

RFB# CU2203 Q&A

Concord University extends its thanks to the vendors who have submitted questions about our Student Athlete Insurance RFB. Below is a list of answers to the questions that we received.

1. In section 4.3 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? **Yes, students are required to have 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 primary insurance is billed and responds.**
2. Does the University accept In state and Out of state Medicaid as primary insurance? **Yes**
3. 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? **We do not schedule surgeries from our office, but when we call a primary insurance for pre-auth on an outpatient services such as a MRI, if our area is out of network, then we coordinate with the athlete to go home for that procedure.**
4. How many international student-athletes are there on campus? **We currently have 34 international athletes that are active.**
5. 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? **International students are able to choose their own plans.**
6. Could you please provide a plan summary or benefits summary including your current deductible? **Please see attached after the questions.**
7. Could you please provide current loss runs for the current policy year and prior 4 policy periods? **Please see attached. We only have for this past year, because we did not have it previously.**
8. Have any sports been added or deleted in the prior 5 years? If so, please explain. **We eliminated both Men's and Women's tennis due to cost versus participation.**
9. Has the University's deductible on this plan changed in the prior 5 years? If so, please explain. **No because CU has had only 1 year (2021) of athletic insurance in the past 5 years**
10. Does the University currently file claims with their insurance carrier through injury tracking software? **No. Student Health files claims online if the provider of 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.**

11. What Injury Tracking Software does the University utilize? [We have a shared excel spreadsheet with our PA and ATs that tracks injuries in each of the sports.](#)
12. Does the University have any agreements or discount arrangements with any of your main providers? If so, could you please provide details? [NO](#)
13. Who is the University's current insurance broker? [Dissinger Reed, A Division of HUB International](#)
14. 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? [Broker is compensated via commission paid by the insurance carrier.](#)
15. Who is the team doctor? [The team doctor is Gregory Beato, DO; Orthopedic doctors through Ortho Virginia; no main radiology group; Ortho Virginia schedules surgeries, usually at Lewis Gale in Salem, VA](#)
16. Please provide a census for the number of athletes needing coverage broken out by sport. Please see the following census for 2021-2022:
 1. Women's Soccer - 61
 2. Men's Soccer – 42
 3. Men's Basketball – 19
 4. Women's Basketball – 23
 5. Women's Track – 28
 6. Men's Track – 39
 7. Volleyball – 18
 8. Football – 138
 9. Baseball – 40
 10. Softball – 23
 11. Men's Golf – 13
 12. Women's Golf -10

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

BLANKET ACCIDENT ONLY POLICY

POLICYHOLDER: Concord University
POLICY NUMBER: US1556651
POLICY EFFECTIVE DATE: August 1, 2021
POLICY EXPIRATION DATE: August 1, 2022

This Policy is issued in the state of West Virginia and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain persons and pay benefits.

The Insurance Company and the Policyholder have agreed to all the terms of this Policy.

10 DAY RIGHT TO RETURN THIS POLICY

If for any reason, you are not satisfied with this Policy, you may return it to us within 10 days after receiving it. Upon its return, we will refund any premium paid and this Policy will be deemed void, just as though it had never been issued.

THIS IS ACCIDENT ONLY COVERAGE.

READ IT CAREFULLY.

BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS.

THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

THIS POLICY IS NOT RENEWABLE.

Signed for **United States Fire Insurance Company** By:



Marc J. Adey
Chairman and CEO



James Kraus
Secretary

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SCHEDULE OF BENEFITS

BENEFIT PERIOD: 104 weeks from the date of the Covered Injury

CLASS OF ELIGIBLE PERSONS:

Class 1: All Intercollegiate Student Athletes, Student Trainers, Student Managers, Student Trainers, Student Coaches, and Spirit/Cheer/Dance/Mascots while Participating in Policyholder Supervised and Sponsored:

Men's Baseball, Men's and Women's Basketball, Women's Cheerleading, Men's and Women's Cross Country, Men's Football, Men's and Women's Golf, Men's and Women's Soccer, Women's Softball, and Men's and Women's Track & Field, and Women's Volleyball.

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum:	\$10,000
Aggregate Limit Amount:	\$500,000
Time Period for Loss:	365 days

ACCIDENT MEDICAL EXPENSE BENEFIT

Maximum Amount per occurrence per Covered Person	\$90,000
Disappearing Deductible:	\$1,500

The Disappearing deductible must be satisfied before this plan will pay benefits. Amounts paid by other carriers will be used to satisfy the deductible under this plan. With a Disappearing Deductible, any amounts paid by other valid and collectible insurance toward the satisfaction of bills generated as a result of a covered accident will count toward satisfying the deductible. If the Covered Person's primary insurance makes any payment on an eligible expense, it counts toward the deductible, and amounts paid in excess of and applied to the deductible will cause the deductible to disappear or be reduced.

ACCIDENT MEDICAL EXPENSE BENEFITS

Hospital Room & Board Daily Maximum Benefit:	100% of the Semi-Private Room Rate
Intensive Care Room & Board:	100% of URC
Hospital Miscellaneous Benefit:	100% of URC

Pre-Admission Testing Benefit:	100% of URC
In-Patient Surgical Benefits:	
Primary Surgeons Maximum Benefit Amount:	100% of URC
Assistant Surgeon Benefit:	100% of URC
Out-Patient Surgery Benefits:	
Outpatient Primary Surgeons Maximum Benefit Amount:	100% of URC
Outpatient Assistant Surgeon	100% of URC
Outpatient Surgical Facility Maximum Benefit per	100% of URC
Emergency Room Benefit	100% of URC
Anesthesia Benefit:	100% of URC
Physician's Visits	
In-Hospital Maximum Benefit:	100% of URC
Office Visits (Out-of-Hospital) Maximum Benefit:	100% of URC
Maximum for All In-Hospital and Office Physician's Visits:	NA visits per injury
X-Ray Benefit	100% of URC
Laboratory Benefit	100% of URC
Nursing Benefit Amount:	100% of URC
Outpatient Physiotherapy Benefit	100% of URC
Maximum for All Physiotherapy:	100% of URC
Maximum Number of Visits per Covered Accident:	NA per Injury
Ground Ambulance Benefit Amount:	100% of URC
Dental Treatment For Injury Only Benefit Amount:	100% of URC

ADDITIONAL ACCIDENT BENEFITS

Any benefits payable under these Additional Accident Benefits shown below are paid in addition to any Accidental Death and Dismemberment benefits payable, unless otherwise excluded or indicated under the terms, conditions, and exclusions of this Policy.

The total of all benefits payable under this Policy, including all Additional Accident Benefits paid for all Injuries caused by the same Covered Accident shall not exceed the Principal Sum indicated in the *Schedule of Benefits* unless otherwise excluded or indicated under the terms, conditions, and exclusions of this Policy.

HEART OR CIRCULATORY MALFUNCTION BENEFIT 100% of URC

EXPANDED MEDICAL TREATMENT BENEFIT 100% of URC

RE-AGGRAVATION OF PRIOR SPORTS INJURY BENEFIT 100% of URC

OUT-PATIENT PRESCRIPTION DRUG BENEFIT

Benefit payable per prescription 100% of URC

DURABLE MEDICAL EQUIPMENT BENEFIT 100% of URC

HEAT EXHAUSTION BENEFIT 100% of URC

DEFINITIONS

The terms shown below shall have the meaning given in this section whenever they appear in this Policy. Additional terms may be defined within the provision to which they apply.

Accident means a sudden, unforeseeable external event which:

1. Causes Injury to one or more Covered Persons; and
2. Occurs while coverage is in effect for the Covered Person.

Aircraft means a vehicle which:

1. Has a valid certificate of airworthiness; and
2. Is being flown by a pilot with a valid license appropriate to the aircraft.

Amateur means a sport or activity where the participants engage largely or entirely without compensation.

Benefit Period means the period of time from the date of Injury, as shown in the Schedule of Benefits.

Club means an organization of students formed for the purpose of engaging in competition in a particular sport or activity. Competition between student clubs from different colleges, not organized by and therefore not representing the institution or their faculties, may also be called "Intercollegiate" sports or activities.

Corridor Deductible means the dollar amount of the Covered Expenses the Insured person must pay towards the policy before We pay any benefits regardless of what any other Insurance Plan or other Insurance Carrier has paid. It applies separately for each Covered Person.

Covered Expenses means expenses actually incurred by or on behalf of a Covered Person for the Usual, Reasonable and Customary charges for the Medically Necessary treatment, services and supplies covered by the Policy and Certificate and which is performed or given under the direction of a Physician for treatment of an Injury. Coverage under the Policy and Certificate must remain continuously in force from the date of the Accident until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained. A Covered Expense for a an Injury cannot be in excess of the maximum benefit amount payable per service as shown in the Schedule and cannot be for medical services and supplies that are excluded under the Policy.

Covered Person means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

Dependent means the Insured's unmarried child who:

1. Has his principal residence with the Insured;
2. Chiefly relies on the Insured for support and maintenance; and
3. Is within the following age groups (unless otherwise shown in the Application):
 - a. Under 19 years of age;
 - b. 19 but less than 25 years of age and enrolled in a School as a full time student; or
 - c. 19 or more years of age, and primarily supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Disappearing Deductible means a dollar amount of Covered Expenses the Insured Covered Person must pay before We pay any benefits. The Deductible may be satisfied by Other Valid and Collectible Insurance or Plan. The Disappearing Deductible is shown on the Schedule of Benefits.

Domestic Partner means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Covered Person and shared financial assets/obligations with the Covered Person. Both the Covered Person and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Covered Person nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this Policy is in force.

He, his, and him includes she, her and hers.

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1. Group or blanket insurance, whether on an insured or self-funded basis;
2. Hospital or medical service organizations on a group basis;

3. Health Maintenance Organizations on a group basis.
4. Group labor management plans;
5. Employee benefit organization plan;
6. Professional association plans on a group basis; or
7. Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended.

Hospital means an institution which:

1. Is operated pursuant to law;
2. Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
3. Is under the supervision of a staff of Physicians;
4. Provides 24-hour nursing service by or under the supervision of a graduate registered nurse, (R.N.);
5. Has medical, diagnostic and treatment facilities, with major surgical facilities;
 - a. On its premises; or
 - b. Available to it on a prearranged basis; and
6. Charges for its services.
7. Is a duly licensed Rehabilitation Facility.

Hospital does not include:

1. A clinic or facility for:
 - a. Convalescent, custodial, educational or nursing care;
 - b. The aged, drug addicts or alcoholics;
2. A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an emergency basis; and
 - b. A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Interscholastic means a sport or activity organized between schools or representatives of the schools.

Intramural means a sport or activity within a particular institution and describes sports matches, activities, or contests that take place among teams from "within the walls" of an institution or area.

Immediate Family Member means the Covered Person's parent (includes step-parent), grandparent, Spouse, Child(ren) (includes legally adopted or step or Foster Child(ren), brother, sister, step-Child(ren), grandchild(ren), or in-laws. A Member of the Immediate Family includes an individual who normally lives in the Covered Person's household.

Leased Aircraft means an aircraft for which the Policyholder or any of its subsidiaries or affiliates has a written lease under whose terms, the aircraft:

1. Can be used at the Policyholder's or any of its subsidiaries' or affiliates' discretion;
2. Can be used by the Policyholder or any of its subsidiaries or affiliates for 2 or more trips or for more than 10 consecutive days; and
3. Cannot be altered or sold by the Policyholder or any of its subsidiaries or affiliates, without the consent of the leaser or owner.

Leased Aircraft does not include any Owned Aircraft.

Medically Necessary or Medical Necessity means a treatment, service or supply that is:

1. Required to treat an Injury; and
2. Prescribed or ordered by a Physician or furnished by a Hospital;
3. Performed in the least costly setting required by the condition;
4. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

The purchasing or renting air conditioners; air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them; and general exercise equipment are not considered Medically Necessary.

The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy or this Certificate.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of alternative to be the Covered Expense.

Nurse means either a professional, licensed, graduate registered nurse (R.N.) or a professional, licensed practical nurse (L.P.N.).

Operated or Controlled Aircraft means an aircraft which:

1. Has been leased, rented or borrowed by the Policyholder for at least 10 consecutive days, or more than 15 days in any one year;
2. Can be used at the Policyholder's discretion; and
3. Cannot be altered or sold by the Policyholder without the consent of the owner or leaser.

Operated or Controlled Aircraft does not include any Owned Aircraft.

Other Valid and Collectible Insurance means any reimbursement for or recovery of any element of Covered Expenses incurred available from any other source whatsoever, except gifts and donations, but including without limitation:

1. Any individual, group, blanket, or franchise policy of Accident, disability or health insurance.
2. Any arrangement of benefits for members of a group, whether Insured or uninsured.
3. Any prepaid service arrangement such as Blue Cross or Blue Shield; individual or group practice plans, or health maintenance organizations.
4. Any amount payable for Hospital, medical or other health services for Accidental bodily Injury arising out of a motor vehicle Accident to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used including such benefits mandated by law) of any motor vehicle insurance policy.
5. Any amount payable for services or injuries or diseases related to the Covered Person's job to the extent that he actually received benefits under a Worker's Compensation Law. If the Covered Person enters into a settlement to give up his or her rights to recover future medical expenses that would have been payable except for that settlement.
6. Social Security Disability Benefits, except that Other Medical Insurance shall not include any increase in Social Security Disability Benefits payable to a Covered Person after he or she becomes disabled while Insured hereunder.
7. Any benefits payable under any program provided or sponsored solely or primarily by any governmental agency or subdivision or through operation of law or regulation.

Owned Aircraft means aircraft to which the Policyholder or any of its subsidiaries or affiliates holds legal or equitable title.

Physician means a person who is a qualified practitioner of medicine. A such, He or She must be acting within the scope of his/her license and under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother, or sister or other relative.

Principal Sum means the largest amount payable under the benefit for all losses resulting from any one Accident.

School means the participating School or School District where the Covered Person is enrolled or employed. The School must be a duly accredited (state certified or accredited) primary, elementary, secondary, or collegiate School.

Spouse means the lawful Spouse, if not legally separated or divorced, or Domestic Partner or Civil Partner.

Student Infirmary means an on campus facility which:

1. Provides medical care and treatment to sick and injured students and faculty;
2. Is under the supervision of a Physician;
3. Provides nursing services; and
4. Charges for its services.

Student Infirmary does not include:

1. Medical, diagnostic or treatment facilities with major surgical facilities:
 - a. On its premises; or
 - b. Available to it on a prearranged basis; or
2. In-patient care.

(No benefits are payable for services, supplies, or treatment in a Student Infirmary. This definition is applicable only to its reference in the provision titled Additional Exclusions.)

Supervised or Sponsored Activity means a Policyholder or School authorized function:

1. In which the Covered Person participates;
 2. Which is organized by or under its auspices;
- which is within the scope of customary activities for such entity and is shown on the Schedule of Benefits.

Usual, Reasonable and Customary means:

1. With respect to fees or charges, fees for medical services or supplies which are:
 - a. Usually charged by the provider for the service or supply given; and
 - b. The average charged for the service or supply in the locality in which the service or supply is received; or
2. With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

Waiting Period means the length of time from the date of loss to the time when benefits can be received.

ELIGIBILITY FOR INSURANCE

Eligibility:

Persons eligible to be insured under this Policy are those persons described as an ELIGIBLE CLASS on the Application. This includes anyone who may become eligible while this Policy is in force.

EFFECTIVE DATES OF INSURANCE

Policy Effective Date: The Policy begins on the Policy Effective Date shown in the Schedule of Benefits at 12:01 A.M. at the address of the Policyholder.

