31.06 | \$0.00 | | \$31.06 | 10/22/2015 | 10/23/2015 | 70025060 |
| 08/04/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$29.49 | \$0.00 | | \$29.49 | 10/22/2015 | 10/23/2015 | 70025060 |
| 08/06/2014 | HealthRisk Resource Group LLC | HRGI Fee | \$31.76 | \$0.00 | | \$31.76 | 10/22/2015 | 10/23/2015 | 70025060 |
| 06/13/2014 | Ati Physical Therapy Oxford | Phys.Therapy | \$313.90 | \$273.21 | Other Ins Paid | \$40.69 | 10/25/2016 | 11/01/2016 | 70040519 |
| Claim # 472007-425 Totals : | | | \$20,102.97 | \$10,806.15 | | \$9,296.82 | | | |

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|--|-------------------------|--------------|-------------------|-------------------|------------|-----------------|------------|------------|----------|
| C., Joshua; Claim: 472007-343; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 11/02/2013 | | | | | | | | | |
| 11/06/2013 | Charleston Area Med Ctr | Cat Scan | \$991.70 | \$772.64 | Deductible | \$219.06 | 01/20/2014 | 01/30/2014 | 70004010 |
| 11/06/2013 | Charleston Area Med Ctr | Cat Scan | \$63.30 | \$63.30 | Write-off | \$0.00 | 01/20/2014 | 01/30/2014 | 70004010 |
| 11/06/2013 | Neurological Assoc | Consultation | \$335.00 | \$305.00 | Write-off | \$30.00 | 01/20/2014 | 01/30/2014 | 70004011 |
| Claim # 472007-343 Totals : | | | \$1,390.00 | \$1,140.94 | | \$249.06 | | | |

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|--|----------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|----------|
| C., Joshua; Claim: 472007-347; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/24/2013 | | | | | | | | | |
| 10/23/2013 | Princeton Comm Hosp | Outpatient | \$4,569.81 | \$2,957.30 | Other Insurance | \$1,612.51 | 02/20/2014 | 02/28/2014 | 70004796 |
| 10/23/2013 | Professional Imaging | Medical Treatment | \$355.04 | \$332.87 | Other Insurance | \$22.17 | 02/20/2014 | 02/28/2014 | 70004797 |
| 10/23/2013 | Professional Imaging | MRI | \$285.00 | \$255.96 | Other Insurance | \$29.04 | 02/20/2014 | 02/28/2014 | 70004797 |
| Claim # 472007-347 Totals : | | | \$5,209.85 | \$3,546.13 | | \$1,663.72 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------|---------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| D., Grant; Claim: 472007-364; Activity: Mens Basketball; Diagnosis: Sprain/strain; Anatomy: R-Ankle; Date Incurred: 11/30/2013 | | | | | | | | | |
| 08/15/2014 | Insured | Reimbursement | \$650.00 | \$0.00 | | \$650.00 | 11/13/2014 | 11/14/2014 | 70012537 |
| 09/02/2014 | Insured | Reimbursement | \$650.00 | \$0.00 | | \$650.00 | 11/13/2014 | 11/14/2014 | 70012537 |
| 08/04/2014 | Insured | Reimbursement | \$650.00 | \$354.92 | Other Insurance | \$295.08 | 11/13/2014 | 11/14/2014 | 70012537 |
| Claim # 472007-364 Totals : | | | \$1,950.00 | \$354.92 | | \$1,595.08 | | | |
| D., Austin; Claim: 472007-365; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 09/22/2013 | | | | | | | | | |
| 09/27/2013 | Beckley Arh | Emrg.Room | \$4,018.00 | \$3,757.37 | Other Insurance | \$260.63 | 02/03/2014 | 02/20/2014 | 70004507 |
| Claim # 472007-365 Totals : | | | \$4,018.00 | \$3,757.37 | | \$260.63 | | | |
| F., Damon; Claim: 472007-351; Activity: Mens Baseball; Diagnosis: Dehydration; Anatomy: Internal; Date Incurred: 09/10/2013 | | | | | | | | | |
| 09/10/2013 | Princeton Comm Hosp | Emrg.Room | \$1,480.82 | \$1,280.82 | Write-off | \$200.00 | 12/09/2013 | 02/05/2014 | 70004121 |
| 09/10/2013 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$1,030.00 | \$980.00 | Write-off | \$50.00 | 01/13/2014 | 02/05/2014 | 70004122 |
| 09/10/2013 | Princeton Rescue Squad | Ambulance | \$610.40 | \$510.40 | Other Insurance | \$100.00 | 05/09/2014 | 05/12/2014 | 70007026 |
| Claim # 472007-351 Totals : | | | \$3,121.22 | \$2,771.22 | | \$350.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|------------------------|--------------------|--------------------|-------------------|-------------------|---------------|------------|--------------|
| F., Damon; Claim: 472007-398; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 02/09/2014 | | | | | | | | | |
| 02/10/2014 | First Health | First Health Repricing | \$2.77 | \$0.00 | | \$2.77 | 06/16/2014 | 06/17/2014 | 70008450 |
| 03/05/2014 | Philip Branson Md | Medical Treatment | \$223.50 | \$171.94 | Other Insurance | \$51.56 | 06/16/2014 | 06/17/2014 | 70008451 |
| 02/14/2014 | Philip Branson Md | Medical Treatment | \$312.00 | \$239.28 | Other Insurance | \$72.72 | 06/16/2014 | 06/17/2014 | 70008451 |
| 02/10/2014 | Arh Southern Wv Cln | Medical Treatment | \$123.00 | \$18.45 | First Health Disc | \$104.55 | 06/16/2014 | 06/17/2014 | 70008452 |
| 03/12/2014 | Augusta Medical Ctr | MRI | \$2,305.00 | \$2,105.00 | Other Insurance | \$200.00 | 06/16/2014 | 06/17/2014 | 70008453 |
| 05/19/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$160.00 | \$130.00 | Other Insurance | \$30.00 | 06/16/2014 | 06/17/2014 | 70008454 |
| 05/21/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 06/16/2014 | 06/17/2014 | 70008454 |
| 05/28/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 06/16/2014 | 06/17/2014 | 70008454 |
| 05/30/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 06/16/2014 | 06/17/2014 | 70008454 |
| 06/02/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 06/16/2014 | 06/17/2014 | 70008454 |
| 06/04/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$432.00 | \$402.00 | Other Insurance | \$30.00 | 06/23/2014 | 06/26/2014 | 70008841 |
| 06/16/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 06/30/2014 | 07/02/2014 | 70009093 |
| 06/13/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 06/30/2014 | 07/02/2014 | 70009093 |
| 06/11/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$432.00 | \$402.00 | Other Insurance | \$30.00 | 06/30/2014 | 07/02/2014 | 70009093 |
| 06/23/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 07/07/2014 | 07/10/2014 | 70009264 |
| 06/20/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 07/07/2014 | 07/10/2014 | 70009264 |
| 06/25/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 07/14/2014 | 07/14/2014 | 70009363 |
| 03/28/2014 | Augusta Medical Ctr | Out-Pat.Surgery | \$43,229.54 | \$43,079.54 | Other Insurance | \$150.00 | 07/28/2014 | 08/01/2014 | 70009849 |
| 07/08/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 07/28/2014 | 08/01/2014 | 70009850 |
| 07/16/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 07/28/2014 | 08/01/2014 | 70009850 |
| 07/10/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 07/28/2014 | 08/01/2014 | 70009850 |
| 07/18/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$330.00 | Other Insurance | \$30.00 | 08/04/2014 | 09/17/2014 | 70010862 |
| 06/30/2014 | Barren Ridge Physical Therapy | Phys.Therapy | \$360.00 | \$290.00 | Write-off | | 02/11/2015 | 02/16/2015 | 70014721 |
| | | | | \$40.00 | Other Insurance | \$30.00 | 02/11/2015 | 02/16/2015 | 70014721 |
| Claim # 472007-398 Totals : | | | \$52,259.81 | \$51,168.21 | | \$1,091.60 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| G., Jasmine; Claim: 472007-297; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 09/09/2013 | | | | | | | | | |
| 09/09/2013 | Princeton Comm Hosp | Misc Conversion | \$1,359.00 | \$0.00 | | \$143.21 | 11/14/2013 | 11/19/2013 | 70002681 |
| 09/09/2013 | Princeton Comm Hosp | Outpatient | \$0.00 | \$607.90 | Deductible | \$0.00 | 11/14/2013 | 11/19/2013 | 70002681 |
| 09/09/2013 | Princeton Comm Hosp | Outpatient | \$0.00 | \$607.89 | Write-off | \$0.00 | 11/14/2013 | 11/19/2013 | 70002681 |
| | Princeton Comm Hosp | | \$0.00 | \$0.00 | | -\$143.21 | 11/19/2013 | 11/19/2013 | 0 |
| 09/09/2013 | Professional Imaging | Medical Treatment | \$156.02 | \$100.30 | Write-off | \$55.72 | 11/14/2013 | 12/11/2013 | 70003080 |
| 09/10/2013 | Princeton Comm Hosp | Outpatient | \$1,359.00 | \$1,159.00 | Other Insurance | \$200.00 | 01/13/2014 | 01/16/2014 | 70003686 |
| Claim # 472007-297 Totals : | | | \$2,874.02 | \$2,618.30 | | \$255.72 | | | |

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|---|----------------------|------------------------|-------------------|-------------------|-------------------|-----------------|------------|------------|----------|
| G., William; Claim: 472007-433; Activity: Mens Football; Diagnosis: Pain; Anatomy: Back; Date Incurred: 04/08/2014 | | | | | | | | | |
| 04/08/2014 | First Health | First Health Repricing | \$18.88 | \$0.00 | | \$18.88 | 04/14/2014 | 05/22/2014 | 70007711 |
| 04/08/2014 | First Health | First Health Repricing | \$19.78 | \$0.00 | | \$19.78 | 04/14/2014 | 05/22/2014 | 70007711 |
| 04/08/2014 | Princeton Comm Hosp | Emrg.Room | \$1,648.00 | \$1,131.84 | First Health Disc | \$516.16 | 04/14/2014 | 05/22/2014 | 70007712 |
| 04/08/2014 | Professional Imaging | Cat Scan | \$210.00 | \$125.84 | First Health Disc | \$84.16 | 05/19/2014 | 05/22/2014 | 70007713 |
| Claim # 472007-433 Totals : | | | \$1,896.66 | \$1,257.68 | | \$638.98 | | | |

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|---|-----------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| H., Jonathan; Claim: 472007-332; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Wrist; Date Incurred: 10/15/2013 | | | | | | | | | |
| 10/25/2013 | Princeton Comm Hosp | MRI | \$2,221.00 | \$2,034.17 | Other Insurance | \$186.83 | 03/17/2014 | 04/21/2014 | 70006414 |
| 10/25/2013 | Professional Imaging | MRI | \$285.00 | \$271.29 | Other Insurance | \$13.71 | 05/12/2014 | 05/15/2014 | 70007172 |
| 12/23/2013 | Lewis-gale Physicians | Medical Treatment | \$263.00 | \$253.00 | Other Insurance | \$10.00 | 06/02/2014 | 06/05/2014 | 70008083 |
| Claim # 472007-332 Totals : | | | \$2,769.00 | \$2,558.46 | | \$210.54 | | | |

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|--|---------------------|------------|-------------------|-------------------|-----------|-------------------|------------|------------|----------|
| H., Jordan; Claim: 472007-290; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: Neck; Date Incurred: 09/16/2013 | | | | | | | | | |
| 09/16/2013 | Princeton Comm Hosp | Outpatient | \$3,000.89 | \$1,282.98 | Write-off | \$1,717.91 | 10/28/2013 | 11/19/2013 | 70002680 |
| Claim # 472007-290 Totals : | | | \$3,000.89 | \$1,282.98 | | \$1,717.91 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| H., Logan; Claim: 472007-283; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/11/2013 | | | | | | | | | |
| 09/19/2013 | Princeton Comm Hosp | Outpatient | \$7,520.85 | \$6,571.94 | Write-off | \$948.91 | 10/21/2013 | 11/11/2013 | 70002499 |
| 08/27/2013 | Fred Morgan Do | X-Ray, Radiology | \$312.00 | \$274.00 | Other Insurance | \$38.00 | 10/21/2013 | 11/19/2013 | 70002679 |
| 08/31/2013 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,940.76 | Write-off | \$280.24 | 12/23/2013 | 01/27/2014 | 70003878 |
| 09/19/2013 | Fred Morgan Do | Surgery | \$3,469.50 | \$3,312.10 | Write-off | \$157.40 | 01/06/2014 | 01/27/2014 | 70003879 |
| 09/05/2013 | Fred Morgan Do | Medical Treatment | \$165.00 | \$135.00 | Write-off | \$30.00 | 01/06/2014 | 01/27/2014 | 70003879 |
| 01/02/2014 | Fred Morgan Do | Medical Treatment | \$266.00 | \$137.92 | Other Insurance | \$128.08 | 02/03/2014 | 02/20/2014 | 70004503 |
| 09/19/2013 | Doctor's Anesthesia | Anesthesia | \$630.00 | \$554.23 | Other Insurance | \$75.77 | 03/24/2014 | 03/31/2014 | 70005775 |
| 02/06/2014 | Professional Imaging | MRI | \$285.00 | \$264.43 | Other Insurance | \$20.57 | 03/24/2014 | 03/31/2014 | 70005776 |
| 02/06/2014 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,726.63 | Other Insurance | \$494.37 | 04/16/2014 | 04/24/2014 | 70006545 |
| 01/30/2014 | Fred Morgan Do | Medical Treatment | \$105.00 | \$75.00 | Other Insurance | \$30.00 | 04/21/2014 | 04/24/2014 | 70006546 |
| 03/17/2014 | Princeton Comm Hosp | Out-Pat. Surgery | \$6,522.02 | \$5,699.15 | Other Insurance | \$822.87 | 04/28/2014 | 05/05/2014 | 70006820 |
| 04/01/2014 | Fred Morgan Do | Surgery | \$3,469.50 | \$3,312.10 | Other Insurance | \$157.40 | 05/19/2014 | 05/30/2014 | 70007943 |
| 02/20/2014 | Fred Morgan Do | Medical Treatment | \$165.00 | \$135.00 | Other Insurance | \$30.00 | 06/05/2014 | 06/19/2014 | 70008606 |
| 12/29/2014 | Fred Morgan Do | Medical Treatment | \$105.00 | \$20.81 | Write-off | | 08/21/2015 | 08/25/2015 | 70022739 |
| | | | | \$54.19 | Other Insurance | \$30.00 | 08/21/2015 | 08/25/2015 | 70022739 |
| Claim # 472007-283 Totals : | | | \$27,456.87 | \$24,213.26 | | \$3,243.61 | | | |

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|---|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|----------|
| I., Denis; Claim: 472007-410; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 10/19/2013 | | | | | | | | | |
| 11/08/2013 | Princeton Comm Hosp | MRI | \$1,868.31 | \$1,000.00 | Other Insurance | \$868.31 | 05/12/2014 | 06/05/2014 | 70008084 |
| 11/08/2013 | Princeton Comm Hosp | MRI | \$352.69 | \$352.69 | Write-off | \$0.00 | 05/12/2014 | 06/05/2014 | 70008084 |
| 11/13/2013 | Philip Branson Md | Medical Treatment | \$165.00 | \$95.00 | Other Insurance | \$70.00 | 12/01/2014 | 12/12/2014 | 70013378 |
| 10/22/2013 | Philip Branson Md | Medical Treatment | \$312.00 | \$242.00 | Other Insurance | \$70.00 | 12/01/2014 | 12/12/2014 | 70013378 |
| 03/24/2014 | Philip Branson, MD | Medical Treatment | \$105.00 | \$90.00 | Other Insurance | \$15.00 | 09/11/2015 | 09/15/2015 | 70023570 |
| Claim # 472007-410 Totals : | | | \$2,803.00 | \$1,779.69 | | \$1,023.31 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|---------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| J., Ryan; Claim: 472007-455; Activity: Mens Baseball; Diagnosis: Athletic Injury; Anatomy: Leg; Date Incurred: 05/07/2014 | | | | | | | | | |
| 05/07/2014 | Beckley Arh | Outpatient | \$849.50 | \$84.95 | Write-off | | 04/02/2015 | 04/03/2015 | 70016477 |
| | | | | \$639.55 | Other Ins Paid | | 04/02/2015 | 04/03/2015 | 70016477 |
| | | | | \$52.93 | Ded Credit | \$72.07 | 04/02/2015 | 04/03/2015 | 70016477 |
| 05/07/2014 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$468.00 | \$76.44 | Other Ins Paid | \$391.56 | 04/02/2015 | 04/03/2015 | 70016531 |
| 05/07/2014 | Beckley Emergency Phys Llc | Surgery | \$1,142.00 | \$231.08 | Other Ins Paid | \$910.92 | 04/02/2015 | 04/03/2015 | 70016531 |
| Claim # 472007-455 Totals : | | | \$2,459.50 | \$1,084.95 | | \$1,374.55 | | | |

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|---|----------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| L., Jacob; Claim: 472007-366; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 11/16/2013 | | | | | | | | | |
| 12/21/2013 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,923.50 | Other Insurance | \$297.50 | 01/20/2014 | 02/20/2014 | 70004508 |
| 12/17/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$71.04 | Other Insurance | \$33.96 | 02/18/2014 | 03/06/2014 | 70004951 |
| 11/20/2013 | Philip Branson Md | X-Ray, Radiology | \$223.50 | \$155.68 | Other Insurance | \$67.82 | 02/18/2014 | 03/06/2014 | 70004951 |
| 12/21/2013 | Professional Imaging | MRI | \$285.00 | \$270.98 | Other Insurance | \$14.02 | 03/03/2014 | 03/10/2014 | 70005007 |
| Claim # 472007-366 Totals : | | | \$2,834.50 | \$2,421.20 | | \$413.30 | | | |

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|--|-------------------------|-----------------|--------------------|--------------------|-----------------|-----------------|------------|------------|----------|
| M., Brian; Claim: 472007-294; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: L-Knee; Date Incurred: 09/24/2013 | | | | | | | | | |
| 12/16/2013 | Univ Of Pitts Phys | Anesthesia | \$416.00 | \$396.50 | Write-off | \$19.50 | 01/13/2014 | 01/27/2014 | 70003880 |
| 12/16/2013 | Univ Of Pitts Phys | Anesthesia | \$1,053.00 | \$1,033.50 | Other Insurance | \$19.50 | 01/13/2014 | 01/27/2014 | 70003880 |
| 12/16/2013 | Upmc Mercy | Out-Pat.Surgery | \$15,093.00 | \$14,625.12 | Write-off | \$467.88 | 01/13/2014 | 01/27/2014 | 70003881 |
| 12/20/2013 | Elizur Corporation | CPM Equipment | \$667.00 | \$653.67 | Other Insurance | \$13.33 | 05/05/2014 | 05/08/2014 | 70006947 |
| 12/16/2013 | Univ Of Pittsburgh Phys | Surgery | \$5,677.50 | \$5,605.62 | Other Insurance | \$71.88 | 06/02/2014 | 06/05/2014 | 70008082 |
| Claim # 472007-294 Totals : | | | \$22,906.50 | \$22,314.41 | | \$592.09 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|---------------------|--------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| M., Lacey; Claim: 472007-431; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Elbow; Date Incurred: 03/27/2014 | | | | | | | | | |
| 04/07/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$63.00 | Other Insurance | \$42.00 | 06/09/2014 | 06/19/2014 | 70008611 |
| 04/23/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$63.00 | Other Insurance | \$42.00 | 06/09/2014 | 06/19/2014 | 70008611 |
| 03/31/2014 | Philip Branson Md | Medical Treatment | \$732.00 | \$715.20 | Other Insurance | \$16.80 | 06/09/2014 | 06/19/2014 | 70008611 |
| 04/24/2014 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,812.34 | Other Insurance | \$408.66 | 06/09/2014 | 06/19/2014 | 70008612 |
| 03/27/2014 | Norton Comm Phys Serv | Dr.Visit-Emerg Room | \$902.00 | \$488.30 | Other Insurance | \$413.70 | 06/09/2014 | 06/19/2014 | 70008613 |
| 03/27/2014 | Norton Comm Hosp | Emrg.Room | \$3,843.00 | \$3,633.23 | Other Insurance | \$209.77 | 06/23/2014 | 07/02/2014 | 70009096 |
| 04/24/2014 | Professional Imaging | MRI | \$285.00 | \$91.38 | Other Insurance | \$193.62 | 07/21/2014 | 07/22/2014 | 70009563 |
| 06/03/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$63.48 | Other Insurance | \$41.52 | 09/02/2014 | 09/17/2014 | 70010864 |
| 03/27/2014 | Appalachian Emergency Phys | Dr.Visit-Emerg Room | \$1,842.00 | \$1,692.56 | Other Insurance | \$149.44 | 09/02/2014 | 09/17/2014 | 70010865 |
| Claim # 472007-431 Totals : | | | \$10,140.00 | \$8,622.49 | | \$1,517.51 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------------|------------------------|----------------|------------------|-------------------|-------------|---------------|------------|--------------|
| M., Nathaniel; Claim: 472007-404; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 12/13/2013 | | | | | | | | | |
| 01/07/2014 | Beacon Orthopaedics | Phys.Therapy | \$351.00 | \$241.29 | Other Insurance | \$109.71 | 04/28/2014 | 05/05/2014 | 70006822 |
| 02/24/2014 | Beacon Orthopaedics | X-Ray, Radiology | \$68.00 | \$62.37 | Other Insurance | \$5.63 | 04/28/2014 | 05/05/2014 | 70006822 |
| 02/24/2014 | Beacon Orthopaedics | Phys.Therapy | \$292.00 | \$274.28 | Other Insurance | \$17.72 | 04/28/2014 | 05/05/2014 | 70006822 |
| 02/19/2014 | Beacon Orthopaedics | Surgery | \$7,446.00 | \$7,197.48 | Other Insurance | \$248.52 | 04/28/2014 | 05/05/2014 | 70006822 |
| 03/12/2014 | Beacon Orthopaedics | Phys.Therapy | \$311.00 | \$291.18 | Other Insurance | \$19.82 | 04/28/2014 | 05/05/2014 | 70006822 |
| 01/02/2014 | Beacon Orthopaedics | Phys.Therapy | \$325.00 | \$225.49 | Other Insurance | \$99.51 | 04/28/2014 | 05/05/2014 | 70006822 |
| 02/19/2014 | Bioworks Inc | Orthopedic Appliance | \$130.00 | \$107.50 | Other Insurance | \$22.50 | 04/28/2014 | 05/05/2014 | 70006823 |
| 02/19/2014 | Physicians Anesthesia Services | Anesthesia | \$2,645.00 | \$2,492.05 | Other Insurance | \$152.95 | 04/28/2014 | 05/05/2014 | 70006824 |
| 02/19/2014 | Beacon Orthopaedics | Surgery | \$2,446.00 | \$2,314.49 | Other Insurance | \$131.51 | 05/12/2014 | 05/30/2014 | 70007945 |
| 02/19/2014 | Beacon West Surgical Center | Out-Pat.Surgery | \$8,170.00 | \$7,663.80 | Other Insurance | \$506.20 | 07/16/2014 | 08/01/2014 | 70009851 |
| 01/27/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$91.00 | Other Insurance | \$14.00 | 07/31/2014 | 09/17/2014 | 70010863 |
| 07/07/2014 | First Health | First Health Repricing | \$7.20 | \$0.00 | | \$7.20 | 09/22/2014 | 10/03/2014 | 70011262 |
| 07/07/2014 | Beacon Orthopaedics | Phys.Therapy | \$91.00 | \$47.97 | First Health Disc | \$43.03 | 09/22/2014 | 10/03/2014 | 70011263 |
| 08/18/2014 | First Health | First Health Repricing | \$7.20 | \$0.00 | | \$7.20 | 10/13/2014 | 12/18/2014 | 70013648 |
| 08/18/2014 | Beacon Orthopaedics | Phys.Therapy | \$91.00 | \$47.97 | First Health Disc | \$43.03 | 10/13/2014 | 12/18/2014 | 70013649 |
| 08/18/2014 | Bioworks Inc | Orthopedic Appliance | \$95.00 | \$0.00 | | \$95.00 | 09/22/2014 | 12/18/2014 | 70013650 |
| 01/06/2015 | Seven Hills Anesthesia | Anesthesia | \$1,430.00 | \$627.00 | Write-off | | 08/14/2015 | 08/18/2015 | 70022490 |
| | | | | \$642.40 | Other Ins Paid | \$160.60 | 08/14/2015 | 08/18/2015 | 70022490 |
| 01/06/2015 | Beacon West Surgical Center | Surgery Center | \$6,080.00 | \$3,571.00 | Write-off | | 08/14/2015 | 08/18/2015 | 70022505 |
| | | | | \$2,007.20 | Other Ins Paid | \$501.80 | 08/14/2015 | 08/18/2015 | 70022505 |
| 10/08/2014 | Beacon Orthopaedics | Phys.Therapy | \$91.00 | \$47.97 | First Health Disc | \$43.03 | 08/14/2015 | 08/18/2015 | 70022511 |
| 02/04/2015 | Beacon Orthopaedics | Phys.Therapy | \$341.00 | \$249.88 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$72.90 | Other Ins Paid | \$18.22 | 08/14/2015 | 08/18/2015 | 70022511 |
| 02/11/2015 | Beacon Orthopaedics | Phys.Therapy | \$341.00 | \$249.88 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$72.90 | Other Ins Paid | \$18.22 | 08/14/2015 | 08/18/2015 | 70022511 |
| 02/18/2015 | Beacon Orthopaedics | Phys.Therapy | \$322.00 | \$234.64 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$69.89 | Other Ins Paid | \$17.47 | 08/14/2015 | 08/18/2015 | 70022511 |
| 03/11/2015 | Beacon Orthopaedics | Phys.Therapy | \$406.00 | \$298.66 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$85.88 | Other Ins Paid | \$21.46 | 08/14/2015 | 08/18/2015 | 70022511 |
| 02/26/2015 | Beacon Orthopaedics | Phys.Therapy | \$348.00 | \$256.76 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$72.99 | Other Ins Paid | \$18.25 | 08/14/2015 | 08/18/2015 | 70022511 |
| 03/04/2015 | Beacon Orthopaedics | Phys.Therapy | \$281.00 | \$206.30 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$59.76 | Other Ins Paid | \$14.94 | 08/14/2015 | 08/18/2015 | 70022511 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|------------------|----------------|------------------|-------------------|-------------|---------------|------------|--------------|
| M., Nathaniel; Claim: 472007-404; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 12/13/2013 | | | | | | | | | |
| 01/21/2015 | Beacon Orthopaedics | Phys.Therapy | \$357.00 | \$263.16 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$75.08 | Other Ins Paid | \$18.76 | 08/14/2015 | 08/18/2015 | 70022511 |
| 03/18/2015 | Beacon Orthopaedics | Phys.Therapy | \$406.00 | \$298.66 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$85.88 | Other Ins Paid | \$21.46 | 08/14/2015 | 08/18/2015 | 70022511 |
| 03/25/2015 | Beacon Orthopaedics | Phys.Therapy | \$341.00 | \$249.88 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$72.90 | Other Ins Paid | \$18.22 | 08/14/2015 | 08/18/2015 | 70022511 |
| 04/01/2015 | Beacon Orthopaedics | Phys.Therapy | \$281.00 | \$206.30 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$59.76 | Other Ins Paid | \$14.94 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/06/2015 | Beacon Orthopaedics | Asst.Surgeon | \$300.00 | \$0.00 | | \$300.00 | 08/14/2015 | 08/18/2015 | 70022511 |
| 04/08/2015 | Beacon Orthopaedics | Phys.Therapy | \$406.00 | \$298.66 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$85.88 | Other Ins Paid | \$21.46 | 08/14/2015 | 08/18/2015 | 70022511 |
| 04/15/2015 | Beacon Orthopaedics | Phys.Therapy | \$120.00 | \$81.44 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$31.11 | Other Ins Paid | \$7.45 | 08/14/2015 | 08/18/2015 | 70022511 |
| 04/29/2015 | Beacon Orthopaedics | Phys.Therapy | \$91.00 | \$47.97 | First Health Disc | \$43.03 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/28/2015 | Beacon Orthopaedics | Phys.Therapy | \$352.00 | \$257.57 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$75.55 | Other Ins Paid | \$18.88 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/30/2015 | Beacon Orthopaedics | Phys.Therapy | \$287.00 | \$208.79 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$62.57 | Other Ins Paid | \$15.64 | 08/14/2015 | 08/18/2015 | 70022511 |
| 12/10/2014 | Beacon Orthopaedics | Phys.Therapy | \$91.00 | \$47.97 | First Health Disc | \$43.03 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/06/2015 | Beacon Orthopaedics | Surgery | \$1,498.00 | \$1,207.01 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$232.79 | Other Ins Paid | \$58.20 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/06/2015 | Beacon Orthopaedics | Surgery | \$2,360.00 | \$1,414.11 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$641.90 | Other Ins Paid | \$303.99 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/08/2015 | Beacon Orthopaedics | Phys.Therapy | \$268.00 | \$190.57 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$61.95 | Other Ins Paid | \$15.48 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/12/2015 | Beacon Orthopaedics | Phys.Therapy | \$221.00 | \$161.49 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$47.61 | Other Ins Paid | \$11.90 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/15/2015 | Beacon Orthopaedics | Phys.Therapy | \$292.00 | \$214.39 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$62.10 | Other Ins Paid | \$15.51 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/15/2015 | Beacon Orthopaedics | X-Ray, Radiology | \$68.00 | \$39.83 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$22.54 | Other Ins Paid | \$5.63 | 08/14/2015 | 08/18/2015 | 70022511 |
| 01/19/2015 | Beacon Orthopaedics | Phys.Therapy | \$349.00 | \$257.28 | Write-off | | 08/14/2015 | 08/18/2015 | 70022511 |
| | | | | \$73.39 | Other Ins Paid | \$18.33 | 08/14/2015 | 08/18/2015 | 70022511 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|------------------------------------|------------|----------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| Claim # 472007-404 Totals : | | | \$40,308.40 | \$37,018.97 | | \$3,289.43 | | | |

| M., Jacob; Claim: 472007-432; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 04/05/2014 | | | | | | | | | |
|---|---------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|----------|
| 04/16/2014 | First Health | First Health Repricing | \$6.14 | \$0.00 | | \$6.14 | 05/19/2014 | 05/22/2014 | 70007708 |
| 04/16/2014 | First Health | First Health Repricing | \$37.28 | \$0.00 | | \$37.28 | 05/19/2014 | 05/22/2014 | 70007708 |
| 04/06/2014 | Princeton Comm Hosp | X-Ray, Radiology | \$512.00 | \$40.96 | First Health Disc | \$471.04 | 05/19/2014 | 05/22/2014 | 70007709 |
| 04/16/2014 | Beckley Arh | Emrg.Room | \$3,879.00 | \$1,581.85 | First Health Disc | \$2,297.15 | 05/19/2014 | 05/22/2014 | 70007710 |
| 04/14/2014 | First Health | First Health Repricing | \$18.45 | \$0.00 | | \$18.45 | 06/02/2014 | 06/09/2014 | 70008155 |
| 04/28/2014 | First Health | First Health Repricing | \$2.77 | \$0.00 | | \$2.77 | 06/02/2014 | 06/09/2014 | 70008155 |
| 04/06/2014 | Three Rivers Prov Network | TRPN Fee | \$0.61 | \$0.00 | | \$0.61 | 06/02/2014 | 06/09/2014 | 70008156 |
| 04/14/2014 | Arh Southern Wv Cln | Medical Treatment | \$123.00 | \$18.45 | First Health Disc | \$104.55 | 06/02/2014 | 06/09/2014 | 70008157 |
| 04/28/2014 | Arh Southern Wv Cln | Medical Treatment | \$123.00 | \$18.45 | First Health Disc | \$104.55 | 06/02/2014 | 06/09/2014 | 70008157 |
| 04/06/2014 | Professional Imagning | X-Ray, Radiology | \$101.98 | \$5.10 | Disc:TRPN | \$96.88 | 06/02/2014 | 06/09/2014 | 70008158 |
| 04/16/2014 | First Health | First Health Repricing | \$19.94 | \$0.00 | | \$19.94 | 09/12/2014 | 09/17/2014 | 70010866 |
| 04/16/2014 | Beckley Med Imaging | MRI | \$205.00 | \$117.95 | First Health Disc | \$87.05 | 07/14/2014 | 09/17/2014 | 70010867 |
| 04/16/2014 | Beckley Med Imaging | X-Ray, Radiology | \$26.00 | \$14.97 | First Health Disc | \$11.03 | 07/14/2014 | 09/17/2014 | 70010867 |
| Claim # 472007-432 Totals : | | | \$5,055.17 | \$1,797.73 | | \$3,257.44 | | | |

| M., Antonio; Claim: 472007-305; Activity: Mens Football; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 08/21/2013 | | | | | | | | | |
|---|---------------------------|-------------------|-----------------|-----------------|------------|-----------------|------------|------------|----------|
| 01/23/2014 | Neurological Assoc | Consultation | \$250.00 | \$101.07 | Deductible | \$148.93 | 05/27/2014 | 11/14/2014 | 70012533 |
| 10/17/2013 | Three Rivers Prov Network | TRPN Fee | \$0.74 | \$0.00 | | \$0.74 | 08/24/2015 | 08/25/2015 | 70022713 |
| 10/17/2013 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$6.15 | Disc:TRPN | \$116.85 | 08/24/2015 | 08/25/2015 | 70022807 |
| 10/31/2013 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$6.15 | Disc:TRPN | \$116.85 | 08/24/2015 | 08/25/2015 | 70022807 |
| Claim # 472007-305 Totals : | | | \$496.74 | \$113.37 | | \$383.37 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------------|----------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., Joseph; Claim: 472007-362; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 11/19/2013 | | | | | | | | | |
| 11/25/2013 | Superior Medical Equip. | Orthopedic Appliance | \$50.69 | \$43.33 | Other Insurance | \$7.36 | 04/14/2014 | 04/24/2014 | 70006548 |
| 01/24/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Other Insurance | \$84.19 | 04/14/2014 | 04/24/2014 | 70006549 |
| 12/02/2013 | Philip Branson Md | Medical Treatment | \$193.50 | \$168.07 | Other Insurance | \$25.43 | 04/14/2014 | 04/24/2014 | 70006549 |
| 02/25/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$20.81 | Other Insurance | \$84.19 | 04/14/2014 | 04/24/2014 | 70006549 |
| 11/22/2013 | Beckley Arh | Emrg.Room | \$3,635.00 | \$3,215.53 | Other Insurance | \$419.47 | 04/14/2014 | 04/24/2014 | 70006550 |
| 11/22/2013 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$687.00 | \$653.58 | Other Insurance | \$33.42 | 07/21/2014 | 07/22/2014 | 70009562 |
| Claim # 472007-362 Totals : | | | \$4,776.19 | \$4,122.13 | | \$654.06 | | | |
| M., Joseph; Claim: 472007-454; Activity: Mens Football; Diagnosis: Pain; Anatomy: Groin; Date Incurred: 04/21/2014 | | | | | | | | | |
| 04/28/2014 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$97.00 | Other Insurance | \$81.00 | 06/16/2014 | 06/19/2014 | 70008614 |
| Claim # 472007-454 Totals : | | | \$178.00 | \$97.00 | | \$81.00 | | | |
| M., Ervin; Claim: 472007-400; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Arm; Date Incurred: 01/27/2014 | | | | | | | | | |
| 01/27/2014 | Philip Branson Md | Medical Treatment | \$285.00 | \$257.00 | 80% Benefit | \$28.00 | 06/26/2014 | 08/27/2014 | 70010396 |
| Claim # 472007-400 Totals : | | | \$285.00 | \$257.00 | | \$28.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------------|-----------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| N., Elizabeth; Claim: 472007-375; Activity: Womens Basketball; Diagnosis: Subluxation; Anatomy: Shoulder; Date Incurred: 09/04/2013 | | | | | | | | | |
| 11/21/2013 | Uva Health Sciences Ctr | Out-Pat.Surgery | \$18,910.06 | \$18,376.18 | Write-off | \$533.88 | 01/20/2014 | 01/27/2014 | 70003888 |
| 11/21/2013 | Uva Physicians Group | Anesthesia | \$1,260.00 | \$1,165.51 | Other Insurance | \$94.49 | 01/20/2014 | 01/27/2014 | 70003889 |
| 11/21/2013 | Uva Physicians Group | Surgery | \$6,688.00 | \$6,597.42 | Write-off | \$90.58 | 01/20/2014 | 01/27/2014 | 70003889 |
| 12/18/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$200.00 | \$190.47 | Other Insurance | \$9.53 | 01/20/2014 | 01/27/2014 | 70003890 |
| 12/20/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$275.00 | \$260.79 | Other Insurance | \$14.21 | 01/20/2014 | 01/27/2014 | 70003890 |
| 11/22/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$285.00 | \$268.43 | Other Insurance | \$16.57 | 01/20/2014 | 01/27/2014 | 70003890 |
| 11/25/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$205.00 | \$194.65 | Other Insurance | \$10.35 | 01/20/2014 | 01/27/2014 | 70003890 |
| 11/27/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$125.00 | \$118.72 | Other Insurance | \$6.28 | 01/20/2014 | 01/27/2014 | 70003890 |
| 11/29/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$165.00 | \$156.76 | Other Insurance | \$8.24 | 01/20/2014 | 01/27/2014 | 70003890 |
| 12/16/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$280.00 | \$266.40 | Other Insurance | \$13.60 | 01/20/2014 | 01/27/2014 | 70003890 |
| 12/23/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$240.00 | \$228.51 | Other Insurance | \$11.49 | 01/27/2014 | 01/30/2014 | 70004014 |
| 12/26/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$240.00 | \$228.51 | Other Insurance | \$11.49 | 01/27/2014 | 01/30/2014 | 70004014 |
| 12/27/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$320.00 | \$300.37 | Other Insurance | \$19.63 | 01/27/2014 | 01/30/2014 | 70004014 |
| 12/30/2013 | Advantage Pt & Sports Perform | Phys.Therapy | \$250.00 | \$237.46 | Other Insurance | \$12.54 | 01/27/2014 | 01/30/2014 | 70004014 |
| 01/03/2014 | Advantage Pt | Phys.Therapy | \$320.00 | \$123.65 | Other Insurance | \$196.35 | 02/24/2014 | 03/06/2014 | 70004952 |
| 01/02/2014 | Advantage Pt | Phys.Therapy | \$220.00 | \$161.68 | Other Insurance | \$58.32 | 02/24/2014 | 03/06/2014 | 70004952 |
| 01/06/2014 | Advantage Pt | Phys.Therapy | \$315.00 | \$298.90 | Other Insurance | \$16.10 | 02/24/2014 | 03/06/2014 | 70004952 |
| 03/10/2014 | Advantage Pt | Phys.Therapy | \$495.00 | \$468.00 | Other Insurance | \$27.00 | 04/14/2014 | 04/21/2014 | 70006417 |
| 03/12/2014 | Advantage Pt | Phys.Therapy | \$360.00 | \$341.42 | Other Insurance | \$18.58 | 04/14/2014 | 04/21/2014 | 70006417 |
| 03/14/2014 | Advantage Pt | Phys.Therapy | \$445.00 | \$421.74 | Other Insurance | \$23.26 | 04/14/2014 | 04/21/2014 | 70006417 |
| Claim # 472007-375 Totals : | | | \$31,598.06 | \$30,405.57 | | \$1,192.49 | | | |

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|---|----------------------|------------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|----------|
| N., Christopher; Claim: 472007-286; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 08/15/2013 | | | | | | | | | |
| 08/15/2013 | First Health | First Health Repricing | \$24.52 | \$0.00 | | \$24.52 | 01/02/2014 | 02/05/2014 | 70004114 |
| 08/15/2013 | First Health | First Health Repricing | \$25.94 | \$0.00 | | \$25.94 | 01/02/2014 | 02/05/2014 | 70004114 |
| 08/15/2013 | Princeton Comm Hosp | Emrg.Room | \$2,043.00 | \$1,163.44 | First Health Disc | \$879.56 | 01/02/2014 | 02/05/2014 | 70004115 |
| 08/15/2013 | Professional Imaging | X-Ray, Radiology | \$256.51 | \$172.95 | First Health Disc | \$83.56 | 01/02/2014 | 02/05/2014 | 70004116 |
| Claim # 472007-286 Totals : | | | \$2,349.97 | \$1,336.39 | | \$1,013.58 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| N., David; Claim: 472007-333; Activity: Mens Soccer; Diagnosis: Fracture; Anatomy: Toe; Date Incurred: 09/09/2013 | | | | | | | | | |
| 10/01/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$77.62 | Other Insurance | \$27.38 | 02/18/2014 | 03/04/2014 | 70004900 |
| 09/10/2013 | Philip Branson Md | Medical Treatment | \$193.50 | \$154.80 | Other Insurance | \$38.70 | 02/18/2014 | 03/04/2014 | 70004900 |
| 09/09/2013 | Princeton Comm Hosp | Emrg.Room | \$924.75 | \$767.58 | Other Insurance | \$157.17 | 02/18/2014 | 03/04/2014 | 70004901 |
| 09/09/2013 | Princeton Comm Hosp | Emrg.Room | \$80.41 | \$80.41 | Write-off | \$0.00 | 02/18/2014 | 03/04/2014 | 70004901 |
| Claim # 472007-333 Totals : | | | \$1,303.66 | \$1,080.41 | | \$223.25 | | | |

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|--|---------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|----------|
| P., Anthony; Claim: 472007-368; Activity: Mens Football; Diagnosis: Subluxation; Anatomy: R-Shoulder; Date Incurred: 08/22/2013 | | | | | | | | | |
| 01/02/2014 | Princeton Comm Hosp | Outpatient | \$22,277.57 | \$19,381.96 | Other Insurance | \$2,895.61 | 03/24/2014 | 03/27/2014 | 70005631 |
| 12/03/2013 | Philip Branson Md | Medical Treatment | \$130.50 | \$31.77 | Other Insurance | \$98.73 | 07/31/2014 | 08/15/2014 | 70010197 |
| 08/11/2014 | Philip Branson, MD | Medical Treatment | \$105.00 | \$6.83 | Write-off | \$98.17 | 09/15/2015 | 09/18/2015 | 70023711 |
| Claim # 472007-368 Totals : | | | \$22,513.07 | \$19,420.56 | | \$3,092.51 | | | |

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|--|---------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| R., Olivia; Claim: 472007-304; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 09/24/2013 | | | | | | | | | |
| 02/03/2014 | Philip Branson Md | Medical Treatment | \$314.50 | \$314.50 | Other Insurance | \$0.00 | 03/10/2014 | 04/24/2014 | 70006547 |
| 02/03/2014 | Philip Branson Md | Medical Treatment | \$30.00 | \$4.81 | Deductible | \$25.19 | 03/10/2014 | 04/24/2014 | 70006547 |
| 02/25/2014 | Philip Branson Md | Medical Treatment | \$293.50 | \$263.50 | Other Insurance | \$30.00 | 03/10/2014 | 04/24/2014 | 70006547 |
| 09/25/2013 | Princeton Comm Hosp | X-Ray, Radiology | \$256.00 | \$201.81 | Other Insurance | \$54.19 | 05/27/2014 | 05/30/2014 | 70007944 |
| 10/11/2013 | Philip Branson Md | Medical Treatment | \$303.00 | \$273.00 | Other Insurance | \$30.00 | 07/31/2014 | 08/15/2014 | 70010196 |
| 11/04/2013 | Philip Branson Md | Medical Treatment | \$105.00 | \$75.00 | Other Insurance | \$30.00 | 07/31/2014 | 08/15/2014 | 70010196 |
| 03/27/2014 | Philip Branson, MD | Medical Treatment | \$105.00 | \$20.81 | Write-off | | 05/07/2015 | 05/08/2015 | 70017858 |
| | | | | \$54.19 | Other Ins Paid | \$30.00 | 05/07/2015 | 05/08/2015 | 70017858 |
| Claim # 472007-304 Totals : | | | \$1,407.00 | \$1,207.62 | | \$199.38 | | | |

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|---|----------------------|------------------|-------------------|-------------------|-----------|-----------------|------------|------------|----------|
| R., Riyahd; Claim: 472007-287; Activity: Mens Football; Diagnosis: Contusion; Anatomy: Hand; Date Incurred: 08/16/2013 | | | | | | | | | |
| 08/16/2013 | Princeton Comm Hosp | X-Ray, Radiology | \$256.00 | \$40.65 | Write-off | \$215.35 | 09/23/2013 | 02/05/2014 | 70004117 |
| 08/17/2013 | Beckley Arh | Emrg.Room | \$3,816.00 | \$3,666.00 | Write-off | \$150.00 | 01/13/2014 | 02/05/2014 | 70004118 |
| 08/16/2013 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$15.95 | Write-off | \$18.05 | 01/13/2014 | 02/05/2014 | 70004119 |
| Claim # 472007-287 Totals : | | | \$4,106.00 | \$3,722.60 | | \$383.40 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| R., Ethan; Claim: 472007-300; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/24/2013 | | | | | | | | | |
| 09/26/2013 | Princeton Comm Hosp | Outpatient | \$10,378.66 | \$8,103.78 | Write-off | \$2,274.88 | 10/28/2013 | 11/19/2013 | 70002682 |
| 10/14/2013 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$107.83 | Write-off | \$10.67 | 01/20/2014 | 01/27/2014 | 70003882 |
| 11/04/2013 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$107.83 | Write-off | \$10.67 | 01/20/2014 | 01/27/2014 | 70003882 |
| 09/26/2013 | Fred Morgan Do | Medical Treatment | \$312.00 | \$131.47 | Write-off | \$180.53 | 01/20/2014 | 01/27/2014 | 70003882 |
| 10/03/2013 | Fred Morgan Do | Surgery | \$2,241.00 | \$448.20 | A-G Discount | \$1,792.80 | 01/20/2014 | 01/27/2014 | 70003882 |
| 12/02/2013 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$107.83 | Write-off | \$10.67 | 01/20/2014 | 01/27/2014 | 70003882 |
| 10/05/2013 | Smyth Co Comm Hosp | Emrg.Room | \$952.00 | \$900.62 | Other Insurance | \$51.38 | 01/20/2014 | 01/27/2014 | 70003883 |
| 10/02/2013 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$52.38 | Write-off | \$3.61 | 01/20/2014 | 02/05/2014 | 70004120 |
| 01/02/2014 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$65.14 | Other Insurance | \$53.36 | 02/03/2014 | 02/20/2014 | 70004504 |
| 10/02/2013 | Doctors Anesthesia Associate | Anesthesia | \$1,250.00 | \$1,137.75 | Other Insurance | \$112.25 | 03/11/2014 | 03/27/2014 | 70005627 |
| 06/17/2014 | Fred Morgan Do | Medical Treatment | \$105.00 | \$6.83 | Disc:Multiplan | \$98.17 | 05/27/2014 | 09/19/2014 | 70010941 |
| 04/16/2014 | Fred Morgan Do | X-Ray, Radiology | \$118.50 | \$78.10 | Disc:Multiplan | \$40.40 | 05/27/2014 | 09/19/2014 | 70010941 |
| 04/16/2014 | Premier Health Exc | PHX Fee | \$13.67 | \$0.00 | | \$13.67 | 09/10/2014 | 09/19/2014 | 70010942 |
| 06/17/2014 | Premier Health Exc | PHX Fee | \$1.20 | \$0.00 | | \$1.20 | 09/10/2014 | 09/19/2014 | 70010942 |
| Claim # 472007-300 Totals : | | | \$15,902.02 | \$11,247.76 | | \$4,654.26 | | | |

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|---|----------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| R., Jcorey; Claim: 472007-330; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: L-Knee; Date Incurred: 10/05/2013 | | | | | | | | | |
| 10/09/2013 | Philip Branson Md | X-Ray, Radiology | \$118.50 | \$107.83 | Other Insurance | \$10.67 | 11/13/2013 | 01/30/2014 | 70004005 |
| 10/30/2013 | Philip Branson Md | Medical Treatment | \$165.00 | \$125.00 | Write-off | \$40.00 | 11/13/2013 | 01/30/2014 | 70004005 |
| 10/09/2013 | Philip Branson Md | Medical Treatment | \$193.50 | \$153.50 | Write-off | \$40.00 | 11/13/2013 | 01/30/2014 | 70004005 |
| 10/24/2013 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,847.34 | Other Insurance | \$373.66 | 01/02/2014 | 01/30/2014 | 70004006 |
| 10/24/2013 | Professional Imaging | MRI | \$285.00 | \$257.57 | Write-off | \$27.43 | 01/02/2014 | 01/30/2014 | 70004007 |
| Claim # 472007-330 Totals : | | | \$2,983.00 | \$2,491.24 | | \$491.76 | | | |

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|--|----------------------|------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| R., Jacob; Claim: 472007-317; Activity: Mens Football; Diagnosis: Pain; Anatomy: Groin; Date Incurred: 09/15/2013 | | | | | | | | | |
| 10/01/2013 | Princeton Comm Hosp | X-Ray, Radiology | \$3,844.00 | \$3,556.48 | Other Insurance | \$287.52 | 03/28/2014 | 05/01/2014 | 70006745 |
| 10/01/2013 | Professional Imaging | X-Ray, Radiology | \$507.40 | \$497.29 | Other Insurance | \$10.11 | 03/28/2014 | 05/01/2014 | 70006746 |
| Claim # 472007-317 Totals : | | | \$4,351.40 | \$4,053.77 | | \$297.63 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-----------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| S., Melea; Claim: 472007-335; Activity: Womens Basketball; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/20/2013 | | | | | | | | | |
| 10/21/2013 | Princeton Comm Hosp | MRI | \$2,221.00 | \$1,797.67 | Other Insurance | \$423.33 | 01/02/2014 | 01/30/2014 | 70004008 |
| 10/21/2013 | Princeton Comm Hosp | Emrg.Room | \$236.00 | \$86.00 | Write-off | \$150.00 | 01/02/2014 | 01/30/2014 | 70004008 |
| 10/21/2013 | Professional Imaging | MRI | \$285.00 | \$257.93 | Other Insurance | \$27.07 | 01/02/2014 | 01/30/2014 | 70004009 |
| Claim # 472007-335 Totals : | | | \$2,742.00 | \$2,141.60 | | \$600.40 | | | |

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|--|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|----------|
| S., Nick; Claim: 472007-361; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/12/2013 | | | | | | | | | |
| 10/26/2013 | Princeton Comm Hosp | MRI | \$1,868.31 | \$907.83 | Other Insurance | \$960.48 | 01/02/2014 | 01/27/2014 | 70003886 |
| 10/26/2013 | Princeton Comm Hosp | MRI | \$352.69 | \$352.69 | Write-off | \$0.00 | 01/02/2014 | 01/27/2014 | 70003886 |
| 10/16/2013 | Fred Morgan Do | Medical Treatment | \$297.00 | \$196.08 | Write-off | \$100.92 | 12/30/2013 | 01/27/2014 | 70003887 |
| Claim # 472007-361 Totals : | | | \$2,518.00 | \$1,456.60 | | \$1,061.40 | | | |

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|--|-----------------------|------------------------|-------------------|-------------------|-------------------|-----------------|------------|------------|----------|
| S., Ryan; Claim: 472007-348; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 09/28/2013 | | | | | | | | | |
| 10/10/2013 | First Health | First Health Repricing | \$86.70 | \$0.00 | | \$86.70 | 01/02/2014 | 01/30/2014 | 70004012 |
| 10/10/2013 | Orthocarolina | X-Ray, Radiology | \$90.00 | \$90.00 | First Health Disc | \$0.00 | 01/02/2014 | 01/30/2014 | 70004013 |
| 11/05/2013 | Orthocarolina | MRI | \$1,199.00 | \$1,154.38 | First Health Disc | \$44.62 | 01/02/2014 | 01/30/2014 | 70004013 |
| 11/05/2013 | Orthocarolina | X-Ray, Radiology | \$90.00 | \$34.36 | First Health Disc | \$55.64 | 01/02/2014 | 01/30/2014 | 70004013 |
| 10/10/2013 | Orthocarolina | Medical Treatment | \$237.00 | \$237.00 | First Health Disc | \$0.00 | 01/02/2014 | 01/30/2014 | 70004013 |
| 11/05/2013 | Orthocarolina | Medical Treatment | \$151.00 | \$62.28 | First Health Disc | \$88.72 | 01/02/2014 | 01/30/2014 | 70004013 |
| 10/03/2013 | Trpn | TRPN Fee | \$0.74 | \$0.00 | | \$0.74 | 02/18/2014 | 03/04/2014 | 70004902 |
| 10/03/2013 | Arh Southern Wv Clin | Medical Treatment | \$123.00 | \$6.15 | Disc:TRPN | \$116.85 | 02/18/2014 | 03/04/2014 | 70004903 |
| 11/05/2013 | Mecklenburg Radiology | MRI | \$303.00 | \$0.00 | | \$303.00 | 03/13/2014 | 03/27/2014 | 70005630 |
| 03/13/2014 | First Health | First Health Repricing | \$13.30 | \$0.00 | | \$13.30 | 03/31/2014 | 04/21/2014 | 70006415 |
| 03/13/2014 | Orthocarolina | Medical Treatment | \$199.00 | \$88.66 | First Health Disc | \$110.34 | 03/31/2014 | 04/21/2014 | 70006416 |
| Claim # 472007-348 Totals : | | | \$2,492.74 | \$1,672.83 | | \$819.91 | | | |

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|--|---------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| V., Ariana; Claim: 472007-292; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: L-Hand; Date Incurred: 09/09/2013 | | | | | | | | | |
| 09/09/2013 | Medexpress Urgent Care Wv | Medical Treatment | \$323.00 | \$193.00 | Write-off | | 08/31/2015 | 09/01/2015 | 99999999 |
| | | | | \$130.00 | Ded Credit | \$0.00 | 08/31/2015 | 09/01/2015 | 99999999 |
| Claim # 472007-292 Totals : | | | \$323.00 | \$323.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| W., Loni; Claim: 472007-316; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Achilles Tendon; Date Incurred: 09/25/2013 | | | | | | | | | |
| 12/11/2013 | Princeton Comm Hosp | MRI | \$2,477.00 | \$2,060.27 | Write-off | \$416.73 | 01/13/2014 | 01/27/2014 | 70003884 |
| 10/29/2013 | Robert Pennington Md | Medical Treatment | \$105.00 | \$88.17 | Write-off | \$16.83 | 12/30/2013 | 01/27/2014 | 70003885 |
| 12/11/2013 | Professional Imaging | X-Ray, Radiology | \$335.99 | \$304.95 | Other Insurance | \$31.04 | 02/03/2014 | 02/20/2014 | 70004505 |
| 11/19/2013 | Robert Pennington Md | Medical Treatment | \$165.00 | \$139.56 | Other Insurance | \$25.44 | 02/03/2014 | 02/20/2014 | 70004506 |
| 02/18/2014 | Philip Branson Md | Medical Treatment | \$193.50 | \$168.07 | Other Insurance | \$25.43 | 03/24/2014 | 03/27/2014 | 70005628 |
| 10/18/2013 | Robert Pennington Md | Medical Treatment | \$276.00 | \$236.48 | Other Insurance | \$39.52 | 03/24/2014 | 03/27/2014 | 70005629 |
| 03/18/2014 | Philip Branson Md | Medical Treatment | \$105.00 | \$88.17 | Other Insurance | \$16.83 | 04/28/2014 | 05/05/2014 | 70006821 |
| Claim # 472007-316 Totals : | | | \$3,657.49 | \$3,085.67 | | \$571.82 | | | |

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|--|-------------------|-------------------|-------------------|-------------------|-----------------|----------------|------------|------------|----------|
| W., Paris; Claim: 472007-299; Activity: Womens Soccer; Diagnosis: Fracture; Anatomy: Leg; Date Incurred: 10/05/2013 | | | | | | | | | |
| 10/23/2013 | Philip Branson Md | Medical Treatment | \$676.57 | \$676.57 | Deductible | \$0.00 | 03/10/2014 | 03/27/2014 | 70005626 |
| 02/04/2014 | Philip Branson Md | Medical Treatment | \$51.01 | \$51.01 | Other Insurance | \$0.00 | 03/10/2014 | 03/27/2014 | 70005626 |
| 10/23/2013 | Philip Branson Md | Medical Treatment | \$244.43 | \$244.43 | Other Insurance | \$0.00 | 03/10/2014 | 03/27/2014 | 70005626 |
| 02/04/2014 | Philip Branson Md | Medical Treatment | \$149.99 | \$98.78 | Deductible | \$51.21 | 03/10/2014 | 03/27/2014 | 70005626 |
| Claim # 472007-299 Totals : | | | \$1,122.00 | \$1,070.79 | | \$51.21 | | | |

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|---|----------------------|------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|----------|
| W., Shaun; Claim: 472007-422; Activity: Mens Football; Diagnosis: Pain; Anatomy: Neck; Date Incurred: 02/26/2014 | | | | | | | | | |
| 02/28/2014 | Princeton Comm Hosp | Emrg.Room | \$5,034.78 | \$2,134.44 | Other Insurance | \$2,900.34 | 05/05/2014 | 06/26/2014 | 70008842 |
| 02/28/2014 | Professional Imaging | Cat Scan | \$235.00 | \$216.83 | Other Insurance | \$18.17 | 05/05/2014 | 06/26/2014 | 70008843 |
| 02/28/2014 | Professional Imaging | X-Ray, Radiology | \$86.51 | \$81.86 | Other Insurance | \$4.65 | 05/05/2014 | 06/26/2014 | 70008843 |
| Claim # 472007-422 Totals : | | | \$5,356.29 | \$2,433.13 | | \$2,923.16 | | | |

| | | | | | | | | | |
|--|--|--|---------------------|---------------------|--|--------------------|--|--|--|
| 2013 Sub Total: Checking Account BRKLY Totals: | | | \$354,180.87 | \$298,952.17 | | \$55,228.70 | | | |
| 2013 Sub Total: Coverage Col.spts.1000 Ded. Totals: | | | \$354,180.87 | \$298,952.17 | | \$55,228.70 | | | |
| 2013 Sub Total: Policy ICS L00600068 001 Totals: | | | \$354,180.87 | \$298,952.17 | | \$55,228.70 | | | |

Policy: US160942

Coverage: Primary 80/20

Checking Account: FAIRM

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|------------------------|---------------------|---------------------|-------------------|--------------------|---------------|------------|--------------|
| M., Davon; Claim: 472007-319; Activity: Mens Football; Diagnosis: Contusion; Anatomy: Toe; Date Incurred: 10/19/2013 | | | | | | | | | |
| 12/17/2013 | First Health | First Health Repricing | \$3.09 | \$0.00 | | \$3.09 | 01/02/2014 | 01/30/2014 | 155106 |
| 12/11/2013 | First Health | First Health Repricing | \$106.07 | \$0.00 | | \$106.07 | 01/02/2014 | 01/30/2014 | 155106 |
| 11/14/2013 | First Health | First Health Repricing | \$5.53 | \$0.00 | | \$5.53 | 01/02/2014 | 01/30/2014 | 155106 |
| 12/23/2013 | First Health | First Health Repricing | \$7.49 | \$0.00 | | \$7.49 | 01/02/2014 | 01/30/2014 | 155106 |
| 10/20/2013 | Princeton Comm Hosp | X-Ray, Radiology | \$256.00 | \$61.44 | Disc:TRPN | \$194.56 | 01/02/2014 | 01/30/2014 | 155107 |
| 12/17/2013 | Med Surg Group, Inc | Medical Treatment | \$152.00 | \$46.90 | 80% Benefit | \$105.10 | 01/02/2014 | 01/30/2014 | 155108 |
| 10/20/2013 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$11.20 | 80% Benefit | \$44.79 | 01/02/2014 | 01/30/2014 | 155109 |
| 10/20/2013 | Trpn | TRPN Fee | \$1.54 | \$0.00 | | \$1.54 | 01/02/2014 | 01/30/2014 | 155110 |
| 12/18/2013 | Arh Southern Wv Cln | Medical Treatment | \$123.00 | \$39.36 | 80% Benefit | \$83.64 | 01/02/2014 | 01/30/2014 | 155111 |
| 11/14/2013 | Arh Southern Wv Cln | Medical Treatment | \$123.00 | \$123.00 | First Health Disc | \$0.00 | 01/02/2014 | 01/30/2014 | 155111 |
| 12/11/2013 | Raleigh Orthopedic | Medical Treatment | \$601.56 | \$601.56 | First Health Disc | \$0.00 | 01/02/2014 | 01/30/2014 | 155112 |
| 12/11/2013 | Raleigh Orthopedic | X-Ray, Radiology | \$132.00 | \$110.88 | First Health Disc | \$21.12 | 01/02/2014 | 01/30/2014 | 155112 |
| 12/11/2013 | Raleigh Orthopedic | Medical Treatment | \$150.39 | \$146.44 | Deductible | \$3.95 | 01/02/2014 | 01/30/2014 | 155112 |
| 12/23/2013 | Beckley Arh | Lab,Pathology | \$333.00 | \$106.56 | First Health Disc | \$226.44 | 01/02/2014 | 01/30/2014 | 155113 |
| 01/04/2014 | First Health | First Health Repricing | \$47.20 | \$0.00 | | \$47.20 | 03/18/2014 | 03/24/2014 | 157390 |
| 01/04/2014 | Raleigh General Hospital | MRI | \$2,097.60 | \$671.23 | First Health Disc | \$1,426.37 | 03/17/2014 | 03/24/2014 | 157391 |
| Claim # 472007-319 Totals : | | | \$4,195.46 | \$1,918.57 | | \$2,276.89 | | | |
| 2013 Sub Total: Checking Account FAIRM Totals: | | | \$4,195.46 | \$1,918.57 | | \$2,276.89 | | | |
| 2013 Sub Total: Coverage Primary 80/20 Totals: | | | \$4,195.46 | \$1,918.57 | | \$2,276.89 | | | |
| 2013 Sub Total: Policy US160942 Totals: | | | \$4,195.46 | \$1,918.57 | | \$2,276.89 | | | |
| 2013 Sub Totals: | | | \$358,376.33 | \$300,870.74 | | \$57,505.59 | | | |

Underwriting Year: 2014

Policy: US407353

Coverage: Primary 80/20

Checking Account: FAIRM

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| R., Cade; Claim: 472007-464; Activity: Mens Football; Diagnosis: Pain; Anatomy: Elbow; Date Incurred: 08/12/2014 | | | | | | | | | |
| 08/12/2014 | First Health | First Health Repricing | \$33.49 | \$0.00 | | \$33.49 | 10/06/2014 | 10/10/2014 | 166268 |
| 08/12/2014 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$180.00 | \$180.00 | First Health Disc | \$0.00 | 10/06/2014 | 10/10/2014 | 166269 |
| 08/12/2014 | Greenbrier Emerg Services | Surgery | \$173.00 | \$69.20 | First Health Disc | \$103.80 | 10/06/2014 | 10/10/2014 | 166269 |
| 08/12/2014 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$600.00 | \$320.00 | Deductible | \$280.00 | 10/06/2014 | 10/10/2014 | 166269 |
| 08/12/2014 | First Health | First Health Repricing | \$12.15 | \$0.00 | | \$12.15 | 12/01/2014 | 12/18/2014 | 170778 |
| 08/12/2014 | Princeton Comm Hosp | Emrg.Room | \$3.50 | \$0.92 | First Health Disc | \$2.58 | 12/01/2014 | 12/18/2014 | 170779 |
| 08/12/2014 | Princeton Comm Hosp | X-Ray, Radiology | \$259.00 | \$68.37 | First Health Disc | \$190.63 | 12/01/2014 | 12/18/2014 | 170779 |
| 08/12/2014 | Princeton Comm Hosp | Emrg.Room | \$750.00 | \$60.00 | First Health Disc | | 02/18/2015 | 03/03/2015 | 173133 |
| | | | | \$138.00 | 80% Benefit | \$552.00 | 02/18/2015 | 03/03/2015 | 173133 |
| 03/13/2015 | Premier Health Exc | PHX Fee | \$43.72 | \$0.00 | | \$43.72 | 03/13/2015 | 03/13/2015 | 173520 |
| 08/12/2014 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$43.24 | First Health Disc | | 03/16/2015 | 03/17/2015 | 173675 |
| | | | | \$2.55 | 80% Benefit | \$10.20 | 03/16/2015 | 03/17/2015 | 173675 |
| 08/12/2014 | First Health | First Health Repricing | \$6.49 | \$0.00 | | \$6.49 | 03/16/2015 | 03/17/2015 | 173670 |
| 08/27/2014 | Philip Branson, MD | X-Ray, Radiology | \$91.50 | \$54.74 | Disc:PHX | | 06/22/2015 | 06/23/2015 | 182019 |
| | | | | \$7.35 | 80% Benefit | \$29.41 | 06/22/2015 | 06/23/2015 | 182019 |
| 08/14/2014 | Fred Morgan Do | Surgery | \$543.00 | \$195.09 | Disc:PHX | | 06/22/2015 | 06/23/2015 | 182254 |
| | | | | \$69.58 | 80% Benefit | \$278.33 | 06/22/2015 | 06/23/2015 | 182254 |
| Claim # 472007-464 Totals : | | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |

| | | | | | | | | | |
|---|--|--|-------------------|-------------------|--|-------------------|--|--|--|
| 2014 Sub Total: Checking Account FAIRM Totals: | | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |
| 2014 Sub Total: Coverage Primary 80/20 Totals: | | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |
| 2014 Sub Total: Policy US407353 Totals: | | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |
| 2014 Sub Totals: | | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |

