
SINGH_HToday | This week

08:00AM	NWPT	<u>JABEEN, F</u>
08:45AM	NWPT	<u>CURTIS, L J</u>
09:30AM	B15	<u>SCHULTZ, R</u>
09:45AM	NWPT	<u>PARKER, S</u>
10:15AM	NWPT	<u>STROOT, E</u>
11:00AM	EST	<u>MARTIN, S</u>
11:15AM	NWPT	<u>MORAN, J</u>
01:00PM	EST	<u>MOORE, A</u>
01:15PM	NWPT	<u>JONES, P</u>
02:00PM	NWPT	<u>KHAN, M</u>
02:45PM	EST	<u>TOUWOLE, F</u>
03:00PM	EST	<u>HEISSENBERGER, V</u>
03:15PM	EST	<u>KOSS, L</u>
03:30PM	NWPT	<u>NAGI, P</u>

TECHToday | This week

08:30AM		
08:45AM		
09:00AM	EEG	<u>NETO, O</u>
10:00AM		

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

1
printed 02/24/2026
08:03 AM

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
FARKHANDA JABEEN 22318 GREAT TRAIL TER STERLING VA, 20164	23562	FARKHANDA JABEEN [F]	HARMEET SINGH, MD	02/24/2026 08:00 AM	CLINICAL NEUROLOGY
	DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
	11/08/1984 41 YR	(571) 471-9809	BCBS-VA - HEALTHKEEPERS PLUS (MEDICAID REPLACEMENT - HMO)	YTD738578869	
APPT TYPE	NEW PATIENT	NOTES/REASON	no appointment notes		

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: FARKHANDA JABEEN

DOB: 11/08/1984

DATE: 02/24/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming		A4556	Electrodes			
95977	VNS w/ programming		99070	Needles			
CPT	BOTOX	CHG					
64611	Botox Injection, Salivary Gland		95923	Testing of ANS Function			
64612	Botox Injection, Facial		CPT	PROCEDURE	CHG		
64615	Botox Injection, Migraine		95816	EEG, Awake			
64616	Chemodeneration, Neck			72hr. Ambulatory EEG			
64650	Botox Injection, Eccrine Glands		95700	Set Up			
64642	Chemodeneration, One Extremity (1-4 mucsles)		95708	Technical 12-26 Hours			
64643	Chemodeneration, One Extremity (1-4 mucsles)		95723	Professional 36-60 Hours			
64644	Chemodeneration, One Extremity 5/ >each		95930	Visual Evoked Potential			
64645	Chemodeneration, One Extremity 5/ >each		92585	Brainstem & Evoked Potential			
J0585	Botox Injection Vial # Units		95925	SSEP-Upper			
95874	EMG Guidance		95926	SSEP-Lower			
CPT	ACUPUNCTURE	CHG	96116	Cognitive Assessment			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

R29.898
R20.9

PAYMENT	
\$	CK # CASH CDC

[click here](#) to view original file

Virginia VA, USA **DRIVER'S LICENSE** FEDERAL LIMITS APPLY



4d Customer Number **A65359472**

1a Name **JABEEN FARKHANDA**

8 Address **22318 GREAT TRAIL TER
STERLING, VA 20164-5227**

3 Date of Birth **11/08/1984** 9 Class **D**

15 Sex **F** 18 Eyes **BRO** 9a End **NONE**

16 Height **5'-03"** 12 Restrictions **NONE**

4a Iss REI **04/04/2024** 4b Exp **11/08/2029**

5 DD 094778925

NOV 2024

NOV 1984

JABEEN FARKHANDA



Class:
D Operator DL




Jabeen

00619 001324664 07




Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.


CardinalCare
Virginia's Medicaid Program

Farkhanda Jabeen
Member ID
YTD738578869

PCP Name A. Mukherjee
PCP Phone 301-428-1070
Medicaid ID 351617725018

Group Number	HKP00200	PCP/Specialist	\$0/\$0
BC/BS Plan	923	Outpatient	\$0
RxBIN:	020107	Inpatient	\$0
RxPCN:	FM	Emergency	\$0
RxGRP:	WQWA	Rx	\$0/\$0



Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

Members When sending inquiries, always include your ID number from the front of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest ER or call 911.

Pharmacies For network contracting and claims inquiries, call the pharmacists-only number listed to the right.

Providers Please submit claims to your local BCBS Plan. To ensure proper claims processing, please include the 3-digit prefix that precedes the patient's ID number listed on the front of this card.

Claims Filing Address:
Post Office Box 27401
Richmond, VA 23279

Contractor ID
0047003253

anthem.com/vamedicaid

Member Services: 800-901-0020
Provider Services: 800-901-0020
TTY: 711
24/7 NurseLine: 800-901-0020
Behavioral Health Crisis Line: 844-429-9620
Authorization: 800-901-0020
Dental: 888-912-3456
Transportation Service: 877-892-3988
Pharmacy Member Services: 833-207-3120
Help for Pharmacists: 833-253-4452
*Department of Medical Assistance
Services program

HealthKeepers, Inc.
P.O. Box 27401
Mail Drop VA2002-N500
Richmond, VA 23279
HealthKeepers, Inc. is an independent licensee of the
Blue Cross and Blue Shield Association.
Anthem is a registered trademark of Anthem
Insurance Companies, Inc.

PATIENT INFORMATION SHEET

JABEEN. FARAH 11/08/84 #23562

Please write legibly



DATE 02/23/26

PATIENT NAME Farkhanda Jabeen. DATE OF BIRTH 11/08/1984

* 054281w3235 A-FormLett

AGE 40 SEX M F SOCIAL SECURITY # 577-53-9922 MARITAL STATUS Married

ADDRESS 22318 Great Trail Ter CITY Sterling STATE VA ZIP 20154

HOME TELEPHONE () _____ WORK () _____ CELL () 5714719809

EMPLOYER Oceanic Academy OCCUPATION Teacher / Admin

EMPLOYER'S ADDRESS _____ CITY/STATE Sterling

LEGAL GUARDIAN/PARENT/SPOUSE'S NAME Hafiz Naseer RELATIONSHIP Husband

ADDRESS 22318 Great Trail Ter CITY/STATE/ZIP of VA. Sterling VA

SPOUSE'S EMPLOYER _____ BUSINESS PHONE () _____

EMERGENCY CONTACT Naheed.A RELATIONSHIP Aunt PHONE# () 5712142856

REFERRING PHYSICIAN Shreya Desai PHONE# () 703 430 4343

OTHER DOCTORS YOU SEE REGULARLY _____

HOW DID YOU HEAR ABOUT US? _____

INSURANCE INFORMATION

THIS SECTION MUST BE COMPLETED EVEN IF A COPY OF YOUR CARD IS PROVIDED IS THIS A WORKERS COMPENSATION CASE? _____ IF YES, NOTIFY RECEPTIONIST IMMEDIATELY!!

DO YOU HAVE LONG-TERM INSURANCE? _____ INSURANCE COMPANY _____

PRIMARY INSURANCE COMPANY NAME: Anthem Health keepers Plus

POLICY/ID#: YTD 7385 78869 GROUP#: HKP05200

POLICY HOLDER NAME: Farkhanda Jabeen RELATION TO PATIENT Self

POLICY HOLDER SS# 577-53-9922 POLICY HOLDER D.O.B. 11/08/1984

SECONDARY INSURANCE COMPANY NAME: _____

POLICY/ID# _____ GROUP# _____

POLICY HOLDER NAME _____ RELATION TO PATIENT _____

POLICY HOLDER SS# _____ POLICY HOLDER D.O.B. _____

AUTHORIZATION: I hereby authorize Clinical Neurology, PC to release any information requested with respect to insurance claims and bills as the provider of the service rendered. I also authorize payment of insurance benefits directly to Clinical Neurology, P.C.