Covered Person's Effective Date: A Covered Person will become an insured under this Policy, provided proper premium payment is made, on the latest of:

1. The Effective Date of the Policy; or
2. The day He becomes eligible, subject to any required waiting period, according to the referenced date shown in the Application/Enrollment Form.

TERMINATION DATE OF INSURANCE

Policy Termination Date

Termination takes effect at 12:01 A.M. time at the address of the Policyholder on the date of termination. Termination by the Policyholder or by the Company will be without prejudice to any claims originating prior to the date of termination.

The Policy terminates automatically on the earlier of:

1. The Policy Termination Date shown in the Policy; or
2. The premium due date if premiums are not paid when due subject to any grace period.

The Policy may be terminated by the Policyholder or the Company as of any premium due date or Policy Anniversary Date by giving written notice to the other at least 31 days prior to such date.

The Policyholder and the Company may terminate the Policy at any time by written mutual consent.

Termination:

Insurance for a Covered Person will end on the earliest of:

1. The date he is no longer in an Eligible Class.
2. The date he reports for active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - a. The date the premium is fully earned; or
 - b. The Expiration Date of this Policy.This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated.

Covered Person's Termination Date

Insurance for a Covered Person will end on the earliest of:

1. The date He is no longer in an Eligible Class.
2. The date He reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - a. The date the premium is fully earned; or
 - b. The Expiration Date of this Policy.This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date this Policy is terminated; or
5. The date the Covered Person requests, in writing, that his/her coverage be terminated.

SCOPE OF COVERAGE

We will provide the benefits described in this Policy to all Covered Persons who suffer a covered loss which:

1. Is within the scope of the **DESCRIPTION OF BENEFITS PROVISIONS** and results, directly and independently of disease or bodily infirmity, from an Injury which is suffered in an Accident;
2. Occurs while the person is a Covered Person under this Policy; and
3. Is within the scope of the risks set forth in the **DESCRIPTION OF HAZARDS** provisions.

Full Excess Medical Expense:

If an Injury to the Covered Person results in his incurring Eligible Expenses for any of the services in the SCHEDULE OF BENEFITS, we will pay the Eligible Expenses incurred, subject to the Deductible Amount (if any), that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Covered Person must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury:

1. While the person is insured under this Policy; or
2. During the Benefit Period stated on the SCHEDULE OF BENEFITS.

The first Expense must be incurred within the time frame shown on the SCHEDULE OF BENEFITS.

The total of all medical benefits payable under this Policy is shown on the SCHEDULE OF BENEFITS: and

1. Subject to the specific maximums shown on the SCHEDULE OF BENEFITS; and
2. Subject to compliance with the requirement, set forth in the Limitations section of this Policy.

Non-Duplication of Benefits Provision:

This provision applies if a Covered Person:

1. Is covered by any other blanket or group health care plan; and
2. Would, as a result, receive total medical expense or service benefits in excess of the expenses actually incurred.

In this case, the medical expense benefits we will pay under this Policy will be reduced by such excess. This provision does not apply if we would be primary under any coordination of benefit guidelines contained in the other health care plans.

HMO/PPO PROVISION

In the event that Covered Expenses are denied under a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), or other group medical plan the Covered Person has in force, and such denial is because care or treatment was received outside of the network's geographic area, benefits will be payable under this coverage, provided the expense is a Covered Expense.

DESCRIPTION OF HAZARDS

HAZARD: SPORTS COVERAGE

Subject to all other provisions of this Policy, coverage is provided for a Covered Person while he is:

1. Taking part in:
 - a. A regularly scheduled athletic game or competition; or
 - b. A practice session for an athletic team or club;
2. Traveling to or from such a game, competition or practice session provided he is:
 - a. Traveling with the athletic team or club; and
 - b. Under the direct and immediate supervision of:
 - i. The athletic team or club; or
 - ii. An adult authorized by the athletic team or club; or
3. Traveling directly, without interruption
 - a. Between his home and a scheduled game, competition or practice session;
 - b. In a vehicle which is
 - i. Designated or furnished by the athletic team or club;
 - ii. Operated by a properly licensed, adult driver; or
 - iii. Under the direct supervision of the athletic team or club; or
 - c. In a vehicle other than that described in 3.b. when:
 - i. Operated by a properly licensed driver; and
 - ii. Travel time does not exceed 1 hour each way.

Travel time includes the time:

- i. To or from home, a scheduled game, competition or practice session;
- ii. Before required attendance time;
- iii. After the Covered Person is dismissed; and
- iv. After the Covered Person completes extra duties assigned by the School.

Covered athletic games or competition are shown on the Schedule of Benefits.

Injuries which result over a period of time (such as blisters, tennis elbow, etc.), and which are a normal, foreseeable result of the sport, are not covered.

Unless otherwise stated, we will pay benefits for a covered loss, only once, even if coverage was provided under more than one Description of Hazards.

DESCRIPTION OF BENEFITS

ACCIDENTAL DEATH DISMEMBERMENT

If, within 1 year from the date of an Accident covered by this Policy, Injury from such Accident, results in Loss listed below, We will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Thumb and Index Finger of the Same Hand	25%

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of a thumb and index finger means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

Severance means the complete separation and dismemberment of the part from the body.

ACCIDENT MEDICAL and DENTAL EXPENSE BENEFITS

We will pay Accident Medical and Dental Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits are subject to the Deductibles, Benefit Periods, benefit maximums and other terms or limits shown below and in the Schedule of Benefits.

Accident Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person;
3. for Eligible Expenses incurred within 90 days after the date of the Covered Accident.

No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Eligible Medical Expenses, from a Covered Accident, include:

1. **Hospital room and board expenses:** charges for the most common semi-private daily room rate for each day of the Hospital Stay, up to the Daily Maximum Benefit Amount shown in the Schedule of Benefits for Hospital Room and Board. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. **Intensive Care Room and Board** - charges for each day of Intensive Care Unit confinement, up to the maximum benefit amount shown in the Schedule of Benefits for the Intensive Care Room and Board benefit. This payment is in lieu of payment for the Hospital Room and Board charges for those days.
3. **Hospital Miscellaneous** – services, supplies and charges during a Hospital Stay, up to the maximum benefit amount shown in the Schedule of Benefits for the Hospital Miscellaneous Benefit. Miscellaneous services include services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies. Miscellaneous services do not include charges for telephone, radio or television, extra beds or cots, meals for guests, take home items, or other convenience items.
4. **Pre-Admission Testing Benefit** – charges for Pre-admission testing (inpatient confinement must occur within 7 days of the testing)
5. **In-Patient Surgical Benefits** - charges for:
 - a. A Physician, for primary performance of a surgical procedure, up to the maximum benefit amount shown in the Schedule of Benefits per procedure. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
 - b. A Physician, for: assistant surgeon duties up to the maximum benefit shown in the Schedule of Benefits for an Assistant Surgeon
6. **Out-Patient Surgery Benefits:**

We will pay this benefit when the Covered Person requires Outpatient Surgery to treat a Covered Loss resulting directly and independently from all other causes from a Covered Accident. Two or more surgical procedures through the same incision will be considered as one procedure. If an Injury requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session, but through different incisions, We will pay for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.

Outpatient Surgery means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

- a. necessary for treatment of the Covered Person; and
 - b. given in the outpatient department of a Hospital or an ambulatory surgical center.
7. **Emergency Room** means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

Emergency Room treatment includes all hospital related services including physician, x-ray and lab services shown in the Schedule of Benefits.

8. **Anesthesia Benefit** – Anesthesia for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis, up to the maximum benefit amount shown in the Schedule of Benefits for the Anesthesia benefit.
9. **Physician's Visits** - charges by a Physician for other than pre- or post-operative care:
 - a. For in-Hospital visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Visit – In-Hospital.
 - b. For office visits, up to the maximum benefit amount shown in the Schedule of Benefits for Physician's Office Visits.

Total visits per Injury will not exceed the combined maximum shown in the Schedule of Benefits for All In-Hospital and Office Physician's Visits.

10. **X-Ray Benefit** - We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires x -ray examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.
11. **Laboratory Benefit**- We will pay the benefit shown in the Schedule of Benefits if the Covered Person requires laboratory examinations due to a Covered Loss, up to the maximum benefit per Covered Accident indicated in the Schedule of Benefits.
12. **Nursing Benefit**– Outpatient Charges for nursing services by a registered nurse or licensed professional nurse, up to the maximum benefit amount shown on the Schedule of Benefits for the Nursing benefit.
13. **Physiotherapy** - Charges for physiotherapy:
 - a. As an outpatient, up to the maximum benefit amount shown on the Schedule of Benefits for the Outpatient Physiotherapy benefit.

Charges include treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, microtherm, chiropractic, adjustments, manipulation, acupuncture, massage or any form of physical therapy.

Total treatment per Injury will not exceed the maximum benefit amounts for Physiotherapy shown in the Schedule of Benefits.

14. **Ground Ambulance** - for services billed by a professional ambulance company up to the Maximum Benefit Amount shown in Schedule of Benefits for the Ambulance benefit.
Ground Ambulance Service is transportation by a vehicle designed, equipped and used only to transport the injured from the scene of the Accident to a Hospital. Surface trips must be to the closest local facility that can provided the covered service appropriate to the condition. If there is no such local facility available, coverage is for trips to the closest facility outside the local area.
15. **Dental Treatment for Injury Only** - Charges for dental treatment including dental x-rays for the repair and treatment for Injury to a tooth which was sound and natural at the time of Injury, up to the maximum benefit amount shown in the Schedule of Benefits for the Dental Treatment benefit.

ADDITIONAL ACCIDENT BENEFITS

HEART OR CIRCULATORY MALFUNCTION BENEFIT

We will pay benefits for a Covered Person who suffers a sudden Heart or Circulatory Malfunction that results directly and independently of all other causes, from a Covered Accident and the first symptoms of the malfunction are medically diagnosed while the Covered Person is covered under this Policy and within 48 hours of a Covered Accident

Benefits will not be payable if in the past year, the Covered Person was medically diagnosed as having, or received treatment for:

1. a heart or circulatory malfunction; or
2. hypertension, angina or other heart or circulatory condition.

Benefits will not be payable if the Covered Person is diagnosed with a newly diagnosed congenital disorder.

Symptoms, such as shortness of breath, heart pain or numbness of a limb are covered during the first 48 hours. These symptoms are not covered beyond the first 48 hours unless:

1. they first occurred within 48 hours; and
2. an actual malfunction of the heart or circulatory system is subsequently diagnosed.

EXPANDED MEDICAL TREATMENT BENEFIT

Benefits will be payable on the same basis as any other Injury for treatment of the following conditions resulting from the play or practice of Intercollegiate Sports: Repetitive Motion Injuries; Strains; Sprains; Hernia; Tennis Elbow; Tendonitis; Bursitis; and Muscle tears. Benefits are subject to the same limitations, and Deductible as any other Injury.

RE-AGGRAVATION OF PRIOR SPORTS INJURY

During play or practice of intercollegiate sports, benefits are payable for re-aggravation of a sports Injury suffered prior to the Effective Date of a **covered person's** coverage under the Policy. For the purposes of this Re-aggravation of Prior Sports Injury benefit only, such re-aggravation will be considered an **Injury** if the re-injury occurs under circumstances which would have otherwise been covered under the Policy. Any exclusion for congenital conditions, sickness, or disease remains in force.

The maximum amount payable under this Re-aggravation of Prior Sports Injury benefit is limited to the amount shown on the Schedule of Benefits. This amount is included in the Aggregate Maximum Benefit Amount, per **covered person**, per accidental **injury**, as shown on the Schedule of Benefits, and is not in addition to that amount.

OUT-PATIENT PRESCRIPTION DRUG BENEFIT

We will pay the Eligible Expenses- shown in the Schedule of Benefits, if any; for a Prescription Drug or medication when prescribed by a Physician on an outpatient basis.

Prescription Drug means a drug which:

1. Under Federal law may only be dispensed by written prescription; and
2. Is utilized for the specific purpose approved for general use by the Food and Drug Administration.

The Prescription Drug must be dispensed for the out-patient use by the Covered Person:

1. On or after the Covered Person's Effective Date; and
2. By a licensed pharmacy provider.

Benefits are payable up to the maximum benefit amount shown on the Schedule of Benefits.

DURABLE MEDICAL EQUIPMENT BENEFIT

We will pay the benefit shown in the Schedule of Benefits if, by reason of Injury, a Covered Person requires the use of Durable Medical Equipment.

Durable Medical Equipment means medical equipment that:

1. is prescribed by the Physician who documents the necessity for the item including the expected duration of its use;
2. can withstand long-term repeated use without replacement;
3. is not useful in the absence of the Covered Injury and
4. can be used in the home without medical supervision; and
5. the purpose of the equipment is not to help the Covered Person participate in sports activity.

HEAT EXHAUSTION

We will pay the benefit amount shown in the Schedule of Benefits for Heat Exhaustion as the result of a Covered Accident.

Heat Exhaustion means a condition characterized by faintness, rapid pulse, nausea, profuse sweating, cool skin, and collapse, caused by prolonged exposure to heat accompanied by loss of adequate fluid and salt from the body.

EXCLUSIONS

This Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro-rata premium upon request;
5. Participation in a riot or insurrection.
6. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
7. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
8. Disease or disorder of the body or mind.
9. Mental or nervous disorders.

10. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
11. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Intoxication or being under the influence of any drug or narcotic.
13. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
14. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
15. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
16. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
17. Conditions that are not caused by a Covered Accident.
18. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
19. Any treatment, service or supply not specifically covered by this Policy.
20. Loss resulting from participation in any activity not specifically covered by this Policy.
21. Charges which Are in excess of Usual, Reasonable and Customary charges.
22. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
23. Regular health check ups.
24. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
25. Services or treatment rendered by an Immediate Family member of the Covered Person;
26. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
27. That part of the medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited).
28. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
29. Travel or activity outside the United States.
30. Participation in any motorized race or speed contest.
31. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
32. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
33. Treatment of a hernia whether or not caused by a Covered Accident.
34. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
35. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
36. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
37. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
38. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
39. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
40. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;

- d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
- 41. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or
 - c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
 - d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
 - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f. an ultralight hang-gliding, parachuting, or bungi-cord jumping
 Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
- 42. Treatment for an Injury that is caused by or results from a nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180 days of the initial incident and:
 - a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy and
 - b. The Covered Person was within a 25-mile radius of the site of release either:
 - i. At the time of the release; or
 - ii. Within 24 hours of the start of the release
- 43. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
- 44. Rest cures or custodial care.
- 45. Prescription medicines unless specifically provided for under this Policy.
- 46. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- 47. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
- 48. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

AGGREGATE LIMIT

The Aggregate Limit Amount is shown in the Application. We will NOT be liable for any amount over such limit for any one Accident.

If the total amount of benefits to be paid under this Policy is more than the Aggregate Limit Amount, the benefit amount payable for a Covered Person's loss will be determined as a proportionate share of the Aggregate Limit Amount.

PREMIUM PROVISIONS

GRACE PERIOD:

A grace period of 31 days is granted for each premium due after the first premium due date. Coverage will stay in force during this period unless notice has been sent, in accordance with the POLICY TERMINATION provision, of the intent to terminate coverage under this Policy. Coverage will end if the premium is not paid by the end of the grace period.

PREMIUMS:

Premium due dates are the first of every month. Premium payment made in advance or for more than a one month period will not affect any provisions of this Policy with regard to change. Failure by the Policyholder to pay premiums when due or within the grace period shall be deemed notice to us to terminate coverage at the end of the period for which premium was paid.

CHANGES IN RATES:

We have the right to change the premium rates on any premium due date:

1. After the first 12 months insurance is in effect;
2. Coinciding with a change in the coverage provided or classes eligible; or
3. Coinciding with a change in the risks we have assumed.