Underwriting Year: 2015

Policy: ICS L00600115 001

Coverage: Intercollegiate Sports

Checking Account: BRKLY

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|---------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| A., Linda; Claim: AGA-0026681; Activity: Womens Track; Diagnosis: Pain; Anatomy: Shin Splints; Date Incurred: 08/20/2015 | | | | | | | | | |
| 09/08/2015 | Philip Branson, MD | Medical Treatment | \$193.50 | \$66.33 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$97.17 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/08/2015 | Philip Branson, MD | X-Ray, Radiology | \$97.50 | \$45.71 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$44.03 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$7.76 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/08/2015 | Philip Branson, MD | X-Ray, Radiology | \$97.50 | \$45.71 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$44.03 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$7.76 | Not Covered | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 10/01/2015 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,819.00 | Write-off | | 01/21/2016 | 01/22/2016 | 70028407 |
| | | | | \$1,257.15 | Other Ins Paid | \$221.85 | 01/21/2016 | 01/22/2016 | 70028407 |
| 09/08/2015 | Philip Branson, MD | Medical Treatment | \$30.00 | \$0.00 | | \$30.00 | 01/21/2016 | 01/22/2016 | 70028365 |
| 09/08/2015 | Philip Branson, MD | X-Ray, Radiology | \$7.76 | \$0.00 | | \$7.76 | 01/21/2016 | 01/22/2016 | 70028365 |
| Claim # AGA-0026681 Totals : | | | \$3,724.26 | \$3,464.65 | | \$259.61 | | | |
| B., Kristi; Claim: AGA-0058979; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Torso; Date Incurred: 03/25/2016 | | | | | | | | | |
| 03/25/2016 | Princeton Comm Hosp | Emrg.Room | \$1,986.76 | \$220.53 | Write-off | | 07/28/2016 | 07/29/2016 | 70037391 |
| | | | | \$1,000.00 | Ded Credit | \$766.23 | 07/28/2016 | 07/29/2016 | 70037391 |
| 03/25/2016 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$795.00 | \$198.75 | Write-off | \$596.25 | 07/28/2016 | 07/29/2016 | 70037385 |
| Claim # AGA-0058979 Totals : | | | \$2,781.76 | \$1,419.28 | | \$1,362.48 | | | |
| B., Donnell; Claim: AGA-0052892; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 11/02/2015 | | | | | | | | | |
| 02/05/2016 | Excel Prosthetics & Orthotics | Orthosis | \$162.15 | \$162.15 | Ded Credit | \$0.00 | 05/06/2016 | 05/10/2016 | 99999999 |
| 02/08/2016 | Fred Morgan Do | Medical Treatment | \$105.00 | \$33.03 | Write-off | | 07/28/2016 | 07/29/2016 | 99999999 |
| | | | | \$50.97 | Other Ins Paid | | 07/28/2016 | 07/29/2016 | 99999999 |
| | | | | \$21.00 | Ded Credit | \$0.00 | 07/28/2016 | 07/29/2016 | 99999999 |
| 01/04/2016 | Fred Morgan Do | Medical Treatment | \$214.50 | \$120.88 | Write-off | | 10/14/2016 | 10/18/2016 | 99999999 |
| | | | | \$70.21 | Other Ins Paid | | 10/14/2016 | 10/18/2016 | 99999999 |
| | | | | \$23.41 | Ded Credit | \$0.00 | 10/14/2016 | 10/18/2016 | 99999999 |
| Claim # AGA-0052892 Totals : | | | \$481.65 | \$481.65 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| B., Jordan; Claim: AGA-0046218; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 01/19/2016 | | | | | | | | | |
| 01/29/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$53.17 | Write-off | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$203.83 | Ded Credit | \$0.00 | 03/16/2016 | 03/18/2016 | 99999999 |
| 01/29/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$37.94 | Write-off | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 03/16/2016 | 03/18/2016 | 99999999 |
| 03/21/2016 | Valley Anesthesia | Anesthesia | \$800.00 | \$440.00 | Write-off | | 05/26/2016 | 05/27/2016 | 70034653 |
| | | | | \$288.00 | Other Ins Paid | \$72.00 | 05/26/2016 | 05/27/2016 | 70034653 |
| 03/21/2016 | Valley Anesthesia | Anesthesia | \$790.00 | \$430.00 | Write-off | | 05/26/2016 | 05/27/2016 | 70034653 |
| | | | | \$288.00 | Other Ins Paid | \$72.00 | 05/26/2016 | 05/27/2016 | 70034653 |
| 01/29/2016 | Professional Imaging | X-Ray, Radiology | \$18.05 | \$0.00 | | \$18.05 | 05/26/2016 | 05/27/2016 | 70034544 |
| 01/29/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$203.83 | \$0.00 | | \$203.83 | 05/26/2016 | 05/27/2016 | 70034682 |
| 04/05/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$106.00 | \$66.09 | Write-off | | 05/26/2016 | 05/27/2016 | 70034731 |
| | | | | \$31.93 | Other Ins Paid | \$7.98 | 05/26/2016 | 05/27/2016 | 70034731 |
| 03/01/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | \$132.89 | 05/26/2016 | 05/27/2016 | 70034731 |
| 03/21/2016 | Sw Va Orthopedics And Spine | Surgery | \$1,849.00 | \$1,131.15 | Write-off | \$717.85 | 05/26/2016 | 05/27/2016 | 70034731 |
| 03/21/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$32,163.00 | \$28,374.46 | Write-off | | 05/26/2016 | 05/27/2016 | 70034748 |
| | | | | \$1,657.91 | Other Ins Paid | \$2,130.63 | 05/26/2016 | 05/27/2016 | 70034748 |
| 05/24/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$114.00 | \$71.88 | Write-off | | 06/28/2016 | 07/01/2016 | 70036161 |
| | | | | \$33.70 | Other Ins Paid | \$8.42 | 06/28/2016 | 07/01/2016 | 70036161 |
| 05/03/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$114.00 | \$71.88 | Write-off | | 06/28/2016 | 07/01/2016 | 70036161 |
| | | | | \$33.70 | Other Ins Paid | \$8.42 | 06/28/2016 | 07/01/2016 | 70036161 |
| 05/03/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$86.97 | Write-off | | 06/28/2016 | 07/01/2016 | 70036161 |
| | | | | \$71.23 | Other Ins Paid | \$17.80 | 06/28/2016 | 07/01/2016 | 70036161 |
| Claim # AGA-0046218 Totals : | | | \$36,909.87 | \$33,520.00 | | \$3,389.87 | | | |

| | | | | | | | | | |
|--|---------------------|-----------|-------------------|-------------------|----------------|----------------|------------|------------|----------|
| C., Garrett; Claim: AGA-0031989; Activity: Mens Football; Diagnosis: Pain; Anatomy: Neck; Date Incurred: 09/28/2015 | | | | | | | | | |
| 09/28/2015 | Princeton Comm Hosp | Emrg.Room | \$1,512.32 | \$419.16 | Write-off | | 11/18/2015 | 11/20/2015 | 70026161 |
| | | | | \$793.16 | Other Ins Paid | | 11/18/2015 | 11/20/2015 | 70026161 |
| | | | | \$206.84 | Ded Credit | \$93.16 | 11/18/2015 | 11/20/2015 | 70026161 |
| Claim # AGA-0031989 Totals : | | | \$1,512.32 | \$1,419.16 | | \$93.16 | | | |

A-G Administrators, Inc.
Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------------|------------------------|--------------------|--------------------|-------------------|-------------------|---------------|------------|--------------|
| C., Heather; Claim: AGA-0047274; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/16/2016 | | | | | | | | | |
| 02/08/2016 | First Health | First Health Repricing | \$55.24 | \$0.00 | | \$55.24 | 03/24/2016 | 03/25/2016 | 70031268 |
| 02/08/2016 | First Health | First Health Repricing | \$222.66 | \$0.00 | | \$222.66 | 03/24/2016 | 03/25/2016 | 70031368 |
| 02/08/2016 | Montgomery Radiology Associate | MRI | \$454.00 | \$368.25 | First Health Disc | \$85.75 | 03/24/2016 | 03/25/2016 | 70031297 |
| 02/08/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,484.43 | First Health Disc | | 03/24/2016 | 03/25/2016 | 70031443 |
| | | | | \$1,000.00 | Ded Credit | \$813.57 | 03/24/2016 | 03/25/2016 | 70031443 |
| 03/07/2016 | Sw Va Orthopedics And Spine | Asst.Surgeon | \$5,177.00 | \$4,959.71 | Write-off | \$217.29 | 04/19/2016 | 04/22/2016 | 70032957 |
| 03/07/2016 | Sw Va Orthopedics And Spine | Surgery | \$2,781.00 | \$1,696.47 | Write-off | \$1,084.53 | 04/19/2016 | 04/22/2016 | 70032957 |
| 03/07/2016 | Sw Va Orthopedics And Spine | Surgery | \$2,396.00 | \$1,928.44 | Write-off | \$467.56 | 04/19/2016 | 04/22/2016 | 70032957 |
| 03/07/2016 | Sw Va Orthopedics And Spine | Surgery | \$2,081.00 | \$1,675.52 | Write-off | \$405.48 | 04/19/2016 | 04/22/2016 | 70032957 |
| 02/08/2016 | Lewisgale Hos Montgomery | MRI | \$1,000.00 | \$0.00 | | \$1,000.00 | 06/01/2016 | 06/07/2016 | 70035142 |
| 03/07/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$81,122.00 | \$68,427.54 | Write-off | | 06/01/2016 | 06/07/2016 | 70035142 |
| | | | | \$8,041.33 | Other Ins Paid | \$4,653.13 | 06/01/2016 | 06/07/2016 | 70035142 |
| | Sw Va Orthopedics And Spine | | \$0.00 | \$0.00 | | -\$2,174.86 | 06/13/2016 | 06/13/2016 | 0 |
| Claim # AGA-0047274 Totals : | | | \$98,586.90 | \$91,756.55 | | \$6,830.35 | | | |

| | | | | | | | | | |
|--|------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| C., Justin; Claim: AGA-0023777; Activity: Mens Football; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 08/16/2015 | | | | | | | | | |
| 08/24/2015 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$178.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 999999999 |
| 09/07/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$123.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 999999999 |
| Claim # AGA-0023777 Totals : | | | \$301.00 | \$301.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-----------------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| D., Andrew; Claim: AGA-0048569; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 08/16/2015 | | | | | | | | | |
| 02/05/2016 | SW Virginia Orthopedics and Spine | Medical Treatment | \$379.00 | \$201.77 | Write-off | | 03/28/2016 | 03/29/2016 | 70031579 |
| | | | | \$28.34 | Other Ins Paid | \$148.89 | 03/28/2016 | 03/29/2016 | 70031579 |
| 02/24/2016 | Montgomery Radiology Associate | MRI | \$908.00 | \$754.34 | Write-off | \$153.66 | 03/29/2016 | 04/01/2016 | 70031795 |
| 02/24/2016 | Lewisgale Hos Montgomery | MRI | \$6,596.00 | \$3,451.84 | Write-off | | 04/14/2016 | 04/15/2016 | 70032592 |
| | | | | \$2,357.38 | Other Ins Paid | \$786.78 | 04/14/2016 | 04/15/2016 | 70032592 |
| 08/24/2015 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$26.70 | First Health Disc | \$151.30 | 06/10/2016 | 06/14/2016 | 70035461 |
| 08/24/2015 | First Health | First Health Repricing | \$4.01 | \$0.00 | | \$4.01 | 06/10/2016 | 06/14/2016 | 70035388 |
| 04/09/2016 | Djo Llc | Orthopedic Appliance | \$138.87 | \$56.48 | Write-off | | 08/01/2016 | 08/02/2016 | 70037437 |
| | | | | \$65.92 | Other Ins Paid | | 08/01/2016 | 08/02/2016 | 70037437 |
| | | | | \$16.47 | Not Covered | \$0.00 | 08/01/2016 | 08/02/2016 | 70037437 |
| 04/09/2016 | Djo Llc | Orthopedic Appliance | \$138.87 | \$56.48 | Write-off | | 08/01/2016 | 08/02/2016 | 70037437 |
| | | | | \$65.92 | Other Ins Paid | \$16.47 | 08/01/2016 | 08/02/2016 | 70037437 |
| Claim # AGA-0048569 Totals : | | | \$8,342.75 | \$7,081.64 | | \$1,261.11 | | | |

| | | | | | | | | | |
|---|-----------------------------|----------------------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| D., Austin; Claim: AGA-0026725; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Hand; Date Incurred: 09/19/2015 | | | | | | | | | |
| 09/22/2015 | DJO, LLC | Orthopedic Appliance | \$401.91 | \$246.62 | Write-off | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$78.12 | Other Ins Paid | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$77.17 | Ded Credit | \$0.00 | 11/16/2015 | 11/17/2015 | 99999999 |
| 09/22/2015 | Sw Va Orthopedics And Spine | Medical Treatment | \$182.00 | \$91.87 | Write-off | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$55.13 | Other Ins Paid | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 11/16/2015 | 11/17/2015 | 99999999 |
| 09/19/2015 | Lewisgale Hos Montgomery | Emrg.Room | \$2,301.00 | \$1,536.27 | Write-off | | 01/11/2016 | 01/12/2016 | 70027947 |
| | | | | \$607.53 | Other Ins Paid | | 01/11/2016 | 01/12/2016 | 70027947 |
| | | | | \$147.05 | Ded Credit | \$10.15 | 01/11/2016 | 01/12/2016 | 70027947 |
| 09/28/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$53.17 | Write-off | | 04/05/2016 | 04/05/2016 | 70031961 |
| | | | | \$183.45 | Other Ins Paid | \$20.38 | 04/05/2016 | 04/05/2016 | 70031961 |
| 10/12/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$53.17 | Write-off | | 04/05/2016 | 04/05/2016 | 70031961 |
| | | | | \$183.45 | Other Ins Paid | \$20.38 | 04/05/2016 | 04/05/2016 | 70031961 |
| 09/22/2015 | DJO, LLC | Orthopedic Appliance | \$77.17 | \$0.00 | | \$77.17 | 04/05/2016 | 04/05/2016 | 70031985 |
| 09/22/2015 | Sw Va Orthopedics And Spine | Medical Treatment | \$35.00 | \$0.00 | | \$35.00 | 04/05/2016 | 04/05/2016 | 70031955 |
| 09/19/2015 | Lewisgale Hos Montgomery | Emrg.Room | \$147.05 | \$0.00 | | \$147.05 | 04/05/2016 | 04/05/2016 | 70032006 |
| Claim # AGA-0026725 Totals : | | | \$3,658.13 | \$3,348.00 | | \$310.13 | | | |

A-G Administrators, Inc.

Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| D., Jermeil; Claim: AGA-0035033; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Hand; Date Incurred: 10/31/2015 | | | | | | | | | |
| 11/02/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$71.34 | Write-off | | 07/29/2016 | 08/02/2016 | 99999999 |
| | | | | \$51.66 | Ded Credit | \$0.00 | 07/29/2016 | 08/02/2016 | 99999999 |
| 11/02/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$514.00 | \$222.20 | Write-off | | 08/31/2016 | 09/02/2016 | 99999999 |
| | | | | \$291.80 | Ded Credit | \$0.00 | 08/31/2016 | 09/02/2016 | 99999999 |
| Claim # AGA-0035033 Totals : | | | \$637.00 | \$637.00 | | \$0.00 | | | |

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|---|----------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| D., Derek; Claim: AGA-0031674; Activity: Mens Football; Diagnosis: Dislocation; Anatomy: L-Finger; Date Incurred: 10/01/2015 | | | | | | | | | |
| 10/02/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$53.17 | Write-off | | 11/17/2015 | 11/20/2015 | 99999999 |
| | | | | \$183.45 | Other Ins Paid | | 11/17/2015 | 11/20/2015 | 99999999 |
| | | | | \$20.38 | Ded Credit | \$0.00 | 11/17/2015 | 11/20/2015 | 99999999 |
| 10/02/2015 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$15.95 | Write-off | | 12/17/2015 | 12/18/2015 | 99999999 |
| | | | | \$16.25 | Other Ins Paid | | 12/17/2015 | 12/18/2015 | 99999999 |
| | | | | \$1.80 | Ded Credit | \$0.00 | 12/17/2015 | 12/18/2015 | 99999999 |
| Claim # AGA-0031674 Totals : | | | \$291.00 | \$291.00 | | \$0.00 | | | |

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|--|-----------------------------|-------------------|-------------------|-------------------|----------------|---------------|------------|------------|----------|
| D., Derek; Claim: AGA-0053712; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Finger; Date Incurred: 04/18/2016 | | | | | | | | | |
| 04/19/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | | 06/13/2016 | 06/14/2016 | 99999999 |
| | | | | \$132.89 | Other Ins Paid | \$0.00 | 06/13/2016 | 06/14/2016 | 99999999 |
| 04/19/2016 | Sw Va Orthopedics And Spine | Surgery | \$878.00 | \$526.83 | Write-off | | 06/13/2016 | 06/14/2016 | 99999999 |
| | | | | \$326.17 | Other Ins Paid | | 06/13/2016 | 06/14/2016 | 99999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 06/13/2016 | 06/14/2016 | 99999999 |
| Claim # AGA-0053712 Totals : | | | \$1,141.00 | \$1,141.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| F., Eli; Claim: AGA-0052556; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: R-Elbow; Date Incurred: 03/06/2016 | | | | | | | | | |
| 03/11/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$123.00 | \$77.77 | Write-off | | 05/06/2016 | 05/10/2016 | 99999999 |
| | | | | \$36.19 | Other Ins Paid | | 05/06/2016 | 05/10/2016 | 99999999 |
| | | | | \$9.04 | Ded Credit | \$0.00 | 05/06/2016 | 05/10/2016 | 99999999 |
| 03/11/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | | 05/06/2016 | 05/10/2016 | 99999999 |
| | | | | \$122.89 | Other Ins Paid | | 05/06/2016 | 05/10/2016 | 99999999 |
| | | | | \$10.00 | Ded Credit | \$0.00 | 05/06/2016 | 05/10/2016 | 99999999 |
| 04/19/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$107.00 | \$53.24 | Write-off | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$43.76 | Other Ins Paid | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$10.00 | Ded Credit | \$0.00 | 06/06/2016 | 06/07/2016 | 99999999 |
| 04/01/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$107.00 | \$53.24 | Write-off | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$43.76 | Other Ins Paid | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$10.00 | Ded Credit | \$0.00 | 06/06/2016 | 06/07/2016 | 99999999 |
| 04/19/2016 | Montgomery Radiology Associate | MRI | \$571.00 | \$450.88 | Write-off | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$96.10 | Other Ins Paid | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$24.02 | Ded Credit | \$0.00 | 06/06/2016 | 06/07/2016 | 99999999 |
| 04/19/2016 | Montgomery Radiology Associate | Surgery | \$407.00 | \$329.78 | Write-off | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$61.78 | Other Ins Paid | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$15.44 | Ded Credit | \$0.00 | 06/06/2016 | 06/07/2016 | 99999999 |
| 04/19/2016 | Montgomery Radiology Associate | X-Ray, Radiology | \$167.00 | \$135.80 | Write-off | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$24.96 | Other Ins Paid | | 06/06/2016 | 06/07/2016 | 99999999 |
| | | | | \$6.24 | Ded Credit | \$0.00 | 06/06/2016 | 06/07/2016 | 99999999 |
| Claim # AGA-0052556 Totals : | | | \$1,745.00 | \$1,745.00 | | \$0.00 | | | |

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|---|---------------------|-----------|-------------------|-------------------|----------------|---------------|------------|------------|----------|
| G., Eric; Claim: AGA-0044481; Activity: Mens Football; Diagnosis: Pain; Anatomy: Head; Date Incurred: 01/20/2016 | | | | | | | | | |
| 01/20/2016 | Princeton Comm Hosp | Emrg.Room | \$1,252.00 | \$452.71 | Write-off | | 03/01/2016 | 03/04/2016 | 99999999 |
| | | | | \$674.29 | Other Ins Paid | | 03/01/2016 | 03/04/2016 | 99999999 |
| | | | | \$125.00 | Ded Credit | \$0.00 | 03/01/2016 | 03/04/2016 | 99999999 |
| Claim # AGA-0044481 Totals : | | | \$1,252.00 | \$1,252.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| G., Lacie; Claim: AGA-0032000; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/01/2015 | | | | | | | | | |
| 10/16/2015 | Montgomery Radiology Assoc | MRI | \$571.00 | \$450.88 | Write-off | | 12/11/2015 | 12/15/2015 | 99999999 |
| | | | | \$108.11 | Other Ins Paid | | 12/11/2015 | 12/15/2015 | 99999999 |
| | | | | \$12.01 | Ded Credit | \$0.00 | 12/11/2015 | 12/15/2015 | 99999999 |
| 10/16/2015 | Montgomery Radiology Assoc | Surgery | \$301.00 | \$242.89 | Write-off | | 12/11/2015 | 12/15/2015 | 99999999 |
| | | | | \$52.30 | Other Ins Paid | | 12/11/2015 | 12/15/2015 | 99999999 |
| | | | | \$5.81 | Ded Credit | \$0.00 | 12/11/2015 | 12/15/2015 | 99999999 |
| 10/16/2015 | Montgomery Radiology Assoc | X-Ray, Radiology | \$148.00 | \$116.80 | Write-off | | 12/11/2015 | 12/15/2015 | 99999999 |
| | | | | \$28.08 | Other Ins Paid | | 12/11/2015 | 12/15/2015 | 99999999 |
| | | | | \$3.12 | Ded Credit | \$0.00 | 12/11/2015 | 12/15/2015 | 99999999 |
| 10/16/2015 | Montgomery Radiology Assoc | MRI | \$12.01 | \$0.00 | | \$12.01 | 01/28/2016 | 02/02/2016 | 70028630 |
| 10/16/2015 | Montgomery Radiology Assoc | Surgery | \$5.81 | \$0.00 | | \$5.81 | 01/28/2016 | 02/02/2016 | 70028630 |
| 10/16/2015 | Montgomery Radiology Assoc | X-Ray, Radiology | \$3.12 | \$0.00 | | \$3.12 | 01/28/2016 | 02/02/2016 | 70028630 |
| 10/16/2015 | Lewisgale Hos Montgomery | Outpatient | \$7,051.00 | \$3,478.72 | Write-off | | 01/28/2016 | 02/02/2016 | 70028743 |
| | | | | \$3,215.05 | Other Ins Paid | \$357.23 | 01/28/2016 | 02/02/2016 | 70028743 |
| Claim # AGA-0032000 Totals : | | | \$8,091.94 | \$7,713.77 | | \$378.17 | | | |

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|---|----------------------|-----------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| G., Samantha; Claim: AGA-0032135; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: Head; Date Incurred: 10/26/2015 | | | | | | | | | |
| 10/26/2015 | Princeton Comm Hosp | Emrg.Room | \$2,788.82 | \$566.92 | Write-off | | 01/20/2016 | 01/22/2016 | 70028401 |
| | | | | \$2,036.70 | Other Ins Paid | \$185.20 | 01/20/2016 | 01/22/2016 | 70028401 |
| 10/26/2015 | Professional Imaging | Cat Scan | \$210.00 | \$97.77 | Write-off | | 01/20/2016 | 01/22/2016 | 70028347 |
| | | | | \$101.01 | Other Ins Paid | \$11.22 | 01/20/2016 | 01/22/2016 | 70028347 |
| 10/26/2015 | Professional Imaging | Cat Scan | \$170.00 | \$101.72 | Write-off | | 01/20/2016 | 01/22/2016 | 70028347 |
| | | | | \$61.46 | Other Ins Paid | \$6.82 | 01/20/2016 | 01/22/2016 | 70028347 |
| Claim # AGA-0032135 Totals : | | | \$3,168.82 | \$2,965.58 | | \$203.24 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------|-------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| G., Chelsea; Claim: AGA-0026728; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/09/2015 | | | | | | | | | |
| 09/21/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$35.98 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$37.02 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 10/05/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$38.81 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$34.19 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/29/2015 | Princeton Comm Hosp | Cat Scan | \$837.00 | \$424.94 | Write-off | | 12/15/2015 | 12/18/2015 | 99999999 |
| | | | | \$412.06 | Ded Credit | \$0.00 | 12/15/2015 | 12/18/2015 | 99999999 |
| 09/29/2015 | Professional Imaging | Cat Scan | \$210.00 | \$85.23 | Write-off | | 12/15/2015 | 12/18/2015 | 99999999 |
| | | | | \$124.77 | Ded Credit | \$0.00 | 12/15/2015 | 12/18/2015 | 99999999 |
| 10/26/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$72.65 | Write-off | | 01/11/2016 | 01/12/2016 | 99999999 |
| | | | | \$0.35 | Other Ins Paid | | 01/11/2016 | 01/12/2016 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 01/11/2016 | 01/12/2016 | 99999999 |
| 12/12/2015 | Professional Imaging | X-Ray, Radiology | \$44.00 | \$27.52 | Write-off | | 01/25/2016 | 01/26/2016 | 70028485 |
| | | | | \$9.89 | Other Ins Paid | | 01/25/2016 | 01/26/2016 | 70028485 |
| | | | | \$6.59 | Ded Credit | \$0.00 | 01/25/2016 | 01/26/2016 | 70028485 |
| 12/12/2015 | Professional Imaging | MRI | \$356.25 | \$104.36 | Write-off | | 01/25/2016 | 01/26/2016 | 70028485 |
| | | | | \$151.13 | Other Ins Paid | | 01/25/2016 | 01/26/2016 | 70028485 |
| | | | | \$74.00 | Ded Credit | \$26.76 | 01/25/2016 | 01/26/2016 | 70028485 |
| 09/21/2015 | Arh Southern Wv Clinic | Medical Treatment | \$50.00 | \$0.00 | | \$50.00 | 02/02/2016 | 02/05/2016 | 70028887 |
| 10/05/2015 | Arh Southern Wv Clinic | Medical Treatment | \$44.94 | \$0.00 | | \$44.94 | 02/02/2016 | 02/05/2016 | 70028887 |
| 12/12/2015 | Princeton Comm Hosp | Outpatient | \$3,587.85 | \$1,929.34 | Write-off | | 02/02/2016 | 02/05/2016 | 70028967 |
| | | | | \$94.94 | Other Ins Paid | \$1,563.57 | 02/02/2016 | 02/05/2016 | 70028967 |
| Claim # AGA-0026728 Totals : | | | \$5,499.04 | \$3,813.77 | | \$1,685.27 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|--------------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| G., Roderick; Claim: AGA-0023794; Activity: Mens Football; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 08/15/2015 | | | | | | | | | |
| 08/15/2015 | Princeton Comm Hosp | Emrg.Room | \$1,020.00 | \$126.38 | Write-off | | 10/29/2015 | 11/03/2015 | 99999999 |
| | | | | \$843.62 | Other Ins Paid | | 10/29/2015 | 11/03/2015 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 10/29/2015 | 11/03/2015 | 99999999 |
| 08/15/2015 | Princeton Comm Hosp | Deductible Reimbursement | \$50.00 | \$0.00 | | \$50.00 | 09/05/2017 | 09/06/2017 | 70049218 |
| 08/17/2015 | Philip Branson, MD | Surgery | \$1,288.00 | \$709.58 | Other Ins Paid | \$578.42 | 09/05/2017 | 09/06/2017 | 70049241 |
| 10/02/2015 | Fred Morgan Do | Orthopedic Appliance | \$499.00 | \$99.68 | Primary Adjustm | | 09/12/2017 | 09/12/2017 | 70049361 |
| | | | | \$349.32 | Other Ins Paid | \$50.00 | 09/12/2017 | 09/12/2017 | 70049361 |
| 10/28/2015 | Fred Morgan Do | X-Ray, Radiology | \$97.50 | \$97.50 | Need EOB's | \$0.00 | 09/12/2017 | 09/12/2017 | 70049361 |
| 03/04/2016 | Fred Morgan Do | Medical Treatment | \$105.00 | \$6.15 | Primary Adjustm | | 09/12/2017 | 09/12/2017 | 70049361 |
| | | | | \$68.85 | Other Ins Paid | \$30.00 | 09/12/2017 | 09/12/2017 | 70049361 |
| 03/04/2016 | Fred Morgan Do | X-Ray, Radiology | \$97.50 | \$60.96 | Primary Adjustm | | 09/12/2017 | 09/12/2017 | 70049361 |
| | | | | \$36.54 | Other Ins Paid | \$0.00 | 09/12/2017 | 09/12/2017 | 70049361 |
| Claim # AGA-0023794 Totals : | | | \$3,157.00 | \$2,448.58 | | \$708.42 | | | |

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|---|-----------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| G., Anne; Claim: AGA-0026730; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/27/2015 | | | | | | | | | |
| 09/22/2015 | Sw Va Orthopedics And Spine | Surgery | \$266.00 | \$160.61 | Write-off | | 03/10/2016 | 03/11/2016 | 99999999 |
| | | | | \$105.39 | Ded Credit | \$0.00 | 03/10/2016 | 03/11/2016 | 99999999 |
| 09/22/2015 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$132.00 | \$82.23 | Write-off | | 03/10/2016 | 03/11/2016 | 99999999 |
| | | | | \$49.77 | Ded Credit | \$0.00 | 03/10/2016 | 03/11/2016 | 99999999 |
| 09/22/2015 | Sw Va Orthopedics And Spine | Injection | \$34.00 | \$16.12 | Write-off | | 03/10/2016 | 03/11/2016 | 99999999 |
| | | | | \$17.88 | Ded Credit | \$0.00 | 03/10/2016 | 03/11/2016 | 99999999 |
| 09/22/2015 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$118.45 | Write-off | | 03/10/2016 | 03/11/2016 | 99999999 |
| | | | | \$144.55 | Ded Credit | \$0.00 | 03/10/2016 | 03/11/2016 | 99999999 |
| Claim # AGA-0026730 Totals : | | | \$695.00 | \$695.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| G., Carley; Claim: AGA-0031988; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Upper Leg; Date Incurred: 09/17/2015 | | | | | | | | | |
| 12/14/2015 | Valley Anesthesia | Anesthesia | \$1,200.00 | \$660.00 | Write-off | | 02/05/2016 | 02/09/2016 | 70029028 |
| | | | | \$500.00 | Other Ins Paid | \$40.00 | 02/05/2016 | 02/09/2016 | 70029028 |
| 12/14/2015 | Valley Anesthesia | Anesthesia | \$1,185.00 | \$645.00 | Write-off | | 02/05/2016 | 02/09/2016 | 70029028 |
| | | | | \$540.00 | Other Ins Paid | \$0.00 | 02/05/2016 | 02/09/2016 | 70029028 |
| 11/10/2015 | Montgomery Radiology Associate | MRI | \$454.00 | \$377.17 | Write-off | | 03/01/2016 | 03/04/2016 | 70030179 |
| | | | | \$13.89 | Other Ins Paid | \$62.94 | 03/01/2016 | 03/04/2016 | 70030179 |
| 11/10/2015 | Montgomery Radiology Associate | Surgery | \$681.00 | \$600.66 | Write-off | | 03/01/2016 | 03/04/2016 | 70030179 |
| | | | | \$40.34 | Other Ins Paid | \$40.00 | 03/01/2016 | 03/04/2016 | 70030179 |
| 11/10/2015 | Montgomery Radiology Associate | X-Ray, Radiology | \$167.00 | \$135.80 | Write-off | | 03/01/2016 | 03/04/2016 | 70030179 |
| | | | | \$24.96 | Other Ins Paid | \$6.24 | 03/01/2016 | 03/04/2016 | 70030179 |
| 12/16/2015 | University Physical Therapy | Phys.Therapy | \$231.00 | \$127.10 | Write-off | | 03/01/2016 | 03/04/2016 | 70030157 |
| | | | | \$68.90 | Other Ins Paid | \$35.00 | 03/01/2016 | 03/04/2016 | 70030157 |
| 12/21/2015 | University Physical Therapy | Phys.Therapy | \$217.00 | \$153.34 | Write-off | | 03/01/2016 | 03/04/2016 | 70030157 |
| | | | | \$28.66 | Other Ins Paid | \$35.00 | 03/01/2016 | 03/04/2016 | 70030157 |
| 01/06/2016 | University Physical Therapy | Phys.Therapy | \$74.00 | \$51.07 | Write-off | | 03/01/2016 | 03/04/2016 | 70030157 |
| | | | | \$7.93 | Other Ins Paid | \$15.00 | 03/01/2016 | 03/04/2016 | 70030157 |
| 12/23/2015 | University Physical Therapy | Phys.Therapy | \$73.00 | \$51.00 | Write-off | | 03/09/2016 | 03/11/2016 | 70030398 |
| | | | | \$7.00 | Other Ins Paid | \$15.00 | 03/09/2016 | 03/11/2016 | 70030398 |
| 12/18/2015 | University Physical Therapy | Phys.Therapy | \$73.00 | \$51.00 | Write-off | | 01/09/2017 | 01/10/2017 | 70042685 |
| | | | | \$7.00 | Other Ins Paid | \$15.00 | 01/09/2017 | 01/10/2017 | 70042685 |
| 12/29/2015 | University Physical Therapy | Phys.Therapy | \$146.00 | \$102.00 | Write-off | | 01/09/2017 | 01/10/2017 | 70042685 |
| | | | | \$29.00 | Other Ins Paid | \$15.00 | 01/09/2017 | 01/10/2017 | 70042685 |
| 12/31/2015 | University Physical Therapy | Phys.Therapy | \$73.00 | \$51.00 | Write-off | | 01/09/2017 | 01/10/2017 | 70042685 |
| | | | | \$7.00 | Other Ins Paid | \$15.00 | 01/09/2017 | 01/10/2017 | 70042685 |
| 01/04/2016 | University Physical Therapy | Phys.Therapy | \$73.00 | \$51.00 | Write-off | | 01/09/2017 | 01/10/2017 | 70042685 |
| | | | | \$7.00 | Other Ins Paid | \$15.00 | 01/09/2017 | 01/10/2017 | 70042685 |
| Claim # AGA-0031988 Totals : | | | \$4,647.00 | \$4,337.82 | | \$309.18 | | | |

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|--|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| G., Tiffany; Claim: AGA-0038562; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 12/14/2015 | | | | | | | | | |
| 12/15/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$257.00 | Ded Credit | \$0.00 | 01/22/2016 | 01/26/2016 | 99999999 |
| 12/15/2015 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$34.00 | Ded Credit | \$0.00 | 02/02/2016 | 02/05/2016 | 99999999 |
| Claim # AGA-0038562 Totals : | | | \$291.00 | \$291.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| H., Jordan; Claim: AGA-0031996; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: R-Wrist; Date Incurred: 09/26/2015 | | | | | | | | | |
| 10/02/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$53.17 | Write-off | | 11/18/2015 | 11/20/2015 | 99999999 |
| | | | | \$203.83 | Ded Credit | \$0.00 | 11/18/2015 | 11/20/2015 | 99999999 |
| 10/05/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$35.98 | Write-off | | 12/15/2015 | 12/18/2015 | 99999999 |
| | | | | \$47.02 | Other Ins Paid | | 12/15/2015 | 12/18/2015 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 12/15/2015 | 12/18/2015 | 99999999 |
| 10/02/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$32.94 | Write-off | | 12/15/2015 | 12/18/2015 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 12/15/2015 | 12/18/2015 | 99999999 |
| Claim # AGA-0031996 Totals : | | | \$430.99 | \$430.99 | | \$0.00 | | | |
| H., Brandon; Claim: AGA-0031991; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 09/19/2015 | | | | | | | | | |
| 10/05/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$38.81 | Write-off | | 01/13/2016 | 01/15/2016 | 99999999 |
| | | | | \$54.19 | Other Ins Paid | | 01/13/2016 | 01/15/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 01/13/2016 | 01/15/2016 | 99999999 |
| Claim # AGA-0031991 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |
| H., Brandon; Claim: AGA-0046419; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 01/20/2016 | | | | | | | | | |
| 01/28/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$357.54 | Write-off | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$279.42 | Other Ins Paid | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$31.04 | Ded Credit | \$0.00 | 03/16/2016 | 03/18/2016 | 99999999 |
| 01/28/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$36.37 | Write-off | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$17.66 | Other Ins Paid | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$1.96 | Ded Credit | \$0.00 | 03/16/2016 | 03/18/2016 | 99999999 |
| 01/28/2016 | Professional Imaging | X-Ray, Radiology | \$55.91 | \$37.86 | Write-off | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$16.25 | Other Ins Paid | | 03/16/2016 | 03/18/2016 | 99999999 |
| | | | | \$1.80 | Ded Credit | \$0.00 | 03/16/2016 | 03/18/2016 | 99999999 |
| 01/28/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$31.04 | \$0.00 | | \$31.04 | 06/03/2016 | 06/07/2016 | 70034839 |
| 01/28/2016 | Professional Imaging | X-Ray, Radiology | \$1.96 | \$0.00 | | \$1.96 | 06/03/2016 | 06/07/2016 | 70034768 |
| 01/28/2016 | Professional Imaging | X-Ray, Radiology | \$1.80 | \$0.00 | | \$1.80 | 06/03/2016 | 06/07/2016 | 70034768 |
| 02/26/2016 | Lewisgale Hos Montgomery | Outpatient | \$6,252.96 | \$4,148.41 | Write-off | | 06/03/2016 | 06/07/2016 | 70035012 |
| | | | | \$1,894.10 | Other Ins Paid | \$210.45 | 06/03/2016 | 06/07/2016 | 70035012 |
| Claim # AGA-0046419 Totals : | | | \$7,067.66 | \$6,822.41 | | \$245.25 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| H., Brandon; Claim: AGA-0053710; Activity: Mens Football; Diagnosis: Laceration; Anatomy: L-Finger; Date Incurred: 04/14/2016 | | | | | | | | | |
| 04/14/2016 | Princeton Comm Hosp | Emrg.Room | \$1,183.30 | \$485.29 | Write-off | | 07/22/2016 | 07/26/2016 | 999999999 |
| | | | | \$411.92 | Other Ins Paid | | 07/22/2016 | 07/26/2016 | 999999999 |
| | | | | \$286.09 | Ded Credit | \$0.00 | 07/22/2016 | 07/26/2016 | 999999999 |
| 04/14/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$41.86 | Write-off | | 07/22/2016 | 07/26/2016 | 999999999 |
| | | | | \$12.72 | Other Ins Paid | | 07/22/2016 | 07/26/2016 | 999999999 |
| | | | | \$1.41 | Ded Credit | \$0.00 | 07/22/2016 | 07/26/2016 | 999999999 |
| Claim # AGA-0053710 Totals : | | | \$1,239.29 | \$1,239.29 | | \$0.00 | | | |

| | | | | | | | | | |
|---|-------------------|------------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|----------|
| H., Tiko; Claim: AGA-0026678; Activity: Mens Football; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 09/05/2015 | | | | | | | | | |
| 09/05/2015 | Wheeling Hospital | Emrg.Room | \$5,392.34 | \$1,509.86 | First Health Disc | | 12/07/2015 | 12/08/2015 | 70026845 |
| | | | | \$1,000.00 | Ded Credit | \$2,882.48 | 12/07/2015 | 12/08/2015 | 70026845 |
| 09/05/2015 | First Health | First Health Repricing | \$226.48 | \$0.00 | | \$226.48 | 12/07/2015 | 12/08/2015 | 70026823 |
| Claim # AGA-0026678 Totals : | | | \$5,618.82 | \$2,509.86 | | \$3,108.96 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| H., Sarah; Claim: AGA-0053711; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 04/16/2016 | | | | | | | | | |
| 04/19/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,725.92 | Write-off | | 05/11/2016 | 05/13/2016 | 70033902 |
| | | | | \$1,000.00 | Ded Credit | \$572.08 | 05/11/2016 | 05/13/2016 | 70033902 |
| 04/19/2016 | Montgomery Radiology Associate | MRI | \$454.00 | \$377.17 | Write-off | \$76.83 | 06/10/2016 | 06/14/2016 | 70035440 |
| 04/18/2016 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$52.24 | Write-off | | 06/10/2016 | 06/14/2016 | 70035456 |
| | | | | \$107.76 | Other Ins Paid | \$50.00 | 06/10/2016 | 06/14/2016 | 70035456 |
| 04/18/2016 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$121.00 | \$55.87 | Write-off | \$65.13 | 06/10/2016 | 06/14/2016 | 70035456 |
| 05/06/2016 | Valley Anesthesia | Anesthesia | \$1,440.00 | \$792.00 | Write-off | | 06/10/2016 | 06/14/2016 | 70035476 |
| | | | | \$518.40 | Other Ins Paid | \$129.60 | 06/10/2016 | 06/14/2016 | 70035476 |
| 05/06/2016 | Valley Anesthesia | Anesthesia | \$1,422.00 | \$774.00 | Write-off | | 06/10/2016 | 06/14/2016 | 70035476 |
| | | | | \$518.40 | Other Ins Paid | \$129.60 | 06/10/2016 | 06/14/2016 | 70035476 |
| 05/06/2016 | Sw Va Orthopedics And Spine | Surgery | \$3,314.00 | \$2,022.40 | Write-off | | 06/10/2016 | 06/14/2016 | 70035481 |
| | | | | \$1,033.28 | Other Ins Paid | \$258.32 | 06/10/2016 | 06/14/2016 | 70035481 |
| 05/06/2016 | Sw Va Orthopedics And Spine | Surgery | \$2,334.00 | \$1,878.86 | Write-off | | 06/10/2016 | 06/14/2016 | 70035481 |
| | | | | \$364.11 | Other Ins Paid | \$91.03 | 06/10/2016 | 06/14/2016 | 70035481 |
| 04/19/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | | 06/10/2016 | 06/14/2016 | 70035481 |
| | | | | \$82.89 | Other Ins Paid | \$50.00 | 06/10/2016 | 06/14/2016 | 70035481 |
| 04/19/2016 | Lewisgale Hos Montgomery | MRI | \$1,000.00 | \$0.00 | | \$1,000.00 | 06/10/2016 | 06/14/2016 | 70035497 |
| 05/06/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$117,273.00 | \$107,832.34 | Write-off | | 08/09/2016 | 08/12/2016 | 70038030 |
| | | | | \$9,006.14 | Other Ins Paid | \$434.52 | 08/09/2016 | 08/12/2016 | 70038030 |
| 05/09/2016 | Winchester Medical Center | Phys.Therapy | \$1,150.00 | \$363.25 | Write-off | | 08/09/2016 | 08/12/2016 | 70037995 |
| | | | | \$629.40 | Other Ins Paid | \$157.35 | 08/09/2016 | 08/12/2016 | 70037995 |
| 09/01/2016 | Sw Va Orthopedics And Spine | Surgery | \$266.00 | \$175.10 | Write-off | | 10/18/2016 | 10/21/2016 | 70040309 |
| | | | | \$30.90 | Other Ins Paid | \$60.00 | 10/18/2016 | 10/21/2016 | 70040309 |
| 09/01/2016 | Sw Va Orthopedics And Spine | Injection | \$34.00 | \$20.34 | Write-off | \$13.66 | 10/18/2016 | 10/21/2016 | 70040309 |
| 09/01/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$86.97 | Write-off | | 10/18/2016 | 10/21/2016 | 70040309 |
| | | | | \$89.03 | Other Ins Paid | \$0.00 | 10/18/2016 | 10/21/2016 | 70040309 |
| 09/27/2016 | Montgomery Radiology Associate | MRI | \$275.00 | \$198.17 | Write-off | \$76.83 | 10/31/2016 | 11/01/2016 | 70040556 |
| 09/22/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$132.00 | \$82.34 | Write-off | \$49.66 | 10/31/2016 | 11/01/2016 | 70040582 |
| 09/22/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$86.97 | Write-off | | 10/31/2016 | 11/01/2016 | 70040582 |
| | | | | \$29.03 | Other Ins Paid | \$60.00 | 10/31/2016 | 11/01/2016 | 70040582 |
| 10/07/2016 | Valley Anesthesia | Anesthesia | \$800.00 | \$440.00 | Write-off | | 11/14/2016 | 11/15/2016 | 70041095 |
| | | | | \$288.00 | Other Ins Paid | \$72.00 | 11/14/2016 | 11/15/2016 | 70041095 |
| 10/07/2016 | Valley Anesthesia | Anesthesia | \$790.00 | \$430.00 | Write-off | | 11/14/2016 | 11/15/2016 | 70041095 |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-----------------------------|----------------------|---------------------|---------------------|------------------|--------------------|---------------|------------|--------------|
| H., Sarah; Claim: AGA-0053711; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 04/16/2016 | | | | | | | | | |
| | | | | \$288.00 | Other Ins Paid | \$72.00 | 11/14/2016 | 11/15/2016 | 70041095 |
| 09/27/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$86.97 | Write-off | | 11/14/2016 | 11/15/2016 | 70041075 |
| | | | | \$29.03 | Other Ins Paid | \$60.00 | 11/14/2016 | 11/15/2016 | 70041075 |
| 10/07/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$28,938.00 | \$23,677.92 | Write-off | | 11/14/2016 | 11/15/2016 | 70041132 |
| | | | | \$2,451.82 | Other Ins Paid | \$2,808.26 | 11/14/2016 | 11/15/2016 | 70041132 |
| 09/27/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,633.45 | Write-off | \$1,664.55 | 11/14/2016 | 11/15/2016 | 70041132 |
| 09/06/2016 | AKT Medical, Llc | Med Equipment | \$1,200.00 | \$390.00 | Disc:OccuNet | \$810.00 | 12/22/2016 | 12/23/2016 | 70042308 |
| 09/06/2016 | AKT Medical, Llc | Med Equipment | \$150.00 | \$50.00 | Disc:OccuNet | \$100.00 | 12/22/2016 | 12/23/2016 | 70042308 |
| 10/06/2016 | AKT Medical, Llc | Med Equipment | \$1,200.00 | \$390.00 | Disc:OccuNet | \$810.00 | 12/22/2016 | 12/23/2016 | 70042308 |
| 09/06/2016 | Provider Alliance Network | - | \$166.00 | \$0.00 | | \$166.00 | 12/22/2016 | 12/23/2016 | 70042255 |
| 10/07/2016 | Sideline Ortho & Sports | Surgery | \$1,366.00 | \$614.47 | Write-off | | 02/02/2017 | 02/03/2017 | 70043281 |
| | | | | \$601.22 | Other Ins Paid | \$150.31 | 02/02/2017 | 02/03/2017 | 70043281 |
| 10/20/2016 | Sideline Ortho & Sports | Surgery | \$223.00 | \$130.99 | Write-off | | 04/14/2017 | 04/18/2017 | 70045507 |
| | | | | \$29.60 | Other Ins Paid | \$62.41 | 04/14/2017 | 04/18/2017 | 70045507 |
| 11/28/2016 | Sideline Ortho & Sports | Orthopedic Appliance | \$1,100.00 | \$539.97 | Write-off | | 04/14/2017 | 04/18/2017 | 70045507 |
| | | | | \$448.02 | Other Ins Paid | \$112.01 | 04/14/2017 | 04/18/2017 | 70045507 |
| Claim # AGA-0053711 Totals : | | | \$172,745.00 | \$162,582.85 | | \$10,162.15 | | | |

| | | | | | | | | | |
|---|-----------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|-----------|
| H., Shea; Claim: AGA-0045551; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 11/02/2015 | | | | | | | | | |
| 12/17/2015 | HJ Thomas Memorial Hospital | Phys.Therapy | \$755.05 | \$755.05 | Ded Credit | \$0.00 | 03/11/2016 | 03/15/2016 | 999999999 |
| 12/16/2015 | Orthoclinic | Medical Treatment | \$70.00 | \$45.00 | Other Ins Paid | | 03/31/2016 | 04/01/2016 | 999999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 03/31/2016 | 04/01/2016 | 999999999 |
| 12/16/2015 | Orthoclinic | X-Ray, Radiology | \$74.00 | \$16.71 | Write-off | | 03/31/2016 | 04/01/2016 | 999999999 |
| | | | | \$57.29 | Ded Credit | \$0.00 | 03/31/2016 | 04/01/2016 | 999999999 |
| 01/06/2016 | Orthoclinic | Medical Treatment | \$55.00 | \$4.65 | Write-off | | 03/31/2016 | 04/01/2016 | 999999999 |
| | | | | \$25.35 | Other Ins Paid | | 03/31/2016 | 04/01/2016 | 999999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 03/31/2016 | 04/01/2016 | 999999999 |
| Claim # AGA-0045551 Totals : | | | \$954.05 | \$954.05 | | \$0.00 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|----------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| H., Jenna; Claim: AGA-0053256; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 02/11/2016 | | | | | | | | | |
| 08/08/2016 | Sportsmedicine Grant | Medical Treatment | \$76.00 | \$36.24 | Write-off | | 10/03/2016 | 10/04/2016 | 99999999 |
| | | | | \$9.76 | Other Ins Paid | | 10/03/2016 | 10/04/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 10/03/2016 | 10/04/2016 | 99999999 |
| 03/03/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/04/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/29/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/01/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/24/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/28/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/21/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/22/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/26/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/02/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/07/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/09/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/05/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/18/2016 | Sportsmedicine Grant | Orthopedic Appliance | \$800.00 | \$395.14 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$404.86 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/18/2016 | Sportsmedicine Grant | Med.Supplies | \$30.00 | \$27.35 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$2.65 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| H., Jenna; Claim: AGA-0053256; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 02/11/2016 | | | | | | | | | |
| 02/18/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/27/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$13.64 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/15/2016 | Sportsmedicine Grant | MRI | \$1,078.00 | \$750.10 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$327.90 | Ded Credit | \$0.00 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/15/2016 | Sportsmedicine Grant | X-Ray, Radiology | \$99.00 | \$69.15 | Write-off | | 01/18/2017 | 01/20/2017 | 70042980 |
| | | | | \$20.23 | Ded Credit | \$9.62 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/15/2016 | Sportsmedicine Grant | Medical Treatment | \$76.00 | \$36.24 | Write-off | \$39.76 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/20/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | \$13.64 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/25/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | \$13.64 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/18/2016 | Sportsmedicine Grant | Surgery | \$4,450.00 | \$3,499.70 | Write-off | \$950.30 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/18/2016 | Sportsmedicine Grant | Surgery | \$2,075.00 | \$1,765.34 | Write-off | \$309.66 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/18/2016 | Sportsmedicine Grant | Surgery | \$1,220.00 | \$1,034.75 | Write-off | \$185.25 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/18/2016 | Sportsmedicine Grant | Surgery | \$3,000.00 | \$2,773.58 | Write-off | \$226.42 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/19/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | \$13.64 | 01/18/2017 | 01/20/2017 | 70042980 |
| 02/23/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | \$13.64 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/06/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | \$13.64 | 01/18/2017 | 01/20/2017 | 70042980 |
| 03/08/2016 | Sportsmedicine Grant | CPM Equipment | \$75.00 | \$61.36 | Write-off | \$13.64 | 01/18/2017 | 01/20/2017 | 70042980 |
| 12/06/2016 | Sideline Ortho & Sports | Medical Treatment | \$83.00 | \$35.71 | Write-off | | 02/03/2017 | 02/07/2017 | 70043406 |
| | | | | \$17.29 | Other Ins Paid | \$30.00 | 02/03/2017 | 02/07/2017 | 70043406 |
| 08/08/2016 | Sportsmedicine Grant | Medical Treatment | \$17.29 | \$0.00 | | \$17.29 | 02/03/2017 | 02/07/2017 | 70043398 |
| Claim # AGA-0053256 Totals : | | | \$14,579.29 | \$12,729.15 | | \$1,850.14 | | | |

| | | | | | | | | | |
|---|---------------------|-----------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| H., Terry; Claim: AGA-0038307; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Ear; Date Incurred: 12/13/2015 | | | | | | | | | |
| 12/13/2015 | Princeton Comm Hosp | Emrg.Room | \$867.30 | \$867.30 | Ded Credit | \$0.00 | 01/22/2016 | 01/26/2016 | 99999999 |
| Claim # AGA-0038307 Totals : | | | \$867.30 | \$867.30 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| H., Quinn; Claim: AGA-0028830; Activity: Mens Soccer; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 09/03/2015 | | | | | | | | | |
| 09/04/2015 | Charleston Area Medical C | Outpatient | \$3,722.00 | \$223.32 | Write-off | | 11/09/2015 | 11/10/2015 | 70025729 |
| | | | | \$2,973.88 | Other Ins Paid | \$524.80 | 11/09/2015 | 11/10/2015 | 70025729 |
| 09/03/2015 | Princeton Comm Hosp | Emrg.Room | \$2,804.21 | \$582.31 | Write-off | | 11/09/2015 | 11/10/2015 | 70025735 |
| | | | | \$1,314.62 | Other Ins Paid | \$907.28 | 11/09/2015 | 11/10/2015 | 70025735 |
| 09/03/2015 | Princeton Rescue Squad | Ambulance | \$665.00 | \$327.82 | Write-off | | 11/18/2015 | 11/20/2015 | 70026136 |
| | | | | \$286.60 | Other Ins Paid | \$50.58 | 11/18/2015 | 11/20/2015 | 70026136 |
| 09/03/2015 | Princeton Rescue Squad | Ambulance | \$79.30 | \$35.13 | Write-off | | 11/18/2015 | 11/20/2015 | 70026136 |
| | | | | \$37.54 | Other Ins Paid | \$6.63 | 11/18/2015 | 11/20/2015 | 70026136 |
| 09/04/2015 | Princeton Rescue Squad | Ambulance | \$560.00 | \$276.07 | Write-off | | 11/18/2015 | 11/20/2015 | 70026136 |
| | | | | \$241.34 | Other Ins Paid | | 11/18/2015 | 11/20/2015 | 70026136 |
| | | | | \$42.59 | Not Covered | \$0.00 | 11/18/2015 | 11/20/2015 | 70026136 |
| 09/04/2015 | Princeton Rescue Squad | Ambulance | \$1,274.00 | \$564.48 | Write-off | | 11/18/2015 | 11/20/2015 | 70026136 |
| | | | | \$603.09 | Other Ins Paid | | 11/18/2015 | 11/20/2015 | 70026136 |
| | | | | \$106.43 | Not Covered | \$0.00 | 11/18/2015 | 11/20/2015 | 70026136 |
| 10/01/2015 | Centers For Rehab Services | Phys.Therapy | \$461.00 | \$187.75 | Write-off | | 12/01/2015 | 12/04/2015 | 70026614 |
| | | | | \$232.24 | Other Ins Paid | \$41.01 | 12/01/2015 | 12/04/2015 | 70026614 |
| 09/03/2015 | Greenbrier Emerg Services, Inc. | Phys.Visit | \$1,136.00 | \$886.67 | Write-off | | 12/01/2015 | 12/04/2015 | 70026608 |
| | | | | \$211.93 | Other Ins Paid | \$37.40 | 12/01/2015 | 12/04/2015 | 70026608 |
| 09/04/2015 | Associated Radiologists | MRI | \$345.00 | \$186.49 | Write-off | | 12/01/2015 | 12/04/2015 | 70026573 |
| | | | | \$134.73 | Other Ins Paid | \$23.78 | 12/01/2015 | 12/04/2015 | 70026573 |
| 09/03/2015 | Professional Imaging | Cat Scan | \$170.00 | \$101.72 | Write-off | | 12/01/2015 | 12/04/2015 | 70026588 |
| | | | | \$58.04 | Other Ins Paid | \$10.24 | 12/01/2015 | 12/04/2015 | 70026588 |
| 09/03/2015 | Professional Imaging | Cat Scan | \$210.00 | \$97.77 | Write-off | | 12/01/2015 | 12/04/2015 | 70026588 |
| | | | | \$95.40 | Other Ins Paid | \$16.83 | 12/01/2015 | 12/04/2015 | 70026588 |
| 10/01/2015 | Upmc Physician Services | Medical Treatment | \$1,419.00 | \$567.60 | Write-off | \$851.40 | 12/01/2015 | 12/04/2015 | 70026746 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$128.00 | \$64.92 | Write-off | \$63.08 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$95.00 | \$36.99 | Write-off | \$58.01 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$73.00 | \$29.86 | Write-off | \$43.14 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$66.00 | \$29.30 | Write-off | \$36.70 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$225.00 | \$121.85 | Write-off | \$103.15 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$161.00 | \$79.97 | Write-off | \$81.03 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/06/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$174.00 | \$46.73 | Write-off | \$127.27 | 03/01/2016 | 03/04/2016 | 70030266 |
| 01/11/2016 | Neuro Visual Rehabilitation Center | Medical Treatment | \$66.00 | \$29.30 | Write-off | \$36.70 | 03/09/2016 | 03/11/2016 | 70030440 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| H., Quinn; Claim: AGA-0028830; Activity: Mens Soccer; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 09/03/2015 | | | | | | | | | |
| 09/04/2015 | Joby Joseph, MD, Inc | Phys.Visit In-Hos | \$189.00 | \$12.87 | Write-off | | 06/30/2016 | 07/01/2016 | 70036149 |
| | | | | \$149.71 | Other Ins Paid | \$26.42 | 06/30/2016 | 07/01/2016 | 70036149 |
| 05/12/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$354.89 | Write-off | | 06/30/2016 | 07/01/2016 | 70036133 |
| | | | | \$100.39 | Other Ins Paid | \$17.72 | 06/30/2016 | 07/01/2016 | 70036133 |
| 05/12/2016 | Centers For Rehab Services | Phys.Therapy | \$392.00 | \$225.75 | Write-off | | 06/30/2016 | 07/01/2016 | 70036144 |
| | | | | \$141.31 | Other Ins Paid | \$24.94 | 06/30/2016 | 07/01/2016 | 70036144 |
| 09/04/2015 | Joby Joseph, MD, Inc | Phys.Visit In-Hos | \$12.87 | \$0.00 | | \$12.87 | 08/08/2016 | 08/09/2016 | 70037775 |
| Claim # AGA-0028830 Totals : | | | \$14,900.38 | \$11,799.40 | | \$3,100.98 | | | |
| J., Tannis; Claim: AGA-0029511; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 10/03/2015 | | | | | | | | | |
| 10/04/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$925.00 | \$925.00 | Ded Credit | \$0.00 | 12/04/2015 | 12/08/2015 | 99999999 |
| 10/04/2015 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$55.99 | Ded Credit | \$0.00 | 03/25/2016 | 03/29/2016 | 70031554 |
| 10/04/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$19.01 | Ded Credit | \$31.98 | 03/25/2016 | 03/29/2016 | 70031554 |
| 10/04/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$0.00 | | \$50.99 | 03/25/2016 | 03/29/2016 | 70031554 |
| Claim # AGA-0029511 Totals : | | | \$1,082.97 | \$1,000.00 | | \$82.97 | | | |
| J., Jayden; Claim: AGA-0048493; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 01/19/2016 | | | | | | | | | |
| 04/29/2016 | Community Radiology | MRI | \$1,750.00 | \$1,336.40 | Write-off | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$330.88 | Other Ins Paid | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$82.72 | Ded Credit | \$0.00 | 03/10/2017 | 03/15/2017 | 99999999 |
| 04/29/2016 | Community Radiology | X-Ray, Radiology | \$600.00 | \$510.44 | Write-off | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$71.65 | Other Ins Paid | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$17.91 | Ded Credit | \$0.00 | 03/10/2017 | 03/15/2017 | 99999999 |
| 04/29/2016 | Community Radiology | Surgery | \$500.00 | \$376.94 | Write-off | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$98.45 | Other Ins Paid | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$24.61 | Ded Credit | \$0.00 | 03/10/2017 | 03/15/2017 | 99999999 |
| 04/29/2016 | Community Radiology | Injection | \$20.00 | \$19.61 | Write-off | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$0.31 | Other Ins Paid | | 03/10/2017 | 03/15/2017 | 99999999 |
| | | | | \$0.08 | Ded Credit | \$0.00 | 03/10/2017 | 03/15/2017 | 99999999 |
| Claim # AGA-0048493 Totals : | | | \$2,870.00 | \$2,870.00 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| J., Logan; Claim: AGA-0023251; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Hand; Date Incurred: 08/20/2015 | | | | | | | | | |
| 08/20/2015 | Princeton Comm Hosp | Emrg.Room | \$1,148.16 | \$467.06 | Write-off | | 10/29/2015 | 11/03/2015 | 99999999 |
| | | | | \$556.10 | Other Ins Paid | | 10/29/2015 | 11/03/2015 | 99999999 |
| | | | | \$125.00 | Ded Credit | \$0.00 | 10/29/2015 | 11/03/2015 | 99999999 |
| 08/24/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$35.98 | Write-off | | 11/18/2015 | 11/20/2015 | 99999999 |
| | | | | \$52.02 | Other Ins Paid | | 11/18/2015 | 11/20/2015 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 11/18/2015 | 11/20/2015 | 99999999 |
| Claim # AGA-0023251 Totals : | | | \$1,271.16 | \$1,271.16 | | \$0.00 | | | |
| J., Jeremiah; Claim: AGA-0031889; Activity: Mens Football; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 10/10/2015 | | | | | | | | | |
| 10/12/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$42.61 | Write-off | | 01/08/2016 | 01/12/2016 | 99999999 |
| | | | | \$75.39 | Other Ins Paid | | 01/08/2016 | 01/12/2016 | 99999999 |
| | | | | \$5.00 | Ded Credit | \$0.00 | 01/08/2016 | 01/12/2016 | 99999999 |
| Claim # AGA-0031889 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |
| J., Jeremiah; Claim: AGA-0034794; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 10/24/2015 | | | | | | | | | |
| 10/26/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$74.24 | Write-off | | 02/03/2016 | 02/05/2016 | 99999999 |
| | | | | \$43.76 | Other Ins Paid | | 02/03/2016 | 02/05/2016 | 99999999 |
| | | | | \$5.00 | Ded Credit | \$0.00 | 02/03/2016 | 02/05/2016 | 99999999 |
| Claim # AGA-0034794 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |
| J., Darryl; Claim: AGA-0053302; Activity: Mens Football; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 04/06/2016 | | | | | | | | | |
| 04/14/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$28.53 | Write-off | | 07/29/2016 | 08/02/2016 | 99999999 |
| | | | | \$228.47 | Ded Credit | \$0.00 | 07/29/2016 | 08/02/2016 | 99999999 |
| Claim # AGA-0053302 Totals : | | | \$257.00 | \$257.00 | | \$0.00 | | | |
| J., Calvinaugh; Claim: AGA-0047382; Activity: Mens Football; Diagnosis: Laceration; Anatomy: R-Finger; Date Incurred: 09/19/2015 | | | | | | | | | |
| 09/19/2015 | Lewisgale Hos Montgomery | Emrg.Room | \$2,182.00 | \$1,457.35 | Write-off | | 03/23/2016 | 03/25/2016 | 99999999 |
| | | | | \$415.83 | Other Ins Paid | | 03/23/2016 | 03/25/2016 | 99999999 |
| | | | | \$308.82 | Ded Credit | \$0.00 | 03/23/2016 | 03/25/2016 | 99999999 |
| Claim # AGA-0047382 Totals : | | | \$2,182.00 | \$2,182.00 | | \$0.00 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| K., Bailey; Claim: AGA-0047378; Activity: Womens Track; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 01/16/2016 | | | | | | | | | |
| 01/21/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$341.77 | Write-off | | 04/06/2016 | 04/08/2016 | 999999999 |
| | | | | \$326.23 | Ded Credit | \$0.00 | 04/06/2016 | 04/08/2016 | 999999999 |
| Claim # AGA-0047378 Totals : | | | \$668.00 | \$668.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|------------------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| L., Lindsay; Claim: AGA-0042036; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/14/2015 | | | | | | | | | |
| 09/14/2015 | Philip Branson, MD | Phys.Visit | \$193.50 | \$45.76 | Write-off | | 02/10/2016 | 02/12/2016 | 999999999 |
| | | | | \$147.74 | Ded Credit | \$0.00 | 02/10/2016 | 02/12/2016 | 999999999 |
| 09/14/2015 | Philip Branson, MD | X-Ray, Radiology | \$118.50 | \$80.81 | Write-off | | 02/10/2016 | 02/12/2016 | 999999999 |
| | | | | \$37.69 | Ded Credit | \$0.00 | 02/10/2016 | 02/12/2016 | 999999999 |
| 09/22/2015 | Physical And Occ Therapy Ser | Phys.Therapy | \$170.00 | \$65.67 | Write-off | | 02/10/2016 | 02/12/2016 | 999999999 |
| | | | | \$104.33 | Ded Credit | \$0.00 | 02/10/2016 | 02/12/2016 | 999999999 |
| Claim # AGA-0042036 Totals : | | | \$482.00 | \$482.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| L., Taylor; Claim: AGA-0026714; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 09/08/2015 | | | | | | | | | |
| 10/05/2015 | Valley Anesthesia | Anesthesia | \$2,385.00 | \$1,305.00 | Write-off | | 11/17/2015 | 11/20/2015 | 70026182 |
| | | | | \$918.00 | Other Ins Paid | \$162.00 | 11/17/2015 | 11/20/2015 | 70026182 |
| 10/12/2015 | First Settlement Physical Therapy | Phys.Therapy | \$189.00 | \$121.25 | Write-off | | 11/17/2015 | 11/20/2015 | 70026154 |
| | | | | \$47.75 | Other Ins Paid | \$20.00 | 11/17/2015 | 11/20/2015 | 70026154 |
| 10/06/2015 | First Settlement Physical Therapy | Phys.Therapy | \$259.00 | \$161.38 | Write-off | | 11/17/2015 | 11/20/2015 | 70026154 |
| | | | | \$77.62 | Other Ins Paid | \$20.00 | 11/17/2015 | 11/20/2015 | 70026154 |
| 10/07/2015 | First Settlement Physical Therapy | Phys.Therapy | \$189.00 | \$121.25 | Write-off | | 11/17/2015 | 11/20/2015 | 70026154 |
| | | | | \$47.75 | Other Ins Paid | \$20.00 | 11/17/2015 | 11/20/2015 | 70026154 |
| 10/09/2015 | First Settlement Physical Therapy | Phys.Therapy | \$189.00 | \$121.25 | Write-off | | 11/17/2015 | 11/20/2015 | 70026154 |
| | | | | \$47.75 | Other Ins Paid | \$20.00 | 11/17/2015 | 11/20/2015 | 70026154 |
| 09/21/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$35.98 | Write-off | | 12/02/2015 | 12/04/2015 | 70026593 |
| | | | | \$57.02 | Other Ins Paid | \$30.00 | 12/02/2015 | 12/04/2015 | 70026593 |
| 10/05/2015 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$58,831.00 | \$53,318.83 | Write-off | | 01/07/2016 | 01/08/2016 | 70027924 |
| | | | | \$4,685.37 | Other Ins Paid | \$826.80 | 01/07/2016 | 01/08/2016 | 70027924 |
| 09/22/2015 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$132.00 | \$83.14 | Write-off | | 01/14/2016 | 01/15/2016 | 70028113 |
| | | | | \$41.54 | Other Ins Paid | \$7.32 | 01/14/2016 | 01/15/2016 | 70028113 |
| 09/22/2015 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$132.26 | Write-off | | 01/14/2016 | 01/15/2016 | 70028113 |
| | | | | \$100.74 | Other Ins Paid | \$30.00 | 01/14/2016 | 01/15/2016 | 70028113 |
| 12/28/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/05/2016 | 02/09/2016 | 70029041 |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/05/2016 | 02/09/2016 | 70029041 |
| 12/18/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/05/2016 | 02/09/2016 | 70029041 |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/05/2016 | 02/09/2016 | 70029041 |
| 12/21/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/05/2016 | 02/09/2016 | 70029041 |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/05/2016 | 02/09/2016 | 70029041 |
| 12/23/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/05/2016 | 02/09/2016 | 70029041 |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/05/2016 | 02/09/2016 | 70029041 |
| 12/16/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/10/2016 | 02/12/2016 | 70029218 |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/10/2016 | 02/12/2016 | 70029218 |
| 12/14/2015 | First Settlement Physical Therapy | Phys.Therapy | \$314.00 | \$194.43 | Write-off | | 02/10/2016 | 02/12/2016 | 70029218 |
| | | | | \$99.57 | Other Ins Paid | \$20.00 | 02/10/2016 | 02/12/2016 | 70029218 |
| 01/04/2016 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/10/2016 | 02/12/2016 | 70029218 |
| | | | | \$65.11 | Other Ins Paid | \$25.00 | 02/10/2016 | 02/12/2016 | 70029218 |
| 12/31/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/10/2016 | 02/12/2016 | 70029218 |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------------|----------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| L., Taylor; Claim: AGA-0026714; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 09/08/2015 | | | | | | | | | |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/10/2016 | 02/12/2016 | 70029218 |
| 12/30/2015 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/12/2016 | 02/17/2016 | 70029402 |
| | | | | \$70.11 | Other Ins Paid | \$20.00 | 02/12/2016 | 02/17/2016 | 70029402 |
| 01/06/2016 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 02/12/2016 | 02/17/2016 | 70029402 |
| | | | | \$65.11 | Other Ins Paid | \$25.00 | 02/12/2016 | 02/17/2016 | 70029402 |
| 01/15/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$147.00 | \$95.57 | Write-off | \$51.43 | 03/01/2016 | 03/04/2016 | 70030159 |
| 01/15/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$86.97 | Write-off | | 03/01/2016 | 03/04/2016 | 70030159 |
| | | | | \$54.03 | Other Ins Paid | \$35.00 | 03/01/2016 | 03/04/2016 | 70030159 |
| 01/08/2016 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.89 | Write-off | | 03/21/2016 | 03/22/2016 | 70031106 |
| | | | | \$65.11 | Other Ins Paid | \$25.00 | 03/21/2016 | 03/22/2016 | 70031106 |
| 09/22/2015 | Lewisgale Hos Montgomery | MRI | \$3,053.00 | \$1,511.75 | Write-off | | 03/21/2016 | 03/22/2016 | 70031161 |
| | | | | \$1,109.20 | Other Ins Paid | \$432.05 | 03/21/2016 | 03/22/2016 | 70031161 |
| 03/14/2016 | First Settlement Physical Therapy | Phys.Therapy | \$319.00 | \$198.44 | Write-off | | 04/06/2016 | 04/08/2016 | 70032129 |
| | | | | \$95.56 | Other Ins Paid | \$25.00 | 04/06/2016 | 04/08/2016 | 70032129 |
| 03/16/2016 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.31 | Write-off | | 04/06/2016 | 04/08/2016 | 70032129 |
| | | | | \$65.69 | Other Ins Paid | \$25.00 | 04/06/2016 | 04/08/2016 | 70032129 |
| 03/18/2016 | First Settlement Physical Therapy | Phys.Therapy | \$249.00 | \$158.31 | Write-off | | 04/12/2016 | 04/15/2016 | 70032425 |
| | | | | \$65.69 | Other Ins Paid | \$25.00 | 04/12/2016 | 04/15/2016 | 70032425 |
| 10/15/2015 | DJO, LLC | Orthopedic Appliance | \$695.00 | \$203.78 | Write-off | | 05/31/2016 | 06/07/2016 | 70034919 |
| | | | | \$417.54 | Other Ins Paid | \$73.68 | 05/31/2016 | 06/07/2016 | 70034919 |
| 02/02/2017 | Montgomery Radiology Associate | MRI | \$275.00 | \$196.43 | Write-off | \$78.57 | 04/03/2017 | 04/04/2017 | 70044886 |
| 02/02/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$1,897.45 | Write-off | | 04/03/2017 | 04/04/2017 | 70044999 |
| | | | | \$1,184.16 | Other Ins Paid | \$480.39 | 04/03/2017 | 04/04/2017 | 70044999 |
| Claim # AGA-0026714 Totals : | | | \$74,089.00 | \$71,491.76 | | \$2,597.24 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| L., Taylor; Claim: AGA-0047094; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 09/08/2015 | | | | | | | | | |
| 02/26/2016 | Lewisgale Hos Montgomery | X-Ray, Radiology | \$1,006.00 | \$838.46 | Write-off | | 03/21/2016 | 03/22/2016 | 99999999 |
| | | | | \$167.54 | Ded Credit | \$0.00 | 03/21/2016 | 03/22/2016 | 99999999 |
| 02/26/2016 | Ethan Colliver, DO | Consultation | \$318.00 | \$180.72 | Write-off | | 04/01/2016 | 04/05/2016 | 99999999 |
| | | | | \$102.28 | Other Ins Paid | | 04/01/2016 | 04/05/2016 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 04/01/2016 | 04/05/2016 | 99999999 |
| 02/26/2016 | Montgomery Radiology Associate | X-Ray, Radiology | \$116.00 | \$96.50 | Write-off | | 04/01/2016 | 04/05/2016 | 99999999 |
| | | | | \$19.50 | Ded Credit | \$0.00 | 04/01/2016 | 04/05/2016 | 99999999 |
| 03/09/2016 | Ethan Colliver, DO | Medical Treatment | \$168.00 | \$89.69 | Write-off | | 04/15/2016 | 04/19/2016 | 99999999 |
| | | | | \$43.31 | Other Ins Paid | | 04/15/2016 | 04/19/2016 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 04/15/2016 | 04/19/2016 | 99999999 |
| 01/15/2016 | Academic Primary Care Associat | Medical Treatment | \$201.00 | \$84.11 | Write-off | | 07/06/2016 | 07/08/2016 | 99999999 |
| | | | | \$81.89 | Other Ins Paid | | 07/06/2016 | 07/08/2016 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 07/06/2016 | 07/08/2016 | 99999999 |
| 01/15/2016 | Academic Primary Care Associat | Surgery | \$502.00 | \$402.55 | Write-off | | 07/06/2016 | 07/08/2016 | 99999999 |
| | | | | \$99.45 | Ded Credit | \$0.00 | 07/06/2016 | 07/08/2016 | 99999999 |
| 01/15/2016 | Academic Primary Care Associat | Injection | \$44.00 | \$36.76 | Write-off | | 07/06/2016 | 07/08/2016 | 99999999 |
| | | | | \$7.24 | Ded Credit | \$0.00 | 07/06/2016 | 07/08/2016 | 99999999 |
| Claim # AGA-0047094 Totals : | | | \$2,355.00 | \$2,355.00 | | \$0.00 | | | |

