

 UNIVERSITY OF SOUTH CAROLINA	INVITATION FOR BID	Solicitation Number	USC-IFB-2636-Rebid
		Date Printed	July 28, 2014
		Date Issued	July 28, 2014
		Procurement Officer	Dennis Gallman
		Phone	803-777-4115
		E-Mail Address	GallmanD@mailbox.sc.edu

DESCRIPTION: **Provide Secondary Athletics Insurance for University of South Carolina Upstate Campus**

USING GOVERNMENT AGENCY: UNIVERSITY OF SOUTH CAROLINA

The Term "Offer" Means Your "Bid" or "Proposal".

SUBMIT OFFER BY: (Opening Date/Time): **8/5/2014 11:00 AM** See "Deadline for Submission of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **7/31/2014 12:00 PM** See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **One (1) Original in Hardcopy and one (1) copies marked 'Copy' (Original hardcopy shall prevail)**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS: University of South Carolina – Purchasing Dept. 1600 Hampton St., Suite 606 Columbia, SC 29208	PHYSICAL ADDRESS: University of South Carolina – Purchasing Dept. 1600 Hampton St., Suite 606 Columbia, SC 29208
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See "Submitting Your Offer" provision

CONFERENCE TYPE: N/A As appropriate, see "Conferences-Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: N/A
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AWARD & AMENDMENTS	Award will be posted at the Physical Address stated above on 8/5/2014 . The award, this solicitation, and any amendments will be posted at the following web address: http://purchasing.sc.edu
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

NAME OF OFFEROR <small>(Full legal name of business submitting the offer)</small>	OFFEROR'S TYPE OF ENTITY: <small>(Check one)</small> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Tax –exempt corporate entity <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other _____ <small>(See "Signing Your Offer" provision.)</small>
AUTHORIZED SIGNATURE <small>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)</small>	
TITLE <small>(Business title of person signing above)</small>	
PRINTED NAME <small>(Printed name of person signing above)</small>	
DATE SIGNED	

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

STATE OF INCORPORATION (If offeror is a corporation, identify the state of Incorporation.)

TAXPAYER IDENTIFICATION NO.
(See "Taxpayer Identification Number" provision)

PAGE TWO

(Return Page Two with Your Offer)

<p>HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)</p> 	<p>NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)</p> <p>_____</p> <p>Area Code - Number - Extension Facsimile</p> <p>_____</p> <p>E-mail Address</p>
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<p>PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)</p> <p>_____ Payment Address same as Home Office Address</p> <p>_____ Payment Address same as Notice Address (check only one)</p>	<p>ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)</p> <p>_____ Order Address same as Home Office Address</p> <p>_____ Order Address same as Notice Address (check only one)</p>
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ACKNOWLEDGMENT OF AMENDMENTS
 Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

<p>DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)</p>	<p>10 Calendar Days (%)</p>	<p>20 Calendar Days (%)</p>	<p>30 Calendar Days (%)</p>	<p>_____ Calendar Days (%)</p>
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PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at www.procurement.sc.gov/preferences. **ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.** [11-35-1524(E)(4)&(6)]

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

_____ In-State Office Address same as Home Office Address

_____ In-State Office Address same as Notice Address (check only one)

Solicitation Outline

- I. Scope of Solicitation
- II. Instructions to Offerors
 - A. General Instructions
 - B. Special Instructions
- III. Scope of Work / Specifications
May be blank if Bidding Schedule / Cost Proposal attached
- IV. Information for Offerors to Submit
- V. Qualifications
- VI. Award Criteria
- VII. Terms and Conditions
 - A. General
 - B. Special
- VIII. Bidding Schedule / Cost Proposal
- IX. Attachments to Solicitation

I. Scope Of Solicitation

ACQUIRE SERVICES : (JAN 2006): The purpose of this solicitation is to acquire services and complying with the enclosed description and/or specifications and conditions.

It is the intent of the University of South Carolina to solicit bids from qualified sources of supply to **Provide Secondary Athletics Insurance for University of South Carolina Upstate Campus** in accordance with all the requirements stated herein.

MAXIMUM CONTRACT PERIOD — ESTIMATED (JAN 2006): (**August 5, 2014 – August 4, 2015**). Dates provided are estimates only. Any resulting contract will begin on the date specified in the notice of award. See clause entitled "Term of Contract – Effective Date / Initial Contract Period".

II. Instructions To Offerors - A. General Instructions

DEFINITIONS (JANUARY 2006) EXCEPT AS OTHERWISE PROVIDED HEREIN, THE FOLLOWING DEFINITIONS ARE APPLICABLE TO ALL PARTS OF THE SOLICITATION.

AMENDMENT – means a document issued to supplement the original solicitation document.

BUYER – means the Procurement Officer.

CHANGE ORDER - means any written alteration in specifications, delivery point, rate of delivery, period of performance, price, quantity, or other provisions of any contract accomplished by mutual agreement of the parties to the contract.

CONTRACT - See clause entitled "Contract Documents & Order of Precedence."

CONTRACT MODIFICATION – means a written order signed by the Procurement Officer, directing the contractor to make changes which the changes clause of the contract authorizes the Procurement Officer to order without the consent of the contractor.

CONTRACTOR - means the Offeror receiving an award as a result of this solicitation.

COVER PAGE – means the top page of the original solicitation on which the solicitation is identified by number. Offerors are cautioned that Amendments may modify information provided on the Cover Page.

OFFER – means the bid or proposal submitted in response this solicitation. The terms "Bid" and "Proposal" are used interchangeably with the term "Offer."

OFFEROR – means the single legal entity submitting the offer. The term "Bidder" is used interchangeably with the term "Offeror." See bidding provisions entitled "Signing Your Offer" and "Bid/Proposal As Offer To Contract."

ORDERING ENTITY - Using Governmental Unit that has submitted a Purchase Order.

PAGE TWO – means the second page of the original solicitation, which is labeled Page Two.

PROCUREMENT OFFICER – means the person, or his successor, identified as such on the Cover Page.

YOU and YOUR – means Offeror.

SOLICITATION – means this document, including all its parts, attachments, and any Amendments.

STATE – means the Using Governmental Unit(s) identified on the Cover Page.

PROCUREMENT OFFICER – means the person, or his successor, identified as such on the Cover Page.

YOU and YOUR – means Offeror.

SOLICITATION – means this document, including all its parts, attachments, and any Amendments.

STATE – means the Using Governmental Unit(s) identified on the Cover Page.

SUBCONTRACTOR – means any person having a contract to perform work or render service to Contractor as a part of the Contractor’s agreement arising from this solicitation.

USING GOVERNMENTAL UNIT – means the unit(s) of government identified as such on the Cover Page. If the Cover Page names a “Statewide Term Contract” as the Using Governmental Unit, the Solicitation seeks to establish a Term Contract [11-35-310(35)] open for use by all South Carolina Public Procurement Units [11-35-4610(5)].

WORK - means all labor, materials, equipment and services provided or to be provided by the Contractor to fulfill the Contractor’s obligations under the Contract.

AMENDMENTS TO SOLICITATION (JANUARY 2006) (a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: <http://purchasing.sc.edu>. (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

AWARD NOTIFICATION (NOV 2007): Notice regarding any award or cancellation of award will be posted at the location specified on the Cover Page. If the contract resulting from this Solicitation has a total or potential value of fifty thousand dollars or more, such notice will be sent to all Offerors responding to the Solicitation. Should the contract resulting from this Solicitation have a total or potential value of one hundred thousand dollars or more, such notice will be sent to all Offerors responding to the Solicitation and any award will not be effective until the eleventh day after such notice is given. [02-2A010-1]

BID / PROPOSAL AS OFFER TO CONTRACT (JANUARY 2006) By submitting Your Bid or Proposal, You are offering to enter into a contract with the Using Governmental Unit(s). Without further action by either party, a binding contract shall result upon final award. Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror on the Cover Page. An Offer may be submitted by only one legal entity; “joint bids” are not allowed.

BID ACCEPTANCE PERIOD (JANUARY 2006) In order to withdraw Your Offer after the minimum period specified on the Cover Page, You must notify the Procurement Officer in writing.

BID IN ENGLISH & DOLLARS (JANUARY 2006) Offers submitted in response to this solicitation shall be in the English language and in US dollars, unless otherwise permitted by the Solicitation.

CERTIFICATION REGARDING DEBARMENT AND OTHER RESPONSIBILITY MATTERS (JANUARY 2006)

(a)(1) By submitting an Offer, Offeror certifies, to the best of its knowledge and belief, that-

(i) Offeror and/or any of its Principals-

(A) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency;

(B) Have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(C) Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.

(ii) Offeror has not, within a three-year period preceding this offer, had one or more contracts terminated for default by any public (Federal, state, or local) entity.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

(b) Offeror shall provide immediate written notice to the Procurement Officer if, at any time prior to contract award, Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) If Offeror is unable to certify the representations stated in paragraphs (a)(1), Offer must submit a written explanation regarding its inability to make the certification. The certification will be considered in connection with a review of the Offeror's responsibility. Failure of the Offeror to furnish additional information as requested by the Procurement Officer may render the Offeror nonresponsible.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly or in bad faith rendered an erroneous certification, in addition to other remedies available to the State, the Procurement Officer may terminate the contract resulting from this solicitation for default.

CERTIFICATE OF INDEPENDENT PRICE DETERMINATION (MAY 2008)

GIVING FALSE, MISLEADING, OR INCOMPLETE INFORMATION ON THIS CERTIFICATION MAY RENDER YOU SUBJECT TO PROSECUTION UNDER SECTION 16-9-10 OF THE SOUTH CAROLINA CODE OF LAWS AND OTHER APPLICABLE LAWS.

(a) By submitting an offer, the offeror certifies that-

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to-

(i) Those prices;

(ii) The intention to submit an offer; or

(iii) The methods or factors used to calculate the prices offered.

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory-

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to paragraphs (a)(1) through (a)(3) of this certification; or

(2)(i) Has been authorized, in writing, to act as agent for the offeror's principals in certifying that those principals have not participated, and will not participate in any action contrary to paragraphs (a)(1) through (a)(3) of this certification [As used in this subdivision (b)(2)(i), the term "principals" means the person(s) in the offeror's organization responsible for determining the prices offered in this bid or proposal];

(ii) As an authorized agent, does certify that the principals referenced in subdivision (b)(2)(i) of this certification have not participated, and will not participate, in any action contrary to paragraphs (a)(1) through (a)(3) of this certification; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to paragraphs (a)(1) through (a)(3) of this certification.

CLARIFICATION (NOV 2007): Pursuant to Section 11-35-1520(8), the Procurement Officer may elect to communicate with you after opening for the purpose of clarifying either your offer or the requirements of the solicitation. Such communications may be conducted only with offerors who have submitted an offer which obviously conforms in all material aspects to the solicitation. Clarification of an offer must be documented in writing and included with the offer. Clarifications may not be used to revise an offer or the solicitation. [Section 11-35-1520(8); R.19-445.2080] [02-2B055-1]

CODE OF LAWS AVAILABLE (JAN 2006): The South Carolina Code of Laws, including the Consolidated Procurement Code, is available at <http://www.scstatehouse.net/code/statmast.htm>. The South Carolina Regulations are available at: <http://www.scstatehouse.net/coderegs/statmast.htm>.

COMPLETION OF FORMS / CORRECTION OF ERRORS (JAN 2006): All prices and notations should be printed in ink or typewritten. Errors should be crossed out, corrections entered and initialed by the person signing the bid. Do not modify the solicitation document itself (including bid schedule). (Applicable only to offers submitted on paper.)

DEADLINE FOR SUBMISSION OF OFFER (JANUARY 2006) Any offer received after the Procurement Officer of the governmental body or his designee has declared that the time set for opening has arrived, shall be rejected unless the offer has been delivered to the designated purchasing office or the governmental bodies' mail room which services that purchasing office prior to the bid opening. [R.19-445.2070(H)]

DISCLOSURE OF CONFLICTS OF INTEREST OR UNFAIR COMPETITIVE ADVANTAGE (MAY 2011): You warrant and represent that your offer identifies and explains any unfair competitive advantage you may have in competing for the proposed contract and any actual or potential conflicts of interest that may arise from your participation in this competition or your receipt of an award. The two underlying principles are (a) preventing the existence of conflicting roles that might bias a contractor's judgment, and (b) preventing an unfair competitive advantage. If you have an unfair competitive advantage or a conflict of interest, the state may withhold award. Before withholding award on these grounds, an offeror will be notified of the concerns and provided a reasonable opportunity to respond. Efforts to avoid or mitigate such concerns, including restrictions on future activities, may be considered.

DRUG FREE WORK PLACE CERTIFICATION (JANUARY 2006) By submitting an Offer, Contractor certifies that, if awarded a contract, Contractor will comply with all applicable provisions of The Drug-free Workplace Act, Title 44, Chapter 107 of the South Carolina Code of Laws, as amended.

DUTY TO INQUIRE (JANUARY 2006) Offeror, by submitting an Offer, represents that it has read and understands the Solicitation and that its Offer is made in compliance with the Solicitation. Offerors are expected to examine the Solicitation thoroughly and should request an explanation of any ambiguities, discrepancies, errors, omissions, or conflicting statements in the Solicitation. Failure to do so will be at the Offeror's risk. Offeror assumes responsibility for any patent ambiguity in the Solicitation that Offeror does not bring to the State's attention.

ETHICS CERTIFICATE (May 2008): By submitting an offer, the offeror certifies that the offeror has and will comply with, and has not, and will not, induce a person to violate Title 8, Chapter 13 of the South Carolina Code of Laws, as amended (ethics act). The following statutes require special attention: Section 8-13-700, regarding use of official position for financial gain; Section 8-13-705, regarding gifts to influence action of public official; Section 8-13-720, regarding offering money for advice or assistance of public official; Sections 8-13-755 and 8-13-760, regarding restrictions on employment by former public official; Section 8-13-775, prohibiting public official with economic interests from acting on contracts; Section 8-13-790, regarding recovery of kickbacks; Section 8-13-1150, regarding statements to be filed by consultants; and Section 8-13-1342, regarding restrictions on contributions by contractor to candidate who participated in awarding of contract. The state may rescind any contract and recover all amounts expended as a result of any action taken in violation of this provision. If contractor participates, directly or indirectly, in the evaluation or award of public contracts, including without limitation, change orders or task orders regarding a public contract, contractor shall, if required by law to file such a statement, provide the statement required by Section 8-13-1150 to the procurement officer at the same time the law requires the statement to be filed. [02-2A075-2]

ILLEGAL IMMIGRATION CLAUSES (2008)

Procurement Code Transactions: Non-Construction

ILLEGAL IMMIGRATION (NOV. 2008): (An overview is available at www.procurement.sc.gov) By signing your offer, you certify that you will comply with the applicable requirements of Title 8, Chapter 14 of the South Carolina Code of Laws and agree to provide to the State upon request any documentation required to establish either: (a) that Title 8, Chapter 14 is inapplicable to you and your subcontractors or sub-subcontractors; or (b) that you and your subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14. Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony, and, upon conviction, must be fined within the discretion of the court or imprisoned for not more than five years, or both." You agree to include in any contracts with your subcontractors language requiring your subcontractors to (a) comply with the applicable requirements of Title 8, Chapter 14, and (b) include in their contracts with the sub-subcontractors language requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14. [07-7B097-1]

Procurement Code Transactions: Construction

By signing its bid or proposal, Contractor certifies that it will comply with the applicable requirements of Title 8, Chapter 14 of the South Carolina Code of Laws and agrees to provide to the State upon request any documentation required to establish either: (a) that Title 8, Chapter 14 is inapplicable both to Contractor and its subcontractors or sub-subcontractors; or (b) that Contractor and its subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14. Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony, and, upon conviction, must be fined within the discretion of the court or imprisoned for not more than five years, or both." Contractor agrees to include in any contracts with its subcontractors language requiring its subcontractors to (a) comply with the applicable requirements of Title 8, Chapter 14, and (b) include in their contracts with the sub-subcontractors language requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14. (An overview is available at www.procurement.sc.gov)

Other Transactions

By submitting an offer, Contractor certifies that it will comply with the applicable requirements of Title 8, Chapter 14 of the South Carolina Code of Laws (originally enacted as Section 3 of The South Carolina Illegal Immigration Reform Act, 2008 S.C. Act No. 280) and agrees to provide upon request any documentation required to establish either: (a) the applicability of Title 8, Chapter 14 to Contractor and any subcontractors or sub-subcontractors; or (b) the compliance with Title 8, Chapter 14 by Contractor and any subcontractor or sub-subcontractor. Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony, and, upon conviction, must be fined within the discretion of the court or imprisoned for not more than five years, or both." Contractor agrees to include in any contracts with its subcontractors language requiring the subcontractors to (a) comply

with the applicable requirements of Title 8, Chapter 14, and (b) include in any contracts with the sub-subcontractors language requiring the sub-subcontractor to comply with the applicable requirements of Title 8, Chapter 14.

OMIT TAXES FROM PRICE (JANUARY 2006): Do not include any sales or use taxes in Your price that the State may be required to pay.

PROCUREMENT AGENT (AUG 2004) Authorized Agent. All authority regarding the conduct of this procurement is vested solely with the responsible Procurement Officer. Unless specifically delegated in writing, the Procurement Officer is the only government official authorized to bind the government with regard to this procurement.

PROTESTS (JUNE 2006) Any prospective bidder, offeror, contractor, or subcontractor who is aggrieved in connection with the solicitation of a contract shall protest within fifteen days of the date of issuance of the applicable solicitation document at issue. Any actual bidder, offeror, contractor, or subcontractor who is aggrieved in connection with the intended award or award of a contract shall protest within ten days of the date notification of award is posted in accordance with this code. A protest shall be in writing, shall set forth the grounds of the protest and the relief requested with enough particularity to give notice of the issues to be decided, and must be received by the appropriate Chief Procurement Officer within the time provided. See clause entitled "Protest-CPO". [~ 11-35-4210]

PUBLIC OPENING (JANUARY 2006) Offers will be publicly opened at the date / time and at the location identified on the Cover Page, or last Amendment, whichever is applicable

QUESTIONS FROM OFFERORS (JANUARY 2006): (a) Any prospective offeror desiring an explanation or interpretation of the solicitation, drawings, specifications, etc., must request it in writing. Questions must be received by the Procurement Officer no later than five (5) days prior to opening unless otherwise stated on the Cover Page. Label any communication regarding your questions with the name of the procurement officer, and the solicitation's title and number. Oral explanations or instructions will not be binding. Any information given a prospective offeror concerning a solicitation will be furnished promptly to all other prospective offerors as an Amendment to the solicitation, if that information is necessary for submitting offers or if the lack of it would be prejudicial to other prospective offerors. (b) The State seeks to permit maximum practicable competition. Offerors are urged to advise the Procurement Officer – as soon as possible – regarding any aspect of this procurement, including any aspect of the Solicitation that unnecessarily or inappropriately limits full and open competition.

REJECTION/CANCELLATION (JAN 2004) The State may cancel this solicitation in whole or in part. The State may reject any or all proposals in whole or in part. [SC Code Section 11-35-1710 & R.19-445.2065.]

RESPONSIVENESS / IMPROPER OFFERS (JANUARY 2006)

(a) Bid as Specified. Offers for supplies or services other than those specified will not be considered unless authorized by the Solicitation.

(b) Multiple Offers. Offerors may submit more than one Offer, provided that each Offer has significant differences other than price. Each separate Offer must satisfy all Solicitation requirements. If this solicitation is an Invitation for Bids, each separate offer must be submitted as a separate document. If this solicitation is a Request for Proposals, multiple offers may be submitted as one document, provided that you clearly differentiate between each offer and you submit a separate cost proposal for each offer, if applicable.