We will give 31 days written notice of any change under 1. above. Notice will be sent to the Policyholder's most recent address in our records.

GENERAL PROVISIONS**ENTIRE CONTRACT; CHANGES:**

This Policy, the application of the Policyholder (if any, a copy of which is attached), endorsements, riders and attached papers constitute the entire contract between the parties. If an application of a Covered Person is required, the application of any Insured, at our option, may also be made a part of this contract.

All statements made by the Policyholder or by a Covered Person are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2 years from the Covered Person's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.

No change in this Policy will be valid until approved by one of our executive officers. This approval must be endorsed on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

WORKERS' COMPENSATION INSURANCE:

This Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

RECORDS MAINTAINED:

The Policyholder or its authorized administrator will maintain records of the essential features of each Covered Person's insurance under this Policy.

We shall be permitted to examine the Policyholder's records relating to coverage under this Policy. Examination may occur at any reasonable time up to the later of:

1. The two year period after the expiration of the Policyholder's coverage; or
2. The final adjustment and settlement of all claims under the Policyholder's coverage.

REPORTING REQUIREMENTS:

The Policyholder or its authorized agent must report to us, by the premium due date:

1. The names of all persons insured on the Effective Date of this Policy;
2. The names of all persons who are insured after the Effective Date of this Policy;
3. The names of those persons whose insurance has terminated; and
4. Additional information required as agreed to by us and the Policyholder.

NEWLY ACQUIRED SUBSIDIARIES:

The premium for this Policy applies to the risks assumed on the Effective Date of this Policy. Eligible employees or members of subsidiaries newly acquired through merger, stock purchase, exchange of stock, or otherwise, shall be insured under this Policy, subject to the following conditions:

1. The Policyholder has at least 50% controlling interest in the subsidiary.
2. An additional premium payment is required with a report to us and the name of any newly acquired subsidiary.
3. Necessary underwriting information must be furnished for us to determine the additional risks assumed.
4. Coverage will begin on the legal date of acquisition.

No coverage shall continue for more than 60 days after the legal acquisition date unless the required report with the necessary data is supplied and the additional premium paid. The Policyholder shall be liable for payment of premium for the period during which such coverage remains in effect.

POLICY TERMINATION:

We may terminate coverage on or after the anniversary of any premium due date. The Policyholder may terminate its coverage on any premium due date. Written notice must be given at least 31 days prior to such premium due date.

CONFORMITY WITH STATE STATUTES:

Any provision of this Policy in conflict, on the Effective Date of this Policy, with the laws of the state where it is delivered, is amended to conform to the minimum requirements of such laws.

CLAIM PROVISIONS

NOTICE OF CLAIM:

Written notice must be given to us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at our administrative office as shown on the cover page or to our agent. Notice should include the Policyholder's name and number and a Covered Person's name and address.

CLAIM FORMS:

When we receive the notice of claim, we will send forms for filing proof of loss. If claim forms are not sent within 15 days after notice is given, the proof requirements will be met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS:

Written proof of loss must be furnished to us in the case of a claim for loss for which this Policy provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss.

If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

TIME OF PAYMENT OF CLAIMS:

Benefits due under this Policy for a loss, other than a loss for which this Policy provides installments, will be paid immediately upon receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which this Policy provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

PAYMENT OF CLAIMS:

Benefits for a Covered Person's loss of life will be paid to the beneficiary named in our records, if any, at the time of payment. The benefits can be paid in one sum or, at a Covered Person's written request, in accordance with one of our settlement plans. If a Covered Person has not requested any settlement plan, the beneficiary can do so in writing after a Covered Person's death. If there is no named beneficiary or surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

1. The beneficiary named to receive a Covered Person's proceeds;
2. Spouse;
3. Child or children;
4. Mother or father;
5. Sisters or brothers; or
6. The estate of a Covered Person.

If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at a Covered Person's death may, at our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.

PAYMENT OF CLAIMS: OTHER BENEFITS:

All other benefits will be paid to the Covered Person, if he is living, if not, we will pay his beneficiary or his estate.

CHANGE OF BENEFICIARY: (Applicable only if an Accidental Death or Dismemberment benefit is provided)

The Insured can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change which a Covered Person may make unless the designation of beneficiary is irrevocable or otherwise required by law.

CONDITIONAL CLAIM PAYMENT:

If a Covered Person incurs expenses for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will pay benefits if:

1. The Covered Person first agrees in writing to refund the lesser of:
 - a. The amount we actually paid for such expenses; or
 - b. The amount actually received from the third party for such expenses; and
2. The third party's liability is determined and satisfied whether by settlement, judgment, arbitration or otherwise.

However, prior to our payment of benefits under this Policy, if the third party's liability is satisfied in an amount less than the benefits payable under this Policy, we will pay the difference.

PHYSICAL EXAMINATION AND AUTOPSY:

We will pay the cost and have the right to have the Covered Person examined as often as reasonably necessary while the claim is pending. We can have an autopsy made at our expense unless prohibited by law. (Autopsies are not permitted to be required in Massachusetts, Mississippi and South Carolina.)

RECOVERY OF BENEFITS:

We reserve the right to recover from a Covered Person any benefits we have paid to him for injuries:

1. Received in a covered Accident; and
2. Which are covered under:
 - a. workers' compensation or similar statutory remedies available under law; or
 - b. Any employer's liability Insurance.

It will be assumed that the Covered Person is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

SUBROGATION:

If we have paid benefits to a Covered Person for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

LEGAL ACTIONS:

No action at law or in equity shall be brought to recover benefits under this Policy less than 60 days after written proof of loss has been furnished as required by this Policy. No such action shall be brought more than 3 years after the time written proof of loss is required to be furnished.

UNITED STATES FIRE INSURANCE COMPANY
Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

WEST VIRGINIA AMENDATORY RIDER

This Amendatory Rider is attached to and made a part of the Policy/Certificate. The provisions of this Amendatory Rider are effective on the Effective Date and will expire concurrently with the Policy/Certificate, unless otherwise terminated.

The Policy/Certificate is hereby amended for West Virginia as follows:

1. The following **Accident Medical Expense Benefits** of the **Schedule of Benefits** are replaced by the following:

Physician's Visits

In-Hospital Maximum Benefit: **100% URC**

Physician's Visits

Office Visits (Out-of-Hospital) Maximum Benefit: **100% of URC**

X-Ray Benefit

100% of URC

2. The **Exclusions** Section of the Policy/Certificate has been expanded to include the following Limitation provisions:

LIMITATIONS

Any benefits payable under this Certificate will be limited to the following:

- (1) The medical benefits otherwise payable under this Certificate will be reduced by 50% if:
- (a) Excess insurance is provided under this Certificate; and
 - (b) The Covered Person has coverage under another plan providing medical expense benefits; and
 - (c) The other plan is an HMO, PPO or similar arrangement ("PPO-Preferred Provider Organization" means an Organization offering health care services through designated health care providers who agree to perform these services at rates lower than nonpreferred providers.); and
 - (d) The Covered Person does not use the facilities or services of the HMO, PPO or similar arrangement for the provision of benefits.

The Covered Person's limitation does not apply to emergency treatment required within 24 hours after an Accident which occurred outside the geographic area serviced by the HMO, PPO or similar arrangement.

- 2) In the event no consenting surgical opinion is obtained for those procedures that mandate such second surgical opinion, benefits payable for all Eligible Expenses associated with the procedure will be reduced by 50%. This limitation will apply whether the surgery is performed on an in-patient or out-patient basis. We will not cover a second opinion given more than 6 months after surgery was first recommended.
- (3) Costs that exceed the Usual, Reasonable and Customary charges in the area where the services are furnished or supplies provided. Services, supplies and equipment must be:
- a) Medically necessary for the care or treatment of a covered Injury;
 - b) Received while coverage is in force under this Certificate; and

- c) Rendered and/or prescribed by a licensed Doctor other than the Covered Person (or a member of his household or immediate family) in accordance with current medical standards and practices.
- (4) The application of the Coordination of Benefits or Non-Duplication of Benefits provision.
- 5) If the Covered Person is admitted into the Hospital on a Friday or a Saturday on a non-emergency basis and the procedure for which he is admitted is not performed on the day of or the day after admission, we will not pay the Hospital charges for room and board or miscellaneous Hospital charges for the initial Friday or Saturday preceding the procedure.

If there is a conflict between the Policy/Certificate and this Rider, the terms of this Rider will govern.

Signed for **United States Fire Insurance Company** By:

Signature



Marc J. Adee
Chairman and CEO

Signature



James Kraus
Secretary

When used throughout this document “The Company”, “Our”, “We”, or “Us” means:

United States Fire Insurance Company

PRIVACY POLICY AND PRACTICES

The Company values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information about our customers. We want you to know that we are committed to protecting your private information and we will comply with all federal and state privacy laws. Below is a Privacy Notice describing our policy regarding the collection and disclosure of personal information. Please review this Notice and keep a copy of it with your records.

Your Privacy is Our Concern

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. There are legal requirements governing the collection, use, and disclosure of such information. The Company maintains physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your personal information. We also limit employee access to personally identifiable information to those with a business reason for knowing such information. The Company instructs our employees as to the importance of the confidentiality of personal information, and takes measures to enforce employee privacy responsibilities.

What kind of information do we collect about you and from whom?

We obtain most of our information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical personnel, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

What do we do with the information collected about you?

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

To whom do we disclose information about you?

We may disclose all the information that we collect about you, as described above. We may disclose such information about you to our affiliated companies, such as:

- Insurance companies;
- Insurance agencies;
- Third party administrators;
- Medical bill review companies; and
- Reinsurance companies.

We may also disclose nonpublic personal information about you to affiliated and nonaffiliated third parties as permitted by law. You have a right to access and correct the personal information we collect, maintain, and disclose about you.

How to contact Us

You may obtain a more detailed description of the information practices prescribed by law by contacting us at the address below. Remember to include your name, address, policy number, and daytime phone number.

Privacy Policy Coordinator
Crum & Forster A&H Division
5 Christopher Way, 2nd Floor
Eatontown, New Jersey 07724

West Virginia Guaranty Notice

SUMMARY OF THE WEST VIRGINIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT AND NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS (Effective July 10, 2009)

Residents of West Virginia who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the West Virginia Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The West Virginia Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in West Virginia. You should not rely on coverage by the West Virginia Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy. For a complete description of coverage, consult Article 26A, Chapter 33 of the West Virginia Code.

COVERAGE IS NOT PROVIDED FOR ANY PORTION OF YOUR CONTRACT THAT IS NOT GUARANTEED BY THE INSURER OR FOR WHICH YOU HAVE ASSUMED THE RISK.

Insurance companies or their agents are required by law to give or send you this notice. *However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.*

The Guaranty Association or the West Virginia Insurance Commission will respond to questions you may have which are not answered by this document. Policyholders with additional questions may contact:

**West Virginia Life and Health Insurance Guaranty Association
P.O. Box 816
Huntington, West Virginia 25712**

**West Virginia Insurance Commissioner
Consumer Services Division
1124 Smith Street, Rm 309
P.O. Box 50540
Charleston, West Virginia 25305-0540
(304) 558-3386
Toll Free 1-888-879-9842
TDD 1-800-435-7381**

The state law that provides for this safety-net coverage is called the West Virginia Life and Health Insurance Guaranty Association Act. On the following pages is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the West Virginia Life and Health Insurance Guaranty Association if they live in West Virginia and hold a life or health insurance contract, annuity contract, unallocated annuity contract, or if they are insured under a group life, health or annuity insurance contract, issued by a member insurer. Member insurer also includes non-profit service corporations (W. Va. Code §33-24) and health care corporations (W. Va. Code §33-25). The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside the state);
- The insurer was not authorized to do business in this state;
- The policy was issued at a time when the insurer was not licensed or authorized to do business in the state;
- Their policy was issued by an HMO, a fraternal benefit society, mandatory state pooling plan, a mutual protective association or similar plan in which the policyholder is subject to future assessments, an insurance exchange, or any entity similar to the above.

The association also does not provide coverage for:

- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual or contractholder has assumed the risk;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends;
- Credits given in connection with the administration of a policy by a group contractholder;
- Employer or association plans to the extent they are self-funded (that is, not insured by an insurance company even if an insurance company administers them) or uninsured, including:
 - i. multiple employer welfare arrangement;
 - ii. minimum premium group insurance plan;
 - iii. stop loss group insurance plan; or
 - iv. administrative services only contract.
- Any unallocated annuity contract issued to an employee benefit plan protected under the federal pension guaranty corporation;
- Any portion of any unallocated contract which is not issued to or in connection with a specific employee, union or association's benefit plan or a governmental lottery.
- Any policy or contract providing any hospital, medical, prescription drug or other health care benefits pursuant to Medicare Part C and D;
- An obligation that does not arise under the written terms of the policy, including claims based on marketing materials; claims based on side letters or riders not approved by the Commissioner; misrepresentations regarding policy benefits; extracontractual claims or claims for penalties or consequential or incidental damages;
- A contractual agreement that establishes the member insurer's obligation to provide a book value guaranty for defined contribution benefit plan participants by reference to a portfolio of assets that is owned by the benefit plan or trustee, which is not an affiliate of the insurer.

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Association is obligated to pay out: The Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, regardless of the number of policies or contracts, the association will only pay:

- \$300,000 in life insurance benefits, but no more than \$100,000 in net cash surrender and net cash withdrawal values;
- \$300,000 for disability insurance;
- \$300,000 for long term care insurance;
- \$250,000 in the present value annuity benefits, including net cash surrender and net cash withdrawal values;
- \$500,000 for basic major hospital medical and surgical insurance or major medical insurance, and;
- \$100,000 for all other types of accident and sickness insurance than those listed above (disability, long term care and major medical).

Also for any one insured life, the association will only pay a maximum of \$300,000- no matter how many policies and contracts there were with the same company for all policies or contracts other than major medical insurance, in which case the aggregate limit shall not exceed \$500,000 with respect to any one individual. Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the Act: for unallocated annuities that fund governmental retirement plans under §§ 401(k), 403(b), or 457 of the Internal Revenue Code, the limit is \$250,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the Association be liable to spend more than \$300,000 in the aggregate per individual; for covered unallocated annuities that fund other plans, a special limit of \$5,000,000 applies to each contractholder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, of course, the contract limits also apply.

When used throughout this document “Company”, “Our”, “We”, or “Us” means:

United States Fire Insurance Company

GRIEVANCE PROCEDURES

When you submit a claim and that claim is denied, we will provide a written statement containing the reasons for the Adverse Determination. You have the right to request a review of any Company decision or action pertaining to our contractual relationship and to appeal any adverse claim determination we've made by filing a Grievance. These procedures have been developed to ensure a full investigation of a Grievance through a formal process.

DEFINITIONS

A “**Grievance**” is a written complaint requesting a change to a previous claim decision, claims payment, the handling or reimbursement of health care services, or other matters pertaining to your coverage and our contractual relationship.

An “**Adverse Determination**” is a determination by the Company or its designated utilization review organization that (i) a service, treatment, drug, or device, is experimental, investigational, specifically limited or excluded by your coverage; or (ii) a facility admission, the availability of care, continued stay or other health care services proposed or furnished have been reviewed and, based upon the information provided, does not meet the contractual requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness and therefore, the benefit coverage is denied, reduced or terminated in whole or in part.

INFORMAL GRIEVANCE PROCEDURE

You, your authorized representative, or a provider acting on your behalf may submit an oral complaint to us within 60-days after an event that causes a dispute. Telephoning allows you to discuss your complaint or concerns and gives us the opportunity to immediately resolve the problem.