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|--|--------------------------------|------------------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| M., Zachery (Zach); Claim: AGA-0050326; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 02/12/2016 | | | | | | | | | |
| 03/02/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$27.15 | Write-off | | 04/05/2016 | 04/08/2016 | 99999999 |
| | | | | \$184.85 | Other Ins Paid | | 04/05/2016 | 04/08/2016 | 99999999 |
| | | | | \$45.00 | Ded Credit | \$0.00 | 04/05/2016 | 04/08/2016 | 99999999 |
| 03/02/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$45.00 | \$0.00 | | \$45.00 | 04/21/2016 | 04/22/2016 | 70032798 |
| 03/23/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,789.42 | Write-off | | 04/21/2016 | 04/22/2016 | 70032871 |
| | | | | \$1,357.72 | Other Ins Paid | \$150.86 | 04/21/2016 | 04/22/2016 | 70032871 |
| 03/23/2016 | Montgomery Radiology Associate | MRI | \$468.00 | \$392.73 | Write-off | | 05/05/2016 | 05/06/2016 | 70033397 |
| | | | | \$67.74 | Other Ins Paid | \$7.53 | 05/05/2016 | 05/06/2016 | 70033397 |
| Claim # AGA-0050326 Totals : | | | \$4,068.00 | \$3,864.61 | | \$203.39 | | | |

A-G Administrators, Inc. Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| M., Brian; Claim: AGA-0031990; Activity: Mens Football; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 09/28/2015 | | | | | | | | | |
| 09/29/2015 | Professional Imaging | X-Ray, Radiology | \$45.88 | \$33.37 | Write-off | | 11/18/2015 | 11/20/2015 | 99999999 |
| | | | | \$12.51 | Ded Credit | \$0.00 | 11/18/2015 | 11/20/2015 | 99999999 |
| 01/25/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$42.61 | Write-off | | 05/06/2016 | 05/10/2016 | 99999999 |
| | | | | \$50.39 | Other Ins Paid | | 05/06/2016 | 05/10/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 05/06/2016 | 05/10/2016 | 99999999 |
| Claim # AGA-0031990 Totals : | | | \$168.88 | \$168.88 | | \$0.00 | | | |

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|--|-----------------------------|-------------------|-----------------|-----------------|----------------|----------------|------------|------------|----------|
| M., Brian; Claim: AGA-0034333; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Hand; Date Incurred: 11/04/2015 | | | | | | | | | |
| 11/16/2015 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$21.49 | Write-off | | 01/13/2016 | 01/15/2016 | 99999999 |
| | | | | \$11.88 | Other Ins Paid | | 01/13/2016 | 01/15/2016 | 99999999 |
| | | | | \$0.63 | Ded Credit | \$0.00 | 01/13/2016 | 01/15/2016 | 99999999 |
| 11/05/2015 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$115.00 | \$68.48 | Write-off | | 03/01/2016 | 03/04/2016 | 70030099 |
| | | | | \$46.52 | Other Ins Paid | \$0.00 | 03/01/2016 | 03/04/2016 | 70030099 |
| 11/05/2015 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$126.29 | Write-off | | 03/01/2016 | 03/04/2016 | 70030099 |
| | | | | \$106.71 | Other Ins Paid | \$30.00 | 03/01/2016 | 03/04/2016 | 70030099 |
| Claim # AGA-0034333 Totals : | | | \$412.00 | \$382.00 | | \$30.00 | | | |

| | | | | | | | | | |
|--|-----------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| M., Davon; Claim: AGA-0055268; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 04/23/2016 | | | | | | | | | |
| 05/03/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$123.00 | \$96.81 | Write-off | | 08/09/2016 | 08/12/2016 | 99999999 |
| | | | | \$26.19 | Other Ins Paid | \$0.00 | 08/09/2016 | 08/12/2016 | 99999999 |
| 05/03/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$263.00 | Write-off | \$0.00 | 08/09/2016 | 08/12/2016 | 99999999 |
| Claim # AGA-0055268 Totals : | | | \$386.00 | \$386.00 | | \$0.00 | | | |

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|---|------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| M., Tristan; Claim: AGA-0046374; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 11/03/2015 | | | | | | | | | |
| 11/09/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$123.00 | Ded Credit | \$0.00 | 06/09/2016 | 06/10/2016 | 99999999 |
| Claim # AGA-0046374 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |

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|---|------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| M., Nick; Claim: AGA-0034642; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Knee; Date Incurred: 09/03/2015 | | | | | | | | | |
| 09/14/2015 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$178.00 | Ded Credit | \$0.00 | 12/04/2015 | 12/08/2015 | 99999999 |
| Claim # AGA-0034642 Totals : | | | \$178.00 | \$178.00 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|---------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| M., Marta; Claim: AGA-0039076; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 11/15/2015 | | | | | | | | | |
| 11/15/2015 | Princeton Comm Hosp | Dr.Visit-Emerg Room | \$240.00 | \$12.00 | Write-off | | 03/01/2016 | 03/04/2016 | 99999999 |
| | | | | \$228.00 | Ded Credit | \$0.00 | 03/01/2016 | 03/04/2016 | 99999999 |
| Claim # AGA-0039076 Totals : | | | \$240.00 | \$240.00 | | \$0.00 | | | |

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| M., Marta; Claim: AGA-0044497; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 12/30/2015 | | | | | | | | | |
| 12/31/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$33.40 | Write-off | | 03/11/2016 | 03/15/2016 | 99999999 |
| | | | | \$447.68 | Other Ins Paid | | 03/11/2016 | 03/15/2016 | 99999999 |
| | | | | \$186.92 | Ded Credit | \$0.00 | 03/11/2016 | 03/15/2016 | 99999999 |
| 12/31/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$38.48 | Write-off | | 03/11/2016 | 03/15/2016 | 99999999 |
| | | | | \$10.01 | Other Ins Paid | | 03/11/2016 | 03/15/2016 | 99999999 |
| | | | | \$2.50 | Ded Credit | \$0.00 | 03/11/2016 | 03/15/2016 | 99999999 |
| 12/31/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$10.54 | Other Ins Paid | | 03/11/2016 | 03/15/2016 | 99999999 |
| | | | | \$40.45 | Ded Credit | \$0.00 | 03/11/2016 | 03/15/2016 | 99999999 |
| 12/31/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$447.68 | \$447.68 | Ded Credit | \$0.00 | 05/26/2016 | 05/27/2016 | 99999999 |
| Claim # AGA-0044497 Totals : | | | \$1,217.66 | \$1,217.66 | | \$0.00 | | | |

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|-----------------|--------------------|--------------------|------------------|-----------------|---------------|------------|--------------|
| M., Shannon; Claim: AGA-0044049; Activity: Womens Basketball; Diagnosis: Dislocation; Anatomy: Shoulder; Date Incurred: 11/14/2015 | | | | | | | | | |
| 12/28/2015 | Valley Anesthesia | Anesthesia | \$960.00 | \$528.00 | Write-off | | 04/01/2016 | 04/01/2016 | 70031673 |
| | | | | \$407.00 | Other Ins Paid | \$25.00 | 04/01/2016 | 04/01/2016 | 70031673 |
| 12/28/2015 | Valley Anesthesia | Anesthesia | \$948.00 | \$516.00 | Write-off | | 04/01/2016 | 04/01/2016 | 70031673 |
| | | | | \$432.00 | Other Ins Paid | \$0.00 | 04/01/2016 | 04/01/2016 | 70031673 |
| 12/28/2015 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$44,602.00 | \$40,165.03 | Write-off | | 04/01/2016 | 04/01/2016 | 70031764 |
| | | | | \$4,332.43 | Other Ins Paid | \$104.54 | 04/01/2016 | 04/01/2016 | 70031764 |
| 12/04/2015 | Lewisgale Hos Montgomery | Outpatient | \$6,252.96 | \$5,963.43 | Write-off | | 09/22/2016 | 09/23/2016 | 70039364 |
| | | | | \$260.55 | Other Ins Paid | \$28.98 | 09/22/2016 | 09/23/2016 | 70039364 |
| Claim # AGA-0044049 Totals : | | | \$52,762.96 | \$52,604.44 | | \$158.52 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| M., Babe; Claim: AGA-0048351; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Throat; Date Incurred: 02/23/2016 | | | | | | | | | |
| 02/23/2016 | Princeton Comm Hosp | Emrg.Room | \$961.16 | \$106.68 | Write-off | | 03/29/2016 | 04/01/2016 | 99999999 |
| | | | | \$623.59 | Other Ins Paid | | 03/29/2016 | 04/01/2016 | 99999999 |
| | | | | \$230.89 | Ded Credit | \$0.00 | 03/29/2016 | 04/01/2016 | 99999999 |
| 02/23/2016 | Professional Imaging | X-Ray, Radiology | \$35.68 | \$23.60 | Write-off | | 04/06/2016 | 04/08/2016 | 99999999 |
| | | | | \$9.66 | Other Ins Paid | | 04/06/2016 | 04/08/2016 | 99999999 |
| | | | | \$2.42 | Ded Credit | \$0.00 | 04/06/2016 | 04/08/2016 | 99999999 |
| Claim # AGA-0048351 Totals : | | | \$996.84 | \$996.84 | | \$0.00 | | | |

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|--|--------------------------------|----------------------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| N., Elizabeth; Claim: AGA-0034361; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 10/22/2015 | | | | | | | | | |
| 11/02/2015 | Lewis Gale Hosp Pulaski | MRI | \$4,652.00 | \$1,604.94 | Write-off | | 12/17/2015 | 12/18/2015 | 70027342 |
| | | | | \$2,742.35 | Other Ins Paid | \$304.71 | 12/17/2015 | 12/18/2015 | 70027342 |
| 11/02/2015 | Montgomery Radiology Associate | MRI | \$454.00 | \$367.69 | Write-off | | 01/13/2016 | 01/15/2016 | 70028080 |
| | | | | \$77.68 | Other Ins Paid | \$8.63 | 01/13/2016 | 01/15/2016 | 70028080 |
| 11/03/2015 | DJO, LLC | Orthopedic Appliance | \$113.73 | \$44.26 | Write-off | | 01/13/2016 | 01/15/2016 | 70028082 |
| | | | | \$62.52 | Other Ins Paid | \$6.95 | 01/13/2016 | 01/15/2016 | 70028082 |
| 11/03/2015 | DJO, LLC | Orthopedic Appliance | \$98.12 | \$67.29 | Write-off | | 01/13/2016 | 01/15/2016 | 70028082 |
| | | | | \$27.75 | Other Ins Paid | \$3.08 | 01/13/2016 | 01/15/2016 | 70028082 |
| Claim # AGA-0034361 Totals : | | | \$5,317.85 | \$4,994.48 | | \$323.37 | | | |

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|--|--------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| N., Christopher; Claim: AGA-0041038; Activity: Mens Football; Diagnosis: Contusion; Anatomy: L-Elbow; Date Incurred: 10/20/2015 | | | | | | | | | |
| 01/04/2016 | Orthocarlina | Medical Treatment | \$275.00 | \$275.00 | Ded Credit | \$0.00 | 05/06/2016 | 05/10/2016 | 99999999 |
| 01/04/2016 | Orthocarlina | X-Ray, Radiology | \$79.00 | \$79.00 | Ded Credit | \$0.00 | 05/06/2016 | 05/10/2016 | 99999999 |
| Claim # AGA-0041038 Totals : | | | \$354.00 | \$354.00 | | \$0.00 | | | |

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|--|-------------|-----------|-------------------|-------------------|------------|-------------------|------------|------------|----------|
| O., Derrick; Claim: AGA-0053252; Activity: Mens Football; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 01/27/2016 | | | | | | | | | |
| 04/05/2016 | Beckley Arh | Emrg.Room | \$2,343.70 | \$1,000.00 | Ded Credit | \$1,343.70 | 06/14/2016 | 06/17/2016 | 70035674 |
| Claim # AGA-0053252 Totals : | | | \$2,343.70 | \$1,000.00 | | \$1,343.70 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| P., Jamal; Claim: AGA-0032152; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Wrist; Date Incurred: 10/01/2015 | | | | | | | | | |
| 10/11/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$514.00 | \$310.17 | Write-off | | 11/19/2015 | 11/20/2015 | 99999999 |
| | | | | \$146.06 | Other Ins Paid | | 11/19/2015 | 11/20/2015 | 99999999 |
| | | | | \$57.77 | Ded Credit | \$0.00 | 11/19/2015 | 11/20/2015 | 99999999 |
| Claim # AGA-0032152 Totals : | | | \$514.00 | \$514.00 | | \$0.00 | | | |

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|---|--------------------------------|----------------------|--------------------|--------------------|----------------|-------------------|------------|------------|----------|
| R., Alexandra; Claim: AGA-0050324; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Elbow; Date Incurred: 03/04/2016 | | | | | | | | | |
| 03/08/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | | 04/13/2016 | 04/15/2016 | 99999999 |
| | | | | \$106.31 | Other Ins Paid | | 04/13/2016 | 04/15/2016 | 99999999 |
| | | | | \$26.58 | Ded Credit | \$0.00 | 04/13/2016 | 04/15/2016 | 99999999 |
| 03/08/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$26.58 | \$0.00 | | \$26.58 | 04/20/2016 | 04/22/2016 | 70032761 |
| 03/05/2016 | Doctors Urgent Care Nextcare | Medical Treatment | \$170.00 | \$70.76 | Write-off | | 04/20/2016 | 04/22/2016 | 70032762 |
| | | | | \$79.39 | Other Ins Paid | \$19.85 | 04/20/2016 | 04/22/2016 | 70032762 |
| 03/05/2016 | Doctors Urgent Care Nextcare | X-Ray, Radiology | \$129.00 | \$91.60 | Write-off | | 04/20/2016 | 04/22/2016 | 70032762 |
| | | | | \$29.92 | Other Ins Paid | \$7.48 | 04/20/2016 | 04/22/2016 | 70032762 |
| 03/08/2016 | Montgomery Radiology Associate | MRI | \$456.00 | \$379.17 | Write-off | | 04/20/2016 | 04/22/2016 | 70032730 |
| | | | | \$61.46 | Other Ins Paid | \$15.37 | 04/20/2016 | 04/22/2016 | 70032730 |
| 03/22/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$176.00 | \$86.97 | Write-off | | 05/03/2016 | 05/06/2016 | 70033409 |
| | | | | \$71.22 | Other Ins Paid | \$17.81 | 05/03/2016 | 05/06/2016 | 70033409 |
| 03/08/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,725.92 | Write-off | | 05/03/2016 | 05/06/2016 | 70033530 |
| | | | | \$1,257.66 | Other Ins Paid | \$314.42 | 05/03/2016 | 05/06/2016 | 70033530 |
| 04/04/2016 | Lewisgale Hos Montgomery | Out-Pat. Surgery | \$34,795.00 | \$29,866.96 | Write-off | | 05/03/2016 | 05/06/2016 | 70033563 |
| | | | | \$3,942.42 | Other Ins Paid | \$985.62 | 05/03/2016 | 05/06/2016 | 70033563 |
| 04/04/2016 | DJO, LLC | Orthopedic Appliance | \$499.00 | \$201.11 | Write-off | | 05/09/2016 | 05/10/2016 | 70033632 |
| | | | | \$238.31 | Other Ins Paid | \$59.58 | 05/09/2016 | 05/10/2016 | 70033632 |
| 04/04/2016 | Sw Va Orthopedics And Spine | Surgery | \$2,476.00 | \$1,506.30 | Write-off | | 06/03/2016 | 06/07/2016 | 70035003 |
| | | | | \$775.76 | Other Ins Paid | \$193.94 | 06/03/2016 | 06/07/2016 | 70035003 |
| 04/04/2016 | Valley Anesthesia | Anesthesia | \$800.00 | \$440.00 | Write-off | | 06/07/2016 | 06/10/2016 | 70035263 |
| | | | | \$288.00 | Other Ins Paid | \$72.00 | 06/07/2016 | 06/10/2016 | 70035263 |
| 04/04/2016 | Valley Anesthesia | Anesthesia | \$790.00 | \$430.00 | Write-off | | 06/07/2016 | 06/10/2016 | 70035263 |
| | | | | \$288.00 | Other Ins Paid | \$72.00 | 06/07/2016 | 06/10/2016 | 70035263 |
| Claim # AGA-0050324 Totals : | | | \$43,878.58 | \$42,093.93 | | \$1,784.65 | | | |

A-G Administrators, Inc.

Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| R., Alex; Claim: AGA-0031999; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Lower Back; Date Incurred: 08/18/2015 | | | | | | | | | |
| 09/07/2015 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$178.00 | Ded Credit | \$0.00 | 01/11/2016 | 01/12/2016 | 99999999 |
| 09/21/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$123.00 | Ded Credit | \$0.00 | 01/11/2016 | 01/12/2016 | 99999999 |
| Claim # AGA-0031999 Totals : | | | \$301.00 | \$301.00 | | \$0.00 | | | |

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|---|----------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| R., Ethan; Claim: AGA-0026606; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 09/26/2015 | | | | | | | | | |
| 09/27/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$341.77 | Write-off | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$72.00 | Other Ins Paid | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$254.23 | Ded Credit | \$0.00 | 11/16/2015 | 11/17/2015 | 99999999 |
| 09/27/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$32.94 | Write-off | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 11/16/2015 | 11/17/2015 | 99999999 |
| 09/27/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$32.94 | Write-off | | 11/16/2015 | 11/17/2015 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 11/16/2015 | 11/17/2015 | 99999999 |
| Claim # AGA-0026606 Totals : | | | \$769.98 | \$769.98 | | \$0.00 | | | |

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|---|--------------------------------|---------------------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| R., Jcorey; Claim: AGA-0026693; Activity: Mens Football; Diagnosis: Heat Exhaustion; Anatomy: Heat Exhaustion; Date Incurred: 09/05/2015 | | | | | | | | | |
| 09/05/2015 | First Capital Emerg Physicians | Dr.Visit-Emerg Room | \$1,477.00 | \$1,227.67 | Write-off | | 01/14/2016 | 01/15/2016 | 99999999 |
| | | | | \$199.47 | Other Ins Paid | | 01/14/2016 | 01/15/2016 | 99999999 |
| | | | | \$49.86 | Ded Credit | \$0.00 | 01/14/2016 | 01/15/2016 | 99999999 |
| 09/05/2015 | Wheeling Hospital | Emrg.Room | \$1,340.19 | \$1,038.20 | Other Ins Paid | \$301.99 | 01/09/2017 | 01/10/2017 | 70042717 |
| 09/05/2015 | First Capital Emerg Physicians | Dr.Visit-Emerg Room | \$49.86 | \$0.00 | | \$49.86 | 01/09/2017 | 01/10/2017 | 70042678 |
| Claim # AGA-0026693 Totals : | | | \$2,867.05 | \$2,515.20 | | \$351.85 | | | |

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|--|----------------------|------------------|-------------------|-------------------|----------------|---------------|------------|------------|----------|
| R., Lisette; Claim: AGA-0039037; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 10/16/2015 | | | | | | | | | |
| 10/19/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$53.17 | Write-off | | 02/23/2016 | 02/26/2016 | 99999999 |
| | | | | \$203.83 | Ded Credit | \$0.00 | 02/23/2016 | 02/26/2016 | 99999999 |
| 10/30/2015 | Community Radiology | MRI | \$1,250.00 | \$778.17 | Write-off | | 03/01/2016 | 03/04/2016 | 99999999 |
| | | | | \$446.83 | Other Ins Paid | | 03/01/2016 | 03/04/2016 | 99999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 03/01/2016 | 03/04/2016 | 99999999 |
| 10/19/2015 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$37.94 | Write-off | | 03/01/2016 | 03/04/2016 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 03/01/2016 | 03/04/2016 | 99999999 |
| Claim # AGA-0039037 Totals : | | | \$1,562.99 | \$1,562.99 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| R., Michael; Claim: AGA-0053707; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 03/26/2016 | | | | | | | | | |
| 04/06/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$189.51 | Write-off | | 05/10/2016 | 05/13/2016 | 99999999 |
| | | | | \$53.99 | Other Ins Paid | | 05/10/2016 | 05/13/2016 | 99999999 |
| | | | | \$13.50 | Ded Credit | \$0.00 | 05/10/2016 | 05/13/2016 | 99999999 |
| 04/11/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$47.90 | Write-off | | 06/17/2016 | 06/21/2016 | 99999999 |
| | | | | \$35.10 | Other Ins Paid | | 06/17/2016 | 06/21/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 06/17/2016 | 06/21/2016 | 99999999 |
| 04/06/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$47.17 | Write-off | | 06/17/2016 | 06/21/2016 | 99999999 |
| | | | | \$7.06 | Other Ins Paid | | 06/17/2016 | 06/21/2016 | 99999999 |
| | | | | \$1.76 | Ded Credit | \$0.00 | 06/17/2016 | 06/21/2016 | 99999999 |
| Claim # AGA-0053707 Totals : | | | \$435.99 | \$435.99 | | \$0.00 | | | |

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|---|--------------------------|-----|-------------------|-------------------|------------|-----------------|------------|------------|----------|
| S., Madison; Claim: AGA-0044761; Activity: Womens Track; Diagnosis: Swelling; Anatomy: R-Knee; Date Incurred: 01/16/2016 | | | | | | | | | |
| 01/19/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$2,152.36 | Write-off | | 03/03/2016 | 03/04/2016 | 70030202 |
| | | | | \$1,000.00 | Ded Credit | \$145.64 | 03/03/2016 | 03/04/2016 | 70030202 |
| Claim # AGA-0044761 Totals : | | | \$3,298.00 | \$3,152.36 | | \$145.64 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|---------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| S., Hunter; Claim: AGA-0026677; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 08/25/2015 | | | | | | | | | |
| 09/08/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$562.57 | Write-off | | 11/04/2015 | 11/06/2015 | 99999999 |
| | | | | \$84.34 | Other Ins Paid | | 11/04/2015 | 11/06/2015 | 99999999 |
| | | | | \$21.09 | Ded Credit | \$0.00 | 11/04/2015 | 11/06/2015 | 99999999 |
| 09/08/2015 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$47.13 | Write-off | | 11/04/2015 | 11/06/2015 | 99999999 |
| | | | | \$7.09 | Other Ins Paid | | 11/04/2015 | 11/06/2015 | 99999999 |
| | | | | \$1.77 | Ded Credit | \$0.00 | 11/04/2015 | 11/06/2015 | 99999999 |
| 09/08/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$40.36 | Write-off | | 11/04/2015 | 11/06/2015 | 99999999 |
| | | | | \$8.50 | Other Ins Paid | | 11/04/2015 | 11/06/2015 | 99999999 |
| | | | | \$2.13 | Ded Credit | \$0.00 | 11/04/2015 | 11/06/2015 | 99999999 |
| 09/07/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$51.45 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$31.55 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/14/2015 | Arh Southern Wv Clinic | Surgery | \$189.00 | \$128.08 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$48.74 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$12.18 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/14/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$80.50 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$2.50 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/14/2015 | Arh Southern Wv Clinic | Injection | \$12.00 | \$8.65 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$2.68 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$0.67 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/21/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$51.45 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$31.55 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 09/23/2015 | Beckley Arh | Emrg.Room | \$1,883.00 | \$1,529.70 | Write-off | | 12/09/2015 | 12/11/2015 | 99999999 |
| | | | | \$202.64 | Other Ins Paid | | 12/09/2015 | 12/11/2015 | 99999999 |
| | | | | \$150.66 | Ded Credit | \$0.00 | 12/09/2015 | 12/11/2015 | 99999999 |
| 09/23/2015 | Beckley Med Imaging | Cat Scan | \$290.00 | \$237.58 | Write-off | | 12/23/2015 | 12/23/2015 | 99999999 |
| | | | | \$41.94 | Other Ins Paid | | 12/23/2015 | 12/23/2015 | 99999999 |
| | | | | \$10.48 | Ded Credit | \$0.00 | 12/23/2015 | 12/23/2015 | 99999999 |
| 09/23/2015 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$809.00 | \$673.34 | Write-off | | 02/10/2016 | 02/12/2016 | 99999999 |
| | | | | \$108.53 | Other Ins Paid | | 02/10/2016 | 02/12/2016 | 99999999 |
| | | | | \$27.13 | Ded Credit | \$0.00 | 02/10/2016 | 02/12/2016 | 99999999 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| S., Hunter; Claim: AGA-0026677; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 08/25/2015 | | | | | | | | | |
| 09/08/2015 | Professional Imaging | X-Ray, Radiology | \$1.77 | \$0.00 | | \$1.77 | 02/17/2016 | 02/19/2016 | 70029511 |
| 09/08/2015 | Professional Imaging | X-Ray, Radiology | \$2.13 | \$0.00 | | \$2.13 | 02/17/2016 | 02/19/2016 | 70029511 |
| 09/23/2015 | Beckley Arh | Emrg.Room | \$7.43 | \$0.00 | | \$7.43 | 02/17/2016 | 02/19/2016 | 70029514 |
| 10/20/2015 | W Va Orthotic | Orthosis | \$426.30 | \$114.92 | Write-off | | 02/17/2016 | 02/19/2016 | 70029575 |
| | | | | \$249.10 | Other Ins Paid | \$62.28 | 02/17/2016 | 02/19/2016 | 70029575 |
| 09/08/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$21.09 | \$0.00 | | \$21.09 | 02/17/2016 | 02/19/2016 | 70029535 |
| 09/07/2015 | Arh Southern Wv Clinic | Medical Treatment | \$40.00 | \$0.00 | | \$40.00 | 02/17/2016 | 02/19/2016 | 70029599 |
| 09/14/2015 | Arh Southern Wv Clinic | Surgery | \$12.18 | \$0.00 | | \$12.18 | 02/17/2016 | 02/19/2016 | 70029599 |
| 09/14/2015 | Arh Southern Wv Clinic | Medical Treatment | \$40.00 | \$0.00 | | \$40.00 | 02/17/2016 | 02/19/2016 | 70029599 |
| 09/14/2015 | Arh Southern Wv Clinic | Injection | \$0.67 | \$0.00 | | \$0.67 | 02/17/2016 | 02/19/2016 | 70029599 |
| 09/21/2015 | Arh Southern Wv Clinic | Medical Treatment | \$40.00 | \$0.00 | | \$40.00 | 02/17/2016 | 02/19/2016 | 70029599 |
| Claim # AGA-0026677 Totals : | | | \$4,918.55 | \$4,691.00 | | \$227.55 | | | |

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|---|----------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| S., Luis; Claim: AGA-0031994; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Finger; Date Incurred: 08/14/2015 | | | | | | | | | |
| 10/02/2015 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$29.10 | Other Ins Paid | | 05/05/2016 | 05/06/2016 | 99999999 |
| | | | | \$26.89 | Ded Credit | \$0.00 | 05/05/2016 | 05/06/2016 | 99999999 |
| 10/02/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$19.60 | Other Ins Paid | | 06/02/2016 | 06/07/2016 | 99999999 |
| | | | | \$237.40 | Ded Credit | \$0.00 | 06/02/2016 | 06/07/2016 | 99999999 |
| Claim # AGA-0031994 Totals : | | | \$312.99 | \$312.99 | | \$0.00 | | | |

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|---|------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| S., Luis; Claim: AGA-0068735; Activity: Mens Football; Diagnosis: Bursitis; Anatomy: R-Knee; Date Incurred: 10/10/2015 | | | | | | | | | |
| 10/12/2015 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$95.00 | Write-off | | 10/12/2016 | 10/14/2016 | 99999999 |
| | | | | \$28.00 | Ded Credit | \$0.00 | 10/12/2016 | 10/14/2016 | 99999999 |
| Claim # AGA-0068735 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| S., John; Claim: AGA-0026731; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Wrist; Date Incurred: 09/23/2015 | | | | | | | | | |
| 09/24/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$514.00 | \$41.12 | Write-off | | 11/10/2015 | 11/13/2015 | 99999999 |
| | | | | \$472.88 | Ded Credit | \$0.00 | 11/10/2015 | 11/13/2015 | 99999999 |
| 09/24/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$50.99 | Ded Credit | \$0.00 | 11/19/2015 | 11/20/2015 | 99999999 |
| 09/24/2015 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$34.00 | Ded Credit | \$0.00 | 11/19/2015 | 11/20/2015 | 99999999 |
| 09/29/2015 | Ihpci Services | Medical Treatment | \$122.00 | \$66.60 | Write-off | | 11/19/2015 | 11/20/2015 | 99999999 |
| | | | | \$55.40 | Ded Credit | \$0.00 | 11/19/2015 | 11/20/2015 | 99999999 |
| 09/29/2015 | Ihpci Services | X-Ray, Radiology | \$169.00 | \$142.48 | Write-off | | 11/19/2015 | 11/20/2015 | 99999999 |
| | | | | \$6.92 | Other Ins Paid | | 11/19/2015 | 11/20/2015 | 99999999 |
| | | | | \$19.60 | Ded Credit | \$0.00 | 11/19/2015 | 11/20/2015 | 99999999 |
| Claim # AGA-0026731 Totals : | | | \$889.99 | \$889.99 | | \$0.00 | | | |

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|--|----------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| S., Taylor; Claim: AGA-0031910; Activity: Mens Basketball; Diagnosis: Dislocation; Anatomy: L-Finger; Date Incurred: 10/20/2015 | | | | | | | | | |
| 10/20/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$191.13 | Write-off | | 12/04/2015 | 12/08/2015 | 99999999 |
| | | | | \$52.70 | Other Ins Paid | | 12/04/2015 | 12/08/2015 | 99999999 |
| | | | | \$13.17 | Ded Credit | \$0.00 | 12/04/2015 | 12/08/2015 | 99999999 |
| 10/20/2015 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$24.79 | Write-off | | 12/18/2015 | 12/23/2015 | 99999999 |
| | | | | \$7.37 | Other Ins Paid | | 12/18/2015 | 12/23/2015 | 99999999 |
| | | | | \$1.84 | Ded Credit | \$0.00 | 12/18/2015 | 12/23/2015 | 99999999 |
| Claim # AGA-0031910 Totals : | | | \$291.00 | \$291.00 | | \$0.00 | | | |

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|--|------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| S., Timothy; Claim: AGA-0034254; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 10/31/2015 | | | | | | | | | |
| 11/01/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$257.00 | \$257.00 | Ded Credit | \$0.00 | 12/03/2015 | 12/04/2015 | 99999999 |
| 11/01/2015 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$55.99 | Ded Credit | \$0.00 | 12/10/2015 | 12/11/2015 | 99999999 |
| 11/02/2015 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$178.00 | Ded Credit | \$0.00 | 01/11/2016 | 01/12/2016 | 99999999 |
| Claim # AGA-0034254 Totals : | | | \$490.99 | \$490.99 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| S., Taylor; Claim: AGA-0047324; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 02/04/2016 | | | | | | | | | |
| 02/08/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$600.51 | Write-off | | 03/22/2016 | 03/25/2016 | 99999999 |
| | | | | \$53.99 | Other Ins Paid | | 03/22/2016 | 03/25/2016 | 99999999 |
| | | | | \$13.50 | Ded Credit | \$0.00 | 03/22/2016 | 03/25/2016 | 99999999 |
| 02/08/2016 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$41.82 | Write-off | | 03/22/2016 | 03/25/2016 | 99999999 |
| | | | | \$7.34 | Other Ins Paid | | 03/22/2016 | 03/25/2016 | 99999999 |
| | | | | \$1.83 | Ded Credit | \$0.00 | 03/22/2016 | 03/25/2016 | 99999999 |
| 02/08/2016 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$42.17 | Write-off | | 03/22/2016 | 03/25/2016 | 99999999 |
| | | | | \$7.06 | Other Ins Paid | | 03/22/2016 | 03/25/2016 | 99999999 |
| | | | | \$1.76 | Ded Credit | \$0.00 | 03/22/2016 | 03/25/2016 | 99999999 |
| Claim # AGA-0047324 Totals : | | | \$769.98 | \$769.98 | | \$0.00 | | | |

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|---|----------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|----------|
| S., Paul; Claim: AGA-0048746; Activity: Mens Football; Diagnosis: Tear; Anatomy: L-Shoulder; Date Incurred: 02/22/2016 | | | | | | | | | |
| 03/30/2016 | Beckley Med Imaging | Cat Scan | \$300.00 | \$300.00 | Ded Credit | \$0.00 | 04/15/2016 | 04/19/2016 | 99999999 |
| 04/18/2016 | Raleigh Radiology | MRI | \$369.00 | \$369.00 | Ded Credit | \$0.00 | 05/12/2016 | 05/13/2016 | 99999999 |
| 03/30/2016 | Three Rivers Prov Network | TRPN Fee | \$14.56 | \$0.00 | | \$14.56 | 05/12/2016 | 05/13/2016 | 70033748 |
| 04/18/2016 | First Health | First Health Repricing | \$42.43 | \$0.00 | | \$42.43 | 05/12/2016 | 05/13/2016 | 70033779 |
| 04/18/2016 | Raleigh General Hospital | MRI | \$1,885.75 | \$282.86 | First Health Disc | \$1,602.89 | 05/12/2016 | 05/13/2016 | 70033926 |
| 03/30/2016 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$1,213.00 | \$121.30 | Disc:TRPN | | 05/12/2016 | 05/13/2016 | 70033909 |
| | | | | \$331.00 | Ded Credit | \$760.70 | 05/12/2016 | 05/13/2016 | 70033909 |
| Claim # AGA-0048746 Totals : | | | \$3,824.74 | \$1,404.16 | | \$2,420.58 | | | |

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|---|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| S., Ryan; Claim: AGA-0031912; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 10/17/2015 | | | | | | | | | |
| 10/19/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$341.77 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$326.23 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| 10/19/2015 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$36.37 | Write-off | | 12/17/2015 | 12/18/2015 | 99999999 |
| | | | | \$19.62 | Ded Credit | \$0.00 | 12/17/2015 | 12/18/2015 | 99999999 |
| 10/19/2015 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$32.94 | Write-off | | 12/17/2015 | 12/18/2015 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 12/17/2015 | 12/18/2015 | 99999999 |
| Claim # AGA-0031912 Totals : | | | \$774.98 | \$774.98 | | \$0.00 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| T., Ashleigh; Claim: AGA-0023781; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/17/2015 | | | | | | | | | |
| 09/02/2015 | Orthopedic Healthcare Assoc | Medical Treatment | \$200.00 | \$72.83 | Write-off | | 10/28/2015 | 11/03/2015 | 70025241 |
| | | | | \$114.45 | Other Ins Paid | \$12.72 | 10/28/2015 | 11/03/2015 | 70025241 |
| 09/02/2015 | Orthopedic Healthcare Assoc | Surgery | \$165.00 | \$76.51 | Write-off | | 10/28/2015 | 11/03/2015 | 70025241 |
| | | | | \$79.64 | Other Ins Paid | \$8.85 | 10/28/2015 | 11/03/2015 | 70025241 |
| 09/02/2015 | Orthopedic Healthcare Assoc | Injection | \$30.00 | \$24.00 | Write-off | | 10/28/2015 | 11/03/2015 | 70025241 |
| | | | | \$5.40 | Other Ins Paid | \$0.60 | 10/28/2015 | 11/03/2015 | 70025241 |
| 09/02/2015 | Orthopedic Healthcare Assoc | Injection | \$4.00 | \$2.42 | Write-off | | 10/28/2015 | 11/03/2015 | 70025241 |
| | | | | \$1.42 | Other Ins Paid | \$0.16 | 10/28/2015 | 11/03/2015 | 70025241 |
| 09/02/2015 | Orthopedic Healthcare Assoc | X-Ray, Radiology | \$100.00 | \$34.87 | Write-off | | 10/28/2015 | 11/03/2015 | 70025241 |
| | | | | \$58.62 | Other Ins Paid | \$6.51 | 10/28/2015 | 11/03/2015 | 70025241 |
| 09/02/2015 | Charleston Area Medical C | MRI | \$2,101.00 | \$126.06 | Write-off | | 10/28/2015 | 11/03/2015 | 70025376 |
| | | | | \$1,777.45 | Other Ins Paid | \$197.49 | 10/28/2015 | 11/03/2015 | 70025376 |
| 09/15/2015 | Orthopedic Healthcare Assoc | Medical Treatment | \$120.00 | \$35.81 | Write-off | | 01/06/2016 | 01/08/2016 | 70027757 |
| | | | | \$75.77 | Other Ins Paid | \$8.42 | 01/06/2016 | 01/08/2016 | 70027757 |
| 12/14/2015 | General Anesthesia | Anesthesia | \$750.00 | \$148.46 | Write-off | | 01/28/2016 | 02/02/2016 | 70028669 |
| | | | | \$541.39 | Other Ins Paid | \$60.15 | 01/28/2016 | 02/02/2016 | 70028669 |
| 12/14/2015 | Charleston Area Medical C | Anesthesia | \$692.00 | \$463.48 | Write-off | | 02/05/2016 | 02/09/2016 | 70029006 |
| | | | | \$205.67 | Other Ins Paid | \$22.85 | 02/05/2016 | 02/09/2016 | 70029006 |
| 12/14/2015 | Orthopedic Healthcare Assoc | Surgery | \$2,650.00 | \$1,289.44 | Write-off | | 02/10/2016 | 02/12/2016 | 70029248 |
| | | | | \$1,224.50 | Other Ins Paid | \$136.06 | 02/10/2016 | 02/12/2016 | 70029248 |
| 01/04/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$130.00 | \$24.61 | Write-off | \$105.39 | 03/16/2016 | 03/18/2016 | 70031029 |
| 02/11/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 03/16/2016 | 03/18/2016 | 70031029 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 03/16/2016 | 03/18/2016 | 70031029 |
| 02/01/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 03/16/2016 | 03/18/2016 | 70031029 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 03/16/2016 | 03/18/2016 | 70031029 |
| 01/26/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$160.00 | \$46.97 | Write-off | | 03/16/2016 | 03/18/2016 | 70031029 |
| | | | | \$90.43 | Other Ins Paid | \$22.60 | 03/16/2016 | 03/18/2016 | 70031029 |
| 01/06/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$160.00 | \$46.97 | Write-off | \$113.03 | 03/16/2016 | 03/18/2016 | 70031029 |
| 01/08/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$160.00 | \$46.97 | Write-off | \$113.03 | 03/16/2016 | 03/18/2016 | 70031029 |
| 01/18/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$160.00 | \$46.97 | Write-off | | 03/16/2016 | 03/18/2016 | 70031029 |
| | | | | \$46.01 | Other Ins Paid | \$67.02 | 03/16/2016 | 03/18/2016 | 70031029 |
| 01/11/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$160.00 | \$46.97 | Write-off | \$113.03 | 03/16/2016 | 03/18/2016 | 70031029 |
| 02/25/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$176.00 | \$47.76 | Write-off | | 03/29/2016 | 04/01/2016 | 70031726 |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| T., Ashleigh; Claim: AGA-0023781; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/17/2015 | | | | | | | | | |
| | | | | \$102.60 | Other Ins Paid | \$25.64 | 03/29/2016 | 04/01/2016 | 70031726 |
| 02/18/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$176.00 | \$47.76 | Write-off | | 03/29/2016 | 04/01/2016 | 70031726 |
| | | | | \$102.60 | Other Ins Paid | \$25.64 | 03/29/2016 | 04/01/2016 | 70031726 |
| 03/04/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 04/07/2016 | 04/08/2016 | 70032131 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 04/07/2016 | 04/08/2016 | 70032131 |
| 03/07/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 04/07/2016 | 04/08/2016 | 70032131 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 04/07/2016 | 04/08/2016 | 70032131 |
| 03/16/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 04/15/2016 | 04/19/2016 | 70032632 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 04/15/2016 | 04/19/2016 | 70032632 |
| 03/18/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$130.00 | \$33.82 | Write-off | | 04/20/2016 | 04/22/2016 | 70032788 |
| | | | | \$76.95 | Other Ins Paid | \$19.23 | 04/20/2016 | 04/22/2016 | 70032788 |
| 03/21/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$130.00 | \$33.82 | Write-off | | 04/20/2016 | 04/22/2016 | 70032788 |
| | | | | \$76.95 | Other Ins Paid | \$19.23 | 04/20/2016 | 04/22/2016 | 70032788 |
| 12/07/2015 | Charleston Area Medical C | Out-Pat.Surgery | \$9,048.52 | \$542.86 | Write-off | | 05/09/2016 | 05/10/2016 | 70033709 |
| | | | | \$7,655.08 | Other Ins Paid | \$850.58 | 05/09/2016 | 05/10/2016 | 70033709 |
| 03/29/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$126.00 | \$29.82 | Write-off | | 05/09/2016 | 05/10/2016 | 70033604 |
| | | | | \$76.94 | Other Ins Paid | \$19.24 | 05/09/2016 | 05/10/2016 | 70033604 |
| 05/02/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$126.00 | \$29.82 | Write-off | | 06/13/2016 | 06/14/2016 | 70035443 |
| | | | | \$76.94 | Other Ins Paid | \$19.24 | 06/13/2016 | 06/14/2016 | 70035443 |
| 04/20/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 06/13/2016 | 06/14/2016 | 70035443 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 06/13/2016 | 06/14/2016 | 70035443 |
| 04/05/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$126.00 | \$29.82 | Write-off | | 06/13/2016 | 06/14/2016 | 70035443 |
| | | | | \$76.94 | Other Ins Paid | \$19.24 | 06/13/2016 | 06/14/2016 | 70035443 |
| 04/25/2016 | Mountaineer Physical Therapy | Phys.Therapy | \$172.00 | \$43.76 | Write-off | | 06/13/2016 | 06/14/2016 | 70035443 |
| | | | | \$102.59 | Other Ins Paid | \$25.65 | 06/13/2016 | 06/14/2016 | 70035443 |
| 07/12/2016 | Orthopedic Healthcare Assoc | Medical Treatment | \$120.00 | \$35.81 | Write-off | | 08/23/2016 | 08/26/2016 | 70038442 |
| | | | | \$67.35 | Other Ins Paid | \$16.84 | 08/23/2016 | 08/26/2016 | 70038442 |
| Claim # AGA-0023781 Totals : | | | \$19,104.52 | \$16,922.18 | | \$2,182.34 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| T., Kaylee; Claim: AGA-0031993; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 09/30/2015 | | | | | | | | | |
| 10/02/2015 | Princeton Comm Hosp | X-Ray, Radiology | \$668.00 | \$357.54 | Write-off | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$275.46 | Other Ins Paid | | 12/02/2015 | 12/04/2015 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 12/02/2015 | 12/04/2015 | 99999999 |
| Claim # AGA-0031993 Totals : | | | \$668.00 | \$668.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|---------------------------|---------------------|-------------------|-------------------|----------------|---------------|------------|------------|----------|
| T., Tyron; Claim: AGA-0047600; Activity: Mens Football; Diagnosis: Spasms; Anatomy: Lower Back; Date Incurred: 01/22/2016 | | | | | | | | | |
| 01/22/2016 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$794.00 | \$626.88 | Write-off | | 05/05/2016 | 05/06/2016 | 99999999 |
| | | | | \$150.41 | Other Ins Paid | | 05/05/2016 | 05/06/2016 | 99999999 |
| | | | | \$16.71 | Ded Credit | \$0.00 | 05/05/2016 | 05/06/2016 | 99999999 |
| 01/22/2016 | Princeton Rescue Squad | Ambulance | \$560.00 | \$259.03 | Write-off | | 06/03/2016 | 06/07/2016 | 99999999 |
| | | | | \$300.97 | Ded Credit | \$0.00 | 06/03/2016 | 06/07/2016 | 99999999 |
| 01/22/2016 | Princeton Rescue Squad | Ambulance | \$117.00 | \$47.97 | Write-off | | 06/03/2016 | 06/07/2016 | 99999999 |
| | | | | \$69.03 | Ded Credit | \$0.00 | 06/03/2016 | 06/07/2016 | 99999999 |
| Claim # AGA-0047600 Totals : | | | \$1,471.00 | \$1,471.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|--------------------|------------------|----------------|----------------|------------|---------------|------------|------------|----------|
| W., Tyshaun; Claim: AGA-0026705; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Finger; Date Incurred: 08/14/2015 | | | | | | | | | |
| 10/20/2015 | Philip Branson, MD | X-Ray, Radiology | \$76.50 | \$76.50 | Ded Credit | \$0.00 | 03/11/2016 | 03/15/2016 | 99999999 |
| Claim # AGA-0026705 Totals : | | | \$76.50 | \$76.50 | | \$0.00 | | | |

| | | | | | | | | | |
|--|---------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| W., Aaron; Claim: AGA-0050323; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Finger; Date Incurred: 03/20/2016 | | | | | | | | | |
| 03/22/2016 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$97.87 | Write-off | | 06/01/2016 | 06/07/2016 | 99999999 |
| | | | | \$87.13 | Other Ins Paid | | 06/01/2016 | 06/07/2016 | 99999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 06/01/2016 | 06/07/2016 | 99999999 |
| 03/22/2016 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$113.00 | \$84.79 | Write-off | | 06/01/2016 | 06/07/2016 | 99999999 |
| | | | | \$28.21 | Ded Credit | \$0.00 | 06/01/2016 | 06/07/2016 | 99999999 |
| 03/22/2016 | Medexpress Urgent Care Wv | Casting/Splinting | \$25.00 | \$23.24 | Write-off | | 06/01/2016 | 06/07/2016 | 99999999 |
| | | | | \$1.76 | Ded Credit | \$0.00 | 06/01/2016 | 06/07/2016 | 99999999 |
| Claim # AGA-0050323 Totals : | | | \$348.00 | \$348.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|---------------------|-------------------|-------------------|------------------|----------------|---------------|------------|--------------|
| W., Aaron; Claim: AGA-0053249; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Face; Date Incurred: 04/10/2016 | | | | | | | | | |
| 04/10/2016 | Berkeley Medical Center | Emrg.Room | \$150.96 | \$29.43 | Write-off | | 06/22/2016 | 06/24/2016 | 99999999 |
| | | | | \$121.53 | Ded Credit | \$0.00 | 06/22/2016 | 06/24/2016 | 99999999 |
| 04/12/2016 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$1,795.00 | \$1,596.13 | Write-off | | 06/22/2016 | 06/24/2016 | 99999999 |
| | | | | \$198.87 | Ded Credit | \$0.00 | 06/22/2016 | 06/24/2016 | 99999999 |
| 04/12/2016 | Beckley Med Imaging | Cat Scan | \$225.00 | \$179.51 | Write-off | | 06/22/2016 | 06/24/2016 | 99999999 |
| | | | | \$36.39 | Other Ins Paid | | 06/22/2016 | 06/24/2016 | 99999999 |
| | | | | \$9.10 | Ded Credit | \$0.00 | 06/22/2016 | 06/24/2016 | 99999999 |
| 04/12/2016 | Beckley Med Imaging | Cat Scan | \$190.00 | \$144.87 | Write-off | | 06/22/2016 | 06/24/2016 | 99999999 |
| | | | | \$36.10 | Other Ins Paid | | 06/22/2016 | 06/24/2016 | 99999999 |
| | | | | \$9.03 | Ded Credit | \$0.00 | 06/22/2016 | 06/24/2016 | 99999999 |
| 04/12/2016 | Beckley Arh | Emrg.Room | \$2,993.00 | \$2,460.12 | Write-off | | 08/03/2016 | 08/05/2016 | 99999999 |
| | | | | \$263.02 | Other Ins Paid | | 08/03/2016 | 08/05/2016 | 99999999 |
| | | | | \$269.86 | Ded Credit | \$0.00 | 08/03/2016 | 08/05/2016 | 99999999 |
| 04/10/2016 | Healthcare Alliance Inc. | Dr.Visit-Emerg Room | \$460.00 | \$389.48 | Write-off | | 08/03/2016 | 08/05/2016 | 70037601 |
| | | | | \$56.10 | Ded Credit | \$14.42 | 08/03/2016 | 08/05/2016 | 70037601 |
| Claim # AGA-0053249 Totals : | | | \$5,813.96 | \$5,799.54 | | \$14.42 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|----------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| W., Chris; Claim: AGA-0026703; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 08/17/2015 | | | | | | | | | |
| 08/24/2015 | Philip Branson, MD | Medical Treatment | \$193.50 | \$52.76 | Write-off | | 12/10/2015 | 12/11/2015 | 99999999 |
| | | | | \$90.74 | Other Ins Paid | | 12/10/2015 | 12/11/2015 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 12/10/2015 | 12/11/2015 | 99999999 |
| 08/24/2015 | Philip Branson, MD | X-Ray, Radiology | \$91.50 | \$66.15 | Write-off | | 12/10/2015 | 12/11/2015 | 99999999 |
| | | | | \$25.35 | Other Ins Paid | \$0.00 | 12/10/2015 | 12/11/2015 | 99999999 |
| 09/01/2015 | Philip Branson, MD | Medical Treatment | \$105.00 | \$10.22 | Write-off | | 12/10/2015 | 12/11/2015 | 99999999 |
| | | | | \$44.78 | Other Ins Paid | | 12/10/2015 | 12/11/2015 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 12/10/2015 | 12/11/2015 | 99999999 |
| 10/15/2015 | Orthocarlina | Orthopedic Appliance | \$125.00 | \$20.62 | Write-off | | 12/16/2015 | 12/18/2015 | 99999999 |
| | | | | \$83.50 | Other Ins Paid | | 12/16/2015 | 12/18/2015 | 99999999 |
| | | | | \$20.88 | Ded Credit | \$0.00 | 12/16/2015 | 12/18/2015 | 99999999 |
| 10/15/2015 | Orthocarlina | Cold Therapy System | \$175.00 | \$175.00 | Ded Credit | \$0.00 | 12/16/2015 | 12/18/2015 | 99999999 |
| 08/24/2015 | Philip Branson, MD | Medical Treatment | \$50.00 | \$0.00 | | \$50.00 | 01/05/2016 | 01/08/2016 | 70027836 |
| 09/01/2015 | Philip Branson, MD | Medical Treatment | \$50.00 | \$0.00 | | \$50.00 | 01/05/2016 | 01/08/2016 | 70027836 |
| 10/15/2015 | Orthocarlina | Orthopedic Appliance | \$20.88 | \$0.00 | | \$20.88 | 01/05/2016 | 01/08/2016 | 70027869 |
| 10/15/2015 | Orthocarlina | Cold Therapy System | \$175.00 | \$0.00 | | \$175.00 | 01/05/2016 | 01/08/2016 | 70027869 |
| 10/15/2015 | Carolinas Medical | Out-Pat.Surgery | \$33,765.69 | \$13,742.61 | Write-off | | 01/05/2016 | 01/08/2016 | 70027931 |
| | | | | \$18,800.71 | Other Ins Paid | \$1,222.37 | 01/05/2016 | 01/08/2016 | 70027931 |
| 10/15/2015 | Orthocarlina | Surgery | \$2,916.00 | \$1,289.01 | Write-off | | 01/14/2016 | 01/15/2016 | 70028185 |
| | | | | \$1,301.59 | Other Ins Paid | \$325.40 | 01/14/2016 | 01/15/2016 | 70028185 |
| 12/17/2015 | Orthocarlina | Phys.Therapy | \$55.00 | \$21.93 | Write-off | | 02/24/2016 | 02/26/2016 | 70029808 |
| | | | | \$33.07 | Other Ins Paid | \$0.00 | 02/24/2016 | 02/26/2016 | 70029808 |
| 12/22/2015 | Orthocarlina | Phys.Therapy | \$55.00 | \$11.48 | Write-off | | 02/24/2016 | 02/26/2016 | 70029808 |
| | | | | \$18.52 | Other Ins Paid | \$25.00 | 02/24/2016 | 02/26/2016 | 70029808 |
| 12/24/2015 | Orthocarlina | Phys.Therapy | \$55.00 | \$11.48 | Write-off | | 02/24/2016 | 02/26/2016 | 70029808 |
| | | | | \$43.52 | Other Ins Paid | \$0.00 | 02/24/2016 | 02/26/2016 | 70029808 |
| 01/05/2016 | Orthocarlina | Phys.Therapy | \$55.00 | \$11.48 | Write-off | | 03/24/2016 | 03/25/2016 | 70031263 |
| | | | | \$18.52 | Other Ins Paid | \$25.00 | 03/24/2016 | 03/25/2016 | 70031263 |
| 01/07/2016 | Orthocarlina | Phys.Therapy | \$55.00 | \$11.48 | Write-off | | 03/24/2016 | 03/25/2016 | 70031263 |
| | | | | \$18.52 | Other Ins Paid | \$25.00 | 03/24/2016 | 03/25/2016 | 70031263 |
| 10/23/2015 | Orthocarlina | Medical Treatment | \$237.00 | \$106.55 | Write-off | | 04/12/2016 | 04/15/2016 | 70032465 |
| | | | | \$80.45 | Other Ins Paid | \$50.00 | 04/12/2016 | 04/15/2016 | 70032465 |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|-------------------------------------|------------|----------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| Claim # AGA-0026703 Totals : | | | \$38,179.57 | \$36,210.92 | | \$1,968.65 | | | |

| W., Courtney; Claim: AGA-0024423; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Back; Date Incurred: 09/02/2015 | | | | | | | | | |
|---|---------------------------|------------------------|-------------------|-------------------|-------------------|-----------------|------------|------------|----------|
| 09/03/2015 | Three Rivers Prov Network | TRPN Fee | \$1.07 | \$0.00 | | \$1.07 | 10/29/2015 | 11/03/2015 | 70025185 |
| 09/03/2015 | First Health | First Health Repricing | \$15.96 | \$0.00 | | \$15.96 | 10/29/2015 | 11/03/2015 | 70025209 |
| 09/03/2015 | Professional Imaging | X-Ray, Radiology | \$89.18 | \$8.92 | Disc:TRPN | \$80.26 | 10/29/2015 | 11/03/2015 | 70025311 |
| 09/03/2015 | Princeton Comm Hosp | Emrg.Room | \$1,330.17 | \$106.41 | First Health Disc | | 10/29/2015 | 11/03/2015 | 70025395 |
| | | | | \$1,000.00 | Ded Credit | \$223.76 | 10/29/2015 | 11/03/2015 | 70025395 |
| Claim # AGA-0024423 Totals : | | | \$1,436.38 | \$1,115.33 | | \$321.05 | | | |

| W., Marc; Claim: AGA-0047592; Activity: Mens Football; Diagnosis: Laceration; Anatomy: Face; Date Incurred: 01/21/2016 | | | | | | | | | |
|---|---------------------|-----------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| 01/21/2016 | Princeton Comm Hosp | Emrg.Room | \$1,876.16 | \$232.45 | Write-off | | 06/07/2016 | 06/10/2016 | 70035298 |
| | | | | \$1,393.71 | Other Ins Paid | \$250.00 | 06/07/2016 | 06/10/2016 | 70035298 |
| Claim # AGA-0047592 Totals : | | | \$1,876.16 | \$1,626.16 | | \$250.00 | | | |

| W., Sam; Claim: AGA-0026710; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/01/2015 | | | | | | | | | |
|--|----------------------|-----|-------------------|-------------------|------------|---------------|------------|------------|----------|
| 09/25/2015 | Princeton Comm Hosp | MRI | \$2,031.00 | \$1,047.67 | Write-off | | 12/15/2015 | 12/18/2015 | 99999999 |
| | | | | \$983.33 | Ded Credit | \$0.00 | 12/15/2015 | 12/18/2015 | 99999999 |
| 09/25/2015 | Professional Imaging | MRI | \$285.00 | \$147.83 | Write-off | | 04/12/2016 | 04/12/2016 | 99999999 |
| | | | | \$137.17 | Ded Credit | \$0.00 | 04/12/2016 | 04/12/2016 | 99999999 |
| Claim # AGA-0026710 Totals : | | | \$2,316.00 | \$2,316.00 | | \$0.00 | | | |

| Y., Nicole; Claim: AGA-0053709; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Lumbar; Date Incurred: 09/18/2015 | | | | | | | | | |
|---|------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| 04/26/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$42.61 | Write-off | | 07/05/2016 | 07/06/2016 | 99999999 |
| | | | | \$20.39 | Other Ins Paid | | 07/05/2016 | 07/06/2016 | 99999999 |
| | | | | \$60.00 | Ded Credit | \$0.00 | 07/05/2016 | 07/06/2016 | 99999999 |
| 04/11/2016 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$54.17 | Write-off | | 07/05/2016 | 07/06/2016 | 99999999 |
| | | | | \$63.83 | Other Ins Paid | | 07/05/2016 | 07/06/2016 | 99999999 |
| | | | | \$60.00 | Ded Credit | \$0.00 | 07/05/2016 | 07/06/2016 | 99999999 |
| Claim # AGA-0053709 Totals : | | | \$301.00 | \$301.00 | | \$0.00 | | | |

| | | | | | | | | | |
|---|--|--|---------------------|---------------------|--|--------------------|--|--|--|
| 2015 Sub Total: Checking Account BRKLY Totals: | | | \$697,127.14 | \$647,462.75 | | \$49,664.39 | | | |
|---|--|--|---------------------|---------------------|--|--------------------|--|--|--|