Date 02/23/2026

Signature of Patient/Parent/Guardian Jarrah

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

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19455 DEERFIELD AVENUE/SUITE 211
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LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

2
printed 02/23/2026
03:47 PM

GUARANTOR NAME AND ADDRESS LAURIE J CURTIS
18684 POTOMAC STATION DRIVE
LEESBURG VA, 20176

PATIENT # 2471 **PATIENT NAME [SEX]** LAURIE J CURTIS [F]

PROVIDER HARMEET SINGH, MD

DATE/TIME 02/24/2026 08:45 AM

DEPARTMENT CLINICAL NEUROLOGY

DOB 04/17/1962 **TELEPHONE** (703) 444-9016 **INSURANCE NAME** UNITED HEALTHCARE **CERTIFICATE#** 119212111 **AUTH#** 63 YR

APPT TYPE NEW PATIENT **NOTES/REASON** no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: LAURIE CURTIS **DOB:** 04/17/1962 **DATE:** 02/23/2026


PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT	BOTOX	CHG	99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT	PROCEDURE	CHG		
64616	Chemodenervation, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands			72hr. Ambulatory EEG			
64642	Chemodenervation, One Extremity (1-4 mucsles)		95700	Set Up			
64643	Chemodenervation, One Extremity (1-4 mucsles)		95708	Technical 12-26 Hours			
64644	Chemodenervation, One Extremity 5/ >each		95723	Professional 36-60 Hours			
64645	Chemodenervation, One Extremity 5/ >each		95930	Visual Evoked Potential			
J0585	Botox Injection Vial # Units		92585	Brainstem & Evoked Potential			
95874	EMG Guidance		95925	SSEP-Upper			
CPT	ACUPUNCTURE	CHG	96116	Cognitive Assessment			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency			
97814	each additional 15 minutes			Electrical Stimulation (15 mins)			
				# units			

R41.3
R25.1

PAYMENT	
\$	CK # CASH CDC

VA, USA
Virginia IDENTIFICATION CARD ★


	Customer Identifier A65933009	Restrictions NONE
	Name CURTIS LAURIE JENNIFER	
	Address 1113 LACONIAN ST SE LEESBURG, VA 20115-5856	
	Sex F	Date of Birth 04/17/1962
	Eyes BRO	Iss 02/07/2022
DD 090043018	Height 5FT 8IN	Exp 04/17/2030


NOT A LICENSE TO OPERATE A MOTOR VEHICLE

76 509 07 0000 50900



PRIMARY

 UnitedHealthcare

Health Plan (80840): **911-87726-04**
Member ID: 119212111-00 Group Number: VADSNP

Member: **LAURIE J CURTIS** UHC Dental Benefits

Payer ID:
87726

PCP Name:
SCRIPPS, MATTHEW D.
PCP Phone: (703) 777-9510

MedicareRx <small>Prescription Drug Coverage</small>	
RxBIN:	610097
RxPCN:	9999
RxGrp:	MPDCSP

UnitedHealthcare Dual Complete RP (Regional PPO D-SNP)
R1548-001-000 Medicare limiting charges apply.

Customer Service Hours: 8am-8pm, 7 Days Oct-Mar, M-F Apr-Sept

Printed: 03/05/2020




For Members

Website: www.UHCCommunityPlan.com
Customer Service: 1-844-368-7151 TTY 711
NurseLine: 1-877-440-9407 TTY 711
Behavioral Health: 1-844-368-7151 TTY 711
Transportation: 1-866-418-9812 TTY 1-866-288-3133


For Providers www.UHCprovider.com 1-844-368-7151
Medical Claim Address: P.O. Box 5220, Kingston, NY 12402-5220

UHC Dental Providers: www.UHCproviders.com 1-844-275-8750

Medicare
Community
Plan **UHC** Renew
Active 

For Pharmacists 1-877-689-6510
Pharmacy Claims OptumRx P.O. Box 650287, Dallas, TX 75285-0287

800-800-0000

 **UnitedHealthcare** Community Plan



Health Plan (80840) **911-87726-04**

Member ID: **118889293** Group Number: **VACCCP**

Member:
LAURIE J CURTIS
Medicaid ID: **107034315018**
PCP Name:
MEDICARE PCP

Payer ID: **87726**

OPTUM	
Rx Bin:	610494
Rx GRP:	ACUVA
Rx PCN:	4900

0501

UnitedHealthcare Community Plan
Administered by UnitedHealthcare Insurance Company

**CLINICAL NEUROLOGY,
PC**

Tax ID:542004639

please send payments to:
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department of service:
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19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

3

printed 02/23/2026
03:47 PM

3

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ROSEMARY SCHULTZ 109 ASHCROFT DR CHARLES TOWN WV, 25414	22300	ROSEMARY SCHULTZ [F]	HARMEET SINGH, MD	02/24/2026 09:30 AM	CLINICAL NEUROLOGY

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
02/28/1957 68 YR	(518) 810-4386	BCBS-VA (MEDICARE REPLACEMENT/ADVANTAGE - PPO)	XLU445W22292	

APPT TYPE	NOTES/REASON
Botox15	no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: ROSEMARY SCHULTZ

DOB: 02/28/1957

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
G2211	Longitudinal Care		95907	1-2 Nerve Conduction Studies			
			95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99201	Office New, SF		95909	5-6 Nerve Conduction Studies			
99203	Office New, Low		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
95970	VNS w/o programming		A4556	Electrodes			
95977	VNS w/ programming		99070	Needles			
CPT	BOTOX	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
64611	Botox Injection, Salivary Gland		95923	Testing of ANS Function			
64612	Botox Injection, Facial						
64615	Botox Injection, Migraine						
64616	Chemodeneration, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 mucsles)			72hr. Ambulatory EEG			
64643	Chemodeneration, One Extremity (1-4 mucsles)		95700	Set Up			
64644	Chemodeneration, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodeneration, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
			95925	SSEP-Upper			
			95926	SSEP-Lower			
CPT	ACUPUNCTURE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96116	Cognitive Assessment			
97811	each additional 15 minutes		96132				
			96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

G43.709

PAYMENT

\$ 15	CK #	CASH	CDC
-------	------	------	-----

**CLINICAL NEUROLOGY PC 2
19455 DEERFIELD AVE STE 211
LEESBURG,VA 20176
Tel: 703 858-3700**

Date: 02/24/26 06:47:52

**Cardholder: Rosemary Schultz
Card Number: xxxxxxxxxxxxxx4249
Card Type: Visa
Type: Credit Card Sale
Ref #: 112473
Auth Code: 004924
Description:**

**AMOUNT: 15.00
TAX: 0.00
=====**
TOTAL: 15.00

X _____
Rosemary Schultz

**I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT**

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
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19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

4

printed 02/24/2026
09:36 AM

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
SHERRI PARKER 208 APSLEY TER PURCELLVILLE VA, 20132	23473	SHERRI PARKER [F]	HARMEET SINGH, MD	02/24/2026 09:45 AM	CLINICAL NEUROLOGY
	DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
	01/03/1979 47 YR	(571) 233-4218	BCBS-MD (PPO)	D7X917891962	
APPT TYPE	NEW PATIENT		NOTES/REASON	no appointment notes	