If we don't have all the information necessary to review your complaint, we will request any additional information within 5 business days of receiving your complaint. After we receive all the necessary information, we will provide you, your authorized representative, or a provider acting on your behalf with our written decision within 30-days after receiving the complaint and all necessary information.

If the problem cannot be resolved in this manner, you still have the right to submit a written request for the complaint to be reviewed through the Formal Grievance Procedure, as outlined below.

FORMAL GRIEVANCE PROCEDURE

A formal Grievance may be submitted by you, your authorized representative, or in the event of an Adverse Determination, by a provider acting on your behalf.

If you file a formal Grievance, you will have the opportunity to submit written comments, documents, records and other information you feel are relevant to the Grievance, regardless of whether those materials were considered in the initial Adverse Determination.

First Level Review

Within 3 working business days after receiving the Grievance, we must acknowledge the Grievance and provide you, your authorized representative or a provider with the name, address, and telephone number of the coordinator handling the Grievance and information on how to submit written material. The person(s) who reviews the Grievance will not be the same person(s) who made the initial Adverse Determination. During the review, all information, documents, and other materials submitted relating to the claim will be considered, regardless of whether they were considered in making the previous claim decision. The Insured will not be allowed to attend, or have a representative attend, a First Level Review. The Insured may, however, submit written material for consideration by the reviewer(s).

When the Grievance is based in whole or in part on a medical judgment, the review will be conducted by, or in consultation with, a medical doctor with appropriate training and expertise to evaluate the matter.

Following our review of your Grievance, we must issue a written decision to you and, if applicable, to your representative or provider, within 20-days after receiving the Grievance. The written decision must include:

Grievance

- (1) The name(s), title(s) and professional qualifications of any person(s) participating in the First Level Review process.
- (2) A statement of the reviewer's understanding of the Grievance.
- (3) The specific reason(s) for the reviewer's decision in clear terms and the contractual basis or medical rationale used as the basis for the decision in sufficient detail for the Insured to respond further to our position.
- (4) A reference to the evidence or documentation used as the basis for the decision.
- (5) If the claim denial is based on medical necessity, experimental treatment or similar exclusion, instructions for requesting an explanation of the scientific or clinical rationale used to make the determination.
- (6) A statement advising you of your right to request a Second Level Review, if applicable, and a description of the procedure and timeframes for requesting a Second Level Review.

Second Level Review

The Second Level Review process is available if you are not satisfied with the outcome of the First level Review for an Adverse Determination. Within ten business days after receiving a request for a Second Level Review, we will advise you of the following:

- (1) the name, address, and telephone number of a person designated to coordinate the Grievance review for the Company;
- (2) a statement of your rights, including the right to:
 - attend the Second Level Review
 - present his/her case to the review panel;
 - submit supporting materials before and at the review meeting;
 - ask questions of any member of the review panel;
 - be assisted or represented by a person of his/her choice, including a provider, family member, employer representative, or attorney.
 - request and receive from us free of charge, copies of all relevant documents, records and other information that is not confidential or privileged that were considered in making the Adverse Determination.

We must convene a review panel and hold a review meeting within 45-days after receiving a request for a Second Level Review. We will notify you in writing of the meeting date at least 15-days prior to the date. The review meeting will be held during regular business hours at a location reasonable accessible to you. In cases where a face-to-face meeting is not practical for geographic reasons, we will offer you the opportunity to communicate with the review panel at our expense by conference call or other appropriate technology. Your right to a full review may not be conditioned on whether or not you appear at the meeting.

If you choose to be represented by an attorney, we may also be represented by an attorney. If we choose to have an attorney present to represent our interests, we will notify you at least 15 working days in advance of the review that an attorney will be present and that you may wish to obtain legal representation of your own.

The panel must be comprised of persons who:

- (1) were not previously involved in any matter giving rise to the Second Level Review;
- (2) are not employees of the Company or Utilization Review Organization; and
- (3) do not have a financial interest in the outcome of the review.

A person previously involved in the Grievance may appear before the panel to present information or answer questions.

All persons reviewing a Second Level Grievance involving a Utilization Review non-certification or a clinical issue will be providers who have appropriate expertise, including at least one clinical peer. If we use a clinical peer on an appeal of a Utilization Review non-certification or on a First Level Review, we may use one of our employees on the Second Level Review panel if the panel is comprised of 3 or more persons.

We must issue a written decision to you and, if applicable, to your representative or provider, within 10 business days after completing the review meeting. The decision must include:

- (1) the name(s), title(s) and qualifying credentials of the members of the review panel;
- (2) a statement of the review panel's understanding of the nature of the Grievance and all pertinent facts;
- (3) the review panel's recommendation to the Company and the rationale behind the recommendation;

Grievance

- (4) a description of, or reference to, the evidence or documentation considered by the review panel in making the recommendation;
- (5) in the review of a Utilization Review non-certification or other clinical matter, a written statement of the clinical rationale, including the clinical review criteria, that was used by the review panel to make the determination;
- (6) the rationale for the Company's decision if it differs from the review panel's recommendation;
- (7) a statement that the decision is the Company's final determination in the matter;
- (8) notice of the availability of the Commissioner's office for assistance, including the telephone number and address of the Commissioner's office.

EXPEDITED REVIEW

You are eligible for an expedited review when the timeframes for an Informal, formal First Level review or Second Level review would reasonably appear to seriously jeopardize your life or health, or your ability to regain maximum function. An expedited review is also available for all Grievances concerning an admission, availability of care, continued stay or health care service for a person who has received emergency services, but who has not been discharged from a facility.

A request for an expedited review may be submitted orally or in writing. An expedited review must be evaluated by an appropriate clinical peer in the same or similar specialty as would typically manage the case being reviewed. If we don't have the information necessary to decide an appeal, we will send you notification of precisely what is required within 24-hours of our receipt of your Grievance. All necessary information, including our decision, will be transmitted by telephone, facsimile, or the most expeditious method available. Provided we have enough information to make a decision, you, your authorized representative, or a provider acting on your behalf will be notified of the determination as expeditiously as the medical condition requires, but in no event more than 72-hours after the review has commenced. Written confirmation of our decision will be provided within 2 working business days of the decision and will contain the same items described in the written decision requirements for First Level reviews.

If the expedited review does not resolve the situation, you, your representative or a provider acting on your behalf may submit a written Grievance.

We will not provide an expedited review for retrospective reviews of Adverse Determinations.

ERAUD WARNING STATEMENT

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

KENTUCKY:

Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Claim Form: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

NEW YORK*: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employee Signature _____ Date _____

*The fraud warning in NY must appear above the signature line.

Pay Dates: 01/01/1900 - 06/28/2022

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
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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: R2rusa	\$100.73	03/22/2012	03/30/2012	10317
02/15/2012	Philip Branson Md	Medical Treatment	\$29.02	\$29.02	Disc: R2rusa	\$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 - 06/28/2022

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			
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			
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 - 06/28/2022

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., 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 - 06/28/2022

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			

Pay Dates: 01/01/1900 - 06/28/2022

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: 472007-28; 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 Clin	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 Clin	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			

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 - 06/28/2022

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			
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			
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			

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 06/28/2022

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			

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			

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 - 06/28/2022

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			

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 - 06/28/2022

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 Clin	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 - 06/28/2022

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 - 06/28/2022

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			

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			

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 - 06/28/2022

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			
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			
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			

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 06/28/2022

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: R2rusa	\$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 - 06/28/2022

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			

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			

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			

Pay Dates: 01/01/1900 - 06/28/2022

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
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			

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			

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 - 06/28/2022

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			

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			

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 - 06/28/2022

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			

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			

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			

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 - 06/28/2022

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			

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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			

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			

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			

A-G Administrators, Inc.

Claims History Report

Pay Dates: 01/01/1900 - 06/28/2022

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			
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			
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 - 06/28/2022

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			

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			

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 - 06/28/2022

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

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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: Clavical; 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			

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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			

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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			

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			

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			

A-G Administrators, Inc.
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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

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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.vst.	\$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

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

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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 Clin	Medical Treatment	\$100.00	\$100.00	Deductible	\$0.00	12/12/2012	01/14/2013	109018
11/20/2012	Arh Southern Wv Clin	Medical Treatment	\$73.00	\$55.36	80% Benefit	\$17.64	12/12/2012	01/14/2013	109018
12/04/2012	Arh Southern Wv Clin	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 - 06/28/2022

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 - 06/28/2022

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 - 06/28/2022

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 - 06/28/2022

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

Pay Dates: 01/01/1900 - 06/28/2022

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									
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

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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									
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

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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			
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			
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			

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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			

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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 Clin	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			

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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			

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			

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			

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			

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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			

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 - 06/28/2022

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			

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			

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 - 06/28/2022

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 - 06/28/2022

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 - 06/28/2022

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 - 06/28/2022

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 - 06/28/2022

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 - 06/28/2022

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			

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 - 06/28/2022

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			

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			

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			

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 - 06/28/2022

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			

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			

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			

A-G Administrators, Inc.

Claims History Report

Pay Dates: 01/01/1900 - 06/28/2022

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			

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			

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			

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	999999999
				\$130.00	Ded Credit	\$0.00	08/31/2015	09/01/2015	999999999
Claim # 472007-292 Totals :			\$323.00	\$323.00		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

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			

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

Pay Dates: 01/01/1900 - 06/28/2022

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: 472007-319; 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 - 06/28/2022

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

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$97.17	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$30.00	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/08/2015	Philip Branson, MD	X-ray,Radiology	\$97.50	\$45.71	Write-off		12/02/2015	12/04/2015	999999999
				\$44.03	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$7.76	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/08/2015	Philip Branson, MD	X-ray,Radiology	\$97.50	\$45.71	Write-off		12/02/2015	12/04/2015	999999999
				\$44.03	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$7.76	Not Covered	\$0.00	12/02/2015	12/04/2015	999999999
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	999999999
02/08/2016	Fred Morgan Do	Medical Treatment	\$105.00	\$33.03	Write-off		07/28/2016	07/29/2016	999999999
				\$50.97	Other Ins Paid		07/28/2016	07/29/2016	999999999
				\$21.00	Ded Credit	\$0.00	07/28/2016	07/29/2016	999999999
01/04/2016	Fred Morgan Do	Medical Treatment	\$214.50	\$120.88	Write-off		10/14/2016	10/18/2016	999999999
				\$70.21	Other Ins Paid		10/14/2016	10/18/2016	999999999
				\$23.41	Ded Credit	\$0.00	10/14/2016	10/18/2016	999999999
Claim # AGA-0052892 Totals :			\$481.65	\$481.65		\$0.00			

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Report Criteria: Concord University

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	999999999
				\$203.83	Ded Credit	\$0.00	03/16/2016	03/18/2016	999999999
01/29/2016	Professional Imaging	X-ray,Radiology	\$55.99	\$37.94	Write-off		03/16/2016	03/18/2016	999999999
				\$18.05	Ded Credit	\$0.00	03/16/2016	03/18/2016	999999999
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			

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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.

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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			

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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	999999999
				\$51.66	Ded Credit	\$0.00	07/29/2016	08/02/2016	999999999
11/02/2015	Princeton Comm Hosp	X-ray,Radiology	\$514.00	\$222.20	Write-off		08/31/2016	09/02/2016	999999999
				\$291.80	Ded Credit	\$0.00	08/31/2016	09/02/2016	999999999
Claim # AGA-0035033 Totals :			\$637.00	\$637.00		\$0.00			

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	999999999
				\$183.45	Other Ins Paid		11/17/2015	11/20/2015	999999999
				\$20.38	Ded Credit	\$0.00	11/17/2015	11/20/2015	999999999
10/02/2015	Professional Imaging	X-ray,Radiology	\$34.00	\$15.95	Write-off		12/17/2015	12/18/2015	999999999
				\$16.25	Other Ins Paid		12/17/2015	12/18/2015	999999999
				\$1.80	Ded Credit	\$0.00	12/17/2015	12/18/2015	999999999
Claim # AGA-0031674 Totals :			\$291.00	\$291.00		\$0.00			

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	999999999
				\$132.89	Other Ins Paid	\$0.00	06/13/2016	06/14/2016	999999999
04/19/2016	Sw Va Orthopedics And Spine	Surgery	\$878.00	\$526.83	Write-off		06/13/2016	06/14/2016	999999999
				\$326.17	Other Ins Paid		06/13/2016	06/14/2016	999999999
				\$25.00	Ded Credit	\$0.00	06/13/2016	06/14/2016	999999999
Claim # AGA-0053712 Totals :			\$1,141.00	\$1,141.00		\$0.00			

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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			
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			

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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	999999999
				\$108.11	Other Ins Paid		12/11/2015	12/15/2015	999999999
				\$12.01	Ded Credit	\$0.00	12/11/2015	12/15/2015	999999999
10/16/2015	Montgomery Radiology Assoc	Surgery	\$301.00	\$242.89	Write-off		12/11/2015	12/15/2015	999999999
				\$52.30	Other Ins Paid		12/11/2015	12/15/2015	999999999
				\$5.81	Ded Credit	\$0.00	12/11/2015	12/15/2015	999999999
10/16/2015	Montgomery Radiology Assoc	X-ray,Radiology	\$148.00	\$116.80	Write-off		12/11/2015	12/15/2015	999999999
				\$28.08	Other Ins Paid		12/11/2015	12/15/2015	999999999
				\$3.12	Ded Credit	\$0.00	12/11/2015	12/15/2015	999999999
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			

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			

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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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$843.62	Other Ins Paid		10/29/2015	11/03/2015	999999999
				\$50.00	Ded Credit	\$0.00	10/29/2015	11/03/2015	999999999
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			

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	999999999
				\$105.39	Ded Credit	\$0.00	03/10/2016	03/11/2016	999999999
09/22/2015	Sw Va Orthopedics And Spine	X-ray,Radiology	\$132.00	\$82.23	Write-off		03/10/2016	03/11/2016	999999999
				\$49.77	Ded Credit	\$0.00	03/10/2016	03/11/2016	999999999
09/22/2015	Sw Va Orthopedics And Spine	Injection	\$34.00	\$16.12	Write-off		03/10/2016	03/11/2016	999999999
				\$17.88	Ded Credit	\$0.00	03/10/2016	03/11/2016	999999999
09/22/2015	Sw Va Orthopedics And Spine	Medical Treatment	\$263.00	\$118.45	Write-off		03/10/2016	03/11/2016	999999999
				\$144.55	Ded Credit	\$0.00	03/10/2016	03/11/2016	999999999
Claim # AGA-0026730 Totals :			\$695.00	\$695.00		\$0.00			

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
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			

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			

Pay Dates: 01/01/1900 - 06/28/2022

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: 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	999999999
				\$203.83	Ded Credit	\$0.00	11/18/2015	11/20/2015	999999999
10/05/2015	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$35.98	Write-off		12/15/2015	12/18/2015	999999999
				\$47.02	Other Ins Paid		12/15/2015	12/18/2015	999999999
				\$40.00	Ded Credit	\$0.00	12/15/2015	12/18/2015	999999999
10/02/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$32.94	Write-off		12/15/2015	12/18/2015	999999999
				\$18.05	Ded Credit	\$0.00	12/15/2015	12/18/2015	999999999
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	999999999
				\$54.19	Other Ins Paid		01/13/2016	01/15/2016	999999999
				\$30.00	Ded Credit	\$0.00	01/13/2016	01/15/2016	999999999
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	999999999
				\$279.42	Other Ins Paid		03/16/2016	03/18/2016	999999999
				\$31.04	Ded Credit	\$0.00	03/16/2016	03/18/2016	999999999
01/28/2016	Professional Imaging	X-ray,Radiology	\$55.99	\$36.37	Write-off		03/16/2016	03/18/2016	999999999
				\$17.66	Other Ins Paid		03/16/2016	03/18/2016	999999999
				\$1.96	Ded Credit	\$0.00	03/16/2016	03/18/2016	999999999
01/28/2016	Professional Imaging	X-ray,Radiology	\$55.91	\$37.86	Write-off		03/16/2016	03/18/2016	999999999
				\$16.25	Other Ins Paid		03/16/2016	03/18/2016	999999999
				\$1.80	Ded Credit	\$0.00	03/16/2016	03/18/2016	999999999
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			