A-G Administrators, Inc. Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------|----------|---------------------|---------------------|------------------|--------------------|---------------|------------|--------------|
| 2015 Sub Total: Coverage Intercollegiate Sports Totals: | | | \$697,127.14 | \$647,462.75 | | \$49,664.39 | | | |
| 2015 Sub Total: Policy ICS L00600115 001 Totals: | | | \$697,127.14 | \$647,462.75 | | \$49,664.39 | | | |
| 2015 Sub Totals: | | | \$697,127.14 | \$647,462.75 | | \$49,664.39 | | | |

Underwriting Year: 2016

Policy: ICS L00600115 002

Coverage: Intercollegiate Sports

Checking Account: BRKLY

| A., Sarah; Claim: AGA-0070394; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 10/07/2016 | | | | | | | | | |
|--|---------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|-----------|
| 10/10/2016 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$44.35 | Write-off | | 11/18/2016 | 11/23/2016 | 999999999 |
| | | | | \$135.65 | Other Ins Paid | | 11/18/2016 | 11/23/2016 | 999999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 11/18/2016 | 11/23/2016 | 999999999 |
| 10/10/2016 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$113.00 | \$55.82 | Write-off | | 11/18/2016 | 11/23/2016 | 999999999 |
| | | | | \$57.18 | Other Ins Paid | \$0.00 | 11/18/2016 | 11/23/2016 | 999999999 |
| Claim # AGA-0070394 Totals : | | | \$323.00 | \$323.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------|--------------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| A., Sarah; Claim: AGA-0094721; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 02/22/2017 | | | | | | | | | |
| 03/02/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$63.35 | Write-off | | 04/14/2017 | 04/18/2017 | 99999999 |
| | | | | \$114.43 | Other Ins Paid | | 04/14/2017 | 04/18/2017 | 99999999 |
| | | | | \$102.22 | Ded Credit | \$0.00 | 04/14/2017 | 04/18/2017 | 99999999 |
| 03/02/2017 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$38.03 | Write-off | | 04/24/2017 | 04/25/2017 | 99999999 |
| | | | | \$15.27 | Other Ins Paid | | 04/24/2017 | 04/25/2017 | 99999999 |
| | | | | \$2.69 | Ded Credit | \$0.00 | 04/24/2017 | 04/25/2017 | 99999999 |
| 04/13/2017 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$44.35 | Write-off | | 05/17/2017 | 05/19/2017 | 99999999 |
| | | | | \$135.65 | Other Ins Paid | | 05/17/2017 | 05/19/2017 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 05/17/2017 | 05/19/2017 | 99999999 |
| 05/09/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$59.57 | Write-off | | 06/09/2017 | 06/09/2017 | 99999999 |
| | | | | \$84.43 | Other Ins Paid | | 06/09/2017 | 06/09/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 06/09/2017 | 06/09/2017 | 99999999 |
| 05/09/2017 | Sideline Ortho & Sports | Deductible Reimbursement | \$35.00 | \$0.00 | | \$35.00 | 08/15/2017 | 08/18/2017 | 70048840 |
| 04/13/2017 | Medexpress Urgent Care Wv | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 08/15/2017 | 08/18/2017 | 70048835 |
| 03/02/2017 | Professional Imaging | Deductible Reimbursement | \$2.69 | \$0.00 | | \$2.69 | 08/15/2017 | 08/18/2017 | 70048820 |
| 03/02/2017 | Princeton Comm Hosp | Deductible Reimbursement | \$102.22 | \$0.00 | | \$102.22 | 08/15/2017 | 08/18/2017 | 70048854 |
| 06/19/2017 | Valley Anesthesia | Anesthesia | \$3,312.00 | \$2,154.75 | Write-off | | 08/15/2017 | 08/18/2017 | 70048863 |
| | | | | \$983.68 | Other Ins Paid | \$173.57 | 08/15/2017 | 08/18/2017 | 70048863 |
| 06/20/2017 | Sideline Ortho & Sports | Surgery | \$3,137.00 | \$2,296.01 | Primary Adjustm | | 09/08/2017 | 09/12/2017 | 70049370 |
| | | | | \$714.85 | Other Ins Paid | \$126.14 | 09/08/2017 | 09/12/2017 | 70049370 |
| 08/15/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$31.76 | Primary Adjustm | | 12/12/2017 | 12/12/2017 | 70050910 |
| | | | | \$29.96 | Other Ins Paid | \$5.28 | 12/12/2017 | 12/12/2017 | 70050910 |
| 06/19/2017 | Lewisgale Hos Montgomery | Surgery Center | \$41,238.00 | \$33,355.31 | Primary Adjustm | | 05/15/2018 | 06/26/2018 | 70054443 |
| | | | | \$6,700.30 | Other Ins Paid | \$1,182.39 | 05/15/2018 | 06/26/2018 | 70054443 |
| 06/06/2017 | Sideline Ortho & Sports | Orthopedic Appliance | \$350.00 | \$152.24 | Primary Adjustm | | 07/26/2018 | 07/27/2018 | 70055143 |
| | | | | \$188.10 | Other Ins Paid | \$9.66 | 07/26/2018 | 07/27/2018 | 70055143 |
| 06/06/2017 | Sideline Ortho & Sports | Medical Treatment | \$125.00 | \$44.47 | Primary Adjustm | | 07/26/2018 | 07/27/2018 | 70055143 |
| | | | | \$45.53 | Other Ins Paid | \$35.00 | 07/26/2018 | 07/27/2018 | 70055143 |
| Claim # AGA-0094721 Totals : | | | \$49,123.90 | \$47,421.95 | | \$1,701.95 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-----------------------------|--------------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| A., Damon; Claim: AGA-0099527; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-Elbow; Date Incurred: 02/06/2017 | | | | | | | | | |
| 03/08/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$179.00 | Ded Credit | \$0.00 | 07/10/2017 | 07/11/2017 | 99999999 |
| 03/08/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$73.00 | \$73.00 | Ded Credit | \$0.00 | 07/10/2017 | 07/11/2017 | 99999999 |
| 06/15/2017 | Blue Ridge Anesthesia Assoc | Anesthesia | \$750.00 | \$524.40 | Write-off | | 08/10/2017 | 08/11/2017 | 99999999 |
| | | | | \$225.60 | Ded Credit | \$0.00 | 08/10/2017 | 08/11/2017 | 99999999 |
| 06/15/2017 | Blue Ridge Anesthesia Assoc | Anesthesia | \$740.00 | \$514.60 | Write-off | | 08/10/2017 | 08/11/2017 | 99999999 |
| | | | | \$225.40 | Ded Credit | \$0.00 | 08/10/2017 | 08/11/2017 | 99999999 |
| 06/15/2017 | Dj Orthopedics Llc | Med.Supplies | \$25.00 | \$22.85 | Primary Adjustm | \$2.15 | 08/16/2017 | 08/18/2017 | 70048819 |
| 06/15/2017 | Blue Ridge Anesthesia Assoc | Deductible Reimbursement | \$451.20 | \$0.00 | | \$451.20 | 08/16/2017 | 08/18/2017 | 70048875 |
| 03/20/2017 | Lewisgale Hos Montgomery | MRI | \$7,439.85 | \$5,498.05 | Primary Adjustm | | 08/16/2017 | 08/18/2017 | 70048856 |
| | | | | \$1,816.80 | Other Ins Paid | \$125.00 | 08/16/2017 | 08/18/2017 | 70048856 |
| 03/08/2017 | Zelis Claims Integrity | PHX Fee | \$12.78 | \$0.00 | | \$12.78 | 08/24/2017 | 08/25/2017 | 70048933 |
| 06/15/2017 | Blue Ridge Surgery Center | Surgery | \$5,439.00 | \$4,019.42 | Primary Adjustm | | 08/24/2017 | 08/25/2017 | 70049009 |
| | | | | \$1,094.58 | Other Ins Paid | \$325.00 | 08/24/2017 | 08/25/2017 | 70049009 |
| 03/08/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$51.91 | Disc:PMCS | \$127.09 | 08/24/2017 | 08/25/2017 | 70048991 |
| 03/08/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$73.00 | \$21.17 | Disc:PMCS | \$51.83 | 08/24/2017 | 08/25/2017 | 70048991 |
| 06/15/2017 | Lewis-Gale Physicians | Surgery | \$1,650.00 | \$908.36 | Primary Adjustm | \$741.64 | 09/11/2017 | 09/12/2017 | 70049388 |
| 06/15/2017 | Associated Pathologists | Lab,Pathology | \$334.00 | \$151.67 | Primary Adjustm | \$182.33 | 10/17/2017 | 10/20/2017 | 70050031 |
| | Zelis Claims Integrity | | \$0.00 | \$0.00 | | -\$12.78 | 02/21/2018 | 02/21/2018 | 0 |
| Claim # AGA-0099527 Totals : | | | \$17,345.83 | \$15,339.59 | | \$2,006.24 | | | |

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|---|---------------------|---------------------|-------------------|-------------------|------------|-------------------|------------|------------|----------|
| B., Lauren; Claim: AGA-0090344; Activity: Womens Softball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 02/24/2017 | | | | | | | | | |
| 02/24/2017 | Princeton Comm Hosp | Dr.Visit-Emerg Room | \$2,909.30 | \$788.20 | Write-off | | 05/31/2017 | 06/02/2017 | 70046896 |
| | | | | \$1,000.00 | Ded Credit | \$1,121.10 | 05/31/2017 | 06/02/2017 | 70046896 |
| Claim # AGA-0090344 Totals : | | | \$2,909.30 | \$1,788.20 | | \$1,121.10 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| B., Lauren; Claim: AGA-0099706; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 04/02/2017 | | | | | | | | | |
| 01/02/2018 | Milwaukee Orthopaedic Group | Medical Treatment | \$220.00 | \$112.75 | Primary Adjustm | | 04/06/2018 | 04/06/2018 | 70052757 |
| | | | | \$97.25 | Other Ins Paid | \$10.00 | 04/06/2018 | 04/06/2018 | 70052757 |
| 01/02/2018 | Milwaukee Orthopaedic Group | X-Ray, Radiology | \$191.00 | \$139.32 | Primary Adjustm | | 04/06/2018 | 04/06/2018 | 70052757 |
| | | | | \$51.68 | Other Ins Paid | \$0.00 | 04/06/2018 | 04/06/2018 | 70052757 |
| 01/05/2018 | Milwaukee Orthopaedic Group | Med.Supplies | \$1,200.00 | \$500.00 | Primary Adjustm | | 04/26/2018 | 04/27/2018 | 70053162 |
| | | | | \$351.07 | Ded Credit | \$348.93 | 04/26/2018 | 04/27/2018 | 70053162 |
| Claim # AGA-0099706 Totals : | | | \$1,611.00 | \$1,252.07 | | \$358.93 | | | |

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|--|----------------------|------------------|----------------|----------------|----------------|---------------|------------|------------|----------|
| B., Donnel; Claim: AGA-0075657; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Wrist; Date Incurred: 10/01/2016 | | | | | | | | | |
| 10/20/2016 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$42.35 | Write-off | | 03/07/2017 | 03/10/2017 | 99999999 |
| | | | | \$6.48 | Other Ins Paid | | 03/07/2017 | 03/10/2017 | 99999999 |
| | | | | \$2.16 | Ded Credit | \$0.00 | 03/07/2017 | 03/10/2017 | 99999999 |
| Claim # AGA-0075657 Totals : | | | \$50.99 | \$50.99 | | \$0.00 | | | |

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|--|----------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| B., Emily; Claim: AGA-0075665; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 10/04/2016 | | | | | | | | | |
| 10/12/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$58.44 | Write-off | | 11/23/2016 | 11/29/2016 | 99999999 |
| | | | | \$199.41 | Other Ins Paid | | 11/23/2016 | 11/29/2016 | 99999999 |
| | | | | \$22.15 | Ded Credit | \$0.00 | 11/23/2016 | 11/29/2016 | 99999999 |
| 10/12/2016 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$15.95 | Write-off | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$16.25 | Other Ins Paid | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$1.80 | Ded Credit | \$0.00 | 12/09/2016 | 12/13/2016 | 99999999 |
| Claim # AGA-0075665 Totals : | | | \$314.00 | \$314.00 | | \$0.00 | | | |

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|--|----------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| B., Emily; Claim: AGA-0083024; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 12/28/2016 | | | | | | | | | |
| 12/29/2016 | Professional Imaging | X-Ray, Radiology | \$51.72 | \$25.82 | Primary Adjustm | | 02/28/2017 | 03/03/2017 | 99999999 |
| | | | | \$23.31 | Other Ins Paid | | 02/28/2017 | 03/03/2017 | 99999999 |
| | | | | \$2.59 | Ded Credit | \$0.00 | 02/28/2017 | 03/03/2017 | 99999999 |
| 12/29/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$58.45 | Write-off | | 03/20/2017 | 03/21/2017 | 99999999 |
| | | | | \$199.40 | Other Ins Paid | | 03/20/2017 | 03/21/2017 | 99999999 |
| | | | | \$22.15 | Ded Credit | \$0.00 | 03/20/2017 | 03/21/2017 | 99999999 |
| Claim # AGA-0083024 Totals : | | | \$331.72 | \$331.72 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|----------------------|-----------------|------------------|-------------------|---------------|---------------|------------|--------------|
| C., Edwin; Claim: AGA-0063819; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 08/18/2016 | | | | | | | | | |
| 08/19/2016 | DJO, LLC | Orthopedic Appliance | \$92.19 | \$92.19 | Ded Credit | \$0.00 | 09/16/2016 | 10/21/2016 | 999999999 |
| 08/19/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$99.43 | First Health Disc | | 10/27/2016 | 10/28/2016 | 999999999 |
| | | | | \$4.61 | Other Ins Paid | | 10/27/2016 | 10/28/2016 | 999999999 |
| | | | | \$158.96 | Ded Credit | \$0.00 | 10/27/2016 | 10/28/2016 | 999999999 |
| 08/19/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$102.00 | \$56.35 | First Health Disc | | 10/27/2016 | 10/28/2016 | 999999999 |
| | | | | \$36.52 | Other Ins Paid | | 10/27/2016 | 10/28/2016 | 999999999 |
| | | | | \$9.13 | Ded Credit | \$0.00 | 10/27/2016 | 10/28/2016 | 999999999 |
| Claim # AGA-0063819 Totals : | | | \$457.19 | \$457.19 | | \$0.00 | | | |

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|--|---------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|-----------|
| C., Heather; Claim: AGA-0078580; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Finger; Date Incurred: 11/08/2016 | | | | | | | | | |
| 11/09/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 12/15/2016 | 12/16/2016 | 999999999 |
| | | | | \$189.99 | Other Ins Paid | | 12/15/2016 | 12/16/2016 | 999999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 12/15/2016 | 12/16/2016 | 999999999 |
| Claim # AGA-0078580 Totals : | | | \$280.00 | \$280.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------------------|----------------------|--------------------|--------------------|------------------|-----------------|---------------|------------|--------------|
| C., Heather; Claim: AGA-0094991; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 02/23/2017 | | | | | | | | | |
| 03/29/2017 | Montgomery Radiology Associates | Out-Pat.Surgery | \$649.00 | \$463.10 | Write-off | | 05/15/2017 | 05/16/2017 | 70046333 |
| | | | | \$126.36 | Other Ins Paid | \$59.54 | 05/15/2017 | 05/16/2017 | 70046333 |
| 03/29/2017 | Lewisgale Hos Montgomery | MRI | \$7,198.00 | \$3,339.94 | Write-off | | 05/15/2017 | 05/16/2017 | 70046351 |
| | | | | \$3,708.06 | Other Ins Paid | \$150.00 | 05/15/2017 | 05/16/2017 | 70046351 |
| 04/14/2017 | Lewisgale Hos Montgomery | Surgery | \$50,277.00 | \$44,426.40 | Write-off | | 05/16/2017 | 06/02/2017 | 70046897 |
| | | | | \$4,587.45 | Other Ins Paid | \$1,263.15 | 05/16/2017 | 06/02/2017 | 70046897 |
| 03/21/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$59.57 | Write-off | | 06/26/2017 | 06/27/2017 | 70047501 |
| | | | | \$79.43 | Other Ins Paid | \$40.00 | 06/26/2017 | 06/27/2017 | 70047501 |
| 03/21/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$34.19 | Write-off | | 06/26/2017 | 06/27/2017 | 70047501 |
| | | | | \$32.81 | Other Ins Paid | \$0.00 | 06/26/2017 | 06/27/2017 | 70047501 |
| 04/14/2017 | Sideline Ortho & Sports | Orthopedic Appliance | \$160.00 | \$76.80 | Write-off | | 07/06/2017 | 07/07/2017 | 70047736 |
| | | | | \$58.24 | Other Ins Paid | \$24.96 | 07/06/2017 | 07/07/2017 | 70047736 |
| 04/14/2017 | Sideline Ortho & Sports | Surgery | \$2,217.00 | \$978.10 | Write-off | | 07/06/2017 | 07/07/2017 | 70047805 |
| | | | | \$1,038.90 | Other Ins Paid | \$200.00 | 07/06/2017 | 07/07/2017 | 70047805 |
| | Lewisgale Hos Montgomery | | \$0.00 | \$0.00 | | -\$986.00 | 08/16/2017 | 08/16/2017 | 0 |
| Claim # AGA-0094991 Totals : | | | \$60,747.00 | \$59,995.35 | | \$751.65 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------------|----------------------|-------------------|-------------------|-------------------|---------------|---------------|------------|--------------|
| C., Rachel; Claim: AGA-0067380; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 08/29/2016 | | | | | | | | | |
| 08/29/2016 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$103.16 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$56.84 | Other Ins Paid | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/29/2016 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$113.00 | \$84.44 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$28.56 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/29/2016 | Medexpress Urgent Care Wv | Orthopedic Appliance | \$100.00 | \$25.06 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$74.94 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 09/08/2016 | Healthworks Rehab And Fitness | Orthopedic Appliance | \$285.00 | \$54.60 | Write-off | | 10/25/2016 | 10/28/2016 | 99999999 |
| | | | | \$230.40 | Ded Credit | \$0.00 | 10/25/2016 | 10/28/2016 | 99999999 |
| 09/26/2016 | Healthworks Rehab And Fitness | Orthopedic Appliance | \$115.00 | \$8.96 | First Health Disc | | 11/29/2016 | 12/02/2016 | 99999999 |
| | | | | \$106.04 | Ded Credit | \$0.00 | 11/29/2016 | 12/02/2016 | 99999999 |
| 09/26/2016 | Wvu Medical Corp | Medical Treatment | \$88.00 | \$33.35 | Write-off | | 11/29/2016 | 12/02/2016 | 99999999 |
| | | | | \$14.65 | Other Ins Paid | | 11/29/2016 | 12/02/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/29/2016 | 12/02/2016 | 99999999 |
| 09/08/2016 | Wvu Medical Corp | Medical Treatment | \$134.00 | \$50.79 | Write-off | | 11/29/2016 | 12/02/2016 | 99999999 |
| | | | | \$43.21 | Other Ins Paid | | 11/29/2016 | 12/02/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/29/2016 | 12/02/2016 | 99999999 |
| Claim # AGA-0067380 Totals : | | | \$1,045.00 | \$1,045.00 | | \$0.00 | | | |

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|--|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| C., Zen; Claim: AGA-0067382; Activity: Mens Football; Diagnosis: Pain; Anatomy: Back; Date Incurred: 09/10/2016 | | | | | | | | | |
| 09/11/2016 | Princeton Comm Hosp | Emrg.Room | \$904.30 | \$782.77 | Write-off | | 10/18/2016 | 10/21/2016 | 99999999 |
| | | | | \$121.53 | Ded Credit | \$0.00 | 10/18/2016 | 10/21/2016 | 99999999 |
| 09/11/2016 | Professional Imaging | X-Ray, Radiology | \$57.67 | \$46.03 | Write-off | | 11/11/2016 | 11/15/2016 | 99999999 |
| | | | | \$11.64 | Ded Credit | \$0.00 | 11/11/2016 | 11/15/2016 | 99999999 |
| Claim # AGA-0067382 Totals : | | | \$961.97 | \$961.97 | | \$0.00 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|------------------|---------------------|---------------------|------------------|-------------------|---------------|------------|--------------|
| C., Emily; Claim: AGA-0070518; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/22/2016 | | | | | | | | | |
| 09/23/2016 | Montgomery Radiology Associate | MRI | \$275.00 | \$198.17 | Write-off | | 10/31/2016 | 11/01/2016 | 99999999 |
| | | | | \$76.83 | Ded Credit | \$0.00 | 10/31/2016 | 11/01/2016 | 99999999 |
| 09/23/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,633.45 | Write-off | | 11/14/2016 | 11/15/2016 | 70041117 |
| | | | | \$923.17 | Ded Credit | \$741.38 | 11/14/2016 | 11/15/2016 | 70041117 |
| 09/23/2016 | Montgomery Radiology Associate | MRI | \$76.83 | \$0.00 | | \$76.83 | 12/22/2016 | 12/23/2016 | 70042226 |
| 10/14/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$102,856.00 | \$92,184.41 | Write-off | | 12/22/2016 | 12/23/2016 | 70042317 |
| | | | | \$6,755.98 | Other Ins Paid | \$3,915.61 | 12/22/2016 | 12/23/2016 | 70042317 |
| 09/23/2016 | Lewisgale Hos Montgomery | MRI | \$923.17 | \$0.00 | | \$923.17 | 12/22/2016 | 12/23/2016 | 70042317 |
| | Lewisgale Hos Montgomery | | \$0.00 | \$0.00 | | -\$923.17 | 02/16/2017 | 02/16/2017 | 0 |
| 09/23/2016 | SW VA Orthopedics And Spine | X-Ray, Radiology | \$395.00 | \$107.89 | Other Ins Paid | | 04/13/2017 | 04/14/2017 | 70045310 |
| | | | | \$212.45 | Write-off | \$74.66 | 04/13/2017 | 04/14/2017 | 70045310 |
| 10/14/2016 | Valley Anesthesia | Anesthesia | \$3,076.00 | \$2,093.63 | Write-off | \$982.37 | 05/02/2017 | 05/05/2017 | 70046107 |
| Claim # AGA-0070518 Totals : | | | \$110,900.00 | \$105,109.15 | | \$5,790.85 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| C., Alexandra; Claim: AGA-0139703; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 02/23/2017 | | | | | | | | | |
| 09/22/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$51.91 | Primary Adjustm | \$127.09 | 09/10/2018 | 09/11/2018 | 70056001 |
| 11/14/2017 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$178.00 | Need EOB's | \$0.00 | 09/10/2018 | 09/11/2018 | 70056001 |
| 01/05/2018 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$59.76 | Primary Adjustm | | 09/10/2018 | 09/11/2018 | 70056001 |
| | | | | \$74.59 | Other Ins Paid | \$43.65 | 09/10/2018 | 09/11/2018 | 70056001 |
| 01/19/2018 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$42.14 | Primary Adjustm | | 09/10/2018 | 09/11/2018 | 70056001 |
| | | | | \$19.89 | Other Ins Paid | \$4.97 | 09/10/2018 | 09/11/2018 | 70056001 |
| 01/30/2018 | Sideline Ortho & Sports | Surgery | \$3,793.00 | \$2,320.25 | Primary Adjustm | | 09/10/2018 | 09/11/2018 | 70056001 |
| | | | | \$1,178.20 | Other Ins Paid | \$294.55 | 09/10/2018 | 09/11/2018 | 70056001 |
| 02/16/2018 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$42.06 | Primary Adjustm | | 09/10/2018 | 09/11/2018 | 70056001 |
| | | | | \$19.95 | Other Ins Paid | \$4.99 | 09/10/2018 | 09/11/2018 | 70056001 |
| 05/15/2017 | Alexandra Cook | Consultation | \$211.96 | \$0.00 | | \$211.96 | 10/29/2018 | 10/30/2018 | 70056836 |
| 01/10/2018 | Giles Community Hospital | Anesthesia | \$864.00 | \$611.20 | Primary Adjustm | \$252.80 | 01/30/2019 | 02/12/2019 | 70058314 |
| 11/10/2017 | Lewisgale Hos Montgomery | Cat Scan | \$2,243.00 | \$1,762.92 | Primary Adjustm | | 03/19/2019 | 03/19/2019 | 70058946 |
| | | | | \$224.06 | Other Ins Paid | \$256.02 | 03/19/2019 | 03/19/2019 | 70058946 |
| 01/10/2018 | Giles Community Hospital | Surgery Center | \$73,720.50 | \$18,546.72 | Primary Adjustm | | 01/30/2019 | 04/09/2019 | 70059364 |
| | | | | \$49,800.29 | Other Ins Paid | \$5,373.49 | 01/30/2019 | 04/09/2019 | 70059364 |
| Claim # AGA-0139703 Totals : | | | \$81,501.46 | \$74,931.94 | | \$6,569.52 | | | |

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|---|---------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| C., Anthony; Claim: AGA-0095005; Activity: Mens Football; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 03/22/2017 | | | | | | | | | |
| 03/25/2017 | Princeton Comm Hosp | Medical Treatment | \$593.40 | \$593.40 | Ded Credit | \$0.00 | 08/24/2017 | 08/25/2017 | 99999999 |
| Claim # AGA-0095005 Totals : | | | \$593.40 | \$593.40 | | \$0.00 | | | |

| | | | | | | | | | |
|---|---------------------------|-------------------|-----------------|-----------------|-------------------|---------------|------------|------------|----------|
| D., Jermeil; Claim: AGA-0076299; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 10/06/2016 | | | | | | | | | |
| 10/10/2016 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$24.91 | First Health Disc | | 11/17/2016 | 11/18/2016 | 99999999 |
| | | | | \$185.09 | Ded Credit | \$0.00 | 11/17/2016 | 11/18/2016 | 99999999 |
| 10/10/2016 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$113.00 | \$42.67 | First Health Disc | | 11/17/2016 | 11/18/2016 | 99999999 |
| | | | | \$4.34 | Other Ins Paid | | 11/17/2016 | 11/18/2016 | 99999999 |
| | | | | \$65.99 | Ded Credit | \$0.00 | 11/17/2016 | 11/18/2016 | 99999999 |
| Claim # AGA-0076299 Totals : | | | \$323.00 | \$323.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| D., Derek; Claim: AGA-0077587; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Finger; Date Incurred: 09/24/2016 | | | | | | | | | |
| 10/26/2016 | Carilion Services Inc | X-Ray, Radiology | \$16.00 | \$8.20 | Write-off | | 11/28/2016 | 11/29/2016 | 99999999 |
| | | | | \$7.80 | Ded Credit | \$0.00 | 11/28/2016 | 11/29/2016 | 99999999 |
| 10/23/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 11/28/2016 | 11/29/2016 | 99999999 |
| | | | | \$229.99 | Ded Credit | \$0.00 | 11/28/2016 | 11/29/2016 | 99999999 |
| 11/01/2016 | Acv Inc | Anesthesia | \$950.00 | \$230.00 | Write-off | | 11/28/2016 | 11/29/2016 | 99999999 |
| | | | | \$680.00 | Other Ins Paid | | 11/28/2016 | 11/29/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/28/2016 | 11/29/2016 | 99999999 |
| 10/23/2016 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$16.04 | Write-off | \$17.96 | 12/09/2016 | 12/13/2016 | 70041942 |
| 11/09/2016 | Carilion Services Inc | X-Ray, Radiology | \$16.00 | \$8.20 | Write-off | | 12/09/2016 | 12/13/2016 | 70041979 |
| | | | | \$6.24 | Other Ins Paid | \$1.56 | 12/09/2016 | 12/13/2016 | 70041979 |
| 10/26/2016 | Carilion Services Inc | Medical Treatment | \$241.00 | \$21.62 | Write-off | | 12/09/2016 | 12/13/2016 | 70041979 |
| | | | | \$179.38 | Other Ins Paid | \$40.00 | 12/09/2016 | 12/13/2016 | 70041979 |
| 10/26/2016 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$0.00 | | \$28.00 | 12/09/2016 | 12/13/2016 | 70041979 |
| 11/01/2016 | Carilion Services Inc | Surgery | \$756.00 | \$139.80 | Write-off | | 12/09/2016 | 12/13/2016 | 70041979 |
| | | | | \$576.20 | Other Ins Paid | \$40.00 | 12/09/2016 | 12/13/2016 | 70041979 |
| 10/26/2016 | Carilion Services Inc | X-Ray, Radiology | \$7.80 | \$0.00 | | \$7.80 | 12/09/2016 | 12/13/2016 | 70041979 |
| 11/01/2016 | Acv Inc | Anesthesia | \$40.00 | \$0.00 | | \$40.00 | 12/09/2016 | 12/13/2016 | 70041956 |
| 10/23/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$229.99 | \$0.00 | | \$229.99 | 12/09/2016 | 12/13/2016 | 70041990 |
| 11/01/2016 | Carilion Roanoke Mem Hosp | Out-Pat.Surgery | \$20,785.00 | \$11,229.72 | Write-off | | 12/09/2016 | 12/13/2016 | 70042009 |
| | | | | \$7,568.40 | Other Ins Paid | \$1,986.88 | 12/09/2016 | 12/13/2016 | 70042009 |
| 12/20/2016 | Carilion Services Inc | Surgery | \$714.00 | \$318.54 | Write-off | | 01/27/2017 | 02/03/2017 | 70043229 |
| | | | | \$355.46 | Other Ins Paid | \$40.00 | 01/27/2017 | 02/03/2017 | 70043229 |
| 12/14/2016 | Carilion Services Inc | X-Ray, Radiology | \$16.00 | \$8.20 | Write-off | | 01/27/2017 | 02/03/2017 | 70043229 |
| | | | | \$6.24 | Other Ins Paid | \$1.56 | 01/27/2017 | 02/03/2017 | 70043229 |
| 12/14/2016 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$22.40 | Other Ins Paid | \$5.60 | 01/27/2017 | 02/03/2017 | 70043229 |
| 12/20/2016 | Carilion Roanoke Mem Hosp | Out-Pat.Surgery | \$5,164.50 | \$1,889.76 | Write-off | | 01/27/2017 | 02/03/2017 | 70043347 |
| | | | | \$2,619.79 | Other Ins Paid | \$654.95 | 01/27/2017 | 02/03/2017 | 70043347 |
| 01/04/2017 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$0.46 | Primary Adjustm | | 02/27/2017 | 03/03/2017 | 70044020 |
| | | | | \$22.03 | Other Ins Paid | \$5.51 | 02/27/2017 | 03/03/2017 | 70044020 |
| 11/09/2016 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$22.40 | Other Ins Paid | \$5.60 | 02/27/2017 | 03/03/2017 | 70044020 |
| 01/04/2017 | Carilion Services Inc | X-Ray, Radiology | \$16.00 | \$7.90 | Primary Adjustm | | 02/27/2017 | 03/03/2017 | 70044020 |
| | | | | \$6.48 | Other Ins Paid | \$1.62 | 02/27/2017 | 03/03/2017 | 70044020 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|-------------------------------------|------------|----------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| Claim # AGA-0077587 Totals : | | | \$29,378.29 | \$26,271.26 | | \$3,107.03 | | | |

| F., Wesley; Claim: AGA-0088888; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 01/18/2017 | | | | | | | | | |
|---|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| 02/02/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$280.00 | Ded Credit | \$0.00 | 05/30/2017 | 05/31/2017 | 999999999 |
| 01/31/2017 | Professional Imaging | X-Ray, Radiology | \$111.98 | \$111.98 | Ded Credit | \$0.00 | 05/30/2017 | 05/31/2017 | 999999999 |
| 01/31/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$280.00 | Ded Credit | \$0.00 | 05/30/2017 | 05/31/2017 | 999999999 |
| Claim # AGA-0088888 Totals : | | | \$671.98 | \$671.98 | | \$0.00 | | | |

| G., Keionte; Claim: AGA-0070378; Activity: Mens Football; Diagnosis: Pain; Anatomy: Chest; Date Incurred: 09/28/2016 | | | | | | | | | |
|---|----------------------|------------------------|-------------------|-------------------|-------------------|-----------------|------------|------------|----------|
| 09/28/2016 | First Health | First Health Repricing | \$36.71 | \$0.00 | | \$36.71 | 11/28/2016 | 12/02/2016 | 70041523 |
| 09/28/2016 | Princeton Comm Hosp | Emrg.Room | \$1,952.40 | \$244.75 | First Health Disc | | 11/28/2016 | 12/02/2016 | 70041659 |
| | | | | \$1,000.00 | Ded Credit | \$707.65 | 11/28/2016 | 12/02/2016 | 70041659 |
| 09/28/2016 | Professional Imaging | X-Ray, Radiology | \$48.82 | \$32.53 | First Health Disc | \$16.29 | 01/25/2017 | 01/27/2017 | 70043068 |
| 09/28/2016 | Professional Imaging | X-Ray, Radiology | \$45.04 | \$28.75 | First Health Disc | \$16.29 | 01/25/2017 | 01/27/2017 | 70043068 |
| 09/28/2016 | First Health | First Health Repricing | \$9.19 | \$0.00 | | \$9.19 | 01/25/2017 | 01/27/2017 | 70043053 |
| Claim # AGA-0070378 Totals : | | | \$2,092.16 | \$1,306.03 | | \$786.13 | | | |

| G., Eric; Claim: AGA-0075438; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 09/28/2016 | | | | | | | | | |
|--|---------------------|------------------|-----------------|-----------------|----------------|---------------|------------|------------|-----------|
| 10/19/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$560.00 | \$330.01 | Write-off | | 11/23/2016 | 11/29/2016 | 999999999 |
| | | | | \$189.99 | Other Ins Paid | | 11/23/2016 | 11/29/2016 | 999999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/23/2016 | 11/29/2016 | 999999999 |
| Claim # AGA-0075438 Totals : | | | \$560.00 | \$560.00 | | \$0.00 | | | |

| G., Chelsea; Claim: AGA-0067266; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 09/08/2016 | | | | | | | | | |
|---|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| 09/13/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$29.12 | Write-off | | 12/06/2016 | 12/09/2016 | 999999999 |
| | | | | \$250.88 | Ded Credit | \$0.00 | 12/06/2016 | 12/09/2016 | 999999999 |
| 09/13/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$55.99 | Ded Credit | \$0.00 | 01/05/2017 | 01/06/2017 | 999999999 |
| Claim # AGA-0067266 Totals : | | | \$335.99 | \$335.99 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|------------------|-------------------|------------------|------------------|----------------|---------------|------------|--------------|
| G., Katelyn; Claim: AGA-0089287; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 01/09/2017 | | | | | | | | | |
| 01/26/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$261.76 | Write-off | | 03/02/2017 | 03/03/2017 | 99999999 |
| | | | | \$18.24 | Ded Credit | \$0.00 | 03/02/2017 | 03/03/2017 | 99999999 |
| 01/26/2017 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$46.87 | Write-off | | 03/20/2017 | 03/21/2017 | 99999999 |
| | | | | \$9.12 | Ded Credit | \$0.00 | 03/20/2017 | 03/21/2017 | 99999999 |
| 04/09/2018 | Professional Imaging | X-Ray, Radiology | \$111.98 | \$93.84 | Primary Adjustm | | 06/04/2018 | 06/08/2018 | 99999999 |
| | | | | \$18.14 | Ded Credit | \$0.00 | 06/04/2018 | 06/08/2018 | 99999999 |
| 04/09/2018 | Princeton Comm Hosp | X-Ray, Radiology | \$576.00 | \$507.04 | Primary Adjustm | \$68.96 | 07/25/2018 | 07/27/2018 | 70055150 |
| Claim # AGA-0089287 Totals : | | | \$1,023.97 | \$955.01 | | \$68.96 | | | |

| | | | | | | | | | |
|--|-----------------------------|----------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| G., Peter; Claim: AGA-0070146; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 09/17/2016 | | | | | | | | | |
| 09/20/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$32.76 | Write-off | | 10/19/2016 | 10/21/2016 | 99999999 |
| | | | | \$247.24 | Ded Credit | \$0.00 | 10/19/2016 | 10/21/2016 | 99999999 |
| 09/22/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$111.00 | \$66.34 | Write-off | | 11/03/2016 | 11/04/2016 | 99999999 |
| | | | | \$44.66 | Ded Credit | \$0.00 | 11/03/2016 | 11/04/2016 | 99999999 |
| 09/22/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$182.00 | \$86.46 | Write-off | | 11/03/2016 | 11/04/2016 | 99999999 |
| | | | | \$62.50 | Other Ins Paid | | 11/03/2016 | 11/04/2016 | 99999999 |
| | | | | \$33.04 | Ded Credit | \$0.00 | 11/03/2016 | 11/04/2016 | 99999999 |
| 09/22/2016 | DJO, LLC | Orthopedic Appliance | \$98.30 | \$53.26 | Write-off | | 11/03/2016 | 11/04/2016 | 99999999 |
| | | | | \$45.04 | Ded Credit | \$0.00 | 11/03/2016 | 11/04/2016 | 99999999 |
| 09/20/2016 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$21.47 | Write-off | | 11/17/2016 | 11/18/2016 | 99999999 |
| | | | | \$10.02 | Other Ins Paid | | 11/17/2016 | 11/18/2016 | 99999999 |
| | | | | \$2.51 | Ded Credit | \$0.00 | 11/17/2016 | 11/18/2016 | 99999999 |
| Claim # AGA-0070146 Totals : | | | \$705.30 | \$705.30 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| G., Carley; Claim: AGA-0073664; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 10/01/2016 | | | | | | | | | |
| 10/20/2016 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$62.11 | Write-off | | 12/21/2016 | 12/23/2016 | 999999999 |
| | | | | \$71.89 | Other Ins Paid | | 12/21/2016 | 12/23/2016 | 999999999 |
| | | | | \$45.00 | Ded Credit | \$0.00 | 12/21/2016 | 12/23/2016 | 999999999 |
| 10/26/2016 | Community Radiology | MRI | \$1,250.00 | \$776.61 | Write-off | | 01/20/2017 | 01/24/2017 | 999999999 |
| | | | | \$21.06 | Other Ins Paid | | 01/20/2017 | 01/24/2017 | 999999999 |
| | | | | \$452.33 | Ded Credit | \$0.00 | 01/20/2017 | 01/24/2017 | 999999999 |
| Claim # AGA-0073664 Totals : | | | \$1,429.00 | \$1,429.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| H., Danielle; Claim: AGA-0078631; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 10/22/2016 | | | | | | | | | |
| 11/27/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$280.00 | Ded Credit | \$0.00 | 12/15/2016 | 12/16/2016 | 999999999 |
| 11/27/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$55.99 | Ded Credit | \$0.00 | 01/05/2017 | 01/06/2017 | 999999999 |
| 03/14/2017 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$55.99 | Ded Credit | \$0.00 | 04/27/2017 | 04/28/2017 | 999999999 |
| 03/14/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$280.00 | Ded Credit | \$0.00 | 04/27/2017 | 04/28/2017 | 999999999 |
| Claim # AGA-0078631 Totals : | | | \$671.98 | \$671.98 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|--------------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| H., Emilee; Claim: AGA-0088333; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 09/21/2016 | | | | | | | | | |
| 12/13/2016 | Orthopedic Healthcare Assoc | Medical Treatment | \$180.00 | \$73.16 | Write-off | | 07/05/2017 | 07/07/2017 | 99999999 |
| | | | | \$66.84 | Other Ins Paid | | 07/05/2017 | 07/07/2017 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 07/05/2017 | 07/07/2017 | 99999999 |
| 12/13/2016 | Orthopedic Healthcare Assoc | X-Ray, Radiology | \$89.00 | \$60.44 | Write-off | | 07/05/2017 | 07/07/2017 | 99999999 |
| | | | | \$28.56 | Ded Credit | \$0.00 | 07/05/2017 | 07/07/2017 | 99999999 |
| 12/13/2016 | Orthopedic Healthcare Assoc | X-Ray, Radiology | \$89.00 | \$60.44 | Write-off | | 07/05/2017 | 07/07/2017 | 99999999 |
| | | | | \$28.56 | Ded Credit | \$0.00 | 07/05/2017 | 07/07/2017 | 99999999 |
| 12/13/2016 | Orthopedic Healthcare Assoc | Surgery | \$250.00 | \$8.47 | Write-off | | 07/05/2017 | 07/07/2017 | 99999999 |
| | | | | \$193.22 | Other Ins Paid | | 07/05/2017 | 07/07/2017 | 99999999 |
| | | | | \$48.31 | Ded Credit | \$0.00 | 07/05/2017 | 07/07/2017 | 99999999 |
| 05/09/2017 | University Physicians Surg | Medical Treatment | \$140.00 | \$67.03 | Write-off | | 07/11/2017 | 07/14/2017 | 99999999 |
| | | | | \$32.97 | Other Ins Paid | | 07/11/2017 | 07/14/2017 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 07/11/2017 | 07/14/2017 | 99999999 |
| 06/06/2017 | University Physicians Surg | Medical Treatment | \$80.00 | \$37.20 | Write-off | | 07/21/2017 | 07/25/2017 | 99999999 |
| | | | | \$2.80 | Other Ins Paid | | 07/21/2017 | 07/25/2017 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 07/21/2017 | 07/25/2017 | 99999999 |
| 05/09/2017 | University Physicians Surg | Deductible Reimbursement | \$80.00 | \$0.00 | | \$80.00 | 08/15/2017 | 08/18/2017 | 70048851 |
| 12/13/2016 | Orthopedic Healthcare Assoc | Deductible Reimbursement | \$145.43 | \$0.00 | | \$145.43 | 08/15/2017 | 08/18/2017 | 70048861 |
| 06/26/2017 | Cabell Huntington Hospital | Out-Pat.Surgery | \$13,789.35 | \$11,082.80 | Write-off | | 08/15/2017 | 08/18/2017 | 70048880 |
| | | | | \$2,085.24 | Other Ins Paid | \$621.31 | 08/15/2017 | 08/18/2017 | 70048880 |
| 06/26/2017 | University Physicians Surg | Surgery | \$2,570.00 | \$1,527.07 | Write-off | | 08/15/2017 | 08/18/2017 | 70048865 |
| | | | | \$834.34 | Other Ins Paid | \$208.59 | 08/15/2017 | 08/18/2017 | 70048865 |
| 07/03/2017 | Radiology Inc | Medical Treatment | \$98.00 | \$74.15 | Primary Adjustm | \$23.85 | 08/21/2017 | 08/22/2017 | 70048897 |
| 07/03/2017 | Cabell Huntington Hospital | Medical Treatment | \$782.75 | \$657.62 | Primary Adjustm | \$125.13 | 08/24/2017 | 08/25/2017 | 70048984 |
| 05/09/2017 | Advanced Integrated Medical | Orthopedic Appliance | \$295.49 | \$130.92 | Primary Adjustm | \$164.57 | 10/31/2017 | 11/03/2017 | 70050301 |
| 11/22/2017 | Cabell Huntington Hospital | X-Ray, Radiology | \$320.50 | \$293.84 | Primary Adjustm | \$26.66 | 02/26/2018 | 02/27/2018 | 70052103 |
| 11/22/2017 | University Physicians Surg | Medical Treatment | \$80.00 | \$37.20 | Primary Adjustm | | 02/26/2018 | 02/27/2018 | 70052110 |
| | | | | \$2.80 | Other Ins Paid | \$40.00 | 02/26/2018 | 02/27/2018 | 70052110 |
| 11/22/2017 | University Physicians Surg | X-Ray, Radiology | \$30.00 | \$21.23 | Primary Adjustm | \$8.77 | 02/26/2018 | 02/27/2018 | 70052110 |
| 12/09/2017 | Cabell Huntington Hospital | MRI | \$2,563.75 | \$2,312.99 | Primary Adjustm | | 04/30/2018 | 05/01/2018 | 70053211 |
| | | | | \$200.61 | Other Ins Paid | \$50.15 | 04/30/2018 | 05/01/2018 | 70053211 |
| Claim # AGA-0088333 Totals : | | | \$21,583.27 | \$20,088.81 | | \$1,494.46 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| H., Kaitlen; Claim: AGA-0089999; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 01/26/2017 | | | | | | | | | |
| 03/21/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$63.91 | Write-off | | 06/29/2017 | 06/30/2017 | 99999999 |
| | | | | \$80.03 | Other Ins Paid | | 06/29/2017 | 06/30/2017 | 99999999 |
| | | | | \$35.06 | Ded Credit | \$0.00 | 06/29/2017 | 06/30/2017 | 99999999 |
| 02/28/2017 | Community Radiology | MRI | \$1,250.00 | \$830.00 | Write-off | | 06/28/2017 | 06/30/2017 | 99999999 |
| | | | | \$420.00 | Ded Credit | \$0.00 | 06/28/2017 | 06/30/2017 | 99999999 |
| 02/09/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$38.75 | Write-off | | 07/31/2017 | 08/01/2017 | 99999999 |
| | | | | \$241.25 | Ded Credit | \$0.00 | 07/31/2017 | 08/01/2017 | 99999999 |
| 02/09/2017 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$43.46 | Write-off | | 07/31/2017 | 08/01/2017 | 99999999 |
| | | | | \$12.53 | Ded Credit | \$0.00 | 07/31/2017 | 08/01/2017 | 99999999 |
| Claim # AGA-0089999 Totals : | | | \$1,764.99 | \$1,764.99 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|--------------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| H., Kaitlen; Claim: AGA-0100702; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 05/06/2017 | | | | | | | | | |
| 07/07/2017 | Appalachian Orthpaedic Assoc | Medical Treatment | \$221.00 | \$83.06 | Primary Adjustm | | 09/01/2017 | 09/06/2017 | 99999999 |
| | | | | \$102.94 | Other Ins Paid | | 09/01/2017 | 09/06/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/01/2017 | 09/06/2017 | 99999999 |
| 07/07/2017 | Appalachian Orthpaedic Assoc | X-Ray, Radiology | \$85.00 | \$54.96 | Primary Adjustm | | 09/01/2017 | 09/06/2017 | 99999999 |
| | | | | \$30.04 | Ded Credit | \$0.00 | 09/01/2017 | 09/06/2017 | 99999999 |
| 07/18/2017 | Appalachian Orthpaedic Assoc | Orthopedic Appliance | \$396.00 | \$272.59 | Primary Adjustm | | 09/01/2017 | 09/06/2017 | 99999999 |
| | | | | \$123.41 | Ded Credit | \$0.00 | 09/01/2017 | 09/06/2017 | 99999999 |
| 07/07/2017 | Appalachian Orthpaedic Assoc | MRI | \$1,420.00 | \$889.68 | Primary Adjustm | | 09/01/2017 | 09/06/2017 | 99999999 |
| | | | | \$530.32 | Ded Credit | \$0.00 | 09/01/2017 | 09/06/2017 | 99999999 |
| 08/09/2017 | Appalachian Orthpaedic Assoc | Medical Treatment | \$149.00 | \$56.38 | Primary Adjustm | | 10/04/2017 | 10/06/2017 | 99999999 |
| | | | | \$57.62 | Other Ins Paid | | 10/04/2017 | 10/06/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 10/04/2017 | 10/06/2017 | 99999999 |
| 08/16/2017 | Appalachian Orthpaedic Assoc | Surgery | \$2,356.00 | \$1,462.92 | Primary Adjustm | | 10/05/2017 | 10/06/2017 | 70049769 |
| | | | | \$85.67 | Ded Credit | \$807.41 | 10/05/2017 | 10/06/2017 | 70049769 |
| 07/07/2017 | Appalachian Orthpaedic Assoc | Deductible Reimbursement | \$35.00 | \$0.00 | | \$35.00 | 03/06/2018 | 03/06/2018 | 70052242 |
| 07/07/2017 | Appalachian Orthpaedic Assoc | Deductible Reimbursement | \$30.04 | \$0.00 | | \$30.04 | 03/06/2018 | 03/06/2018 | 70052242 |
| 07/07/2017 | Appalachian Orthpaedic Assoc | Deductible Reimbursement | \$530.32 | \$0.00 | | \$530.32 | 03/06/2018 | 03/06/2018 | 70052242 |
| 07/18/2017 | Appalachian Orthpaedic Assoc | Deductible Reimbursement | \$123.41 | \$0.00 | | \$123.41 | 03/06/2018 | 03/06/2018 | 70052242 |
| 08/09/2017 | Appalachian Orthpaedic Assoc | Deductible Reimbursement | \$35.00 | \$0.00 | | \$35.00 | 03/06/2018 | 03/06/2018 | 70052242 |
| 08/16/2017 | Appalachian Orthpaedic Assoc | Deductible Reimbursement | \$85.67 | \$0.00 | | \$85.67 | 03/06/2018 | 03/06/2018 | 70052242 |
| 08/16/2017 | Sapling Grove Surgery Center | Surgery | \$8,779.31 | \$5,562.31 | Primary Adjustm | | 03/06/2018 | 03/09/2018 | 70052351 |
| | | | | \$1,188.20 | Other Ins Paid | \$2,028.80 | 03/06/2018 | 03/09/2018 | 70052351 |
| 08/16/2017 | Sapling Grove Surgery Center | Surgery Center | \$8,779.31 | \$6,750.51 | Other Insurance | | 03/06/2018 | 03/09/2018 | 70052345 |
| | | | | \$857.69 | Other Insurance | \$1,171.11 | 03/06/2018 | 03/09/2018 | 70052345 |
| | Appalachian Orthpaedic Assoc | | \$0.00 | \$0.00 | | -\$448.29 | 04/20/2018 | 04/20/2018 | 0 |
| | Sapling Grove Surgery Center | | \$0.00 | \$0.00 | | -\$2,028.80 | 07/26/2018 | 07/26/2018 | 0 |
| Claim # AGA-0100702 Totals : | | | \$23,025.06 | \$20,655.39 | | \$2,369.67 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|----------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| K., Kylie; Claim: AGA-0075179; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Finger; Date Incurred: 09/23/2016 | | | | | | | | | |
| 10/05/2016 | Acv Inc | Anesthesia | \$1,140.00 | \$198.00 | Write-off | | 12/15/2016 | 12/16/2016 | 70042063 |
| | | | | \$753.60 | Other Ins Paid | \$188.40 | 12/15/2016 | 12/16/2016 | 70042063 |
| 10/06/2016 | Carilion Roanoke Mem Hosp | Outpatient | \$1,281.50 | \$334.47 | Write-off | | 01/10/2017 | 01/13/2017 | 70042817 |
| | | | | \$811.92 | Other Ins Paid | \$135.11 | 01/10/2017 | 01/13/2017 | 70042817 |
| 10/05/2016 | Roanoke Ambulatory Surgery Ctr | Surgery Center | \$6,701.20 | \$4,270.00 | Write-off | | 01/10/2017 | 01/13/2017 | 70042835 |
| | | | | \$1,944.96 | Other Ins Paid | \$486.24 | 01/10/2017 | 01/13/2017 | 70042835 |
| 11/22/2016 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$3.56 | Primary Adjustm | \$24.44 | 02/10/2017 | 02/14/2017 | 70043649 |
| 10/04/2016 | Carilion Clinic | Medical Treatment | \$109.00 | \$27.42 | Write-off | | 03/06/2017 | 03/07/2017 | 70044247 |
| | | | | \$41.58 | Other Ins Paid | \$40.00 | 03/06/2017 | 03/07/2017 | 70044247 |
| 09/29/2016 | Carilion Clinic | Medical Treatment | \$109.00 | \$27.42 | Write-off | | 03/06/2017 | 03/07/2017 | 70044268 |
| | | | | \$41.58 | Other Ins Paid | \$40.00 | 03/06/2017 | 03/07/2017 | 70044268 |
| 10/05/2016 | Carilion Clinic | Medical Treatment | \$987.00 | \$400.78 | Write-off | | 03/06/2017 | 03/07/2017 | 70044268 |
| | | | | \$468.98 | Other Ins Paid | \$117.24 | 03/06/2017 | 03/07/2017 | 70044268 |
| 10/10/2016 | Carilion Clinic | Occupational Therapy | \$1,281.50 | \$334.47 | Write-off | | 03/06/2017 | 03/07/2017 | 70044268 |
| | | | | \$811.92 | Other Ins Paid | \$135.11 | 03/06/2017 | 03/07/2017 | 70044268 |
| 10/14/2016 | Carilion Clinic | X-Ray, Lab | \$44.00 | \$10.77 | Write-off | | 03/06/2017 | 03/07/2017 | 70044268 |
| | | | | \$7.03 | Other Ins Paid | \$26.20 | 03/06/2017 | 03/07/2017 | 70044268 |
| | Carilion Clinic | | \$0.00 | \$0.00 | | -\$135.11 | 03/30/2017 | 03/30/2017 | 0 |
| 03/17/2017 | Carilion Services Inc | X-Ray, Radiology | \$16.00 | \$7.21 | Write-off | \$8.79 | 05/02/2017 | 05/05/2017 | 70045984 |
| 03/17/2017 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$3.56 | Write-off | \$24.44 | 05/22/2017 | 05/23/2017 | 70046541 |
| 11/04/2016 | Carilion Services Inc | X-Ray, Radiology | \$28.00 | \$3.56 | Primary Adjustm | \$24.44 | 08/08/2018 | 08/10/2018 | 70055469 |
| 11/04/2016 | Carilion Services Inc | X-Ray, Radiology | \$16.00 | \$7.21 | Primary Adjustm | | 08/08/2018 | 08/10/2018 | 70055469 |
| | | | | \$7.03 | Other Ins Paid | \$1.76 | 08/08/2018 | 08/10/2018 | 70055469 |
| Claim # AGA-0075179 Totals : | | | \$11,769.20 | \$10,652.14 | | \$1,117.06 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| K., Kylie; Claim: AGA-0099995; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 05/06/2017 | | | | | | | | | |
| 07/03/2017 | Carilion Medical Center | X-Ray, Radiology | \$23.00 | \$11.04 | Write-off | | 08/11/2017 | 08/15/2017 | 99999999 |
| | | | | \$9.57 | Other Ins Paid | | 08/11/2017 | 08/15/2017 | 99999999 |
| | | | | \$2.39 | Ded Credit | \$0.00 | 08/11/2017 | 08/15/2017 | 99999999 |
| 07/03/2017 | Carilion Roanoke Memorial Hosp | Medical Treatment | \$157.00 | \$33.36 | Write-off | | 08/11/2017 | 08/15/2017 | 99999999 |
| | | | | \$73.64 | Other Ins Paid | | 08/11/2017 | 08/15/2017 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 08/11/2017 | 08/15/2017 | 99999999 |
| Claim # AGA-0099995 Totals : | | | \$180.00 | \$180.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|---------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|------------|------------|----------|
| K., Cameron; Claim: AGA-0075184; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 10/22/2016 | | | | | | | | | |
| 11/01/2016 | Three Rivers Prov Network | TRPN Fee | \$12.67 | \$0.00 | | \$12.67 | 11/22/2016 | 11/23/2016 | 70041316 |
| 11/01/2016 | Beckley Arh | Emrg.Room | \$2,112.00 | \$105.60 | Disc:TRPN | | 11/22/2016 | 11/23/2016 | 70041443 |
| | | | | \$1,000.00 | Ded Credit | \$1,006.40 | 11/22/2016 | 11/23/2016 | 70041443 |
| 11/01/2016 | Beckley Med Imaging | Cat Scan | \$294.00 | \$222.40 | First Health Disc | \$71.60 | 11/30/2016 | 12/02/2016 | 70041556 |
| 11/01/2016 | First Health | First Health Repricing | \$33.36 | \$0.00 | | \$33.36 | 11/30/2016 | 12/02/2016 | 70041519 |
| 10/28/2016 | Professional Imaging | X-Ray, Radiology | \$86.51 | \$64.11 | First Health Disc | \$22.40 | 01/10/2017 | 01/13/2017 | 70042769 |
| 10/28/2016 | First Health | First Health Repricing | \$9.62 | \$0.00 | | \$9.62 | 01/10/2017 | 01/13/2017 | 70042751 |
| 10/28/2016 | First Health | First Health Repricing | \$7.24 | \$0.00 | | \$7.24 | 01/25/2017 | 01/27/2017 | 70043052 |
| 10/28/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$464.00 | \$48.26 | First Health Disc | \$415.74 | 01/25/2017 | 01/27/2017 | 70043150 |
| Claim # AGA-0075184 Totals : | | | \$3,019.40 | \$1,440.37 | | \$1,579.03 | | | |

| | | | | | | | | | |
|---|----------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| K., Kenna; Claim: AGA-0091127; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 01/09/2017 | | | | | | | | | |
| 02/09/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 03/15/2017 | 03/17/2017 | 99999999 |
| | | | | \$229.99 | Ded Credit | \$0.00 | 03/15/2017 | 03/17/2017 | 99999999 |
| 02/09/2017 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$38.03 | Write-off | | 04/21/2017 | 04/25/2017 | 99999999 |
| | | | | \$17.96 | Ded Credit | \$0.00 | 04/21/2017 | 04/25/2017 | 99999999 |
| Claim # AGA-0091127 Totals : | | | \$335.99 | \$335.99 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------------|--------------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| K., Bailey; Claim: AGA-0103340; Activity: Womens Track; Diagnosis: Pain; Anatomy: Bilateral Knee; Date Incurred: 03/21/2017 | | | | | | | | | |
| 06/27/2017 | Montgomery Radiology Associate | MRI | \$275.00 | \$196.43 | Write-off | | 07/28/2017 | 08/01/2017 | 99999999 |
| | | | | \$78.57 | Ded Credit | \$0.00 | 07/28/2017 | 08/01/2017 | 99999999 |
| 06/27/2017 | Montgomery Radiology Associate | Deductible Reimbursement | \$78.57 | \$0.00 | | \$78.57 | 08/15/2017 | 08/18/2017 | 70048850 |
| 06/27/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$1,825.52 | Write-off | | 08/15/2017 | 08/18/2017 | 70048887 |
| | | | | \$641.08 | Other Ins Paid | \$1,095.40 | 08/15/2017 | 08/18/2017 | 70048887 |
| 06/29/2017 | Sideline Ortho & Sports | Medical Treatment | \$401.00 | \$206.85 | Primary Adjustm | | 01/23/2018 | 01/23/2018 | 70051482 |
| | | | | \$165.03 | Other Ins Paid | \$29.12 | 01/23/2018 | 01/23/2018 | 70051482 |
| Claim # AGA-0103340 Totals : | | | \$4,316.57 | \$3,113.48 | | \$1,203.09 | | | |
| K., Tyler; Claim: AGA-0099394; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 04/08/2017 | | | | | | | | | |
| 04/26/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$560.00 | \$343.35 | Write-off | | 05/30/2017 | 05/31/2017 | 99999999 |
| | | | | \$216.65 | Ded Credit | \$0.00 | 05/30/2017 | 05/31/2017 | 99999999 |
| 04/26/2017 | Professional Imaging | X-Ray, Radiology | \$111.98 | \$76.06 | Write-off | | 06/23/2017 | 06/23/2017 | 99999999 |
| | | | | \$35.92 | Ded Credit | \$0.00 | 06/23/2017 | 06/23/2017 | 99999999 |
| Claim # AGA-0099394 Totals : | | | \$671.98 | \$671.98 | | \$0.00 | | | |
| L., Matthew (Joey); Claim: AGA-0086573; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Shoulder; Date Incurred: 10/03/2016 | | | | | | | | | |
| 01/31/2017 | Montgomery Radiology Associates | MRI | \$275.00 | \$196.43 | Write-off | | 05/16/2017 | 05/19/2017 | 70046398 |
| | | | | \$66.79 | Other Ins Paid | \$11.78 | 05/16/2017 | 05/19/2017 | 70046398 |
| 01/31/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$1,317.12 | Other Ins Paid | | 05/16/2017 | 05/19/2017 | 70046485 |
| | | | | \$1,897.45 | Write-off | \$347.43 | 05/16/2017 | 05/19/2017 | 70046485 |
| Claim # AGA-0086573 Totals : | | | \$3,837.00 | \$3,477.79 | | \$359.21 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|-------------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| L., Mark; Claim: AGA-0078584; Activity: Mens Football; Diagnosis: Pain; Anatomy: Back; Date Incurred: 10/15/2016 | | | | | | | | | |
| 11/08/2016 | Beckley Arh | Emrg.Room | \$5,916.60 | \$4,680.35 | Write-off | | 01/24/2017 | 01/27/2017 | 70043118 |
| | | | | \$1,086.25 | Other Ins Paid | \$150.00 | 01/24/2017 | 01/27/2017 | 70043118 |
| 11/08/2016 | Beckley Med Imaging | Cat Scan | \$294.00 | \$226.00 | Write-off | \$68.00 | 01/24/2017 | 01/27/2017 | 70043124 |
| 11/08/2016 | Beckley Med Imaging | MRI | \$377.00 | \$276.19 | Write-off | \$100.81 | 01/24/2017 | 01/27/2017 | 70043124 |
| 01/02/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$260.00 | \$0.00 | | \$260.00 | 03/03/2017 | 03/07/2017 | 70044266 |
| 01/05/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$170.00 | \$0.00 | | \$170.00 | 03/15/2017 | 03/17/2017 | 70044510 |
| 04/05/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.06 | Write-off | \$92.94 | 05/23/2017 | 05/26/2017 | 70046656 |
| 04/17/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$260.00 | \$29.61 | Disc:4most | \$230.39 | 08/28/2017 | 08/29/2017 | 70049088 |
| 04/17/2017 | HealthRisk Resource Group LLC | HRGI Fee | \$3.55 | \$0.00 | | \$3.55 | 08/28/2017 | 08/29/2017 | 70049040 |
| 02/06/2017 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$46.32 | Disc:4most | \$76.68 | 08/28/2017 | 08/29/2017 | 70049082 |
| 02/27/2017 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$46.32 | Disc:4most | \$76.68 | 08/28/2017 | 08/29/2017 | 70049082 |
| 02/06/2017 | HealthRisk Resource Group LLC | HRGI Fee | \$11.11 | \$0.00 | | \$11.11 | 08/28/2017 | 08/29/2017 | 70049044 |
| 12/29/2016 | Williams Chiropractic Clinic | X-Ray, Radiology | \$230.00 | \$109.94 | Primary Adjustm | \$120.06 | 09/29/2017 | 09/29/2017 | 70049684 |
| 01/16/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.06 | Primary Adjustm | \$92.94 | 09/29/2017 | 09/29/2017 | 70049684 |
| 01/25/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.15 | Primary Adjustm | \$92.85 | 09/29/2017 | 09/29/2017 | 70049684 |
| 02/02/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.06 | Primary Adjustm | \$92.94 | 09/29/2017 | 09/29/2017 | 70049684 |
| 02/09/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$130.00 | \$68.10 | Primary Adjustm | \$61.90 | 09/29/2017 | 09/29/2017 | 70049684 |
| 02/16/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.06 | Primary Adjustm | \$92.94 | 09/29/2017 | 09/29/2017 | 70049684 |
| 02/23/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.15 | Primary Adjustm | \$92.85 | 09/29/2017 | 09/29/2017 | 70049684 |
| 03/06/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.15 | Primary Adjustm | \$92.85 | 09/29/2017 | 09/29/2017 | 70049684 |
| 03/20/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$195.00 | \$102.12 | Primary Adjustm | \$92.88 | 09/29/2017 | 09/29/2017 | 70049684 |
| 03/27/2017 | Williams Chiropractic Clinic | Manipulation/Adjustment | \$130.00 | \$68.10 | Primary Adjustm | \$61.90 | 09/29/2017 | 09/29/2017 | 70049684 |
| Claim # AGA-0078584 Totals : | | | \$9,588.26 | \$7,453.99 | | \$2,134.27 | | | |