(c) Responsiveness. Any Offer which fails to conform to the material requirements of the Solicitation may be rejected as nonresponsive. Offers which impose conditions that modify material requirements of the Solicitation

may be rejected. If a fixed price is required, an Offer will be rejected if the total possible cost to the State cannot be determined. Offerors will not be given an opportunity to correct any material nonconformity. Any deficiency resulting from a minor informality may be cured or waived at the sole discretion of the Procurement Officer. [R.19-445.2070 and Section 11-35-1520(13)]

(d) Price Reasonableness: Any offer may be rejected if the Procurement Officer determines in writing that it is unreasonable as to price. [R. 19-445.2070].

(e) Unbalanced Bidding. The State may reject an Offer as nonresponsive if the prices bid are materially unbalanced between line items or subline items. A bid is materially unbalanced when it is based on prices significantly less than cost for some work and prices which are significantly overstated in relation to cost for other work, and if there is a reasonable doubt that the bid will result in the lowest overall cost to the State even though it may be the low evaluated bid, or if it is so unbalanced as to be tantamount to allowing an advance payment.

RESTRICTIONS APPLICABLE TO OFFERORS (JANUARY 2006) Violation of these restrictions may result in disqualification of your offer, suspension or debarment, and may constitute a violation of the state Ethics Act.

(a) After issuance of the solicitation, ***you agree not to discuss this procurement activity in any way with the Using Governmental Unit or its employees, agents or officials.*** All communications must be solely with the Procurement Officer. This restriction may be lifted by express written permission from the Procurement Officer. This restriction expires once a contract has been formed. (b) Unless otherwise approved in writing by the Procurement Officer, ***you agree not to give anything to any Using Governmental Unit***

SIGNING YOUR OFFER (JANUARY 2006) Every Offer must be signed by an individual with actual authority to bind the Offeror. (a) If the Offeror is an individual, the Offer must be signed by that individual. If the Offeror is an individual doing business as a firm, the Offer must be submitted in the firm name, signed by the individual, and state that the individual is doing business as a firm. (b) If the Offeror is a partnership, the Offer must be submitted in the partnership name, followed by the words "by its Partner," and signed by a general partner. (c) If the Offeror is a corporation, the Offer must be submitted in the corporate name, followed by the signature and title of the person authorized to sign. (d) An Offer may be submitted by a joint venturer involving any combination of individuals, partnerships, or corporations. If the Offeror is a joint venture, the Offer must be submitted in the name of the Joint Venture and signed by every participant in the joint venture in the manner prescribed in paragraphs (a) through (c) above for each type of participant. (e) If an Offer is signed by an agent, other than as stated in subparagraphs (a) through (d) above, the Offer must state that it has been signed by an Agent. Upon request, Offeror must provide proof of the agent's authorization to bind the principal.

STATE OFFICE CLOSINGS (JANUARY 2006) If an emergency or unanticipated event interrupts normal government processes so that offers cannot be received at the government office designated for receipt of bids by the exact time specified in the solicitation, the time specified for receipt of offers will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal government processes resume. In lieu of an automatic extension, an Amendment may be issued to reschedule bid opening. If state offices are closed at the time a pre-bid or pre-proposal conference is scheduled, an Amendment will be issued to reschedule the conference. Useful information may be available at: http://www.scemd.org/scgovweb/weather_alert.htm.

SUBMITTING CONFIDENTIAL INFORMATION (AUG 2002): (An overview is available at www.procurement.sc.gov) For every document Offeror submits in response to or with regard to this solicitation or request, Offeror must separately mark with the word "CONFIDENTIAL" every page, or portion thereof, that Offeror contends contains information that is exempt from public disclosure because it is either (a) a trade secret as defined in Section 30-4-40(a)(1), or (b) privileged and confidential, as that phrase is used in Section 11-35-410. For every document Offeror submits in response to or with regard to this solicitation or request, Offeror must separately mark with the words "TRADE SECRET" every page, or portion thereof, that Offeror contends contains a trade secret as that term is defined by Section 39-8-20 of the Trade Secrets Act. For every document Offeror submits in response to or with regard to this solicitation or request, Offeror must separately mark with the word "PROTECTED" every page, or portion thereof, that Offeror contends is protected by Section 11-35-1810. All markings must be conspicuous; use color, bold, underlining, or some other method in order to conspicuously distinguish the mark from the other text. Do not mark your entire response (bid, proposal, quote, etc.) as confidential, trade secret, or protected! If your response, or any part thereof, is improperly marked as confidential or trade secret or protected, the State may, in its sole discretion, determine it nonresponsive. If only portions of a page are subject to some protection, do not mark the entire page. By submitting a response to this

solicitation or request, Offeror (1) agrees to the public disclosure of every page of every document regarding this solicitation or request that was submitted at any time prior to entering into a contract (including, but not limited to, documents contained in a response, documents submitted to clarify a response, and documents submitted during negotiations), unless the page is conspicuously marked "TRADE SECRET" or "CONFIDENTIAL" or "PROTECTED", (2) agrees that any information not marked, as required by these bidding instructions, as a "Trade Secret" is not a trade secret as defined by the Trade Secrets Act, and (3) agrees that, notwithstanding any claims or markings otherwise, any prices, commissions, discounts, or other financial figures used to determine the award, as well as the final contract amount, are subject to public disclosure. In determining whether to release documents, the State will detrimentally rely on Offeror's marking of documents, as required by these bidding instructions, as being either "Confidential" or "Trade Secret" or "PROTECTED". By submitting a response, Offeror agrees to defend, indemnify and hold harmless the State of South Carolina, its officers and employees, from every claim, demand, loss, expense, cost, damage or injury, including attorney's fees, arising out of or resulting from the State withholding information that Offeror marked as "confidential" or "trade secret" or "PROTECTED". (All references to S.C. Code of Laws.)

SUBMITTING YOUR OFFER OR MODIFICATION (JANUARY 2006) (a) Offers and offer modifications shall be submitted in sealed envelopes or packages (unless submitted by electronic means) – (1) Addressed to the office specified in the Solicitation; and (2) Showing the time and date specified for opening, the solicitation number, and the name and address of the bidder. (b) If you are responding to more than one solicitation, each offer must be submitted in a different envelope or package. (c) Each Offeror must submit the number of copies indicated on the Cover Page. (d) Offerors using commercial carrier services shall ensure that the Offer is addressed and marked on the outermost envelope or wrapper as prescribed in paragraphs (a)(1) and (2) of this provision when delivered to the office specified in the Solicitation. (e) Facsimile or e-mail offers, modifications, or withdrawals, will not be considered unless authorized by the Solicitation. (f) Offers submitted by electronic commerce shall be considered only if the electronic commerce method was specifically stipulated or permitted by the solicitation.

TAX CREDIT FOR SUBCONTRACTING WITH DISADVANTAGED SMALL BUSINESSES (JAN 2008): Pursuant to Section 12-6-3350, a taxpayer having a contract with this State who subcontracts with a socially and economically disadvantaged small business is eligible for an income tax credit equal to four percent of the payments to that subcontractor for work pursuant to the contract. The subcontractor must be certified as a socially and economically disadvantaged small business as defined in Section 11-35-5010 and regulations pursuant to it. The credit is limited to a maximum of fifty thousand dollars annually. A taxpayer is eligible to claim the credit for ten consecutive taxable years beginning with the taxable year in which the first payment is made to the subcontractor that qualifies for the credit. After the above ten consecutive taxable years, the taxpayer is no longer eligible for the credit. A taxpayer claiming the credit shall maintain evidence of work performed for the contract by the subcontractor. The credit may be claimed on Form TC-2, "Minority Business Credit." A copy of the subcontractor's certificate from the Governor's Office of Small and Minority Business (OSMBA) is to be attached to the contractor's income tax return. Questions regarding the tax credit and how to file are to be referred to: SC Department of Revenue, Research and Review, Phone: (803) 898-5786, Fax: (803) 898-5888. Questions regarding subcontractor certification are to be referred to: Governor's Office of Small and Minority Business Assistance, Phone: (803) 734-0657, Fax: (803) 734-2498. [02-2A135-1]

TAXPAYER IDENTIFICATION NUMBER (JANUARY 2006): (a) If Offeror is owned or controlled by a common parent as defined in paragraph (b) of this provision, Offeror shall submit with its Offer the name and TIN of common parent.

(b) Definitions: "Common parent," as used in this provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member. "Taxpayer Identification Number (TIN)," as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a Social Security Number or an Employer Identification Number.

(c) If Offeror does not have a TIN, Offeror shall indicate if either a TIN has been applied for or a TIN is not required. If a TIN is not required, indicate whether (i) Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

(ii) Offeror is an agency or instrumentality of a state or local government; (iii) Offeror is an agency or instrumentality of a foreign government; or (iv) Offeror is an agency or instrumentality of the Federal Government.

WITHDRAWAL OR CORRECTION OF OFFER (JANUARY 2006) Offers may be withdrawn by written notice received at any time before the exact time set for opening. If the Solicitation authorizes facsimile offers, offers may be withdrawn via facsimile received at any time before the exact time set for opening. A bid may be withdrawn in person by a bidder or its authorized representative if, before the exact time set for opening, the identity of the person requesting withdrawal is established and the person signs a receipt for the bid. The withdrawal and correction of Offers is governed by S.C. Code Section 11-35-1520 and Regulation 19-445.2085.

II. Instructions To Offerors - B. Special Instructions

SUBMISSION OF QUESTIONS

Mark envelopes on questions mailed:

QUESTIONS: USC-IFB-2636-Rebid

Title: Provide Secondary Athletics Insurance for University of South Carolina Upstate Campus

Attn.: Dennis Gallman

QUESTIONS MAY BE E-MAILED TO:

GallmanD@mailbox.sc.edu

FAXED TO:

803-777-2032

DISCUSSIONS WITH BIDDERS (JAN 2006) After opening, the Procurement Officer may, in his sole discretion, initiate discussions with you to discuss your bid. Discussions are possible only if your bid is apparently responsive and only for the purpose of clarification to assure your full understanding of the solicitation's requirements. Any discussions will be documented in writing and shall be included with the bid.

PROTEST - CPO - MMO ADDRESS (JUNE 2006)

Any protest must be addressed to the Chief Procurement Officer, Materials Management Office, and submitted in writing (a) by email to protest-mmo@mmo.state.sc.us, (b) by facsimile at 803-737-0639, or (c) by post or delivery to 1201 Main Street, Suite 600, Columbia, SC 29201. [02-2B122-1]

UNIT PRICES REQUIRED (JAN 2006): Unit price to be shown for each item.

PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at www.procurement.sc.gov/preferences. **ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.** [11-35-1524(E)(4)&(6)]

PREFERENCES – RESIDENT CONTRACTOR PREFERENCE (SEP 2009) To qualify for the RCP, you must maintain an office in this state. An office is a nonmobile place for the regular transaction of business or performance of a particular service which has been operated as such by the bidder for at least one year before the bid opening and during that year the place has been staffed for at least fifty weeks by at least two employees for at least thirty five hours a week each. In addition, you must, at the time you submit your bid, directly employ, or have a documented commitment with, individuals domiciled in South Carolina that will perform services expressly required by the solicitation and your

total direct labor cost for those individuals to provide those services must exceed fifty percent of your total bid price. [11-35-1524(C)(1)(iii)] Upon request by the procurement officer, you must identify the persons domiciled in South Carolina that will perform the services involved in the procurement upon which you rely in qualifying for the preference, the services those individuals are to perform, and documentation of the your labor cost for each person identified. If requested, your failure to provide this information promptly will be grounds to deny the preference (and, potentially, for other enforcement action).

PREFERENCES - RESIDENT SUBCONTRACTOR PREFERENCE (SEP 2009) To qualify for this preference, You must meet the following requirements. (1) You must – at the time you submit your bid -- have a documented commitment from a single proposed first tier subcontractor to perform some portion of the services expressly required by the solicitation. (2) The subcontractor -- at the time you submit your bid -- must directly employ, or have a documented commitment with, individuals domiciled in South Carolina that will perform services expressly required by the solicitation and the total direct labor cost to the subcontractor for those individuals to provide those services exceeds, as applicable, either twenty percent for a 2% preference or forty percent of bidder's total bid price for a 4% preference. (3) You must identify the subcontractor that will perform the work, the work the subcontractor is to perform, and your factual basis for concluding that the subcontractor's work constitutes the required percentage of the work to be performed in the procurement. [11-35-1524(D)] You can stack this preference, i.e., earn another 2% or 4% preference for each additional qualifying subcontractor, but the preference is capped. [11-35-1524(D)(4), (E)(7)] Upon request by the procurement officer, you must identify the persons domiciled in South Carolina that are to perform the services involved in the procurement upon which you rely in qualifying for the preference, the services those individuals are to perform, the employer of those persons, your relationship with the employer, and documentation of the subcontractor's labor cost for each person identified. If requested, your failure to provide this information promptly will be grounds to deny the preference (and, potentially, for other enforcement action). **YOU WILL NOT RECEIVE THE PREFERENCE UNLESS YOU SPECIFY WHETHER YOUR ARE CLAIMING THE 2% OR 4% PREFERENCE AND YOU PROVIDE THE INFORMATION REQUIRED BY ITEM (3) ABOVE**

III. Scope of Work / Specifications

DELIVERY / PERFORMANCE LOCATION – PURCHASE ORDER (January, 2006): After award, all deliveries shall be made and all services provided to the location specified by the using Governmental Unit in its purchase order.

Provide Secondary Athletics Insurance for University of South Carolina Upstate Campus.

SECONDARY INSURANCE WITH CLAIMS COORDINATION SERVICES FOR THE UNIVERSITY OF SOUTH CAROLINA UPSTATE ATHLETIC DEPARTMENT-STUDENT ATHLETES

1. Insurance to cover Seventeen (17) intercollegiate sports plus cheerleading team, student managers and student/intern/fellowship athletic trainers.
2. The University of South Carolina Upstate (Upstate) maintains team sports of baseball, men's and women's basketball, cheerleading, men's and women's cross country, women's volleyball, men's and women's golf, men's and women's soccer, women's softball, men's and women's tennis, men's and women's indoor track and field, and men's and women's outdoor track and field.

3. This past year, there were 259 student athletes (139 men and 120 women) and 8 managers (4 men and 4 women).

4. USC UPSTATE wishes to evaluate options for coverage. Current coverage:

- Annual Aggregate Policy Limit: \$1,000,000
- Aggregate Deductible -\$53,000
- Medical Maximum-\$90,000 – anyone person any one accident
- Benefit Period – 104 weeks
- Claims: FY2010-11- \$29,350.32 5/12/2011 FY2012-13 \$ 29,350.00 (as of 5/8/2013)
FY2009-10 - \$38,297.89 (3/31/2011) FY 11-12 \$ 38,592.00 (as of 5/8/2013)
FY2008-09 - \$71,956.94 (3/31/2011) FY 10-11 \$52,628.00 (as of 5/8/13)
FY2007-08- \$43,052.68 (3/31/2011) FY 09- 10 \$38,297.00 (as of 5/8/2013)
- Accidental Death and Dismemberment Benefit: \$10,000 any one person any one accident.

5. USC Upstate requests that a contractor agent meet personally with the University’s Athletic Director or designee to review the coverage and suggest cost saving ideas on a yearly basis and prepare and submit a written report that includes claim payment information as well as information on pending claims.

6. All premiums will be based on USC UPSTATE’s claim experience only.

7. USC UPSTATE requests that the contractor offer the opportunity to make “special request” to honor medical expenses not covered under policy terms.

8. Benefits structured to be 100% usual and customary with no inside limitations.

9. No names, lists or rosters to be supplied.

10. List of sports and number of athletes to be provided.

11. Coverage to be excess (secondary).

12. The contractor must be able to provide the following:

Respondents are to provide information requested for their proposal in the following Mandatory Requirements Matrix. As the Technical Response, the Bidder shall fill out the column “Respondent Comments”, explaining how the Bidders’s solution meets the requirement.

Requirement Codes:

C & A = Bidder is required to **Confirm** they fully understand and **Agree** to comply with this requirement by initialing in the Respondent Comments column.

RI = **Requires Information** from the Bidder in the Respondent Comment Box detailing *how* the Bidder will comply with this requirement. If additional space is required for attachments, etc, that information is to be provided in the appropriate space in the matrix (ie. see Attachment I etc) and the attachment is to refer to section and corresponding “item #” in the matrix to which it applies.

Priority Code:

M= Mandatory

HD= Highly Desirable

D= Desirable

ITEM	DESCRIPTION	PRIORIT YCODE	REQUIREMENT CODE	RESPONDENT COMMENTS
3.1	Secondary Insurance Policy			
A	The Initial Policy Term will be August 5, 2014 to August 4, 2015. It will cover all eligible USC UPSTATE student-athletes, student managers, and student athletic trainers in all sports. This coverage includes team travel.	M	C&A	
B	Benefit Percentage- 100% of reasonable and customary charges	M	C&A	
C	Accident Medical Expense- \$90,000 maximum.	M	C&A	
D	Maximum Benefit Period- 1 year.	M	C&A	
E	Accidental Death & Specific Loss coverage of at least: <ul style="list-style-type: none"> \$10,000 Death Benefit \$10,000 Specific Loss Benefit 	M	RI	
F	Options for the deductible will be quoted that include: <ol style="list-style-type: none"> Aggregate deductible <p>Explain how each option would work.</p>	M	RI	
G	Accident Medical Expense Benefit includes: <ul style="list-style-type: none"> covered expenses starting within 120 days from the date of the accident causing the injury sport related hernias, dermatologic conditions, infections, tendonitis, bursitis, stress fractures, shin splints, including re-injuries and aggravation, resulting from athletic participation in a covered event. coverage for physical therapy services coverage for orthotics, splints and braces, and other durable medical equipment (DME) coverage for professional ambulance service 	HD	C&A	
H	Insurance includes riders for: <ul style="list-style-type: none"> Expanded Medical Coverage HMO / PPO Denial Coverage Pre-Existing Injury Coverage 	M	C&A	

ITEM	DESCRIPTION	PRIORIT YCODE	REQUIREMENT CODE	RESPONDENT COMMENTS
	<ul style="list-style-type: none"> Heart and Circulatory Coverage 			
3.2	Insurer/Broker			
A	The policy will be furnished by a insurer with a AM Best Rating of A- or greater, a financial size of "Class VII" or better in the latest edition of Best's Insurance Reports and is registered/ licensed to do business in South Carolina. <u>Provide</u> information on the insurer and a sample policy.	M	RI	
B	100% claims coordination will be done by broker / agent to include collection of EOBs and HICFs. <u>Provide</u> examples of such claims done for other NCAA institutions.	M	RI	
C	A dedicated customer service / claims coordination agent will be provided. <u>Provide</u> the name and resume of the agent that USC Upstate athletic trainer/coordinator would work with.	M	RI	
D	<u>Provide</u> name and email address of the Firm's manager that Upstate athletic trainer/coordinator should contact in the event of any problems with assigned staff is provided.	M	RI	
E	Explain how will premiums for renewal periods be calculated and when the premiums for the next policy year will be made available to the University.	M	RI	
F	<u>Confirm</u> premiums quoted for the policy year are such that it is possible for the Contractor to limit the renewal rate increase of the premium to a reasonable amount for each of the renewal periods, barring any changes in applicable federal or state laws.	HD	RI	
G	The University recognizes there may be factors beyond the control of the University, the contractor or its insurers that may impact the intercollegiate student athlete insurance. If new federal or state laws mandate changes in the coverage, <u>explain</u> how the contractor will work to rectify any problems.	HD	RI	
H	The Contractor will <u>provide</u> copies of all insurance policies and riders prior to getting the final payment.	M	C&A	
3.3	Claims Processing and other Services			
A	Contractor will have 100% electronic / paperless claims processing. <u>Provide</u> screen shots of the system offered.	HD	RI	

ITEM	DESCRIPTION	PRIORIT YCODE	REQUIREMENT CODE	RESPONDENT COMMENTS
B	Contractor has 100% online claims status reporting. <u>Provide</u> screen shots of the system offered.	HD	RI	
C	Firm <u>provides</u> information that demonstrates its experience in achieving discounts from service providers. <u>Provide</u> a sample report that shows discounts negotiated by the agents.	HD	RI	
D	Firm can demonstrate its experience in finding cost savings and in negotiating lower prices for typically used medical services, such as diagnostic imaging, surgery/hospital fees, physician fees, etc.	HD	RI	
E	Contractor will <u>provide</u> ongoing advice to make the program more efficient and provide Continuing Education opportunities for the USC Upstate intercollegiate athletic professional staff	D	RI	
3.4	Other Insurance Coverage			
A	Guest / Recruit coverage – provide details of what can be offered.	D	RI	
3.5	Vendor Profile and Experience			
A	Describe your company, number of employees, your products, clientele and length of experience in providing athletic insurance.	M	RI	
B	Provide information regarding the individuals you propose to have responsibility for the University account. Include Name, title, business address The other accounts they will service The years of experience they have in athletic insurance.	M	RI	
C	<u>Describe</u> your internal audit and quality control review procedures.	M	RI	
D	<u>Provide</u> 3 current references from NCAA Division I institutions that have used the firm’s services for similar Secondary Insurance and claims management services within the last two years. Each reference to include: Company name Reference Contact name Contact telephone # and email address Start date of contract	M	RI	

ITEM	DESCRIPTION	PRIORIT YCODE	REQUIREMENT CODE	RESPONDENT COMMENTS
E	Provide a case for why your firm should be awarded the contract for secondary insurance and claims management. Additional material on the firm or its products may be provided as attachments.	M	RI	

IV. Information for Offerors to Submit

MINORITY PARTICIPATION (JAN 2006)

Is the bidder a South Carolina Certified Minority Business? Yes NO

Is the bidder a Minority Business certified by another governmental entity? Yes NO

If so, please list the certifying governmental entity: _____

Will any of the work under this contract be performed by a SC certified Minority Business as a subcontractor? Yes NO

If so, what percentage of the total value of the contract will be performed by a SC certified Minority Business as a subcontractor? Yes NO

Will any of the work under this contract be performed by a minority business certified by another governmental entity as a subcontractor? Yes NO

If so, what percentage of the total value of the contract will be performed by a minority business certified by another governmental entity as a subcontractor? Yes NO

If a certified Minority Business is participating in this contract, please indicate all categories for which the Business is certified:

- Traditional minority
- Traditional minority, but female
- Women (Caucasian females)
- Hispanic minorities
- DOT referral (Traditional minority)
- DOT referral (Caucasian female)
- Temporary certification
- SBA 8 (a) certification referral
- Other minorities (Native American, Asian, etc.)