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Report Criteria: Concord University

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			

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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., 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

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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

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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	999999999
				\$9.76	Other Ins Paid		10/03/2016	10/04/2016	999999999
				\$30.00	Ded Credit	\$0.00	10/03/2016	10/04/2016	999999999
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

Pay Dates: 01/01/1900 - 06/28/2022

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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	999999999
Claim # AGA-0038307 Totals :			\$867.30	\$867.30		\$0.00			

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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
09/03/2015	Greenbrier Emerg Services, Inc.	Phys.vst.	\$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	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
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

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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	Ph.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	Ph.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			

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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	999999999
				\$556.10	Other Ins Paid		10/29/2015	11/03/2015	999999999
				\$125.00	Ded Credit	\$0.00	10/29/2015	11/03/2015	999999999
08/24/2015	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$35.98	Write-off		11/18/2015	11/20/2015	999999999
				\$52.02	Other Ins Paid		11/18/2015	11/20/2015	999999999
				\$35.00	Ded Credit	\$0.00	11/18/2015	11/20/2015	999999999
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	999999999
				\$75.39	Other Ins Paid		01/08/2016	01/12/2016	999999999
				\$5.00	Ded Credit	\$0.00	01/08/2016	01/12/2016	999999999
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	999999999
				\$43.76	Other Ins Paid		02/03/2016	02/05/2016	999999999
				\$5.00	Ded Credit	\$0.00	02/03/2016	02/05/2016	999999999
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	999999999
				\$228.47	Ded Credit	\$0.00	07/29/2016	08/02/2016	999999999
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	999999999
				\$415.83	Other Ins Paid		03/23/2016	03/25/2016	999999999
				\$308.82	Ded Credit	\$0.00	03/23/2016	03/25/2016	999999999
Claim # AGA-0047382 Totals :			\$2,182.00	\$2,182.00		\$0.00			

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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.vst.	\$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			

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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

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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-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			

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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	999999999
				\$167.54	Ded Credit	\$0.00	03/21/2016	03/22/2016	999999999
02/26/2016	Ethan Colliver, DO	Consultation	\$318.00	\$180.72	Write-off		04/01/2016	04/05/2016	999999999
				\$102.28	Other Ins Paid		04/01/2016	04/05/2016	999999999
				\$35.00	Ded Credit	\$0.00	04/01/2016	04/05/2016	999999999
02/26/2016	Montgomery Radiology Associate	X-ray,Radiology	\$116.00	\$96.50	Write-off		04/01/2016	04/05/2016	999999999
				\$19.50	Ded Credit	\$0.00	04/01/2016	04/05/2016	999999999
03/09/2016	Ethan Colliver, DO	Medical Treatment	\$168.00	\$89.69	Write-off		04/15/2016	04/19/2016	999999999
				\$43.31	Other Ins Paid		04/15/2016	04/19/2016	999999999
				\$35.00	Ded Credit	\$0.00	04/15/2016	04/19/2016	999999999
01/15/2016	Academic Primary Care Associat	Medical Treatment	\$201.00	\$84.11	Write-off		07/06/2016	07/08/2016	999999999
				\$81.89	Other Ins Paid		07/06/2016	07/08/2016	999999999
				\$35.00	Ded Credit	\$0.00	07/06/2016	07/08/2016	999999999
01/15/2016	Academic Primary Care Associat	Surgery	\$502.00	\$402.55	Write-off		07/06/2016	07/08/2016	999999999
				\$99.45	Ded Credit	\$0.00	07/06/2016	07/08/2016	999999999
01/15/2016	Academic Primary Care Associat	Injection	\$44.00	\$36.76	Write-off		07/06/2016	07/08/2016	999999999
				\$7.24	Ded Credit	\$0.00	07/06/2016	07/08/2016	999999999
Claim # AGA-0047094 Totals :			\$2,355.00	\$2,355.00		\$0.00			

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	999999999
				\$184.85	Other Ins Paid		04/05/2016	04/08/2016	999999999
				\$45.00	Ded Credit	\$0.00	04/05/2016	04/08/2016	999999999
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			

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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	999999999
				\$12.51	Ded Credit	\$0.00	11/18/2015	11/20/2015	999999999
01/25/2016	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$42.61	Write-off		05/06/2016	05/10/2016	999999999
				\$50.39	Other Ins Paid		05/06/2016	05/10/2016	999999999
				\$30.00	Ded Credit	\$0.00	05/06/2016	05/10/2016	999999999
Claim # AGA-0031990 Totals :			\$168.88	\$168.88		\$0.00			

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	999999999
				\$11.88	Other Ins Paid		01/13/2016	01/15/2016	999999999
				\$0.63	Ded Credit	\$0.00	01/13/2016	01/15/2016	999999999
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	999999999
				\$26.19	Other Ins Paid	\$0.00	08/09/2016	08/12/2016	999999999
05/03/2016	Sw Va Orthopedics And Spine	Medical Treatment	\$263.00	\$263.00	Write-off	\$0.00	08/09/2016	08/12/2016	999999999
Claim # AGA-0055268 Totals :			\$386.00	\$386.00		\$0.00			

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	999999999
Claim # AGA-0046374 Totals :			\$123.00	\$123.00		\$0.00			

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	999999999
Claim # AGA-0034642 Totals :			\$178.00	\$178.00		\$0.00			

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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	999999999
				\$228.00	Ded Credit	\$0.00	03/01/2016	03/04/2016	999999999
Claim # AGA-0039076 Totals :			\$240.00	\$240.00		\$0.00			

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	999999999
				\$447.68	Other Ins Paid		03/11/2016	03/15/2016	999999999
				\$186.92	Ded Credit	\$0.00	03/11/2016	03/15/2016	999999999
12/31/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$38.48	Write-off		03/11/2016	03/15/2016	999999999
				\$10.01	Other Ins Paid		03/11/2016	03/15/2016	999999999
				\$2.50	Ded Credit	\$0.00	03/11/2016	03/15/2016	999999999
12/31/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$10.54	Other Ins Paid		03/11/2016	03/15/2016	999999999
				\$40.45	Ded Credit	\$0.00	03/11/2016	03/15/2016	999999999
12/31/2015	Princeton Comm Hosp	X-ray,Radiology	\$447.68	\$447.68	Ded Credit	\$0.00	05/26/2016	05/27/2016	999999999
Claim # AGA-0044497 Totals :			\$1,217.66	\$1,217.66		\$0.00			

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			

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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	999999999
				\$623.59	Other Ins Paid		03/29/2016	04/01/2016	999999999
				\$230.89	Ded Credit	\$0.00	03/29/2016	04/01/2016	999999999
02/23/2016	Professional Imaging	X-ray,Radiology	\$35.68	\$23.60	Write-off		04/06/2016	04/08/2016	999999999
				\$9.66	Other Ins Paid		04/06/2016	04/08/2016	999999999
				\$2.42	Ded Credit	\$0.00	04/06/2016	04/08/2016	999999999
Claim # AGA-0048351 Totals :			\$996.84	\$996.84		\$0.00			

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			

N., Christopher; Claim: AGA-0041038; Activity: Mens Football; Diagnosis: Contusion; Anatomy: L-elbow; Date Incurred: 10/20/2015									
01/04/2016	Orthocarolina	Medical Treatment	\$275.00	\$275.00	Ded Credit	\$0.00	05/06/2016	05/10/2016	999999999
01/04/2016	Orthocarolina	X-ray,Radiology	\$79.00	\$79.00	Ded Credit	\$0.00	05/06/2016	05/10/2016	999999999
Claim # AGA-0041038 Totals :			\$354.00	\$354.00		\$0.00			

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			

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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., 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	999999999
				\$146.06	Other Ins Paid		11/19/2015	11/20/2015	999999999
				\$57.77	Ded Credit	\$0.00	11/19/2015	11/20/2015	999999999
Claim # AGA-0032152 Totals :			\$514.00	\$514.00		\$0.00			

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	999999999
				\$106.31	Other Ins Paid		04/13/2016	04/15/2016	999999999
				\$26.58	Ded Credit	\$0.00	04/13/2016	04/15/2016	999999999
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			

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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	999999999
09/21/2015	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$123.00	Ded Credit	\$0.00	01/11/2016	01/12/2016	999999999
Claim # AGA-0031999 Totals :			\$301.00	\$301.00		\$0.00			

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	999999999
				\$72.00	Other Ins Paid		11/16/2015	11/17/2015	999999999
				\$254.23	Ded Credit	\$0.00	11/16/2015	11/17/2015	999999999
09/27/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$32.94	Write-off		11/16/2015	11/17/2015	999999999
				\$18.05	Ded Credit	\$0.00	11/16/2015	11/17/2015	999999999
09/27/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$32.94	Write-off		11/16/2015	11/17/2015	999999999
				\$18.05	Ded Credit	\$0.00	11/16/2015	11/17/2015	999999999
Claim # AGA-0026606 Totals :			\$769.98	\$769.98		\$0.00			

R., Jocorey; 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	999999999
				\$199.47	Other Ins Paid		01/14/2016	01/15/2016	999999999
				\$49.86	Ded Credit	\$0.00	01/14/2016	01/15/2016	999999999
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			

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	999999999
				\$203.83	Ded Credit	\$0.00	02/23/2016	02/26/2016	999999999
10/30/2015	Community Radiology	Mri	\$1,250.00	\$778.17	Write-off		03/01/2016	03/04/2016	999999999
				\$446.83	Other Ins Paid		03/01/2016	03/04/2016	999999999
				\$25.00	Ded Credit	\$0.00	03/01/2016	03/04/2016	999999999
10/19/2015	Professional Imaging	X-ray,Radiology	\$55.99	\$37.94	Write-off		03/01/2016	03/04/2016	999999999
				\$18.05	Ded Credit	\$0.00	03/01/2016	03/04/2016	999999999
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	999999999
				\$53.99	Other Ins Paid		05/10/2016	05/13/2016	999999999
				\$13.50	Ded Credit	\$0.00	05/10/2016	05/13/2016	999999999
04/11/2016	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$47.90	Write-off		06/17/2016	06/21/2016	999999999
				\$35.10	Other Ins Paid		06/17/2016	06/21/2016	999999999
				\$40.00	Ded Credit	\$0.00	06/17/2016	06/21/2016	999999999
04/06/2016	Professional Imaging	X-ray,Radiology	\$55.99	\$47.17	Write-off		06/17/2016	06/21/2016	999999999
				\$7.06	Other Ins Paid		06/17/2016	06/21/2016	999999999
				\$1.76	Ded Credit	\$0.00	06/17/2016	06/21/2016	999999999
Claim # AGA-0053707 Totals :			\$435.99	\$435.99		\$0.00			

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	999999999
				\$84.34	Other Ins Paid		11/04/2015	11/06/2015	999999999
				\$21.09	Ded Credit	\$0.00	11/04/2015	11/06/2015	999999999
09/08/2015	Professional Imaging	X-ray,Radiology	\$55.99	\$47.13	Write-off		11/04/2015	11/06/2015	999999999
				\$7.09	Other Ins Paid		11/04/2015	11/06/2015	999999999
				\$1.77	Ded Credit	\$0.00	11/04/2015	11/06/2015	999999999
09/08/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$40.36	Write-off		11/04/2015	11/06/2015	999999999
				\$8.50	Other Ins Paid		11/04/2015	11/06/2015	999999999
				\$2.13	Ded Credit	\$0.00	11/04/2015	11/06/2015	999999999
09/07/2015	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$51.45	Write-off		12/02/2015	12/04/2015	999999999
				\$31.55	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$40.00	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/14/2015	Arh Southern Wv Clinic	Surgery	\$189.00	\$128.08	Write-off		12/02/2015	12/04/2015	999999999
				\$48.74	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$12.18	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/14/2015	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$80.50	Write-off		12/02/2015	12/04/2015	999999999
				\$2.50	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$40.00	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/14/2015	Arh Southern Wv Clinic	Injection	\$12.00	\$8.65	Write-off		12/02/2015	12/04/2015	999999999
				\$2.68	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$0.67	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/21/2015	Arh Southern Wv Clinic	Medical Treatment	\$123.00	\$51.45	Write-off		12/02/2015	12/04/2015	999999999
				\$31.55	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$40.00	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
09/23/2015	Beckley Arh	Emrg.room	\$1,883.00	\$1,529.70	Write-off		12/09/2015	12/11/2015	999999999
				\$202.64	Other Ins Paid		12/09/2015	12/11/2015	999999999
				\$150.66	Ded Credit	\$0.00	12/09/2015	12/11/2015	999999999
09/23/2015	Beckley Med Imaging	Cat Scan	\$290.00	\$237.58	Write-off		12/23/2015	12/23/2015	999999999
				\$41.94	Other Ins Paid		12/23/2015	12/23/2015	999999999
				\$10.48	Ded Credit	\$0.00	12/23/2015	12/23/2015	999999999
09/23/2015	Beckley Emergency Phys Llc	Dr.visit-emerg Room	\$809.00	\$673.34	Write-off		02/10/2016	02/12/2016	999999999
				\$108.53	Other Ins Paid		02/10/2016	02/12/2016	999999999
				\$27.13	Ded Credit	\$0.00	02/10/2016	02/12/2016	999999999

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Report Criteria: Concord University

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			

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			

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			

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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	999999999
				\$472.88	Ded Credit	\$0.00	11/10/2015	11/13/2015	999999999
09/24/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$50.99	Ded Credit	\$0.00	11/19/2015	11/20/2015	999999999
09/24/2015	Professional Imaging	X-ray,Radiology	\$34.00	\$34.00	Ded Credit	\$0.00	11/19/2015	11/20/2015	999999999
09/29/2015	Ihcpi Services	Medical Treatment	\$122.00	\$66.60	Write-off		11/19/2015	11/20/2015	999999999
				\$55.40	Ded Credit	\$0.00	11/19/2015	11/20/2015	999999999
09/29/2015	Ihcpi Services	X-ray,Radiology	\$169.00	\$142.48	Write-off		11/19/2015	11/20/2015	999999999
				\$6.92	Other Ins Paid		11/19/2015	11/20/2015	999999999
				\$19.60	Ded Credit	\$0.00	11/19/2015	11/20/2015	999999999
Claim # AGA-0026731 Totals :			\$889.99	\$889.99		\$0.00			

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	999999999
				\$52.70	Other Ins Paid		12/04/2015	12/08/2015	999999999
				\$13.17	Ded Credit	\$0.00	12/04/2015	12/08/2015	999999999
10/20/2015	Professional Imaging	X-ray,Radiology	\$34.00	\$24.79	Write-off		12/18/2015	12/23/2015	999999999
				\$7.37	Other Ins Paid		12/18/2015	12/23/2015	999999999
				\$1.84	Ded Credit	\$0.00	12/18/2015	12/23/2015	999999999
Claim # AGA-0031910 Totals :			\$291.00	\$291.00		\$0.00			