A-G Administrators, Inc. Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| L., Mikeal; Claim: AGA-0070999; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 10/01/2016 | | | | | | | | | |
| 10/04/2016 | Princeton Comm Hosp | Emrg.Room | \$2,445.00 | \$628.83 | Write-off | | 11/04/2016 | 11/08/2016 | 70040876 |
| | | | | \$1,332.94 | Other Ins Paid | \$483.23 | 11/04/2016 | 11/08/2016 | 70040876 |
| 10/04/2016 | Professional Imaging | Cat Scan | \$210.00 | \$98.33 | Write-off | | 11/04/2016 | 11/08/2016 | 70040823 |
| | | | | \$89.34 | Other Ins Paid | \$22.33 | 11/04/2016 | 11/08/2016 | 70040823 |
| 10/04/2016 | Professional Imaging | Cat Scan | \$170.00 | \$102.07 | Write-off | | 11/04/2016 | 11/08/2016 | 70040823 |
| | | | | \$54.34 | Other Ins Paid | \$13.59 | 11/04/2016 | 11/08/2016 | 70040823 |
| 10/04/2016 | Princeton Rescue Squad | Ambulance | \$665.00 | \$307.59 | Write-off | | 12/08/2016 | 12/09/2016 | 70041847 |
| | | | | \$285.93 | Other Ins Paid | \$71.48 | 12/08/2016 | 12/09/2016 | 70041847 |
| 10/04/2016 | Princeton Rescue Squad | Ambulance | \$120.90 | \$49.56 | Write-off | | 12/08/2016 | 12/09/2016 | 70041847 |
| | | | | \$57.07 | Other Ins Paid | \$14.27 | 12/08/2016 | 12/09/2016 | 70041847 |
| 01/06/2017 | Centers For Rehab Services | Phys.Therapy | \$224.00 | \$129.00 | Primary Adjustm | \$95.00 | 02/28/2017 | 03/03/2017 | 70044090 |
| 01/06/2017 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$354.89 | Primary Adjustm | \$118.11 | 02/28/2017 | 03/03/2017 | 70044144 |
| 12/02/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$354.89 | Primary Adjustm | \$118.11 | 02/28/2017 | 03/03/2017 | 70044144 |
| Claim # AGA-0070999 Totals : | | | \$4,780.90 | \$3,844.78 | | \$936.12 | | | |
| L., Nicholas; Claim: AGA-0079157; Activity: Mens Football; Diagnosis: Pain; Anatomy: Torso; Date Incurred: 11/12/2016 | | | | | | | | | |
| 11/12/2016 | Princeton Comm Hosp | Emrg.Room | \$6,480.56 | \$661.30 | First Health Disc | | 12/08/2016 | 12/09/2016 | 70041919 |
| | | | | \$4,455.41 | Other Ins Paid | \$1,363.85 | 12/08/2016 | 12/09/2016 | 70041919 |
| 11/13/2016 | Professional Imaging | X-Ray, Radiology | \$532.40 | \$212.96 | First Health Disc | | 12/08/2016 | 12/09/2016 | 70041845 |
| | | | | \$255.55 | Other Ins Paid | \$63.89 | 12/08/2016 | 12/09/2016 | 70041845 |
| 11/13/2016 | Professional Imaging | Cat Scan | \$229.00 | \$139.26 | First Health Disc | | 12/08/2016 | 12/09/2016 | 70041845 |
| | | | | \$71.79 | Other Ins Paid | \$17.95 | 12/08/2016 | 12/09/2016 | 70041845 |
| Claim # AGA-0079157 Totals : | | | \$7,241.96 | \$5,796.27 | | \$1,445.69 | | | |
| M., Zach; Claim: AGA-0063798; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 08/10/2016 | | | | | | | | | |
| 05/25/2017 | Lewisgale Hos Montgomery | MRI | \$7,688.70 | \$3,708.92 | Write-off | | 06/30/2017 | 07/05/2017 | 70047668 |
| | | | | \$3,424.99 | Other Ins Paid | \$554.79 | 06/30/2017 | 07/05/2017 | 70047668 |
| 07/13/2017 | Sideline Ortho & Sports | Medical Treatment | \$125.00 | \$89.47 | Primary Adjustm | | 08/17/2017 | 08/18/2017 | 999999999 |
| | | | | \$35.53 | Other Ins Paid | \$0.00 | 08/17/2017 | 08/18/2017 | 999999999 |
| Claim # AGA-0063798 Totals : | | | \$7,813.70 | \$7,258.91 | | \$554.79 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| M., Zachary; Claim: AGA-0088957; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/12/2016 | | | | | | | | | |
| 02/06/2017 | Sideline Ortho & Sports | Surgery | \$1,316.00 | \$387.94 | Other Ins Paid | | 03/17/2017 | 03/21/2017 | 99999999 |
| | | | | \$684.60 | Write-off | | 03/17/2017 | 03/21/2017 | 99999999 |
| | | | | \$243.46 | Ded Credit | \$0.00 | 03/17/2017 | 03/21/2017 | 99999999 |
| 04/26/2018 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$65.25 | Primary Adjustm | | 07/25/2018 | 07/27/2018 | 99999999 |
| | | | | \$67.75 | Other Ins Paid | | 07/25/2018 | 07/27/2018 | 99999999 |
| | | | | \$45.00 | Ded Credit | \$0.00 | 07/25/2018 | 07/27/2018 | 99999999 |
| 04/26/2018 | Sideline Ortho & Sports | X-Ray, Radiology | \$63.00 | \$27.76 | Primary Adjustm | | 07/25/2018 | 07/27/2018 | 99999999 |
| | | | | \$35.24 | Other Ins Paid | \$0.00 | 07/25/2018 | 07/27/2018 | 99999999 |
| Claim # AGA-0088957 Totals : | | | \$1,557.00 | \$1,557.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|--------------------------------|-------------------|-----------------|-----------------|----------------|-----------------|------------|------------|----------|
| M., Zach; Claim: AGA-0099870; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 04/07/2017 | | | | | | | | | |
| 05/25/2017 | Montgomery Radiology Associate | Medical Treatment | \$832.00 | \$593.45 | Write-off | | 07/06/2017 | 07/07/2017 | 70047788 |
| | | | | \$138.09 | Other Ins Paid | \$100.46 | 07/06/2017 | 07/07/2017 | 70047788 |
| Claim # AGA-0099870 Totals : | | | \$832.00 | \$731.54 | | \$100.46 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| M., Brian; Claim: AGA-0072307; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 08/17/2016 | | | | | | | | | |
| 10/28/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$308.05 | Write-off | | 12/07/2016 | 12/09/2016 | 99999999 |
| | | | | \$134.95 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/07/2016 | 12/09/2016 | 99999999 |
| 08/26/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$308.05 | Write-off | | 12/07/2016 | 12/09/2016 | 99999999 |
| | | | | \$134.95 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/07/2016 | 12/09/2016 | 99999999 |
| 09/09/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$308.05 | Write-off | | 12/07/2016 | 12/09/2016 | 99999999 |
| | | | | \$134.95 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/07/2016 | 12/09/2016 | 99999999 |
| 09/09/2016 | Centers For Rehab Services | Phys.Therapy | \$168.00 | \$55.00 | Write-off | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$83.00 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/07/2016 | 12/09/2016 | 70041838 |
| 09/12/2016 | Centers For Rehab Services | Phys.Therapy | \$106.00 | \$76.00 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/07/2016 | 12/09/2016 | 70041838 |
| 09/16/2016 | Centers For Rehab Services | Phys.Therapy | \$153.00 | \$40.00 | Write-off | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$83.00 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/07/2016 | 12/09/2016 | 70041838 |
| 09/23/2016 | Centers For Rehab Services | Phys.Therapy | \$153.00 | \$40.00 | Write-off | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$83.00 | Other Ins Paid | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$7.15 | Ded Credit | \$22.85 | 12/07/2016 | 12/09/2016 | 70041838 |
| 09/30/2016 | Centers For Rehab Services | Phys.Therapy | \$153.00 | \$40.00 | Write-off | | 12/07/2016 | 12/09/2016 | 70041838 |
| | | | | \$83.00 | Other Ins Paid | \$30.00 | 12/07/2016 | 12/09/2016 | 70041838 |
| 11/18/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$473.00 | \$308.05 | Write-off | | 12/20/2016 | 12/23/2016 | 70042198 |
| | | | | \$134.95 | Other Ins Paid | \$30.00 | 12/20/2016 | 12/23/2016 | 70042198 |
| 10/14/2016 | Centers For Rehab Services | Phys.Therapy | \$153.00 | \$40.00 | Write-off | | 12/20/2016 | 12/23/2016 | 70042215 |
| | | | | \$83.00 | Other Ins Paid | \$30.00 | 12/20/2016 | 12/23/2016 | 70042215 |
| 10/21/2016 | Centers For Rehab Services | Phys.Therapy | \$153.00 | \$40.00 | Write-off | | 12/20/2016 | 12/23/2016 | 70042215 |
| | | | | \$83.00 | Other Ins Paid | \$30.00 | 12/20/2016 | 12/23/2016 | 70042215 |
| 10/28/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$30.00 | \$0.00 | | \$30.00 | 12/20/2016 | 12/23/2016 | 70042234 |
| 08/26/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$30.00 | \$0.00 | | \$30.00 | 12/20/2016 | 12/23/2016 | 70042234 |
| 09/09/2016 | Univ Of Pittsburgh Phys | Medical Treatment | \$30.00 | \$0.00 | | \$30.00 | 12/20/2016 | 12/23/2016 | 70042234 |
| 09/09/2016 | Centers For Rehab Services | Phys.Therapy | \$30.00 | \$0.00 | | \$30.00 | 12/20/2016 | 12/23/2016 | 70042237 |
| 09/12/2016 | Centers For Rehab Services | Phys.Therapy | \$30.00 | \$0.00 | | \$30.00 | 12/20/2016 | 12/23/2016 | 70042237 |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------------|--------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., Brian; Claim: AGA-0072307; Activity: Mens Football; Diagnosis: Concussion; Anatomy: Head; Date Incurred: 08/17/2016 | | | | | | | | | |
| 09/16/2016 | Centers For Rehab Services | Phys.Therapy | \$30.00 | \$0.00 | | \$30.00 | 12/20/2016 | 12/23/2016 | 70042237 |
| 09/23/2016 | Centers For Rehab Services | Phys.Therapy | \$7.15 | \$0.00 | | \$7.15 | 12/20/2016 | 12/23/2016 | 70042237 |
| Claim # AGA-0072307 Totals : | | | \$3,118.15 | \$2,788.15 | | \$330.00 | | | |

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|--|---------------------|------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| M., Davon; Claim: AGA-0063126; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 08/08/2016 | | | | | | | | | |
| 08/10/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$280.00 | Ded Credit | \$0.00 | 09/13/2016 | 10/21/2016 | 999999999 |
| Claim # AGA-0063126 Totals : | | | \$280.00 | \$280.00 | | \$0.00 | | | |

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|--|------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| M., Davon; Claim: AGA-0078629; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/10/2016 | | | | | | | | | |
| 10/10/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$123.00 | Ded Credit | \$0.00 | 06/29/2017 | 06/30/2017 | 999999999 |
| Claim # AGA-0078629 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |

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|---|----------------------|------------------|-------------------|-------------------|----------------|---------------|------------|------------|-----------|
| M., Taylor; Claim: AGA-0075276; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 10/02/2016 | | | | | | | | | |
| 10/12/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 11/22/2016 | 11/23/2016 | 999999999 |
| | | | | \$183.99 | Other Ins Paid | | 11/22/2016 | 11/23/2016 | 999999999 |
| | | | | \$46.00 | Ded Credit | \$0.00 | 11/22/2016 | 11/23/2016 | 999999999 |
| 10/12/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$38.03 | Write-off | | 12/09/2016 | 12/13/2016 | 999999999 |
| | | | | \$14.37 | Other Ins Paid | | 12/09/2016 | 12/13/2016 | 999999999 |
| | | | | \$3.59 | Ded Credit | \$0.00 | 12/09/2016 | 12/13/2016 | 999999999 |
| 10/25/2016 | Community Radiology | MRI | \$1,250.00 | \$778.17 | Write-off | | 01/11/2017 | 01/13/2017 | 999999999 |
| | | | | \$377.46 | Other Ins Paid | | 01/11/2017 | 01/13/2017 | 999999999 |
| | | | | \$94.37 | Ded Credit | \$0.00 | 01/11/2017 | 01/13/2017 | 999999999 |
| Claim # AGA-0075276 Totals : | | | \$1,585.99 | \$1,585.99 | | \$0.00 | | | |

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|---|---------------------|-----|-------------------|-------------------|------------|---------------|------------|------------|-----------|
| M., Olivia; Claim: AGA-0091777; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 01/01/2017 | | | | | | | | | |
| 02/28/2017 | Community Radiology | MRI | \$1,250.00 | \$964.67 | Write-off | | 04/10/2017 | 04/11/2017 | 999999999 |
| | | | | \$285.33 | Ded Credit | \$0.00 | 04/10/2017 | 04/11/2017 | 999999999 |
| Claim # AGA-0091777 Totals : | | | \$1,250.00 | \$1,250.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------|---------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., David; Claim: AGA-0070480; Activity: Mens Football; Diagnosis: Pain; Anatomy: Head; Date Incurred: 10/03/2016 | | | | | | | | | |
| 10/04/2016 | Beckley Arh | Dr.Visit-Emerg Room | \$2,207.00 | \$1,646.50 | Other Ins Paid | | 06/20/2017 | 06/23/2017 | 70047447 |
| | | | | \$410.50 | Write-off | \$150.00 | 06/20/2017 | 06/23/2017 | 70047447 |
| Claim # AGA-0070480 Totals : | | | \$2,207.00 | \$2,057.00 | | \$150.00 | | | |

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|--|---------------------|-----------|-----------------|-----------------|----------------|---------------|------------|------------|-----------|
| M., Camari; Claim: AGA-0070508; Activity: Mens Football; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 09/28/2016 | | | | | | | | | |
| 09/28/2016 | Princeton Comm Hosp | Emrg.Room | \$938.15 | \$838.15 | Other Ins Paid | | 01/09/2017 | 01/10/2017 | 999999999 |
| | | | | \$100.00 | Ded Credit | \$0.00 | 01/09/2017 | 01/10/2017 | 999999999 |
| Claim # AGA-0070508 Totals : | | | \$938.15 | \$938.15 | | \$0.00 | | | |

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|---|-------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|-----------|
| N., RACHEL; Claim: AGA-0099261; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 03/27/2017 | | | | | | | | | |
| 04/04/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$59.57 | Write-off | | 05/30/2017 | 05/31/2017 | 999999999 |
| | | | | \$69.43 | Other Ins Paid | | 05/30/2017 | 05/31/2017 | 999999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 05/30/2017 | 05/31/2017 | 999999999 |
| 04/04/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$34.19 | Write-off | | 05/30/2017 | 05/31/2017 | 999999999 |
| | | | | \$32.81 | Ded Credit | \$0.00 | 05/30/2017 | 05/31/2017 | 999999999 |
| Claim # AGA-0099261 Totals : | | | \$246.00 | \$246.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------------|--------------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| N., Justin; Claim: AGA-0074516; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 10/29/2016 | | | | | | | | | |
| 10/31/2016 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$116.35 | Other Ins Paid | | 01/10/2017 | 01/13/2017 | 99999999 |
| | | | | \$62.65 | Ded Credit | \$0.00 | 01/10/2017 | 01/13/2017 | 99999999 |
| 10/31/2016 | Sideline Ortho & Sports | X-Ray, Radiology | \$73.00 | \$2.58 | Write-off | | 01/10/2017 | 01/13/2017 | 99999999 |
| | | | | \$45.77 | Other Ins Paid | | 01/10/2017 | 01/13/2017 | 99999999 |
| | | | | \$24.65 | Ded Credit | \$0.00 | 01/10/2017 | 01/13/2017 | 99999999 |
| 10/31/2016 | Sideline Ortho & Sports | Orthopedic Appliance | \$450.00 | \$50.00 | Other Ins Paid | | 01/10/2017 | 01/13/2017 | 99999999 |
| | | | | \$400.00 | Ded Credit | \$0.00 | 01/10/2017 | 01/13/2017 | 99999999 |
| 12/14/2016 | Monongalia Gen Hospital | Surgery | \$11,508.75 | \$8,804.20 | Other Ins Paid | | 03/06/2017 | 03/07/2017 | 70044282 |
| | | | | \$1,150.87 | Write-off | \$1,553.68 | 03/06/2017 | 03/07/2017 | 70044282 |
| 10/31/2016 | Sideline Ortho & Sports | Deductible Reimbursement | \$62.65 | \$0.00 | | \$62.65 | 03/06/2017 | 03/07/2017 | 70044272 |
| 10/31/2016 | Sideline Ortho & Sports | Deductible Reimbursement | \$24.65 | \$0.00 | | \$24.65 | 03/06/2017 | 03/07/2017 | 70044272 |
| 10/31/2016 | Sideline Ortho & Sports | Deductible Reimbursement | \$400.00 | \$0.00 | | \$400.00 | 03/06/2017 | 03/07/2017 | 70044272 |
| 12/14/2016 | Mid-Atlantic Anesthesia Consultants | Anesthesia | \$400.00 | \$10.00 | Write-off | | 03/06/2017 | 03/07/2017 | 70044258 |
| | | | | \$331.50 | Other Ins Paid | \$58.50 | 03/06/2017 | 03/07/2017 | 70044258 |
| 12/14/2016 | Mid-Atlantic Anesthesia Consultants | Anesthesia | \$700.00 | \$310.00 | Write-off | | 03/06/2017 | 03/07/2017 | 70044258 |
| | | | | \$331.50 | Other Ins Paid | \$58.50 | 03/06/2017 | 03/07/2017 | 70044258 |
| 12/14/2016 | Mid-Atlantic Anesthesia Consul | X-Ray, Radiology | \$150.00 | \$104.78 | Write-off | | 03/06/2017 | 03/07/2017 | 70044245 |
| | | | | \$38.44 | Other Ins Paid | \$6.78 | 03/06/2017 | 03/07/2017 | 70044245 |
| 12/14/2016 | Mid-Atlantic Anesthesia Consul | Injection | \$510.00 | \$318.25 | Write-off | | 03/06/2017 | 03/07/2017 | 70044245 |
| | | | | \$162.99 | Other Ins Paid | \$28.76 | 03/06/2017 | 03/07/2017 | 70044245 |
| 12/14/2016 | Mountainstate Ortho | Surgery | \$3,955.00 | \$1,944.14 | Primary Adjustm | | 10/18/2017 | 10/20/2017 | 70050050 |
| | | | | \$1,709.23 | Other Ins Paid | \$301.63 | 10/18/2017 | 10/20/2017 | 70050050 |
| 12/14/2016 | Mountainstate Ortho | Surgery | \$895.00 | \$839.67 | Primary Adjustm | \$55.33 | 10/18/2017 | 10/20/2017 | 70050050 |
| 07/05/2017 | Mountainstate Ortho | Medical Treatment | \$90.00 | \$15.25 | Primary Adjustm | | 10/18/2017 | 10/20/2017 | 70050050 |
| | | | | \$54.75 | Other Ins Paid | \$20.00 | 10/18/2017 | 10/20/2017 | 70050050 |
| Claim # AGA-0074516 Totals : | | | \$19,398.05 | \$16,827.57 | | \$2,570.48 | | | |

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|--|-------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| N., Brian; Claim: AGA-0075223; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 10/22/2016 | | | | | | | | | |
| 10/27/2016 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$62.11 | Write-off | | 01/10/2017 | 01/13/2017 | 99999999 |
| | | | | \$91.89 | Other Ins Paid | | 01/10/2017 | 01/13/2017 | 99999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 01/10/2017 | 01/13/2017 | 99999999 |
| Claim # AGA-0075223 Totals : | | | \$179.00 | \$179.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| O., Coleman; Claim: AGA-0075284; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 10/01/2016 | | | | | | | | | |
| 10/10/2016 | ARH Southern WV Clinic | Medical Treatment | \$123.00 | \$38.81 | Write-off | | 05/02/2017 | 05/05/2017 | 99999999 |
| | | | | \$84.19 | Ded Credit | \$0.00 | 05/02/2017 | 05/05/2017 | 99999999 |
| Claim # AGA-0075284 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |

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|---|-----------------------------|------------------|--------------------|--------------------|----------------|-------------------|------------|------------|----------|
| P., Kevin; Claim: AGA-0070450; Activity: Mens Football; Diagnosis: Hyperextension; Anatomy: R-Elbow; Date Incurred: 09/17/2016 | | | | | | | | | |
| 09/17/2016 | Lewisgale Hos Montgomery | Emrg.Room | \$7,625.00 | \$4,031.64 | Write-off | | 10/20/2016 | 10/21/2016 | 70040382 |
| | | | | \$2,554.72 | Other Ins Paid | \$1,038.64 | 10/20/2016 | 10/21/2016 | 70040382 |
| 09/29/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 11/04/2016 | 11/08/2016 | 70040830 |
| | | | | \$183.99 | Other Ins Paid | \$46.00 | 11/04/2016 | 11/08/2016 | 70040830 |
| 09/17/2016 | SW VA Orthopedics And Spine | Surgery | \$1,067.00 | \$645.78 | Write-off | | 11/28/2016 | 12/02/2016 | 70041567 |
| | | | | \$336.98 | Other Ins Paid | \$84.24 | 11/28/2016 | 12/02/2016 | 70041567 |
| 11/09/2016 | Lewisgale Hos Montgomery | Outpatient | \$7,586.00 | \$3,727.94 | Write-off | | 12/22/2016 | 12/23/2016 | 70042280 |
| | | | | \$3,424.74 | Other Ins Paid | \$433.32 | 12/22/2016 | 12/23/2016 | 70042280 |
| Claim # AGA-0070450 Totals : | | | \$16,558.00 | \$14,955.80 | | \$1,602.20 | | | |

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|---|----------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| P., Kelsey; Claim: AGA-0099474; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Hand; Date Incurred: 04/10/2017 | | | | | | | | | |
| 04/11/2017 | Princeton Comm Hosp | Medical Treatment | \$280.00 | \$280.00 | Ded Credit | \$0.00 | 07/10/2017 | 07/11/2017 | 99999999 |
| 04/13/2017 | Professional Imaging | Cat Scan | \$487.40 | \$487.40 | Ded Credit | \$0.00 | 08/02/2017 | 08/04/2017 | 99999999 |
| 04/11/2017 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$34.00 | Ded Credit | \$0.00 | 08/02/2017 | 08/04/2017 | 99999999 |
| Claim # AGA-0099474 Totals : | | | \$801.40 | \$801.40 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|----------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| P., Karley; Claim: AGA-0075331; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 10/16/2016 | | | | | | | | | |
| 10/16/2016 | Princeton Comm Hosp | Emrg.Room | \$2,025.00 | \$210.60 | Write-off | | 11/22/2016 | 11/23/2016 | 70041414 |
| | | | | \$1,497.96 | Other Ins Paid | \$316.44 | 11/22/2016 | 11/23/2016 | 70041414 |
| 10/16/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$43.24 | Write-off | | 12/14/2016 | 12/16/2016 | 70042019 |
| | | | | \$11.47 | Other Ins Paid | \$1.28 | 12/14/2016 | 12/16/2016 | 70042019 |
| 10/16/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$43.24 | Write-off | | 12/14/2016 | 12/16/2016 | 70042019 |
| | | | | \$11.47 | Other Ins Paid | \$1.28 | 12/14/2016 | 12/16/2016 | 70042019 |
| 10/16/2016 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$38.24 | Write-off | | 12/14/2016 | 12/16/2016 | 70042019 |
| | | | | \$11.47 | Other Ins Paid | \$1.28 | 12/14/2016 | 12/16/2016 | 70042019 |
| 11/15/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$40,988.00 | \$26,808.82 | Write-off | | 01/04/2017 | 01/06/2017 | 70042630 |
| | | | | \$12,287.68 | Other Ins Paid | \$1,891.50 | 01/04/2017 | 01/06/2017 | 70042630 |
| 11/15/2016 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$51.91 | Disc:PMCS | \$127.09 | 01/06/2017 | 01/10/2017 | 70042697 |
| 11/15/2016 | HealthRisk Resource Group LLC | HRGI Fee | \$6.23 | \$0.00 | | \$6.23 | 01/06/2017 | 01/10/2017 | 70042640 |
| 11/18/2016 | HealthRisk Resource Group LLC | HRGI Fee | \$48.37 | \$0.00 | | \$48.37 | 01/12/2017 | 01/13/2017 | 70042784 |
| 11/18/2016 | Sideline Ortho & Sports | Surgery | \$1,390.00 | \$403.10 | Disc:PMCS | | 01/12/2017 | 01/13/2017 | 70042841 |
| | | | | \$277.50 | Other Ins Paid | \$709.40 | 01/12/2017 | 01/13/2017 | 70042841 |
| 12/28/2016 | Sideline Ortho & Sports | Orthopedic Appliance | \$350.00 | \$175.00 | Other Ins Paid | \$175.00 | 02/02/2017 | 02/03/2017 | 70043335 |
| 12/13/2016 | Sideline Ortho & Sports | Surgery | \$172.00 | \$86.00 | Other Ins Paid | \$86.00 | 02/02/2017 | 02/03/2017 | 70043335 |
| 12/13/2016 | Sideline Ortho & Sports | Casting/Splinting | \$110.00 | \$37.50 | Other Ins Paid | \$72.50 | 02/02/2017 | 02/03/2017 | 70043335 |
| 12/01/2016 | Sideline Ortho & Sports | Surgery | \$172.00 | \$86.00 | Other Ins Paid | \$86.00 | 02/02/2017 | 02/03/2017 | 70043335 |
| 01/03/2017 | University Physical Therapy | Phys.Therapy | \$288.00 | \$218.00 | Write-off | \$70.00 | 03/27/2017 | 03/28/2017 | 70044773 |
| 01/04/2017 | University Physical Therapy | Phys.Therapy | \$322.00 | \$252.00 | Write-off | \$70.00 | 03/27/2017 | 03/28/2017 | 70044773 |
| 01/06/2017 | University Physical Therapy | Phys.Therapy | \$433.00 | \$363.00 | Write-off | \$70.00 | 03/27/2017 | 03/28/2017 | 70044773 |
| 04/12/2017 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$59.00 | Write-off | | 06/01/2017 | 06/02/2017 | 70046784 |
| | | | | \$79.00 | Other Ins Paid | \$40.00 | 06/01/2017 | 06/02/2017 | 70046784 |
| 04/12/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$41.00 | Write-off | | 06/01/2017 | 06/02/2017 | 70046784 |
| | | | | \$26.00 | Other Ins Paid | \$0.00 | 06/01/2017 | 06/02/2017 | 70046784 |
| 04/26/2017 | Sideline Ortho & Sports | Medical Treatment | \$125.00 | \$46.00 | Write-off | | 06/20/2017 | 06/23/2017 | 70047415 |
| | | | | \$39.00 | Other Ins Paid | \$40.00 | 06/20/2017 | 06/23/2017 | 70047415 |
| 05/10/2017 | Sideline Ortho & Sports | Medical Treatment | \$125.00 | \$46.00 | Write-off | | 08/02/2017 | 08/04/2017 | 70048526 |
| | | | | \$39.00 | Other Ins Paid | \$40.00 | 08/02/2017 | 08/04/2017 | 70048526 |
| 08/28/2017 | Montgomery Radiology Associate | MRI | \$275.00 | \$189.19 | Primary Adjustm | | 10/24/2017 | 10/27/2017 | 70050154 |
| | | | | \$60.07 | Other Ins Paid | \$25.74 | 10/24/2017 | 10/27/2017 | 70050154 |
| 08/28/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$113.00 | Primary Adjustm | | 10/24/2017 | 10/27/2017 | 70050200 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| P., Karley; Claim: AGA-0075331; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 10/16/2016 | | | | | | | | | |
| | | | | \$2,250.11 | Other Ins Paid | \$1,198.89 | 10/24/2017 | 10/27/2017 | 70050200 |
| 08/18/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$62.00 | Primary Adjustm | | 12/20/2017 | 12/22/2017 | 70051098 |
| | | | | \$77.00 | Other Ins Paid | \$40.00 | 12/20/2017 | 12/22/2017 | 70051098 |
| 12/11/2017 | Valley Anesthesia | Anesthesia | \$720.00 | \$517.50 | Primary Adjustm | | 03/05/2018 | 03/06/2018 | 70052212 |
| | | | | \$182.25 | Other Ins Paid | \$20.25 | 03/05/2018 | 03/06/2018 | 70052212 |
| 12/11/2017 | Valley Anesthesia | Anesthesia | \$711.00 | \$508.50 | Primary Adjustm | | 03/05/2018 | 03/06/2018 | 70052212 |
| | | | | \$182.25 | Other Ins Paid | \$20.25 | 03/05/2018 | 03/06/2018 | 70052212 |
| 12/11/2017 | Lewisgale Hos Montgomery | Surgery Center | \$26,453.00 | \$9,878.30 | Primary Adjustm | | 03/05/2018 | 03/06/2018 | 70052247 |
| | | | | \$15,504.85 | Other Ins Paid | \$1,069.85 | 03/05/2018 | 03/06/2018 | 70052247 |
| 11/21/2017 | Sideline Ortho & Sports | Medical Treatment | \$125.00 | \$46.00 | Primary Adjustm | | 03/05/2018 | 03/06/2018 | 70052211 |
| | | | | \$39.00 | Other Ins Paid | \$40.00 | 03/05/2018 | 03/06/2018 | 70052211 |
| Claim # AGA-0075331 Totals : | | | \$79,166.57 | \$72,899.22 | | \$6,267.35 | | | |

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|--|-------------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| P., Myles; Claim: AGA-0100117; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 04/22/2017 | | | | | | | | | |
| 07/21/2017 | Carilion Medical Center | Medical Treatment | \$241.00 | \$22.71 | Primary Adjustm | | 09/13/2017 | 09/15/2017 | 99999999 |
| | | | | \$168.29 | Other Ins Paid | | 09/13/2017 | 09/15/2017 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 09/13/2017 | 09/15/2017 | 99999999 |
| Claim # AGA-0100117 Totals : | | | \$241.00 | \$241.00 | | \$0.00 | | | |

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|---|----------------------|------------------|-------------------|-------------------|----------------|---------------|------------|------------|----------|
| P., Quincy; Claim: AGA-0091206; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 01/18/2017 | | | | | | | | | |
| 01/31/2017 | Community Radiology | MRI | \$1,250.00 | \$800.00 | Other Ins Paid | | 03/09/2017 | 03/10/2017 | 99999999 |
| | | | | \$450.00 | Ded Credit | \$0.00 | 03/09/2017 | 03/10/2017 | 99999999 |
| 01/23/2017 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$55.99 | Ded Credit | \$0.00 | 07/06/2017 | 07/07/2017 | 99999999 |
| Claim # AGA-0091206 Totals : | | | \$1,305.99 | \$1,305.99 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|-------------------|---------------------|---------------------|------------------|-------------------|---------------|------------|--------------|
| P., Jacob; Claim: AGA-0100076; Activity: Mens Football; Diagnosis: Pain; Anatomy: Hip; Date Incurred: 04/22/2017 | | | | | | | | | |
| 05/02/2017 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$59.68 | Write-off | | 06/29/2017 | 06/30/2017 | 99999999 |
| | | | | \$98.32 | Other Ins Paid | | 06/29/2017 | 06/30/2017 | 99999999 |
| | | | | \$20.00 | Ded Credit | \$0.00 | 06/29/2017 | 06/30/2017 | 99999999 |
| 10/06/2017 | Valley Anesthesia | Anesthesia | \$1,360.00 | \$1,360.00 | Need EOB's | \$0.00 | 04/05/2018 | 04/06/2018 | 70052766 |
| 10/06/2017 | Valley Anesthesia | Anesthesia | \$1,343.00 | \$918.00 | Primary Adjustm | | 04/05/2018 | 04/06/2018 | 70052766 |
| | | | | \$382.50 | Other Ins Paid | \$42.50 | 04/05/2018 | 04/06/2018 | 70052766 |
| | Valley Anesthesia | | \$0.00 | \$0.00 | | -\$42.50 | 07/23/2018 | 07/23/2018 | 0 |
| 10/06/2017 | Lewisgale Hos Montgomery | Medical Treatment | \$122,194.00 | \$26,611.10 | Other Ins Paid | | 07/27/2018 | 07/31/2018 | 70055253 |
| | | | | \$94,556.22 | Primary Adjustm | \$1,026.68 | 07/27/2018 | 07/31/2018 | 70055253 |
| Claim # AGA-0100076 Totals : | | | \$125,075.00 | \$124,048.32 | | \$1,026.68 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------|-------------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| R., Chad; Claim: AGA-0070426; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 09/21/2016 | | | | | | | | | |
| 10/13/2016 | Neurological Assoc | Injection | \$423.00 | \$84.60 | Write-off | | 12/22/2016 | 12/23/2016 | 99999999 |
| | | | | \$270.72 | Other Ins Paid | | 12/22/2016 | 12/23/2016 | 99999999 |
| | | | | \$67.68 | Ded Credit | \$0.00 | 12/22/2016 | 12/23/2016 | 99999999 |
| 10/12/2016 | Neurological Assoc | Consultation | \$370.00 | \$111.00 | Write-off | | 12/22/2016 | 12/23/2016 | 99999999 |
| | | | | \$229.00 | Other Ins Paid | | 12/22/2016 | 12/23/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 12/22/2016 | 12/23/2016 | 99999999 |
| 12/07/2016 | Michael Kominsky, DO | Manipulation/Adjustment | \$60.00 | \$36.57 | Write-off | | 01/12/2017 | 01/13/2017 | 99999999 |
| | | | | \$23.43 | Ded Credit | \$0.00 | 01/12/2017 | 01/13/2017 | 99999999 |
| 12/07/2016 | Michael Kominsky, DO | Phys.Therapy | \$30.00 | \$15.56 | Write-off | | 01/12/2017 | 01/13/2017 | 99999999 |
| | | | | \$14.44 | Ded Credit | \$0.00 | 01/12/2017 | 01/13/2017 | 99999999 |
| 12/07/2016 | Michael Kominsky, DO | Phys.Therapy | \$45.00 | \$17.63 | Write-off | | 01/12/2017 | 01/13/2017 | 99999999 |
| | | | | \$27.37 | Ded Credit | \$0.00 | 01/12/2017 | 01/13/2017 | 99999999 |
| 12/07/2016 | Michael Kominsky, DO | Phys.Therapy | \$100.00 | \$40.60 | Write-off | | 01/12/2017 | 01/13/2017 | 99999999 |
| | | | | \$59.40 | Ded Credit | \$0.00 | 01/12/2017 | 01/13/2017 | 99999999 |
| 10/04/2016 | Beckley Arh | Emrg.Room | \$2,277.60 | \$227.76 | Primary Adjustm | | 02/23/2017 | 02/24/2017 | 70043964 |
| | | | | \$1,949.84 | Other Ins Paid | \$100.00 | 02/23/2017 | 02/24/2017 | 70043964 |
| 10/11/2016 | Beckley Arh | Emrg.Room | \$4,784.00 | \$478.40 | Primary Adjustm | | 02/23/2017 | 02/24/2017 | 70043964 |
| | | | | \$4,205.60 | Other Ins Paid | \$100.00 | 02/23/2017 | 02/24/2017 | 70043964 |
| 11/30/2016 | Michael Kominsky, DO | Manipulation/Adjustment | \$45.00 | \$29.04 | Primary Adjustm | \$15.96 | 02/23/2017 | 02/24/2017 | 70043956 |
| 11/30/2016 | Michael Kominsky, DO | Phys.Therapy | \$30.00 | \$15.15 | Primary Adjustm | | 02/23/2017 | 02/24/2017 | 70043956 |
| | | | | \$11.88 | Other Ins Paid | \$2.97 | 02/23/2017 | 02/24/2017 | 70043956 |
| 11/30/2016 | Michael Kominsky, DO | Phys.Therapy | \$30.00 | \$15.56 | Primary Adjustm | | 02/23/2017 | 02/24/2017 | 70043956 |
| | | | | \$11.55 | Other Ins Paid | \$2.89 | 02/23/2017 | 02/24/2017 | 70043956 |
| 11/30/2016 | Michael Kominsky, DO | Phys.Therapy | \$150.00 | \$60.90 | Primary Adjustm | | 02/23/2017 | 02/24/2017 | 70043956 |
| | | | | \$71.28 | Other Ins Paid | \$17.82 | 02/23/2017 | 02/24/2017 | 70043956 |
| 12/07/2016 | Michael Kominsky, DO | Manipulation/Adjustment | \$23.43 | \$0.00 | | \$23.43 | 02/23/2017 | 02/24/2017 | 70043956 |
| 12/07/2016 | Michael Kominsky, DO | Phys.Therapy | \$14.44 | \$0.00 | | \$14.44 | 02/23/2017 | 02/24/2017 | 70043956 |
| 12/07/2016 | Michael Kominsky, DO | Phys.Therapy | \$27.37 | \$0.00 | | \$27.37 | 02/23/2017 | 02/24/2017 | 70043956 |
| 12/07/2016 | Michael Kominsky, DO | Phys.Therapy | \$59.40 | \$0.00 | | \$59.40 | 02/23/2017 | 02/24/2017 | 70043956 |
| 10/13/2016 | Neurological Assoc | Injection | \$67.68 | \$0.00 | | \$67.68 | 02/23/2017 | 02/24/2017 | 70043938 |
| 10/12/2016 | Neurological Assoc | Consultation | \$30.00 | \$0.00 | | \$30.00 | 02/23/2017 | 02/24/2017 | 70043938 |
| 10/13/2016 | Charleston Area Medical C | Injection | \$160.47 | \$3.21 | Write-off | | 03/29/2017 | 04/04/2017 | 70044853 |
| | | | | \$120.03 | Other Ins Paid | \$37.23 | 03/29/2017 | 04/04/2017 | 70044853 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------|-------------------|--------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| R., Chad; Claim: AGA-0070426; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 09/21/2016 | | | | | | | | | |
| 11/07/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$44.60 | Write-off | | 06/19/2017 | 06/20/2017 | 70047379 |
| | | | | \$39.20 | Other Ins Paid | \$39.20 | 06/19/2017 | 06/20/2017 | 70047379 |
| 10/24/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$44.60 | Write-off | | 06/19/2017 | 06/20/2017 | 70047379 |
| | | | | \$39.20 | Other Ins Paid | \$39.20 | 06/19/2017 | 06/20/2017 | 70047379 |
| 10/10/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$44.60 | Write-off | | 06/19/2017 | 06/20/2017 | 70047379 |
| | | | | \$39.20 | Other Ins Paid | \$39.20 | 06/19/2017 | 06/20/2017 | 70047379 |
| 10/13/2016 | Charleston Area Medical C | X-Ray, Radiology | \$1,208.47 | \$747.44 | Other Ins Paid | | 03/08/2018 | 03/09/2018 | 70052323 |
| | | | | \$24.17 | Primary Adjustm | \$436.86 | 03/08/2018 | 03/09/2018 | 70052323 |
| Claim # AGA-0070426 Totals : | | | \$10,304.86 | \$9,251.21 | | \$1,053.65 | | | |

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|---|--------------------------|------------------|--------------------|--------------------|-----------------|-----------------|------------|------------|----------|
| R., Olivia; Claim: AGA-0070475; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/22/2016 | | | | | | | | | |
| 12/29/2016 | Valley Anesthesia | Anesthesia | \$1,120.00 | \$616.00 | Primary Adjustm | | 02/24/2017 | 03/03/2017 | 70044102 |
| | | | | \$453.60 | Other Ins Paid | \$50.40 | 02/24/2017 | 03/03/2017 | 70044102 |
| 12/29/2016 | Valley Anesthesia | Injection | \$525.00 | \$486.97 | Primary Adjustm | | 02/24/2017 | 03/03/2017 | 70044102 |
| | | | | \$34.23 | Other Ins Paid | \$3.80 | 02/24/2017 | 03/03/2017 | 70044102 |
| 12/29/2016 | Valley Anesthesia | X-Ray, Radiology | \$118.00 | \$80.17 | Primary Adjustm | | 02/24/2017 | 03/03/2017 | 70044102 |
| | | | | \$34.05 | Other Ins Paid | \$3.78 | 02/24/2017 | 03/03/2017 | 70044102 |
| 12/29/2016 | Valley Anesthesia | Anesthesia | \$1,106.00 | \$602.00 | Primary Adjustm | | 02/24/2017 | 03/03/2017 | 70044102 |
| | | | | \$453.60 | Other Ins Paid | \$50.40 | 02/24/2017 | 03/03/2017 | 70044102 |
| 12/29/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$88,471.16 | \$80,446.13 | Primary Adjustm | | 02/24/2017 | 03/03/2017 | 70044198 |
| | | | | \$7,222.63 | Other Ins Paid | \$802.40 | 02/24/2017 | 03/03/2017 | 70044198 |
| Claim # AGA-0070475 Totals : | | | \$91,340.16 | \$90,429.38 | | \$910.78 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| R., Ethan; Claim: AGA-0063799; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Elbow; Date Incurred: 08/20/2016 | | | | | | | | | |
| 08/22/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$37.94 | Write-off | | 10/07/2016 | 10/21/2016 | 99999999 |
| | | | | \$18.05 | Ded Credit | \$0.00 | 10/07/2016 | 10/21/2016 | 99999999 |
| 08/23/2016 | Beckley Med Imaging | X-Ray, Radiology | \$160.00 | \$114.08 | Write-off | | 10/07/2016 | 10/21/2016 | 99999999 |
| | | | | \$45.92 | Ded Credit | \$0.00 | 10/07/2016 | 10/21/2016 | 99999999 |
| 08/22/2016 | Princeton Comm Hosp | Emrg.Room | \$863.03 | \$289.09 | Write-off | | 09/19/2016 | 10/21/2016 | 99999999 |
| | | | | \$303.55 | Other Ins Paid | | 09/19/2016 | 10/21/2016 | 99999999 |
| | | | | \$270.39 | Ded Credit | \$0.00 | 09/19/2016 | 10/21/2016 | 99999999 |
| 08/23/2016 | Beckley Med Imaging | Cat Scan | \$350.00 | \$225.23 | Write-off | | 09/19/2016 | 10/21/2016 | 99999999 |
| | | | | \$124.77 | Ded Credit | \$0.00 | 09/19/2016 | 10/21/2016 | 99999999 |
| 08/22/2016 | Professional Imaging | X-Ray, Radiology | \$18.05 | \$0.00 | | \$18.05 | 12/12/2016 | 12/13/2016 | 70041943 |
| 08/23/2016 | Beckley Arh | Emrg.Room | \$7,262.60 | \$6,965.80 | Other Ins Paid | \$296.80 | 12/12/2016 | 12/13/2016 | 70041994 |
| 08/22/2016 | Princeton Comm Hosp | Emrg.Room | \$270.39 | \$0.00 | | \$270.39 | 12/12/2016 | 12/13/2016 | 70041992 |
| 08/23/2016 | Beckley Med Imaging | X-Ray, Radiology | \$45.92 | \$0.00 | | \$45.92 | 12/12/2016 | 12/13/2016 | 70041986 |
| 08/23/2016 | Beckley Med Imaging | Cat Scan | \$124.77 | \$0.00 | | \$124.77 | 12/12/2016 | 12/13/2016 | 70041986 |
| 09/06/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$38.81 | Write-off | | 02/03/2017 | 02/07/2017 | 70043441 |
| | | | | \$59.19 | Other Ins Paid | \$25.00 | 02/03/2017 | 02/07/2017 | 70043441 |
| 08/29/2016 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$38.81 | Write-off | | 02/03/2017 | 02/07/2017 | 70043441 |
| | | | | \$34.19 | Other Ins Paid | \$50.00 | 02/03/2017 | 02/07/2017 | 70043441 |
| 08/24/2016 | Arh Southern Wv Clinic | Phys.Visit In-Hos | \$135.00 | \$48.22 | Write-off | | 02/03/2017 | 02/07/2017 | 70043441 |
| | | | | \$69.43 | Other Ins Paid | \$17.35 | 02/03/2017 | 02/07/2017 | 70043441 |
| 08/23/2016 | Arh Southern Wv Clinic | Phys.Visit In-Hos | \$222.00 | \$64.40 | Write-off | | 02/03/2017 | 02/07/2017 | 70043441 |
| | | | | \$126.08 | Other Ins Paid | \$31.52 | 02/03/2017 | 02/07/2017 | 70043441 |
| Claim # AGA-0063799 Totals : | | | \$9,753.75 | \$8,873.95 | | \$879.80 | | | |

| | | | | | | | | | |
|---|------------------------|-------------------|-----------------|-----------------|----------------|---------------|------------|------------|----------|
| R., Lauren; Claim: AGA-0070481; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Neck; Date Incurred: 09/19/2016 | | | | | | | | | |
| 10/10/2016 | ARH Southern WV Clinic | Medical Treatment | \$123.00 | \$57.76 | Other Ins Paid | | 05/02/2017 | 05/05/2017 | 99999999 |
| | | | | \$38.81 | Write-off | | 05/02/2017 | 05/05/2017 | 99999999 |
| | | | | \$26.43 | Ded Credit | \$0.00 | 05/02/2017 | 05/05/2017 | 99999999 |
| Claim # AGA-0070481 Totals : | | | \$123.00 | \$123.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------|-----------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| R., Ethan; Claim: AGA-0075585; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 10/15/2016 | | | | | | | | | |
| 10/19/2016 | Beckley Med Imaging | Cat Scan | \$300.00 | \$183.66 | Write-off | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$56.16 | Other Ins Paid | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$60.18 | Ded Credit | \$0.00 | 12/09/2016 | 12/13/2016 | 99999999 |
| 10/19/2016 | Beckley Med Imaging | Cat Scan | \$302.00 | \$227.64 | Write-off | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$59.49 | Other Ins Paid | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$14.87 | Ded Credit | \$0.00 | 12/09/2016 | 12/13/2016 | 99999999 |
| 10/19/2016 | Beckley Med Imaging | Cat Scan | \$60.18 | \$0.00 | | \$60.18 | 12/21/2016 | 12/23/2016 | 70042224 |
| 10/19/2016 | Beckley Med Imaging | Cat Scan | \$14.87 | \$0.00 | | \$14.87 | 12/21/2016 | 12/23/2016 | 70042224 |
| 10/19/2016 | Beckley Arh | Emrg.Room | \$3,400.00 | \$1,069.73 | Write-off | | 12/21/2016 | 12/23/2016 | 70042284 |
| | | | | \$1,858.87 | Other Ins Paid | \$471.40 | 12/21/2016 | 12/23/2016 | 70042284 |
| Claim # AGA-0075585 Totals : | | | \$4,077.05 | \$3,530.60 | | \$546.45 | | | |

| | | | | | | | | | |
|---|--------------------------------|-------------------|-------------------|-------------------|-----------------|-------------------|------------|------------|----------|
| R., David; Claim: AGA-0067336; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 08/18/2016 | | | | | | | | | |
| 09/22/2016 | Montgomery Radiology Associate | MRI | \$275.00 | \$198.17 | Write-off | \$76.83 | 10/25/2016 | 11/01/2016 | 70040557 |
| 09/22/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,633.45 | Write-off | | 10/25/2016 | 11/01/2016 | 70040665 |
| | | | | \$1,000.00 | Ded Credit | \$664.55 | 10/25/2016 | 11/01/2016 | 70040665 |
| 09/15/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$116.00 | \$71.66 | Write-off | \$44.34 | 11/03/2016 | 11/04/2016 | 70040770 |
| 09/15/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | \$132.89 | 11/03/2016 | 11/04/2016 | 70040770 |
| 11/01/2016 | Carilion Healthcare Corp | Medical Treatment | \$162.00 | \$14.33 | Primary Adjustm | \$147.67 | 01/10/2018 | 01/12/2018 | 70051342 |
| 11/01/2016 | Carilion Healthcare Corp | Medical Treatment | \$40.00 | \$12.31 | Primary Adjustm | \$27.69 | 01/10/2018 | 01/12/2018 | 70051342 |
| 11/01/2016 | Carilion Healthcare Corp | Medical Treatment | \$20.00 | \$7.94 | Primary Adjustm | \$12.06 | 01/10/2018 | 01/12/2018 | 70051342 |
| Claim # AGA-0067336 Totals : | | | \$4,174.00 | \$3,067.97 | | \$1,106.03 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------------|---------------------|-------------------|-------------------|-------------------|-----------------|---------------|------------|--------------|
| S., Michael; Claim: AGA-0077502; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Hand; Date Incurred: 10/28/2016 | | | | | | | | | |
| 10/29/2016 | Princeton Comm Hosp | Emrg.Room | \$1,568.07 | \$125.45 | First Health Disc | | 11/28/2016 | 11/29/2016 | 99999999 |
| | | | | \$488.52 | Ded Credit | | 11/28/2016 | 11/29/2016 | 99999999 |
| | | | | \$954.10 | Other Ins Paid | \$0.00 | 11/28/2016 | 11/29/2016 | 99999999 |
| 10/29/2016 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$794.00 | \$79.40 | Disc:TRPN | | 02/28/2017 | 03/03/2017 | 70044154 |
| | | | | \$571.68 | Previously Paid | \$142.92 | 02/28/2017 | 03/03/2017 | 70044154 |
| 10/29/2016 | Greenbrier Emerg Services | Surgery | \$698.00 | \$69.80 | Disc:TRPN | | 02/28/2017 | 03/03/2017 | 70044154 |
| | | | | \$502.56 | Previously Paid | \$125.64 | 02/28/2017 | 03/03/2017 | 70044154 |
| 10/29/2016 | Greenbrier Emerg Services | Medical Treatment | \$53.00 | \$5.30 | Disc:TRPN | | 02/28/2017 | 03/03/2017 | 70044154 |
| | | | | \$38.16 | Previously Paid | \$9.54 | 02/28/2017 | 03/03/2017 | 70044154 |
| 10/29/2016 | Princeton Comm Hosp | Emrg.Room | \$488.52 | \$0.00 | | \$488.52 | 02/28/2017 | 03/03/2017 | 70044187 |
| Claim # AGA-0077502 Totals : | | | \$3,601.59 | \$2,834.97 | | \$766.62 | | | |

| | | | | | | | | | |
|--|--------------------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|----------|
| S., Madison; Claim: AGA-0094914; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 01/17/2017 | | | | | | | | | |
| 03/27/2017 | Montgomery Radiology Associate | MRI | \$275.00 | \$190.77 | Write-off | \$84.23 | 05/15/2017 | 05/16/2017 | 70046337 |
| 03/27/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$1,145.64 | Other Ins Paid | \$2,416.36 | 05/15/2017 | 05/16/2017 | 70046389 |
| 03/21/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$60.27 | Write-off | \$118.73 | 05/15/2017 | 05/16/2017 | 70046348 |
| 03/21/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$67.00 | \$42.14 | Write-off | \$24.86 | 05/15/2017 | 05/16/2017 | 70046348 |
| 05/15/2017 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$28,211.00 | \$25,392.20 | Write-off | \$2,818.80 | 06/19/2017 | 08/08/2017 | 70048680 |
| | Montgomery Radiology Associate | | \$0.00 | \$0.00 | | -\$84.23 | 08/15/2017 | 08/15/2017 | 0 |
| 05/15/2017 | Sideline Ortho & Sports | Surgery | \$1,298.00 | \$338.21 | Primary Adjustm | \$959.79 | 12/12/2017 | 12/15/2017 | 70051025 |
| Claim # AGA-0094914 Totals : | | | \$33,592.00 | \$27,253.46 | | \$6,338.54 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| S., Hunter; Claim: AGA-0063969; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/09/2016 | | | | | | | | | |
| 08/31/2016 | Princeton Comm Hosp | Lab,Pathology | \$155.00 | \$130.35 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$24.65 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/11/2016 | Philip Branson, MD | Surgery | \$141.00 | \$74.71 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$66.29 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/11/2016 | Philip Branson, MD | X-Ray, Radiology | \$118.50 | \$90.29 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$28.21 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/11/2016 | Philip Branson, MD | Medical Treatment | \$105.00 | \$32.36 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$32.64 | Other Ins Paid | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/24/2016 | Philip Branson, MD | Medical Treatment | \$105.00 | \$32.36 | Write-off | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$32.64 | Other Ins Paid | | 10/14/2016 | 10/21/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 10/14/2016 | 10/21/2016 | 99999999 |
| 08/31/2016 | Princeton Comm Hosp | Lab,Pathology | \$24.65 | \$0.00 | | \$24.65 | 10/25/2016 | 11/01/2016 | 70040498 |
| 09/09/2016 | Princeton Comm Hosp | Out-Pat.Surgery | \$31,982.47 | \$24,141.81 | Write-off | | 10/25/2016 | 11/01/2016 | 70040692 |
| | | | | \$6,208.54 | Other Ins Paid | \$1,632.12 | 10/25/2016 | 11/01/2016 | 70040692 |
| 08/11/2016 | Philip Branson, MD | Surgery | \$66.29 | \$0.00 | | \$66.29 | 10/25/2016 | 11/01/2016 | 70040604 |
| 08/11/2016 | Philip Branson, MD | X-Ray, Radiology | \$28.21 | \$0.00 | | \$28.21 | 10/25/2016 | 11/01/2016 | 70040604 |
| 08/11/2016 | Philip Branson, MD | Medical Treatment | \$40.00 | \$0.00 | | \$40.00 | 10/25/2016 | 11/01/2016 | 70040604 |
| 08/24/2016 | Philip Branson, MD | Medical Treatment | \$40.00 | \$0.00 | | \$40.00 | 10/25/2016 | 11/01/2016 | 70040604 |
| 04/05/2017 | Philip Branson, MD | Medical Treatment | \$221.79 | \$148.82 | Write-off | | 06/06/2017 | 06/09/2017 | 70047036 |
| | | | | \$32.97 | Other Ins Paid | \$40.00 | 06/06/2017 | 06/09/2017 | 70047036 |
| 01/27/2017 | Philip Branson, MD | Medical Treatment | \$221.79 | \$148.82 | Primary Adjustm | | 10/26/2017 | 10/27/2017 | 70050161 |
| | | | | \$32.97 | Other Ins Paid | \$40.00 | 10/26/2017 | 10/27/2017 | 70050161 |
| Claim # AGA-0063969 Totals : | | | \$33,249.70 | \$31,338.43 | | \$1,911.27 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------------|-------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| S., Mckinley; Claim: AGA-0069610; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-Elbow; Date Incurred: 09/01/2016 | | | | | | | | | |
| 09/16/2016 | Orthocarolina | Medical Treatment | \$237.00 | \$94.97 | Write-off | | 10/24/2016 | 10/25/2016 | 99999999 |
| | | | | \$102.03 | Other Ins Paid | | 10/24/2016 | 10/25/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 10/24/2016 | 10/25/2016 | 99999999 |
| 10/07/2016 | Orthocarolina | Medical Treatment | \$109.00 | \$59.50 | Write-off | | 11/11/2016 | 11/15/2016 | 99999999 |
| | | | | \$24.50 | Other Ins Paid | | 11/11/2016 | 11/15/2016 | 99999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 11/11/2016 | 11/15/2016 | 99999999 |
| 09/16/2016 | Carolinas Imaging Services, LLC | MRI | \$1,367.00 | \$274.86 | Write-off | | 11/11/2016 | 11/15/2016 | 70041124 |
| | | | | \$272.67 | Ded Credit | \$819.47 | 11/11/2016 | 11/15/2016 | 70041124 |
| 09/16/2016 | Carolinas Imaging Services, LLC | Surgery | \$864.00 | \$65.49 | Write-off | | 11/11/2016 | 11/15/2016 | 70041124 |
| | | | | \$417.05 | Other Ins Paid | \$381.46 | 11/11/2016 | 11/15/2016 | 70041124 |
| 09/16/2016 | Carolinas Imaging Services, LLC | X-Ray, Radiology | \$288.00 | \$152.20 | Write-off | | 11/11/2016 | 11/15/2016 | 70041124 |
| | | | | \$115.43 | Other Ins Paid | \$20.37 | 11/11/2016 | 11/15/2016 | 70041124 |
| 09/16/2016 | Carolinas Imaging Services, LLC | Med.Supplies | \$7.00 | \$3.09 | Write-off | | 11/11/2016 | 11/15/2016 | 70041124 |
| | | | | \$3.32 | Other Ins Paid | \$0.59 | 11/11/2016 | 11/15/2016 | 70041124 |
| 12/12/2016 | Orthocarolina | Medical Treatment | \$237.00 | \$94.97 | Write-off | | 01/17/2017 | 01/18/2017 | 70042869 |
| | | | | \$102.03 | Other Ins Paid | \$40.00 | 01/17/2017 | 01/18/2017 | 70042869 |
| 09/16/2016 | Orthocarolina | Medical Treatment | \$40.00 | \$0.00 | | \$40.00 | 01/17/2017 | 01/18/2017 | 70042878 |
| 10/07/2016 | Orthocarolina | Medical Treatment | \$25.00 | \$0.00 | | \$25.00 | 01/17/2017 | 01/18/2017 | 70042878 |
| 09/16/2016 | Carolinas Imaging Services, LLC | MRI | \$37.03 | \$0.00 | | \$37.03 | 01/17/2017 | 01/18/2017 | 70042867 |
| 12/16/2016 | Orthocarolina | Surgery | \$1,355.00 | \$32.37 | Write-off | | 02/03/2017 | 02/07/2017 | 70043454 |
| | | | | \$1,124.24 | Other Ins Paid | \$198.39 | 02/03/2017 | 02/07/2017 | 70043454 |
| 12/16/2016 | East Carolina Anesthesia Associate | Anesthesia | \$1,072.00 | \$214.76 | Write-off | | 02/03/2017 | 02/07/2017 | 70043443 |
| | | | | \$728.65 | Other Ins Paid | \$128.59 | 02/03/2017 | 02/07/2017 | 70043443 |
| 12/16/2016 | Charlotte Surgery Center | Surgery Center | \$2,721.00 | \$1,379.33 | Write-off | | 02/03/2017 | 02/07/2017 | 70043456 |
| | | | | \$1,140.42 | Other Ins Paid | \$201.25 | 02/03/2017 | 02/07/2017 | 70043456 |
| 09/16/2016 | Carolinas Imaging Services, LLC | MRI | \$235.64 | \$0.00 | | \$235.64 | 02/03/2017 | 02/07/2017 | 70043461 |
| Claim # AGA-0069610 Totals : | | | \$8,594.67 | \$6,466.88 | | \$2,127.79 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|------------------------|-------------------|-------------------|-------------------|-----------------|---------------|------------|--------------|
| S., Chelsea; Claim: AGA-0086197; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 10/27/2016 | | | | | | | | | |
| 01/05/2017 | Jefferson Medical Center | MRI | \$1,663.39 | \$33.27 | First Health Disc | | 02/17/2017 | 02/22/2017 | 70043898 |
| | | | | \$1,000.00 | Ded Credit | \$630.12 | 02/17/2017 | 02/22/2017 | 70043898 |
| 01/05/2017 | First Health | First Health Repricing | \$4.99 | \$0.00 | | \$4.99 | 02/17/2017 | 02/22/2017 | 70043837 |
| Claim # AGA-0086197 Totals : | | | \$1,668.38 | \$1,033.27 | | \$635.11 | | | |

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|--|-------------------------|---------|-----------------|-----------------|------------|---------------|------------|------------|-----------|
| S., Lindsey; Claim: AGA-0091701; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 01/13/2017 | | | | | | | | | |
| 03/02/2017 | Sideline Ortho & Sports | Surgery | \$370.00 | \$180.87 | Write-off | | 04/27/2017 | 04/28/2017 | 999999999 |
| | | | | \$189.13 | Ded Credit | \$0.00 | 04/27/2017 | 04/28/2017 | 999999999 |
| Claim # AGA-0091701 Totals : | | | \$370.00 | \$370.00 | | \$0.00 | | | |

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|--|---------------------------------|----------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|----------|
| S., Lelia; Claim: AGA-0075415; Activity: Womens Tennis; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 08/12/2016 | | | | | | | | | |
| 11/14/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$52,822.58 | \$32,786.58 | Primary Adjustm | | 02/10/2017 | 02/14/2017 | 70043735 |
| | | | | \$17,361.00 | Other Ins Paid | \$2,675.00 | 02/10/2017 | 02/14/2017 | 70043735 |
| 11/02/2016 | HealthRisk Resource Group | HRGI Fee | \$124.68 | \$0.00 | | \$124.68 | 02/16/2017 | 02/17/2017 | 70043784 |
| 11/02/2016 | Sideline Ortho & Sports | Medical Treatment | \$122.00 | \$54.19 | Disc:Hrgi | \$67.81 | 02/16/2017 | 02/17/2017 | 70043823 |
| 11/14/2016 | Sideline Ortho & Sports | Surgery | \$2,217.00 | \$984.81 | Disc:Hrgi | \$1,232.19 | 02/16/2017 | 02/17/2017 | 70043823 |
| 11/02/2016 | Sideline Ortho & Sports | Medical Treatment | \$122.00 | \$0.00 | | \$122.00 | 04/06/2017 | 04/07/2017 | 70045121 |
| 09/30/2016 | Montgomery Radiology Associates | MRI | \$275.00 | \$48.65 | Other Ins Paid | | 04/25/2017 | 05/02/2017 | 70045795 |
| | | | | \$189.19 | Write-off | \$37.16 | 04/25/2017 | 05/02/2017 | 70045795 |
| 11/02/2016 | Sideline Ortho & Sports | Orthopedic Appliance | \$160.00 | \$0.00 | | \$160.00 | 04/25/2017 | 05/02/2017 | 70045874 |
| 09/30/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$2,607.20 | Other Ins Paid | \$690.80 | 04/26/2018 | 04/27/2018 | 70053175 |
| Claim # AGA-0075415 Totals : | | | \$59,141.26 | \$54,031.62 | | \$5,109.64 | | | |

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|---|------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| T., Kaylee; Claim: AGA-0073665; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 10/23/2016 | | | | | | | | | |
| 10/23/2016 | Princeton Comm Hosp | Emrg.Room | \$2,845.00 | \$1,267.60 | Write-off | | 01/05/2017 | 01/06/2017 | 70042601 |
| | | | | \$1,377.40 | Other Ins Paid | \$200.00 | 01/05/2017 | 01/06/2017 | 70042601 |
| 10/24/2016 | Arh Southern Wv Clinic | Medical Treatment | \$178.00 | \$50.83 | Write-off | | 06/14/2017 | 06/16/2017 | 70047255 |
| | | | | \$92.17 | Other Insurance | \$35.00 | 06/14/2017 | 06/16/2017 | 70047255 |
| Claim # AGA-0073665 Totals : | | | \$3,023.00 | \$2,788.00 | | \$235.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|----------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| T., Tyron; Claim: AGA-0099504; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 04/05/2017 | | | | | | | | | |
| 04/21/2017 | Sideline Ortho & Sports | Orthopedic Appliance | \$450.00 | \$179.03 | Write-off | | 08/03/2017 | 08/04/2017 | 99999999 |
| | | | | \$270.97 | Ded Credit | \$0.00 | 08/03/2017 | 08/04/2017 | 99999999 |
| 05/17/2017 | Rehab Associates of Central Va | Phys.Therapy | \$285.00 | \$250.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/24/2017 | Rehab Associates of Central Va | Phys.Therapy | \$238.00 | \$203.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/15/2017 | Rehab Associates of Central Va | Phys.Therapy | \$285.00 | \$250.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/22/2017 | Rehab Associates of Central Va | Phys.Therapy | \$238.00 | \$203.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/08/2017 | Rehab Associates of Central Va | Phys.Therapy | \$179.00 | \$144.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/19/2017 | Rehab Associates of Central Va | Phys.Therapy | \$285.00 | \$250.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/10/2017 | Rehab Associates of Central Va | Phys.Therapy | \$237.00 | \$202.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 05/26/2017 | Rehab Associates of Central Va | Phys.Therapy | \$238.00 | \$203.00 | Primary Adjustm | | 09/26/2017 | 09/26/2017 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2017 | 09/26/2017 | 99999999 |
| 04/10/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$72.50 | Primary Adjustm | | 03/22/2018 | 03/23/2018 | 99999999 |
| | | | | \$56.50 | Other Ins Paid | | 03/22/2018 | 03/23/2018 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 03/22/2018 | 03/23/2018 | 99999999 |
| 04/10/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$73.00 | \$32.50 | Primary Adjustm | | 03/22/2018 | 03/23/2018 | 99999999 |
| | | | | \$40.50 | Other Ins Paid | \$0.00 | 03/22/2018 | 03/23/2018 | 99999999 |
| 04/10/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$63.00 | \$27.76 | Primary Adjustm | | 03/22/2018 | 03/23/2018 | 99999999 |
| | | | | \$35.24 | Other Ins Paid | \$0.00 | 03/22/2018 | 03/23/2018 | 99999999 |
| Claim # AGA-0099504 Totals : | | | \$2,750.00 | \$2,750.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| V., Courtney; Claim: AGA-0075580; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 10/16/2016 | | | | | | | | | |
| 10/17/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 11/23/2016 | 11/29/2016 | 99999999 |
| | | | | \$183.99 | Other Ins Paid | | 11/23/2016 | 11/29/2016 | 99999999 |
| | | | | \$46.00 | Ded Credit | \$0.00 | 11/23/2016 | 11/29/2016 | 99999999 |
| 10/17/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$38.03 | Write-off | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$14.37 | Other Ins Paid | | 12/09/2016 | 12/13/2016 | 99999999 |
| | | | | \$3.59 | Ded Credit | \$0.00 | 12/09/2016 | 12/13/2016 | 99999999 |
| 02/08/2017 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 03/28/2017 | 03/31/2017 | 99999999 |
| | | | | \$52.12 | Other Ins Paid | | 03/28/2017 | 03/31/2017 | 99999999 |
| | | | | \$177.87 | Ded Credit | \$0.00 | 03/28/2017 | 03/31/2017 | 99999999 |
| Claim # AGA-0075580 Totals : | | | \$615.99 | \$615.99 | | \$0.00 | | | |