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: SHERRI PARKER DOB: 01/03/1979 DATE: 02/24/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			#			Extremities
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT	BOTOX	CHG	99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT	PROCEDURE	CHG		
64616	Chemodeneration, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 mucsles)			72hr. Ambulatory EEG			
64643	Chemodeneration, One Extremity (1-4 mucsles)		95700	Set Up			
64644	Chemodeneration, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodeneration, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT	ACUPUNCTURE	CHG	95925	SSEP-Upper			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	95926	SSEP-Lower			
97811	each additional 15 minutes						
			96116	Cognitive Assessment			
			96132				
			96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			#			units

G43.109
H53.8

PAYMENT		CK #	CASH	CDC
\$	45			

**CLINICAL NEUROLOGY PC 2
19455 DEERFIELD AVE STE 211
LEESBURG, VA 20176
Tel: 703 858-3700**

Date: 02/24/26 07:03:18

**Cardholder: Sherri J Parker
Card Number: xxxxxxxxxxxxxx1148
Card Type: Master
Type: Credit Card Sale
Ref #: 112474
Auth Code: 23610P
Description:**

**AMOUNT: 45.00
TAX: 0.00
=====**
TOTAL: 45.00

X _____
Sherri J Parker

**I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT**

Admin - Insurance Card for PARKER, SHERRI 01/03/1979 (47yo F)
#23473

Admin - Insurance Card for PARKER, SHERRI 01/03/1979 (47yo F) #23473

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Member Name
SHERRI J PARKER
Member ID
D7X 917891962

BC ADV OPEN ACCESS

Group **67203000**

**PS20 SS45 CC\$20 UCS45 ERS150
ME**

BC/BS Plan **080/580**

Medical	In-Network	Out-of-Network
Individual Deductible	\$600	\$1200
Family Deductible	\$1200	N/A
Individual Out-of-Pocket	\$2000	\$4000
Family Out-of-Pocket	\$4000	\$8000



Admin - Insurance Card for PARKER, SHERRI 01/03/1979 (47yo F)
#23473



carefirst.com
Member Service: **833-824-8645**

Provider Claims and Benefits: **877-228-7268**
24-Hour Nurse Advice Line: **800-535-9700**
Mental Health/Substance Abuse: **800-245-7013**
Pre-Auth/Case Management: **866-773-2884**
Locate out of area providers: **800-810-2583**

Providers must submit all Medical claims to the local Blue Cross and Blue Shield Plan. Local CareFirst Medical providers mail to:

Mail Administrator

PO Box 14115 (for claims)

PO Box 14114 (for correspondence)

Lexington, KY 40512

This employee benefit plan provides benefits to you and your eligible dependents.




CareFirst BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and First Care, Inc. which are independent licensees of the Blue Cross and Blue Shield Association.

FAMED (11/24)

VA, USA

Virginia IDENTIFICATION CARD



Customer identifier
A65908160

Restrictions
NONE

Name
PARKER
SHERRI,JEANETTE

Address
208 APSLEY TER
PURCELLVILLE, VA 20132-9604

Sex
F

Date of birth
01/03/1979

Eyes
BLK

Iss REI
02/20/2020

Height
4FT 11IN

Exp
01/03/2027

Organ Donor
DD 085820850

Sherri Parker

www.dmva.net

908160 01160

08160SHERRI PARKER A65908160

NOT A LICENSE TO OPERATE A MOTOR VEHICLE

Admin - Insurance Card for PARKER, SHERRI 01/03/1979 (47yo F)
#23473



Sherri Parker



00605 001831080 55

IDENTIFICATION CARD ID#

PATIENT INFORMATION SHEET

PARKER, SHERRI 01/03/79 #23473

Please write legibly



DATE 2/24/26
 PATIENT NAME Sherrri Parker DATE OF BIRTH 1/31/79
 AGE SEX M F SOCIAL SECURITY # 231-43-4240 MARITAL STATUS married
 ADDRESS 208 Apsley Terr CITY Purcellville STATE VA ZIP 20132
 HOME TELEPHONE 540-253-4212 WORK 703-729-7200 CELL ()
 EMPLOYER Montessori Academy OCCUPATION teacher
 EMPLOYER'S ADDRESS 20300 Bowfords St CITY/STATE Ashburn, VA
 LEGAL GUARDIAN/PARENT/SPOUSE'S NAME Dwayne Parker RELATIONSHIP husband
 ADDRESS 208 Apsley Terr CITY/STATE/ZIP Purcellville, VA 20132
 SPOUSE'S EMPLOYER CACI BUSINESS PHONE ()
 EMERGENCY CONTACT Dwayne Parker RELATIONSHIP husband PHONE# () 571-420-6459
 REFERRING PHYSICIAN PHONE# ()
 OTHER DOCTORS YOU SEE REGULARLY
 HOW DID YOU HEAR ABOUT US? online

INSURANCE INFORMATION

THIS SECTION MUST BE COMPLETED EVEN IF A COPY OF YOUR CARD IS PROVIDED IS THIS A WORKERS COMPENSATION CASE? IF YES, NOTIFY RECEPTIONIST IMMEDIATELY!!

DO YOU HAVE LONG-TERM INSURANCE? INSURANCE COMPANY

PRIMARY INSURANCE COMPANY NAME: Carefirst Blue Choice
 POLICY/ID#: D7X 9178 91962 GROUP#: 67263000
 POLICY HOLDER NAME: Dwayne Parker RELATION TO PATIENT husband
 POLICY HOLDER SS# - - POLICY HOLDER D.O.B. 5/11/79

SECONDARY INSURANCE COMPANY NAME:
 POLICY/ID# GROUP#
 POLICY HOLDER NAME RELATION TO PATIENT
 POLICY HOLDER SS# - - POLICY HOLDER D.O.B.

AUTHORIZATION:

I hereby authorize Clinical Neurology, PC to release any information requested with respect to insurance claims and bills as the provider of the service rendered. I also authorize payment of insurance benefits directly to Clinical Neurology, P.C.

2/24/26
 Date Sherrri Parker
 Signature of Patient/Parent/Guardian

SHOULD THIS BILL CREATE FINANCIAL HARDSHIP, PLEASE DISCUSS THIS WITH US IMMEDIATELY

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

15

printed 02/23/2026
03:47 PM

GUARANTOR NAME AND ADDRESS OSVALDO NETO
41811 BRISTOW MANOR DR
ASHBURN VA, 20148

PATIENT # 23209 **PATIENT NAME [SEX]** OSVALDO NETO [M] **PROVIDER** TECH **DATE/TIME** 02/24/2026 09:00 AM **DEPARTMENT** CLINICAL NEUROLOGY

DOB 04/04/1991 **TELEPHONE** (202) 560-0283 **INSURANCE NAME** AETNA (PPO) **CERTIFICATE#** W294546942 **AUTH#**

APPT TYPE ELECTROENCEPHALOGRAM **NOTES/REASON** no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: OSVALDO NETO

DOB: 04/04/1991

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT LONGITUDINAL CARE			95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT NEW PATIENT			95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT PROCEDURE							
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT BOTOX			99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT PROCEDURE				
64616	Chemodenervation, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodenervation, One Extremity (1-4 muscles)			72hr. Ambulatory EEG			
64643	Chemodenervation, One Extremity (1-4 muscles)		95700	Set Up			
64644	Chemodenervation, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodenervation, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT ACUPUNCTURE			95925	SSEP-Upper			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96116	Cognitive Assessment			
97811	each additional 15 minutes		96132				
			96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