(If more than one minority contractor will be utilized in the performance of this contract, please provide the information above for each minority business.)

INFORMATION FOR OFFERORS TO SUBMIT – GENERAL (JAN 2006): Offeror shall submit a signed Cover Page and Page Two. Offeror should submit all other information and documents requested in this part and in parts II.B. Special Instructions; III. Scope of Work; V. Qualifications; VIII. Bidding Schedule/Price Proposal; and any appropriate attachments addressed in section IX. Attachments to Solicitations.

V. Qualifications

REFERENCES

Provided three (3) current references from NCAA Division I institutions that have used the bidder's services for similar Secondary Insurance and claims management services within the last two years.

Each reference to include:

Company name

Reference Contact name

Contact telephone # and email address

Start date of contract

SUBCONTRACTOR – IDENTIFICATION: If you intend to subcontract with another business for any portion of the work and that portion exceeds 10% of your price, your bid must identify that business and the portion of work which they are to perform. Identify potential subcontractors by providing the business' name, address, phone, taxpayer identification number, and point of contact. In determining your responsibility, the state may evaluate your proposed subcontractors.

VI. Award Criteria

AWARD CRITERIA – BIDS (JANUARY 2006): Award will be made to the lowest responsible and responsive bidder(s).

AWARD TO ONE OFFEROR (JAN 2006): Award will be made to one Offeror.

UNIT PRICE GOVERNS (JANUARY 2006): In determining award, unit prices will govern over extended prices unless otherwise stated.

VII. Terms and Conditions - A. General

ASSIGNMENT (JAN 2006): No contract or its provisions may be assigned, sublet, or transferred without the written consent of the Procurement Officer.

BANKRUPTCY (JAN 2006): (a) Notice. In the event the Contractor enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Contractor agrees to furnish written notification of the bankruptcy to the Using Governmental Unit. This notification shall be furnished within five (5) days of the initiation of the proceedings relating to the bankruptcy filing. This notification shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, and a listing of all State contracts against which final payment has not been made. This obligation remains in effect until final payment under this Contract. (b) Termination. This contract is voidable and subject to immediate termination by the State upon the contractor's insolvency, including the filing of proceedings in bankruptcy.

CHOICE-OF-LAW (JAN 2006): The Agreement, any dispute, claim, or controversy relating to the Agreement, and all the rights and obligations of the parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South Carolina, except its choice of law rules. As used in this paragraph, the term "Agreement" means any transaction or agreement arising out of, relating to, or contemplated by the solicitation.

CONTRACT DOCUMENTS & ORDER OF PRECEDENCE (JAN 2006): (a) Any contract resulting from this solicitation shall consist of the following documents: (1) a Record of Negotiations, if any, executed by you and the Procurement Officer, (2) documentation regarding the clarification of an offer [e.g., 11-35-1520(8) or 11-35-1530(6)], if applicable, (3) the solicitation, as amended, (4) modifications, if any, to your offer, if accepted by the Procurement Officer, (5) your offer, (6) any statement reflecting the state's final acceptance (a/k/a "award"),

and (7) purchase orders. These documents shall be read to be consistent and complimentary. Any conflict among these documents shall be resolved by giving priority to these documents in the order listed above. (b) The terms and conditions of documents (1) through (6) above shall apply notwithstanding any additional or different terms and conditions in either (i) a purchase order or other instrument submitted by the State or (ii) any invoice or other document submitted by Contractor. Except as otherwise allowed herein, the terms and conditions of all such documents shall be void and of no effect. (c) No contract, license, or other agreement containing contractual terms and conditions will be signed by any Using Governmental Unit. Any document signed or otherwise agreed to by persons other than the Procurement Officer shall be void and of no effect.

DISCOUNT FOR PROMPT PAYMENT (JAN 2006)

(a) Discounts for prompt payment will not be considered in the evaluation of offers. However, any offered discount will form a part of the award, and will be taken if payment is made within the discount period indicated in the offer by the offeror. As an alternative to offering a discount for prompt payment in conjunction with the offer, offerors awarded contracts may include discounts for prompt payment on individual invoices.

(b) In connection with any discount offered for prompt payment, time shall be computed from the date of the invoice. If the Contractor has not placed a date on the invoice, the due date shall be calculated from the date the designated billing office receives a proper invoice, provided the state annotates such invoice with the date of receipt at the time of receipt. For the purpose of computing the discount earned, payment shall be considered to have been made on the date that appears on the payment check or, for an electronic funds transfer, the specified payment date. When the discount date falls on a Saturday, Sunday, or legal holiday when Federal Government

offices are closed and Government business is not expected to be conducted, payment may be made on the following business day.

DISPUTES (JAN 2006): (1) Choice-of-Forum. All disputes, claims, or controversies relating to the Agreement shall be resolved exclusively by the appropriate Chief Procurement Officer in accordance with Title 11, Chapter 35, Article 17 of the South Carolina Code of Laws, or in the absence of jurisdiction, only in the Court of Common Pleas for, or a federal court located in, Richland County, State of South Carolina. Contractor agrees that any act by the Government regarding the Agreement is not a waiver of either the Government's sovereign immunity or the Government's immunity under the Eleventh Amendment of the United State's Constitution. As used in this paragraph, the term "Agreement" means any transaction or agreement arising out of, relating to, or contemplated by the solicitation. (2) Service of Process. Contractor consents that any papers, notices, or process necessary or proper for the initiation or continuation of any disputes, claims, or controversies relating to the Agreement; for any court action in connection therewith; or for the entry of judgment on any award made, may be served on Contractor by certified mail (return receipt requested) addressed to Contractor at the address provided as the Notice Address on Page Two or by personal service or by any other manner that is permitted by law, in or outside South Carolina. Notice by certified mail is deemed duly given upon deposit in the United States mail.

EQUAL OPPORTUNITY (JAN 2006): Contractor is referred to and shall comply with all applicable provisions, if any, of Title 41, Part 60 of the Code of Federal Regulations, including but not limited to Sections 60-1.4, 60-4.2, 60-4.3, 60-250.5(a), and 60-741.5(a), which are hereby incorporated by reference.

FALSE CLAIMS (JAN 2006): According to the S.C. Code of Laws § 16-13-240, "a person who by false pretense or representation obtains the signature of a person to a written instrument or obtains from another person any chattel, money, valuable security, or other property, real or personal, with intent to cheat and defraud a person of that property is guilty" of a crime.

FIXED PRICING REQUIRED (JAN 2006): Any pricing provided by contractor shall include all costs for performing the work associated with that price. Except as otherwise provided in this solicitation, contractor's price shall be fixed for the duration of this contract, including option terms. This clause does not prohibit contractor from offering lower pricing after award.

NON-INDEMNIFICATION (JAN 2006): Any term or condition is void to the extent it requires the State to indemnify anyone.

NOTICE (JAN 2006): (A) After award, any notices shall be in writing and shall be deemed duly given (1) upon actual delivery, if delivery is by hand, (2) upon receipt by the transmitting party of automated confirmation or answer back from the recipient's device if delivery is by telex, telegram, facsimile, or electronic mail, or (3) upon deposit into the United States mail, if postage is prepaid, a return receipt is requested, and either registered or certified mail is used. (B) Notice to contractor shall be to the address identified as the Notice Address on Page Two. Notice to the state shall be to the Procurement Officer's address on the Cover Page. Either party may designate a different address for notice by giving notice in accordance with this paragraph.

PAYMENT & INTEREST (MAY 2011): (a) Unless otherwise provided in this Solicitation, the State shall pay the Contractor, after the submission of proper invoices or vouchers, the prices stipulated in this contract for supplies delivered and accepted or services rendered and accepted, less any deductions provided in this contract. Unless otherwise specified herein, including the purchase order, payment shall not be made on partial deliveries accepted by the Government. (b) Unless otherwise provided herein, including the purchase order, payment will be made by check. (c) Notwithstanding any other provision, payment shall be made in accordance with S.C. Code Section 11-35-45, which provides the Contractor's exclusive means of recovering any type of interest from the Owner. Contractor waives imposition of an interest penalty unless the invoice submitted specifies that the late penalty is applicable. Except as set forth in this paragraph, the State shall not be liable for the payment of interest on any debt or claim arising out of or related to this contract for any reason. (d) Amounts due to the State shall bear interest at the rate of interest established by the South Carolina Comptroller General pursuant to Section 11-35-45 ("an amount not to exceed fifteen percent each year"), as amended. (e) Any other basis for interest, including but not limited to general (pre- and post-judgment) or specific interest statutes, including S.C. Code Ann. § 34-31-20, are expressly waived by both parties. If a court, despite this agreement and waiver, requires that interest be paid on any debt by either party other than as provided by items (c) and (d) above, the parties further agree that the applicable interest rate for any given calendar year shall be the lowest prime rate as listed in the first edition of the Wall Street Journal published for each year, applied as simple interest without compounding.

PUBLICITY (JAN 2006): Contractor shall not publish any comments or quotes by State employees, or include the State in either news releases or a published list of customers, without the prior written approval of the Procurement Officer.

PURCHASE ORDERS (JAN 2006): Contractor shall not perform any work prior to the receipt of a purchase order from the using governmental unit. The using governmental unit shall order any supplies or services to be furnished under this contract by issuing a purchase order. Purchase orders may be used to elect any options available under this contract, e.g., quantity, item, delivery date, payment method, but are subject to all terms and conditions of this contract. Purchase orders may be electronic. No particular form is required. An order placed pursuant to the purchasing card provision qualifies as a purchase order.

SETOFF (JAN 2006): The state shall have all of its common law, equitable, and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the state with regard to this contract, any other contract with any state department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the state for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto.

SURVIVAL OF OBLIGATIONS (JAN 2006): The Parties' rights and obligations which, by their nature, would continue beyond the termination, cancellation, rejection, or expiration of this contract shall survive such termination, cancellation, rejection, or expiration, including, but not limited to, the rights and obligations created by the following clauses: Indemnification - Third Party Claims, Intellectual Property Indemnification, and any provisions regarding warranty or audit.

TAXES (JAN 2006): Any tax the contractor may be required to collect or pay upon the sale, use or delivery of the products shall be paid by the State, and such sums shall be due and payable to the contractor upon acceptance. Any personal property taxes levied after delivery shall be paid by the State. It shall be solely the

State's obligation, after payment to contractor, to challenge the applicability of any tax by negotiation with, or action against, the taxing authority. Contractor agrees to refund any tax collected, which is subsequently determined not to be proper and for which a refund has been paid to contractor by the taxing authority. In the event that the contractor fails to pay, or delays in paying, to any taxing authorities, sums paid by the State to contractor, contractor shall be liable to the State for any loss (such as the assessment of additional interest) caused by virtue of this failure or delay. Taxes based on Contractor's net income or assets shall be the sole responsibility of the contractor.

TERMINATION DUE TO UNAVAILABILITY OF FUNDS (JAN 2006): Payment and performance obligations for succeeding fiscal periods shall be subject to the availability and appropriation of funds therefor. When funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract shall be canceled. In the event of a cancellation pursuant to this paragraph, contractor will be reimbursed the resulting unamortized, reasonably incurred, nonrecurring costs. Contractor will not be reimbursed any costs amortized beyond the initial contract term.

THIRD PARTY BENEFICIARY (JAN 2006): This Contract is made solely and specifically among and for the benefit of the parties hereto, and their respective successors and assigns, and no other person will have any rights, interest, or claims hereunder or be entitled to any benefits under or on account of this Contract as a third party beneficiary or otherwise.

WAIVER (JAN 2006): The State does not waive any prior or subsequent breach of the terms of the Contract by making payments on the Contract, by failing to terminate the Contract for lack of performance, or by failing to strictly or promptly insist upon any term of the Contract. Only the Procurement Officer has actual authority to waive any of the State's rights under this Contract. Any waiver must be in writing.

VII. Terms and Conditions - B. Special

HIPAA LAW: The Contractor agrees that to the extent that some or all of the activities within the scope of this Contract are subject to the Health Insurance Portability Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the University of South Carolina may require to ensure compliance. Additional information may be viewed at: <http://www.sc.edu/hipaa/>

PROTECTION OF HUMAN HEALTH AND THE ENVIRONMENT - The University of South Carolina requires that all contractual activities to be in compliance with local, state and federal mandates concerning "protection of human health and the environment". In addition, the University of South Carolina is a "Drug Free Work Place" and requires all contractors to comply with South Carolina Code of Laws Section 41-15-10 ET sequence (1976 w/amendments). Any contractor doing business with the University will be required to document compliance with these mandates and to furnish specific information requested by the University's Department of Environmental Health and Safety when notified to do so. The Contractor understands and agrees that jobsites are open at all times work is being performed by the Contractor to authorized University employees who have been trained to identify unsafe work conditions. The Contractor will immediately correct any deficiencies noted by these inspections when requested by the University's Department of Environmental Health and Safety to do so. In work areas where a specific hazard is posed which includes but is not limited to lead paint and asbestos abatement projects, Contractors will be required to produce Lead Compliance Plans and Asbestos Project Designs which outline their method of work prior to the start of work. Each contractor shall designate a responsible member of the Contractor's organization to be at the site whose duty shall be the prevention of accidents. By submission of this bid, the vendor agrees to take all necessary steps to insure compliance with the requirements outlined above.

CONTRACTOR'S USE OF STATE PROPERTY (JAN 2006): Upon termination of the contract for any reason, the State shall have the right, upon demand, to obtain access to, and possession of, all State properties, including, but not limited to, current copies of all State application programs and necessary documentation, all data, files, intermediate materials and supplies held by the contractor. Contractor shall not use, reproduce, distribute, display, or sell any data, material, or documentation owned exclusively by the State without the State's written consent, except to the extent necessary to carry out the work.

COMPLIANCE WITH LAWS (JAN 2006): During the term of the contract, contractor shall comply with all applicable provisions of laws, codes, ordinances, rules, regulations, and tariffs.

CONTRACTOR'S OBLIGATION – GENERAL (JAN 2006): The contractor shall provide and pay for all materials, tools, equipment, labor and professional and non-professional services, and shall perform all other acts and supply all other things necessary, to fully and properly perform and complete the work. The contractor must act as the prime contractor and assume full responsibility for any subcontractor's performance. The contractor will be considered the sole point of contact with regard to all situations, including payment of all charges and the meeting of all other requirements.

INDEMNIFICATION - THIRD PARTY CLAIMS (JAN 2006): Notwithstanding any limitation in this agreement, Contractor shall defend and indemnify the State of South Carolina, its instrumentalities, agencies, departments, boards, political subdivisions and all their respective officers, agents and employees against all suits or claims of any nature (and all damages, settlement payments, attorneys' fees, costs, expenses, losses or liabilities attributable thereto) by any third party which arise out of, or result in any way from, any defect in the goods or services acquired hereunder or from any act or omission of Contractor, its subcontractors, their employees, workmen, servants or agents. Contractor shall be given written notice of any suit or claim. State shall allow Contractor to defend such claim so long as such defense is diligently and capably prosecuted through legal counsel. State shall allow Contractor to settle such suit or claim so long as (i) all settlement payments are made by (and any deferred settlement payments are the sole liability of) Contractor, and (ii) the settlement imposes no non-monetary obligation upon State. State shall not admit liability or agree to a settlement or other disposition of the suit or claim, in whole or in part, without the prior written consent of Contractor. State shall reasonably cooperate with Contractor's defense of such suit or claim. The obligations of this paragraph shall survive termination of the parties' agreement.

ILLEGAL IMMIGRATION (NOV. 2008): (An overview is available at www.procurement.sc.gov) By signing your offer, you certify that you will comply with the applicable requirements of Title 8, Chapter 14 of the South Carolina Code of Laws and agree to provide to the State upon request any documentation required to establish either: (a) that Title 8, Chapter 14 is inapplicable to you and your subcontractors or sub-subcontractors; or (b) that you and your subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14. Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony, and, upon conviction, must be fined within the discretion of the court or imprisoned for not more than five years, or both." You agree to include in any contracts with your subcontractors language requiring your subcontractors to (a) comply with the applicable requirements of Title 8, Chapter 14, and (b) include in their contracts with the sub-subcontractors language requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14. [07-7B097-1]

PRICE ADJUSTMENTS (JAN 2006): (1) Method of Adjustment. Any adjustment in the contract price made pursuant to a clause in this contract shall be consistent with this Contract and shall be arrived at through whichever one of the following ways is the most valid approximation of the actual cost to the Contractor (including profit, if otherwise allowed): (a) by agreement on a fixed price adjustment before commencement of the pertinent performance or as soon thereafter as practicable; (b) by unit prices specified in the Contract or subsequently agreed upon; (c) by the costs attributable to the event or situation covered by the relevant clause, including profit if otherwise allowed, all as specified in the Contract; or subsequently agreed upon; (d) in such other manner as the parties may mutually agree; or, (e) in the absence of agreement by the parties, through a unilateral initial written determination by the Procurement Officer of the costs attributable to the event or situation covered by the clause, including profit if otherwise allowed, all as computed by the Procurement Officer in accordance with generally accepted accounting principles, subject to the provisions of Title 11, Chapter 35, Article 17 of the S.C. Code of Laws. (2) Submission of Price or Cost Data. Upon request of the Procurement Officer, the contractor shall provide reasonably available factual information to substantiate that the price or cost offered, for any price adjustments is reasonable, consistent with the provisions of Section 11-35-1830.