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	999999999
11/01/2015	Professional Imaging	X-ray,Radiology	\$55.99	\$55.99	Ded Credit	\$0.00	12/10/2015	12/11/2015	999999999
11/02/2015	Arh Southern Wv Clinic	Medical Treatment	\$178.00	\$178.00	Ded Credit	\$0.00	01/11/2016	01/12/2016	999999999
Claim # AGA-0034254 Totals :			\$490.99	\$490.99		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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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	999999999
				\$53.99	Other Ins Paid		03/22/2016	03/25/2016	999999999
				\$13.50	Ded Credit	\$0.00	03/22/2016	03/25/2016	999999999
02/08/2016	Professional Imaging	X-ray,Radiology	\$50.99	\$41.82	Write-off		03/22/2016	03/25/2016	999999999
				\$7.34	Other Ins Paid		03/22/2016	03/25/2016	999999999
				\$1.83	Ded Credit	\$0.00	03/22/2016	03/25/2016	999999999
02/08/2016	Professional Imaging	X-ray,Radiology	\$50.99	\$42.17	Write-off		03/22/2016	03/25/2016	999999999
				\$7.06	Other Ins Paid		03/22/2016	03/25/2016	999999999
				\$1.76	Ded Credit	\$0.00	03/22/2016	03/25/2016	999999999
Claim # AGA-0047324 Totals :			\$769.98	\$769.98		\$0.00			

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	999999999
04/18/2016	Raleigh Radiology	Mri	\$369.00	\$369.00	Ded Credit	\$0.00	05/12/2016	05/13/2016	999999999
04/18/2016	First Health	First Health Repricing	\$42.43	\$0.00		\$42.43	05/12/2016	05/13/2016	70033779
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	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			

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	999999999
				\$326.23	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
10/19/2015	Professional Imaging	X-ray,Radiology	\$55.99	\$36.37	Write-off		12/17/2015	12/18/2015	999999999
				\$19.62	Ded Credit	\$0.00	12/17/2015	12/18/2015	999999999
10/19/2015	Professional Imaging	X-ray,Radiology	\$50.99	\$32.94	Write-off		12/17/2015	12/18/2015	999999999
				\$18.05	Ded Credit	\$0.00	12/17/2015	12/18/2015	999999999
Claim # AGA-0031912 Totals :			\$774.98	\$774.98		\$0.00			

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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

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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 - 06/28/2022

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	999999999
				\$275.46	Other Ins Paid		12/02/2015	12/04/2015	999999999
				\$35.00	Ded Credit	\$0.00	12/02/2015	12/04/2015	999999999
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	999999999
				\$150.41	Other Ins Paid		05/05/2016	05/06/2016	999999999
				\$16.71	Ded Credit	\$0.00	05/05/2016	05/06/2016	999999999
01/22/2016	Princeton Rescue Squad	Ambulance	\$560.00	\$259.03	Write-off		06/03/2016	06/07/2016	999999999
				\$300.97	Ded Credit	\$0.00	06/03/2016	06/07/2016	999999999
01/22/2016	Princeton Rescue Squad	Ambulance	\$117.00	\$47.97	Write-off		06/03/2016	06/07/2016	999999999
				\$69.03	Ded Credit	\$0.00	06/03/2016	06/07/2016	999999999
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	999999999
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	999999999
				\$87.13	Other Ins Paid		06/01/2016	06/07/2016	999999999
				\$25.00	Ded Credit	\$0.00	06/01/2016	06/07/2016	999999999
03/22/2016	Medexpress Urgent Care Wv	X-ray,Radiology	\$113.00	\$84.79	Write-off		06/01/2016	06/07/2016	999999999
				\$28.21	Ded Credit	\$0.00	06/01/2016	06/07/2016	999999999
03/22/2016	Medexpress Urgent Care Wv	Casting/splinting	\$25.00	\$23.24	Write-off		06/01/2016	06/07/2016	999999999
				\$1.76	Ded Credit	\$0.00	06/01/2016	06/07/2016	999999999
Claim # AGA-0050323 Totals :			\$348.00	\$348.00		\$0.00			

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
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	999999999
				\$121.53	Ded Credit	\$0.00	06/22/2016	06/24/2016	999999999
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	999999999
				\$198.87	Ded Credit	\$0.00	06/22/2016	06/24/2016	999999999
04/12/2016	Beckley Med Imaging	Cat Scan	\$225.00	\$179.51	Write-off		06/22/2016	06/24/2016	999999999
				\$36.39	Other Ins Paid		06/22/2016	06/24/2016	999999999
				\$9.10	Ded Credit	\$0.00	06/22/2016	06/24/2016	999999999
04/12/2016	Beckley Med Imaging	Cat Scan	\$190.00	\$144.87	Write-off		06/22/2016	06/24/2016	999999999
				\$36.10	Other Ins Paid		06/22/2016	06/24/2016	999999999
				\$9.03	Ded Credit	\$0.00	06/22/2016	06/24/2016	999999999
04/12/2016	Beckley Arh	Emrg.room	\$2,993.00	\$2,460.12	Write-off		08/03/2016	08/05/2016	999999999
				\$263.02	Other Ins Paid		08/03/2016	08/05/2016	999999999
				\$269.86	Ded Credit	\$0.00	08/03/2016	08/05/2016	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	Orthocarolina	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	Orthocarolina	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	Orthocarolina	Orthopedic Appliance	\$20.88	\$0.00		\$20.88	01/05/2016	01/08/2016	70027869
10/15/2015	Orthocarolina	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	Orthocarolina	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	Orthocarolina	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	Orthocarolina	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	Orthocarolina	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	Orthocarolina	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	Orthocarolina	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	Orthocarolina	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

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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	999999999
				\$983.33	Ded Credit	\$0.00	12/15/2015	12/18/2015	999999999
09/25/2015	Professional Imaging	Mri	\$285.00	\$147.83	Write-off		04/12/2016	04/12/2016	999999999
				\$137.17	Ded Credit	\$0.00	04/12/2016	04/12/2016	999999999
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	999999999
				\$20.39	Other Ins Paid		07/05/2016	07/06/2016	999999999
				\$60.00	Ded Credit	\$0.00	07/05/2016	07/06/2016	999999999
04/11/2016	Arh Southern Wv Clinic	Medical Treatment	\$178.00	\$54.17	Write-off		07/05/2016	07/06/2016	999999999
				\$63.83	Other Ins Paid		07/05/2016	07/06/2016	999999999
				\$60.00	Ded Credit	\$0.00	07/05/2016	07/06/2016	999999999
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			
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A-G Administrators, Inc.
Claims History Report

Pay Dates: 01/01/1900 - 06/28/2022

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

Pay Dates: 01/01/1900 - 06/28/2022

Report Criteria: Concord University

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	999999999
				\$114.43	Other Ins Paid		04/14/2017	04/18/2017	999999999
				\$102.22	Ded Credit	\$0.00	04/14/2017	04/18/2017	999999999
03/02/2017	Professional Imaging	X-ray,Radiology	\$55.99	\$38.03	Write-off		04/24/2017	04/25/2017	999999999
				\$15.27	Other Ins Paid		04/24/2017	04/25/2017	999999999
				\$2.69	Ded Credit	\$0.00	04/24/2017	04/25/2017	999999999
04/13/2017	Medexpress Urgent Care Wv	Medical Treatment	\$210.00	\$44.35	Write-off		05/17/2017	05/19/2017	999999999
				\$135.65	Other Ins Paid		05/17/2017	05/19/2017	999999999
				\$30.00	Ded Credit	\$0.00	05/17/2017	05/19/2017	999999999
05/09/2017	Sideline Ortho & Sports	Medical Treatment	\$179.00	\$59.57	Write-off		06/09/2017	06/09/2017	999999999
				\$84.43	Other Ins Paid		06/09/2017	06/09/2017	999999999
				\$35.00	Ded Credit	\$0.00	06/09/2017	06/09/2017	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

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 - 06/28/2022

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			

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	999999999
				\$6.48	Other Ins Paid		03/07/2017	03/10/2017	999999999
				\$2.16	Ded Credit	\$0.00	03/07/2017	03/10/2017	999999999
Claim # AGA-0075657 Totals :			\$50.99	\$50.99		\$0.00			

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	999999999
				\$199.41	Other Ins Paid		11/23/2016	11/29/2016	999999999
				\$22.15	Ded Credit	\$0.00	11/23/2016	11/29/2016	999999999
10/12/2016	Professional Imaging	X-ray,Radiology	\$34.00	\$15.95	Write-off		12/09/2016	12/13/2016	999999999
				\$16.25	Other Ins Paid		12/09/2016	12/13/2016	999999999
				\$1.80	Ded Credit	\$0.00	12/09/2016	12/13/2016	999999999
Claim # AGA-0075665 Totals :			\$314.00	\$314.00		\$0.00			

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	999999999
				\$23.31	Other Ins Paid		02/28/2017	03/03/2017	999999999
				\$2.59	Ded Credit	\$0.00	02/28/2017	03/03/2017	999999999
12/29/2016	Princeton Comm Hosp	X-ray,Radiology	\$280.00	\$58.45	Write-off		03/20/2017	03/21/2017	999999999
				\$199.40	Other Ins Paid		03/20/2017	03/21/2017	999999999
				\$22.15	Ded Credit	\$0.00	03/20/2017	03/21/2017	999999999
Claim # AGA-0083024 Totals :			\$331.72	\$331.72		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

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			

Pay Dates: 01/01/1900 - 06/28/2022

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-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

Report Criteria: Concord University

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	999999999
				\$56.84	Other Ins Paid		10/14/2016	10/21/2016	999999999
				\$50.00	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
08/29/2016	Medexpress Urgent Care Wv	X-ray,Radiology	\$113.00	\$84.44	Write-off		10/14/2016	10/21/2016	999999999
				\$28.56	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
08/29/2016	Medexpress Urgent Care Wv	Orthopedic Appliance	\$100.00	\$25.06	Write-off		10/14/2016	10/21/2016	999999999
				\$74.94	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
09/08/2016	Healthworks Rehab And Fitness	Orthopedic Appliance	\$285.00	\$54.60	Write-off		10/25/2016	10/28/2016	999999999
				\$230.40	Ded Credit	\$0.00	10/25/2016	10/28/2016	999999999
09/26/2016	Healthworks Rehab And Fitness	Orthopedic Appliance	\$115.00	\$8.96	First Health Disc		11/29/2016	12/02/2016	999999999
				\$106.04	Ded Credit	\$0.00	11/29/2016	12/02/2016	999999999
09/26/2016	Wvu Medical Corp	Medical Treatment	\$88.00	\$33.35	Write-off		11/29/2016	12/02/2016	999999999
				\$14.65	Other Ins Paid		11/29/2016	12/02/2016	999999999
				\$40.00	Ded Credit	\$0.00	11/29/2016	12/02/2016	999999999
09/08/2016	Wvu Medical Corp	Medical Treatment	\$134.00	\$50.79	Write-off		11/29/2016	12/02/2016	999999999
				\$43.21	Other Ins Paid		11/29/2016	12/02/2016	999999999
				\$40.00	Ded Credit	\$0.00	11/29/2016	12/02/2016	999999999
Claim # AGA-0067380 Totals :			\$1,045.00	\$1,045.00		\$0.00			

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	999999999
				\$121.53	Ded Credit	\$0.00	10/18/2016	10/21/2016	999999999
09/11/2016	Professional Imaging	X-ray,Radiology	\$57.67	\$46.03	Write-off		11/11/2016	11/15/2016	999999999
				\$11.64	Ded Credit	\$0.00	11/11/2016	11/15/2016	999999999
Claim # AGA-0067382 Totals :			\$961.97	\$961.97		\$0.00			

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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., 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	999999999
				\$76.83	Ded Credit	\$0.00	10/31/2016	11/01/2016	999999999
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			

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Report Criteria: Concord University

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			
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			

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Report Criteria: Concord University

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	999999999
				\$7.80	Ded Credit	\$0.00	11/28/2016	11/29/2016	999999999
10/23/2016	Princeton Comm Hosp	X-ray,Radiology	\$280.00	\$50.01	Write-off		11/28/2016	11/29/2016	999999999
				\$229.99	Ded Credit	\$0.00	11/28/2016	11/29/2016	999999999
11/01/2016	Acv Inc	Anesthesia	\$950.00	\$230.00	Write-off		11/28/2016	11/29/2016	999999999
				\$680.00	Other Ins Paid		11/28/2016	11/29/2016	999999999
				\$40.00	Ded Credit	\$0.00	11/28/2016	11/29/2016	999999999
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

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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			

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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., 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	999999999
				\$18.24	Ded Credit	\$0.00	03/02/2017	03/03/2017	999999999
01/26/2017	Professional Imaging	X-ray,Radiology	\$55.99	\$46.87	Write-off		03/20/2017	03/21/2017	999999999
				\$9.12	Ded Credit	\$0.00	03/20/2017	03/21/2017	999999999
04/09/2018	Professional Imaging	X-ray,Radiology	\$111.98	\$93.84	Primary Adjustm		06/04/2018	06/08/2018	999999999
				\$18.14	Ded Credit	\$0.00	06/04/2018	06/08/2018	999999999
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	999999999
				\$247.24	Ded Credit	\$0.00	10/19/2016	10/21/2016	999999999
09/22/2016	Sw Va Orthopedics And Spine	X-ray,Radiology	\$111.00	\$66.34	Write-off		11/03/2016	11/04/2016	999999999
				\$44.66	Ded Credit	\$0.00	11/03/2016	11/04/2016	999999999
09/22/2016	Sw Va Orthopedics And Spine	Medical Treatment	\$182.00	\$86.46	Write-off		11/03/2016	11/04/2016	999999999
				\$62.50	Other Ins Paid		11/03/2016	11/04/2016	999999999
				\$33.04	Ded Credit	\$0.00	11/03/2016	11/04/2016	999999999
09/22/2016	DJO, LLC	Orthopedic Appliance	\$98.30	\$53.26	Write-off		11/03/2016	11/04/2016	999999999
				\$45.04	Ded Credit	\$0.00	11/03/2016	11/04/2016	999999999
09/20/2016	Professional Imaging	X-ray,Radiology	\$34.00	\$21.47	Write-off		11/17/2016	11/18/2016	999999999
				\$10.02	Other Ins Paid		11/17/2016	11/18/2016	999999999
				\$2.51	Ded Credit	\$0.00	11/17/2016	11/18/2016	999999999
Claim # AGA-0070146 Totals :			\$705.30	\$705.30		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$66.84	Other Ins Paid		07/05/2017	07/07/2017	999999999
				\$40.00	Ded Credit	\$0.00	07/05/2017	07/07/2017	999999999
12/13/2016	Orthopedic Healthcare Assoc	X-ray,Radiology	\$89.00	\$60.44	Write-off		07/05/2017	07/07/2017	999999999
				\$28.56	Ded Credit	\$0.00	07/05/2017	07/07/2017	999999999
12/13/2016	Orthopedic Healthcare Assoc	X-ray,Radiology	\$89.00	\$60.44	Write-off		07/05/2017	07/07/2017	999999999
				\$28.56	Ded Credit	\$0.00	07/05/2017	07/07/2017	999999999
12/13/2016	Orthopedic Healthcare Assoc	Surgery	\$250.00	\$8.47	Write-off		07/05/2017	07/07/2017	999999999
				\$193.22	Other Ins Paid		07/05/2017	07/07/2017	999999999
				\$48.31	Ded Credit	\$0.00	07/05/2017	07/07/2017	999999999
05/09/2017	University Physicians Surg	Medical Treatment	\$140.00	\$67.03	Write-off		07/11/2017	07/14/2017	999999999
				\$32.97	Other Ins Paid		07/11/2017	07/14/2017	999999999
				\$40.00	Ded Credit	\$0.00	07/11/2017	07/14/2017	999999999
06/06/2017	University Physicians Surg	Medical Treatment	\$80.00	\$37.20	Write-off		07/21/2017	07/25/2017	999999999
				\$2.80	Other Ins Paid		07/21/2017	07/25/2017	999999999
				\$40.00	Ded Credit	\$0.00	07/21/2017	07/25/2017	999999999
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