440-909

PAYMENT

\$ 40 CK # _____ CASH _____ CDC _____

CLINICAL NEUROLOGY PC 2
19455 DEERFIELD AVE STE 211
LEESBURG, VA 20176
Tel: 703 858-3700

#DOB - 04/04/1991

Date: 02/24/26 07:11:06

Cardholder: Embassy of The
Card Number: xxxxxxxxxxxxxx9664
Card Type: Visa
Type: Credit Card Sale
Ref #: 112475
Auth Code: 181013
Description:

→ OSVALDO NETO

AMOUNT: 40.00
TAX: 0.00
=====

TOTAL:	40.00
--------	-------

X _____
Embassy of The

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT

CLINICAL NEUROLOGY, PC

Tax ID: 542004639

please send payments to:

19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

5

printed 02/24/2026
10:16 AM

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ERIN STROOT 774 MCGUIRE CIR BERRYVILLE VA, 22611	23380	ERIN STROOT [F]	HARMEET SINGH, MD	02/24/2026 10:15 AM	CLINICAL NEUROLOGY

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
04/02/1977 48 YR	(559) 904-5023	TRICARE FOR LIFE (TRICARE)	00823352401	

APPT TYPE: NEW PATIENT NOTES/REASON: no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: ERIN STROOT

DOB: 04/02/1977

DATE: 02/24/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# _____ Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming		A4556	Electrodes			
95977	VNS w/ programming		99070	Needles			
CPT	BOTOX	CHG					
64611	Botox Injection, Salivary Gland		95923	Testing of ANS Function			
64612	Botox Injection, Facial		CPT	PROCEDURE	CHG		
64615	Botox Injection, Migraine		95816	EEG, Awake			
64616	Chemodenervation, Neck			72hr. Ambulatory EEG			
64650	Botox Injection, Eccrine Glands		95700	Set Up			
64642	Chemodenervation, One Extremity (1-4 mucsles)		95708	Technical 12-26 Hours			
64643	Chemodenervation, One Extremity (1-4 mucsles)		95723	Professional 36-60 Hours			
64644	Chemodenervation, One Extremity 5/ >each		95930	Visual Evoked Potential			
64645	Chemodenervation, One Extremity 5/ >each		92585	Brainstem & Evoked Potential			
J0585	Botox Injection Vial # Units		95925	SSEP-Upper			
95874	EMG Guidance		95926	SSEP-Lower			
CPT	ACUPUNCTURE	CHG	96116	Cognitive Assessment			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# _____ units			

G80.9

G43.709

PAYMENT	
\$	CK # _____ CASH _____ CDC _____

U.S. Department of Defense / Uniformed Services

Expires

2029MAR01



Relationship
Spouse

Sponsor Affiliation
Retired

Sponsor
Pay Grade
O5

Sponsor
Rank
CDR

Sponsor
Agency / Department
Navy

Authorized Patronage
**MWR, Commissary
Unlimited Exchange**

**STROOT,
ERIN MCDONNELL**

Identification and Privilege Card

G+D Mifare Classic EV1 1K

041F084A191395

00005179



Sponsor Name STROOT, ABRAM MICHAEL	Sponsor DoD ID 1237266265
--	-------------------------------------

Medical
Verify Eligibility



Date of Birth
1977APR02

Beneficiary DoD ID
1250405304

Benefits Number
008233524-01

Effective Date
2025MAR02



CVN 3759

Property of U.S. Government

DDUSID570001187

Virginia

VA, USA

DRIVER'S LICENSE



Customer identifier
C28686942

Name
STROOT
ERIN,MC DONNELL

Address
774 MCGUIRE CIR
BERRYVILLE, VA 22611-1541

Sex F	Class D	Date of birth 04/02/1977
Eyes BLU	Endorsements NONE	Iss ORI 03/05/2020
Height 5FT 9IN	Restrictions C	Exp 04/02/2027



C28686942ERINSTROOTC28686942

586942012

Erin M. Stroot

DD 085955838

www.dmv.Nova.com



Class:
D Operator DL

Restrictions:
C Corrective lenses



E. M. Strook



00601 014883769 33

V1.0

DRIVER'S LICENSE DRIVER

PATIENT INFORMATION SHEET

STROOT, ERIN 04/02/77 #23380

Please write legibly



* 753787w3235 A-FormLett

DATE Jan 23, 2026
PATIENT NAME Erin M. Stroot DATE OF BIRTH April 2, 1977
AGE 48 SEX M X F SOCIAL SECURITY # 304 - 92 - 1555 MARITAL STATUS married
ADDRESS 774 McGuire Circle CITY Berryville STATE VA ZIP 22611
HOME TELEPHONE () X WORK () X CELL (559) 904-5023
EMPLOYER N/A OCCUPATION N/A
EMPLOYER'S ADDRESS N/A CITY/STATE N/A
LEGAL GUARDIAN/PARENT/SPOUSE'S NAME Abram Stroot RELATIONSHIP spouse
ADDRESS 774 Mc Guire Circle CITY/STATE/ZIP Berryville, VA 22611
SPOUSE'S EMPLOYER United Airlines BUSINESS PHONE ()
EMERGENCY CONTACT Abram Stroot RELATIONSHIP spouse PHONE# (559) 904-4389
REFERRING PHYSICIAN Dr. Ripley (Amherst Family Practice) PHONE# (640) 667-8724
OTHER DOCTORS YOU SEE REGULARLY Caitlin Blair (Amherst Family Practice)
HOW DID YOU HEAR ABOUT US?

INSURANCE INFORMATION

THIS SECTION MUST BE COMPLETED EVEN IF A COPY OF YOUR CARD IS PROVIDED
IS THIS A WORKERS COMPENSATION CASE? No IF YES, NOTIFY RECEPTIONIST IMMEDIATELY!!

DO YOU HAVE LONG-TERM INSURANCE? INSURANCE COMPANY

PRIMARY INSURANCE COMPANY NAME: Tricare

POLICY/ID#: 1250405304 GROUP#: 008233524-01

POLICY HOLDER NAME: Abram Stroot RELATION TO PATIENT spouse

POLICY HOLDER SS# 482 - 94 - 2390 POLICY HOLDER D.O.B. Dec 4, 1976

SECONDARY INSURANCE COMPANY NAME:

POLICY/ID# GROUP#

POLICY HOLDER NAME RELATION TO PATIENT

POLICY HOLDER SS# - - POLICY HOLDER D.O.B.

AUTHORIZATION:

I hereby authorize Clinical Neurology, PC to release any information requested with respect to insurance claims and bills as the provider of the service rendered. I also authorize payment of insurance benefits directly to Clinical Neurology, P.C.