PRICING DATA – AUDIT – INSPECTION (JAN 2006) [Clause Included Pursuant to § 11-35-1830, - 2210, & -2220] (a) Cost or Pricing Data. Upon Procurement Officer's request, you shall submit cost or pricing data, as defined by 48 C.F.R. § 2.101 (2004), prior to either (1) any award to contractor pursuant to 11-35-1530 or 11-35-1560, if the total contract price exceeds \$500,000, or (2) execution of a change order or contract modification with contractor which exceeds \$100,000. Your price, including profit or fee, shall be adjusted to exclude any significant sums by which the state finds that such price was increased because you furnished cost or pricing data that was inaccurate, incomplete, or not current as of the date agreed upon between parties. (b) Records Retention. You shall maintain your records for three years from the date of final payment, or longer if requested by the chief Procurement Officer. The state may audit your records at reasonable times and places. As used in this subparagraph (b), the term "records" means any books or records that relate to cost or pricing data submitted pursuant to this clause. In addition to the obligation stated in this subparagraph (b), you shall retain all records and allow any audits provided for by 11-35-2220(2). (c) Inspection. At reasonable times, the state may inspect any part of your place of business which is related to performance of the work. (d) Instructions – Certification. When you submit data pursuant to subparagraph (a), you shall (1) do so in accordance with the instructions appearing in Table 15-2 of 48 C.F.R. § 15.408 (2004) (adapted as necessary for the state context), and (2) submit a Certificate of Current Cost or Pricing Data, as prescribed by 48 CFR § 15.406-2(a) (adapted as necessary for the state context). (e) Subcontracts. You shall include the above text of this clause in all of your subcontracts. (f) Nothing in this clause limits any other rights of the state.

PRICE ADJUSTMENT - LIMITED - AFTER INITIAL TERM ONLY (JAN 2006): Upon approval of the Procurement Officer, prices may be adjusted for any renewal term. Prices shall not be increased during the initial term. Any request for a price increase must be received by the Procurement Officer at least ninety (90) days prior to the expiration of the applicable term and must be accompanied by sufficient documentation to justify the increase. If approved, a price increase becomes effective starting with the term beginning after approval. A price increase must be executed as a change order. Contractor may terminate this contract at the end of the then current term if a price increase request is denied. Notice of termination pursuant to this paragraph must be received by the Procurement Officer no later than fifteen (15) days after the Procurement Officer sends contractor notice rejecting the requested price increase

PRICE ADJUSTMENTS – LIMITED BY CPI “All Items” (JAN 2006): Upon request and adequate justification, the Procurement Officer may grant a price increase up to, but not to exceed, the unadjusted percent change for the most recent 12 months for which data is available, that is not subject to revision, in the Consumer Price Index (CPI) for all urban consumers (CPI-U), “all items” for services, as determined by the Procurement Officer. The Bureau of Labor and Statistics publishes this information on the web at www.bls.gov.

DEFAULT (JAN 2006):

(a)(1) The State may, subject to paragraphs (c) and (d) of this clause, by written notice of default to the Contractor, terminate this contract in whole or in part if the Contractor fails to-

(i) Deliver the supplies or to perform the services within the time specified in this contract or any extension;

(ii) Make progress, so as to endanger performance of this contract (but see paragraph (a)(2) of this clause); or

(iii) Perform any of the other material provisions of this contract (but see paragraph (a)(2) of this clause).

(2) The State's right to terminate this contract under subdivisions (a)(1)(ii) and (1)(iii) of this clause, may be exercised if the Contractor does not cure such failure within 10 days (or more if authorized in writing by the Procurement Officer) after receipt of the notice from the Procurement Officer specifying the failure.

(b) If the State terminates this contract in whole or in part, it may acquire, under the terms and in the manner the Procurement Officer considers appropriate, supplies or services similar to those terminated, and the Contractor will be liable to the State for any excess costs for those supplies or services. However, the Contractor shall continue the work not terminated.

(c) Except for defaults of subcontractors at any tier, the Contractor shall not be liable for any excess costs if the failure to perform the contract arises from causes beyond the control and without the fault or negligence of the Contractor. Examples of such causes include (1) acts of God or of the public enemy, (2) acts of the State in either its sovereign or contractual capacity, (3) fires, (4) floods, (5) epidemics, (6) quarantine restrictions, (7) strikes, (8) freight embargoes, and (9) unusually severe weather. In each instance the failure to perform must be beyond the control and without the fault or negligence of the Contractor.

(d) If the failure to perform is caused by the default of a subcontractor at any tier, and if the cause of the default is beyond the control of both the Contractor and subcontractor, and without the fault or negligence of either, the Contractor shall not be liable for any excess costs for failure to perform, unless the subcontracted supplies or services were obtainable from other sources in sufficient time for the Contractor to meet the required delivery schedule.

(e) If this contract is terminated for default, the State may require the Contractor to transfer title and deliver to the State, as directed by the Procurement Officer, any (1) completed supplies, and (2) partially completed supplies and materials, parts, tools, dies, jigs, fixtures, plans, drawings, information, and contract rights (collectively referred to as "manufacturing materials" in this clause) that the Contractor has specifically produced or acquired for the terminated portion of this contract. Upon direction of the Procurement Officer, the Contractor shall also protect and preserve property in its possession in which the State has an interest.

(f) The State shall pay contract price for completed supplies delivered and accepted. The Contractor and Procurement Officer shall agree on the amount of payment for manufacturing materials delivered and accepted and for the protection and preservation of the property; if the parties fail to agree, the Procurement Officer shall set an amount subject to the Contractor's rights under the Disputes clause. Failure to agree will be a dispute under the Disputes clause. The State may withhold from these amounts any sum the Procurement Officer determines to be necessary to protect the State against loss because of outstanding liens or claims of former lien holders.

(g) If, after termination, it is determined that the Contractor was not in default, or that the default was excusable, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of the State, be the same as if the termination had been issued for the convenience of the State. If, in the foregoing circumstances, this contract does not contain a clause providing for termination for convenience of the State, the contract shall be adjusted to compensate for such termination and the contract modified accordingly subject to the contractor's rights under the Disputes clause.

(h) The rights and remedies of the State in this clause are in addition to any other rights and remedies provided by law or under this contract.

LICENSES AND PERMITS (JAN 2006): During the term of the contract, the Contractor shall be responsible for obtaining, and maintaining in good standing, all licenses (including professional licenses, if any), permits, inspections and related fees for each or any such licenses, permits and /or inspections required by the State,

county, city or other government entity or unit to accomplish the work specified in this solicitation and the contract.

OWNERSHIP OF DATA & MATERIALS (JAN 2006): All data, material and documentation either prepared for the state pursuant to this contract shall belong exclusively to the State.

RELATIONSHIP OF THE PARTIES (JAN 2006): Neither party is an employee, agent, partner, or joint venturer of the other. Neither party has the right or ability to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party.

TERMINATION FOR CONVENIENCE (JAN 2006): (1) Termination. The Procurement Officer may terminate this contract in whole or in part, for the convenience of the State. The Procurement Officer shall give written notice of the termination to the contractor specifying the part of the contract terminated and when termination becomes effective.

(2) Contractor's Obligations. The contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination the contractor will stop work to the extent specified. The contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. The contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The Procurement Officer may direct the contractor to assign the contractor's right, title, and interest under terminated orders or subcontracts to the State. The contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

(3) Right to Supplies. The Procurement Officer may require the contractor to transfer title and deliver to the State in the manner and to the extent directed by the Procurement Officer: (a) any completed supplies; and (b) such partially completed supplies and materials, parts, tools, dies, jigs, fixtures, plans, drawings, information, and contract rights. (hereinafter called "manufacturing material") as the contractor has specifically produced or specially acquired for the performance of the terminated part of this contract. The contractor shall, upon direction of the Procurement Officer, protect and preserve property in the possession of the contractor in which the State has an interest. If the Procurement Officer does not exercise this right, the contractor shall use best efforts to sell such supplies and manufacturing materials in a accordance with the standards of Uniform Commercial Code Section 2-706. Utilization of this Section in no way implies that the State has breached the contract by exercise of the Termination for Convenience Clause.

(4) Compensation. (a) The contractor shall submit a termination claim specifying the amounts due because of the termination for convenience together with cost or pricing data required by Section 11-35-1830 bearing on such claim. If the contractor fails to file a termination claim within one year from the effective date of termination, the Procurement Officer may pay the contractor, if at all, an amount set in accordance with Subparagraph (c) of this Paragraph.

(b) The Procurement Officer and the contractor may agree to a settlement and that the settlement does not exceed the total contract price plus settlement costs reduced by payments previously made by the State, the proceeds of any sales of supplies and manufacturing materials under Paragraph (3) of this clause, and the contract price of the work not terminated;

(c) Absent complete agreement under Subparagraph (b) of this Paragraph, the Procurement Officer shall pay the contractor the following amounts, provided payments agreed to under Subparagraph (b) shall not duplicate payments under this Subparagraph:

(i) contract prices for supplies or services accepted under the contract;

(ii) costs reasonably incurred in performing the terminated portion of the work less amounts paid or to be paid for accepted supplies or services;

(iii) reasonable costs of settling and paying claims arising out of the termination of subcontracts or orders pursuant to Paragraph (2) of this clause. These costs must not include costs paid in accordance with Subparagraph (c)(ii) of this paragraph;

(iv) any other reasonable costs that have resulted from the termination. The total sum to be paid the contractor under this Subparagraph shall not exceed the total contract price plus the reasonable settlement costs of the contractor reduced by the amount of payments otherwise made, the proceeds of any sales of supplies and manufacturing materials under Subparagraph (b) of this Paragraph, and the contract price of work not terminated.

(d) Contractor must demonstrate any costs claimed, agreed to, or established under Subparagraphs (b) and (c) of this Paragraph using its standard record keeping system, provided such system is consistent with any applicable Generally Accepted Accounting Principles.

(5) Contractor's failure to include an appropriate termination for convenience clause in any subcontract shall not (i) affect the state's right to require the termination of a subcontract, or (ii) increase the obligation of the state beyond what it would have been if the subcontract had contained an appropriate clause.

VIII. BIDDING SCHEDULE / PRICE-BUSINESS PROPOSAL

YEAR 1

Item	Qty	Unit of Measure	Description	Unit Price	Extended Price
1	12	Months	Provide Athletic Insurance for University of South Carolina Upstate Campus (Aggregate Deductible Amount)	\$ _____	\$ _____

Item	Qty	Unit of Measure	Description	Unit Price	Extended Price
2	12	Months	Provide Athletic Insurance for University of South Carolina Upstate Campus Stop Loss Policy Premium and Claims Fee	\$ _____	\$ _____

Item	Qty	Unit of Measure	Description	Unit Price	Extended Price
3	12	Months	Provide Athletic Insurance for University of South Carolina Upstate Campus Other Administration Fees	\$ _____	\$ _____

Item	Qty	Unit of Measure	Description	Unit Price	Extended Price
4	12	Months	Provide Athletic Insurance for University of South Carolina Upstate Campus Maximum Cost to USC Upstate	\$ _____	\$ _____

Note: Evaluation of bids shall be based on the Maximum Cost to USC Upstate

Resident Contractor Preference _____
 Resident Sub-Contractor Preference (2%) _____ Number of Sub-Contractors _____
 Resident Sub-Contractor Preference (4%) _____ Number of Sub-Contractors _____

Note: The service preferences do not apply to a bid for an item of work by the bidder if the annual price of the bidder's work exceeds \$50,000 or the total potential price of the bidder's work exceeds \$500,000. [11-35-1524(E)(3)]

Please refer to the preference clauses listed in the additional conditions of this solicitation to ensure that you qualify to select the above preferences.

Bidder is to submit the following for preferences requested above:

- 1) Identify the subcontractor to perform the work:
- 2) Identify the work the subcontractor is to perform:
- 3) Bidder's factual basis for concluding that the subcontractor's work constitutes the required percentage of the work to be performed in the procurement.

IX. ATTACHMENTS TO SOLICITATION

1. **IMPORTANT TAX NOTICE – NONRESIDENTS ONLY**
2. **NONRESIDENT TAXPAYER REGISTRATION AFFIDAVIT INCOME TAX WITHHOLDING (DEPT. OF REVENUE FORM I-312)**
3. **OFFEROR'S CHECKLIST**
4. **Claims History**
5. **Past Potential Questions**

IMPORTANT TAX NOTICE - NONRESIDENTS ONLY

Withholding Requirements for Payments to Nonresidents: Section 12-8-550 of the South Carolina Code of Laws requires persons hiring or contracting with a nonresident conducting a business or performing personal services of a temporary nature within South Carolina to withhold 2% of each payment made to the nonresident. The withholding requirement does not apply to (1) payments on purchase orders for tangible personal property when the payments are not accompanied by services to be performed in South Carolina, (2) nonresidents who are not conducting business in South Carolina, (3) nonresidents for contracts that do not exceed \$10,000 in a calendar year, or (4) payments to a nonresident who (a) registers with either the S.C. Department of Revenue or the S.C. Secretary of State and (b) submits a Nonresident Taxpayer Registration Affidavit - Income Tax Withholding, Form I-312 to the person letting the contract.

The withholding requirement applies to every governmental entity that uses a contract ("Using Entity"). Nonresidents should submit a separate copy of the Nonresident Taxpayer Registration Affidavit - Income Tax Withholding, Form I-312 to every Using Entity that makes payment to the nonresident pursuant to this solicitation. Once submitted, an affidavit is valid for all contracts between the nonresident and the Using Entity, unless the Using Entity receives notice from the Department of Revenue that the exemption from withholding has been revoked.

Section 12-8-540 requires persons making payment to a nonresident taxpayer of rentals or royalties at a rate of \$1,200.00 or more a year for the use of or for the privilege of using property in South Carolina to withhold 7% of the total of each payment made to a nonresident taxpayer who is not a corporation and 5% if the payment is made to a corporation. Contact the Department of Revenue for any applicable exceptions.

For information about other withholding requirements (e.g., employee withholding), contact the Withholding Section at the South Carolina Department of Revenue at 803-898-5383 or visit the Department's website at www.sctax.org.

This notice is for informational purposes only. This agency does not administer and has no authority over tax issues. All registration questions should be directed to the License and Registration Section at 803-898-5872 or to the South Carolina Department of Revenue, Registration Unit, Columbia, S.C. 29214-0140. All withholding questions should be directed to the Withholding Section at 803-898-5383.



STATE OF SOUTH CAROLINA
 DEPARTMENT OF REVENUE
**NONRESIDENT TAXPAYER
 REGISTRATION AFFIDAVIT
 INCOME TAX WITHHOLDING**

I-312
 (Rev. 5/7/04)
 3323

The undersigned nonresident taxpayer on oath, being first duly sworn, hereby certifies as follows:

1. Name of Nonresident Taxpayer: _____
2. Trade Name, if applicable (Doing Business As): _____
3. Mailing Address: _____
4. Federal Identification Number: _____
5. Hiring or Contracting with: _____
 Name: _____
 Address: _____
- Receiving Rentals or Royalties From: _____
 Name: _____
 Address: _____
- Beneficiary of Trusts and Estates: _____
 Name: _____
 Address: _____

6. I hereby certify that the above named nonresident taxpayer is currently registered with
(check the appropriate box):
 The South Carolina Secretary of State or
 The South Carolina Department of Revenue

Date of Registration: _____

7. I understand that by this registration, the above named nonresident taxpayer has agreed to be subject to the jurisdiction of the South Carolina Department of Revenue and the courts of South Carolina to determine its South Carolina tax liability, including estimated taxes, together with any related interest and penalties.

8. I understand the South Carolina Department of Revenue may revoke the withholding exemption granted under Code Sections 12-8-540 (rentals), 12-8-550 (temporarily doing business or professional services in South Carolina), and 12-8-570 (distributions to nonresident beneficiary by trusts or estates) at any time it determines that the above named nonresident taxpayer is not cooperating with the Department in the determination of its correct South Carolina tax liability.

The undersigned understands that any false statement contained herein could be punished by fine, imprisonment or both.

Recognizing that I am subject to the criminal penalties under Code Section 12-54-44 (B) (6) (a) (i), I declare that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of Nonresident Taxpayer (Owner, Partner or Corporate Officer, when relevant) (Seal) _____
 Date

If Corporate officer state title:

 (Name - Please Print)

Mail to: The company or individual you are contracting with.

OFFEROR'S CHECKLIST
AVOID COMMON BID/PROPOSAL MISTAKES

Review this checklist prior to submitting your bid/proposal.
If you fail to follow this checklist, you risk having your bid/proposal rejected.

- DO NOT INCLUDE ANY OF YOUR STANDARD CONTRACT FORMS!
- UNLESS EXPRESSLY REQUIRED, DO NOT INCLUDE ANY ADDITIONAL BOILERPLATE CONTRACT CLAUSES.
- REREAD YOUR ENTIRE BID/PROPOSAL TO MAKE SURE YOUR BID/PROPOSAL DOES NOT TAKE EXCEPTION TO ANY OF THE STATE'S MANDATORY REQUIREMENTS.
- MAKE SURE YOU HAVE PROPERLY MARKED ALL PROTECTED, CONFIDENTIAL, OR TRADE SECRET INFORMATION IN ACCORDANCE WITH THE INSTRUCTIONS ENTITLED: SUBMITTING CONFIDENTIAL INFORMATION. ***DO NOT MARK YOUR ENTIRE BID/PROPOSAL AS CONFIDENTIAL, TRADE SECRET, OR PROTECTED! DO NOT INCLUDE A LEGEND ON THE COVER STATING THAT YOUR ENTIRE RESPONSE IS NOT TO BE RELEASED!***
- HAVE YOU PROPERLY ACKNOWLEDGED ALL AMENDMENTS? INSTRUCTIONS REGARDING HOW TO ACKNOWLEDGE AN AMENDMENT SHOULD APPEAR IN ALL AMENDMENTS ISSUED.
- MAKE SURE YOUR BID/PROPOSAL INCLUDES A COPY OF THE SOLICITATION COVER PAGE. MAKE SURE THE COVER PAGE IS SIGNED BY A PERSON THAT IS AUTHORIZED TO CONTRACTUALLY BIND YOUR BUSINESS.
- MAKE SURE YOUR BID/PROPOSAL INCLUDES THE NUMBER OF COPIES REQUESTED.
- CHECK TO ENSURE YOUR BID/PROPOSAL INCLUDES EVERYTHING REQUESTED!
- IF YOU HAVE CONCERNS ABOUT THE SOLICITATION, DO NOT RAISE THOSE CONCERNS IN YOUR RESPONSE! **AFTER OPENING, IT IS TOO LATE! IF THIS SOLICITATION INCLUDES A PRE-BID/PROPOSAL CONFERENCE OR A QUESTION & ANSWER PERIOD, RAISE YOUR QUESTIONS AS A PART OF THAT PROCESS!** PLEASE SEE INSTRUCTIONS UNDER THE HEADING "SUBMISSION OF QUESTIONS" AND ANY PROVISIONS REGARDING PRE-BID/PROPOSAL CONFERENCES.

This checklist is included only as a reminder to help offerors avoid common mistakes.
Responsiveness will be evaluated against the solicitation, ***not*** against this checklist.
You do not need to return this checklist with your response.