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-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	999999999
				\$80.03	Other Ins Paid		06/29/2017	06/30/2017	999999999
				\$35.06	Ded Credit	\$0.00	06/29/2017	06/30/2017	999999999
02/28/2017	Community Radiology	Mri	\$1,250.00	\$830.00	Write-off		06/28/2017	06/30/2017	999999999
				\$420.00	Ded Credit	\$0.00	06/28/2017	06/30/2017	999999999
02/09/2017	Princeton Comm Hosp	X-ray,Radiology	\$280.00	\$38.75	Write-off		07/31/2017	08/01/2017	999999999
				\$241.25	Ded Credit	\$0.00	07/31/2017	08/01/2017	999999999
02/09/2017	Professional Imaging	X-ray,Radiology	\$55.99	\$43.46	Write-off		07/31/2017	08/01/2017	999999999
				\$12.53	Ded Credit	\$0.00	07/31/2017	08/01/2017	999999999
Claim # AGA-0089999 Totals :			\$1,764.99	\$1,764.99		\$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
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	999999999
				\$102.94	Other Ins Paid		09/01/2017	09/06/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/01/2017	09/06/2017	999999999
07/07/2017	Appalachian Orthpaedic Assoc	X-ray,Radiology	\$85.00	\$54.96	Primary Adjustm		09/01/2017	09/06/2017	999999999
				\$30.04	Ded Credit	\$0.00	09/01/2017	09/06/2017	999999999
07/18/2017	Appalachian Orthpaedic Assoc	Orthopedic Appliance	\$396.00	\$272.59	Primary Adjustm		09/01/2017	09/06/2017	999999999
				\$123.41	Ded Credit	\$0.00	09/01/2017	09/06/2017	999999999
07/07/2017	Appalachian Orthpaedic Assoc	Mri	\$1,420.00	\$889.68	Primary Adjustm		09/01/2017	09/06/2017	999999999
				\$530.32	Ded Credit	\$0.00	09/01/2017	09/06/2017	999999999
08/09/2017	Appalachian Orthpaedic Assoc	Medical Treatment	\$149.00	\$56.38	Primary Adjustm		10/04/2017	10/06/2017	999999999
				\$57.62	Other Ins Paid		10/04/2017	10/06/2017	999999999
				\$35.00	Ded Credit	\$0.00	10/04/2017	10/06/2017	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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-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			

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
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	999999999
				\$9.57	Other Ins Paid		08/11/2017	08/15/2017	999999999
				\$2.39	Ded Credit	\$0.00	08/11/2017	08/15/2017	999999999
07/03/2017	Carilion Roanoke Memorial Hosp	Medical Treatment	\$157.00	\$33.36	Write-off		08/11/2017	08/15/2017	999999999
				\$73.64	Other Ins Paid		08/11/2017	08/15/2017	999999999
				\$50.00	Ded Credit	\$0.00	08/11/2017	08/15/2017	999999999
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	999999999
				\$229.99	Ded Credit	\$0.00	03/15/2017	03/17/2017	999999999
02/09/2017	Professional Imaging	X-ray,Radiology	\$55.99	\$38.03	Write-off		04/21/2017	04/25/2017	999999999
				\$17.96	Ded Credit	\$0.00	04/21/2017	04/25/2017	999999999
Claim # AGA-0091127 Totals :			\$335.99	\$335.99		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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	999999999
				\$78.57	Ded Credit	\$0.00	07/28/2017	08/01/2017	999999999
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	999999999
				\$216.65	Ded Credit	\$0.00	05/30/2017	05/31/2017	999999999
04/26/2017	Professional Imaging	X-ray,Radiology	\$111.98	\$76.06	Write-off		06/23/2017	06/23/2017	999999999
				\$35.92	Ded Credit	\$0.00	06/23/2017	06/23/2017	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

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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			

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Report Criteria: Concord University

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	999999999
				\$684.60	Write-off		03/17/2017	03/21/2017	999999999
				\$243.46	Ded Credit	\$0.00	03/17/2017	03/21/2017	999999999
04/26/2018	Sideline Ortho & Sports	Medical Treatment	\$178.00	\$65.25	Primary Adjustm		07/25/2018	07/27/2018	999999999
				\$67.75	Other Ins Paid		07/25/2018	07/27/2018	999999999
				\$45.00	Ded Credit	\$0.00	07/25/2018	07/27/2018	999999999
04/26/2018	Sideline Ortho & Sports	X-ray,Radiology	\$63.00	\$27.76	Primary Adjustm		07/25/2018	07/27/2018	999999999
				\$35.24	Other Ins Paid	\$0.00	07/25/2018	07/27/2018	999999999
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.
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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	999999999
				\$134.95	Other Ins Paid		12/07/2016	12/09/2016	999999999
				\$30.00	Ded Credit	\$0.00	12/07/2016	12/09/2016	999999999
08/26/2016	Univ Of Pittsburgh Phys	Medical Treatment	\$473.00	\$308.05	Write-off		12/07/2016	12/09/2016	999999999
				\$134.95	Other Ins Paid		12/07/2016	12/09/2016	999999999
				\$30.00	Ded Credit	\$0.00	12/07/2016	12/09/2016	999999999
09/09/2016	Univ Of Pittsburgh Phys	Medical Treatment	\$473.00	\$308.05	Write-off		12/07/2016	12/09/2016	999999999
				\$134.95	Other Ins Paid		12/07/2016	12/09/2016	999999999
				\$30.00	Ded Credit	\$0.00	12/07/2016	12/09/2016	999999999
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

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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			

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			

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			

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			

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			

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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., 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			

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			

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			

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., 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	999999999
				\$62.65	Ded Credit	\$0.00	01/10/2017	01/13/2017	999999999
10/31/2016	Sideline Ortho & Sports	X-ray,Radiology	\$73.00	\$2.58	Write-off		01/10/2017	01/13/2017	999999999
				\$45.77	Other Ins Paid		01/10/2017	01/13/2017	999999999
				\$24.65	Ded Credit	\$0.00	01/10/2017	01/13/2017	999999999
10/31/2016	Sideline Ortho & Sports	Orthopedic Appliance	\$450.00	\$50.00	Other Ins Paid		01/10/2017	01/13/2017	999999999
				\$400.00	Ded Credit	\$0.00	01/10/2017	01/13/2017	999999999
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			

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	999999999
				\$91.89	Other Ins Paid		01/10/2017	01/13/2017	999999999
				\$25.00	Ded Credit	\$0.00	01/10/2017	01/13/2017	999999999
Claim # AGA-0075223 Totals :			\$179.00	\$179.00		\$0.00			

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Report Criteria: Concord University

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	999999999
				\$84.19	Ded Credit	\$0.00	05/02/2017	05/05/2017	999999999
Claim # AGA-0075284 Totals :			\$123.00	\$123.00		\$0.00			

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			

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	999999999
04/13/2017	Professional Imaging	Cat Scan	\$487.40	\$487.40	Ded Credit	\$0.00	08/02/2017	08/04/2017	999999999
04/11/2017	Professional Imaging	X-ray,Radiology	\$34.00	\$34.00	Ded Credit	\$0.00	08/02/2017	08/04/2017	999999999
Claim # AGA-0099474 Totals :			\$801.40	\$801.40		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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

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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			

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	999999999
				\$168.29	Other Ins Paid		09/13/2017	09/15/2017	999999999
				\$50.00	Ded Credit	\$0.00	09/13/2017	09/15/2017	999999999
Claim # AGA-0100117 Totals :			\$241.00	\$241.00		\$0.00			

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	999999999
				\$450.00	Ded Credit	\$0.00	03/09/2017	03/10/2017	999999999
01/23/2017	Professional Imaging	X-ray,Radiology	\$55.99	\$55.99	Ded Credit	\$0.00	07/06/2017	07/07/2017	999999999
Claim # AGA-0091206 Totals :			\$1,305.99	\$1,305.99		\$0.00			

A-G Administrators, Inc.
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Report Criteria: Concord University

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	999999999
				\$98.32	Other Ins Paid		06/29/2017	06/30/2017	999999999
				\$20.00	Ded Credit	\$0.00	06/29/2017	06/30/2017	999999999
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			

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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	999999999
				\$270.72	Other Ins Paid		12/22/2016	12/23/2016	999999999
				\$67.68	Ded Credit	\$0.00	12/22/2016	12/23/2016	999999999
10/12/2016	Neurological Assoc	Consultation	\$370.00	\$111.00	Write-off		12/22/2016	12/23/2016	999999999
				\$229.00	Other Ins Paid		12/22/2016	12/23/2016	999999999
				\$30.00	Ded Credit	\$0.00	12/22/2016	12/23/2016	999999999
12/07/2016	Michael Kominsky, DO	Manipulation/adjustment	\$60.00	\$36.57	Write-off		01/12/2017	01/13/2017	999999999
				\$23.43	Ded Credit	\$0.00	01/12/2017	01/13/2017	999999999
12/07/2016	Michael Kominsky, DO	Phys.therapy	\$30.00	\$15.56	Write-off		01/12/2017	01/13/2017	999999999
				\$14.44	Ded Credit	\$0.00	01/12/2017	01/13/2017	999999999
12/07/2016	Michael Kominsky, DO	Phys.therapy	\$45.00	\$17.63	Write-off		01/12/2017	01/13/2017	999999999
				\$27.37	Ded Credit	\$0.00	01/12/2017	01/13/2017	999999999
12/07/2016	Michael Kominsky, DO	Phys.therapy	\$100.00	\$40.60	Write-off		01/12/2017	01/13/2017	999999999
				\$59.40	Ded Credit	\$0.00	01/12/2017	01/13/2017	999999999
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

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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									
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			

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			

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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	Princeton Comm Hosp	Emrg.room	\$863.03	\$289.09	Write-off		09/19/2016	10/21/2016	999999999
				\$303.55	Other Ins Paid		09/19/2016	10/21/2016	999999999
				\$270.39	Ded Credit	\$0.00	09/19/2016	10/21/2016	999999999
08/23/2016	Beckley Med Imaging	Cat Scan	\$350.00	\$225.23	Write-off		09/19/2016	10/21/2016	999999999
				\$124.77	Ded Credit	\$0.00	09/19/2016	10/21/2016	999999999
08/22/2016	Professional Imaging	X-ray,Radiology	\$55.99	\$37.94	Write-off		10/07/2016	10/21/2016	999999999
				\$18.05	Ded Credit	\$0.00	10/07/2016	10/21/2016	999999999
08/23/2016	Beckley Med Imaging	X-ray,Radiology	\$160.00	\$114.08	Write-off		10/07/2016	10/21/2016	999999999
				\$45.92	Ded Credit	\$0.00	10/07/2016	10/21/2016	999999999
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	Ph.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	Ph.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	999999999
				\$38.81	Write-off		05/02/2017	05/05/2017	999999999
				\$26.43	Ded Credit	\$0.00	05/02/2017	05/05/2017	999999999
Claim # AGA-0070481 Totals :			\$123.00	\$123.00		\$0.00			

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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: 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	999999999
				\$56.16	Other Ins Paid		12/09/2016	12/13/2016	999999999
				\$60.18	Ded Credit	\$0.00	12/09/2016	12/13/2016	999999999
10/19/2016	Beckley Med Imaging	Cat Scan	\$302.00	\$227.64	Write-off		12/09/2016	12/13/2016	999999999
				\$59.49	Other Ins Paid		12/09/2016	12/13/2016	999999999
				\$14.87	Ded Credit	\$0.00	12/09/2016	12/13/2016	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$488.52	Ded Credit		11/28/2016	11/29/2016	999999999
				\$954.10	Other Ins Paid	\$0.00	11/28/2016	11/29/2016	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$24.65	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
08/11/2016	Philip Branson, MD	Surgery	\$141.00	\$74.71	Write-off		10/14/2016	10/21/2016	999999999
				\$66.29	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
08/11/2016	Philip Branson, MD	X-ray,Radiology	\$118.50	\$90.29	Write-off		10/14/2016	10/21/2016	999999999
				\$28.21	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
08/11/2016	Philip Branson, MD	Medical Treatment	\$105.00	\$32.36	Write-off		10/14/2016	10/21/2016	999999999
				\$32.64	Other Ins Paid		10/14/2016	10/21/2016	999999999
				\$40.00	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
08/24/2016	Philip Branson, MD	Medical Treatment	\$105.00	\$32.36	Write-off		10/14/2016	10/21/2016	999999999
				\$32.64	Other Ins Paid		10/14/2016	10/21/2016	999999999
				\$40.00	Ded Credit	\$0.00	10/14/2016	10/21/2016	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$102.03	Other Ins Paid		10/24/2016	10/25/2016	999999999
				\$40.00	Ded Credit	\$0.00	10/24/2016	10/25/2016	999999999
10/07/2016	Orthocarolina	Medical Treatment	\$109.00	\$59.50	Write-off		11/11/2016	11/15/2016	999999999
				\$24.50	Other Ins Paid		11/11/2016	11/15/2016	999999999
				\$25.00	Ded Credit	\$0.00	11/11/2016	11/15/2016	999999999
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			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

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			

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			

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

Pay Dates: 01/01/1900 - 06/28/2022

Report Criteria: Concord University

Service Date	Payee Name	Coverage	Amount Claimed	Reduction Amount	Reduction Reason	Amount Paid	Date Received	Check Date	Check Number
T., Tyrone; 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	999999999
				\$270.97	Ded Credit	\$0.00	08/03/2017	08/04/2017	999999999
05/17/2017	Rehab Associates of Central Va	Phys.therapy	\$285.00	\$250.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/24/2017	Rehab Associates of Central Va	Phys.therapy	\$238.00	\$203.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/15/2017	Rehab Associates of Central Va	Phys.therapy	\$285.00	\$250.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/22/2017	Rehab Associates of Central Va	Phys.therapy	\$238.00	\$203.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/08/2017	Rehab Associates of Central Va	Phys.therapy	\$179.00	\$144.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/19/2017	Rehab Associates of Central Va	Phys.therapy	\$285.00	\$250.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/10/2017	Rehab Associates of Central Va	Phys.therapy	\$237.00	\$202.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
05/26/2017	Rehab Associates of Central Va	Phys.therapy	\$238.00	\$203.00	Primary Adjustm		09/26/2017	09/26/2017	999999999
				\$35.00	Ded Credit	\$0.00	09/26/2017	09/26/2017	999999999
04/10/2017	Sideline Ortho & Sports	Medical Treatment	\$179.00	\$72.50	Primary Adjustm		03/22/2018	03/23/2018	999999999
				\$56.50	Other Ins Paid		03/22/2018	03/23/2018	999999999
				\$50.00	Ded Credit	\$0.00	03/22/2018	03/23/2018	999999999
04/10/2017	Sideline Ortho & Sports	X-ray,Radiology	\$73.00	\$32.50	Primary Adjustm		03/22/2018	03/23/2018	999999999
				\$40.50	Other Ins Paid	\$0.00	03/22/2018	03/23/2018	999999999
04/10/2017	Sideline Ortho & Sports	X-ray,Radiology	\$63.00	\$27.76	Primary Adjustm		03/22/2018	03/23/2018	999999999
				\$35.24	Other Ins Paid	\$0.00	03/22/2018	03/23/2018	999999999
Claim # AGA-0099504 Totals :			\$2,750.00	\$2,750.00		\$0.00			