Date Signature of Patient/Parent/Guardian

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

16

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GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
PRISCILLA B GODFREY 38395 SNICKERSVILLE TPKE PURCELLVILLE VA, 20132	4140	PRISCILLA B GODFREY [F]	TECH	02/24/2026 10:15 AM	CLINICAL NEUROLOGY
	DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
	05/27/1950 75 YR	(540) 687-5689	AETNA (MEDICARE REPLACEMENT/ADVANTAGE - PPO)	101145171900	
APPT TYPE	COGNITIVE TESTING		NOTES/REASON	no appointment notes	

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: PRISCILLA GODFREY

DOB: 05/27/1950

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming		A4556	Electrodes			
95977	VNS w/ programming		99070	Needles			
CPT	BOTOX	CHG					
64611	Botox Injection, Salivary Gland		95923	Testing of ANS Function			
64612	Botox Injection, Facial		CPT	PROCEDURE	CHG		
64615	Botox Injection, Migraine		95816	EEG, Awake			
64616	Chemodeneration, Neck			72hr. Ambulatory EEG			
64650	Botox Injection, Eccrine Glands		95700	Set Up			
64642	Chemodeneration, One Extremity (1-4 mucsles)		95708	Technical 12-26 Hours			
64643	Chemodeneration, One Extremity (1-4 mucsles)		95723	Professional 36-60 Hours			
64644	Chemodeneration, One Extremity 5/ >each		95930	Visual Evoked Potential			
64645	Chemodeneration, One Extremity 5/ >each		92585	Brainstem & Evoked Potential			
J0585	Botox Injection Vial # Units		95925	SSEP-Upper			
95874	EMG Guidance		95926	SSEP-Lower			
CPT	ACUPUNCTURE	CHG	96116	Cognitive Assessment			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

F03-90

PAYMENT			
\$ 55	CK #	CASH	CDC

**CLINICAL NEUROLOGY PC 2
19455 DEERFIELD AVE STE 211
LEESBURG, VA 20176
Tel: 703 858-3700**

Date: 02/24/26 08:21:48

Cardholder: Priscilla Godfrey
Card Number: xxxxxxxxxxxxxx5400
Card Type: Visa
Type: Credit Card Sale
Ref #: 112476
Auth Code: 333659
Description:

**AMOUNT: 55.00
TAX: 0.00
=====**
TOTAL: 55.00

X _____
Priscilla Godfrey

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

6

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3

GUARANTOR NAME AND ADDRESS **PATIENT #** **PATIENT NAME [SEX]** **PROVIDER** **DATE/TIME** **DEPARTMENT**
SHELLEY MARTIN 20253 SHELLEY MARTIN [F] HARMEET SINGH, MD 02/24/2026 11:00 AM CLINICAL NEUROLOGY
207 TOWN BRANCH TER SW
LEESBURG VA, 20175

DOB **TELEPHONE** **INSURANCE NAME** **CERTIFICATE#** **AUTH#**
08/14/1950 (703) 629-1615 MEDICARE-VA (MEDICARE) 1FU8D46VE66
75 YR

APPT TYPE ESTABLISHED PATIENT **NOTES/REASON** no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: SHELLEY MARTIN DOB: 08/14/1950 DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT LONGITUDINAL CARE		CHG	95907	1-2 Nerve Conduction Studies			
99211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT NEW PATIENT		CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT PROCEDURE		CHG					
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT BOTOX		CHG	99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT PROCEDURE		CHG		
64616	Chemodenervation, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodenervation, One Extremity (1-4 mucsles)			72hr. Ambulatory EEG			
64643	Chemodenervation, One Extremity (1-4 mucsles)		95700	Set Up			
64644	Chemodenervation, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodenervation, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT ACUPUNCTURE		CHG	96116	Cognitive Assessment			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

R41.3

PAYMENT

\$		CK #	CASH	CDC
----	---	------	------	-----

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

7

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03:47 PM

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
JAMES MORAN 20826 ADAMS MILL PL ASHBURN VA, 20147	23401	JAMES MORAN [M]	HARMEET SINGH, MD	02/24/2026 11:15 AM	CLINICAL NEUROLOGY

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
04/26/1948 77 YR	(703) 403-3302	MEDICARE-VA (MEDICARE)	6RU0J95GU38	

APPT TYPE	NEW PATIENT	NOTES/REASON
		no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: JAMES MORAN

DOB: 04/26/1948

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT	BOTOX	CHG	99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT	PROCEDURE	CHG		
64616	Chemodeneration, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 mucsles)			72hr. Ambulatory EEG Set Up			
64643	Chemodeneration, One Extremity (1-4 mucsles)		95700	Set Up			
64644	Chemodeneration, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodeneration, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units						
95874	EMG Guidance		95930	Visual Evoked Potential			
CPT	ACUPUNCTURE	CHG	96116	Cognitive Assessment			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			


G 20. A1


PAYMENT		CASH	CDC
\$	CK #		

Admin - Insurance Card for MORAN, JAMES 04/26/1948 (77yo M) #23401

Admin - Insurance Card for MORAN, JAMES 04/26/1948 (77yo M) #23401


click [here](#) to view original file

Virginia VA, USA DRIVER'S LICENSE 

 **Customer identifier**
A62423135

Name
MORAN
JAMES,ARTHUR

Address
20826 ADAMS MILL PL
ASHBURN, VA 20147-5504




Sex M **Class** D **Date of birth** 04/26/1948

Eyes BRO **Endorsements** NONE **Iss REN** 01/15/2021

Height 6FT 1IN **Restrictions** C **Exp** 04/26/2029

James A Moran

 **Organ Donor**
DD 087565770



Class: Restrictions:
D Operator DL C Corrective lenses

James A Moran



00601 015996310 77

012
DRIVER'S LICENSE D RIVER



James A Moran

Identification Number
YTM000M73017

MEDICARE SUPPLEMENT

Group: VASUPWP0
Plan Code: 923
Plan Name: Plan F





MEDICARE HEALTH INSURANCE

Name/Nombre

JAMES A MORAN

Medicare Number/Número de Medicare

6RU0-J95-GU38

Entitled to/Con derecho a

Coverage starts/Cobertura empieza

HOSPITAL (PART A)

04-01-2013

MEDICAL (PART B)

04-01-2013

Admin - Insurance Card for MORAN, JAMES 04/26/1948 (77yo M) #23401

You may be asked to show this card when you get health care services. Only give your personal Medicare information to health care providers, your insurers, or people you trust who work with Medicare on your behalf. **WARNING:** Intentionally misusing this card may be considered fraud and/or other violation of federal law and is punishable by law.

Es posible que le pidan que muestre esta tarjeta cuando reciba servicios de cuidado médico. Solamente dé su información personal de Medicare a los proveedores de salud, sus aseguradores o personas de su confianza que trabajan con Medicare en su nombre. **¡ADVERTENCIA!** El mal uso intencional de esta tarjeta puede ser considerado como fraude y/u otra violación de la ley federal y es sancionada por la ley.

1-800-MEDICARE (1-800-633-4227 /
TTY: 1-877-486-2048); Medicare.gov



**CLINICAL NEUROLOGY,
PC**

Tax ID:542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

8

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3

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
ARCHIE MOORE 39774 LOVETTSVILLE RD LOVETTSVILLE VA, 20180	14271	ARCHIE MOORE [M]	HARMEET SINGH, MD	02/24/2026 01:00 PM	CLINICAL NEUROLOGY

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
01/04/1960 66 YR	(540) 822-4124	MEDICARE-VA (MEDICARE)	7F57Q02HC55	

APPT TYPE	NOTES/REASON
ESTABLISHED PATIENT	no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176
(p) 703-858-3700 (f) 866-803-8417