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|---|----------------------|------------------|----------------|----------------|----------------|---------------|------------|------------|----------|
| V., Courtney; Claim: AGA-0091560; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 02/07/2017 | | | | | | | | | |
| 02/08/2017 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$16.04 | Write-off | | 04/04/2017 | 04/07/2017 | 99999999 |
| | | | | \$14.37 | Other Ins Paid | | 04/04/2017 | 04/07/2017 | 99999999 |
| | | | | \$3.59 | Ded Credit | \$0.00 | 04/04/2017 | 04/07/2017 | 99999999 |
| Claim # AGA-0091560 Totals : | | | \$34.00 | \$34.00 | | \$0.00 | | | |

| | | | | | | | | | |
|---|--------------------------------|--------------------------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| V., Jordan; Claim: AGA-0070958; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 09/24/2016 | | | | | | | | | |
| 09/27/2016 | Montgomery Radiology Associate | MRI | \$275.00 | \$198.17 | Write-off | | 10/31/2016 | 11/01/2016 | 99999999 |
| | | | | \$76.83 | Ded Credit | \$0.00 | 10/31/2016 | 11/01/2016 | 99999999 |
| 09/27/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$111.00 | \$69.76 | Write-off | | 10/31/2016 | 11/01/2016 | 99999999 |
| | | | | \$41.24 | Ded Credit | \$0.00 | 10/31/2016 | 11/01/2016 | 99999999 |
| 09/27/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$130.11 | Write-off | | 10/31/2016 | 11/01/2016 | 99999999 |
| | | | | \$92.89 | Other Ins Paid | | 10/31/2016 | 11/01/2016 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 10/31/2016 | 11/01/2016 | 99999999 |
| 09/27/2016 | Montgomery Radiology Associate | Deductible Reimbursement | \$76.83 | \$0.00 | | \$76.83 | 03/30/2017 | 04/04/2017 | 70044884 |
| 09/27/2016 | SW VA Orthopedics And Spine | Deductible Reimbursement | \$81.24 | \$0.00 | | \$81.24 | 03/30/2017 | 04/04/2017 | 70044890 |
| 09/27/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$1,633.45 | Write-off | | 03/30/2017 | 04/04/2017 | 70044997 |
| | | | | \$1,209.30 | Other Ins Paid | \$455.25 | 03/30/2017 | 04/04/2017 | 70044997 |
| Claim # AGA-0070958 Totals : | | | \$4,105.07 | \$3,491.75 | | \$613.32 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|-------------------------------|--------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| W., Tyshaun; Claim: AGA-0092137; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 02/23/2017 | | | | | | | | | |
| 04/19/2017 | Zelis Claims Integrity | PHX Fee | \$27.72 | \$0.00 | | \$27.72 | 06/21/2017 | 06/23/2017 | 70047404 |
| 03/21/2017 | Zelis Claims Integrity | PHX Fee | \$15.75 | \$0.00 | | \$15.75 | 06/21/2017 | 06/23/2017 | 70047401 |
| 04/13/2017 | Zelis Claims Integrity | PHX Fee | \$34.73 | \$0.00 | | \$34.73 | 06/21/2017 | 06/23/2017 | 70047409 |
| 04/13/2017 | Greenbrier Physicians | Lab,Pathology | \$47.00 | \$38.48 | Disc:Multiplan | | 06/21/2017 | 06/23/2017 | 999999999 |
| | | | | \$8.52 | Ded Credit | \$0.00 | 06/21/2017 | 06/23/2017 | 999999999 |
| 04/13/2017 | Greenbrier Physicians | Lab,Pathology | \$100.00 | \$88.86 | Disc:Multiplan | | 06/21/2017 | 06/23/2017 | 999999999 |
| | | | | \$11.14 | Ded Credit | \$0.00 | 06/21/2017 | 06/23/2017 | 999999999 |
| 04/13/2017 | Greenbrier Physicians | Surgery | \$13.00 | \$10.12 | Disc:Multiplan | | 06/21/2017 | 06/23/2017 | 999999999 |
| | | | | \$2.88 | Ded Credit | \$0.00 | 06/21/2017 | 06/23/2017 | 999999999 |
| 04/13/2017 | Greenbrier Physicians | Medical Treatment | \$61.00 | \$61.00 | Disc:Multiplan | \$0.00 | 06/21/2017 | 06/23/2017 | 999999999 |
| 04/19/2017 | Greenbrier Valley Anesthesia | Anesthesia | \$792.00 | \$158.40 | Disc:Zelis Choice | | 06/21/2017 | 06/23/2017 | 999999999 |
| | | | | \$633.60 | Ded Credit | \$0.00 | 06/21/2017 | 06/23/2017 | 999999999 |
| 03/21/2017 | Greenbrier Physicians | Medical Treatment | \$225.00 | \$90.00 | Disc:Zelis Choice | | 06/21/2017 | 06/23/2017 | 999999999 |
| | | | | \$135.00 | Ded Credit | \$0.00 | 06/21/2017 | 06/23/2017 | 999999999 |
| 02/23/2017 | Zelis Claims Integrity | PHX Fee | \$41.03 | \$0.00 | | \$41.03 | 09/26/2017 | 09/26/2017 | 70049595 |
| 03/21/2017 | Greenbrier Physicians | Deductible Reimbursement | \$135.00 | \$0.00 | | \$135.00 | 09/26/2017 | 09/26/2017 | 70049608 |
| 04/13/2017 | Greenbrier Physicians | Deductible Reimbursement | \$8.52 | \$0.00 | | \$8.52 | 09/26/2017 | 09/26/2017 | 70049608 |
| 04/13/2017 | Greenbrier Physicians | Deductible Reimbursement | \$11.14 | \$0.00 | | \$11.14 | 09/26/2017 | 09/26/2017 | 70049608 |
| 04/13/2017 | Greenbrier Physicians | Deductible Reimbursement | \$2.88 | \$0.00 | | \$2.88 | 09/26/2017 | 09/26/2017 | 70049608 |
| 04/19/2017 | Greenbrier Valley Anesthesia | Deductible Reimbursement | \$633.60 | \$0.00 | | \$633.60 | 09/26/2017 | 09/26/2017 | 70049616 |
| 02/23/2017 | Greenbrier Valley Medical Cen | MRI | \$1,953.60 | \$234.43 | Disc:Multiplan | \$1,719.17 | 09/26/2017 | 09/26/2017 | 70049623 |
| Claim # AGA-0092137 Totals : | | | \$4,101.97 | \$1,472.43 | | \$2,629.54 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|----------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| W., Aaron; Claim: AGA-0078729; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/14/2016 | | | | | | | | | |
| 11/10/2016 | Lewisgale Hos Montgomery | Outpatient | \$6,731.00 | \$3,433.00 | Write-off | | 01/25/2017 | 01/27/2017 | 70043174 |
| | | | | \$1,378.80 | Other Ins Paid | \$1,919.20 | 01/25/2017 | 01/27/2017 | 70043174 |
| 10/31/2016 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$51.91 | Disc:PMCS | \$127.09 | 02/27/2017 | 03/03/2017 | 70044111 |
| 10/31/2016 | HealthRisk Resource Group LLC | HRGI Fee | \$6.22 | \$0.00 | | \$6.22 | 02/27/2017 | 03/03/2017 | 70044009 |
| 12/12/2016 | Ethan Colliver, DO | Medical Treatment | \$85.00 | \$38.00 | Write-off | | 03/07/2017 | 03/10/2017 | 70044296 |
| | | | | \$28.20 | Other Ins Paid | \$18.80 | 03/07/2017 | 03/10/2017 | 70044296 |
| 11/10/2016 | Montgomery Radiology Associate | Surgery | \$207.00 | \$142.21 | Write-off | | 03/07/2017 | 03/10/2017 | 70044312 |
| | | | | \$38.87 | Other Ins Paid | \$25.92 | 03/07/2017 | 03/10/2017 | 70044312 |
| 11/10/2016 | Montgomery Radiology Associate | X-Ray, Radiology | \$113.00 | \$77.67 | Write-off | | 03/07/2017 | 03/10/2017 | 70044312 |
| | | | | \$21.20 | Other Ins Paid | \$14.13 | 03/07/2017 | 03/10/2017 | 70044312 |
| 12/05/2016 | Ethan Colliver, DO | Consultation | \$318.00 | \$168.00 | Write-off | | 03/07/2017 | 03/10/2017 | 70044331 |
| | | | | \$90.00 | Other Ins Paid | \$60.00 | 03/07/2017 | 03/10/2017 | 70044331 |
| 12/05/2016 | Ethan Colliver, DO | X-Ray, Radiology | \$673.00 | \$518.00 | Write-off | | 03/07/2017 | 03/10/2017 | 70044331 |
| | | | | \$93.00 | Other Ins Paid | \$62.00 | 03/07/2017 | 03/10/2017 | 70044331 |
| 12/27/2016 | Sideline Ortho & Sports | Orthopedic Appliance | \$160.00 | \$0.00 | | \$160.00 | 04/13/2017 | 04/14/2017 | 70045358 |
| 02/14/2017 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$0.00 | | \$178.00 | 04/13/2017 | 04/14/2017 | 70045358 |
| 02/14/2017 | Sideline Ortho & Sports | Orthopedic Appliance | \$160.00 | \$0.00 | | \$160.00 | 05/10/2017 | 05/12/2017 | 70046261 |
| 11/10/2016 | Montgomery Radiology Associate | MRI | \$329.00 | \$226.34 | Write-off | | 05/10/2017 | 05/12/2017 | 70046230 |
| | | | | \$46.60 | Other Ins Paid | \$56.06 | 05/10/2017 | 05/12/2017 | 70046230 |
| 02/27/2017 | Lewisgale Hos Montgomery | Surgery | \$37,615.00 | \$28,772.02 | Write-off | | 05/10/2017 | 05/12/2017 | 70046307 |
| | | | | \$6,149.09 | Other Ins Paid | \$2,693.89 | 05/10/2017 | 05/12/2017 | 70046307 |
| Claim # AGA-0078729 Totals : | | | \$46,754.22 | \$41,272.91 | | \$5,481.31 | | | |

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|---|----------------------|-----------|-------------------|-------------------|----------------|-----------------|------------|------------|----------|
| W., Loni; Claim: AGA-0078754; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Head; Date Incurred: 11/15/2016 | | | | | | | | | |
| 11/17/2016 | Princeton Comm Hosp | Emrg.Room | \$1,691.00 | \$524.10 | Write-off | | 01/05/2017 | 01/06/2017 | 70042603 |
| | | | | \$930.60 | Other Ins Paid | \$236.30 | 01/05/2017 | 01/06/2017 | 70042603 |
| 11/17/2016 | Professional Imaging | Cat Scan | \$170.00 | \$79.43 | Write-off | | 01/05/2017 | 01/06/2017 | 70042530 |
| | | | | \$72.46 | Other Ins Paid | \$18.11 | 01/05/2017 | 01/06/2017 | 70042530 |
| Claim # AGA-0078754 Totals : | | | \$1,861.00 | \$1,606.59 | | \$254.41 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-----------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| W., Bennie; Claim: AGA-0063971; Activity: Mens Football; Diagnosis: Pain; Anatomy: Face; Date Incurred: 08/12/2016 | | | | | | | | | |
| 08/12/2016 | Professional Imaging | Cat Scan | \$180.00 | \$150.00 | Other Ins Paid | | 09/19/2016 | 10/21/2016 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 09/19/2016 | 10/21/2016 | 99999999 |
| 08/12/2016 | Professional Imaging | Cat Scan | \$170.00 | \$150.00 | Other Ins Paid | | 09/19/2016 | 10/21/2016 | 99999999 |
| | | | | \$20.00 | Ded Credit | \$0.00 | 09/19/2016 | 10/21/2016 | 99999999 |
| 08/12/2016 | Princeton Comm Hosp | Emrg.Room | \$2,467.80 | \$200.00 | Other Ins Paid | | 09/19/2016 | 10/21/2016 | 70040393 |
| | | | | \$450.00 | Ded Credit | \$1,817.80 | 09/19/2016 | 10/21/2016 | 70040393 |
| Claim # AGA-0063971 Totals : | | | \$2,817.80 | \$1,000.00 | | \$1,817.80 | | | |

| | | | | | | | | | |
|--|-------------------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|----------|
| W., Courtney; Claim: AGA-0092221; Activity: Womens Basketball; Diagnosis: Subluxation; Anatomy: L-Shoulder; Date Incurred: 10/12/2016 | | | | | | | | | |
| 03/24/2017 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$56,936.00 | \$36,126.69 | Write-off | | 06/09/2017 | 07/05/2017 | 70047699 |
| | | | | \$17,859.31 | Other Ins Paid | \$2,950.00 | 06/09/2017 | 07/05/2017 | 70047699 |
| 03/22/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$62.00 | Primary Adjustm | | 03/05/2018 | 03/06/2018 | 70052210 |
| | | | | \$77.00 | Other Ins Paid | \$40.00 | 03/05/2018 | 03/06/2018 | 70052210 |
| 03/08/2017 | Princeton Comm Hosp | MRI | \$5,022.82 | \$4,549.38 | Primary Adjustm | | 04/04/2018 | 04/06/2018 | 99999999 |
| | | | | \$473.44 | Other Ins Paid | \$0.00 | 04/04/2018 | 04/06/2018 | 99999999 |
| 03/08/2017 | Professional Imaging | MRI | \$285.00 | \$0.00 | | \$285.00 | 05/21/2018 | 05/22/2018 | 70053698 |
| 03/08/2017 | Professional Imaging | Surgery | \$355.04 | \$0.00 | | \$355.04 | 05/21/2018 | 05/22/2018 | 70053698 |
| 06/15/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$324.00 | \$128.28 | Primary Adjustm | | 05/01/2019 | 05/10/2019 | 70059816 |
| | | | | \$185.72 | Other Ins Paid | \$10.00 | 05/01/2019 | 05/10/2019 | 70059816 |
| 06/20/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$162.00 | \$64.14 | Primary Adjustm | | 05/01/2019 | 05/10/2019 | 70059816 |
| | | | | \$87.86 | Other Ins Paid | \$10.00 | 05/01/2019 | 05/10/2019 | 70059816 |
| 06/22/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$216.00 | \$85.52 | Primary Adjustm | | 05/01/2019 | 05/10/2019 | 70059816 |
| | | | | \$120.48 | Other Ins Paid | \$10.00 | 05/01/2019 | 05/10/2019 | 70059816 |
| 07/06/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$270.00 | \$106.90 | Primary Adjustm | \$163.10 | 05/01/2019 | 05/10/2019 | 70059816 |
| 07/11/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$216.00 | \$85.52 | Primary Adjustm | \$130.48 | 05/01/2019 | 05/10/2019 | 70059816 |
| 08/10/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$168.00 | \$78.90 | Primary Adjustm | | 05/01/2019 | 05/10/2019 | 70059816 |
| | | | | \$13.97 | Other Ins Paid | \$75.13 | 05/01/2019 | 05/10/2019 | 70059816 |
| 08/01/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$324.00 | \$128.28 | Primary Adjustm | \$195.72 | 05/01/2019 | 05/10/2019 | 70059816 |
| 08/03/2017 | Fayetteville Physical Therapy | Phys.Therapy | \$324.00 | \$128.28 | Primary Adjustm | \$195.72 | 05/01/2019 | 05/10/2019 | 70059816 |
| Claim # AGA-0092221 Totals : | | | \$64,781.86 | \$60,361.67 | | \$4,420.19 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------------|---------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| W., Bennie; Claim: AGA-0099988; Activity: Mens Football; Diagnosis: Pain; Anatomy: Ribs; Date Incurred: 04/04/2017 | | | | | | | | | |
| 04/10/2017 | Beckley Arh | Dr.Visit-Emerg Room | \$565.00 | \$193.88 | Other Ins Paid | | 06/16/2017 | 06/20/2017 | 99999999 |
| | | | | \$116.12 | Write-off | | 06/16/2017 | 06/20/2017 | 99999999 |
| | | | | \$255.00 | Ded Credit | \$0.00 | 06/16/2017 | 06/20/2017 | 99999999 |
| 04/10/2017 | Beckley Med Imaging | Radiology Services | \$84.00 | \$56.67 | Primary Adjustm | | 08/31/2017 | 09/01/2017 | 99999999 |
| | | | | \$27.33 | Ded Credit | \$0.00 | 08/31/2017 | 09/01/2017 | 99999999 |
| 04/10/2017 | Beckley Emergency Phys Llc | Dr.Visit-Emerg Room | \$1,269.00 | \$1,101.88 | Primary Adjustm | \$167.12 | 09/15/2017 | 09/19/2017 | 70049488 |
| Claim # AGA-0099988 Totals : | | | \$1,918.00 | \$1,750.88 | | \$167.12 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|-------------------|-------------------|-------------------|------------------|-------------------|---------------|------------|--------------|
| W., Alison; Claim: AGA-0067280; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 08/31/2016 | | | | | | | | | |
| 10/06/2016 | Wvu Medical Corp | Medical Treatment | \$224.00 | \$40.30 | Write-off | | 11/21/2016 | 11/23/2016 | 99999999 |
| | | | | \$132.14 | Other Ins Paid | | 11/21/2016 | 11/23/2016 | 99999999 |
| | | | | \$51.56 | Ded Credit | \$0.00 | 11/21/2016 | 11/23/2016 | 99999999 |
| 10/06/2016 | Wvu Medical Corp | Medical Treatment | \$51.56 | \$0.00 | | \$51.56 | 12/08/2016 | 12/09/2016 | 70041835 |
| 09/01/2016 | Princeton Comm Hosp | Lab,Pathology | \$183.00 | \$85.35 | Write-off | | 12/08/2016 | 12/09/2016 | 70041885 |
| | | | | \$73.25 | Other Ins Paid | \$24.40 | 12/08/2016 | 12/09/2016 | 70041885 |
| 09/06/2016 | Princeton Comm Hosp | Lab,Pathology | \$67.00 | \$18.99 | Write-off | | 12/08/2016 | 12/09/2016 | 70041885 |
| | | | | \$36.01 | Other Ins Paid | \$12.00 | 12/08/2016 | 12/09/2016 | 70041885 |
| 09/09/2016 | Princeton Comm Hosp | Lab,Pathology | \$183.00 | \$86.13 | Write-off | | 12/08/2016 | 12/09/2016 | 70041885 |
| | | | | \$72.67 | Other Ins Paid | \$24.20 | 12/08/2016 | 12/09/2016 | 70041885 |
| 09/15/2016 | Princeton Comm Hosp | Lab,Pathology | \$570.00 | \$191.51 | Write-off | | 12/08/2016 | 12/09/2016 | 70041885 |
| | | | | \$283.90 | Other Ins Paid | \$94.59 | 12/08/2016 | 12/09/2016 | 70041885 |
| 09/21/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$707.00 | \$126.03 | Write-off | | 12/08/2016 | 12/09/2016 | 70041885 |
| | | | | \$435.73 | Other Ins Paid | \$145.24 | 12/08/2016 | 12/09/2016 | 70041885 |
| 10/06/2016 | WVU Hospitals | Lab,Pathology | \$363.63 | \$65.64 | Write-off | | 12/22/2016 | 12/23/2016 | 70042273 |
| | | | | \$223.50 | Other Ins Paid | \$74.49 | 12/22/2016 | 12/23/2016 | 70042273 |
| 11/01/2016 | WVU Hospitals | Outpatient | \$1,155.81 | \$208.72 | Write-off | | 12/22/2016 | 12/23/2016 | 70042273 |
| | | | | \$710.33 | Other Ins Paid | \$236.76 | 12/22/2016 | 12/23/2016 | 70042273 |
| 08/31/2016 | Princeton Comm Hosp | Emrg.Room | \$1,420.80 | \$213.80 | Write-off | | 12/20/2016 | 12/23/2016 | 70042268 |
| | | | | \$941.75 | Other Ins Paid | \$265.25 | 12/20/2016 | 12/23/2016 | 70042268 |
| 11/01/2016 | Wvu Medical Corp | Medical Treatment | \$299.00 | \$140.86 | Write-off | | 12/20/2016 | 12/23/2016 | 70042227 |
| | | | | \$118.61 | Other Ins Paid | \$39.53 | 12/20/2016 | 12/23/2016 | 70042227 |
| 11/01/2016 | Wvu Medical Corp | Medical Treatment | \$102.00 | \$47.90 | Write-off | | 12/20/2016 | 12/23/2016 | 70042227 |
| | | | | \$40.58 | Other Ins Paid | \$13.52 | 12/20/2016 | 12/23/2016 | 70042227 |
| 11/01/2016 | Wvu Medical Corp | Medical Treatment | \$134.00 | \$22.70 | Write-off | | 12/20/2016 | 12/23/2016 | 70042227 |
| | | | | \$83.48 | Other Ins Paid | \$27.82 | 12/20/2016 | 12/23/2016 | 70042227 |
| 09/21/2016 | Professional Imaging | X-Ray, Radiology | \$93.00 | \$31.96 | Write-off | | 01/30/2017 | 02/03/2017 | 70043193 |
| | | | | \$45.78 | Other Ins Paid | \$15.26 | 01/30/2017 | 02/03/2017 | 70043193 |
| Claim # AGA-0067280 Totals : | | | \$5,553.80 | \$4,529.18 | | \$1,024.62 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| W., Alison; Claim: AGA-0078783; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 11/07/2016 | | | | | | | | | |
| 11/15/2016 | Princeton Comm Hosp | X-Ray, Radiology | \$280.00 | \$50.01 | Write-off | | 01/05/2017 | 01/06/2017 | 999999999 |
| | | | | \$172.50 | Other Ins Paid | | 01/05/2017 | 01/06/2017 | 999999999 |
| | | | | \$57.49 | Ded Credit | \$0.00 | 01/05/2017 | 01/06/2017 | 999999999 |
| 11/15/2016 | Professional Imaging | X-Ray, Radiology | \$34.00 | \$16.04 | Write-off | | 01/05/2017 | 01/06/2017 | 999999999 |
| | | | | \$13.47 | Other Ins Paid | | 01/05/2017 | 01/06/2017 | 999999999 |
| | | | | \$4.49 | Ded Credit | \$0.00 | 01/05/2017 | 01/06/2017 | 999999999 |
| 11/17/2016 | Bone & Joint Surgeons | Medical Treatment | \$171.00 | \$86.81 | Write-off | | 06/08/2017 | 06/09/2017 | 999999999 |
| | | | | \$63.15 | Other Ins Paid | | 06/08/2017 | 06/09/2017 | 999999999 |
| | | | | \$21.04 | Ded Credit | \$0.00 | 06/08/2017 | 06/09/2017 | 999999999 |
| Claim # AGA-0078783 Totals : | | | \$485.00 | \$485.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------------|----------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| W., Alison; Claim: AGA-0083706; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 01/05/2017 | | | | | | | | | |
| 01/09/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$1,897.45 | Write-off | | 04/07/2017 | 04/11/2017 | 70045246 |
| | | | | \$1,017.20 | Other Ins Paid | \$647.35 | 04/07/2017 | 04/11/2017 | 70045246 |
| 02/20/2017 | Valley Anesthesia | Anesthesia | \$1,908.00 | \$1,044.00 | Write-off | | 04/13/2017 | 04/14/2017 | 70045349 |
| | | | | \$648.00 | Other Ins Paid | \$216.00 | 04/13/2017 | 04/14/2017 | 70045349 |
| 02/02/2017 | Sideline Ortho & Sports | Orthopedic Appliance | \$900.00 | \$31.56 | Write-off | | 05/10/2017 | 05/12/2017 | 70046289 |
| | | | | \$651.34 | Other Ins Paid | \$217.10 | 05/10/2017 | 05/12/2017 | 70046289 |
| 02/02/2017 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$65.25 | Write-off | | 05/10/2017 | 05/12/2017 | 70046289 |
| | | | | \$84.57 | Other Ins Paid | \$28.18 | 05/10/2017 | 05/12/2017 | 70046289 |
| 02/20/2017 | Sideline Ortho & Sports | Out-Pat.Surgery | \$3,380.00 | \$1,913.31 | Write-off | | 05/10/2017 | 05/12/2017 | 70046289 |
| | | | | \$1,100.02 | Other Ins Paid | \$366.67 | 05/10/2017 | 05/12/2017 | 70046289 |
| 01/09/2017 | Sideline Ortho & Sports | Medical Treatment | \$179.00 | \$59.57 | Write-off | | 05/18/2017 | 05/19/2017 | 70046425 |
| | | | | \$89.58 | Other Ins Paid | \$29.85 | 05/18/2017 | 05/19/2017 | 70046425 |
| 01/09/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$64.00 | \$23.50 | Write-off | | 05/18/2017 | 05/19/2017 | 70046425 |
| | | | | \$30.38 | Other Ins Paid | \$10.12 | 05/18/2017 | 05/19/2017 | 70046425 |
| 01/09/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$63.00 | \$27.76 | Write-off | | 05/18/2017 | 05/19/2017 | 70046425 |
| | | | | \$26.43 | Other Ins Paid | \$8.81 | 05/18/2017 | 05/19/2017 | 70046425 |
| 01/09/2017 | Sideline Ortho & Sports | X-Ray, Radiology | \$63.00 | \$27.76 | Write-off | | 05/18/2017 | 05/19/2017 | 70046425 |
| | | | | \$26.43 | Other Ins Paid | \$8.81 | 05/18/2017 | 05/19/2017 | 70046425 |
| 01/09/2017 | Montgomery Radiology Associate | MRI | \$275.00 | \$196.43 | Write-off | | 08/17/2017 | 08/18/2017 | 70048831 |
| | | | | \$58.93 | Other Ins Paid | \$19.64 | 08/17/2017 | 08/18/2017 | 70048831 |
| 02/20/2017 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$68,626.00 | \$58,491.03 | Write-off | | 07/20/2017 | 09/15/2017 | 70049453 |
| | | | | \$9,052.25 | Other Ins Paid | \$1,082.72 | 07/20/2017 | 09/15/2017 | 70049453 |
| 03/17/2017 | AKT Medical, Llc | Med Equipment | \$1,050.00 | \$550.00 | Primary Adjustm | \$500.00 | 02/09/2018 | 02/13/2018 | 70051892 |
| 11/08/2017 | Sideline Ortho & Sports | Medical Treatment | \$178.00 | \$65.25 | Primary Adjustm | | 03/20/2018 | 03/23/2018 | 70052521 |
| | | | | \$84.57 | Other Ins Paid | \$28.18 | 03/20/2018 | 03/23/2018 | 70052521 |
| Claim # AGA-0083706 Totals : | | | \$80,426.00 | \$77,262.57 | | \$3,163.43 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------|-----------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| W., Paul; Claim: AGA-0082430; Activity: Mens Baseball; Diagnosis: Swelling; Anatomy: Knee; Date Incurred: 10/03/2016 | | | | | | | | | |
| 12/19/2016 | Valley Anesthesia | Anesthesia | \$560.00 | \$308.00 | Primary Adjustm | | 02/10/2017 | 02/14/2017 | 70043671 |
| | | | | \$214.20 | Other Ins Paid | \$37.80 | 02/10/2017 | 02/14/2017 | 70043671 |
| 12/19/2016 | Valley Anesthesia | Anesthesia | \$553.00 | \$301.00 | Primary Adjustm | | 02/10/2017 | 02/14/2017 | 70043671 |
| | | | | \$214.20 | Other Ins Paid | \$37.80 | 02/10/2017 | 02/14/2017 | 70043671 |
| 12/19/2016 | Lewisgale Hos Montgomery | Out-Pat.Surgery | \$20,743.00 | \$15,530.96 | Primary Adjustm | | 02/10/2017 | 02/14/2017 | 70043729 |
| | | | | \$3,590.47 | Other Ins Paid | \$1,621.57 | 02/10/2017 | 02/14/2017 | 70043729 |
| Claim # AGA-0082430 Totals : | | | \$21,856.00 | \$20,158.83 | | \$1,697.17 | | | |

| | | | | | | | | | |
|---|--------------------------------|----------------------|-------------------|-------------------|----------------|-------------------|------------|------------|----------|
| W., Dominic; Claim: AGA-0066655; Activity: Mens Football; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 08/25/2016 | | | | | | | | | |
| 08/25/2016 | Princeton Comm Hosp | Emrg.Room | \$1,682.95 | \$196.90 | Write-off | | 10/24/2016 | 10/25/2016 | 70040454 |
| | | | | \$822.37 | Other Ins Paid | \$663.68 | 10/24/2016 | 10/25/2016 | 70040454 |
| 08/25/2016 | Professional Imaging | X-Ray, Radiology | \$55.99 | \$43.90 | Write-off | | 10/24/2016 | 10/25/2016 | 70040403 |
| | | | | \$9.67 | Other Ins Paid | \$2.42 | 10/24/2016 | 10/25/2016 | 70040403 |
| 08/25/2016 | Professional Imaging | X-Ray, Radiology | \$50.99 | \$38.46 | Write-off | | 10/24/2016 | 10/25/2016 | 70040403 |
| | | | | \$10.02 | Other Ins Paid | \$2.51 | 10/24/2016 | 10/25/2016 | 70040403 |
| 08/26/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$116.00 | \$68.04 | Write-off | | 10/24/2016 | 10/25/2016 | 70040428 |
| | | | | \$38.37 | Other Ins Paid | \$9.59 | 10/24/2016 | 10/25/2016 | 70040428 |
| 08/26/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$182.00 | \$86.46 | Write-off | | 10/24/2016 | 10/25/2016 | 70040428 |
| | | | | \$35.54 | Other Ins Paid | \$60.00 | 10/24/2016 | 10/25/2016 | 70040428 |
| 08/30/2016 | Lewisgale Hos Montgomery | MRI | \$3,298.00 | \$2,152.36 | Write-off | | 10/24/2016 | 10/25/2016 | 70040451 |
| | | | | \$687.38 | Other Ins Paid | \$458.26 | 10/24/2016 | 10/25/2016 | 70040451 |
| 08/30/2016 | Montgomery Radiology Associate | MRI | \$275.00 | \$190.77 | Write-off | | 10/24/2016 | 10/25/2016 | 70040423 |
| | | | | \$50.54 | Other Ins Paid | \$33.69 | 10/24/2016 | 10/25/2016 | 70040423 |
| 08/25/2016 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$795.00 | \$198.75 | Write-off | | 12/14/2016 | 12/16/2016 | 70042053 |
| | | | | \$477.00 | Other Ins Paid | \$119.25 | 12/14/2016 | 12/16/2016 | 70042053 |
| 08/30/2016 | Advanced Home Care | Orthopedic Appliance | \$275.25 | \$0.00 | | \$275.25 | 03/15/2017 | 03/17/2017 | 70044523 |
| Claim # AGA-0066655 Totals : | | | \$6,731.18 | \$5,106.53 | | \$1,624.65 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------------|--------------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| Y., Nicole; Claim: AGA-0082971; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/21/2016 | | | | | | | | | |
| 12/12/2016 | Montgomery Radiology Associate | Surgery | \$207.00 | \$135.19 | Write-off | | 02/03/2017 | 02/07/2017 | 99999999 |
| | | | | \$57.45 | Other Ins Paid | | 02/03/2017 | 02/07/2017 | 99999999 |
| | | | | \$14.36 | Ded Credit | \$0.00 | 02/03/2017 | 02/07/2017 | 99999999 |
| 12/12/2016 | Montgomery Radiology Associate | X-Ray, Radiology | \$113.00 | \$82.67 | Write-off | | 02/03/2017 | 02/07/2017 | 99999999 |
| | | | | \$24.26 | Other Ins Paid | | 02/03/2017 | 02/07/2017 | 99999999 |
| | | | | \$6.07 | Ded Credit | \$0.00 | 02/03/2017 | 02/07/2017 | 99999999 |
| 12/12/2016 | Montgomery Radiology Associate | MRI | \$329.00 | \$227.91 | Write-off | | 02/03/2017 | 02/07/2017 | 99999999 |
| | | | | \$80.87 | Other Ins Paid | | 02/03/2017 | 02/07/2017 | 99999999 |
| | | | | \$20.22 | Ded Credit | \$0.00 | 02/03/2017 | 02/07/2017 | 99999999 |
| 12/27/2016 | Valley Anesthesia | Anesthesia | \$1,040.00 | \$643.20 | Write-off | | 03/01/2017 | 03/03/2017 | 70044125 |
| | | | | \$317.44 | Other Ins Paid | | 03/01/2017 | 03/03/2017 | 70044125 |
| | | | | \$21.70 | Ded Credit | \$57.66 | 03/01/2017 | 03/03/2017 | 70044125 |
| 12/27/2016 | Valley Anesthesia | Injection | \$600.00 | \$484.35 | Write-off | | 03/01/2017 | 03/03/2017 | 70044125 |
| | | | | \$92.52 | Other Ins Paid | \$23.13 | 03/01/2017 | 03/03/2017 | 70044125 |
| 12/27/2016 | Valley Anesthesia | X-Ray, Radiology | \$118.00 | \$65.64 | Write-off | | 03/01/2017 | 03/03/2017 | 70044125 |
| | | | | \$52.36 | Other Ins Paid | \$0.00 | 03/01/2017 | 03/03/2017 | 70044125 |
| 12/27/2016 | Valley Anesthesia | Anesthesia | \$1,027.00 | \$630.20 | Write-off | | 03/01/2017 | 03/03/2017 | 70044125 |
| | | | | \$317.44 | Other Ins Paid | \$79.36 | 03/01/2017 | 03/03/2017 | 70044125 |
| 12/12/2016 | Lewisgale Hos Montgomery | MRI | \$6,731.00 | \$4,674.00 | Write-off | | 03/17/2017 | 03/21/2017 | 70044599 |
| | | | | \$1,245.60 | Other Ins Paid | \$811.40 | 03/17/2017 | 03/21/2017 | 70044599 |
| 12/27/2016 | Sideline Ortho & Sports | Orthopedic Appliance | \$160.00 | \$40.00 | Disc:PHX | \$120.00 | 03/17/2017 | 03/21/2017 | 70044604 |
| 12/27/2016 | Sideline Ortho & Sports | Surgery | \$2,217.00 | \$554.25 | Disc:PHX | \$1,662.75 | 03/17/2017 | 03/21/2017 | 70044604 |
| 12/27/2016 | Zelis Claims Integrity | PHX Fee | \$103.99 | \$0.00 | | \$103.99 | 03/17/2017 | 03/21/2017 | 70044580 |
| 12/12/2016 | Montgomery Radiology Associate | Deductible Reimbursement | \$14.36 | \$0.00 | | \$14.36 | 03/17/2017 | 03/21/2017 | 70044571 |
| 12/12/2016 | Montgomery Radiology Associate | Deductible Reimbursement | \$6.07 | \$0.00 | | \$6.07 | 03/17/2017 | 03/21/2017 | 70044571 |
| 12/12/2016 | Montgomery Radiology Associate | Deductible Reimbursement | \$20.22 | \$0.00 | | \$20.22 | 03/17/2017 | 03/21/2017 | 70044571 |
| 12/27/2016 | Lewisgale Hos Montgomery | Surgery | \$79,181.79 | \$13,677.60 | Other Ins Paid | | 05/16/2017 | 06/02/2017 | 70046911 |
| | | | | \$62,084.79 | Write-off | \$3,419.40 | 05/16/2017 | 06/02/2017 | 70046911 |
| 05/24/2017 | Progress Rehab Network | Phys.Therapy | \$317.00 | \$247.00 | Write-off | | 07/05/2017 | 07/07/2017 | 70047769 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 07/05/2017 | 07/07/2017 | 70047769 |
| 05/25/2017 | Progress Rehab Network | Phys.Therapy | \$255.00 | \$185.00 | Write-off | | 07/05/2017 | 07/07/2017 | 70047769 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 07/05/2017 | 07/07/2017 | 70047769 |
| 05/30/2017 | Progress Rehab Network | Phys.Therapy | \$309.00 | \$239.00 | Write-off | | 07/18/2017 | 07/21/2017 | 70048153 |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|--------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| Y., Nicole; Claim: AGA-0082971; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/21/2016 | | | | | | | | | |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 07/18/2017 | 07/21/2017 | 70048153 |
| 06/02/2017 | Progress Rehab Network | Phys.Therapy | \$331.00 | \$261.00 | Write-off | | 07/18/2017 | 07/21/2017 | 70048153 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 07/18/2017 | 07/21/2017 | 70048153 |
| 06/05/2017 | Progress Rehab Network | Phys.Therapy | \$331.00 | \$261.00 | Write-off | | 08/09/2017 | 08/11/2017 | 70048732 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/09/2017 | 08/11/2017 | 70048732 |
| 06/07/2017 | Progress Rehab Network | Phys.Therapy | \$344.00 | \$274.00 | Write-off | | 08/09/2017 | 08/11/2017 | 70048732 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/09/2017 | 08/11/2017 | 70048732 |
| 06/09/2017 | Progress Rehab Network | Phys.Therapy | \$398.00 | \$328.00 | Write-off | | 08/09/2017 | 08/11/2017 | 70048732 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/09/2017 | 08/11/2017 | 70048732 |
| 06/14/2017 | Progress Rehab Network | Phys.Therapy | \$288.00 | \$218.00 | Write-off | | 08/09/2017 | 08/11/2017 | 70048732 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/09/2017 | 08/11/2017 | 70048732 |
| 06/16/2017 | Progress Rehab Network | Phys.Therapy | \$355.00 | \$285.00 | Write-off | | 08/09/2017 | 08/11/2017 | 70048732 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/09/2017 | 08/11/2017 | 70048732 |
| 06/12/2017 | Progress Rehab Network | Phys.Therapy | \$301.00 | \$231.00 | Primary Adjustm | | 08/17/2017 | 08/18/2017 | 70048837 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/17/2017 | 08/18/2017 | 70048837 |
| 06/23/2017 | Progress Rehab Network | Phys.Therapy | \$344.00 | \$274.00 | Write-off | | 08/17/2017 | 08/18/2017 | 70048838 |
| | | | | \$40.00 | Other Ins Paid | \$30.00 | 08/17/2017 | 08/18/2017 | 70048838 |
| 06/27/2017 | Progress Rehab Network | Phys.Therapy | \$586.00 | \$400.02 | Disc:Hrgi | \$185.98 | 08/29/2017 | 09/01/2017 | 70049165 |
| 06/27/2017 | HealthRisk Resource Group LLC | HRGI Fee | \$48.00 | \$0.00 | | \$48.00 | 08/29/2017 | 09/01/2017 | 70049136 |
| 07/14/2017 | Progress Rehab Network | Phys.Therapy | \$331.00 | \$264.80 | Disc:Hrgi | \$66.20 | 09/12/2017 | 09/12/2017 | 70049357 |
| 07/14/2017 | HealthRisk Resource Group | HRGI Fee | \$31.77 | \$0.00 | | \$31.77 | 09/12/2017 | 09/12/2017 | 70049350 |
| Claim # AGA-0082971 Totals : | | | \$96,438.20 | \$89,457.91 | | \$6,980.29 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|--------------------------------|----------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| Y., Alec; Claim: AGA-0088871; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2017 | | | | | | | | | |
| 02/21/2017 | Uva Physicians Group | Medical Treatment | \$253.00 | \$42.09 | Write-off | | 03/27/2017 | 03/28/2017 | 70044742 |
| | | | | \$170.91 | Other Ins Paid | \$40.00 | 03/27/2017 | 03/28/2017 | 70044742 |
| 02/06/2017 | Lewisgale Hos Montgomery | MRI | \$3,562.00 | \$1,897.45 | Write-off | | 03/27/2017 | 03/28/2017 | 70044782 |
| | | | | \$1,066.96 | Other Ins Paid | \$597.59 | 03/27/2017 | 03/28/2017 | 70044782 |
| 02/06/2017 | Montgomery Radiology Associate | MRI | \$275.00 | \$196.43 | Write-off | \$78.57 | 03/27/2017 | 03/28/2017 | 70044758 |
| 01/31/2017 | Sideline Ortho & Sports | Medical Treatment | \$315.00 | \$155.07 | Write-off | | 03/27/2017 | 03/28/2017 | 70044759 |
| | | | | \$79.43 | Other Ins Paid | \$80.50 | 03/27/2017 | 03/28/2017 | 70044759 |
| 02/21/2017 | Uva Imaging | X-Ray, Radiology | \$780.00 | \$730.98 | Write-off | | 05/05/2017 | 05/09/2017 | 70046124 |
| | | | | \$39.22 | Other Ins Paid | \$9.80 | 05/05/2017 | 05/09/2017 | 70046124 |
| 03/13/2017 | Uva Physicians Group | Surgery | \$3,636.00 | \$1,422.65 | Other Ins Paid | | 05/05/2017 | 05/09/2017 | 70046146 |
| | | | | \$2,173.35 | Write-off | \$40.00 | 05/05/2017 | 05/09/2017 | 70046146 |
| 03/13/2017 | Uva Physicians Group | Anesthesia | \$2,000.00 | \$740.60 | Other Ins Paid | | 05/05/2017 | 05/09/2017 | 70046146 |
| | | | | \$1,219.40 | Write-off | \$40.00 | 05/05/2017 | 05/09/2017 | 70046146 |
| 03/14/2017 | Southeastern Pt | Phys.Therapy | \$279.00 | \$127.37 | Write-off | | 05/05/2017 | 05/09/2017 | 70046150 |
| | | | | \$121.31 | Other Ins Paid | \$30.32 | 05/05/2017 | 05/09/2017 | 70046150 |
| 03/16/2017 | Southeastern Pt | Phys.Therapy | \$205.00 | \$105.61 | Write-off | | 05/05/2017 | 05/09/2017 | 70046150 |
| | | | | \$65.13 | Other Ins Paid | \$34.26 | 05/05/2017 | 05/09/2017 | 70046150 |
| 03/20/2017 | Southeastern Pt | Phys.Therapy | \$195.00 | \$105.58 | Write-off | | 05/05/2017 | 05/09/2017 | 70046150 |
| | | | | \$57.16 | Other Ins Paid | \$32.26 | 05/05/2017 | 05/09/2017 | 70046150 |
| 03/13/2017 | Uva Physicians Group | X-Ray, Radiology | \$810.00 | \$620.81 | Write-off | | 06/16/2017 | 06/20/2017 | 70047355 |
| | | | | \$175.60 | Other Ins Paid | \$13.59 | 06/16/2017 | 06/20/2017 | 70047355 |
| 03/13/2017 | Uva Health Sciences Ctr | Out-Pat.Surgery | \$19,533.84 | \$12,943.59 | Write-off | | 06/16/2017 | 06/20/2017 | 70047388 |
| | | | | \$5,272.20 | Other Ins Paid | \$1,318.05 | 06/16/2017 | 06/20/2017 | 70047388 |
| 03/22/2017 | Southeastern Pt | Phys.Therapy | \$205.00 | \$105.61 | Write-off | | 06/16/2017 | 06/20/2017 | 70047370 |
| | | | | \$65.13 | Other Ins Paid | \$34.26 | 06/16/2017 | 06/20/2017 | 70047370 |
| 03/24/2017 | Southeastern Pt | Phys.Therapy | \$205.00 | \$105.61 | Write-off | | 06/16/2017 | 06/20/2017 | 70047370 |
| | | | | \$65.13 | Other Ins Paid | \$34.26 | 06/16/2017 | 06/20/2017 | 70047370 |
| 03/24/2017 | Uva Health Sciences Ctr | Orthopedic Appliance | \$470.00 | \$192.77 | Write-off | | 06/16/2017 | 06/20/2017 | 70047366 |
| | | | | \$221.78 | Other Ins Paid | \$55.45 | 06/16/2017 | 06/20/2017 | 70047366 |
| 07/28/2017 | Uva Physicians Group | Medical Treatment | \$171.00 | \$28.78 | Primary Adjustm | | 09/13/2017 | 09/15/2017 | 70049413 |
| | | | | \$102.22 | Other Ins Paid | \$40.00 | 09/13/2017 | 09/15/2017 | 70049413 |
| 11/21/2017 | Uva Physicians Group | Medical Treatment | \$171.00 | \$28.78 | Primary Adjustm | | 02/23/2018 | 02/27/2018 | 70052108 |
| | | | | \$102.22 | Other Ins Paid | \$40.00 | 02/23/2018 | 02/27/2018 | 70052108 |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------|--------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| Y., Alec; Claim: AGA-0088871; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2017 | | | | | | | | | |
| 01/05/2018 | Southeastern Pt | Phys.Therapy | \$165.00 | \$84.57 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$64.35 | Other Ins Paid | \$16.08 | 02/28/2018 | 03/02/2018 | 70052164 |
| 01/03/2018 | Southeastern Pt | Phys.Therapy | \$210.00 | \$106.48 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$82.82 | Other Ins Paid | \$20.70 | 02/28/2018 | 03/02/2018 | 70052164 |
| 12/11/2017 | Southeastern Pt | Phys.Therapy | \$219.00 | \$117.19 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$65.13 | Other Ins Paid | \$36.68 | 02/28/2018 | 03/02/2018 | 70052164 |
| 12/08/2017 | Southeastern Pt | Phys.Therapy | \$279.00 | \$127.37 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$121.31 | Other Ins Paid | \$30.32 | 02/28/2018 | 03/02/2018 | 70052164 |
| 12/20/2017 | Southeastern Pt | Phys.Therapy | \$180.00 | \$90.58 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$71.54 | Other Ins Paid | \$17.88 | 02/28/2018 | 03/02/2018 | 70052164 |
| 12/22/2017 | Southeastern Pt | Phys.Therapy | \$180.00 | \$90.58 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$71.54 | Other Ins Paid | \$17.88 | 02/28/2018 | 03/02/2018 | 70052164 |
| 12/13/2017 | Southeastern Pt | Phys.Therapy | \$219.00 | \$115.49 | Primary Adjustm | | 02/28/2018 | 03/02/2018 | 70052164 |
| | | | | \$82.81 | Other Ins Paid | \$20.70 | 02/28/2018 | 03/02/2018 | 70052164 |
| 06/12/2018 | Southeastern Pt | Phys.Therapy | \$255.00 | \$116.97 | Primary Adjustm | | 07/17/2018 | 07/20/2018 | 70054911 |
| | | | | \$110.42 | Other Ins Paid | \$27.61 | 07/17/2018 | 07/20/2018 | 70054911 |
| 07/19/2017 | Southeastern Pt | Phys.Therapy | \$180.00 | \$93.26 | Primary Adjustm | \$86.74 | 08/21/2018 | 08/24/2018 | 70055730 |
| 04/21/2017 | Southeastern Pt | Phys.Therapy | \$195.00 | \$104.60 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$57.94 | Other Ins Paid | \$32.46 | 08/21/2018 | 08/24/2018 | 70055730 |
| 05/08/2017 | Southeastern Pt | Phys.Therapy | \$170.00 | \$92.25 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$45.88 | Other Ins Paid | \$31.87 | 08/21/2018 | 08/24/2018 | 70055730 |
| 05/10/2017 | Southeastern Pt | Phys.Therapy | \$265.00 | \$141.56 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$82.43 | Other Ins Paid | \$41.01 | 08/21/2018 | 08/24/2018 | 70055730 |
| 05/15/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$64.35 | Other Ins Paid | \$36.49 | 08/21/2018 | 08/24/2018 | 70055730 |
| 05/18/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$64.35 | Other Ins Paid | \$36.49 | 08/21/2018 | 08/24/2018 | 70055730 |
| 05/24/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$64.35 | Other Ins Paid | \$36.49 | 08/21/2018 | 08/24/2018 | 70055730 |
| 06/07/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$64.35 | Other Ins Paid | \$36.49 | 08/21/2018 | 08/24/2018 | 70055730 |
| 05/31/2017 | Southeastern Pt | Phys.Therapy | \$255.00 | \$132.05 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$82.04 | Other Ins Paid | \$40.91 | 08/21/2018 | 08/24/2018 | 70055730 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------|--------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| Y., Alec; Claim: AGA-0088871; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2017 | | | | | | | | | |
| 06/05/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$64.35 | Other Ins Paid | \$36.49 | 08/21/2018 | 08/24/2018 | 70055730 |
| 06/23/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$64.35 | Other Ins Paid | \$36.49 | 08/21/2018 | 08/24/2018 | 70055730 |
| 06/21/2017 | Southeastern Pt | Phys.Therapy | \$255.00 | \$132.05 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$82.04 | Other Ins Paid | \$40.91 | 08/21/2018 | 08/24/2018 | 70055730 |
| 06/26/2017 | Southeastern Pt | Phys.Therapy | \$255.00 | \$131.07 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$82.82 | Other Ins Paid | \$41.11 | 08/21/2018 | 08/24/2018 | 70055730 |
| 07/05/2017 | Southeastern Pt | Phys.Therapy | \$210.00 | \$109.16 | Primary Adjustm | \$100.84 | 08/21/2018 | 08/24/2018 | 70055730 |
| 07/11/2017 | Southeastern Pt | Phys.Therapy | \$180.00 | \$94.96 | Primary Adjustm | | 08/21/2018 | 08/24/2018 | 70055730 |
| | | | | \$0.82 | Other Ins Paid | \$84.22 | 08/21/2018 | 08/24/2018 | 70055730 |
| 06/28/2017 | Southeastern Pt | Phys.Therapy | \$240.01 | \$130.67 | Primary Adjustm | | 10/24/2018 | 10/26/2018 | 70056782 |
| | | | | \$71.15 | Other Ins Paid | \$38.19 | 10/24/2018 | 10/26/2018 | 70056782 |
| 07/28/2017 | Southeastern Pt | Phys.Therapy | \$180.00 | \$93.26 | Primary Adjustm | \$86.74 | 10/24/2018 | 10/26/2018 | 70056782 |
| | Southeastern PT | | \$0.00 | \$0.00 | | -\$27.61 | 05/03/2019 | 05/03/2019 | 0 |
| Claim # AGA-0088871 Totals : | | | \$38,417.85 | \$34,894.76 | | \$3,523.09 | | | |

| | | | |
|--|-----------------------|-----------------------|---------------------|
| 2016 Sub Total: Checking Account BRKLY Totals: | \$1,363,262.37 | \$1,260,741.83 | \$102,520.54 |
| 2016 Sub Total: Coverage Intercollegiate Sports Totals: | \$1,363,262.37 | \$1,260,741.83 | \$102,520.54 |
| 2016 Sub Total: Policy ICS L00600115 002 Totals: | \$1,363,262.37 | \$1,260,741.83 | \$102,520.54 |

Policy: US746710
Coverage: Primary 80/20
Checking Account: FAIRM

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-----------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| C., Edwin; Claim: AGA-0072524; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 08/18/2016 | | | | | | | | | |
| 08/19/2016 | DJO, LLC | Orthopedic Appliance | \$92.19 | \$92.19 | Ded Credit | \$0.00 | 10/27/2016 | 01/10/2017 | 999999999 |
| 08/19/2016 | First Health | First Health Repricing | \$23.37 | \$0.00 | | \$23.37 | 10/27/2016 | 01/10/2017 | 227829 |
| 08/19/2016 | Sw Va Orthopedics And Spine | Medical Treatment | \$263.00 | \$99.43 | First Health Disc | | 10/27/2016 | 01/10/2017 | 227872 |
| | | | | \$157.81 | Ded Credit | | 10/27/2016 | 01/10/2017 | 227872 |
| | | | | \$1.15 | 80% UCR | \$4.61 | 10/27/2016 | 01/10/2017 | 227872 |
| 08/19/2016 | Sw Va Orthopedics And Spine | X-Ray, Radiology | \$102.00 | \$56.35 | First Health Disc | | 10/27/2016 | 01/10/2017 | 227872 |
| | | | | \$9.13 | 80% UCR | \$36.52 | 10/27/2016 | 01/10/2017 | 227872 |
| Claim # AGA-0072524 Totals : | | | \$480.56 | \$416.06 | | \$64.50 | | | |
| D., Jermiel; Claim: AGA-0071888; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 10/06/2016 | | | | | | | | | |
| 10/10/2016 | Medexpress Urgent Care Wv | Medical Treatment | \$210.00 | \$24.91 | First Health Disc | | 11/17/2016 | 01/10/2017 | 227786 |
| | | | | \$185.09 | Ded Credit | \$0.00 | 11/17/2016 | 01/10/2017 | 227786 |
| 10/10/2016 | Medexpress Urgent Care Wv | X-Ray, Radiology | \$113.00 | \$42.67 | First Health Disc | | 11/17/2016 | 01/10/2017 | 227786 |
| | | | | \$64.91 | Ded Credit | | 11/17/2016 | 01/10/2017 | 227786 |
| | | | | \$1.08 | 80% UCR | \$4.34 | 11/17/2016 | 01/10/2017 | 227786 |
| 10/10/2016 | First Health | First Health Repricing | \$10.14 | \$0.00 | | \$10.14 | 11/17/2016 | 01/10/2017 | 227804 |
| Claim # AGA-0071888 Totals : | | | \$333.14 | \$318.66 | | \$14.48 | | | |
| L., Nicholas; Claim: AGA-0077608; Activity: Mens Football; Diagnosis: Pain; Anatomy: Torso; Date Incurred: 11/12/2016 | | | | | | | | | |
| 11/13/2016 | First Health | First Health Repricing | \$52.83 | \$0.00 | | \$52.83 | 12/08/2016 | 01/10/2017 | 227892 |
| 11/12/2016 | First Health | First Health Repricing | \$99.19 | \$0.00 | | \$99.19 | 12/08/2016 | 01/10/2017 | 227932 |
| 11/13/2016 | Professional Imaging | X-Ray, Radiology | \$532.40 | \$212.96 | First Health Disc | | 12/08/2016 | 01/10/2017 | 227997 |
| | | | | \$63.89 | 80% UCR | \$255.55 | 12/08/2016 | 01/10/2017 | 227997 |
| 11/13/2016 | Professional Imaging | Cat Scan | \$229.00 | \$139.26 | First Health Disc | | 12/08/2016 | 01/10/2017 | 227997 |
| | | | | \$17.95 | 80% UCR | \$71.79 | 12/08/2016 | 01/10/2017 | 227997 |
| 11/12/2016 | Princeton Comm Hosp | Emrg.Room | \$6,480.56 | \$661.30 | First Health Disc | | 12/08/2016 | 01/10/2017 | 228063 |
| | | | | \$250.00 | Ded Credit | | 12/08/2016 | 01/10/2017 | 228063 |
| | | | | \$1,113.85 | Ded Credit | \$4,455.41 | 12/08/2016 | 01/10/2017 | 228063 |
| 02/06/2017 | Arh Southern Wv Clinic | Medical Treatment | \$123.00 | \$24.60 | 80% UCR | | 08/14/2017 | 08/18/2017 | 246237 |
| | | | | \$33.17 | Maximum Pol Ben | \$65.23 | 08/14/2017 | 08/18/2017 | 246237 |
| Claim # AGA-0077608 Totals : | | | \$7,516.98 | \$2,516.98 | | \$5,000.00 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------|----------|-------------------|------------------|------------------|-----------------|---------------|------------|--------------|
| P., Quincy; Claim: AGA-0086493; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 01/18/2017 | | | | | | | | | |
| 01/31/2017 | Community Radiology | MRI | \$1,250.00 | \$250.00 | Ded Credit | | 03/09/2017 | 03/10/2017 | 232923 |
| | | | | \$200.00 | 80% UCR | \$800.00 | 03/09/2017 | 03/10/2017 | 232923 |
| Claim # AGA-0086493 Totals : | | | \$1,250.00 | \$450.00 | | \$800.00 | | | |

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------------|------------------------|-------------------|-------------------|-------------------|-------------------|---------------|------------|--------------|
| S., Michael; Claim: AGA-0075583; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Hand; Date Incurred: 10/28/2016 | | | | | | | | | |
| 10/29/2016 | First Health | First Health Repricing | \$18.82 | \$0.00 | | \$18.82 | 11/28/2016 | 01/10/2017 | 227817 |
| 10/29/2016 | Princeton Comm Hosp | Emrg.Room | \$1,568.07 | \$125.45 | First Health Disc | | 11/28/2016 | 01/10/2017 | 228038 |
| | | | | \$250.00 | Ded Credit | | 11/28/2016 | 01/10/2017 | 228038 |
| | | | | \$238.52 | 80% UCR | \$954.10 | 11/28/2016 | 01/10/2017 | 228038 |
| 10/29/2016 | Three Rivers Prov Network | TRPN Fee | \$18.54 | \$0.00 | | \$18.54 | 02/28/2017 | 03/03/2017 | 232172 |
| 10/29/2016 | Greenbrier Emerg Services | Dr.Visit-Emerg Room | \$794.00 | \$79.40 | Disc:TRPN | | 02/28/2017 | 03/03/2017 | 232452 |
| | | | | \$142.92 | 80% UCR | \$571.68 | 02/28/2017 | 03/03/2017 | 232452 |
| 10/29/2016 | Greenbrier Emerg Services | Surgery | \$698.00 | \$69.80 | Disc:TRPN | | 02/28/2017 | 03/03/2017 | 232452 |
| | | | | \$125.64 | 80% UCR | \$502.56 | 02/28/2017 | 03/03/2017 | 232452 |
| 10/29/2016 | Greenbrier Emerg Services | Medical Treatment | \$53.00 | \$5.30 | Disc:TRPN | | 02/28/2017 | 03/03/2017 | 232452 |
| | | | | \$9.54 | 80% UCR | \$38.16 | 02/28/2017 | 03/03/2017 | 232452 |
| Claim # AGA-0075583 Totals : | | | \$3,150.43 | \$1,046.57 | | \$2,103.86 | | | |

| | | | | | | | | | |
|---|--|--|-----------------------|-----------------------|--|---------------------|--|--|--|
| 2016 Sub Total: Checking Account FAIRM Totals: | | | \$12,731.11 | \$4,748.27 | | \$7,982.84 | | | |
| 2016 Sub Total: Coverage Primary 80/20 Totals: | | | \$12,731.11 | \$4,748.27 | | \$7,982.84 | | | |
| 2016 Sub Total: Policy US746710 Totals: | | | \$12,731.11 | \$4,748.27 | | \$7,982.84 | | | |
| 2016 Sub Totals: | | | \$1,375,993.48 | \$1,265,490.10 | | \$110,503.38 | | | |

Underwriting Year: 2021

Policy: US1556651

Coverage: Intercollegiate Sports

Checking Account: FAIRM

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|------------------|-------------------|------------------|------------------|-----------------|---------------|------------|--------------|
| A., Marco; Claim: AGA-0375343; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 11/09/2021 | | | | | | | | | |
| 11/30/2021 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$249.77 | Disc:OccuNet | \$90.23 | 07/27/2022 | 07/29/2022 | 356985 |
| 11/09/2021 | Princeton Community Hospital | X-Ray, Radiology | \$680.00 | \$589.77 | Disc:OccuNet | \$90.23 | 07/27/2022 | 07/29/2022 | 356985 |
| 11/09/2021 | OccuNet | Repricing Fee | \$141.54 | \$0.00 | | \$141.54 | 07/27/2022 | 07/29/2022 | 356999 |
| 11/30/2021 | OccuNet | Repricing Fee | \$59.94 | \$0.00 | | \$59.94 | 07/27/2022 | 07/29/2022 | 356999 |
| Claim # AGA-0375343 Totals : | | | \$1,221.48 | \$839.54 | | \$381.94 | | | |

| | | | | | | | | | |
|---|--------------------------|-------------------|--------------------|--------------------|-----------------|-------------------|------------|------------|----------|
| B., Zion; Claim: AGA-0387109; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 03/16/2022 | | | | | | | | | |
| 04/09/2022 | Novant Health Matthews | MRI | \$2,982.00 | \$0.00 | Other Ins Paid | | 06/03/2022 | 06/07/2022 | 99999999 |
| | | | | \$1,923.39 | Primary Adjustm | | 06/03/2022 | 06/07/2022 | 99999999 |
| | | | | \$1,058.61 | Ded Credit | \$0.00 | 06/03/2022 | 06/07/2022 | 99999999 |
| 04/20/2022 | Orthovirginia, Inc | Medical Treatment | \$239.00 | \$0.00 | Other Ins Paid | | 06/03/2022 | 06/07/2022 | 99999999 |
| | | | | \$89.39 | Primary Adjustm | | 06/03/2022 | 06/07/2022 | 99999999 |
| | | | | \$149.61 | Ded Credit | \$0.00 | 06/03/2022 | 06/07/2022 | 99999999 |
| 04/18/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$0.00 | Other Ins Paid | | 06/03/2022 | 06/07/2022 | 99999999 |
| | | | | \$92.99 | Primary Adjustm | | 06/03/2022 | 06/07/2022 | 99999999 |
| | | | | \$227.01 | Ded Credit | \$0.00 | 06/03/2022 | 06/07/2022 | 99999999 |
| 05/12/2022 | Montgomery Regional Hosp | Outpatient | \$39,008.00 | \$32,825.00 | Primary Adjustm | | 06/20/2022 | 06/21/2022 | 354345 |
| | | | | \$64.77 | Ded Credit | \$6,118.23 | 06/20/2022 | 06/21/2022 | 354345 |
| 05/13/2022 | Valley Anesthesia PC | Anesthesia | \$880.00 | \$0.00 | Other Ins Paid | | 06/23/2022 | 06/24/2022 | 354665 |
| | | | | \$255.76 | Primary Adjustm | \$624.24 | 06/23/2022 | 06/24/2022 | 354665 |
| 05/13/2022 | Orthovirginia, Inc | Surgery | \$2,374.00 | \$0.00 | Other Ins Paid | | 06/23/2022 | 06/24/2022 | 354674 |
| | | | | \$1,604.89 | Primary Adjustm | \$769.11 | 06/23/2022 | 06/24/2022 | 354674 |
| Claim # AGA-0387109 Totals : | | | \$45,803.00 | \$38,291.42 | | \$7,511.58 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|--------------------------|--------------------|--------------------|------------------|-----------------|---------------|------------|--------------|
| B., zoe; Claim: AGA-0375363; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 01/26/2022 | | | | | | | | | |
| 08/10/2022 | Orthovirginia Inc. | Medical Treatment | \$168.00 | \$66.22 | Other Ins Paid | | 11/21/2022 | 11/23/2022 | 99999999 |
| | | | | \$65.23 | Primary Adjustm | | 11/21/2022 | 11/23/2022 | 99999999 |
| | | | | \$36.55 | Ded Credit | \$0.00 | 11/21/2022 | 11/23/2022 | 99999999 |
| 03/18/2022 | OccuNet | Repricing Fee | \$316.60 | \$0.00 | | \$316.60 | 11/29/2022 | 11/30/2022 | 366075 |
| 03/18/2022 | Lewisgale Hos Montgomery | Outpatient | \$37,471.00 | \$4,865.60 | Other Ins Paid | | 11/29/2022 | 11/30/2022 | 99999999 |
| | | | | \$31,339.00 | Primary Adjustm | | 11/29/2022 | 11/30/2022 | 99999999 |
| | | | | \$1,266.40 | Disc:OccuNet | \$0.00 | 11/29/2022 | 11/30/2022 | 99999999 |
| 01/26/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$256.00 | Other Ins Paid | \$84.00 | 01/27/2023 | 01/31/2023 | 371297 |
| 02/13/2022 | Princeton Community Hospital | MRI | \$2,799.00 | \$800.04 | Other Ins Paid | | 01/27/2023 | 01/31/2023 | 371297 |
| | | | | \$1,778.95 | Primary Adjustm | \$220.01 | 01/27/2023 | 01/31/2023 | 371297 |
| 08/10/2022 | OrthoVirginia, Inc | Deductible Reimbursement | \$36.55 | \$0.00 | | \$36.55 | 01/27/2023 | 01/31/2023 | 371106 |
| 03/18/2022 | Orthovirginia | Surgery | \$2,904.00 | \$2,904.00 | Other Insurance | \$0.00 | 03/13/2023 | 03/14/2023 | 99999999 |
| 03/18/2022 | Orthovirginia | Surgery | \$1,452.00 | \$1,452.00 | Other Insurance | \$0.00 | 03/13/2023 | 03/14/2023 | 99999999 |
| Claim # AGA-0375363 Totals : | | | \$45,487.15 | \$44,829.99 | | \$657.16 | | | |