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
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	999999999
				\$183.99	Other Ins Paid		11/23/2016	11/29/2016	999999999
				\$46.00	Ded Credit	\$0.00	11/23/2016	11/29/2016	999999999
10/17/2016	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
02/08/2017	Princeton Comm Hosp	X-ray,Radiology	\$280.00	\$50.01	Write-off		03/28/2017	03/31/2017	999999999
				\$52.12	Other Ins Paid		03/28/2017	03/31/2017	999999999
				\$177.87	Ded Credit	\$0.00	03/28/2017	03/31/2017	999999999
Claim # AGA-0075580 Totals :			\$615.99	\$615.99		\$0.00			

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	999999999
				\$14.37	Other Ins Paid		04/04/2017	04/07/2017	999999999
				\$3.59	Ded Credit	\$0.00	04/04/2017	04/07/2017	999999999
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	999999999
				\$76.83	Ded Credit	\$0.00	10/31/2016	11/01/2016	999999999
09/27/2016	Sw Va Orthopedics And Spine	X-ray,Radiology	\$111.00	\$69.76	Write-off		10/31/2016	11/01/2016	999999999
				\$41.24	Ded Credit	\$0.00	10/31/2016	11/01/2016	999999999
09/27/2016	Sw Va Orthopedics And Spine	Medical Treatment	\$263.00	\$130.11	Write-off		10/31/2016	11/01/2016	999999999
				\$92.89	Other Ins Paid		10/31/2016	11/01/2016	999999999
				\$40.00	Ded Credit	\$0.00	10/31/2016	11/01/2016	999999999
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

Pay Dates: 01/01/1900 - 06/28/2022

Report Criteria: Concord University

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									
03/21/2017	Zelis Claims Integrity	Phx Fee	\$15.75	\$0.00		\$15.75	06/21/2017	06/23/2017	70047401
04/19/2017	Zelis Claims Integrity	Phx Fee	\$27.72	\$0.00		\$27.72	06/21/2017	06/23/2017	70047404
04/13/2017	Zelis Claims Integrity	Phx Fee	\$34.73	\$0.00		\$34.73	06/21/2017	06/23/2017	70047409
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
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
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			

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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			

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			

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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., 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	999999999
				\$30.00	Ded Credit	\$0.00	09/19/2016	10/21/2016	999999999
08/12/2016	Professional Imaging	Cat Scan	\$170.00	\$150.00	Other Ins Paid		09/19/2016	10/21/2016	999999999
				\$20.00	Ded Credit	\$0.00	09/19/2016	10/21/2016	999999999
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	999999999
				\$473.44	Other Ins Paid	\$0.00	04/04/2018	04/06/2018	999999999
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			

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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	999999999
				\$116.12	Write-off		06/16/2017	06/20/2017	999999999
				\$255.00	Ded Credit	\$0.00	06/16/2017	06/20/2017	999999999
04/10/2017	Beckley Med Imaging	Radiology Services	\$84.00	\$56.67	Primary Adjustm		08/31/2017	09/01/2017	999999999
				\$27.33	Ded Credit	\$0.00	08/31/2017	09/01/2017	999999999
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			

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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	999999999
				\$132.14	Other Ins Paid		11/21/2016	11/23/2016	999999999
				\$51.56	Ded Credit	\$0.00	11/21/2016	11/23/2016	999999999
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			

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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., 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			

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Report Criteria: Concord University

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			

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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.
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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	999999999
				\$57.45	Other Ins Paid		02/03/2017	02/07/2017	999999999
				\$14.36	Ded Credit	\$0.00	02/03/2017	02/07/2017	999999999
12/12/2016	Montgomery Radiology Associate	X-ray,Radiology	\$113.00	\$82.67	Write-off		02/03/2017	02/07/2017	999999999
				\$24.26	Other Ins Paid		02/03/2017	02/07/2017	999999999
				\$6.07	Ded Credit	\$0.00	02/03/2017	02/07/2017	999999999
12/12/2016	Montgomery Radiology Associate	Mri	\$329.00	\$227.91	Write-off		02/03/2017	02/07/2017	999999999
				\$80.87	Other Ins Paid		02/03/2017	02/07/2017	999999999
				\$20.22	Ded Credit	\$0.00	02/03/2017	02/07/2017	999999999
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

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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			

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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

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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

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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

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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									
11/12/2016	First Health	First Health Repricing	\$99.19	\$0.00		\$99.19	12/08/2016	01/10/2017	227932
11/13/2016	First Health	First Health Repricing	\$52.83	\$0.00		\$52.83	12/08/2016	01/10/2017	227892
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			

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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			

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
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	999999999
				\$1,923.39	Primary Adjustm		06/03/2022	06/07/2022	999999999
				\$1,058.61	Ded Credit	\$0.00	06/03/2022	06/07/2022	999999999
04/20/2022	Orthovirginia, Inc	Medical Treatment	\$239.00	\$0.00	Other Ins Paid		06/03/2022	06/07/2022	999999999
				\$89.39	Primary Adjustm		06/03/2022	06/07/2022	999999999
				\$149.61	Ded Credit	\$0.00	06/03/2022	06/07/2022	999999999
04/18/2022	Orthovirginia, Inc	Medical Treatment	\$320.00	\$0.00	Other Ins Paid		06/03/2022	06/07/2022	999999999
				\$92.99	Primary Adjustm		06/03/2022	06/07/2022	999999999
				\$227.01	Ded Credit	\$0.00	06/03/2022	06/07/2022	999999999
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			

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	999999999
				\$68.79	Primary Adjustm		04/29/2022	04/29/2022	999999999
				\$40.00	Ded Credit	\$0.00	04/29/2022	04/29/2022	999999999
Claim # AGA-0379929 Totals :			\$220.00	\$220.00		\$0.00			

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	999999999
				\$84.00	Ded Credit	\$0.00	05/10/2022	05/10/2022	999999999
10/25/2021	Orthovirginia, Inc	Medical Treatment	\$194.00	\$102.51	Other Ins Paid		06/01/2022	06/03/2022	999999999
				\$45.87	Primary Adjustm		06/01/2022	06/03/2022	999999999
				\$45.62	Ded Credit	\$0.00	06/01/2022	06/03/2022	999999999
Claim # AGA-0354361 Totals :			\$534.00	\$534.00		\$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., Chloie; 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	999999999
				\$294.15	Primary Adjustm		05/17/2022	05/20/2022	999999999
				\$9.17	Ded Credit	\$0.00	05/17/2022	05/20/2022	999999999
03/29/2022	Princeton Comm Hosp	X-ray,Radiology	\$340.00	\$36.68	Other Ins Paid		05/17/2022	05/20/2022	999999999
				\$294.15	Primary Adjustm		05/17/2022	05/20/2022	999999999
				\$9.17	Ded Credit	\$0.00	05/17/2022	05/20/2022	999999999
03/29/2022	Mercer Medical Group	X-ray,Radiology	\$18.00	\$6.65	Other Ins Paid		05/17/2022	05/20/2022	999999999
				\$1.66	Primary Adjustm		05/17/2022	05/20/2022	999999999
				\$9.69	Ded Credit	\$0.00	05/17/2022	05/20/2022	999999999
03/29/2022	Mercer Medical Group	X-ray,Radiology	\$20.00	\$7.20	Other Ins Paid		05/17/2022	05/20/2022	999999999
				\$1.80	Primary Adjustm		05/17/2022	05/20/2022	999999999
				\$11.00	Ded Credit	\$0.00	05/17/2022	05/20/2022	999999999
Claim # AGA-0383182 Totals :			\$718.00	\$718.00		\$0.00			

C., Ricardo; Claim: AGA-0364673; Activity: Mens Soccer; Diagnosis: Pain; Anatomy: L-shoulder; Date Incurred: 10/25/2021									
10/25/2021	Orthovirginia, Inc	Medical Treatment	\$194.00	\$102.51	Other Ins Paid		04/04/2022	04/05/2022	999999999
				\$45.87	Primary Adjustm		04/04/2022	04/05/2022	999999999
				\$45.62	Ded Credit	\$0.00	04/04/2022	04/05/2022	999999999
11/22/2021	Orthovirginia, Inc	Medical Treatment	\$134.00	\$66.22	Other Ins Paid		04/04/2022	04/05/2022	999999999
				\$31.23	Primary Adjustm		04/04/2022	04/05/2022	999999999
				\$36.55	Ded Credit	\$0.00	04/04/2022	04/05/2022	999999999
01/06/2022	Orthovirginia, Inc	Medical Treatment	\$182.00	\$103.69	Other Ins Paid		05/26/2022	05/27/2022	999999999
				\$32.39	Primary Adjustm		05/26/2022	05/27/2022	999999999
				\$45.92	Ded Credit	\$0.00	05/26/2022	05/27/2022	999999999
01/06/2022	Orthovirginia, Inc	Orthopedic Appliance	\$200.00	\$83.68	Other Ins Paid		05/26/2022	05/27/2022	999999999
				\$95.40	Primary Adjustm		05/26/2022	05/27/2022	999999999
				\$20.92	Ded Credit	\$0.00	05/26/2022	05/27/2022	999999999
Claim # AGA-0364673 Totals :			\$710.00	\$710.00		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$39.79	Primary Adjustm		04/08/2022	04/12/2022	999999999
				\$50.00	Ded Credit	\$0.00	04/08/2022	04/12/2022	999999999
Claim # AGA-0350733 Totals :			\$284.00	\$284.00		\$0.00			

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	999999999
				\$45.87	Primary Adjustm		04/08/2022	04/12/2022	999999999
				\$25.00	Ded Credit	\$0.00	04/08/2022	04/12/2022	999999999
Claim # AGA-0353501 Totals :			\$194.00	\$194.00		\$0.00			

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	999999999
				\$188.18	Ded Credit	\$0.00	05/20/2022	05/20/2022	999999999
03/16/2022	Orthovirginia, Inc	Medical Treatment	\$320.00	\$9.60	Disc: Hrgi		05/20/2022	05/20/2022	999999999
				\$310.40	Ded Credit	\$0.00	05/20/2022	05/20/2022	999999999
Claim # AGA-0353720 Totals :			\$515.85	\$514.00		\$1.85			

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
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	999999999
				\$1,431.14	Primary Adjustm		06/21/2022	06/24/2022	999999999
				\$14.33	Ded Credit	\$0.00	06/21/2022	06/24/2022	999999999
04/14/2022	Princeton Community Hospital	X-ray,Radiology	\$340.00	\$306.00	Other Ins Paid		06/22/2022	06/24/2022	999999999
				\$34.00	Ded Credit	\$0.00	06/22/2022	06/24/2022	999999999
05/03/2022	Princeton Community Hospital	X-ray,Radiology	\$340.00	\$306.00	Other Ins Paid		06/22/2022	06/24/2022	999999999
				\$34.00	Ded Credit	\$0.00	06/22/2022	06/24/2022	999999999
04/14/2022	Mercer Medical Group	X-ray,Radiology	\$21.00	\$15.65	Other Ins Paid		06/22/2022	06/24/2022	999999999
				\$3.62	Primary Adjustm		06/22/2022	06/24/2022	999999999
				\$1.73	Ded Credit	\$0.00	06/22/2022	06/24/2022	999999999
05/03/2022	Mercer Medical Group	X-ray,Radiology	\$19.00	\$13.90	Other Ins Paid		06/21/2022	06/24/2022	999999999
				\$3.56	Primary Adjustm		06/21/2022	06/24/2022	999999999
				\$1.54	Ded Credit	\$0.00	06/21/2022	06/24/2022	999999999
Claim # AGA-0384625 Totals :			\$2,294.50	\$2,294.50		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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
Claim # AGA-0341771 Totals :			\$7,007.00	\$6,634.03		\$372.97			
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
Claim # AGA-0377694 Totals :			\$862.00	\$862.00		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			
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
Claim # AGA-0361157 Totals :			\$284.00	\$284.00		\$0.00			
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
Claim # AGA-0365549 Totals :			\$340.00	\$340.00		\$0.00			
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			
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
Claim # AGA-0388780 Totals :			\$320.00	\$320.00		\$0.00			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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	999999999
				\$49.15	Primary Adjustm		06/22/2022	06/24/2022	999999999
				\$40.00	Ded Credit	\$0.00	06/22/2022	06/24/2022	999999999
Claim # AGA-0385729 Totals :			\$111.00	\$111.00		\$0.00			

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	999999999
				\$32.39	Primary Adjustm		04/25/2022	04/29/2022	999999999
				\$50.00	Ded Credit	\$0.00	04/25/2022	04/29/2022	999999999
Claim # AGA-0360971 Totals :			\$182.00	\$182.00		\$0.00			

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
Claim # AGA-0344787 Totals :			\$665.20	\$651.00		\$14.20			

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	999999999
				\$275.48	Ded Credit	\$0.00	06/14/2022	06/17/2022	999999999
Claim # AGA-0365712 Totals :			\$285.02	\$284.00		\$1.02			

Pay Dates: 01/01/1900 - 06/28/2022

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., 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			

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
Claim # AGA-0361149 Totals :			\$4,468.38	\$3,895.35		\$573.03			

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
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	999999999
				\$118.70	Ded Credit	\$0.00	03/30/2022	03/31/2022	999999999
10/01/2021	OrthoVirginia, Inc	Surgery	\$281.00	\$123.46	Other Ins Paid		03/30/2022	03/31/2022	999999999
				\$126.68	Primary Adjustm		03/30/2022	03/31/2022	999999999
				\$30.86	Ded Credit	\$0.00	03/30/2022	03/31/2022	999999999
10/01/2021	OrthoVirginia, Inc	Medical Treatment	\$29.00	\$23.20	Other Ins Paid		03/30/2022	03/31/2022	999999999
				\$5.80	Ded Credit	\$0.00	03/30/2022	03/31/2022	999999999
11/09/2021	OrthoVirginia, Inc	Medical Treatment	\$182.00	\$145.60	Other Ins Paid		03/30/2022	03/31/2022	999999999
				\$36.40	Ded Credit	\$0.00	03/30/2022	03/31/2022	999999999
11/09/2021	OrthoVirginia, Inc	Orthopedic Appliance	\$360.00	\$0.00	Other Ins Paid		03/30/2022	03/31/2022	999999999
				\$360.00	Primary Adjustm	\$0.00	03/30/2022	03/31/2022	999999999
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	999999999
				\$92.99	Primary Adjustm		05/17/2022	05/20/2022	999999999
				\$45.40	Ded Credit	\$0.00	05/17/2022	05/20/2022	999999999
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	999999999
				\$90.22	Ded Credit	\$0.00	06/14/2022	06/17/2022	999999999
Claim # AGA-0365686 Totals :			\$399.95	\$340.00		\$59.95			

2021 Sub Total: Checking Account FAIRM Totals:			\$68,773.46	\$60,119.30		\$8,654.16			
2021 Sub Total: Coverage Intercollegiate Sports Totals:			\$68,773.46	\$60,119.30		\$8,654.16			
2021 Sub Total: Policy US1556651 Totals:			\$68,773.46	\$60,119.30		\$8,654.16			
2021 Sub Totals:			\$68,773.46	\$60,119.30		\$8,654.16			
Concord University Sub Totals:			\$3,088,023.55	\$2,752,409.07		\$335,614.48			

A-G Administrators, Inc. Claims History Report

Pay Dates: 01/01/1900 - 06/28/2022

Report Criteria: Concord University

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

Pay Dates: 01/01/1900 - 06/28/2022

Report Criteria: Concord University

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		\$68,773.46	\$60,119.30		\$8,654.16			
	2021 Grand Total		\$68,773.46	\$60,119.30		\$8,654.16			
Grand Total									
	Checking Account QBE		\$560,609.95	\$460,920.34		\$99,689.61			
	Checking Account FAIRM		\$112,843.22	\$84,331.98		\$28,511.24			
	Checking Account BRKLY		\$2,414,570.38	\$2,207,156.75		\$207,413.63			
	Grand Totals		\$3,088,023.55	\$2,752,409.07		\$335,614.48			