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
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Carrier - A-g Self Funded**Claims in the 2010 School Year****District: Univ Of So Car - Upstate (392517)****Coverage Type: Sport,Self-funded**

Anderson, Kimberley; Claim: 1; Sport: Womens Soccer; Diagnosis: Contusion; Anatomy: Head; Injury Type: ; Date Incurred: 08-15-2010									
08-16-2010	Neurology Centers Of The Car	Consultation	\$242.39	\$202.39	Other Insurance	\$40.00	09-20-2010	09-23-2010	00057082
08-19-2010	Neurology Centers Of The Car	Medical Treatment	\$300.00	\$275.20	Other Insurance	\$24.80	09-20-2010	09-23-2010	00057082
08-16-2010	Skylyn Medical Assoc	Medical Treatment	\$168.00	\$148.00	Other Insurance	\$20.00	09-24-2010	10-05-2010	00057731
09-01-2010	Finley Physical Therapy	Phys.therapy	\$270.00	\$230.00	Other Insurance	\$40.00	02-10-2011	02-17-2011	00064670
09-15-2010	Finley Physical Therapy	Phys.therapy	\$108.00	\$68.00	Other Insurance	\$40.00	02-10-2011	02-17-2011	00064670
09-08-2010	Finley Physical Therapy	Phys.therapy	\$108.00	\$68.00	Other Insurance	\$40.00	02-10-2011	02-17-2011	00064670
09-27-2010	Neurology Centers Of The Car	Medical Treatment	\$98.80	\$58.80	Other Insurance	\$40.00	06-27-2011	06-30-2011	00072961
Claim# 1 Totals :			\$1,295.19	\$1,050.39		\$244.80			

Bailey, Timothy; Claim: 25; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: Hip; Injury Type: ; Date Incurred: 01-25-2011									
03-04-2011	Spartanburg Regional Mc	Mri	\$1,520.00	\$1,077.20	Other Insurance	\$442.80	05-23-2011	05-23-2011	00070628
03-04-2011	Upstate Carolina Radiology	Mri	\$271.00	\$243.00	Other Insurance	\$28.00	05-23-2011	05-23-2011	00070629
03-25-2011	Village Hospital	Outpatient	\$998.00	\$882.72	Other Insurance	\$115.28	05-23-2011	05-23-2011	00070630
03-25-2011	Steven Singleton Md	Surgery	\$553.00	\$519.04	Other Insurance	\$33.96	05-23-2011	05-23-2011	00070631
02-15-2011	Steven Singleton Md	Surgery	\$374.00	\$292.67	Other Insurance	\$81.33	05-23-2011	05-23-2011	00070631
Claim# 25 Totals :			\$3,716.00	\$3,014.63		\$701.37			

Castlebury, Logan; Claim: 29; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 09-20-2010									
09-27-2010	Spartanburg Regional Mc	Mri	\$1,501.88	\$951.88	Prev Considered	\$550.00	06-07-2011	06-16-2011	00072240
09-27-2010	Insured	Mri	\$225.29			\$225.29	06-07-2011	06-16-2011	00072241
Claim# 29 Totals :			\$1,727.17	\$951.88		\$775.29			

Cook, Carter; Claim: 156; Sport: Mens Basketball; Diagnosis: Sprain/strain; Anatomy: Leg; Injury Type: ; Date Incurred: 12-26-2010									
12-28-2010	Medequip Inc	Orthopedic Appliance	\$250.00	\$6.83	Other Insurance	\$243.17	02-15-2013	02-19-2013	00117876

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Claim# 156 Totals :			\$250.00	\$6.83		\$243.17			

Copney, Teeara; Claim: 27; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: L-ankle; Injury Type: ; Date Incurred: 12-18-2010									
12-20-2010	Spartanburg Regional Mc	X-ray,Radiology	\$116.00			\$116.00	06-01-2011	06-06-2011	00071462
12-20-2010	Spartanburg Regional Mc	X-ray,Radiology	\$122.00			\$122.00	06-01-2011	06-06-2011	00071462
12-20-2010	Spartanburg Regional Mc	X-ray,Radiology	\$108.00			\$108.00	06-01-2011	06-06-2011	00071462
03-28-2013	Surgery Center At Pelham	Operating Room	\$11,479.00	\$1,147.90	First Health Disc	\$10,331.10	04-15-2013	04-25-2013	00124085
03-28-2013	First Health	First Health Repricing	\$124.05			\$124.05	04-15-2013	04-25-2013	00124083
03-28-2013	First Health	First Health Repricing	\$172.19			\$172.19	04-15-2013	04-25-2013	00124083
03-28-2013	Anes Cons Of Upstate	Surgery	\$400.00	\$278.00	First Health Disc	\$122.00	04-15-2013	04-25-2013	00124084
03-28-2013	Anes Cons Of Upstate	X-ray,Radiology	\$270.00	\$214.00	First Health Disc	\$56.00	04-15-2013	04-25-2013	00124084
03-28-2013	Anes Cons Of Upstate	Anesthesia	\$720.00	\$335.00	First Health Disc	\$385.00	04-15-2013	04-25-2013	00124084
03-28-2013	Surgery Center At Pelham	Operating Room	(\$11,479.00)	(\$1,147.90)	First Health Disc	(\$10,331.10)	04-15-2013	05-02-2013	Void
03-28-2013	First Health	First Health Repricing	(\$124.05)			(\$124.05)	04-15-2013	05-07-2013	Refund
03-28-2013	Anes Cons Of Upstate	Anesthesia	(\$385.00)			(\$385.00)	04-15-2013	05-07-2013	Refund
03-28-2013	Anes Cons Of Upstate	X-ray,Radiology	(\$56.00)			(\$56.00)	04-15-2013	05-07-2013	Refund
03-28-2013	Anes Cons Of Upstate	Surgery	(\$122.00)			(\$122.00)	04-15-2013	05-07-2013	Refund
03-28-2013	First Health	First Health Repricing	\$15.75			\$15.75	05-13-2014	05-30-2014	00160064
03-28-2013	Medequip Inc	Med.supplies	\$50.00	\$17.50	First Health Disc	\$32.50	05-13-2014	05-30-2014	00160065
03-28-2013	Medequip Inc	Orthopedic Appliance	\$250.00	\$87.50	First Health Disc	\$162.50	05-13-2014	05-30-2014	00160065
Claim# 27 Totals :			\$1,660.94	\$932.00		\$728.94			

Detelich, Miles; Claim: 6; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 10-04-2010									
10-11-2010	Spartanburg Regional Mc	Mri	\$2,532.00	\$1,012.22	Other Insurance	\$1,519.78	12-03-2010	12-09-2010	00061083
10-11-2010	Upstate Carolina Radiology	X-ray,Radiology	\$125.00	\$53.00	Other Insurance	\$72.00	12-03-2010	12-09-2010	00061084
10-11-2010	Upstate Carolina Radiology	Mri	\$326.00	\$186.00	Other Insurance	\$140.00	12-03-2010	12-09-2010	00061084
10-11-2010	Upstate Carolina Radiology	Surgery	\$203.00	\$123.00	Other Insurance	\$80.00	12-03-2010	12-09-2010	00061084
10-28-2010	Insured	Prescriptions	\$18.35			\$18.35	01-10-2011	01-13-2011	00062706
10-28-2010	Medequip Inc	Cold Therapy System	\$355.00	\$155.00	Other Insurance	\$200.00	02-04-2011	02-10-2011	00064162
10-28-2010	Surgery Center At Pelham	Surgery	\$7,869.00	\$6,593.59	Other Insurance	\$1,275.41	02-04-2011	02-10-2011	00064163
10-18-2010	Spartanburg Regional Mc	X-ray,Radiology	\$118.00	\$71.09	Other Insurance	\$46.91	03-18-2011	03-30-2011	00067147
10-18-2010	Spartanburg Regional Mc	Medical Treatment	\$199.00	\$77.03	Other Insurance	\$121.97	03-18-2011	03-30-2011	00067147

A-G Administrators, Inc. Claims History Report

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Detelich, Miles; Claim: 6; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 10-04-2010									
03-24-2011	Greenville Proaxis Therapy	Phys.therapy	\$269.00	\$212.00	Other Insurance	\$57.00	06-27-2011	06-30-2011	00072962
03-07-2011	Greenville Proaxis Therapy	Phys.therapy	\$292.00	\$292.00	Other Insurance		06-27-2011	06-30-2011	00072962
03-17-2011	Greenville Proaxis Therapy	Phys.therapy	\$269.00	\$212.00	Other Insurance	\$57.00	06-27-2011	06-30-2011	00072962
Claim# 6 Totals :			\$12,575.35	\$8,986.93		\$3,588.42			

Downey, Katheryn; Claim: 35; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: R-ankle; Injury Type: ; Date Incurred: 08-12-2010									
08-12-2010	Steven Singleton Md	Surgery	\$359.00	\$314.00	Other Insurance	\$45.00	07-11-2011	07-14-2011	00073645
Claim# 35 Totals :			\$359.00	\$314.00		\$45.00			

Elam, Robert; Claim: 42; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: L-lower Leg; Injury Type: ; Date Incurred: 10-28-2010									
11-01-2010	Surgery Center At Pelham	Surgery	\$6,170.00	\$5,544.29	Other Insurance	\$625.71	07-15-2011	07-27-2011	00074187
Claim# 42 Totals :			\$6,170.00	\$5,544.29		\$625.71			

Fennell, Martha; Claim: 37; Sport: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: R-ankle; Injury Type: Sprain/strain; Date Incurred: 08-28-2010									
09-21-2010	Steven Singleton Md	X-ray,Radiology	\$111.00			\$111.00	07-11-2011	07-14-2011	00073646
Claim# 37 Totals :			\$111.00	\$0.00		\$111.00			

Glenn, Ricardo; Claim: 32; Sport: Mens Basketball; Diagnosis: Fracture; Anatomy: L-finger; Injury Type: ; Date Incurred: 11-21-2010									
11-29-2010	Surgery Center At Pelham	Surgery	\$4,255.84	\$2,970.00	Other Insurance	\$1,285.84	06-27-2011	06-30-2011	00072967
Claim# 32 Totals :			\$4,255.84	\$2,970.00		\$1,285.84			

Green, Blake; Claim: 17; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Bilateral Knee; Injury Type: ; Date Incurred: 08-22-2010									
02-08-2011	Spartanburg Regional Mc	Med.supplies	\$22.00	\$21.63	Other Insurance	\$0.37	03-18-2011	03-24-2011	00066821
02-08-2011	Spartanburg Regional Mc	Surgery	\$181.00	\$106.52	Other Insurance	\$74.48	03-18-2011	03-24-2011	00066821
08-25-2010	Spartanburg Regional Mc	Med.supplies	\$452.00	\$103.70	Other Insurance	\$348.30	03-18-2011	03-24-2011	00066821
08-25-2010	Spartanburg Regional Mc	Surgery	\$348.00	\$239.32	Other Insurance	\$108.68	03-18-2011	03-24-2011	00066821

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Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Green, Blake; Claim: 17; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Bilateral Knee; Injury Type: ; Date Incurred: 08-22-2010									
03-31-2011	Spartanburg Regional Mc	Medical Treatment	\$175.00	\$7.54	Other Insurance	\$167.46	10-13-2011	10-13-2011	00078874
Claim# 17 Totals :			\$1,178.00	\$478.71		\$699.29			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Green, Blake; Claim: 46; Sport: Mens Baseball; Diagnosis: Sprain/strain; Anatomy: L-shoulder; Injury Type: ; Date Incurred: 04-04-2011									
06-20-2011	Steven Singleton Md	Medical Treatment	\$140.00	\$80.00	Other Insurance	\$60.00	07-21-2011	07-27-2011	00074191
06-20-2011	Steven Singleton Md	Phys.x-ray Serv	\$66.00	\$27.73	Other Insurance	\$38.27	07-21-2011	07-27-2011	00074191
06-27-2011	Steven Singleton Md	Surgery	\$171.00	\$107.32	Other Insurance	\$63.68	07-21-2011	07-27-2011	00074191
06-27-2011	Steven Singleton Md	Phys.x-ray Serv	\$201.00	\$112.11	Other Insurance	\$88.89	07-21-2011	07-27-2011	00074191
08-11-2011	Village Hospital	Surgery	\$548.00	\$183.94	Other Insurance	\$364.06	11-07-2011	11-30-2011	00081801
06-27-2011	First Health	First Health Repricing	\$12.33			\$12.33	11-21-2011	12-08-2011	00082440
06-27-2011	Village Hospital	Surgery	\$548.00	\$82.20	First Health Disc	\$465.80	11-21-2011	12-08-2011	00082441
Claim# 46 Totals :			\$1,686.33	\$593.30		\$1,093.03			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Greer, Brody; Claim: 5; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 09-30-2010									
10-27-2010	Spartanburg Regional Mc	Mri	\$1,520.00	\$1,322.81	Other Insurance	\$197.19	12-02-2010	12-06-2010	00060854
10-19-2010	Neurology Centers Of The Car	Medical Treatment	\$263.35	\$248.80	Other Insurance	\$14.55	02-08-2011	02-14-2011	00064433
10-19-2010	Neurology Centers Of The Car	Medical Treatment	\$926.90	\$881.98	Other Insurance	\$44.92	02-08-2011	02-14-2011	00064433
10-19-2010	Neurology Centers Of The Car	Medical Treatment	\$503.70	\$481.65	Other Insurance	\$22.05	02-08-2011	02-14-2011	00064433
10-19-2010	Neurology Centers Of The Car	Medical Treatment	\$1,173.00	\$1,047.00	Other Insurance	\$126.00	02-08-2011	02-14-2011	00064433
10-07-2010	Spartanburg Reg Med Ct	Phys.x-ray Serv	\$188.00	\$95.40	Other Insurance	\$92.60	07-15-2011	07-27-2011	00074178
Claim# 5 Totals :			\$4,574.95	\$4,077.64		\$497.31			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Haley, Ian; Claim: 20; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 01-12-2011									
01-21-2011	Spartanburg Regional Mc	Mri	\$1,756.00	\$1,459.78	Other Insurance	\$296.22	03-25-2011	04-04-2011	00067511
02-04-2011	Anes Cons Of Upstate	Anesthesia	\$1,425.00	\$1,329.98	Other Insurance	\$95.02	06-27-2011	06-30-2011	00072964
04-29-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	06-28-2011	06-30-2011	00072965
05-06-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	06-28-2011	06-30-2011	00072965
04-04-2011	Greenville Proaxis Therapy	Phys.therapy	\$100.00	\$70.00	Other Insurance	\$30.00	06-27-2011	06-30-2011	00072965
02-04-2011	Surgery Center At Pelham	Surgery	\$10,016.00	\$9,409.70	Other Insurance	\$606.30	06-27-2011	07-06-2011	00073268
05-02-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	07-05-2011	07-11-2011	00073503

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Haley, Ian; Claim: 20; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 01-12-2011									
04-15-2011	Greenville Proaxis Therapy	Phys.therapy	\$100.00	\$70.00	Other Insurance	\$30.00	07-05-2011	07-11-2011	00073503
04-25-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	07-05-2011	07-11-2011	00073503
04-18-2011	Greenville Proaxis Therapy	Phys.therapy	\$104.00	\$74.00	Other Insurance	\$30.00	07-05-2011	07-19-2011	00073905
04-08-2011	Greenville Proaxis Therapy	Phys.therapy	\$100.00	\$70.00	Other Insurance	\$30.00	07-05-2011	07-19-2011	00073905
05-09-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	07-05-2011	07-19-2011	00073905
05-16-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	07-05-2011	07-19-2011	00073905
04-01-2011	Greenville Proaxis Therapy	Phys.therapy	\$214.00	\$70.00	Other Insurance	\$144.00	07-07-2011	07-19-2011	00073905
02-04-2011	Medequip Inc	Cold Therapy System	\$355.00	\$127.69	Other Insurance	\$227.31	07-07-2011	07-19-2011	00073906
02-04-2011	Steven Singleton Md	Surgery	\$8,528.00	\$7,244.17	Other Insurance	\$1,283.83	07-07-2011	07-19-2011	00073907
06-03-2011	Greenville Proaxis Therapy	Phys.therapy	\$104.00	\$74.00	Other Insurance	\$30.00	07-22-2011	07-27-2011	00074184
05-27-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	07-22-2011	07-27-2011	00074184
05-23-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	07-22-2011	07-27-2011	00074184
03-21-2011	Greenville Proaxis Therapy	Phys.therapy	\$108.00	\$78.00	Other Insurance	\$30.00	08-11-2011	08-15-2011	00075442
03-14-2011	Greenville Proaxis Therapy	Phys.therapy	\$108.00	\$78.00	Other Insurance	\$30.00	08-11-2011	08-15-2011	00075442
03-28-2011	Greenville Proaxis Therapy	Phys.therapy	\$54.00	\$27.89	Other Insurance	\$26.11	08-11-2011	08-15-2011	00075442
02-28-2011	Greenville Proaxis Therapy	Phys.therapy	\$134.00	\$104.00	Other Insurance	\$30.00	08-11-2011	08-15-2011	00075442
06-27-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	08-22-2011	08-25-2011	00076016
06-20-2011	Greenville Proaxis Therapy	Phys.therapy	\$108.00	\$78.00	Other Insurance	\$30.00	08-22-2011	08-25-2011	00076016
06-24-2011	Greenville Proaxis Therapy	Phys.therapy	\$100.00	\$70.00	Other Insurance	\$30.00	08-22-2011	08-25-2011	00076016
06-22-2011	Greenville Proaxis Therapy	Phys.therapy	\$108.00	\$78.00	Other Insurance	\$30.00	08-22-2011	08-25-2011	00076016
07-18-2011	Greenville Proaxis Therapy	Phys.therapy	\$211.00	\$181.00	Other Insurance	\$30.00	08-29-2011	09-12-2011	00076821
06-08-2011	Greenville Proaxis Therapy	Phys.therapy	\$161.00	\$131.00	Other Insurance	\$30.00	08-29-2011	09-12-2011	00076821
06-10-2011	Greenville Proaxis Therapy	Phys.therapy	\$108.00	\$78.00	Other Insurance	\$30.00	10-11-2011	10-17-2011	00079164
05-13-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	10-11-2011	10-17-2011	00079164
04-22-2011	Greenville Proaxis Therapy	Phys.therapy	\$104.00	\$74.00	Other Insurance	\$30.00	10-11-2011	10-17-2011	00079164
05-20-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$124.00	Other Insurance	\$30.00	12-05-2011	12-08-2011	00082438
Claim# 20 Totals :			\$25,800.00	\$22,341.21		\$3,458.79			

Harris, Andre; Claim: 11; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 09-01-2010									
11-19-2010	Spartanburg Regional Mc	Mri	\$1,520.00	\$1,388.54	Other Insurance	\$131.46	01-24-2011	01-27-2011	00063377
Claim# 11 Totals :			\$1,520.00	\$1,388.54		\$131.46			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Harris, Andre; Claim: 12; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 08-01-2010									
11-19-2010	Upstate Carolina Radiology	Mri	\$271.00	\$257.00	Other Insurance	\$14.00	01-27-2011	02-03-2011	00063688
03-02-2011	Greenville Proaxis Therapy	Phys.therapy	\$507.00	\$477.83	Other Insurance	\$29.17	03-22-2011	03-30-2011	00067150
Claim# 12 Totals :			\$778.00	\$734.83		\$43.17			
Haynes, Bruce; Claim: 38; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: Hip; Injury Type: Pain; Date Incurred: 09-27-2010									
09-28-2010	Steven Singleton Md	X-ray,Radiology	\$117.00	\$68.96	Other Insurance	\$48.04	07-11-2011	07-14-2011	00073647
10-21-2010	Steven Singleton Md	Surgery	\$337.00	\$188.85	Other Insurance	\$148.15	07-11-2011	07-14-2011	00073647
10-21-2010	Steven Singleton Md	Consultation	\$236.00	\$85.96	Other Insurance	\$150.04	07-11-2011	07-14-2011	00073647
Claim# 38 Totals :			\$690.00	\$343.77		\$346.23			
Lewis, Rachel; Claim: 86; Sport: Womens Golf; Diagnosis: Pain; Anatomy: L-knee; Injury Type: Pain; Date Incurred: 01-26-2011									
03-16-2011	Upstate Carolina Radiology	Mri,X-ray Interp.	\$271.00	\$204.80	Other Insurance	\$66.20	12-19-2011	12-22-2011	00083476
03-16-2011	Spartanburg Reg Med Ct	Mri	\$1,520.00	\$993.92	Other Insurance	\$526.08	12-19-2011	12-22-2011	00083477
Claim# 86 Totals :			\$1,791.00	\$1,198.72		\$592.28			
Mccabe, Jason; Claim: 3; Sport: Mens Soccer; Diagnosis: Expanded Medical; Anatomy: Heart; Injury Type: ; Date Incurred: 10-24-2010									
10-24-2010	Vanderbilt Medical Group	X-ray,Radiology	\$38.00	\$34.14	Other Insurance	\$3.86	11-15-2010	11-18-2010	00060089
10-24-2010	Vanderbilt Medical Group	Dr.visit-emerg Room	\$337.00	\$297.23	Other Insurance	\$39.77	11-15-2010	11-18-2010	00060089
10-24-2010	Vanderbilt Medical Group	Medical Treatment	\$32.00	\$27.55	Other Insurance	\$4.45	11-15-2010	11-18-2010	00060089
10-24-2010	Ag Administrators	Deductible Reimbursement	\$2,594.00	\$2,244.23	Other Insurance	\$349.77	01-27-2011	01-27-2011	00063376
10-24-2010	Vanderbilt Univ Med Ctr	Emrg.room	\$2,594.00	\$2,244.23	Other Insurance	\$349.77	03-07-2012	03-08-2012	00089671
Claim# 3 Totals :			\$5,595.00	\$4,847.38		\$747.62			
Mcmillan, Chelsea; Claim: 18; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 09-20-2010									
01-07-2011	Spartanburg Regional Mc	Med.supplies	\$44.00			\$44.00	03-18-2011	03-24-2011	00066822
11-22-2010	Spartanburg Regional Mc	X-ray,Radiology	\$126.00	\$106.00	Other Insurance	\$20.00	03-18-2011	03-24-2011	00066822
10-29-2010	Spartanburg Regional Mc	X-ray,Radiology	\$165.00	\$145.00	Other Insurance	\$20.00	03-18-2011	03-24-2011	00066822