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|---|---------------------------------|-------------------|-------------------|-------------------|--------------|-----------------|------------|------------|----------|
| B., Baylee; Claim: AGA-0383016; Activity: Mens Track; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 03/28/2022 | | | | | | | | | |
| 05/02/2022 | OccuNet | Repricing Fee | \$336.00 | \$0.00 | | \$336.00 | 07/28/2022 | 07/29/2022 | 357045 |
| 03/28/2022 | HealthRisk Resource Group, LLC | Repricing Fee | \$2.14 | \$0.00 | | \$2.14 | 07/28/2022 | 07/29/2022 | 356778 |
| 03/28/2022 | Orthovirginia, Inc | X-Ray, Radiology | \$595.00 | \$17.85 | Disc:Hrgi | | 07/28/2022 | 07/29/2022 | 99999999 |
| | | | | \$577.15 | Ded Credit | \$0.00 | 07/28/2022 | 07/29/2022 | 99999999 |
| 05/02/2022 | Community Radiology of Virginia | MRI | \$1,750.00 | \$1,400.00 | Disc:OccuNet | | 07/28/2022 | 07/29/2022 | 99999999 |
| | | | | \$350.00 | Ded Credit | \$0.00 | 07/28/2022 | 07/29/2022 | 99999999 |
| 08/23/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$76.52 | Disc:OccuNet | | 10/27/2022 | 10/28/2022 | 99999999 |
| | | | | \$91.48 | Ded Credit | \$0.00 | 10/27/2022 | 10/28/2022 | 99999999 |
| 08/23/2022 | OccuNet | Repricing Fee | \$19.13 | \$0.00 | | \$19.13 | 10/27/2022 | 10/28/2022 | 363536 |
| 08/18/2022 | OccuNet | Repricing Fee | \$19.13 | \$0.00 | | \$19.13 | 01/05/2023 | 01/06/2023 | 368525 |
| 08/18/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$76.52 | Disc:OccuNet | | 01/05/2023 | 01/10/2023 | 99999999 |
| | | | | \$91.48 | Ded Credit | \$0.00 | 01/05/2023 | 01/10/2023 | 99999999 |
| Claim # AGA-0383016 Totals : | | | \$3,057.40 | \$2,681.00 | | \$376.40 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| B., Madison; Claim: AGA-0379929; Activity: Womens Cheerleading; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 03/01/2022 | | | | | | | | | |
| 03/01/2022 | Orthovirginia, Inc | Medical Treatment | \$220.00 | \$111.21 | Other Ins Paid | | 04/29/2022 | 04/29/2022 | 99999999 |
| | | | | \$68.79 | Primary Adjustm | | 04/29/2022 | 04/29/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 04/29/2022 | 04/29/2022 | 99999999 |
| Claim # AGA-0379929 Totals : | | | \$220.00 | \$220.00 | | \$0.00 | | | |

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|--|---------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| C., Adrian; Claim: AGA-0354361; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Hip; Date Incurred: 10/25/2021 | | | | | | | | | |
| 10/25/2021 | Princeton Comm Hosp | Medical Treatment | \$340.00 | \$256.00 | Other Ins Paid | | 05/10/2022 | 05/10/2022 | 99999999 |
| | | | | \$84.00 | Ded Credit | \$0.00 | 05/10/2022 | 05/10/2022 | 99999999 |
| 10/25/2021 | Orthovirginia, Inc | Medical Treatment | \$194.00 | \$102.51 | Other Ins Paid | | 06/01/2022 | 06/03/2022 | 99999999 |
| | | | | \$45.87 | Primary Adjustm | | 06/01/2022 | 06/03/2022 | 99999999 |
| | | | | \$45.62 | Ded Credit | \$0.00 | 06/01/2022 | 06/03/2022 | 99999999 |
| Claim # AGA-0354361 Totals : | | | \$534.00 | \$534.00 | | \$0.00 | | | |

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|--|----------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| C., Chloe; Claim: AGA-0383182; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 03/29/2022 | | | | | | | | | |
| 03/29/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$36.68 | Other Ins Paid | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$294.15 | Primary Adjustm | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$9.17 | Ded Credit | \$0.00 | 05/17/2022 | 05/20/2022 | 99999999 |
| 03/29/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$36.68 | Other Ins Paid | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$294.15 | Primary Adjustm | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$9.17 | Ded Credit | \$0.00 | 05/17/2022 | 05/20/2022 | 99999999 |
| 03/29/2022 | Mercer Medical Group | X-Ray, Radiology | \$18.00 | \$6.65 | Other Ins Paid | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$1.66 | Primary Adjustm | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$9.69 | Ded Credit | \$0.00 | 05/17/2022 | 05/20/2022 | 99999999 |
| 03/29/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$7.20 | Other Ins Paid | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$1.80 | Primary Adjustm | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$11.00 | Ded Credit | \$0.00 | 05/17/2022 | 05/20/2022 | 99999999 |
| Claim # AGA-0383182 Totals : | | | \$718.00 | \$718.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|----------------------|---------------------|---------------------|------------------|----------------|---------------|------------|--------------|
| C., Ricardo; Claim: AGA-0364673; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 10/16/2021 | | | | | | | | | |
| 10/25/2021 | Orthovirginia, Inc | Medical Treatment | \$194.00 | \$102.51 | Other Ins Paid | | 04/04/2022 | 04/05/2022 | 99999999 |
| | | | | \$45.87 | Primary Adjustm | | 04/04/2022 | 04/05/2022 | 99999999 |
| | | | | \$45.62 | Ded Credit | \$0.00 | 04/04/2022 | 04/05/2022 | 99999999 |
| 11/22/2021 | Orthovirginia, Inc | Medical Treatment | \$134.00 | \$66.22 | Other Ins Paid | | 04/04/2022 | 04/05/2022 | 99999999 |
| | | | | \$31.23 | Primary Adjustm | | 04/04/2022 | 04/05/2022 | 99999999 |
| | | | | \$36.55 | Ded Credit | \$0.00 | 04/04/2022 | 04/05/2022 | 99999999 |
| 01/06/2022 | Orthovirginia, Inc | Medical Treatment | \$182.00 | \$103.69 | Other Ins Paid | | 05/26/2022 | 05/27/2022 | 99999999 |
| | | | | \$32.39 | Primary Adjustm | | 05/26/2022 | 05/27/2022 | 99999999 |
| | | | | \$45.92 | Ded Credit | \$0.00 | 05/26/2022 | 05/27/2022 | 99999999 |
| 01/06/2022 | Orthovirginia, Inc | Orthopedic Appliance | \$200.00 | \$83.68 | Other Ins Paid | | 05/26/2022 | 05/27/2022 | 99999999 |
| | | | | \$95.40 | Primary Adjustm | | 05/26/2022 | 05/27/2022 | 99999999 |
| | | | | \$20.92 | Ded Credit | \$0.00 | 05/26/2022 | 05/27/2022 | 99999999 |
| 12/03/2021 | Orthovirginia, Inc | Medical Treatment | \$182.00 | \$103.69 | Other Ins Paid | | 08/02/2022 | 08/02/2022 | 99999999 |
| | | | | \$32.39 | Primary Adjustm | | 08/02/2022 | 08/02/2022 | 99999999 |
| | | | | \$45.92 | Ded Credit | \$0.00 | 08/02/2022 | 08/02/2022 | 99999999 |
| 08/04/2022 | Orthovirginia | Medical Treatment | \$111.00 | \$13.91 | Other Ins Paid | | 02/16/2023 | 02/17/2023 | 99999999 |
| | | | | \$88.72 | Primary Adjustm | | 02/16/2023 | 02/17/2023 | 99999999 |
| | | | | \$8.37 | Ded Credit | \$0.00 | 02/16/2023 | 02/17/2023 | 99999999 |
| 10/19/2021 | OccuNet | Repricing Fee | \$62.44 | \$0.00 | | \$62.44 | 03/13/2023 | 03/14/2023 | 375199 |
| 01/10/2022 | Lewisgale Hos Montgomery | Surgery | \$241,118.00 | \$241,118.00 | Need EOB's | \$0.00 | 03/13/2023 | 03/14/2023 | 99999999 |
| 10/19/2021 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$249.77 | Disc:OccuNet | | 03/13/2023 | 03/14/2023 | 99999999 |
| | | | | \$90.23 | Ded Credit | \$0.00 | 03/13/2023 | 03/14/2023 | 99999999 |
| Claim # AGA-0364673 Totals : | | | \$242,523.44 | \$242,461.00 | | \$62.44 | | | |

| | | | | | | | | | |
|---|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| C., Morgan; Claim: AGA-0350733; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 11/03/2021 | | | | | | | | | |
| 11/03/2021 | OrthoVirginia, Inc | Medical Treatment | \$284.00 | \$194.21 | Other Ins Paid | | 04/08/2022 | 04/12/2022 | 99999999 |
| | | | | \$39.79 | Primary Adjustm | | 04/08/2022 | 04/12/2022 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 04/08/2022 | 04/12/2022 | 99999999 |
| Claim # AGA-0350733 Totals : | | | \$284.00 | \$284.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| C., Jenna; Claim: AGA-0391403; Activity: Womens Track; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 05/18/2022 | | | | | | | | | |
| 05/18/2022 | Orthovirginia, Inc | Medical Treatment | \$239.00 | \$90.81 | Other Ins Paid | | 07/06/2022 | 07/06/2022 | 99999999 |
| | | | | \$108.19 | Primary Adjustm | | 07/06/2022 | 07/06/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 07/06/2022 | 07/06/2022 | 99999999 |
| Claim # AGA-0391403 Totals : | | | \$239.00 | \$239.00 | | \$0.00 | | | |

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|--|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| D., Kedon; Claim: AGA-0353501; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 11/01/2021 | | | | | | | | | |
| 11/01/2021 | Orthovirginia, Inc | Medical Treatment | \$194.00 | \$123.13 | Other Ins Paid | | 04/08/2022 | 04/12/2022 | 99999999 |
| | | | | \$45.87 | Primary Adjustm | | 04/08/2022 | 04/12/2022 | 99999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 04/08/2022 | 04/12/2022 | 99999999 |
| 03/21/2022 | OccuNet | Repricing Fee | \$0.60 | \$0.00 | | \$0.60 | 09/13/2022 | 09/13/2022 | 360359 |
| 03/21/2022 | Orthovirginia, Inc | Medical Treatment | \$168.00 | \$5.04 | Disc:Hrgi | | 09/13/2022 | 09/13/2022 | 99999999 |
| | | | | \$162.96 | Ded Credit | \$0.00 | 09/13/2022 | 09/13/2022 | 99999999 |
| Claim # AGA-0353501 Totals : | | | \$362.60 | \$362.00 | | \$0.60 | | | |

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|--|--------------------------------|-------------------|-----------------|-----------------|------------|---------------|------------|------------|----------|
| D., Deshan; Claim: AGA-0353720; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 11/08/2021 | | | | | | | | | |
| 11/08/2021 | HealthRisk Resource Group, LLC | - | \$0.70 | \$0.00 | | \$0.70 | 05/20/2022 | 05/20/2022 | 351547 |
| 03/16/2022 | HealthRisk Resource Group, LLC | - | \$1.15 | \$0.00 | | \$1.15 | 05/20/2022 | 05/20/2022 | 351547 |
| 11/08/2021 | Orthovirginia, Inc | Medical Treatment | \$194.00 | \$5.82 | Disc:Hrgi | | 05/20/2022 | 05/20/2022 | 99999999 |
| | | | | \$188.18 | Ded Credit | \$0.00 | 05/20/2022 | 05/20/2022 | 99999999 |
| 03/16/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$9.60 | Disc:Hrgi | | 05/20/2022 | 05/20/2022 | 99999999 |
| | | | | \$310.40 | Ded Credit | \$0.00 | 05/20/2022 | 05/20/2022 | 99999999 |
| Claim # AGA-0353720 Totals : | | | \$515.85 | \$514.00 | | \$1.85 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|---------------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| D., Marvin; Claim: AGA-0385948; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 04/22/2022 | | | | | | | | | |
| 04/22/2022 | OccuNet | Repricing Fee | \$336.00 | \$0.00 | | \$336.00 | 08/04/2022 | 08/05/2022 | 357742 |
| 04/22/2022 | Community Radiology of Virginia | MRI | \$1,750.00 | \$1,400.00 | Disc:OccuNet | | 08/04/2022 | 08/05/2022 | 999999999 |
| | | | | \$350.00 | Ded Credit | \$0.00 | 08/04/2022 | 08/05/2022 | 999999999 |
| 04/28/2022 | OccuNet | Repricing Fee | \$19.85 | \$0.00 | | \$19.85 | 12/29/2022 | 12/30/2022 | 368093 |
| 04/28/2022 | OrthoVirginia, Inc | Medical Treatment | \$239.00 | \$19.85 | Disc:OccuNet | | 12/29/2022 | 12/30/2022 | 999999999 |
| | | | | \$219.15 | Ded Credit | \$0.00 | 12/29/2022 | 12/30/2022 | 999999999 |
| Claim # AGA-0385948 Totals : | | | \$2,344.85 | \$1,989.00 | | \$355.85 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|--------------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| D., Edith; Claim: AGA-0384625; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 04/13/2022 | | | | | | | | | |
| 04/21/2022 | Orthovirginia, Inc | Surgery | \$1,574.50 | \$129.03 | Other Ins Paid | | 06/21/2022 | 06/24/2022 | 99999999 |
| | | | | \$1,431.14 | Primary Adjustm | | 06/21/2022 | 06/24/2022 | 99999999 |
| | | | | \$14.33 | Ded Credit | \$0.00 | 06/21/2022 | 06/24/2022 | 99999999 |
| 04/14/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$306.00 | Other Ins Paid | | 06/22/2022 | 06/24/2022 | 99999999 |
| | | | | \$34.00 | Ded Credit | \$0.00 | 06/22/2022 | 06/24/2022 | 99999999 |
| 05/03/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$306.00 | Other Ins Paid | | 06/22/2022 | 06/24/2022 | 99999999 |
| | | | | \$34.00 | Ded Credit | \$0.00 | 06/22/2022 | 06/24/2022 | 99999999 |
| 04/14/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$15.65 | Other Ins Paid | | 06/22/2022 | 06/24/2022 | 99999999 |
| | | | | \$3.62 | Primary Adjustm | | 06/22/2022 | 06/24/2022 | 99999999 |
| | | | | \$1.73 | Ded Credit | \$0.00 | 06/22/2022 | 06/24/2022 | 99999999 |
| 05/03/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$13.90 | Other Ins Paid | | 06/21/2022 | 06/24/2022 | 99999999 |
| | | | | \$3.56 | Primary Adjustm | | 06/21/2022 | 06/24/2022 | 99999999 |
| | | | | \$1.54 | Ded Credit | \$0.00 | 06/21/2022 | 06/24/2022 | 99999999 |
| 04/21/2022 | Orthovirginia, Inc | Surgery | \$3,149.00 | \$921.60 | Other Ins Paid | | 07/26/2022 | 07/26/2022 | 356651 |
| | | | | \$2,125.00 | Primary Adjustm | \$102.40 | 07/26/2022 | 07/26/2022 | 356651 |
| 04/21/2022 | Lewis Gale Hosp Pulaski | Outpatient | \$118,761.97 | \$11,902.14 | Other Ins Paid | | 08/05/2022 | 08/09/2022 | 358083 |
| | | | | \$105,537.95 | Primary Adjustm | \$1,321.88 | 08/05/2022 | 08/09/2022 | 358083 |
| 06/08/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$13.90 | Other Ins Paid | | 08/08/2022 | 08/09/2022 | 357846 |
| | | | | \$3.56 | Primary Adjustm | \$1.54 | 08/08/2022 | 08/09/2022 | 357846 |
| 06/29/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$13.90 | Other Ins Paid | | 08/08/2022 | 08/09/2022 | 357846 |
| | | | | \$3.56 | Primary Adjustm | \$1.54 | 08/08/2022 | 08/09/2022 | 357846 |
| 06/08/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$278.39 | Other Ins Paid | \$61.61 | 08/08/2022 | 08/09/2022 | 357935 |
| 05/18/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$278.39 | Other Ins Paid | \$61.61 | 08/10/2022 | 08/12/2022 | 358205 |
| 05/18/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$13.90 | Other Ins Paid | | 08/10/2022 | 08/12/2022 | 358102 |
| | | | | \$3.56 | Primary Adjustm | \$1.54 | 08/10/2022 | 08/12/2022 | 358102 |
| | Princeton Comm Hosp | | \$0.00 | \$0.00 | | -\$61.61 | 11/15/2022 | 11/15/2022 | 0 |
| 11/08/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$54.49 | Primary Adjustm | \$113.51 | 12/21/2022 | 12/23/2022 | 367867 |
| 04/14/2022 | Mercer Medical Group | Deductible Reimbursement | \$1.73 | \$0.00 | | \$1.73 | 01/25/2023 | 01/27/2023 | 370556 |
| 05/03/2022 | Princeton Community Hospital | Deductible Reimbursement | \$34.00 | \$0.00 | | \$34.00 | 01/25/2023 | 01/27/2023 | 370734 |
| 04/14/2022 | Princeton Community Hospital | Deductible Reimbursement | \$34.00 | \$0.00 | | \$34.00 | 01/25/2023 | 01/27/2023 | 370734 |
| 05/03/2022 | Mercer Medical Group | Deductible Reimbursement | \$1.54 | \$0.00 | | \$1.54 | 01/25/2023 | 01/27/2023 | 370554 |
| 04/21/2022 | Orthovirginia Inc. | Deductible Reimbursement | \$14.33 | \$0.00 | | \$14.33 | 01/25/2023 | 01/27/2023 | 370599 |
| 11/04/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$0.00 | Other Ins Paid | | 01/25/2023 | 01/27/2023 | 370887 |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|------------------|---------------------|---------------------|------------------|-------------------|---------------|------------|--------------|
| D., Edith; Claim: AGA-0384625; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 04/13/2022 | | | | | | | | | |
| | | | | \$53.55 | Primary Adjustm | \$303.45 | 01/25/2023 | 01/27/2023 | 370887 |
| 11/04/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$7.36 | Primary Adjustm | \$11.64 | 01/25/2023 | 01/27/2023 | 370593 |
| 01/06/2023 | Orthovirginia | Surgery | \$2,695.00 | \$182.97 | Disc:OccuNet | | 02/21/2023 | 02/23/2023 | 373609 |
| | | | | \$1,989.88 | Primary Adjustm | \$522.15 | 02/21/2023 | 02/23/2023 | 373609 |
| 01/06/2023 | OccuNet | Repricing Fee | \$45.74 | \$0.00 | | \$45.74 | 02/21/2023 | 02/23/2023 | 373439 |
| Claim # AGA-0384625 Totals : | | | \$128,312.81 | \$125,740.21 | | \$2,572.60 | | | |

| | | | | | | | | | |
|---|------------------------|-------------------|--------------------|-------------------|-----------------|-------------------|------------|------------|-----------|
| D., Kristian; Claim: AGA-0341771; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 10/18/2021 | | | | | | | | | |
| 10/18/2021 | Mercer Medical GR Prof | X-Ray, Radiology | \$21.00 | \$0.00 | Other Ins Paid | | 04/08/2022 | 04/12/2022 | 999999999 |
| | | | | \$9.64 | Primary Adjustm | | 04/08/2022 | 04/12/2022 | 999999999 |
| | | | | \$11.36 | Ded Credit | \$0.00 | 04/08/2022 | 04/12/2022 | 999999999 |
| 10/19/2021 | Mercer Medical GR Prof | Cat Scan | \$113.00 | \$0.00 | Other Ins Paid | | 04/08/2022 | 04/12/2022 | 999999999 |
| | | | | \$53.30 | Primary Adjustm | | 04/08/2022 | 04/12/2022 | 999999999 |
| | | | | \$59.70 | Ded Credit | \$0.00 | 04/08/2022 | 04/12/2022 | 999999999 |
| 10/18/2021 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$231.73 | Primary Adjustm | | 04/25/2022 | 04/29/2022 | 999999999 |
| | | | | \$108.27 | Ded Credit | \$0.00 | 04/25/2022 | 04/29/2022 | 999999999 |
| 10/19/2021 | Princeton Comm Hosp | Cat Scan | \$1,164.00 | \$1,018.17 | Primary Adjustm | | 04/25/2022 | 04/29/2022 | 999999999 |
| | | | | \$145.83 | Ded Credit | \$0.00 | 04/25/2022 | 04/29/2022 | 999999999 |
| 10/18/2021 | OrthoVirginia, Inc | Medical Treatment | \$194.00 | \$52.81 | Primary Adjustm | \$141.19 | 06/07/2022 | 06/10/2022 | 353467 |
| 04/20/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$53.65 | Primary Adjustm | | 06/07/2022 | 06/10/2022 | 353467 |
| | | | | \$84.35 | Other Ins Paid | \$30.00 | 06/07/2022 | 06/10/2022 | 353467 |
| 11/17/2021 | OrthoVirginia, Inc | Diag.X-Ray/Lab. | \$382.00 | \$219.00 | Primary Adjustm | \$163.00 | 06/07/2022 | 06/10/2022 | 353467 |
| 12/03/2021 | OrthoVirginia, Inc | Surgery | \$4,625.00 | \$3,265.55 | Primary Adjustm | | 06/07/2022 | 06/10/2022 | 353467 |
| | | | | \$1,320.67 | Ded Credit | \$38.78 | 06/07/2022 | 06/10/2022 | 353467 |
| 12/03/2021 | Orthovirginia, Inc | Surgery | \$4,625.00 | \$38.78 | Primary Adjustm | \$4,586.22 | 09/13/2022 | 09/13/2022 | 360538 |
| Claim # AGA-0341771 Totals : | | | \$11,632.00 | \$6,672.81 | | \$4,959.19 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| F., Kylene; Claim: AGA-0383977; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 04/18/2022 | | | | | | | | | |
| 04/18/2022 | HealthRisk Resource Group, LLC | Repricing Fee | \$1.15 | \$0.00 | | \$1.15 | 08/17/2022 | 08/19/2022 | 358698 |
| 04/18/2022 | Orthovirginia, Inc. | Medical Treatment | \$320.00 | \$9.60 | Disc:Hrgi | | 08/17/2022 | 08/19/2022 | 999999999 |
| | | | | \$310.40 | Ded Credit | \$0.00 | 08/17/2022 | 08/19/2022 | 999999999 |
| Claim # AGA-0383977 Totals : | | | \$321.15 | \$320.00 | | \$1.15 | | | |

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|----------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| H., Nicholas; Claim: AGA-0377694; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 02/04/2022 | | | | | | | | | |
| 03/23/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$186.98 | Other Ins Paid | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$108.02 | Primary Adjustm | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 06/21/2022 | 06/24/2022 | 999999999 |
| 03/30/2022 | Orthovirginia, Inc | Orthopedic Appliance | \$374.00 | \$0.00 | Other Ins Paid | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$214.65 | Primary Adjustm | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$159.35 | Ded Credit | \$0.00 | 06/21/2022 | 06/24/2022 | 999999999 |
| 04/15/2022 | Orthovirginia, Inc | Medical Treatment | \$168.00 | \$0.00 | Other Ins Paid | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$72.04 | Primary Adjustm | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$95.96 | Ded Credit | \$0.00 | 06/21/2022 | 06/24/2022 | 999999999 |
| 02/28/2022 | Mercer Medical Group | MRI | \$151.00 | \$0.00 | Other Ins Paid | | 07/11/2022 | 07/12/2022 | 999999999 |
| | | | | \$87.76 | Primary Adjustm | | 07/11/2022 | 07/12/2022 | 999999999 |
| | | | | \$63.24 | Ded Credit | \$0.00 | 07/11/2022 | 07/12/2022 | 999999999 |
| 02/04/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$248.38 | Disc:OccuNet | \$91.62 | 08/02/2022 | 08/02/2022 | 357285 |
| 02/04/2022 | OccuNet | Repricing Fee | \$59.61 | \$0.00 | | \$59.61 | 08/02/2022 | 08/02/2022 | 357257 |
| 02/04/2022 | Mercer Medical Gr Prof | X-Ray, Radiology | \$16.00 | \$0.00 | Other Ins Paid | | 08/31/2022 | 08/31/2022 | 999999999 |
| | | | | \$9.41 | Primary Adjustm | | 08/31/2022 | 08/31/2022 | 999999999 |
| | | | | \$6.59 | Ded Credit | \$0.00 | 08/31/2022 | 08/31/2022 | 999999999 |
| Claim # AGA-0377694 Totals : | | | \$1,428.61 | \$1,277.38 | | \$151.23 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|---------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| H., Ellie; Claim: AGA-0391547; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: Nose; Date Incurred: 03/24/2022 | | | | | | | | | |
| 03/31/2022 | Princeton Community Hospital | Outpatient | \$11,371.77 | \$1,419.24 | Primary Adjustm | | 10/26/2022 | 10/28/2022 | 363778 |
| | | | | \$2,640.06 | Other Ins Paid | | 10/26/2022 | 10/28/2022 | 363778 |
| | | | | \$6,605.90 | Disc:OccuNet | \$706.57 | 10/26/2022 | 10/28/2022 | 363778 |
| 03/31/2022 | OccuNet | Repricing Fee | \$1,651.48 | \$0.00 | | \$1,651.48 | 10/26/2022 | 10/28/2022 | 363796 |
| 03/25/2022 | OccuNet | Repricing Fee | \$25.00 | \$0.00 | | \$25.00 | 02/10/2023 | 02/14/2023 | 372573 |
| 03/25/2022 | Princeton Comm Hosp | Cat Scan | \$1,164.00 | \$923.16 | Other Ins Paid | | 02/10/2023 | 04/04/2023 | 999999999 |
| | | | | \$140.84 | Primary Adjustm | | 02/10/2023 | 04/04/2023 | 999999999 |
| | | | | \$100.00 | Disc:OccuNet | \$0.00 | 02/10/2023 | 04/04/2023 | 999999999 |
| Claim # AGA-0391547 Totals : | | | \$14,212.25 | \$11,829.20 | | \$2,383.05 | | | |

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|---|---------------------|------------------|-----------------|-----------------|--------------|----------------|------------|------------|-----------|
| H., Alexander; Claim: AGA-0364036; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Wrist; Date Incurred: 10/07/2021 | | | | | | | | | |
| 10/07/2021 | OccuNet | Repricing Fee | \$59.95 | \$0.00 | | \$59.95 | 06/06/2022 | 06/07/2022 | 353018 |
| 10/07/2021 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$249.78 | Disc:OccuNet | | 06/06/2022 | 06/07/2022 | 999999999 |
| | | | | \$90.22 | Ded Credit | \$0.00 | 06/06/2022 | 06/07/2022 | 999999999 |
| Claim # AGA-0364036 Totals : | | | \$399.95 | \$340.00 | | \$59.95 | | | |

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|--|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|-----------|
| J., Jaquar; Claim: AGA-0361157; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: Unspecified; Date Incurred: 12/13/2021 | | | | | | | | | |
| 12/13/2021 | Orthovirginia, Inc | Medical Treatment | \$284.00 | \$202.01 | Other Ins Paid | | 05/04/2022 | 05/06/2022 | 999999999 |
| | | | | \$56.99 | Primary Adjustm | | 05/04/2022 | 05/06/2022 | 999999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 05/04/2022 | 05/06/2022 | 999999999 |
| 12/06/2022 | Orthovirginia | Medical Treatment | \$320.00 | \$192.70 | Other Ins Paid | | 02/08/2023 | 02/10/2023 | 999999999 |
| | | | | \$87.30 | Primary Adjustm | | 02/08/2023 | 02/10/2023 | 999999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 02/08/2023 | 02/10/2023 | 999999999 |
| Claim # AGA-0361157 Totals : | | | \$604.00 | \$604.00 | | \$0.00 | | | |

Pay Dates: 01/01/1900 - 04/12/2023

Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|----------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| J., Jaguar; Claim: AGA-0365549; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 12/11/2021 | | | | | | | | | |
| 12/11/2021 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$306.00 | Other Ins Paid | | 05/12/2022 | 05/13/2022 | 999999999 |
| | | | | \$34.00 | Ded Credit | \$0.00 | 05/12/2022 | 05/13/2022 | 999999999 |
| 12/05/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$14.29 | Other Ins Paid | | 01/18/2023 | 01/18/2023 | 999999999 |
| | | | | \$4.12 | Primary Adjustm | | 01/18/2023 | 01/18/2023 | 999999999 |
| | | | | \$1.59 | Ded Credit | \$0.00 | 01/18/2023 | 01/18/2023 | 999999999 |
| 12/05/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$321.30 | Other Ins Paid | | 02/08/2023 | 02/10/2023 | 999999999 |
| | | | | \$35.70 | Ded Credit | \$0.00 | 02/08/2023 | 02/10/2023 | 999999999 |
| Claim # AGA-0365549 Totals : | | | \$717.00 | \$717.00 | | \$0.00 | | | |

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|--|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|-----------|
| J., Shyanna; Claim: AGA-0389474; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 04/01/2022 | | | | | | | | | |
| 04/01/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$189.15 | Other Ins Paid | | 06/09/2022 | 06/10/2022 | 999999999 |
| | | | | \$90.85 | Primary Adjustm | | 06/09/2022 | 06/10/2022 | 999999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 06/09/2022 | 06/10/2022 | 999999999 |
| Claim # AGA-0389474 Totals : | | | \$320.00 | \$320.00 | | \$0.00 | | | |

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|---|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|-----------|
| L., Madoc; Claim: AGA-0388780; Activity: Mens Track; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 05/03/2022 | | | | | | | | | |
| 05/03/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$163.50 | Other Ins Paid | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$86.50 | Primary Adjustm | | 06/21/2022 | 06/24/2022 | 999999999 |
| | | | | \$70.00 | Ded Credit | \$0.00 | 06/21/2022 | 06/24/2022 | 999999999 |
| 05/03/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$163.50 | Other Ins Paid | | 08/24/2022 | 08/26/2022 | 999999999 |
| | | | | \$86.50 | Primary Adjustm | | 08/24/2022 | 08/26/2022 | 999999999 |
| | | | | \$70.00 | Ded Credit | \$0.00 | 08/24/2022 | 08/26/2022 | 999999999 |
| Claim # AGA-0388780 Totals : | | | \$640.00 | \$640.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|--------------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., Bryan; Claim: AGA-0385729; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/29/2021 | | | | | | | | | |
| 04/07/2022 | Orthovirginia, Inc | Medical Treatment | \$111.00 | \$21.85 | Other Ins Paid | | 06/22/2022 | 06/24/2022 | 99999999 |
| | | | | \$49.15 | Primary Adjustm | | 06/22/2022 | 06/24/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 06/22/2022 | 06/24/2022 | 99999999 |
| 04/07/2022 | Orthovirginia, Inc | Deductible Reimbursement | \$40.00 | \$0.00 | | \$40.00 | 09/19/2022 | 09/20/2022 | 360945 |
| 11/29/2021 | Orthovirginia, Inc | Phys.Therapy | \$276.00 | \$45.53 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$190.47 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 12/06/2021 | Orthovirginia, Inc | Phys.Therapy | \$226.00 | \$17.02 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$168.98 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 12/06/2021 | Orthovirginia, Inc | Phys.Therapy | \$98.00 | \$29.79 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$68.21 | Primary Adjustm | \$0.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 10/29/2021 | Orthovirginia, Inc | Medical Treatment | \$134.00 | \$62.77 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$31.23 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 11/08/2021 | Orthovirginia, Inc | Surgery | \$4,317.00 | \$1,173.64 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$2,849.96 | Primary Adjustm | \$293.40 | 09/19/2022 | 09/23/2022 | 361361 |
| 11/08/2021 | Orthovirginia, Inc | Surgery | \$2,374.00 | \$307.65 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$1,989.44 | Primary Adjustm | \$76.91 | 09/19/2022 | 09/23/2022 | 361361 |
| 10/01/2021 | Orthovirginia, Inc | Medical Treatment | \$194.00 | \$108.13 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$45.87 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 04/07/2022 | Orthovirginia, Inc | Medical Treatment | \$111.00 | \$21.85 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$49.15 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 08/30/2022 | Orthovirginia, Inc | Medical Treatment | \$168.00 | \$62.77 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$65.23 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 11/24/2021 | Orthovirginia, Inc | Medical Treatment | \$176.00 | \$79.10 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$56.90 | Primary Adjustm | \$40.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 11/24/2021 | Orthovirginia, Inc | Phys.Therapy | \$92.00 | \$28.51 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$63.49 | Primary Adjustm | \$0.00 | 09/19/2022 | 09/23/2022 | 361361 |
| 11/08/2021 | Orthovirginia, Inc | Medical Treatment | \$1,065.00 | \$455.52 | Other Ins Paid | | 09/19/2022 | 09/23/2022 | 361361 |
| | | | | \$495.61 | Primary Adjustm | \$113.87 | 09/19/2022 | 09/23/2022 | 361361 |
| Claim # AGA-0385729 Totals : | | | \$9,382.00 | \$8,577.82 | | \$804.18 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| M., Alyssa; Claim: AGA-0392831; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 03/18/2022 | | | | | | | | | |
| 03/18/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$186.22 | Other Ins Paid | | 08/10/2022 | 08/12/2022 | 99999999 |
| | | | | \$93.78 | Primary Adjustm | | 08/10/2022 | 08/12/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 08/10/2022 | 08/12/2022 | 99999999 |
| Claim # AGA-0392831 Totals : | | | \$320.00 | \$320.00 | | \$0.00 | | | |

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|--|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| M., Matthew; Claim: AGA-0360971; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Shoulder; Date Incurred: 12/23/2021 | | | | | | | | | |
| 12/23/2021 | OrthoVirginia, Inc | Medical Treatment | \$182.00 | \$99.61 | Other Ins Paid | | 04/25/2022 | 04/29/2022 | 99999999 |
| | | | | \$32.39 | Primary Adjustm | | 04/25/2022 | 04/29/2022 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 04/25/2022 | 04/29/2022 | 99999999 |
| Claim # AGA-0360971 Totals : | | | \$182.00 | \$182.00 | | \$0.00 | | | |

| | | | | | | | | | |
|---|------------------------------|---------------------|-------------------|-------------------|-----------------|----------------|------------|------------|----------|
| M., John; Claim: AGA-0385128; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 03/22/2022 | | | | | | | | | |
| 03/22/2022 | OccuNet | Repricing Fee | \$62.10 | \$0.00 | | \$62.10 | 08/25/2022 | 08/26/2022 | 359308 |
| 03/22/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$248.38 | Disc:OccuNet | | 08/25/2022 | 08/26/2022 | 99999999 |
| | | | | \$91.62 | Ded Credit | \$0.00 | 08/25/2022 | 08/26/2022 | 99999999 |
| 10/15/2022 | Mercer Medical Group | Surgery | \$113.00 | \$0.00 | Other Ins Paid | | 11/28/2022 | 11/30/2022 | 99999999 |
| | | | | \$37.96 | Primary Adjustm | | 11/28/2022 | 11/30/2022 | 99999999 |
| | | | | \$75.04 | Ded Credit | \$0.00 | 11/28/2022 | 11/30/2022 | 99999999 |
| 10/15/2022 | Mercer Medical Group | Dr.Visit-Emerg Room | \$181.00 | \$0.00 | Other Ins Paid | | 11/28/2022 | 11/30/2022 | 99999999 |
| | | | | \$82.74 | Primary Adjustm | | 11/28/2022 | 11/30/2022 | 99999999 |
| | | | | \$98.26 | Ded Credit | \$0.00 | 11/28/2022 | 11/30/2022 | 99999999 |
| 10/15/2022 | Princeton Community Hospital | Medical Treatment | \$14.49 | \$0.00 | Other Ins Paid | | 12/02/2022 | 12/06/2022 | 99999999 |
| | | | | \$14.49 | Primary Adjustm | \$0.00 | 12/02/2022 | 12/06/2022 | 99999999 |
| 10/15/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$0.00 | Other Ins Paid | | 12/02/2022 | 12/06/2022 | 99999999 |
| | | | | \$357.00 | Primary Adjustm | \$0.00 | 12/02/2022 | 12/06/2022 | 99999999 |
| 10/15/2022 | Princeton Community Hospital | Dr.Visit-Emerg Room | \$917.00 | \$797.52 | Other Ins Paid | | 12/02/2022 | 12/06/2022 | 99999999 |
| | | | | \$119.48 | Ded Credit | \$0.00 | 12/02/2022 | 12/06/2022 | 99999999 |
| Claim # AGA-0385128 Totals : | | | \$1,984.59 | \$1,922.49 | | \$62.10 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| M., Trennon; Claim: AGA-0344787; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 09/13/2021 | | | | | | | | | |
| 09/13/2021 | Zelis Claims Integrity LLC | - | \$7.10 | \$0.00 | | \$7.10 | 05/16/2022 | 05/17/2022 | 351261 |
| 09/13/2021 | Zelis Claims Integrity LLC | - | \$7.10 | \$0.00 | | \$7.10 | 05/16/2022 | 05/17/2022 | 351261 |
| 09/13/2021 | Orthovirginia, Inc | X-Ray, Radiology | \$91.00 | \$40.58 | Disc:HPO/PHS | | 05/16/2022 | 05/17/2022 | 999999999 |
| | | | | \$50.42 | Ded Credit | \$0.00 | 05/16/2022 | 05/17/2022 | 999999999 |
| 09/13/2021 | Orthovirginia, Inc | Medical Treatment | \$194.00 | \$194.00 | Disc:HPO/PHS | \$0.00 | 05/16/2022 | 05/17/2022 | 999999999 |
| 09/13/2021 | Orthovirginia, Inc | X-Ray, Radiology | \$91.00 | \$40.58 | Disc:HPO/PHS | | 05/16/2022 | 05/17/2022 | 999999999 |
| | | | | \$50.42 | Ded Credit | \$0.00 | 05/16/2022 | 05/17/2022 | 999999999 |
| 09/13/2021 | Orthovirginia, Inc | Medical Treatment | \$275.00 | \$275.00 | Ded Credit | \$0.00 | 05/16/2022 | 05/17/2022 | 999999999 |
| 08/18/2022 | OccuNet | Repricing Fee | \$27.49 | \$0.00 | | \$27.49 | 10/19/2022 | 10/21/2022 | 363099 |
| 08/17/2022 | OccuNet | Repricing Fee | \$66.34 | \$0.00 | | \$66.34 | 10/19/2022 | 10/21/2022 | 363099 |
| 08/17/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.37 | Disc:OccuNet | | 10/19/2022 | 10/21/2022 | 999999999 |
| | | | | \$91.63 | Ded Credit | \$0.00 | 10/19/2022 | 10/21/2022 | 999999999 |
| 08/18/2022 | OrthoVirginia, Inc | Medical Treatment | \$239.00 | \$109.95 | Disc:OccuNet | | 10/19/2022 | 10/21/2022 | 999999999 |
| | | | | \$129.05 | Ded Credit | \$0.00 | 10/19/2022 | 10/21/2022 | 999999999 |
| 08/17/2022 | OccuNet | Repricing Fee | \$2.43 | \$0.00 | | \$2.43 | 11/28/2022 | 11/30/2022 | 365746 |
| 08/17/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$9.72 | Disc:OccuNet | | 11/28/2022 | 11/30/2022 | 999999999 |
| | | | | \$11.28 | Ded Credit | \$0.00 | 11/28/2022 | 11/30/2022 | 999999999 |
| 10/27/2022 | OccuNet | Repricing Fee | \$19.13 | \$0.00 | | \$19.13 | 12/20/2022 | 12/23/2022 | 367739 |
| 10/27/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$76.52 | Disc:OccuNet | | 12/20/2022 | 12/23/2022 | 999999999 |
| | | | | \$91.48 | Ded Credit | \$0.00 | 12/20/2022 | 12/23/2022 | 999999999 |
| 11/07/2022 | OccuNet | Repricing Fee | \$27.39 | \$0.00 | | \$27.39 | 01/18/2023 | 01/18/2023 | 369756 |
| 11/29/2022 | OccuNet | Repricing Fee | \$13.41 | \$0.00 | | \$13.41 | 01/18/2023 | 01/18/2023 | 369756 |
| 11/07/2022 | OrthoVirginia, Inc | Medical Treatment | \$320.00 | \$109.55 | Disc:OccuNet | | 01/18/2023 | 01/18/2023 | 999999999 |
| | | | | \$210.45 | Ded Credit | \$0.00 | 01/18/2023 | 01/18/2023 | 999999999 |
| 11/29/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$53.65 | Disc:OccuNet | | 01/18/2023 | 01/18/2023 | 999999999 |
| | | | | \$114.35 | Ded Credit | \$0.00 | 01/18/2023 | 01/18/2023 | 999999999 |
| 10/23/2022 | OccuNet | Repricing Fee | \$634.75 | \$0.00 | | \$634.75 | 02/21/2023 | 02/21/2023 | 373349 |
| 10/18/2022 | Orthovirginia | Medical Treatment | \$168.00 | \$53.65 | Disc:OccuNet | | 02/21/2023 | 02/21/2023 | 373284 |
| | | | | \$38.44 | Ded Credit | \$75.91 | 02/21/2023 | 02/21/2023 | 373284 |
| 10/18/2022 | OccuNet | Repricing Fee | \$13.41 | \$0.00 | | \$13.41 | 02/21/2023 | 02/21/2023 | 373230 |
| 11/15/2022 | MERCER MEDICAL GR PROF | X-Ray, Radiology | \$18.00 | \$8.34 | Disc:OccuNet | \$9.66 | 02/21/2023 | 02/21/2023 | 373226 |
| 11/15/2022 | OccuNet | Repricing Fee | \$2.09 | \$0.00 | | \$2.09 | 02/21/2023 | 02/21/2023 | 373218 |
| 10/23/2022 | Princeton Comm Hosp | MRI | \$2,939.00 | \$2,539.00 | Disc:OccuNet | | 02/21/2023 | 02/21/2023 | 999999999 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------|----------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., Trennon; Claim: AGA-0344787; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 09/13/2021 | | | | | | | | | |
| | | | | \$400.00 | Ded Credit | \$0.00 | 02/21/2023 | 02/21/2023 | 99999999 |
| Claim # AGA-0344787 Totals : | | | \$5,869.64 | \$4,963.43 | | \$906.21 | | | |

| | | | | | | | | | |
|--|------------------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| O., Erin; Claim: AGA-0390366; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 05/05/2022 | | | | | | | | | |
| 05/05/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$0.00 | Other Ins Paid | | 06/29/2022 | 06/30/2022 | 99999999 |
| | | | | \$41.14 | Primary Adjustm | | 06/29/2022 | 06/30/2022 | 99999999 |
| | | | | \$298.86 | Ded Credit | \$0.00 | 06/29/2022 | 06/30/2022 | 99999999 |
| 05/05/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$0.00 | Other Ins Paid | | 06/29/2022 | 06/30/2022 | 99999999 |
| | | | | \$14.80 | Primary Adjustm | | 06/29/2022 | 06/30/2022 | 99999999 |
| | | | | \$6.20 | Ded Credit | \$0.00 | 06/29/2022 | 06/30/2022 | 99999999 |
| Claim # AGA-0390366 Totals : | | | \$361.00 | \$361.00 | | \$0.00 | | | |

| | | | | | | | | | |
|---|--------------------------------|-------------------|-----------------|-----------------|--------------|---------------|------------|------------|----------|
| P., Darius; Claim: AGA-0365712; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 01/19/2022 | | | | | | | | | |
| 01/19/2022 | HealthRisk Resource Group, LLC | Repricing Fee | \$1.02 | \$0.00 | | \$1.02 | 06/14/2022 | 06/17/2022 | 353785 |
| 01/19/2022 | Orthovirginia | Medical Treatment | \$284.00 | \$8.52 | Disc:OccuNet | | 06/14/2022 | 06/17/2022 | 99999999 |
| | | | | \$275.48 | Ded Credit | \$0.00 | 06/14/2022 | 06/17/2022 | 99999999 |
| Claim # AGA-0365712 Totals : | | | \$285.02 | \$284.00 | | \$1.02 | | | |

| | | | | | | | | | |
|---|---------------------|------------------|-----------------|-----------------|--------------|----------------|------------|------------|----------|
| R., Courtney; Claim: AGA-0376824; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 02/28/2022 | | | | | | | | | |
| 02/28/2022 | OccuNet | Repricing Fee | \$59.61 | \$0.00 | | \$59.61 | 05/26/2022 | 05/27/2022 | 352271 |
| 02/28/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$248.37 | Disc:OccuNet | | 05/26/2022 | 05/27/2022 | 99999999 |
| | | | | \$91.63 | Ded Credit | \$0.00 | 05/26/2022 | 05/27/2022 | 99999999 |
| Claim # AGA-0376824 Totals : | | | \$399.61 | \$340.00 | | \$59.61 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|---------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| R., Joshua; Claim: AGA-0361149; Activity: Mens Football; Diagnosis: Pain; Anatomy: Internal; Date Incurred: 08/01/2021 | | | | | | | | | |
| 08/12/2021 | Mercer Medical Group | Dr.Visit-Emerg Room | \$450.00 | \$107.00 | Other Ins Paid | | 04/26/2022 | 04/29/2022 | 99999999 |
| | | | | \$341.92 | Primary Adjustm | | 04/26/2022 | 04/29/2022 | 99999999 |
| | | | | \$1.08 | Ded Credit | \$0.00 | 04/26/2022 | 04/29/2022 | 99999999 |
| 08/11/2021 | OccuNet | Repricing Fee | \$370.26 | \$0.00 | | \$370.26 | 06/10/2022 | 06/14/2022 | 353754 |
| 08/12/2021 | OccuNet | Repricing Fee | \$176.79 | \$0.00 | | \$176.79 | 06/10/2022 | 06/14/2022 | 353754 |
| 08/15/2021 | OccuNet | Repricing Fee | \$25.98 | \$0.00 | | \$25.98 | 06/10/2022 | 06/14/2022 | 353754 |
| 08/15/2021 | Princeton Community Hospital | Outpatient | \$128.00 | \$14.63 | Other Ins Paid | | 06/10/2022 | 06/14/2022 | 99999999 |
| | | | | \$108.25 | Primary Adjustm | | 06/10/2022 | 06/14/2022 | 99999999 |
| | | | | \$5.12 | Ded Credit | \$0.00 | 06/10/2022 | 06/14/2022 | 99999999 |
| 08/12/2021 | Princeton Community Hospital | Outpatient | \$1,097.41 | \$288.62 | Other Ins Paid | | 06/10/2022 | 06/14/2022 | 99999999 |
| | | | | \$736.63 | Primary Adjustm | | 06/10/2022 | 06/14/2022 | 99999999 |
| | | | | \$72.16 | Ded Credit | \$0.00 | 06/10/2022 | 06/14/2022 | 99999999 |
| 08/11/2021 | Princeton Community Hospital | Outpatient | \$2,219.94 | \$113.91 | Other Ins Paid | | 06/10/2022 | 06/14/2022 | 99999999 |
| | | | | \$1,542.73 | Primary Adjustm | | 06/10/2022 | 06/14/2022 | 99999999 |
| | | | | \$563.30 | Ded Credit | \$0.00 | 06/10/2022 | 06/14/2022 | 99999999 |
| 08/11/2021 | Princeton Comm Hosp | Dr.Visit-Emerg Room | \$181.00 | \$97.74 | Disc:OccuNet | | 02/21/2023 | 02/23/2023 | 373389 |
| | | | | \$64.47 | Ded Credit | \$18.79 | 02/21/2023 | 02/23/2023 | 373389 |
| 08/11/2021 | OccuNet | Repricing Fee | \$24.44 | \$0.00 | | \$24.44 | 02/21/2023 | 02/23/2023 | 373484 |
| 08/12/2021 | OccuNet | Repricing Fee | \$70.85 | \$0.00 | | \$70.85 | 02/21/2023 | 02/23/2023 | 373484 |
| 08/12/2021 | MERCER MEDICAL GR PROF | Phys.Visit In-Hos | \$312.00 | \$159.99 | Disc:OccuNet | | 02/21/2023 | 02/23/2023 | 99999999 |
| | | | | \$152.01 | Ded Credit | \$0.00 | 02/21/2023 | 02/23/2023 | 99999999 |
| 08/13/2021 | MERCER MEDICAL GR PROF | Phys.Visit In-Hos | \$241.00 | \$123.39 | Disc:OccuNet | | 02/21/2023 | 02/23/2023 | 99999999 |
| | | | | \$117.61 | Ded Credit | \$0.00 | 02/21/2023 | 02/23/2023 | 99999999 |
| Claim # AGA-0361149 Totals : | | | \$5,297.67 | \$4,610.56 | | \$687.11 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|-------------------|-------------------|-------------------|-----------------|---------------|------------|--------------|
| R., Saul; Claim: AGA-0382615; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Arm; Date Incurred: 03/29/2022 | | | | | | | | | |
| 03/29/2022 | OccuNet | Repricing Fee | \$141.21 | \$0.00 | | \$141.21 | 07/27/2022 | 07/29/2022 | 356957 |
| 03/29/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$248.37 | Disc:OccuNet | | 07/27/2022 | 07/29/2022 | 999999999 |
| | | | | \$91.63 | Ded Credit | \$0.00 | 07/27/2022 | 07/29/2022 | 999999999 |
| 03/29/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$340.00 | Disc:OccuNet | \$0.00 | 07/27/2022 | 07/29/2022 | 999999999 |
| 03/29/2022 | Mercer Medical Group | X-Ray, Radiology | \$18.00 | \$8.34 | Disc:OccuNet | | 09/27/2022 | 11/11/2022 | 999999999 |
| | | | | \$9.66 | Ded Credit | \$0.00 | 09/27/2022 | 11/11/2022 | 999999999 |
| 03/29/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$9.52 | Disc:OccuNet | | 09/27/2022 | 11/11/2022 | 999999999 |
| | | | | \$10.48 | Ded Credit | \$0.00 | 09/27/2022 | 11/11/2022 | 999999999 |
| 03/29/2022 | OccuNet | Repricing Fee | \$4.47 | \$0.00 | | \$4.47 | 09/27/2022 | 11/15/2022 | 364836 |
| 04/29/2022 | Zelis Claims Integrity LLC | Repricing Fee | \$5.17 | \$0.00 | | \$5.17 | 01/18/2023 | 01/20/2023 | 369988 |
| 04/29/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$29.55 | Disc:Zelis Choice | | 01/18/2023 | 01/20/2023 | 999999999 |
| | | | | \$290.45 | Ded Credit | \$0.00 | 01/18/2023 | 01/20/2023 | 999999999 |
| Claim # AGA-0382615 Totals : | | | \$1,188.85 | \$1,038.00 | | \$150.85 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| S., Brigitte; Claim: AGA-0365625; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Elbow; Date Incurred: 08/22/2021 | | | | | | | | | |
| 11/29/2021 | Orthovirginia Inc. | Medical Treatment | \$134.00 | \$66.22 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$31.23 | Primary Adjustm | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$36.55 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 10/18/2021 | Orthovirginia Inc. | Medical Treatment | \$134.00 | \$82.22 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$31.23 | Primary Adjustm | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$20.55 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 10/18/2021 | Orthovirginia Inc. | X-Ray, Radiology | \$125.00 | \$18.32 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$82.11 | Primary Adjustm | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$24.57 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 09/28/2021 | Orthovirginia Inc. | Medical Treatment | \$134.00 | \$82.22 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$31.23 | Primary Adjustm | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$20.55 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 09/13/2021 | Orthovirginia Inc. | Medical Treatment | \$182.00 | \$119.69 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$32.39 | Primary Adjustm | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$29.92 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 09/11/2021 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$256.00 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$84.00 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 08/23/2021 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$256.00 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$84.00 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| 09/24/2021 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$256.00 | Other Ins Paid | | 07/21/2022 | 07/22/2022 | 99999999 |
| | | | | \$84.00 | Ded Credit | \$0.00 | 07/21/2022 | 07/22/2022 | 99999999 |
| Claim # AGA-0365625 Totals : | | | \$1,729.00 | \$1,729.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|------------------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| S., Josea; Claim: AGA-0383171; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 03/07/2022 | | | | | | | | | |
| 03/21/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$38.71 | Other Ins Paid | | 08/30/2022 | 08/31/2022 | 99999999 |
| | | | | \$51.00 | Primary Adjustm | | 08/30/2022 | 08/31/2022 | 99999999 |
| | | | | \$250.29 | Ded Credit | \$0.00 | 08/30/2022 | 08/31/2022 | 99999999 |
| 03/28/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$209.21 | Other Ins Paid | | 09/26/2022 | 09/27/2022 | 99999999 |
| | | | | \$75.79 | Primary Adjustm | | 09/26/2022 | 09/27/2022 | 99999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 09/26/2022 | 09/27/2022 | 99999999 |
| Claim # AGA-0383171 Totals : | | | \$660.00 | \$660.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|----------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| T., Nathan; Claim: AGA-0355923; Activity: Mens Football; Diagnosis: Pain; Anatomy: Thumb; Date Incurred: 10/01/2021 | | | | | | | | | |
| 10/01/2021 | OrthoVirginia, Inc | Medical Treatment | \$284.00 | \$165.30 | Other Ins Paid | | 03/30/2022 | 03/31/2022 | 99999999 |
| | | | | \$118.70 | Ded Credit | \$0.00 | 03/30/2022 | 03/31/2022 | 99999999 |
| 10/01/2021 | OrthoVirginia, Inc | Surgery | \$281.00 | \$123.46 | Other Ins Paid | | 03/30/2022 | 03/31/2022 | 99999999 |
| | | | | \$126.68 | Primary Adjustm | | 03/30/2022 | 03/31/2022 | 99999999 |
| | | | | \$30.86 | Ded Credit | \$0.00 | 03/30/2022 | 03/31/2022 | 99999999 |
| 10/01/2021 | OrthoVirginia, Inc | Medical Treatment | \$29.00 | \$23.20 | Other Ins Paid | | 03/30/2022 | 03/31/2022 | 99999999 |
| | | | | \$5.80 | Ded Credit | \$0.00 | 03/30/2022 | 03/31/2022 | 99999999 |
| 11/09/2021 | OrthoVirginia, Inc | Medical Treatment | \$182.00 | \$145.60 | Other Ins Paid | | 03/30/2022 | 03/31/2022 | 99999999 |
| | | | | \$36.40 | Ded Credit | \$0.00 | 03/30/2022 | 03/31/2022 | 99999999 |
| 11/09/2021 | OrthoVirginia, Inc | Orthopedic Appliance | \$360.00 | \$0.00 | Other Ins Paid | | 03/30/2022 | 03/31/2022 | 99999999 |
| | | | | \$360.00 | Primary Adjustm | \$0.00 | 03/30/2022 | 03/31/2022 | 99999999 |
| Claim # AGA-0355923 Totals : | | | \$1,136.00 | \$1,136.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|--------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| V., Brittany; Claim: AGA-0383161; Activity: Womens Track; Diagnosis: Pain; Anatomy: L-Foot; Date Incurred: 03/09/2022 | | | | | | | | | |
| 03/28/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$181.61 | Other Ins Paid | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$92.99 | Primary Adjustm | | 05/17/2022 | 05/20/2022 | 99999999 |
| | | | | \$45.40 | Ded Credit | \$0.00 | 05/17/2022 | 05/20/2022 | 99999999 |
| Claim # AGA-0383161 Totals : | | | \$320.00 | \$320.00 | | \$0.00 | | | |

| | | | | | | | | | |
|---|---------------------|------------------|-----------------|-----------------|--------------|----------------|------------|------------|----------|
| W., Alexander; Claim: AGA-0365686; Activity: Mens Cross-Country; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 11/09/2021 | | | | | | | | | |
| 11/09/2021 | OccuNet | Repricing Fee | \$59.95 | \$0.00 | | \$59.95 | 06/14/2022 | 06/17/2022 | 353888 |
| 11/09/2021 | Princeton Comm Hosp | X-Ray, Radiology | \$340.00 | \$249.78 | Disc:OccuNet | | 06/14/2022 | 06/17/2022 | 99999999 |
| | | | | \$90.22 | Ded Credit | \$0.00 | 06/14/2022 | 06/17/2022 | 99999999 |
| Claim # AGA-0365686 Totals : | | | \$399.95 | \$340.00 | | \$59.95 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| Y., Kevon; Claim: AGA-0380338; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 03/30/2022 | | | | | | | | | |
| 03/30/2022 | Mercer Medical Gr Prof | X-Ray, Radiology | \$21.00 | \$13.91 | Other Ins Paid | | 07/08/2022 | 07/08/2022 | 999999999 |
| | | | | \$3.62 | Primary Adjustm | | 07/08/2022 | 07/08/2022 | 999999999 |
| | | | | \$3.47 | Ded Credit | \$0.00 | 07/08/2022 | 07/08/2022 | 999999999 |
| 03/30/2022 | Princeton Community Hospital | X-Ray, Radiology | \$340.00 | \$272.00 | Other Ins Paid | | 07/08/2022 | 07/08/2022 | 999999999 |
| | | | | \$68.00 | Ded Credit | \$0.00 | 07/08/2022 | 07/08/2022 | 999999999 |
| Claim # AGA-0380338 Totals : | | | \$361.00 | \$361.00 | | \$0.00 | | | |

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|--|---------------------|---------------------|--------------------|
| 2021 Sub Total: Checking Account FAIRM Totals: | \$531,774.87 | \$509,568.85 | \$22,206.02 |
| 2021 Sub Total: Coverage Intercollegiate Sports Totals: | \$531,774.87 | \$509,568.85 | \$22,206.02 |
| 2021 Sub Total: Policy US1556651 Totals: | \$531,774.87 | \$509,568.85 | \$22,206.02 |
| 2021 Sub Totals: | \$531,774.87 | \$509,568.85 | \$22,206.02 |

Underwriting Year: 2022

Policy: US1859930

Coverage: Intercollegiate Sports

Checking Account: FAIRM

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| A., John; Claim: AGA-0420769; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Foot; Date Incurred: 10/17/2022 | | | | | | | | | |
| 11/30/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$12.20 | Other Ins Paid | | 01/06/2023 | 01/06/2023 | 368483 |
| | | | | \$3.76 | Primary Adjustm | \$3.04 | 01/06/2023 | 01/06/2023 | 368483 |
| 10/17/2022 | Mercer Medical Group | X-Ray, Radiology | \$19.00 | \$12.20 | Other Ins Paid | | 01/06/2023 | 01/06/2023 | 368483 |
| | | | | \$3.76 | Primary Adjustm | \$3.04 | 01/06/2023 | 01/06/2023 | 368483 |
| 10/17/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$269.60 | Other Ins Paid | \$87.40 | 01/06/2023 | 01/06/2023 | 368737 |
| 11/30/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$269.60 | Other Ins Paid | \$87.40 | 01/06/2023 | 01/06/2023 | 368737 |
| 10/28/2022 | OccuNet | Repricing Fee | \$602.80 | \$0.00 | | \$602.80 | 01/06/2023 | 01/06/2023 | 368859 |
| 10/28/2022 | Lewisgale Hos Montgomery | Outpatient | \$65,231.00 | \$9,444.80 | Other Ins Paid | | 01/06/2023 | 01/10/2023 | 999999999 |
| | | | | \$53,375.00 | Primary Adjustm | | 01/06/2023 | 01/10/2023 | 999999999 |
| | | | | \$2,411.20 | Disc:OccuNet | \$0.00 | 01/06/2023 | 01/10/2023 | 999999999 |
| 11/09/2022 | Orthovirginia | Medical Treatment | \$305.00 | \$62.16 | Disc:OccuNet | \$242.84 | 02/08/2023 | 02/10/2023 | 372381 |
| 11/09/2022 | OccuNet | Repricing Fee | \$15.54 | \$0.00 | | \$15.54 | 02/08/2023 | 02/10/2023 | 372124 |
| 01/24/2023 | Princeton Comm Hosp | X-Ray, Radiology | \$19.00 | \$12.20 | Other Ins Paid | | 02/21/2023 | 02/23/2023 | 373364 |
| | | | | \$3.76 | Primary Adjustm | \$3.04 | 02/21/2023 | 02/23/2023 | 373364 |
| 01/24/2023 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$269.60 | Other Ins Paid | \$87.40 | 03/09/2023 | 03/10/2023 | 374868 |
| Claim # AGA-0420769 Totals : | | | \$67,282.34 | \$66,149.84 | | \$1,132.50 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| B., Csajjah; Claim: AGA-0403128; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: Ankle; Date Incurred: 09/03/2022 | | | | | | | | | |
| 09/07/2022 | OccuNet | Repricing Fee | \$1.35 | \$0.00 | | \$1.35 | 11/02/2022 | 11/11/2022 | 364684 |
| 09/07/2022 | OccuNet | Repricing Fee | \$66.35 | \$0.00 | | \$66.35 | 11/02/2022 | 11/11/2022 | 364684 |
| 09/20/2022 | Mercer Medical Group | MRI | \$152.00 | \$95.61 | Other Ins Paid | | 11/01/2022 | 11/11/2022 | 999999999 |
| | | | | \$24.53 | Primary Adjustm | | 11/01/2022 | 11/11/2022 | 999999999 |
| | | | | \$31.86 | Ded Credit | \$0.00 | 11/01/2022 | 11/11/2022 | 999999999 |
| 09/07/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.38 | Disc:OccuNet | | 11/02/2022 | 11/11/2022 | 999999999 |
| | | | | \$91.62 | Ded Credit | \$0.00 | 11/02/2022 | 11/11/2022 | 999999999 |
| 09/07/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$4.12 | Primary Adjustm | | 10/24/2022 | 11/11/2022 | 999999999 |
| | | | | \$5.40 | Disc:OccuNet | | 10/24/2022 | 11/11/2022 | 999999999 |
| | | | | \$10.48 | Ded Credit | \$0.00 | 10/24/2022 | 11/11/2022 | 999999999 |
| 09/20/2022 | OccuNet | Repricing Fee | \$173.12 | \$0.00 | | \$173.12 | 01/17/2023 | 01/18/2023 | 369860 |
| 09/20/2022 | Princeton Community Hospital | MRI | \$2,939.00 | \$1,952.01 | Other Insurance | | 01/17/2023 | 01/18/2023 | 999999999 |
| | | | | \$692.46 | Disc:OccuNet | | 01/17/2023 | 01/18/2023 | 999999999 |
| | | | | \$294.53 | Ded Credit | \$0.00 | 01/17/2023 | 01/18/2023 | 999999999 |
| Claim # AGA-0403128 Totals : | | | \$3,708.82 | \$3,468.00 | | \$240.82 | | | |

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|---|------------------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|-----------|
| B., Allison; Claim: AGA-0420683; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 09/29/2022 | | | | | | | | | |
| 09/29/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$14.03 | Primary Adjustm | | 11/28/2022 | 11/30/2022 | 999999999 |
| | | | | \$5.97 | Ded Credit | \$0.00 | 11/28/2022 | 11/30/2022 | 999999999 |
| 09/29/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$43.20 | Primary Adjustm | | 11/28/2022 | 11/30/2022 | 999999999 |
| | | | | \$313.80 | Ded Credit | \$0.00 | 11/28/2022 | 11/30/2022 | 999999999 |
| Claim # AGA-0420683 Totals : | | | \$377.00 | \$377.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|------------------|-----------------|------------------|------------------|----------------|---------------|------------|--------------|
| B., Jordyn; Claim: AGA-0407697; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Finger; Date Incurred: 08/27/2022 | | | | | | | | | |
| 08/27/2022 | Merced Medical Group | X-Ray, Radiology | \$20.00 | \$0.00 | Other Ins Paid | | 10/25/2022 | 11/11/2022 | 99999999 |
| | | | | \$4.12 | Primary Adjustm | | 10/25/2022 | 11/11/2022 | 99999999 |
| | | | | \$15.88 | Ded Credit | \$0.00 | 10/25/2022 | 11/11/2022 | 99999999 |
| 08/27/2022 | OccuNet | Repricing Fee | \$66.34 | \$0.00 | | \$66.34 | 11/30/2022 | 12/02/2022 | 366291 |
| 08/27/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.37 | Disc:OccuNet | | 11/30/2022 | 12/02/2022 | 99999999 |
| | | | | \$91.63 | Ded Credit | \$0.00 | 11/30/2022 | 12/02/2022 | 99999999 |
| 08/27/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$4.12 | Primary Adjustm | | 12/21/2022 | 12/23/2022 | 99999999 |
| | | | | \$15.88 | Ded Credit | \$0.00 | 12/21/2022 | 12/23/2022 | 99999999 |
| Claim # AGA-0407697 Totals : | | | \$463.34 | \$397.00 | | \$66.34 | | | |

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|---|---------------------|-------------------|-----------------|-----------------|--------------|-----------------|------------|------------|----------|
| B., Andrew; Claim: AGA-0422852; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 10/26/2022 | | | | | | | | | |
| 11/08/2022 | OccuNet | Repricing Fee | \$13.41 | \$0.00 | | \$13.41 | 01/25/2023 | 01/27/2023 | 370595 |
| 11/08/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$53.65 | Disc:OccuNet | | 01/25/2023 | 01/27/2023 | 99999999 |
| | | | | \$114.35 | Ded Credit | \$0.00 | 01/25/2023 | 01/27/2023 | 99999999 |
| 12/07/2022 | Orthovirginia | Medical Treatment | \$168.00 | \$53.65 | Disc:OccuNet | \$114.35 | 02/08/2023 | 02/10/2023 | 372302 |
| 12/07/2022 | OccuNet | Repricing Fee | \$13.41 | \$0.00 | | \$13.41 | 02/08/2023 | 02/10/2023 | 372113 |
| 10/26/2022 | OccuNet | Repricing Fee | \$64.72 | \$0.00 | | \$64.72 | 02/21/2023 | 02/21/2023 | 373271 |
| 10/26/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$258.87 | Disc:OccuNet | | 02/21/2023 | 02/21/2023 | 99999999 |
| | | | | \$98.13 | Ded Credit | \$0.00 | 02/21/2023 | 02/21/2023 | 99999999 |
| Claim # AGA-0422852 Totals : | | | \$784.54 | \$578.65 | | \$205.89 | | | |