211
127/79
63

PATIENT NAME: ARCHIE MOORE DOB: 01/04/1960 DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
G2211	Longitudinal Care		95907	1-2 Nerve Conduction Studies			
			95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99201	Office New, SF		95909	5-6 Nerve Conduction Studies			
99203	Office New, Low		95910	7-8 Nerve Conduction Studies			
99204	Office New, Mod		95911	9-10 Nerve Conduction Studies			
99205	Office New, High		95912	11-12 Nerve Conduction Studies			
CPT	PROCEDURE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
95970	VNS w/o programming		95913	13 or more Nerve Conduction Studies			
95977	VNS w/ programming						
CPT	BOTOX	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
64611	Botox Injection, Salivary Gland		A4556	Electrodes			
64612	Botox Injection, Facial		99070	Needles			
64615	Botox Injection, Migraine						
64616	Chemodeneration, Neck		95923	Testing of ANS Function			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 mucsles)						
64643	Chemodeneration, One Extremity (1-4 mucsles)		95816	EEG, Awake			
64644	Chemodeneration, One Extremity 5/ >each						
64645	Chemodeneration, One Extremity 5/ >each						
J0585	Botox Injection Vial # Units						
95874	EMG Guidance						
CPT	ACUPUNCTURE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96116	Cognitive Assessment			
97811	each additional 15 minutes		96132				
			96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes						
97814	each additional 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins) # units			

R41.3
163.9

PAYMENT	
\$	CK # CASH CDC

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
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19455 DEERFIELD AVENUE
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dept phone: (703) 858-3700

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GUARANTOR NAME AND ADDRESS PRISCILLA JONES
14590 SPARROW HAWK CT
LEESBURG VA, 20176

PATIENT # 23552 **PATIENT NAME [SEX]** PRISCILLA JONES [F]

PROVIDER HARMEET SINGH, MD

DATE/TIME 02/24/2026 01:15 PM

DEPARTMENT CLINICAL NEUROLOGY

DOB 07/01/1958 **TELEPHONE** (516) 241-9220 **INSURANCE NAME** BCBS-ME (Medicare Replacement/Advantage - PPO)

CERTIFICATE# AUTH# XLU131W26281

APPT TYPE NEW PATIENT **NOTES/REASON** no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: PRISCILLA JONES **DOB:** 07/01/1958 **DATE:** 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT LONGITUDINAL CARE			CHG	95907	1-2 Nerve Conduction Studies		
G2211	Longitudinal Care			95908	3-4 Nerve Conduction Studies		
CPT NEW PATIENT			CHG	95909	5-6 Nerve Conduction Studies		
99201	Office New, SF			95910	7-8 Nerve Conduction Studies		
99203	Office New, Low			95911	9-10 Nerve Conduction Studies		
99204	Office New, Mod			95912	11-12 Nerve Conduction Studies		
99205	Office New, High			95913	13 or more Nerve Conduction Studies		
CPT PROCEDURE			CHG				
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT BOTOX			CHG	99070	Needles		
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial			95923	Testing of ANS Function		
64615	Botox Injection, Migraine			CPT PROCEDURE			
64616	Chemodeneration, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 muscles)				72hr. Ambulatory EEG		
64643	Chemodeneration, One Extremity (1-4 muscles)		95700	Set Up			
64644	Chemodeneration, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodeneration, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT ACUPUNCTURE			CHG	96116	Cognitive Assessment		
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96132				
97811	each additional 15 minutes		96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

R55
163.9

PAYMENT

\$ 30 **CK #** **CASH** **CDC**

**CLINICAL NEUROLOGY PC 2
19455 DEERFIELD AVE STE 211
LEESBURG, VA 20176
Tel: 703 858-3700**

Date: 02/24/26 10:31:24

**Cardholder: Priscilla Jones
Card Number: xxxxxxxxxxxxxx8140
Card Type: Visa
Type: Credit Card Sale
Ref #: 112482
Auth Code: 024138
Description:**

**AMOUNT: 30.00
TAX: 0.00
=====**
TOTAL: 30.00


X _____
Priscilla Jones


**I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT**

Admin - Insurance Card for JONES, PRISCILLA 07/01/1958 (67yo F)
#23552

Admin - Insurance Card for JONES, PRISCILLA 07/01/1958 (67yo F) #23552

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Virginia VA, USA **IDENTIFICATION CARD** 



4. Customer Number
B65312549

1. Name
**JONES
PRISCILLA**

6. Address
**14590 SPARROW HAWK CT
LEESBURG, VA 20176**

3. Date of Birth
07/18/1958

15. Sex **F** 13. Eyes **BRO**

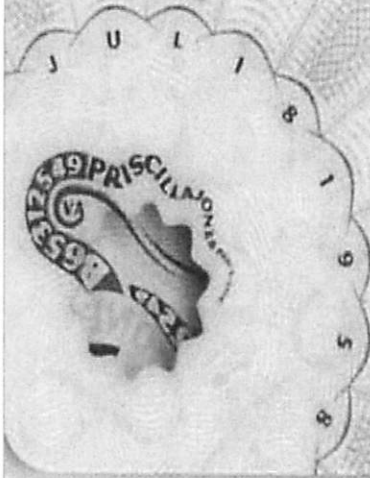
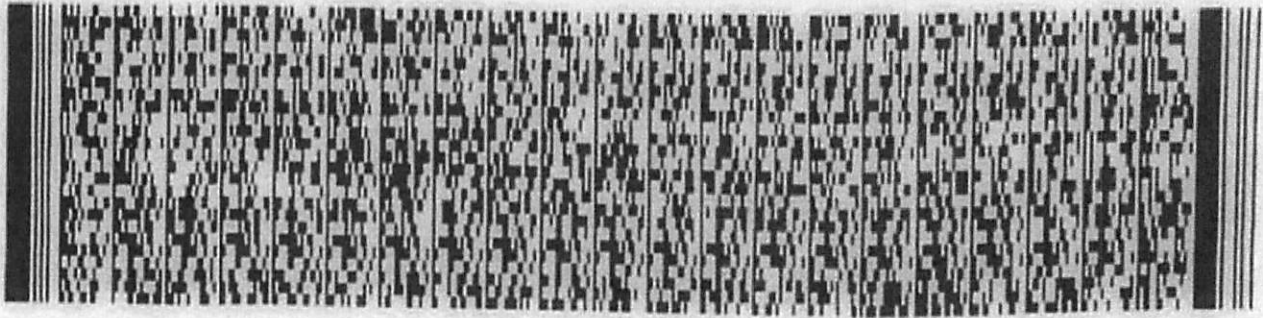
10. Height **5'-06"** 11. Restrictions **NONE**

4. Iss. REI **04/15/2025** 5. Exp. **07/18/2031**

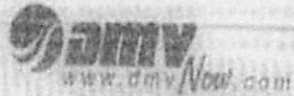
Priscilla Jones
JUL 58
5 DD 097690059

JUL 1958
PRISCILLA JONES

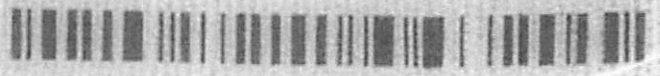
NOT A LICENSE TO OPERATE A MOTOR VEHICLE



Priscilla Jones



00621 000298192 68





Anthem Medicare
Preferred (PPO)



Priscilla B Jones

Member ID:
XLU131W26281

Senior Rx Plus

Group: **NYEGR025**
Issuer ID (80840): **9101000302**
RxBIN: **020115**
RxPCN: **IS**
RxGRP: **WM2A**
RxID: **131W26281**

Office/Specialist Visit Copay: **\$30**
Emergency Room Copay: **\$150**
Preventive Copay: **\$0**
Urgent Services Copay: **\$50**

CMS H4036-801



MedicareRx
Prescription Drug Coverage



anthem.com

Providers: Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply. Members: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage.