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Mcmillan, Chelsea; Claim: 18; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 09-20-2010									
11-30-2010	Spartanburg Regional Mc	Surgery	\$203.00	\$183.00	Other Insurance	\$20.00	03-18-2011	03-24-2011	00066822
01-06-2011	Spartanburg Regional Mc	X-ray,Radiology	\$126.00	\$76.00	Other Insurance	\$50.00	03-18-2011	03-24-2011	00066822
01-07-2011	Spartanburg Regional Mc	Surgery	\$704.00			\$704.00	03-18-2011	03-24-2011	00066822
Claim# 18 Totals :			\$1,368.00	\$510.00		\$858.00			

Mcmillan, Chelsea; Claim: 19; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Bilateral Knee; Injury Type: ; Date Incurred: 01-03-2011									
01-07-2011	Medequip Inc	Med.supplies	\$70.00			\$70.00	06-06-2011	06-16-2011	00072238
05-02-2011	Steven Singleton Md	Medical Treatment	\$91.00	\$47.20	Other Insurance	\$43.80	06-06-2011	06-16-2011	00072239
01-13-2011	Spartanburg Regional Mc	Outpatient	\$174.00	\$20.50	Other Insurance	\$153.50	08-04-2011	08-11-2011	00075181
Claim# 19 Totals :			\$335.00	\$67.70		\$267.30			

Miller, Tyler; Claim: 39; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: Pain; Date Incurred: 07-15-2010									
07-19-2010	Steven Singleton Md	Medical Treatment	\$317.00	\$277.00	Other Insurance	\$40.00	07-11-2011	07-14-2011	00073648
08-17-2010	Steven Singleton Md	Surgery	\$493.00	\$373.89	Other Insurance	\$119.11	07-11-2011	07-14-2011	00073648
Claim# 39 Totals :			\$810.00	\$650.89		\$159.11			

Millhouse, Branden; Claim: 21; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 11-05-2010									
03-07-2011	Greenville Proaxis Therapy	Phys.therapy	\$161.00	\$147.11	Other Insurance	\$13.89	03-25-2011	04-04-2011	00067512
03-03-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$197.14	Other Insurance	\$17.86	03-25-2011	04-04-2011	00067512
03-08-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$197.04	Other Insurance	\$17.96	03-30-2011	04-07-2011	00067681
02-28-2011	Greenville Proaxis Therapy	Phys.therapy	\$161.00	\$147.11	Other Insurance	\$13.89	06-27-2011	06-30-2011	00072966
02-24-2011	Greenville Proaxis Therapy	Phys.therapy	\$238.00	\$81.23	Other Insurance	\$156.77	06-27-2011	06-30-2011	00072966
02-07-2011	Village Hospital	Mri	\$2,434.52	\$2,059.20	Other Insurance	\$375.32	07-07-2011	07-19-2011	00073908
03-14-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$197.04	Other Insurance	\$17.96	07-21-2011	07-27-2011	00074185
01-27-2011	Insured	Medical Treatment	\$406.00	\$366.00	Other Insurance	\$40.00	08-24-2011	08-25-2011	00076017
02-24-2011	Insured	Mri,X-ray Interp.	\$40.00			\$40.00	08-24-2011	08-25-2011	00076017
02-10-2011	Insured	Medical Treatment	\$140.00	\$100.00	Other Insurance	\$40.00	08-24-2011	08-25-2011	00076017

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Millhouse, Branden; Claim: 21; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 11-05-2010									
03-14-2011	Greenville Proaxis Therapy	Phys.therapy	\$79.34			\$79.34	09-09-2011	09-15-2011	00077058
Claim# 21 Totals :			\$4,304.86	\$3,491.87		\$812.99			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Minoofar, Emily; Claim: 67; Sport: Womens Track; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 07-14-2011									
09-23-2011	Anes Cons Of Upstate	Anesthesia	\$2,340.00	\$1,933.20	Other Insurance	\$406.80	01-25-2012	01-30-2012	00086357
12-29-2011	Performance Rehab	Phys.therapy	\$265.00	\$198.76	Other Insurance	\$66.24	01-25-2012	01-30-2012	00086358
12-23-2011	Performance Rehab	Phys.therapy	\$280.00	\$212.08	Other Insurance	\$67.92	01-25-2012	01-30-2012	00086358
12-27-2011	Performance Rehab	Phys.therapy	\$235.00	\$174.92	Other Insurance	\$60.08	01-25-2012	01-30-2012	00086358
12-20-2011	Performance Rehab	Phys.therapy	\$265.00	\$198.76	Other Insurance	\$66.24	01-25-2012	01-30-2012	00086358
12-16-2011	Performance Rehab	Phys.therapy	\$265.00	\$198.76	Other Insurance	\$66.24	01-25-2012	01-30-2012	00086358
12-14-2011	Performance Rehab	Phys.therapy	\$245.00	\$161.87	Other Insurance	\$83.13	01-25-2012	01-30-2012	00086358
09-23-2011	Medequip Inc	Cold Therapy System	\$355.00	\$131.18	Other Insurance	\$223.82	01-25-2012	02-02-2012	00086844
10-19-2011	Steven Singleton Md	X-ray,Radiology	\$127.00	\$120.72	Other Insurance	\$6.28	01-18-2012	02-02-2012	00086845
09-23-2011	Surgery Center At Pelham	Operating Room	\$4,645.00	\$3,774.06	Other Insurance	\$870.94	02-07-2012	02-21-2012	00088431
09-23-2011	Surgery Center At Pelham	Surgery	\$4,645.00	\$3,774.06	Other Insurance	\$870.94	02-07-2012	02-21-2012	00088431
09-02-2011	Upstate Carolina Radiology	Mri,X-ray Interp.	\$41.02			\$41.02	02-14-2012	02-21-2012	00088432
09-02-2011	Village Hospital	Mri	\$1,756.00	\$1,426.75	Other Insurance	\$329.25	02-14-2012	02-21-2012	00088433
09-23-2011	Steven Singleton Md	Surgery	\$5,363.00	\$4,995.79	Other Insurance	\$367.21	02-14-2012	02-21-2012	00088434
10-19-2011	Steven Singleton Md	X-ray,Radiology	\$127.00	\$120.72	Other Insurance	\$6.28	02-14-2012	02-21-2012	00088434
02-21-2012	Steven Singleton Md	Medical Treatment	\$386.00	\$302.73	Other Insurance	\$83.27	03-12-2012	03-22-2012	00090945
04-13-2012	Steven Singleton Md	Medical Treatment	\$271.00	\$181.36	Other Insurance	\$89.64	05-07-2012	05-10-2012	00094938
05-09-2012	Performance Rehab	Phys.therapy	\$220.00	\$184.47	Other Insurance	\$35.53	06-04-2012	06-07-2012	00097026
09-23-2011	Surgery Center At Pelham	Orthopedic Appliance	\$336.27	\$273.22	Other Insurance	\$63.05	06-04-2012	06-14-2012	00100006
09-23-2011	Surgery Center At Pelham	Injection, Rx	\$2,147.00	\$1,744.44	Other Insurance	\$402.56	07-11-2012	07-19-2012	00102500
06-05-2012	Gregory Hummel Md	Medical Treatment	\$360.00	\$320.76	Other Insurance	\$39.24	07-16-2012	07-31-2012	00102898
05-14-2012	Teresa Vonbergen	Phys.therapy	\$220.00	\$161.24	Other Insurance	\$58.76	07-30-2012	08-02-2012	00103410
05-30-2012	Performance Rehab	Phys.therapy	\$265.00	\$198.76	Other Insurance	\$66.24	07-30-2012	08-02-2012	00103412
06-01-2012	Performance Rehab	Phys.therapy	\$235.00	\$175.28	Other Insurance	\$59.72	07-30-2012	08-02-2012	00103412
06-20-2012	Performance Rehab	Phys.therapy	\$235.00	\$175.28	Other Insurance	\$59.72	07-30-2012	08-02-2012	00103412
06-25-2012	Performance Rehab	Phys.therapy	\$235.00	\$175.28	Other Insurance	\$59.72	07-30-2012	08-02-2012	00103412
01-03-2012	Performance Rehab	Phys.therapy	\$280.00	\$189.44	Other Insurance	\$90.56	07-30-2012	08-02-2012	00103412
06-22-2012	Performance Rehab	Phys.therapy	\$245.00	\$180.07	Other Insurance	\$64.93	07-30-2012	08-02-2012	00103412

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Minoofer, Emily; Claim: 67; Sport: Womens Track; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 07-14-2011									
06-27-2012	Performance Rehab	Phys.therapy	\$210.00	\$159.24	Other Insurance	\$50.76	07-30-2012	08-02-2012	00103412
05-10-2012	Performance Rehab	Phys.therapy	\$220.00	\$169.24	Other Insurance	\$50.76	07-30-2012	08-02-2012	00103412
05-17-2012	Performance Rehab	Phys.therapy	\$220.00	\$161.24	Other Insurance	\$58.76	07-30-2012	08-02-2012	00103412
05-25-2012	Performance Rehab	Phys.therapy	\$220.00	\$161.60	Other Insurance	\$58.40	07-30-2012	08-02-2012	00103412
06-04-2012	Performance Rehab	Phys.therapy	\$235.00	\$175.28	Other Insurance	\$59.72	07-30-2012	08-02-2012	00103412
07-02-2012	Performance Rehab	Phys.therapy	\$235.00	\$175.28	Other Insurance	\$59.72	07-30-2012	08-02-2012	00103412
06-06-2012	Performance Rehab	Phys.therapy	\$210.00	\$159.24	Other Insurance	\$50.76	07-30-2012	08-02-2012	00103412
07-06-2012	Performance Rehab	Phys.therapy	\$210.00	\$159.24	Other Insurance	\$50.76	07-30-2012	08-02-2012	00103412
05-21-2012	Performance Rehab	Phys.therapy	\$220.00	\$161.24	Other Insurance	\$58.76	07-30-2012	08-02-2012	00103412
07-06-2012	Performance Rehab	Phys.therapy	\$210.00	\$159.24	Other Insurance	\$50.76	08-06-2012	08-13-2012	00103850
07-09-2012	Performance Rehab	Phys.therapy	\$165.00	\$122.08	Other Insurance	\$42.92	08-06-2012	08-13-2012	00103850
04-23-2012	Steven Singleton Md	Surgery	\$386.00	\$308.99	Other Insurance	\$77.01	07-30-2012	08-13-2012	00103851
04-13-2012	Steven Singleton Md	Medical Treatment	\$271.00	\$264.72	Other Insurance	\$6.28	07-30-2012	08-13-2012	00103851
08-20-2012	Village Hospital	Mri	\$1,305.00	\$1,060.31	Other Insurance	\$244.69	09-24-2012	10-04-2012	00106953
08-20-2012	Upstate Carolina Radiology	Mri,X-ray Interp.	\$33.88			\$33.88	11-19-2012	12-03-2012	00111031
10-15-2012	Village Hospital	Phys.therapy	\$1,278.00	\$1,038.38	Other Insurance	\$239.62	12-05-2012	12-13-2012	00112180
08-15-2012	Steven Singleton Md	Medical Treatment	\$217.00	\$190.44	Other Insurance	\$26.56	01-20-2013	01-24-2013	00115590
11-01-2012	Village Hospital	Phys.therapy	\$1,889.00	\$1,534.81	Other Insurance	\$354.19	01-31-2013	02-07-2013	00117169
10-12-2012	Medequip Inc	Orthopedic Appliance	\$160.00	\$142.45	Other Insurance	\$17.55	02-06-2013	03-04-2013	00119337
12-01-2012	Village Hospital	Phys.therapy	\$559.00	\$454.19	Other Insurance	\$104.81	03-05-2013	03-11-2013	00119995
10-12-2012	Surgery Center At Pelham	Surgery	\$15,968.00	\$13,234.10	Other Insurance	\$2,733.90	03-11-2013	03-28-2013	00121530
05-14-2012	Teresa Vonbergen	Phys.therapy	(\$220.00)	(\$161.24)	Other Insurance	(\$58.76)	07-30-2012	06-20-2013	Void
Claim# 67 Totals :			\$50,591.17	\$41,514.03		\$9,077.14			

Molkenthin, Katelyn; Claim: 55; Sport: Womens Softball; Diagnosis: Fracture; Anatomy: Teeth; Injury Type: ; Date Incurred: 02-19-2011									
02-28-2011	Aaron Ellett Dmd	Dental	\$156.00	\$63.60	Other Insurance	\$92.40	08-12-2011	08-18-2011	00075709
Claim# 55 Totals :			\$156.00	\$63.60		\$92.40			

Moore, Kayli; Claim: 4; Sport: Womens Soccer; Diagnosis: Dehydration; Anatomy: Head; Injury Type: ; Date Incurred: 10-10-2010									
10-10-2010	Upstate Carolina Radiology	Cat Scan	\$167.00	\$105.34	Other Insurance	\$61.66	11-29-2010	12-02-2010	00060727
10-10-2010	Spartansburg Radiol.	Dr.visit-emerg Room	\$1,789.00	\$1,152.63	Other Insurance	\$636.37	03-25-2011	04-04-2011	00067510

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Moore, Kayli; Claim: 4; Sport: Womens Soccer; Diagnosis: Dehydration; Anatomy: Head; Injury Type: ; Date Incurred: 10-10-2010									
10-10-2010	Spartansburg Radiol.	Dr.visit-emerg Room	(\$1,789.00)	(\$1,152.63)	Other Insurance	(\$636.37)	03-25-2011	05-09-2011	Void
10-10-2010	Spartanburg Regional Mc	Outpatient	\$1,789.00	\$1,152.63	Other Insurance	\$636.37	05-05-2011	05-09-2011	00069669
Claim# 4 Totals :			\$1,956.00	\$1,257.97		\$698.03			

Newell, Ryan; Claim: 47; Sport: Mens Baseball; Diagnosis: Laceration; Anatomy: L-lower Leg; Injury Type: ; Date Incurred: 02-01-2011									
02-01-2011	Spartanburg Regional Mc	Outpatient	\$513.00	\$151.88	Other Insurance	\$361.12	07-21-2011	07-27-2011	00074192
Claim# 47 Totals :			\$513.00	\$151.88		\$361.12			

Nyobe, Christine; Claim: 8; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: L-knee; Injury Type: ; Date Incurred: 08-18-2010									
09-03-2010	Upstate Carolina Radiology	Mri	\$271.00	\$115.00	Other Insurance	\$156.00	01-03-2011	01-06-2011	00062417
09-03-2010	Upstate Carolina Radiology	Mri		\$56.00		(\$56.00)	01-03-2011	08-23-2011	Refund
09-09-2010	Surgery Center Of Pelham	Out-pat.surgery	\$6,224.00	\$6,224.00	Other Insurance		08-25-2011	08-25-2011	00076015
09-09-2010	Surgery Center Of Pelham	Out-pat.surgery	\$12,356.00	\$6,356.00	A-g Discount	\$6,000.00	08-25-2011	08-25-2011	00076015
09-03-2010	First Health	First Health Repricing	\$40.55			\$40.55	08-30-2011	08-31-2011	00076484
09-03-2010	Spartanburg Regional Mc	Mri	\$1,501.88	\$270.34	First Health Disc	\$1,231.54	08-25-2011	08-31-2011	00076485
09-27-2010	First Health	First Health Repricing	\$56.17			\$56.17	08-30-2011	09-12-2011	00076818
09-09-2010	Medequip Inc	Cold Therapy System	\$100.00	\$35.00	First Health Disc	\$65.00	08-30-2011	09-12-2011	00076819
09-27-2010	Medequip Inc	Orthopedic Appliance	\$125.00	\$43.75	First Health Disc	\$81.25	08-30-2011	09-12-2011	00076819
09-27-2010	Medequip Inc	Orthopedic Appliance	\$95.00	\$33.25	First Health Disc	\$61.75	08-30-2011	09-12-2011	00076819
09-09-2010	Medequip Inc	Cold Therapy System	\$100.00	\$35.00	First Health Disc	\$65.00	08-30-2011	09-12-2011	00076819
09-09-2010	Medequip Inc	Orthopedic Appliance	\$650.00	\$227.50	First Health Disc	\$422.50	08-22-2011	09-12-2011	00076819
09-09-2010	Surgery Center Of Pelham	Out-pat.surgery	\$2,640.00		Additional	\$2,640.00	09-08-2011	09-12-2011	00076820
Claim# 8 Totals :			\$24,159.60	\$13,395.84		\$10,763.76			

Page, Morgan; Claim: 14; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 08-25-2010									
11-18-2010	Spartanburg Regional Mc	Mri	\$1,520.00	\$182.40	Other Insurance	\$1,337.60	07-22-2011	07-27-2011	00074182
11-18-2010	Upstate Carolina Radiology	Mri	\$271.00	\$48.78	First Health Disc	\$222.22	07-07-2011	07-27-2011	00074183
03-15-2011	Physicians Billing Service	Surgery	\$352.00			\$352.00	08-02-2011	08-04-2011	00074593
02-01-2011	Physicians Billing Service	Medical Treatment	\$514.00	\$286.75	Other Insurance	\$227.25	08-02-2011	08-04-2011	00074593