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|--|-----------------|--------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| B., Jarod; Claim: AGA-0415617; Activity: Mens Football; Diagnosis: Dental & Oral Disorders; Anatomy: Teeth; Date Incurred: 09/27/2022 | | | | | | | | | |
| 09/27/2022 | Charles E. Lane | Dental | \$129.00 | \$107.00 | Other Ins Paid | | 01/19/2023 | 01/20/2023 | 99999999 |
| | | | | \$22.00 | Primary Adjustm | \$0.00 | 01/19/2023 | 01/20/2023 | 99999999 |
| Claim # AGA-0415617 Totals : | | | \$129.00 | \$129.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| B., Michelle; Claim: AGA-0428190; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 10/24/2022 | | | | | | | | | |
| 10/24/2022 | Mercer Medical Gr Prof | X-Ray, Radiology | \$21.00 | \$13.72 | Other Ins Paid | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$3.85 | Primary Adjustm | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$3.43 | Ded Credit | \$0.00 | 01/03/2023 | 01/10/2023 | 99999999 |
| 10/24/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$285.60 | Other Ins Paid | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$71.40 | Ded Credit | \$0.00 | 01/03/2023 | 01/10/2023 | 99999999 |
| Claim # AGA-0428190 Totals : | | | \$378.00 | \$378.00 | | \$0.00 | | | |

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|---|------------------------------|-------------------|-------------------|-------------------|-----------------|----------------|------------|------------|----------|
| C., Chloe; Claim: AGA-0432452; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 10/12/2022 | | | | | | | | | |
| 11/17/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$53.44 | Other Ins Paid | | 01/18/2023 | 01/20/2023 | 99999999 |
| | | | | \$74.56 | Primary Adjustm | | 01/18/2023 | 01/20/2023 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 01/18/2023 | 01/20/2023 | 99999999 |
| 10/18/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$7.20 | Other Ins Paid | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$11.00 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$1.80 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| 10/21/2022 | Mercer Medical Group | MRI | \$152.00 | \$81.40 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$70.60 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| 10/18/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.30 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$73.36 | Other Ins Paid | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$18.34 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| 10/21/2022 | Princeton Community Hospital | MRI | \$2,939.00 | \$2,678.15 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$260.85 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| 10/27/2022 | Orthovirginia | Medical Treatment | \$220.00 | \$79.39 | Other Ins Paid | | 02/08/2023 | 02/10/2023 | 372197 |
| | | | | \$100.61 | Primary Adjustm | \$40.00 | 02/08/2023 | 02/10/2023 | 372197 |
| Claim # AGA-0432452 Totals : | | | \$3,856.00 | \$3,816.00 | | \$40.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| C., Cayden; Claim: AGA-0428464; Activity: Mens Football; Diagnosis: Pain; Anatomy: R-Hand; Date Incurred: 11/01/2022 | | | | | | | | | |
| 11/01/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$76.53 | Other Ins Paid | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$53.55 | Primary Adjustm | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$226.92 | Ded Credit | \$0.00 | 01/03/2023 | 01/10/2023 | 99999999 |
| 11/01/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$10.94 | Other Ins Paid | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$7.85 | Primary Adjustm | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$1.21 | Ded Credit | \$0.00 | 01/03/2023 | 01/10/2023 | 99999999 |
| Claim # AGA-0428464 Totals : | | | \$377.00 | \$377.00 | | \$0.00 | | | |

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|---|---------------|-----------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| C., Haven; Claim: AGA-0433251; Activity: Mens Football; Diagnosis: Pain; Anatomy: Leg; Date Incurred: 09/17/2022 | | | | | | | | | |
| 09/17/2022 | Upshur CO EMS | Ambulance | \$500.00 | \$430.90 | Other Ins Paid | | 02/08/2023 | 02/10/2023 | 99999999 |
| | | | | \$69.10 | Primary Adjustm | \$0.00 | 02/08/2023 | 02/10/2023 | 99999999 |
| 09/17/2022 | Upshur CO EMS | Ambulance | \$260.00 | \$192.50 | Other Ins Paid | | 02/08/2023 | 02/10/2023 | 99999999 |
| | | | | \$67.50 | Primary Adjustm | \$0.00 | 02/08/2023 | 02/10/2023 | 99999999 |
| Claim # AGA-0433251 Totals : | | | \$760.00 | \$760.00 | | \$0.00 | | | |

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|--|---------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| C., Douglas; Claim: AGA-0419995; Activity: Mens Baseball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 10/17/2022 | | | | | | | | | |
| 10/17/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$313.80 | Ded Credit | | 02/21/2023 | 02/23/2023 | 99999999 |
| | | | | \$43.20 | Primary Adjustm | \$0.00 | 02/21/2023 | 02/23/2023 | 99999999 |
| 10/17/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$21.00 | \$6.20 | Ded Credit | | 02/21/2023 | 02/23/2023 | 99999999 |
| | | | | \$14.80 | Primary Adjustm | \$0.00 | 02/21/2023 | 02/23/2023 | 99999999 |
| Claim # AGA-0419995 Totals : | | | \$378.00 | \$378.00 | | \$0.00 | | | |

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|---|----------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| C., Reeanna; Claim: AGA-0456649; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Ankle; Date Incurred: 02/14/2023 | | | | | | | | | |
| 02/16/2023 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$269.60 | Other Ins Paid | | 04/04/2023 | 04/07/2023 | 99999999 |
| | | | | \$87.40 | Ded Credit | \$0.00 | 04/04/2023 | 04/07/2023 | 99999999 |
| 02/16/2023 | MERCER MEDICAL GROUP | X-Ray, Radiology | \$20.00 | \$12.71 | Other Ins Paid | | 04/04/2023 | 04/07/2023 | 99999999 |
| | | | | \$4.12 | Primary Adjustm | | 04/04/2023 | 04/07/2023 | 99999999 |
| | | | | \$3.17 | Ded Credit | \$0.00 | 04/04/2023 | 04/07/2023 | 99999999 |
| Claim # AGA-0456649 Totals : | | | \$377.00 | \$377.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------|-------------------|-----------------|------------------|------------------|-----------------|---------------|------------|--------------|
| C., Esteban; Claim: AGA-0408603; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Lower Leg; Date Incurred: 08/15/2022 | | | | | | | | | |
| 09/15/2022 | Orthovirginia | Medical Treatment | \$111.00 | \$0.00 | | | 03/03/2023 | 03/07/2023 | 374641 |
| | | | | \$39.70 | Disc:OccuNet | \$71.30 | 03/03/2023 | 03/07/2023 | 374641 |
| 09/01/2022 | Orthovirginia | Medical Treatment | \$320.00 | \$0.00 | | | 03/03/2023 | 03/07/2023 | 374641 |
| | | | | \$109.55 | Disc:OccuNet | \$210.45 | 03/03/2023 | 03/07/2023 | 374641 |
| 09/15/2022 | OccuNet | Repricing Fee | \$9.93 | \$0.00 | | \$9.93 | 03/03/2023 | 03/07/2023 | 374443 |
| 09/01/2022 | OccuNet | Repricing Fee | \$27.39 | \$0.00 | | \$27.39 | 03/03/2023 | 03/07/2023 | 374443 |
| Claim # AGA-0408603 Totals : | | | \$468.32 | \$149.25 | | \$319.07 | | | |

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|---|----------------------|-------------------|-------------------|-------------------|--------------|-----------------|------------|------------|----------|
| C., Byron; Claim: AGA-0402805; Activity: Mens Football; Diagnosis: Subluxation; Anatomy: R-Knee; Date Incurred: 08/16/2022 | | | | | | | | | |
| 08/16/2022 | OccuNet | Repricing Fee | \$2.43 | \$0.00 | | \$2.43 | 10/14/2022 | 11/11/2022 | 364614 |
| 08/29/2022 | OccuNet | Repricing Fee | \$17.73 | \$0.00 | | \$17.73 | 10/14/2022 | 11/11/2022 | 364614 |
| 09/01/2022 | OccuNet | Repricing Fee | \$19.13 | \$0.00 | | \$19.13 | 10/14/2022 | 11/11/2022 | 364663 |
| 08/18/2022 | OccuNet | Repricing Fee | \$26.75 | \$0.00 | | \$26.75 | 10/14/2022 | 11/11/2022 | 364663 |
| 08/29/2022 | OccuNet | Repricing Fee | \$634.75 | \$0.00 | | \$634.75 | 09/27/2022 | 11/11/2022 | 364800 |
| 08/29/2022 | Mercer Medical Group | MRI | \$152.00 | \$70.90 | Disc:OccuNet | | 10/14/2022 | 11/11/2022 | 99999999 |
| | | | | \$81.10 | Ded Credit | \$0.00 | 10/14/2022 | 11/11/2022 | 99999999 |
| 08/16/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$9.72 | Disc:OccuNet | | 10/14/2022 | 11/11/2022 | 99999999 |
| | | | | \$11.28 | Ded Credit | \$0.00 | 10/14/2022 | 11/11/2022 | 99999999 |
| 09/01/2022 | Orthovirginia, Inc | Medical Treatment | \$168.00 | \$76.52 | Disc:OccuNet | | 10/14/2022 | 11/11/2022 | 99999999 |
| | | | | \$91.48 | Ded Credit | \$0.00 | 10/14/2022 | 11/11/2022 | 99999999 |
| 08/18/2022 | Orthovirginia, Inc | Medical Treatment | \$220.00 | \$107.01 | Disc:OccuNet | | 10/14/2022 | 11/11/2022 | 99999999 |
| | | | | \$112.99 | Ded Credit | \$0.00 | 10/14/2022 | 11/11/2022 | 99999999 |
| 08/29/2022 | Princeton Comm Hosp | MRI | \$2,939.00 | \$2,539.00 | Disc:OccuNet | | 09/27/2022 | 11/11/2022 | 99999999 |
| | | | | \$400.00 | Ded Credit | \$0.00 | 09/27/2022 | 11/11/2022 | 99999999 |
| 09/20/2022 | OccuNet | Repricing Fee | \$9.93 | \$0.00 | | \$9.93 | 02/16/2023 | 02/17/2023 | 372837 |
| 09/20/2022 | Orthovirginia | Medical Treatment | \$111.00 | \$39.70 | Disc:OccuNet | | 02/16/2023 | 02/17/2023 | 99999999 |
| | | | | \$71.30 | Ded Credit | \$0.00 | 02/16/2023 | 02/17/2023 | 99999999 |
| Claim # AGA-0402805 Totals : | | | \$4,321.72 | \$3,611.00 | | \$710.72 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| D., Kaylee; Claim: AGA-0432472; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: R-Hip; Date Incurred: 09/09/2022 | | | | | | | | | |
| 12/13/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$0.00 | Other Ins Paid | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$62.66 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$105.34 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| 11/17/2022 | OrthoVirginia, Inc | Medical Treatment | \$239.00 | \$0.00 | Other Ins Paid | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$85.64 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$153.36 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| 12/07/2022 | Mercer Medical Group | MRI | \$152.00 | \$0.00 | Other Ins Paid | | 01/25/2023 | 01/27/2023 | 99999999 |
| | | | | \$24.53 | Primary Adjustm | | 01/25/2023 | 01/27/2023 | 99999999 |
| | | | | \$127.47 | Ded Credit | \$0.00 | 01/25/2023 | 01/27/2023 | 99999999 |
| 12/07/2022 | OccuNet | Repricing Fee | \$173.12 | \$0.00 | | \$173.12 | 02/06/2023 | 02/07/2023 | 371964 |
| 11/10/2022 | Mercer Medical Gr Prof | Medical Treatment | \$25.00 | \$0.00 | Other Ins Paid | | 02/03/2023 | 02/07/2023 | 99999999 |
| | | | | \$4.67 | Primary Adjustm | | 02/03/2023 | 02/07/2023 | 99999999 |
| | | | | \$20.33 | Ded Credit | \$0.00 | 02/03/2023 | 02/07/2023 | 99999999 |
| 12/07/2022 | Princeton Community Hospital | MRI | \$2,939.00 | \$1,846.54 | Primary Adjustm | | 02/06/2023 | 02/07/2023 | 99999999 |
| | | | | \$692.46 | Disc:OccuNet | | 02/06/2023 | 02/07/2023 | 99999999 |
| | | | | \$400.00 | Ded Credit | \$0.00 | 02/06/2023 | 02/07/2023 | 99999999 |
| 11/10/2022 | OccuNet | Repricing Fee | \$64.72 | \$0.00 | | \$64.72 | 02/21/2023 | 02/21/2023 | 373272 |
| Claim # AGA-0432472 Totals : | | | \$3,760.84 | \$3,523.00 | | \$237.84 | | | |

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|--|------------------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| E., Lorelai; Claim: AGA-0420687; Activity: Womens Softball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 10/19/2022 | | | | | | | | | |
| 10/19/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$14.80 | Primary Adjustm | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$4.96 | Other Ins Paid | | 01/03/2023 | 01/10/2023 | 99999999 |
| | | | | \$1.24 | Ded Credit | \$0.00 | 01/03/2023 | 01/10/2023 | 99999999 |
| 10/19/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$251.04 | Other Ins Paid | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$43.20 | Primary Adjustm | | 01/20/2023 | 01/24/2023 | 99999999 |
| | | | | \$62.76 | Ded Credit | \$0.00 | 01/20/2023 | 01/24/2023 | 99999999 |
| Claim # AGA-0420687 Totals : | | | \$378.00 | \$378.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------------|-------------------|--------------------|-------------------|------------------|--------------------|---------------|------------|--------------|
| G., James; Claim: AGA-0408392; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Arm; Date Incurred: 08/31/2022 | | | | | | | | | |
| 09/13/2022 | Orthovirginia | Medical Treatment | \$239.00 | \$77.69 | Disc:OccuNet | \$161.31 | 02/09/2023 | 02/10/2023 | 372414 |
| 09/01/2022 | Orthovirginia | Medical Treatment | \$220.00 | \$78.76 | Disc:OccuNet | \$141.24 | 02/09/2023 | 02/10/2023 | 372414 |
| 09/13/2022 | OccuNet | Repricing Fee | \$19.42 | \$0.00 | | \$19.42 | 02/09/2023 | 02/10/2023 | 372188 |
| 09/01/2022 | OccuNet | Repricing Fee | \$19.69 | \$0.00 | | \$19.69 | 02/09/2023 | 02/10/2023 | 372188 |
| 09/16/2022 | Forward Pathology Solution LL | Medical Treatment | \$62.00 | \$26.67 | Disc:OccuNet | \$35.33 | 02/09/2023 | 02/10/2023 | 372181 |
| 09/16/2022 | OccuNet | Repricing Fee | \$6.67 | \$0.00 | | \$6.67 | 02/09/2023 | 02/10/2023 | 372097 |
| 09/16/2022 | OccuNet | Repricing Fee | \$651.49 | \$0.00 | | \$651.49 | 02/21/2023 | 02/23/2023 | 373617 |
| 09/16/2022 | Orthovirginia | Surgery | \$3,395.00 | \$2,605.97 | Disc:ONNG | | 02/21/2023 | 02/23/2023 | 99999999 |
| | | | | \$789.03 | Ded Credit | \$0.00 | 02/21/2023 | 02/23/2023 | 99999999 |
| 09/16/2022 | OccuNet | Repricing Fee | \$11,954.20 | \$0.00 | | \$11,954.20 | 02/28/2023 | 02/28/2023 | 373968 |
| Claim # AGA-0408392 Totals : | | | \$16,567.47 | \$3,578.12 | | \$12,989.35 | | | |

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|---|---------------------|------------------|-----------------|-----------------|----------------|----------------|------------|------------|--------|
| G., Keegan; Claim: AGA-0423247; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Finger; Date Incurred: 10/17/2022 | | | | | | | | | |
| 10/17/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$269.60 | Other Ins Paid | \$87.40 | 02/08/2023 | 02/10/2023 | 372268 |
| Claim # AGA-0423247 Totals : | | | \$357.00 | \$269.60 | | \$87.40 | | | |

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|--|------------------------------|------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| H., Noah; Claim: AGA-0403429; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 09/06/2022 | | | | | | | | | |
| 09/08/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$0.00 | Other Ins Paid | | 11/11/2022 | 11/11/2022 | 99999999 |
| | | | | \$180.37 | Primary Adjustm | | 11/11/2022 | 11/11/2022 | 99999999 |
| | | | | \$176.63 | Ded Credit | \$0.00 | 11/11/2022 | 11/11/2022 | 99999999 |
| 09/08/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$0.00 | Other Ins Paid | | 10/23/2022 | 11/11/2022 | 99999999 |
| | | | | \$5.33 | Primary Adjustm | | 10/23/2022 | 11/11/2022 | 99999999 |
| | | | | \$14.67 | Ded Credit | \$0.00 | 10/23/2022 | 11/11/2022 | 99999999 |
| Claim # AGA-0403429 Totals : | | | \$377.00 | \$377.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| H., Juan; Claim: AGA-0417387; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 09/21/2022 | | | | | | | | | |
| 10/05/2022 | OrthoVirginia, Inc | Medical Treatment | \$1,065.00 | \$466.92 | Other Ins Paid | | 11/09/2022 | 11/11/2022 | 999999999 |
| | | | | \$481.36 | Primary Adjustm | | 11/09/2022 | 11/11/2022 | 999999999 |
| | | | | \$116.72 | Ded Credit | \$0.00 | 11/09/2022 | 11/11/2022 | 999999999 |
| 10/05/2022 | OrthoVirginia, Inc | Medical Treatment | \$239.00 | \$106.69 | Other Ins Paid | | 11/09/2022 | 11/11/2022 | 999999999 |
| | | | | \$85.64 | Primary Adjustm | | 11/09/2022 | 11/11/2022 | 999999999 |
| | | | | \$46.67 | Ded Credit | \$0.00 | 11/09/2022 | 11/11/2022 | 999999999 |
| 09/21/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$13.72 | Other Ins Paid | | 11/09/2022 | 11/11/2022 | 999999999 |
| | | | | \$3.85 | Primary Adjustm | | 11/09/2022 | 11/11/2022 | 999999999 |
| | | | | \$3.43 | Ded Credit | \$0.00 | 11/09/2022 | 11/11/2022 | 999999999 |
| Claim # AGA-0417387 Totals : | | | \$1,325.00 | \$1,325.00 | | \$0.00 | | | |

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|--|------------------------------|-------------------|-------------------|-------------------|-----------------|----------------|------------|------------|-----------|
| H., Caroline; Claim: AGA-0404594; Activity: Womens Volleyball; Diagnosis: Pain; Anatomy: R-Wrist; Date Incurred: 09/06/2022 | | | | | | | | | |
| 09/09/2022 | OccuNet | Repricing Fee | \$66.34 | \$0.00 | | \$66.34 | 11/04/2022 | 11/11/2022 | 364682 |
| 09/09/2022 | Princeton Community Hospital | X-Ray, Radiology | \$375.00 | \$265.37 | Disc:OccuNet | | 11/04/2022 | 11/11/2022 | 999999999 |
| | | | | \$109.63 | Ded Credit | \$0.00 | 11/04/2022 | 11/11/2022 | 999999999 |
| 09/09/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$0.00 | Other Ins Paid | | 10/03/2022 | 11/11/2022 | 999999999 |
| | | | | \$4.12 | Primary Adjustm | | 10/03/2022 | 11/11/2022 | 999999999 |
| | | | | \$15.88 | Ded Credit | \$0.00 | 10/03/2022 | 11/11/2022 | 999999999 |
| 09/16/2022 | Orthovirginia, Inc | Medical Treatment | \$320.00 | \$187.70 | Other Ins Paid | | 12/01/2022 | 12/02/2022 | 999999999 |
| | | | | \$87.30 | Primary Adjustm | | 12/01/2022 | 12/02/2022 | 999999999 |
| | | | | \$45.00 | Ded Credit | \$0.00 | 12/01/2022 | 12/02/2022 | 999999999 |
| 09/09/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.37 | Disc:OccuNet | | 03/21/2023 | 03/21/2023 | 999999999 |
| | | | | \$91.63 | Previously Paid | \$0.00 | 03/21/2023 | 03/21/2023 | 999999999 |
| Claim # AGA-0404594 Totals : | | | \$1,138.34 | \$1,072.00 | | \$66.34 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|------------------------------|------------------|-----------------|------------------|------------------|----------------|---------------|------------|--------------|
| I., Ayden; Claim: AGA-0412135; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 09/13/2022 | | | | | | | | | |
| 09/13/2022 | Merced Medical GR Prof | X-Ray, Radiology | \$21.00 | \$0.00 | Other Ins Paid | | 10/19/2022 | 11/11/2022 | 99999999 |
| | | | | \$3.85 | Primary Adjustm | | 10/19/2022 | 11/11/2022 | 99999999 |
| | | | | \$17.15 | Ded Credit | \$0.00 | 10/19/2022 | 11/11/2022 | 99999999 |
| 09/13/2022 | OccuNet | Repricing Fee | \$66.34 | \$0.00 | | \$66.34 | 11/16/2022 | 11/18/2022 | 365130 |
| 09/13/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.37 | Disc:OccuNet | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$91.63 | Ded Credit | \$0.00 | 11/16/2022 | 11/18/2022 | 99999999 |
| Claim # AGA-0412135 Totals : | | | \$444.34 | \$378.00 | | \$66.34 | | | |

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|--|---------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|----------|
| J., Davis; Claim: AGA-0403428; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 08/27/2022 | | | | | | | | | |
| 09/01/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$0.00 | Other Ins Paid | | 09/27/2022 | 11/11/2022 | 99999999 |
| | | | | \$3.85 | Primary Adjustm | | 09/27/2022 | 11/11/2022 | 99999999 |
| | | | | \$17.15 | Ded Credit | \$0.00 | 09/27/2022 | 11/11/2022 | 99999999 |
| 09/06/2022 | OrthoVirginia, Inc | Medical Treatment | \$320.00 | \$0.00 | Other Ins Paid | | 09/22/2022 | 11/11/2022 | 99999999 |
| | | | | \$87.30 | Primary Adjustm | | 09/22/2022 | 11/11/2022 | 99999999 |
| | | | | \$232.70 | Ded Credit | \$0.00 | 09/22/2022 | 11/11/2022 | 99999999 |
| 09/20/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$0.00 | Other Ins Paid | | 10/22/2022 | 11/11/2022 | 99999999 |
| | | | | \$62.66 | Primary Adjustm | | 10/22/2022 | 11/11/2022 | 99999999 |
| | | | | \$105.34 | Ded Credit | \$0.00 | 10/22/2022 | 11/11/2022 | 99999999 |
| 09/16/2022 | Mercer Medical Group | MRI | \$153.00 | \$0.00 | Other Ins Paid | | 12/06/2022 | 12/09/2022 | 99999999 |
| | | | | \$25.53 | Primary Adjustm | | 12/06/2022 | 12/09/2022 | 99999999 |
| | | | | \$127.47 | Ded Credit | \$0.00 | 12/06/2022 | 12/09/2022 | 99999999 |
| 09/16/2022 | OccuNet | Repricing Fee | \$173.12 | \$0.00 | | \$173.12 | 01/25/2023 | 01/27/2023 | 370841 |
| 09/16/2022 | Princeton Community Hospi | MRI | \$2,939.00 | \$1,846.54 | Primary Adjustm | | 01/25/2023 | 01/27/2023 | 99999999 |
| | | | | \$692.46 | Disc:OccuNet | | 01/25/2023 | 01/27/2023 | 99999999 |
| | | | | \$400.00 | Ded Credit | \$0.00 | 01/25/2023 | 01/27/2023 | 99999999 |
| 09/01/2022 | OccuNet | Repricing Fee | \$64.72 | \$0.00 | | \$64.72 | 02/21/2023 | 02/23/2023 | 373461 |
| 09/01/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$258.87 | Disc:OccuNet | | 02/21/2023 | 02/23/2023 | 99999999 |
| | | | | \$98.13 | Ded Credit | \$0.00 | 02/21/2023 | 02/23/2023 | 99999999 |
| Claim # AGA-0403428 Totals : | | | \$4,195.84 | \$3,958.00 | | \$237.84 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| L., Jason; Claim: AGA-0407933; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: R-Shoulder; Date Incurred: 08/09/2022 | | | | | | | | | |
| 08/09/2022 | OrthoVirginia, Inc | Medical Treatment | \$320.00 | \$212.01 | Other Ins Paid | | 10/17/2022 | 11/11/2022 | 999999999 |
| | | | | \$92.99 | Primary Adjustm | | 10/17/2022 | 11/11/2022 | 999999999 |
| | | | | \$15.00 | Ded Credit | \$0.00 | 10/17/2022 | 11/11/2022 | 999999999 |
| Claim # AGA-0407933 Totals : | | | \$320.00 | \$320.00 | | \$0.00 | | | |

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|---|------------------------------|-------------------|-------------------|-------------------|-----------------|-----------------|------------|------------|--------|
| L., Lacie; Claim: AGA-0432321; Activity: Womens Softball; Diagnosis: Pain; Anatomy: L-Lower Leg; Date Incurred: 11/07/2022 | | | | | | | | | |
| 12/06/2022 | Mercer Medical Group | MRI | \$152.00 | \$0.00 | Other Ins Paid | | 01/27/2023 | 01/31/2023 | 371146 |
| | | | | \$106.06 | Primary Adjustm | \$45.94 | 01/27/2023 | 01/31/2023 | 371146 |
| 11/07/2022 | Mercer Medical Group | X-Ray, Radiology | \$21.00 | \$0.00 | Other Ins Paid | | 01/27/2023 | 01/31/2023 | 371146 |
| | | | | \$14.80 | Primary Adjustm | \$6.20 | 01/27/2023 | 01/31/2023 | 371146 |
| 11/07/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$43.20 | Primary Adjustm | \$313.80 | 01/27/2023 | 01/31/2023 | 371329 |
| 12/06/2022 | Princeton Community Hospital | MRI | \$2,939.00 | \$355.62 | Primary Adjustm | | 01/27/2023 | 01/31/2023 | 371329 |
| | | | | \$2,433.38 | Other Ins Paid | \$150.00 | 01/27/2023 | 01/31/2023 | 371329 |
| 12/08/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$77.42 | Other Ins Paid | | 01/27/2023 | 01/31/2023 | 371084 |
| | | | | \$60.58 | Primary Adjustm | \$30.00 | 01/27/2023 | 01/31/2023 | 371084 |
| 11/17/2022 | Orthovirginia | Medical Treatment | \$320.00 | \$203.50 | Other Ins Paid | | 03/13/2023 | 03/14/2023 | 375283 |
| | | | | \$86.50 | Primary Adjustm | \$30.00 | 03/13/2023 | 03/14/2023 | 375283 |
| 11/17/2022 | Orthovirginia | Medical Treatment | \$798.00 | \$546.23 | Other Ins Paid | | 03/13/2023 | 03/14/2023 | 375283 |
| | | | | \$155.38 | Primary Adjustm | \$96.39 | 03/13/2023 | 03/14/2023 | 375283 |
| Claim # AGA-0432321 Totals : | | | \$4,755.00 | \$4,082.67 | | \$672.33 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| L., Emma; Claim: AGA-0406953; Activity: Womens Cross-Country; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 08/12/2022 | | | | | | | | | |
| 09/12/2022 | Orthovirginia, Inc | Medical Treatment | \$168.00 | \$53.44 | Other Ins Paid | | 10/13/2022 | 11/11/2022 | 99999999 |
| | | | | \$74.56 | Primary Adjustm | | 10/13/2022 | 11/11/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 10/13/2022 | 11/11/2022 | 99999999 |
| 08/19/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$11.00 | Primary Adjustm | | 09/23/2022 | 11/11/2022 | 99999999 |
| | | | | \$9.00 | Ded Credit | \$0.00 | 09/23/2022 | 11/11/2022 | 99999999 |
| 08/19/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.30 | Primary Adjustm | | 09/23/2022 | 11/11/2022 | 99999999 |
| | | | | \$91.70 | Ded Credit | \$0.00 | 09/23/2022 | 11/11/2022 | 99999999 |
| 08/29/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$265.30 | Primary Adjustm | | 09/27/2022 | 11/11/2022 | 99999999 |
| | | | | \$91.70 | Ded Credit | \$0.00 | 09/27/2022 | 11/11/2022 | 99999999 |
| Claim # AGA-0406953 Totals : | | | \$902.00 | \$902.00 | | \$0.00 | | | |

| | | | | | | | | | |
|--|---------------------|------------------|-----------------|-----------------|--------------|-----------------|------------|------------|----------|
| L., Rashone; Claim: AGA-0435250; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 10/26/2022 | | | | | | | | | |
| 10/26/2022 | OccuNet | Repricing Fee | \$153.97 | \$0.00 | | \$153.97 | 03/07/2023 | 03/10/2023 | 374914 |
| 10/26/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$98.13 | Ded Credit | | 03/07/2023 | 03/10/2023 | 99999999 |
| | | | | \$258.87 | Disc:OccuNet | \$0.00 | 03/07/2023 | 03/10/2023 | 99999999 |
| 10/26/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$0.00 | | | 03/07/2023 | 03/10/2023 | 99999999 |
| | | | | \$357.00 | Disc:OccuNet | \$0.00 | 03/07/2023 | 03/10/2023 | 99999999 |
| Claim # AGA-0435250 Totals : | | | \$867.97 | \$714.00 | | \$153.97 | | | |

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|--|----------------------|------------------|-----------------|-----------------|-----------------|----------------|------------|------------|----------|
| M., Ryan; Claim: AGA-0420261; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 10/17/2022 | | | | | | | | | |
| 10/17/2022 | Mercer Medical Group | X-Ray, Radiology | \$20.00 | \$0.00 | Other Ins Paid | | 02/08/2023 | 02/10/2023 | 372125 |
| | | | | \$4.12 | Primary Adjustm | \$15.88 | 02/08/2023 | 02/10/2023 | 372125 |
| 10/17/2022 | OccuNet | Repricing Fee | \$64.72 | \$0.00 | | \$64.72 | 03/09/2023 | 03/10/2023 | 374837 |
| 10/17/2022 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$258.87 | Disc:OccuNet | | 03/09/2023 | 03/10/2023 | 99999999 |
| | | | | \$98.13 | Ded Credit | \$0.00 | 03/09/2023 | 03/10/2023 | 99999999 |
| Claim # AGA-0420261 Totals : | | | \$441.72 | \$361.12 | | \$80.60 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| M., John; Claim: AGA-0439282; Activity: Mens Football; Diagnosis: Fracture; Anatomy: R-Ankle; Date Incurred: 10/15/2022 | | | | | | | | | |
| 10/18/2022 | WVU Hospitals | X-Ray, Radiology | \$294.00 | \$0.00 | Other Ins Paid | | 01/17/2023 | 01/18/2023 | 369822 |
| | | | | \$276.95 | Primary Adjustm | \$17.05 | 01/17/2023 | 01/18/2023 | 369822 |
| 10/18/2022 | WVU Hospitals | X-Ray, Radiology | \$588.00 | \$500.00 | Other Ins Paid | \$88.00 | 01/17/2023 | 01/18/2023 | 369822 |
| 10/18/2022 | WVU Hospitals | Medical Treatment | \$107.00 | \$105.25 | Other Ins Paid | \$1.75 | 01/17/2023 | 01/18/2023 | 369822 |
| 10/18/2022 | WVU Medical Corp DBA UHA | Medical Treatment | \$293.00 | \$168.29 | Other Ins Paid | | 01/17/2023 | 01/18/2023 | 369918 |
| | | | | \$95.02 | Primary Adjustm | \$29.69 | 01/17/2023 | 01/18/2023 | 369918 |
| 10/20/2022 | WVU Medical Corp DBA UHA | Surgery | \$3,870.00 | \$1,876.43 | Other Ins Paid | | 01/17/2023 | 01/18/2023 | 369918 |
| | | | | \$1,662.44 | Primary Adjustm | \$331.13 | 01/17/2023 | 01/18/2023 | 369918 |
| 10/20/2022 | WVU Medical Corp DBA UHA | Anesthesia | \$1,045.00 | \$391.30 | Other Ins Paid | | 01/17/2023 | 01/18/2023 | 369918 |
| | | | | \$584.65 | Primary Adjustm | \$69.05 | 01/17/2023 | 01/18/2023 | 369918 |
| 12/02/2022 | WVU Hospitals | X-Ray, Radiology | \$381.00 | \$201.75 | Other Ins Paid | | 02/21/2023 | 02/23/2023 | 373419 |
| | | | | \$143.65 | Primary Adjustm | \$35.60 | 02/21/2023 | 02/23/2023 | 373419 |
| 01/08/2023 | WVU Medical Corp | X-Ray, Radiology | \$25.00 | \$0.00 | | | 03/09/2023 | 03/10/2023 | 374778 |
| | | | | \$3.13 | Primary Adjustm | \$21.87 | 03/09/2023 | 03/10/2023 | 374778 |
| 12/04/2022 | Wvu Medical Corp UHA | X-Ray, Radiology | \$25.00 | \$18.59 | Other Ins Paid | | 03/13/2023 | 03/14/2023 | 375068 |
| | | | | \$3.13 | Primary Adjustm | \$3.28 | 03/13/2023 | 03/14/2023 | 375068 |
| 11/10/2022 | Wvu Medical Corp UHA | X-Ray, Radiology | \$25.00 | \$18.59 | Other Ins Paid | | 03/13/2023 | 03/14/2023 | 375068 |
| | | | | \$3.13 | Primary Adjustm | \$3.28 | 03/13/2023 | 03/14/2023 | 375068 |
| Claim # AGA-0439282 Totals : | | | \$6,653.00 | \$6,052.30 | | \$600.70 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------------|-------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| M., Noah; Claim: AGA-0404876; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/15/2022 | | | | | | | | | |
| 08/15/2022 | Orthovirginia, Inc | Medical Treatment | \$220.00 | \$124.09 | Other Ins Paid | | 09/26/2022 | 11/11/2022 | 99999999 |
| | | | | \$65.91 | Primary Adjustm | | 09/26/2022 | 11/11/2022 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 09/26/2022 | 11/11/2022 | 99999999 |
| 08/30/2022 | Community Radiology of Virginia | MRI | \$1,750.00 | \$1,517.58 | Primary Adjustm | | 09/26/2022 | 11/15/2022 | 99999999 |
| | | | | \$232.42 | Ded Credit | \$0.00 | 09/26/2022 | 11/15/2022 | 99999999 |
| 09/29/2022 | Orthocarlina, Pa | Surgery | \$2,770.00 | \$1,498.37 | Other Ins Paid | | 10/19/2022 | 11/15/2022 | 99999999 |
| | | | | \$1,105.15 | Primary Adjustm | | 10/19/2022 | 11/15/2022 | 99999999 |
| | | | | \$166.48 | Ded Credit | \$0.00 | 10/19/2022 | 11/15/2022 | 99999999 |
| 09/29/2022 | Orthocarlina, Pa | Surgery | \$1,799.00 | \$496.81 | Other Ins Paid | | 10/19/2022 | 11/15/2022 | 99999999 |
| | | | | \$1,246.99 | Primary Adjustm | | 10/19/2022 | 11/15/2022 | 99999999 |
| | | | | \$55.20 | Ded Credit | \$0.00 | 10/19/2022 | 11/15/2022 | 99999999 |
| 09/30/2022 | Orthocarlina, Pa | Medical Treatment | \$249.00 | \$105.31 | Other Ins Paid | | 10/19/2022 | 11/15/2022 | 99999999 |
| | | | | \$113.69 | Primary Adjustm | | 10/19/2022 | 11/15/2022 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 10/19/2022 | 11/15/2022 | 99999999 |
| 10/03/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$9.48 | Primary Adjustm | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 10/20/2022 | 11/15/2022 | 99999999 |
| 10/07/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$9.48 | Primary Adjustm | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 10/20/2022 | 11/15/2022 | 99999999 |
| 09/29/2022 | OrthoCarolina, PA | Medical Treatment | \$48.00 | \$35.93 | Other Ins Paid | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$8.08 | Primary Adjustm | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$3.99 | Ded Credit | \$0.00 | 10/20/2022 | 11/15/2022 | 99999999 |
| 09/29/2022 | OrthoCarolina, PA | Medical Treatment | \$499.00 | \$449.10 | Other Ins Paid | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$49.90 | Ded Credit | \$0.00 | 10/20/2022 | 11/15/2022 | 99999999 |
| 10/05/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$9.48 | Primary Adjustm | | 10/20/2022 | 11/15/2022 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 10/20/2022 | 11/15/2022 | 99999999 |
| 10/11/2022 | Orthocarlina Inc. | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 11/04/2022 | 11/15/2022 | 99999999 |
| | | | | \$9.48 | Primary Adjustm | | 11/04/2022 | 11/15/2022 | 99999999 |
| | | | | \$30.00 | Ded Credit | \$0.00 | 11/04/2022 | 11/15/2022 | 99999999 |
| 09/14/2022 | Spartanburg Medical Center | Medical Treatment | \$443.00 | \$184.67 | Other Ins Paid | | 11/04/2022 | 11/15/2022 | 99999999 |
| | | | | \$208.33 | Primary Adjustm | | 11/04/2022 | 11/15/2022 | 99999999 |

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|------------------------------------|--------------------------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| M., Noah; Claim: AGA-0404876; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/15/2022 | | | | | | | | | |
| | | | | \$50.00 | Ded Credit | \$0.00 | 11/04/2022 | 11/15/2022 | 99999999 |
| 09/14/2022 | OrthoCarolina, PA | Medical Treatment | \$237.00 | \$80.45 | Other Ins Paid | | 09/30/2022 | 11/15/2022 | 99999999 |
| | | | | \$106.55 | Primary Adjustm | | 09/30/2022 | 11/15/2022 | 99999999 |
| | | | | \$50.00 | Ded Credit | \$0.00 | 09/30/2022 | 11/15/2022 | 99999999 |
| 09/14/2022 | Spartanburg Medical Center | Deductible Reimbursement | \$50.00 | \$0.00 | | \$50.00 | 01/03/2023 | 01/06/2023 | 368618 |
| 08/30/2022 | Community Radiology of Virginia | Deductible Reimbursement | \$232.42 | \$0.00 | | \$232.42 | 01/03/2023 | 01/06/2023 | 368768 |
| 08/15/2022 | Orthovirginia, Inc. | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 01/03/2023 | 01/06/2023 | 368558 |
| 09/14/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$50.00 | \$0.00 | | \$50.00 | 01/03/2023 | 01/06/2023 | 368824 |
| 09/29/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$221.68 | \$0.00 | | \$221.68 | 01/03/2023 | 01/06/2023 | 368824 |
| 09/30/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 01/03/2023 | 01/06/2023 | 368824 |
| 09/29/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$3.99 | \$0.00 | | \$3.99 | 01/03/2023 | 01/06/2023 | 368824 |
| 10/03/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 01/03/2023 | 01/06/2023 | 368824 |
| 10/05/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 01/03/2023 | 01/06/2023 | 368824 |
| 10/07/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 01/03/2023 | 01/06/2023 | 368824 |
| 10/11/2022 | Orthocarolina Inc. | Deductible Reimbursement | \$30.00 | \$0.00 | | \$30.00 | 01/03/2023 | 01/06/2023 | 368824 |
| 12/14/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368679 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 01/03/2023 | 01/06/2023 | 368679 |
| 12/16/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368679 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 01/03/2023 | 01/06/2023 | 368679 |
| 12/12/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368679 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 01/03/2023 | 01/06/2023 | 368679 |
| 09/29/2022 | Charlotte Surgery Center | Outpatient | \$24,544.00 | \$6,470.10 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368871 |
| | | | | \$17,355.00 | Primary Adjustm | \$718.90 | 01/03/2023 | 01/06/2023 | 368871 |
| 09/29/2022 | East Carolina Anesthesia Associate | Anesthesia | \$1,392.00 | \$720.27 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368753 |
| | | | | \$591.70 | Primary Adjustm | | 01/03/2023 | 01/06/2023 | 368753 |
| | | | | \$8.01 | Disc:OccuNet | \$72.02 | 01/03/2023 | 01/06/2023 | 368753 |
| 09/29/2022 | East Carolina Anesthesia Associate | Injection | \$1,360.00 | \$463.50 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368753 |
| | | | | \$845.00 | Primary Adjustm | | 01/03/2023 | 01/06/2023 | 368753 |
| | | | | \$5.15 | Disc:OccuNet | \$46.35 | 01/03/2023 | 01/06/2023 | 368753 |
| 09/29/2022 | East Carolina Anesthesia Associate | X-Ray, Radiology | \$309.00 | \$32.87 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368753 |
| | | | | \$276.13 | Primary Adjustm | \$0.00 | 01/03/2023 | 01/06/2023 | 368753 |
| 09/29/2022 | East Carolina Anesthesia Associate | Anesthesia | \$1,088.00 | \$720.27 | Other Ins Paid | | 01/03/2023 | 01/06/2023 | 368753 |
| | | | | \$287.70 | Primary Adjustm | | 01/03/2023 | 01/06/2023 | 368753 |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------|-------------------|--------------------|--------------------|------------------|-------------------|---------------|------------|--------------|
| M., Noah; Claim: AGA-0404876; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 08/15/2022 | | | | | | | | | |
| | | | | \$8.01 | Disc:OccuNet | \$72.02 | 01/03/2023 | 01/06/2023 | 368753 |
| 09/29/2022 | OccuNet | Repricing Fee | \$2.00 | \$0.00 | | \$2.00 | 01/03/2023 | 01/06/2023 | 368481 |
| 09/29/2022 | OccuNet | Repricing Fee | \$3.29 | \$0.00 | | \$3.29 | 01/03/2023 | 01/06/2023 | 368481 |
| 11/23/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 01/03/2023 | 01/13/2023 | 369380 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 01/03/2023 | 01/13/2023 | 369380 |
| 11/21/2022 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 01/03/2023 | 01/13/2023 | 369380 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 01/03/2023 | 01/13/2023 | 369380 |
| 12/28/2022 | Orthocarolina | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 01/26/2023 | 01/27/2023 | 370660 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 01/26/2023 | 01/27/2023 | 370660 |
| 01/04/2023 | OrthoCarolina, PA | Medical Treatment | \$237.00 | \$80.45 | Other Ins Paid | | 02/02/2023 | 02/03/2023 | 371570 |
| | | | | \$106.55 | Primary Adjustm | \$50.00 | 02/02/2023 | 02/03/2023 | 371570 |
| 01/04/2023 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 02/02/2023 | 02/03/2023 | 371570 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 02/02/2023 | 02/03/2023 | 371570 |
| 01/06/2023 | OrthoCarolina, PA | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 02/02/2023 | 02/03/2023 | 371570 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 02/02/2023 | 02/03/2023 | 371570 |
| 09/07/2022 | Orthovirginia | Medical Treatment | \$239.00 | \$105.05 | Other Ins Paid | | 02/21/2023 | 02/23/2023 | 373575 |
| | | | | \$83.95 | Primary Adjustm | \$50.00 | 02/21/2023 | 02/23/2023 | 373575 |
| 09/07/2022 | Orthovirginia | Medical Treatment | \$1,065.00 | \$337.54 | Other Ins Paid | | 02/21/2023 | 02/23/2023 | 373575 |
| | | | | \$422.38 | Primary Adjustm | \$305.08 | 02/21/2023 | 02/23/2023 | 373575 |
| 11/25/2022 | Orthocarolina | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 03/13/2023 | 03/14/2023 | 375136 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 03/13/2023 | 03/14/2023 | 375136 |
| 03/03/2023 | Orthocarolina | Phys.Therapy | \$55.00 | \$15.52 | Other Ins Paid | | 03/27/2023 | 03/28/2023 | 376715 |
| | | | | \$9.48 | Primary Adjustm | \$30.00 | 03/27/2023 | 03/28/2023 | 376715 |
| Claim # AGA-0404876 Totals : | | | \$39,762.38 | \$37,404.63 | | \$2,357.75 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--|--------------------|--------------------------|--------------------|--------------------|------------------|-----------------|---------------|------------|--------------|
| N., Kevin; Claim: AGA-0419112; Activity: Mens Football; Diagnosis: Pain; Anatomy: Multiple Sites; Date Incurred: 08/09/2022 | | | | | | | | | |
| 09/22/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$53.44 | Other Ins Paid | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$74.56 | Primary Adjustm | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/16/2022 | 11/18/2022 | 99999999 |
| 09/01/2022 | OrthoVirginia, Inc | Medical Treatment | \$320.00 | \$137.88 | Other Ins Paid | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$142.12 | Primary Adjustm | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/16/2022 | 11/18/2022 | 99999999 |
| 10/05/2022 | OrthoVirginia, Inc | Medical Treatment | \$239.00 | \$90.81 | Other Ins Paid | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$108.19 | Primary Adjustm | | 11/16/2022 | 11/18/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/16/2022 | 11/18/2022 | 99999999 |
| 10/25/2022 | OrthoVirginia, Inc | Medical Treatment | \$4,444.00 | \$851.73 | Other Ins Paid | | 12/08/2022 | 12/09/2022 | 367022 |
| | | | | \$3,227.25 | Primary Adjustm | \$365.02 | 12/08/2022 | 12/09/2022 | 367022 |
| 10/25/2022 | OrthoVirginia, Inc | Medical Treatment | \$4,308.00 | \$414.97 | Other Ins Paid | | 12/08/2022 | 12/09/2022 | 367022 |
| | | | | \$3,715.19 | Primary Adjustm | \$177.84 | 12/08/2022 | 12/09/2022 | 367022 |
| 09/01/2022 | OrthoVirginia, Inc | Deductible Reimbursement | \$40.00 | \$0.00 | | \$40.00 | 12/08/2022 | 12/09/2022 | 366858 |
| 10/05/2022 | OrthoVirginia, Inc | Deductible Reimbursement | \$40.00 | \$0.00 | | \$40.00 | 12/08/2022 | 12/09/2022 | 366858 |
| 10/25/2022 | OrthoVirginia, Inc | Medical Treatment | \$2,222.00 | \$136.28 | Other Ins Paid | | 01/11/2023 | 01/13/2023 | 369418 |
| | | | | \$2,027.32 | Primary Adjustm | \$58.40 | 01/11/2023 | 01/13/2023 | 369418 |
| 10/25/2022 | OrthoVirginia, Inc | Medical Treatment | \$2,154.00 | \$66.40 | Other Ins Paid | | 01/11/2023 | 01/13/2023 | 369418 |
| | | | | \$2,059.15 | Primary Adjustm | \$28.45 | 01/11/2023 | 01/13/2023 | 369418 |
| 09/22/2022 | Orthovirginia | Deductible Reimbursement | \$40.00 | \$0.00 | | \$40.00 | 03/13/2023 | 03/14/2023 | 375166 |
| 01/25/2023 | Orthovirginia | Medical Treatment | \$168.00 | \$56.39 | Other Ins Paid | | 03/13/2023 | 03/14/2023 | 375167 |
| | | | | \$71.61 | Primary Adjustm | \$40.00 | 03/13/2023 | 03/14/2023 | 375167 |
| Claim # AGA-0419112 Totals : | | | \$14,143.00 | \$13,353.29 | | \$789.71 | | | |

A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 04/12/2023

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------------|------------|--------------|
| S., Jaisah; Claim: AGA-0404611; Activity: Womens Basketball; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 08/30/2022 | | | | | | | | | |
| 09/12/2022 | OccuNet | Repricing Fee | \$66.34 | \$0.00 | | \$66.34 | 10/21/2022 | 11/11/2022 | 364683 |
| 09/12/2022 | Princeton Community Hospital | X-Ray, Radiology | \$357.00 | \$265.37 | Disc:OccuNet | | 10/21/2022 | 11/11/2022 | 999999999 |
| | | | | \$91.63 | Ded Credit | \$0.00 | 10/21/2022 | 11/11/2022 | 999999999 |
| 10/02/2022 | OccuNet | Repricing Fee | \$634.75 | \$0.00 | | \$634.75 | 02/01/2023 | 02/03/2023 | 371712 |
| 10/02/2022 | Princeton Community Hospi | MRI | \$2,939.00 | \$2,539.00 | Disc:OccuNet | | 02/01/2023 | 02/03/2023 | 999999999 |
| | | | | \$400.00 | Ded Credit | \$0.00 | 02/01/2023 | 02/03/2023 | 999999999 |
| 10/05/2022 | OccuNet | Repricing Fee | \$39.49 | \$0.00 | | \$39.49 | 02/16/2023 | 02/17/2023 | 372902 |
| 10/05/2022 | West Virginia Orthopedic Trauma | Medical Treatment | \$315.00 | \$113.64 | Disc:OccuNet | | 02/16/2023 | 02/17/2023 | 999999999 |
| | | | | \$201.36 | Ded Credit | \$0.00 | 02/16/2023 | 02/17/2023 | 999999999 |
| 10/05/2022 | West Virginia Orthopedic Trauma | Surgery | \$102.00 | \$32.82 | Disc:OccuNet | | 02/16/2023 | 02/17/2023 | 999999999 |
| | | | | \$69.18 | Ded Credit | \$0.00 | 02/16/2023 | 02/17/2023 | 999999999 |
| 10/05/2022 | West Virginia Orthopedic Trauma | Injection | \$15.00 | \$11.50 | Disc:OccuNet | | 02/16/2023 | 02/17/2023 | 999999999 |
| | | | | \$3.50 | Ded Credit | \$0.00 | 02/16/2023 | 02/17/2023 | 999999999 |
| Claim # AGA-0404611 Totals : | | | \$4,468.58 | \$3,728.00 | | \$740.58 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-------------------|-----------------|------------------|------------------|---------------|---------------|------------|--------------|
| S., Courtney; Claim: AGA-0415616; Activity: Womens Soccer; Diagnosis: Pain; Anatomy: R-Knee; Date Incurred: 09/20/2022 | | | | | | | | | |
| 09/27/2022 | OrthoVirginia, Inc | Medical Treatment | \$220.00 | \$0.00 | Other Ins Paid | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$65.91 | Primary Adjustm | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$154.09 | Ded Credit | \$0.00 | 11/11/2022 | 11/15/2022 | 99999999 |
| 09/27/2022 | OrthoVirginia, Inc | Medical Treatment | \$295.00 | \$0.00 | Other Ins Paid | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$125.66 | Primary Adjustm | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$169.34 | Ded Credit | \$0.00 | 11/11/2022 | 11/15/2022 | 99999999 |
| 09/27/2022 | OrthoVirginia, Inc | Injection | \$10.44 | \$0.00 | Other Ins Paid | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$5.96 | Primary Adjustm | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$4.48 | Ded Credit | \$0.00 | 11/11/2022 | 11/15/2022 | 99999999 |
| 09/20/2022 | Mercer Medical Group | X-Ray, Radiology | \$25.00 | \$0.00 | Other Ins Paid | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$17.55 | Primary Adjustm | | 11/11/2022 | 11/15/2022 | 99999999 |
| | | | | \$7.45 | Ded Credit | \$0.00 | 11/11/2022 | 11/15/2022 | 99999999 |
| 11/30/2022 | OrthoVirginia, Inc | Medical Treatment | \$168.00 | \$0.00 | Other Ins Paid | | 01/10/2023 | 01/10/2023 | 99999999 |
| | | | | \$60.58 | Primary Adjustm | | 01/10/2023 | 01/10/2023 | 99999999 |
| | | | | \$107.42 | Ded Credit | \$0.00 | 01/10/2023 | 01/10/2023 | 99999999 |
| 09/27/2022 | OrthoVirginia, Inc | X-Ray, Radiology | \$125.00 | \$0.00 | Other Ins Paid | | 01/10/2023 | 01/10/2023 | 99999999 |
| | | | | \$78.15 | Primary Adjustm | | 01/10/2023 | 01/10/2023 | 99999999 |
| | | | | \$46.85 | Ded Credit | \$0.00 | 01/10/2023 | 01/10/2023 | 99999999 |
| Claim # AGA-0415616 Totals : | | | \$843.44 | \$843.44 | | \$0.00 | | | |

| | | | | | | | | | |
|---|--------------------|----------------------|-----------------|-----------------|-----------------|---------------|------------|------------|----------|
| V., Andrew; Claim: AGA-0413333; Activity: Mens Football; Diagnosis: Sprain/strain; Anatomy: R-Wrist; Date Incurred: 08/18/2022 | | | | | | | | | |
| 08/18/2022 | OrthoVirginia, Inc | Medical Treatment | \$320.00 | \$137.88 | Other Ins Paid | | 11/01/2022 | 11/11/2022 | 99999999 |
| | | | | \$142.12 | Primary Adjustm | | 11/01/2022 | 11/11/2022 | 99999999 |
| | | | | \$40.00 | Ded Credit | \$0.00 | 11/01/2022 | 11/11/2022 | 99999999 |
| 08/18/2022 | OrthoVirginia, Inc | Orthopedic Appliance | \$60.00 | \$0.00 | Other Ins Paid | | 11/01/2022 | 11/11/2022 | 99999999 |
| | | | | \$4.81 | Primary Adjustm | | 11/01/2022 | 11/11/2022 | 99999999 |
| | | | | \$55.19 | Ded Credit | \$0.00 | 11/01/2022 | 11/11/2022 | 99999999 |
| Claim # AGA-0413333 Totals : | | | \$380.00 | \$380.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|---------------|----------------------|-----------------|------------------|------------------|----------------|---------------|------------|--------------|
| W., Grant; Claim: AGA-0401996; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: Wrist; Date Incurred: 08/28/2022 | | | | | | | | | |
| 09/16/2022 | OccuNet | Repricing Fee | \$19.42 | \$0.00 | | \$19.42 | 03/09/2023 | 03/10/2023 | 374772 |
| 09/16/2022 | Orthovirginia | Medical Treatment | \$239.00 | \$77.69 | Disc:OccuNet | | 03/09/2023 | 03/10/2023 | 999999999 |
| | | | | \$161.31 | Ded Credit | \$0.00 | 03/09/2023 | 03/10/2023 | 999999999 |
| 09/01/2022 | OccuNet | Repricing Fee | \$27.39 | \$0.00 | | \$27.39 | 03/13/2023 | 03/14/2023 | 375128 |
| 09/01/2022 | OccuNet | Repricing Fee | \$2.02 | \$0.00 | | \$2.02 | 03/13/2023 | 03/14/2023 | 375128 |
| 09/01/2022 | Orthovirginia | Orthopedic Appliance | \$60.00 | \$51.94 | Ded Credit | | 03/13/2023 | 03/14/2023 | 999999999 |
| | | | | \$8.06 | Disc:OccuNet | \$0.00 | 03/13/2023 | 03/14/2023 | 999999999 |
| 09/01/2022 | Orthovirginia | Medical Treatment | \$320.00 | \$210.45 | Ded Credit | | 03/13/2023 | 03/14/2023 | 999999999 |
| | | | | \$109.55 | Disc:OccuNet | \$0.00 | 03/13/2023 | 03/14/2023 | 999999999 |
| Claim # AGA-0401996 Totals : | | | \$667.83 | \$619.00 | | \$48.83 | | | |

| | | | | | | | | | |
|---|-------------------|-------------------|-----------------|-----------------|-----------------|---------------|------------|------------|-----------|
| W., Nathaniel; Claim: AGA-0425479; Activity: Mens Football; Diagnosis: Pain; Anatomy: L-Ankle; Date Incurred: 10/28/2022 | | | | | | | | | |
| 10/28/2022 | Orthovirginia Inc | X-Ray, Radiology | \$117.00 | \$66.22 | Other Ins Paid | | 03/09/2023 | 03/10/2023 | 999999999 |
| | | | | \$50.78 | Primary Adjustm | \$0.00 | 03/09/2023 | 03/10/2023 | 999999999 |
| 10/28/2022 | Orthovirginia Inc | Medical Treatment | \$220.00 | \$177.73 | Other Ins Paid | | 03/09/2023 | 03/10/2023 | 999999999 |
| | | | | \$22.27 | Primary Adjustm | | 03/09/2023 | 03/10/2023 | 999999999 |
| | | | | \$20.00 | Ded Credit | \$0.00 | 03/09/2023 | 03/10/2023 | 999999999 |
| 10/28/2022 | Orthovirginia Inc | Medical Treatment | \$305.00 | \$276.00 | Other Ins Paid | | 03/09/2023 | 03/10/2023 | 999999999 |
| | | | | \$29.00 | Primary Adjustm | \$0.00 | 03/09/2023 | 03/10/2023 | 999999999 |
| Claim # AGA-0425479 Totals : | | | \$642.00 | \$642.00 | | \$0.00 | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|----------------------|-------------------|-------------------|-------------------|------------------|---------------|---------------|------------|--------------|
| W., Jordan; Claim: AGA-0453163; Activity: Mens Basketball; Diagnosis: Pain; Anatomy: L-Knee; Date Incurred: 01/06/2023 | | | | | | | | | |
| 02/11/2023 | Community Radiology | MRI | \$1,950.00 | \$215.13 | Other Ins Paid | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$1,696.91 | Primary Adjustm | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$37.96 | Ded Credit | \$0.00 | 03/29/2023 | 03/31/2023 | 999999999 |
| 01/30/2023 | Orthovirginia Inc | Medical Treatment | \$320.00 | \$207.70 | Other Ins Paid | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$87.30 | Primary Adjustm | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$25.00 | Ded Credit | \$0.00 | 03/29/2023 | 03/31/2023 | 999999999 |
| 02/22/2023 | Orthovirginia Inc | Medical Treatment | \$320.00 | \$197.70 | Other Ins Paid | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$87.30 | Primary Adjustm | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$35.00 | Ded Credit | \$0.00 | 03/29/2023 | 03/31/2023 | 999999999 |
| 01/30/2023 | MERCER MEDICAL GROUP | X-Ray, Radiology | \$19.00 | \$12.96 | Other Ins Paid | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$3.76 | Primary Adjustm | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$2.28 | Ded Credit | \$0.00 | 03/29/2023 | 03/31/2023 | 999999999 |
| 01/30/2023 | Princeton Comm Hosp | X-Ray, Radiology | \$357.00 | \$5.95 | Other Ins Paid | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$1.05 | Primary Adjustm | | 03/29/2023 | 03/31/2023 | 999999999 |
| | | | | \$350.00 | Ded Credit | \$0.00 | 03/29/2023 | 03/31/2023 | 999999999 |
| Claim # AGA-0453163 Totals : | | | \$2,966.00 | \$2,966.00 | | \$0.00 | | | |

| | | | |
|--|-----------------------|-----------------------|---------------------|
| 2022 Sub Total: Checking Account FAIRM Totals: | \$190,017.83 | \$168,172.91 | \$21,844.92 |
| 2022 Sub Total: Coverage Intercollegiate Sports Totals: | \$190,017.83 | \$168,172.91 | \$21,844.92 |
| 2022 Sub Total: Policy US1859930 Totals: | \$190,017.83 | \$168,172.91 | \$21,844.92 |
| 2022 Sub Totals: | \$190,017.83 | \$168,172.91 | \$21,844.92 |
| Concord University Sub Totals: | \$3,741,042.79 | \$3,370,031.53 | \$371,011.26 |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|-------------------------------|------------------------|----------|----------------|------------------|------------------|-------------|---------------|------------|--------------|
| 2011 Underwriting Year | | | | | | | | | |
| Policy: | IHH000130-937 | | | | | | | | |
| Coverage: | Col.spts.1000 Ded. | | | | | | | | |
| | Checking Account QBE | | \$259,072.67 | \$219,858.58 | | \$39,214.09 | | | |
| Policy: | US037558-2 | | | | | | | | |
| Coverage: | Collegiate Covg Plan A | | | | | | | | |
| | Checking Account FAIRM | | \$8,452.78 | \$5,897.58 | | \$2,555.20 | | | |
| | 2011 Grand Total | | \$267,525.45 | \$225,756.16 | | \$41,769.29 | | | |
| 2012 Underwriting Year | | | | | | | | | |
| Policy: | IHH000130-937 | | | | | | | | |
| Coverage: | Col.spts.1000 Ded. | | | | | | | | |
| | Checking Account QBE | | \$298,228.36 | \$239,592.12 | | \$58,636.24 | | | |
| Coverage: | Not Specified | | | | | | | | |
| | Checking Account QBE | | \$3,308.92 | \$1,469.64 | | \$1,839.28 | | | |
| Policy: | US078410-2 | | | | | | | | |
| Coverage: | Collegiate Covg Plan A | | | | | | | | |
| | Checking Account FAIRM | | \$15,938.57 | \$10,439.22 | | \$5,499.35 | | | |
| | 2012 Grand Total | | \$317,475.85 | \$251,500.98 | | \$65,974.87 | | | |
| 2013 Underwriting Year | | | | | | | | | |
| Policy: | ICS L00600068 001 | | | | | | | | |
| Coverage: | Col.spts.1000 Ded. | | | | | | | | |
| | Checking Account BRKLY | | \$354,180.87 | \$298,952.17 | | \$55,228.70 | | | |
| Policy: | US160942 | | | | | | | | |
| Coverage: | Primary 80/20 | | | | | | | | |
| | Checking Account FAIRM | | \$4,195.46 | \$1,918.57 | | \$2,276.89 | | | |
| | 2013 Grand Total | | \$358,376.33 | \$300,870.74 | | \$57,505.59 | | | |
| 2014 Underwriting Year | | | | | | | | | |
| Policy: | US407353 | | | | | | | | |

A-G Administrators, Inc. Claims History Report

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|---|-------------------------|----------|----------------|------------------|------------------|--------------|---------------|------------|--------------|
| Coverage: Primary 80/20 | | | | | | | | | |
| | Checking Account FAIRM | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |
| | 2014 Grand Total | | \$2,751.84 | \$1,209.04 | | \$1,542.80 | | | |
| 2015 Underwriting Year | | | | | | | | | |
| Policy: ICS L00600115 001 | | | | | | | | | |
| Coverage: Intercollegiate Sports | | | | | | | | | |
| | Checking Account BRKLY | | \$697,127.14 | \$647,462.75 | | \$49,664.39 | | | |
| | 2015 Grand Total | | \$697,127.14 | \$647,462.75 | | \$49,664.39 | | | |
| 2016 Underwriting Year | | | | | | | | | |
| Policy: ICS L00600115 002 | | | | | | | | | |
| Coverage: Intercollegiate Sports | | | | | | | | | |
| | Checking Account BRKLY | | \$1,363,262.37 | \$1,260,741.83 | | \$102,520.54 | | | |
| Policy: US746710 | | | | | | | | | |
| Coverage: Primary 80/20 | | | | | | | | | |
| | Checking Account FAIRM | | \$12,731.11 | \$4,748.27 | | \$7,982.84 | | | |
| | 2016 Grand Total | | \$1,375,993.48 | \$1,265,490.10 | | \$110,503.38 | | | |
| 2021 Underwriting Year | | | | | | | | | |
| Policy: US1556651 | | | | | | | | | |
| Coverage: Intercollegiate Sports | | | | | | | | | |
| | Checking Account FAIRM | | \$531,774.87 | \$509,568.85 | | \$22,206.02 | | | |
| | 2021 Grand Total | | \$531,774.87 | \$509,568.85 | | \$22,206.02 | | | |
| 2022 Underwriting Year | | | | | | | | | |
| Policy: US1859930 | | | | | | | | | |
| Coverage: Intercollegiate Sports | | | | | | | | | |
| | Checking Account FAIRM | | \$190,017.83 | \$168,172.91 | | \$21,844.92 | | | |
| | 2022 Grand Total | | \$190,017.83 | \$168,172.91 | | \$21,844.92 | | | |

Grand Total

A-G Administrators, Inc.
Claims History Report

Report Criteria: Concord University

| Service Date | Payee Name | Coverage | Amount Claimed | Reduction Amount | Reduction Reason | Amount Paid | Date Received | Check Date | Check Number |
|--------------|------------------------|----------|----------------|------------------|------------------|--------------|---------------|------------|--------------|
| | Checking Account QBE | | \$560,609.95 | \$460,920.34 | | \$99,689.61 | | | |
| | Checking Account FAIRM | | \$765,862.46 | \$701,954.44 | | \$63,908.02 | | | |
| | Checking Account BRKLY | | \$2,414,570.38 | \$2,207,156.75 | | \$207,413.63 | | | |
| | Grand Totals | | \$3,741,042.79 | \$3,370,031.53 | | \$371,011.26 | | | |

Summary of Benefits

| | |
|--|--|
| Deductible | \$1,500 per injury, specific deductible |
| Plan Maximum ¹ | \$90,000 medical benefit per injury |
| Policy classification | Excess/secondary to all other valid and collectable insurance |
| Coinsurance ² | 100% of Usual, Reasonable and Customary after the deductible |
| Initial Treatment/Expense | Medical treatment must be received within 180 days of injury |
| Benefit Period | 104 weeks (2 years) from the original date of injury |
| Accidental Death and Dismemberment (AD&D) | \$10,000 per specific injury |
| AD&D Aggregate Limit | \$500,000 per policy period total |
| Accidental Dental | Coverage included up to plan maximum (<i>*Natural/Sound Tooth</i>) |
| Outpatient Physical Therapy | Coverage included up to plan maximum |
| Prescription Drug Benefit | Coverage for prescriptions related to covered accidents are included |
| Durable Medical Equipment | Covered if medically necessary & prescribed by physician |
| Expanded Medical (Overuse) ³ | Included |
| Re-aggravation/Reinjury of Pre-Existing Condition ⁴ | Included |
| Heart & Circulatory caused by overexertion ⁵ | Included |
| HMO/PPO denial coverage ⁶ | Included |
| Off-season conditioning | Included if school sponsored and supervised activity |
| Air/Ground Ambulance Benefits | Included up to policy maximum |