Member Services: 1-833-848-8730
TDD/TTY: 711
Pharmacy Member Services: 1-833-360-3662
Help for Pharmacists: 1-833-377-4266
Provider Services: 1-833-848-8730
24/7 NurseLine: 1-800-700-9184

Possession of this card does not guarantee eligibility for benefits.

Anthem Providers can submit claims to Avality.com or:
MEDICAL: P.O. Box 1407, Church Street Station
New York, NY 10008-1407
PHARMACY: Claims Department - Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077

Anthem Blue Cross and Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Blue Shield Association.

Issue Date: 01/03/2026

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

10

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GUARANTOR NAME AND ADDRESS PATIENT # PATIENT NAME [SEX] PROVIDER DATE/TIME DEPARTMENT
MOMIN KHAN 23482 MOMIN KHAN [M] HARMEET SINGH, 02/24/2026 02:00 CLINICAL
11805 FITZGERALD WAY MD PM NEUROLOGY
BRISTOW VA, 20136

DOB TELEPHONE INSURANCE NAME CERTIFICATE# AUTH#
07/06/1955 (571) 342-2163 BCBS-VA - HealthKeepers (Medicare YTW136W05004
70 YR Replacement/Advantage - HMO)

APPT TYPE NEW PATIENT NOTES/REASON no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: MOMIN KHAN DOB: 07/06/1955 DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
99211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG					
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT	BOTOX	CHG	99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT	PROCEDURE	CHG		
64616	Chemodeneration, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 muscles)			72hr. Ambulatory EEG Set Up			
64643	Chemodeneration, One Extremity (1-4 muscles)		95700	Technical 12-26 Hours			
64644	Chemodeneration, One Extremity 5/ >each		95708	Professional 36-60 Hours			
64645	Chemodeneration, One Extremity 5/ >each		95723				
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT	ACUPUNCTURE	CHG	95925	SSEP-Upper			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	95926	SSEP-Lower			
97811	each additional 15 minutes		96116	Cognitive Assessment			
			96132				
			96136				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		96137				
97814	each additional 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
				# units			

R29.898
G 83.20
163.9

PAYMENT


\$	CK #	CASH	CDC
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Admin - Insurance Card for KHAN, MOMIN 07/06/1955 (70yo M)
#23482

Admin - Insurance Card for KHAN, MOMIN 07/06/1955 (70yo M) #23482

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Virginia VA, USA DRIVER'S LICENSE



4d Customer Number
T65962740

1.2 Name
**KHAN
MOMIN HOSSAIN**

8 Address
**42804 PILGRIM SQ
CHANTILLY, VA 20152-3926**

3 Date of Birth
07/06/1955

15 Sex
M

18 Eyes
BLK

16 Height
5'-10"

19 Iss REN
07/01/2024

4 Class
D

9a End
NONE

17 Restrictions
C

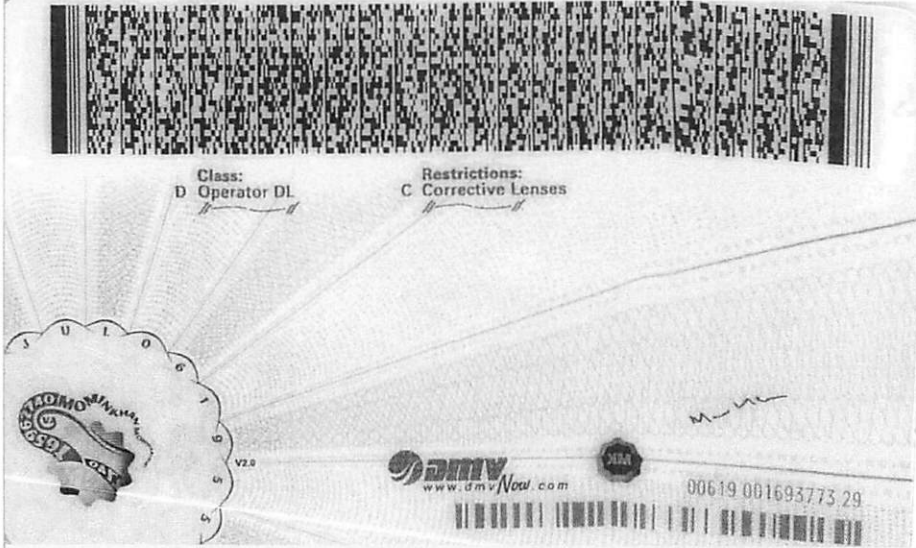
20 Exp
07/06/2032

JUL 55
DD 095362009

JUL 1955

MOMINKI

Admin - Insurance Card for KHAN, MUMIN U//06/1955 (/Uyo M)
#23482





Name/Nombre

MOMIN H KHAN

Medicare Number/Número de Medicare

4CR6-K70-XA52

Entitled to/Con derecho a.

HOSPITAL (PART A)

MEDICAL (PART B)

Coverage starts/Cobertura

07-01-2020

07-01-2020

ked to show this card when you get health care
give your personal Medicare information to health
s, your insurers, or people you trust who work with
your behalf. **WARNING:** Intentionally misusing this card
sidered fraud and/or other violation of federal law and is
by law.


que le pidan que muestre esta tarjeta cuando reciba
de cuidado médico. Solamente dé su información personal
care a los proveedores de salud, sus aseguradores o
is de su confianza que trabajan con Medicare en su nombre.
ATENCIÓN! El mal uso intencional de esta tarjeta puede ser
erado como fraude y/u otra violación de la ley federal y es
onada por la ley.

1-800-MEDICARE (1-800-633-4227 /
TTY: 1-877-486-2048); Medicare.gov



Renew New Nov. 2025

Anthem 
HealthKeepers
Offered by HealthKeepers, Inc.

 **CardinalCare**

MOMIN H KHAN

Anthem Full Dual Advantage
Support (HMO D-SNP)
PCP: Shabnam Sachdeva
PCP Phone: (703) 430-4488
State Medicaid ID: 975009371606

Member ID:
YTW136W05004

Group: VAMCRWPO
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: 136W05004

Dual eligible members pay \$0 for
plan covered medical services

CMS H4694-003-000

Dental Coverage

MEDICARE
ADVANTAGE **HMO**

Medicare
Prescription Drug Coverage **Rx**

XI25828102379



ard and any plan benefits, you agree that the plan policy constitutes a contract

endent licensee of the Blue Cross Blue Shield Association, serves all of Virginia
nd the area east of State Route 123. Anthem is a registered trademark of Ant

ent company providing pharmacy benefit management services on behalf of

000_I_C 09/2025

1081818M

**CLINICAL NEUROLOGY,
PC**

Tax ID:542004639

please send payments to:
19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

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03:47 PM

GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
FABIOLA VIJAYA TOUWOLE 432 GINKGO TER NE LEESBURG VA, 20176	23305	FABIOLA VIJAYA TOUWOLE [F]	HARMEET SINGH, MD	02/24/2026 02:45 PM	CLINICAL NEUROLOGY

DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
04/23/2002 23 YR	(571) 417-8008	AETNA (POS)	W294342295	

APPT TYPE ESTABLISHED PATIENT

NOTES/REASON no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: FABIOLA VIJAYA TOUWOLE