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Page, Morgan; Claim: 14; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 08-25-2010									
03-15-2011	Physicians Billing Service	Injection, Rx	\$22.00			\$22.00	08-02-2011	08-04-2011	00074593
Claim# 14 Totals :			\$2,679.00	\$517.93		\$2,161.07			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Queen, Kelsie; Claim: 10; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 08-26-2010									
11-15-2010	Anes Cons Of Upstate	Anesthesia	\$1,575.00	\$1,512.20	Other Insurance	\$62.80	01-14-2011	01-24-2011	00063183
11-16-2010	Greenville Proaxis Therapy	Phys.therapy	\$249.00	\$216.80	Other Insurance	\$32.20	02-08-2011	02-14-2011	00064435
01-13-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$124.00	Other Insurance	\$91.00	02-08-2011	02-14-2011	00064435
12-10-2010	Greenville Proaxis Therapy	Phys.therapy	\$155.00	\$133.20	Other Insurance	\$21.80	02-08-2011	02-14-2011	00064435
11-23-2010	Greenville Proaxis Therapy	Phys.therapy	\$156.00	\$133.20	Other Insurance	\$22.80	02-08-2011	02-14-2011	00064435
01-06-2011	Greenville Proaxis Therapy	Phys.therapy	\$161.00	\$92.00	Other Insurance	\$69.00	02-08-2011	02-14-2011	00064435
01-20-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$124.00	Other Insurance	\$91.00	02-08-2011	02-14-2011	00064435
12-17-2010	Greenville Proaxis Therapy	Phys.therapy	\$156.00	\$134.00	Other Insurance	\$22.00	02-08-2011	02-14-2011	00064435
12-02-2010	Greenville Proaxis Therapy	Phys.therapy	\$207.00	\$180.80	Other Insurance	\$26.20	02-08-2011	02-14-2011	00064435
12-30-2010	Greenville Proaxis Therapy	Phys.therapy	\$207.00	\$180.80	Other Insurance	\$26.20	02-08-2011	02-14-2011	00064435
12-07-2010	Greenville Proaxis Therapy	Phys.therapy	\$259.00	\$228.40	Other Insurance	\$30.60	02-08-2011	02-14-2011	00064435
11-15-2010	Medequip Inc	Cold Therapy System	\$355.00	\$136.60	Other Insurance	\$218.40	03-03-2011	03-10-2011	00064935
01-27-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$188.80	Other Insurance	\$26.20	03-03-2011	03-10-2011	00064936
02-03-2011	Greenville Proaxis Therapy	Phys.therapy	\$211.00	\$184.00	Other Insurance	\$27.00	03-03-2011	03-10-2011	00064936
10-21-2010	Upstate Carolina Radiology	Mri	\$326.00	\$313.80	Other Insurance	\$12.20	03-03-2011	03-10-2011	00064937
02-17-2011	Greenville Proaxis Therapy	Phys.therapy	\$218.00	\$194.40	Other Insurance	\$23.60	03-10-2011	03-17-2011	00066430
11-15-2010	Surgery Center At Pelham	Surgery	\$11,437.00	\$10,488.70	Other Insurance	\$948.30	03-16-2011	03-30-2011	00067148
02-24-2011	Greenville Proaxis Therapy	Phys.therapy	\$211.00	\$186.40	Other Insurance	\$24.60	03-16-2011	03-30-2011	00067149
11-15-2010	Steven Singleton Md	Surgery	\$7,176.00	\$6,662.90	Other Insurance	\$513.10	05-23-2011	05-27-2011	00070849
05-19-2011	Greenville Proaxis Therapy	Phys.therapy	\$225.00	\$202.40	Other Insurance	\$22.60	06-28-2011	06-30-2011	00072963
05-18-2011	Greenville Proaxis Therapy	Phys.therapy	\$225.00	\$202.40	Other Insurance	\$22.60	07-05-2011	07-11-2011	00073502
05-09-2011	Greenville Proaxis Therapy	Phys.therapy	\$218.00	\$194.40	Other Insurance	\$23.60	07-05-2011	07-19-2011	00073904
05-11-2011	Greenville Proaxis Therapy	Phys.therapy	\$218.00	\$194.40	Other Insurance	\$23.60	07-05-2011	07-19-2011	00073904
06-09-2011	Greenville Proaxis Therapy	Phys.therapy	\$165.00	\$150.80	Other Insurance	\$14.20	07-05-2011	07-19-2011	00073904
06-03-2011	Greenville Proaxis Therapy	Phys.therapy	\$218.00	\$194.40	Other Insurance	\$23.60	07-05-2011	07-19-2011	00073904
03-02-2011	Spartanburg Regional Mc	Lab,Pathology	\$187.00	\$122.25	Other Insurance	\$64.75	07-15-2011	07-27-2011	00074180
06-24-2011	Greenville Proaxis Therapy	Phys.therapy	\$225.00	\$202.40	Other Insurance	\$22.60	07-25-2011	07-27-2011	00074181
06-16-2011	Greenville Proaxis Therapy	Phys.therapy	\$168.00	\$149.60	Other Insurance	\$18.40	07-25-2011	07-27-2011	00074181

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Queen, Kelsie; Claim: 10; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 08-26-2010									
06-29-2011	Greenville Proaxis Therapy	Phys.therapy	\$225.00	\$202.40	Other Insurance	\$22.60	07-25-2011	07-27-2011	00074181
06-01-2011	Greenville Proaxis Therapy	Phys.therapy	\$279.00	\$256.40	Other Insurance	\$22.60	07-25-2011	07-27-2011	00074181
03-31-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$195.60	Other Insurance	\$19.40	07-25-2011	07-27-2011	00074181
03-24-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$195.60	Other Insurance	\$19.40	07-25-2011	07-27-2011	00074181
04-07-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$195.60	Other Insurance	\$19.40	07-25-2011	07-27-2011	00074181
05-25-2011	Greenville Proaxis Therapy	Phys.therapy	\$218.00	\$194.40	Other Insurance	\$23.60	07-25-2011	07-27-2011	00074181
06-08-2011	Greenville Proaxis Therapy	Phys.therapy	\$218.00	\$194.40	Other Insurance	\$23.60	07-25-2011	07-27-2011	00074181
06-22-2011	Greenville Proaxis Therapy	Phys.therapy	\$222.00	\$203.60	Other Insurance	\$18.40	07-25-2011	07-27-2011	00074181
07-20-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$195.60	Other Insurance	\$19.40	08-29-2011	08-31-2011	00076486
07-22-2011	Greenville Proaxis Therapy	Phys.therapy	\$215.00	\$195.60	Other Insurance	\$19.40	08-29-2011	08-31-2011	00076486
08-30-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	10-10-2011	10-13-2011	00078873
09-13-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	10-10-2011	10-13-2011	00078873
08-23-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	10-10-2011	10-13-2011	00078873
09-06-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	10-10-2011	10-13-2011	00078873
09-23-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	10-17-2011	11-07-2011	00080283
09-27-2011	Greenville Proaxis Therapy	Phys.therapy	\$154.00	\$133.60	Other Insurance	\$20.40	10-17-2011	11-07-2011	00080283
09-13-2011	Greenville Proaxis Therapy	Phys.therapy	(\$204.00)	(\$178.40)	Other Insurance	(\$25.60)	10-10-2011	11-18-2011	Void
08-30-2011	Greenville Proaxis Therapy	Phys.therapy	(\$204.00)	(\$178.40)	Other Insurance	(\$25.60)	10-10-2011	11-18-2011	Void
09-06-2011	Greenville Proaxis Therapy	Phys.therapy	(\$204.00)	(\$178.40)	Other Insurance	(\$25.60)	10-10-2011	11-18-2011	Void
08-23-2011	Greenville Proaxis Therapy	Phys.therapy	(\$204.00)	(\$178.40)	Other Insurance	(\$25.60)	10-10-2011	11-18-2011	Void
08-23-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	11-15-2011	11-18-2011	00080969
09-06-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	11-15-2011	11-18-2011	00080969
08-30-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	11-15-2011	11-18-2011	00080969
09-13-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	11-15-2011	11-18-2011	00080969
10-25-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	12-05-2011	12-08-2011	00082437
10-04-2011	Greenville Proaxis Therapy	Phys.therapy	\$204.00	\$178.40	Other Insurance	\$25.60	02-27-2012	03-12-2012	00090043
10-18-2011	Greenville Proaxis Therapy	Phys.therapy	\$208.00	\$187.60	Other Insurance	\$20.40	02-27-2012	03-12-2012	00090043
10-25-2011	Greenville Proaxis Therapy	Phys.therapy	\$384.00	\$374.80	Other Insurance	\$9.20	06-05-2012	06-14-2012	00100005
Claim# 10 Totals :			\$29,964.00	\$27,002.05		\$2,961.95			

Queen, Kelsie; Claim: 41; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 08-05-2010									
08-06-2010	Steven Singleton Md	Surgery	\$493.00	\$457.54	Other Insurance	\$35.46	07-05-2011	07-19-2011	00073909

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Claim# 41 Totals :			\$493.00	\$457.54		\$35.46			

Richardson, Roy "trey"; Claim: 24; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Elbow; Injury Type: ; Date Incurred: 09-29-2010									
09-29-2010	Spartanburg Regional Mc	Mri	\$1,501.88	\$1,184.48	Other Insurance	\$317.40	06-16-2011	06-20-2011	00072428
Claim# 24 Totals :			\$1,501.88	\$1,184.48		\$317.40			

Shinn, Kelsey; Claim: 91; Sport: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: R-ankle; Injury Type: ; Date Incurred: 10-07-2010									
02-14-2011	First Health	First Health Repricing	\$41.04			\$41.04	03-19-2012	03-22-2012	00090946
02-14-2011	Spartanburg Regional Mc	Mri	\$1,520.00	\$273.60	First Health Disc	\$1,246.40	03-19-2012	03-22-2012	00090947
Claim# 91 Totals :			\$1,561.04	\$273.60		\$1,287.44			

Tanner, James; Claim: 40; Sport: Mens Baseball; Diagnosis: Hernia; Anatomy: Groin; Injury Type: ; Date Incurred: 07-15-2010									
12-09-2010	Ambulatory Anesthesia Llc	Anesthesia	\$792.00	\$760.28	Other Insurance	\$31.72	07-11-2011	07-14-2011	00073649
12-09-2010	Precision Anesthesia Llc	Anesthesia	\$825.00	\$779.33	Other Insurance	\$45.67	07-15-2011	07-27-2011	00074186
Claim# 40 Totals :			\$1,617.00	\$1,539.61		\$77.39			

Tavernier, Jacob; Claim: 45; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 02-20-2011									
02-28-2011	Upstate Carolina Radiology	Mri	\$271.00	\$101.00	Other Insurance	\$170.00	07-21-2011	07-27-2011	00074188
02-28-2011	Village Hospital	Mri	\$1,520.00	\$1,230.72	Other Insurance	\$289.28	07-21-2011	07-27-2011	00074189
02-24-2011	Steven Singleton Md	X-ray,Radiology	\$126.00	\$54.00	Other Insurance	\$72.00	07-21-2011	07-27-2011	00074190
03-08-2011	Steven Singleton Md	Medical Treatment	\$140.00	\$130.13	Other Insurance	\$9.87	07-21-2011	07-27-2011	00074190
Claim# 45 Totals :			\$2,057.00	\$1,515.85		\$541.15			

Wadelington, Sharniece; Claim: 9; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Bilateral Knee; Injury Type: ; Date Incurred: 11-01-2010									
11-24-2010	Spartanburg Regional Mc	Mri	\$1,520.00	\$1,262.90	Other Insurance	\$257.10	01-05-2011	01-06-2011	00062418
11-24-2010	Upstate Carolina Radiology	Mri	\$271.00	\$242.83	Other Insurance	\$28.17	02-08-2011	02-14-2011	00064434
11-30-2010	Spartanburg Reg Med Ct	Surgery	\$374.00	\$350.78	Other Insurance	\$23.22	07-15-2011	07-27-2011	00074179
12-02-2010	Spartanburg Reg Med Ct	Surgery	\$374.00	\$350.78	Other Insurance	\$23.22	07-15-2011	07-27-2011	00074179

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Wadelington, Sharniece; Claim: 9; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Bilateral Knee; Injury Type: ; Date Incurred: 11-01-2010									
11-19-2010	Spartanburg Reg Med Ct	Phys.x-ray Serv	\$126.00	\$111.78	Other Insurance	\$14.22	07-15-2011	07-27-2011	00074179
Claim# 9 Totals :			\$2,665.00	\$2,319.07		\$345.93			

Walker, Lauren; Claim: 73; Sport: Womens Cross-country; Diagnosis: Expanded Medical; Anatomy: Heart; Injury Type: ; Date Incurred: 03-21-2011									
03-21-2011	Spartanburg Regional Mc	Outpatient	\$1,509.00	\$1,081.06	Other Insurance	\$427.94	10-10-2011	10-13-2011	00078875
03-29-2011	Lexington Heart Clinic	Medical Treatment	\$85.00	\$78.18	Other Insurance	\$6.82	10-10-2011	10-13-2011	00078876
05-11-2011	Lexington Heart Clinic	Medical Treatment	\$85.00	\$78.83	Other Insurance	\$6.17	10-10-2011	10-13-2011	00078876
03-21-2011	Cardiology Consultants Pa	Medical Treatment	\$399.00	\$348.81	Other Insurance	\$50.19	10-10-2011	10-13-2011	00078877
Claim# 73 Totals :			\$2,078.00	\$1,586.88		\$491.12			

Walker, Lauren; Claim: 75; Sport: Womens Cross-country; Diagnosis: Expanded Medical; Anatomy: Heart; Injury Type: ; Date Incurred: 03-17-2011									
03-17-2011	Spartanburg Regional Mc	Outpatient	\$653.00	\$295.37	Other Insurance	\$357.63	10-10-2011	10-13-2011	00078878
Claim# 75 Totals :			\$653.00	\$295.37		\$357.63			

Wallace, Kendra; Claim: 28; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Hip; Injury Type: ; Date Incurred: 11-21-2010									
12-02-2010	Steven Singleton Md	Phys.x-ray Serv	\$220.00	\$158.69	Other Insurance	\$61.31	06-06-2011	06-13-2011	00072049
12-18-2010	Proaxis Spartanburg, Llc	Phys.therapy	\$285.00	\$175.68	Other Insurance	\$109.32	08-15-2011	08-31-2011	00076487
12-29-2010	Proaxis Spartanburg, Llc	Phys.therapy	\$197.00	\$125.28	Other Insurance	\$71.72	08-15-2011	08-31-2011	00076487
12-30-2010	Proaxis Spartanburg, Llc	Phys.therapy	\$197.00	\$125.28	Other Insurance	\$71.72	08-15-2011	08-31-2011	00076487
Claim# 28 Totals :			\$899.00	\$584.93		\$314.07			

Webb, Madisen; Claim: 15; Sport: Womens Basketball; Diagnosis: Spasms; Anatomy: Back; Injury Type: ; Date Incurred: 11-15-2010									
11-26-2010	Spartanburg Regional Mc	Surgery	\$637.00	\$561.55	Other Insurance	\$75.45	02-15-2011	02-23-2011	00064963
01-21-2011	Spartanburg Regional Mc	Outpatient	\$175.00	\$160.00	Other Insurance	\$15.00	02-23-2011	03-03-2011	00065501
Claim# 15 Totals :			\$812.00	\$721.55		\$90.45			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Webb, Madisen; Claim: 26; Sport: Womens Basketball; Diagnosis: Contusion; Anatomy: Head; Injury Type: ; Date Incurred: 01-15-2011									
04-06-2011	Mayo Clinic Florida	Cat Scan	\$3,016.59	\$2,773.04	Other Insurance	\$243.55	05-24-2011	06-01-2011	00071119
01-15-2011	Mayo Clinic Florida	Outpatient	\$4,401.65	\$4,034.35	Other Insurance	\$367.30	12-07-2011	12-08-2011	00082439
Claim# 26 Totals :			\$7,418.24	\$6,807.39		\$610.85			

Webb, Madisen; Claim: 48; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: L-wrist; Injury Type: ; Date Incurred: 10-09-2010									
10-11-2010	Medequip Inc	Orthopedic Appliance	\$45.00			\$45.00	07-21-2011	07-27-2011	00074193
Claim# 48 Totals :			\$45.00	\$0.00		\$45.00			

Weiland, Paige; Claim: 2; Sport: Womens Volleyball; Diagnosis: Tear; Anatomy: L-knee; Injury Type: ; Date Incurred: 08-13-2010									
08-30-2010	Surgery Center At Pelham	Surgery	\$16,455.00	\$16,091.22	Other Insurance	\$363.78	09-24-2010	09-30-2010	00057413
08-18-2010	Spartanburg Regional Mc	Mri	\$1,501.88	\$1,108.91	Other Insurance	\$392.97	10-15-2010	10-21-2010	00058631
09-14-2010	Medequip Inc	Orthopedic Appliance	\$1,430.00	\$1,230.00	Other Insurance	\$200.00	01-19-2011	01-24-2011	00063182
08-30-2010	Surgery Center At Pelham	Orthopedic Appliance	\$3,134.00	\$2,836.52	Other Insurance	\$297.48	02-07-2011	02-10-2011	00064161
12-08-2010	Spartanburg Reg Med Ct	Medical Treatment	\$140.00	\$115.00	Other Insurance	\$25.00	07-15-2011	07-27-2011	00074177
08-30-2010	Anes Cons Of Upstate	Anesthesia	\$1,350.00	\$1,304.23	Other Insurance	\$45.77	08-04-2011	08-11-2011	00075180
Claim# 2 Totals :			\$24,010.88	\$22,685.88		\$1,325.00			

White, Anna; Claim: 7; Sport: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: R-knee; Injury Type: ; Date Incurred: 09-25-2010									
10-01-2010	Upstate Carolina Radiology	Mri	\$271.00	\$115.00	Other Insurance	\$156.00	12-03-2010	12-09-2010	00061085
10-01-2010	Village Hospital	Mri	\$1,520.00	\$304.00	Other Insurance	\$1,216.00	12-03-2010	12-09-2010	00061086
09-27-2010	Mary Black Memorial Hospital	X-ray,Radiology	\$682.50	\$68.25	Other Insurance	\$614.25	12-13-2010	12-17-2010	00061394
09-27-2010	Ghs Partners In Health Inc	X-ray,Radiology	\$32.00	\$15.98	Other Insurance	\$16.02	01-05-2011	01-06-2011	00062416
10-06-2010	Steven Singleton Md	Medical Treatment	\$202.00	\$162.00	Other Insurance	\$40.00	10-26-2011	11-03-2011	00079961
12-03-2010	Steven Singleton Md	Medical Treatment	\$140.00	\$100.00	Other Insurance	\$40.00	10-26-2011	11-03-2011	00079961
Claim# 7 Totals :			\$2,847.50	\$765.23		\$2,082.27			

Sport,Self-funded Totals :			\$241,228.94	\$189,136.19		\$52,092.75			
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A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
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Coverage Type: Outside Re-ins

Regna, Patrick; Claim: 33; Sport: Mens Soccer; Diagnosis: Fracture; Anatomy: Foot; Injury Type: ; Date Incurred: 11-20-2010									
11-20-2010	Medequip Inc	Med.supplies	\$250.00			\$250.00	07-04-2011	07-06-2011	00073269
Claim# 33 Totals :			\$250.00	\$0.00		\$250.00			

Tangwar, Emily; Claim: 79; Sport: Womens Cross-country; Diagnosis: Illness; Anatomy: Unspecified; Injury Type: ; Date Incurred: 03-15-2011									
03-17-2011	First Health	First Health Repricing	\$6.34			\$6.34	12-22-2011	12-29-2011	00084117
03-28-2011	First Health	First Health Repricing	\$8.10			\$8.10	12-22-2011	12-29-2011	00084117
03-17-2011	Spartanburg Reg Med Ct	Lab,Pathology	\$235.00	\$42.30	First Health Disc	\$192.70	12-22-2011	12-29-2011	00084118
03-28-2011	Spartanburg Reg Med Ct	Lab,Pathology	\$300.00	\$54.00	First Health Disc	\$246.00	12-22-2011	12-29-2011	00084118
Claim# 79 Totals :			\$549.44	\$96.30		\$453.14			

Outside Re-ins Totals :			\$799.44	\$96.30		\$703.14			
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A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Univ Of So Car - Upstate (392517) Totals :			\$242,028.38	\$189,232.49		\$52,795.89			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
2010 School Year Totals :			\$242,028.38	\$189,232.49		\$52,795.89			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
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Claims in the 2011 School Year**District: Univ Of So Car - Upstate (392517)****Coverage Type: Sport,Self-funded**