DOB: 04/23/2002

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			<i>No Show</i>
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			#			
99215	Office Established, High			Extremities			
CPT LONGITUDINAL CARE CHG			95907	1-2 Nerve Conduction Studies			
G2211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
CPT NEW PATIENT CHG			95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction			
CPT PROCEDURE CHG				Studies			
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT BOTOX CHG			99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine		CPT PROCEDURE CHG				
64616	Chemodeneration, Neck		95816	EEG, Awake			
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 mucsles)			72hr. Ambulatory EEG			
64643	Chemodeneration, One Extremity (1-4 mucsles)		95700	Set Up			
64644	Chemodeneration, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodeneration, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT ACUPUNCTURE CHG			95925	SSEP-Upper			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96116	Cognitive Assessment			
97811	each additional 15 minutes		96132				
			96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

PAYMENT

\$	CK #	CASH	CDC
----	------	------	-----

**CLINICAL NEUROLOGY,
PC**

Tax ID:542004639

please send payments to:
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LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:
CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

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03:47 PM

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GUARANTOR NAME AND ADDRESS	PATIENT #	PATIENT NAME [SEX]	PROVIDER	DATE/TIME	DEPARTMENT
VERENA HEISSENBERGER 24558 TRIBE SQ APPT 200 DULLES VA, 20166	17522	VERENA HEISSENBERGER [F]	HARMEET SINGH, MD	02/24/2026 03:00 PM	CLINICAL NEUROLOGY
	DOB	TELEPHONE	INSURANCE NAME	CERTIFICATE#	AUTH#
	12/10/1977 48 YR	(703) 935-3557	CIGNA	U9053779501	
APPT TYPE	ESTABLISHED PATIENT		NOTES/REASON	no appointment notes	

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176
(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: VERENA HEISSENBERGER

DOB: 12/10/1977

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
CPT	LONGITUDINAL CARE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
G2211	Longitudinal Care		95907	1-2 Nerve Conduction Studies			
			95908	3-4 Nerve Conduction Studies			
CPT	NEW PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99201	Office New, SF		95909	5-6 Nerve Conduction Studies			
99203	Office New, Low		95910	7-8 Nerve Conduction Studies			
99204	Office New, Mod		95911	9-10 Nerve Conduction Studies			
99205	Office New, High		95912	11-12 Nerve Conduction Studies			
			95913	13 or more Nerve Conduction Studies			
CPT	PROCEDURE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
CPT	BOTOX	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
64611	Botox Injection, Salivary Gland		99070	Needles			
64612	Botox Injection, Facial						
64615	Botox Injection, Migraine		95923	Testing of ANS Function			
64616	Chemodenervation, Neck		CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
64650	Botox Injection, Eccrine Glands		95816	EEG, Awake			
64642	Chemodenervation, One Extremity (1-4 mucsles)			72hr. Ambulatory EEG			
64643	Chemodenervation, One Extremity (1-4 mucsles)		95700	Set Up			
64644	Chemodenervation, One Extremity 5/ >each		95708	Technical 12-26 Hours			
64645	Chemodenervation, One Extremity 5/ >each		95723	Professional 36-60 Hours			
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
CPT	ACUPUNCTURE	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96116	Cognitive Assessment			
97811	each additional 15 minutes		96132				
			96136				
97813	Acupuncture, with electrical stimulation, initial 15 minutes		97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

G43.009
M54.2

PAYMENT			
\$ 40	CK #	CASH	CDC

**CLINICAL NEUROLOGY PC 2
19455 DEERFIELD AVE STE 211
LEESBURG,VA 20176
Tel: 703 858-3700**

Date: 02/24/26 11:57:51

**Cardholder: Verena Heissenberger
Card Number: xxxxxxxxxxxxxx8117
Card Type: Master
Type: Credit Card Sale
Ref #: 112483
Auth Code: 185474
Description:**

**AMOUNT: 40.00
TAX: 0.00
=====**
TOTAL: 40.00

X _____
Verena Heissenberger

**I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT**

**CLINICAL NEUROLOGY,
PC**

Tax ID: 542004639

please send payments to:

19455 DEERFIELD AVENUE/SUITE 211
LEESBURG, VA 20176-8102
billing phone: (703) 858-3700

department of service:

CLINICAL NEUROLOGY
19455 DEERFIELD AVENUE
LEESBURG, VA 20176-8100
dept phone: (703) 858-3700

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GUARANTOR NAME AND ADDRESS LEE KOSS
20 S HUGHES ST
HAMILTON VA, 20158-9539

PATIENT # 12767 **PATIENT NAME (SEX)** LEE KOSS [M] **PROVIDER** HARMEET SINGH, MD **DATE/TIME** 02/24/2026 03:15 PM **DEPARTMENT** CLINICAL NEUROLOGY

DOB 09/06/1948 **TELEPHONE** (540) 514-3006 **INSURANCE NAME** MEDICARE-VA (MEDICARE) **CERTIFICATE#** 3Q58WT7NT20 **AUTH#** 77 YR

APPT TYPE ESTABLISHED PATIENT **NOTES/REASON** no appointment notes

CLINICAL NEUROLOGY, P.C.

TAX ID: 542004639

19455 DEERFIELD AVE, STE# 211, LEESBURG, VA 20176

(p) 703-858-3700 (f) 866-803-8417

PATIENT NAME: LEE KOSS

DOB: 09/06/1948

DATE: 02/23/2026

PROVIDER: HARMEET SINGH, M.D.

CPT	ESTABLISH PATIENT	CHG	CPT	PROCEDURE	CHG	ICD-10	DIAGNOSIS
99212	Office Established, SF		95885	EMG, Limited			
99213	Office Established, Low		95886	EMG, Complete			
99214	Office Established, Mod			# Extremities			
99215	Office Established, High						
	CPT LONGITUDINAL CARE	CHG	95907	1-2 Nerve Conduction Studies			
92211	Longitudinal Care		95908	3-4 Nerve Conduction Studies			
	CPT NEW PATIENT	CHG	95909	5-6 Nerve Conduction Studies			
99201	Office New, SF		95910	7-8 Nerve Conduction Studies			
99203	Office New, Low		95911	9-10 Nerve Conduction Studies			
99204	Office New, Mod		95912	11-12 Nerve Conduction Studies			
99205	Office New, High		95913	13 or more Nerve Conduction Studies			
	CPT PROCEDURE	CHG					
95970	VNS w/o programming						
95977	VNS w/ programming		A4556	Electrodes			
	CPT BOTOX	CHG	99070	Needles			
64611	Botox Injection, Salivary Gland						
64612	Botox Injection, Facial		95923	Testing of ANS Function			
64615	Botox Injection, Migraine						
64616	Chemodeneration, Neck						
64650	Botox Injection, Eccrine Glands						
64642	Chemodeneration, One Extremity (1-4 muscles)						
64643	Chemodeneration, One Extremity (1-4 muscles)						
64644	Chemodeneration, One Extremity 5/ >each						
64645	Chemodeneration, One Extremity 5/ >each						
J0585	Botox Injection Vial # Units		95930	Visual Evoked Potential			
95874	EMG Guidance		92585	Brainstem & Evoked Potential			
	CPT ACUPUNCTURE	CHG	95925	SSEP-Upper			
97810	Acupuncture, without electrical stimulation, initial 15 minutes	199	96116	Cognitive Assessment			
97811	each additional 15 minutes		96132				
			96136				
			96137				
97813	Acupuncture, with electrical stimulation, initial 15 minutes						
			97032	Pulsed Radio Frequency Electrical Stimulation (15 mins)			
97814	each additional 15 minutes			# units			

F03.90

PAYMENT

\$	CK #	CASH	CDC
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