Barnwell, Ashlyn; Claim: 92; Sport: Womens Cross-country; Diagnosis: Shin Splints; Anatomy: R-lower Leg; Injury Type: ; Date Incurred: 11-30-2011									
01-31-2012	Steven Singleton Md	X-ray,Radiology	\$109.00	\$60.00	Other Insurance	\$49.00	03-21-2012	03-30-2012	00091932
Claim# 92 Totals :			\$109.00	\$60.00		\$49.00			

Bingham, Emily; Claim: 94; Sport: Womens Volleyball; Diagnosis: Sprain/strain; Anatomy: Back; Injury Type: ; Date Incurred: 01-13-2012									
03-09-2012	First Health	First Health Repricing	\$13.88			\$13.88	05-07-2012	05-17-2012	00095715
03-09-2012	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$38.52	First Health Disc	\$175.48	05-07-2012	05-17-2012	00095716
03-09-2012	Upstate Carolina Radiology	Mri	\$300.00	\$54.00	First Health Disc	\$246.00	05-07-2012	05-17-2012	00095716
04-06-2012	First Health	First Health Repricing	\$32.85			\$32.85	06-04-2012	06-11-2012	00097427
04-06-2012	Anes Cons Of Upstate	Surgery	\$500.00	\$219.00	First Health Disc	\$281.00	06-04-2012	06-11-2012	00097428
02-23-2012	Steven Singleton Md	Consultation	\$641.00	\$554.13	Other Insurance	\$86.87	07-13-2012	07-19-2012	00102679
06-02-2012	Steven Singleton Md	Medical Treatment	\$302.00	\$96.20	Other Insurance	\$205.80	07-27-2012	08-02-2012	00103460
05-24-2012	Anesthesia Spec.bethlehem	Surgery	\$500.00	\$219.00	First Health Disc	\$281.00	08-20-2012	09-06-2012	00105297
05-24-2012	First Health	First Health Repricing	\$32.85			\$32.85	08-20-2012	09-06-2012	00105296
08-07-2012	Village Hospital	Operating Room	\$1,895.00	\$356.00	Other Insurance	\$1,539.00	10-01-2012	10-25-2012	00108566
08-07-2012	First Health	First Health Repricing	\$65.85			\$65.85	10-22-2012	11-15-2012	00109911
08-07-2012	Anes Cons Of Upstate	Surgery	\$720.00	\$439.00	First Health Disc	\$281.00	10-22-2012	11-15-2012	00109912
04-24-2012	Village Hospital	Phys.therapy	\$2,973.00	\$1,040.55	Prov.discount	\$1,932.45	11-05-2012	11-15-2012	00109913
08-13-2012	Steven Singleton Md	Medical Treatment	\$144.00	\$94.00	Other Insurance	\$50.00	11-05-2012	11-15-2012	00109914
05-24-2012	Anesthesia Spec.bethlehem	Surgery	(\$500.00)	(\$219.00)	First Health Disc	(\$281.00)	08-20-2012	11-29-2012	Void
05-24-2012	Anes Cons Of Upstate	Surgery	\$500.00	\$219.00	First Health Disc	\$281.00	11-09-2012	11-29-2012	00110841
03-09-2012	First Health	First Health Repricing	\$50.86			\$50.86	11-09-2012	01-11-2013	00114200
04-06-2012	Village Hospital	Operating Room	\$1,895.00	\$284.25	First Health Disc	\$1,610.75	11-09-2012	01-11-2013	00114201
03-09-2012	Village Hospital	Mri	\$2,260.50	\$339.07	First Health Disc	\$1,921.43	11-09-2012	01-11-2013	00114201
05-24-2012	Village Hospital	Operating Room	\$1,895.00	\$284.25	First Health Disc	\$1,610.75	11-09-2012	01-11-2013	00114201
05-31-2012	First Health	First Health Repricing	\$59.06			\$59.06	01-14-2013	01-17-2013	00114804
05-31-2012	Village Hospital	Phys.therapy	\$2,625.00	\$393.75	First Health Disc	\$2,231.25	01-14-2013	01-17-2013	00114805
07-10-2012	Village Hospital	Phys.therapy	\$415.00	\$62.25	First Health Disc	\$352.75	04-08-2013	04-11-2013	00122848

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Bingham, Emily; Claim: 94; Sport: Womens Volleyball; Diagnosis: Sprain/strain; Anatomy: Back; Injury Type: ; Date Incurred: 01-13-2012									
06-15-2012	Village Hospital	Phys.therapy	\$1,869.00	\$280.35	First Health Disc	\$1,588.65	05-06-2013	05-24-2013	00126514
Claim# 94 Totals :			\$19,403.85	\$4,754.32		\$14,649.53			

Blessing, Mario; Claim: 152; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: Wrist; Injury Type: ; Date Incurred: 03-06-2012									
03-08-2012	First Health	First Health Repricing	\$6.32			\$6.32	02-20-2013	04-01-2013	00121929
03-08-2012	Spartanburg Regional Mc	X-ray,Radiology	\$234.00	\$42.12	First Health Disc	\$191.88	02-20-2013	04-01-2013	00121930
Claim# 152 Totals :			\$240.32	\$42.12		\$198.20			

Bumgardner, Gaither; Claim: 95; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 01-20-2012									
02-02-2012	Steven Singleton Md	Medical Treatment	\$217.00	\$136.00	Other Insurance	\$81.00	04-30-2012	05-10-2012	00095127
02-21-2012	Steven Singleton Md	Surgery	\$386.00	\$305.00	Other Insurance	\$81.00	04-30-2012	05-10-2012	00095127
02-15-2012	Spartanburg Regional Mc	Mri	\$3,490.85	\$2,360.13	Other Insurance	\$1,130.72	07-30-2012	08-06-2012	00103579
02-15-2012	Upstate Carolina Radiology	X-ray,Radiology	\$125.00	\$53.00	Other Insurance	\$72.00	08-06-2012	08-13-2012	00103929
02-15-2012	Upstate Carolina Radiology	Surgery	\$203.00	\$123.00	Other Insurance	\$80.00	08-06-2012	08-13-2012	00103929
Claim# 95 Totals :			\$4,421.85	\$2,977.13		\$1,444.72			

Carr, Rachel; Claim: 99; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: L-ankle; Injury Type: ; Date Incurred: 08-16-2011									
08-17-2011	Medequip Inc	Medical Treatment	\$80.00	\$18.10	Other Insurance	\$61.90	01-08-2014	01-09-2014	00144277
Claim# 99 Totals :			\$80.00	\$18.10		\$61.90			

Carroll, Amanda; Claim: 63; Sport: Womens Volleyball; Diagnosis: Sprain/strain; Anatomy: L-ankle; Injury Type: ; Date Incurred: 08-25-2011									
08-29-2011	Steven Singleton Md	Phys.x-ray Serv	\$116.00	\$89.48	Other Insurance	\$26.52	11-07-2011	12-27-2011	00084039
Claim# 63 Totals :			\$116.00	\$89.48		\$26.52			

Dinney, Lacey; Claim: 101; Sport: Womens Softball; Diagnosis: Pain; Anatomy: R-elbow; Injury Type: ; Date Incurred: 03-14-2012									
04-11-2012	First Health	First Health Repricing	\$35.24			\$35.24	05-15-2012	05-17-2012	00095718
04-11-2012	Spartanburg Regional Mc	Mri	\$1,305.00	\$234.90	First Health Disc	\$1,070.10	05-15-2012	05-17-2012	00095719

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Dinney, Lacey; Claim: 101; Sport: Womens Softball; Diagnosis: Pain; Anatomy: R-elbow; Injury Type: ; Date Incurred: 03-14-2012									
04-11-2012	First Health	First Health Repricing	\$7.32			\$7.32	05-15-2012	05-29-2012	00096568
04-11-2012	Upstate Carolina Radiology	Mri	\$271.00	\$48.78	First Health Disc	\$222.22	05-15-2012	05-29-2012	00096569
04-12-2012	First Health	First Health Repricing	\$258.56			\$258.56	01-17-2013	02-04-2013	00117009
03-29-2012	Medequip Inc	Orthopedic Appliance	\$425.00	\$148.75	First Health Disc	\$276.25	01-17-2013	02-04-2013	00117010
04-12-2012	Medequip Inc	Bone Healing Sys	\$4,500.00	\$1,575.00	First Health Disc	\$2,925.00	01-17-2013	02-04-2013	00117010
Claim# 101 Totals :			\$6,802.12	\$2,007.43		\$4,794.69			

Fern, Ryan; Claim: 96; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 10-31-2011									
02-21-2012	Upstate Carolina Radiology	X-ray,Radiology	\$36.00	\$17.60	Other Insurance	\$18.40	05-16-2012	05-17-2012	00095717
02-21-2012	Upstate Carolina Radiology	Mri	\$271.00	\$112.00	Other Insurance	\$159.00	05-16-2012	05-17-2012	00095717
02-21-2012	Spartanburg Regional Mc	Mri	\$1,539.00	\$111.20	Other Insurance	\$1,427.80	08-14-2012	08-20-2012	00104349
03-26-2012	Surgery Center At Pelham	Operating Room	\$14,661.00	\$14,054.72	Other Insurance	\$606.28	03-11-2013	03-14-2013	00120360
03-26-2012	Steven Singleton Md	Surgery	\$5,356.00	\$5,006.97	Other Insurance	\$349.03	03-11-2013	03-14-2013	00120361
Claim# 96 Totals :			\$21,863.00	\$19,302.49		\$2,560.51			

Fletcher, Tyler; Claim: 97; Sport: Mens Soccer; Diagnosis: Sprain/strain; Anatomy: Knee; Injury Type: ; Date Incurred: 02-01-2012									
02-23-2012	Spartanburg Regional Mc	Outpatient	\$1,305.00	\$191.39	Other Insurance	\$1,113.61	01-29-2013	02-19-2013	00117918
Claim# 97 Totals :			\$1,305.00	\$191.39		\$1,113.61			

Harris, Ericka; Claim: 22; Sport: Womens Softball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 09-08-2011									
09-19-2011	Spartanburg Regional Mc	Mri	\$1,520.00	\$1,241.24	Other Insurance	\$278.76	10-24-2011	12-27-2011	00084038
10-07-2011	Medequip Inc	Med.supplies	\$115.00	\$99.80	Other Insurance	\$15.20	01-05-2012	01-12-2012	00085371
09-19-2011	Upstate Carolina Radiology	Mri,X-ray Interp.	\$271.00	\$243.00	Other Insurance	\$28.00	02-06-2012	02-09-2012	00087643
Claim# 22 Totals :			\$1,906.00	\$1,584.04		\$321.96			

Haynes, Bruce; Claim: 107; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 03-27-2012									
05-01-2012	Upstate Carolina Radiology	X-ray,Radiology	\$37.00	\$14.00	Other Insurance	\$23.00	06-06-2012	06-11-2012	00097429
05-01-2012	Upstate Carolina Radiology	Mri	\$271.00	\$131.00	Other Insurance	\$140.00	06-06-2012	06-11-2012	00097429
04-14-2012	Anes Cons Of Upstate	Anesthesia	\$720.00	\$665.24	Other Insurance	\$54.76	07-02-2012	07-05-2012	00101937

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Haynes, Bruce; Claim: 107; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 03-27-2012									
05-14-2012	Surgery Center At Pelham	Operating Room	\$4,645.00	\$4,281.20	Other Insurance	\$363.80	07-02-2012	07-05-2012	00101938
Claim# 107 Totals :			\$5,673.00	\$5,091.44		\$581.56			

Herr, Maddie; Claim: 90; Sport: Womens Basketball; Diagnosis: Acl Tear; Anatomy: R-knee; Injury Type: Acl Tear; Date Incurred: 11-11-2011									
12-02-2011	Steven Singleton Md	Surgery	\$3,908.00	\$3,883.00	Other Insurance	\$25.00	01-18-2012	01-24-2012	00086255
12-02-2011	Surgery Center At Pelham	Operating Room	\$12,110.48	\$11,564.78	Other Insurance	\$545.70	02-20-2012	03-12-2012	00090215
12-02-2011	Medequip Inc	Cold Therapy System	\$1,430.00	\$1,205.00	Other Insurance	\$225.00	05-24-2012	05-31-2012	00096752
11-18-2011	Spartanburg Regional Mc	Mri	\$1,305.00	\$444.00	Other Insurance	\$861.00	06-01-2012	06-04-2012	00096914
Claim# 90 Totals :			\$18,753.48	\$17,096.78		\$1,656.70			

Hesselgesser, Tyler; Claim: 64; Sport: Mens Baseball; Diagnosis: Sprain/strain; Anatomy: R-knee; Injury Type: ; Date Incurred: 09-09-2011									
09-15-2011	Spartanburg Regional Mc	Mri	\$1,520.00	\$1,252.14	Other Insurance	\$267.86	10-17-2011	12-27-2011	00084040
Claim# 64 Totals :			\$1,520.00	\$1,252.14		\$267.86			

Hesselgesser, Tyler; Claim: 87; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 09-09-2011									
11-29-2011	Spartanburg Regional Mc	Mri	\$1,305.00	\$1,044.00	Other Insurance	\$261.00	06-11-2012	06-14-2012	00100147
11-29-2011	Upstate Carolina Radiology	Mri	\$271.00	\$112.00	Other Insurance	\$159.00	06-11-2012	06-14-2012	00100148
Claim# 87 Totals :			\$1,576.00	\$1,156.00		\$420.00			

Johnson, Michael; Claim: 93; Sport: Mens Track; Diagnosis: Pain; Anatomy: Abdomen; Injury Type: ; Date Incurred: 12-01-2011									
12-08-2011	Spartanburg Reg Med Ct	Medical Treatment	\$350.00	\$185.48	Other Insurance	\$164.52	02-29-2012	03-15-2012	00090664
Claim# 93 Totals :			\$350.00	\$185.48		\$164.52			

Kaufman, Whitney; Claim: 70; Sport: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: Pain; Date Incurred: 09-14-2011									
09-30-2011	Steven Singleton Md	Surgery	\$704.00	\$453.79	Other Insurance	\$250.21	03-22-2012	03-26-2012	00091647
Claim# 70 Totals :			\$704.00	\$453.79		\$250.21			

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Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Kok, Aru; Claim: 88; Sport: Mens Basketball; Diagnosis: Sprain/strain; Anatomy: R-ankle; Injury Type: ; Date Incurred: 11-16-2011									
11-22-2011	First Health	First Health Repricing	\$6.32			\$6.32	03-17-2012	03-22-2012	00091164
11-28-2011	First Health	First Health Repricing	\$6.32			\$6.32	03-17-2012	03-22-2012	00091164
11-28-2011	First Health	First Health Repricing	\$1.89			\$1.89	03-17-2012	03-22-2012	00091164
11-22-2011	Spartanburg Regional Mc	X-ray,Radiology	\$234.00	\$42.12	First Health Disc	\$191.88	03-17-2012	03-22-2012	00091165
11-28-2011	Spartanburg Regional Mc	X-ray,Radiology	\$234.00	\$42.12	First Health Disc	\$191.88	03-17-2012	03-22-2012	00091165
11-22-2011	Upstate Carolina Radiology	X-ray,Radiology	\$35.00	\$6.30	First Health Disc	\$28.70	03-17-2012	03-22-2012	00091166
11-28-2011	Upstate Carolina Radiology	X-ray,Radiology	\$35.00	\$6.30	First Health Disc	\$28.70	03-17-2012	03-22-2012	00091166
Claim# 88 Totals :			\$552.53	\$96.84		\$455.69			

Lee, Brandon; Claim: 111; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 03-01-2012									
06-28-2012	Orlando Ortho Center	Medical Treatment	\$122.00	\$97.00	Other Insurance	\$25.00	10-09-2012	10-11-2012	00107456
06-26-2012	Center For Diagnostic Imaging	Mri	\$2,135.00	\$2,016.21	Other Insurance	\$118.79	10-09-2012	10-11-2012	00107457
06-26-2012	Center For Diagnostic Imaging	Surgery	\$1,689.00	\$1,419.97	Other Insurance	\$269.03	10-09-2012	10-11-2012	00107457
10-11-2012	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$196.40	Other Insurance	\$17.60	11-19-2012	12-03-2012	00111093
10-11-2012	Upstate Carolina Radiology	Mri,X-ray Interp.	\$461.00	\$434.60	Other Insurance	\$26.40	11-19-2012	12-03-2012	00111093
10-11-2012	Village Hospital	Mri	\$2,210.00	\$1,768.00	Other Insurance	\$442.00	11-19-2012	12-03-2012	00111094
10-31-2012	Asc Of Spartanburg	Operating Room	\$4,468.00	\$4,286.20	Other Insurance	\$181.80	12-18-2012	12-27-2012	00113331
10-24-2012	Asc Of Spartanburg	Operating Room	\$4,468.00	\$4,407.40	Other Insurance	\$60.60	12-18-2012	12-27-2012	00113331
10-24-2012	Husam Mourtada Md	Medical Treatment	\$990.00	\$904.17	Other Insurance	\$85.83	03-18-2013	03-21-2013	00120880
10-31-2012	Husam Mourtada Md	Medical Treatment	\$990.00	\$904.17	Other Insurance	\$85.83	03-18-2013	03-21-2013	00120880
11-12-2012	Sanjitpal Singh Gill	Medical Treatment	\$149.00	\$124.00	Other Insurance	\$25.00	03-18-2013	03-21-2013	00120881
10-24-2012	Insured	Medical Treatment	\$121.20			\$121.20	03-18-2013	03-21-2013	00120882
Claim# 111 Totals :			\$18,017.20	\$16,558.12		\$1,459.08			

Marcell, Brianne; Claim: 109; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: Lower Back; Injury Type: ; Date Incurred: 01-10-2012									
05-05-2012	Upstate Carolina Radiology	Mri,X-ray Interp.	\$675.00	\$661.80	Other Insurance	\$13.20	07-18-2012	07-23-2012	00102791
06-06-2012	Village Hospital	Operating Room	\$1,895.00	\$1,824.33	Other Insurance	\$70.67	07-18-2012	07-23-2012	00102792
05-25-2012	Village Hospital	Mri	\$2,260.50	\$1,224.84	Other Insurance	\$1,035.66	07-18-2012	07-23-2012	00102792
05-31-2012	Steven Singleton Md	Medical Treatment	\$217.00	\$110.79	Other Insurance	\$106.21	07-18-2012	07-23-2012	00102793
05-17-2012	Steven Singleton Md	Medical Treatment	\$575.00	\$291.38	Other Insurance	\$283.62	07-18-2012	07-23-2012	00102793
06-27-2012	Village Hospital	Phys.therapy	\$3,844.00	\$3,610.91	Other Insurance	\$233.09	08-06-2012	08-13-2012	00103930

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Marcell, Brianne; Claim: 109; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: Lower Back; Injury Type: ; Date Incurred: 01-10-2012									
06-06-2012	Anes Cons Of Upstate	Anesthesia	\$500.00	\$474.40	Other Insurance	\$25.60	08-22-2012	08-30-2012	00105071
05-25-2012	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$205.20	Other Insurance	\$8.80	10-01-2012	10-04-2012	00107062
07-30-2012	Village Hospital	Phys.therapy	\$2,585.00	\$2,438.56	Other Insurance	\$146.44	10-01-2012	10-04-2012	00107063
Claim# 109 Totals :			\$12,765.50	\$10,842.21		\$1,923.29			

Ohl, Hannah; Claim: 89; Sport: Womens Basketball; Diagnosis: Fracture; Anatomy: Teeth; Injury Type: ; Date Incurred: 01-07-2012									
01-24-2012	Insured	Dental	\$600.00			\$600.00	01-26-2012	01-30-2012	00086695
01-09-2012	Aaron Ellett Dmd	Dental	\$25.00			\$25.00	02-20-2012	03-15-2012	00090663
Claim# 89 Totals :			\$625.00	\$0.00		\$625.00			

Ohl, Hannah; Claim: 160; Sport: Womens Basketball; Diagnosis: Expanded Medical; Anatomy: Hip; Injury Type: ; Date Incurred: 12-05-2011									
11-19-2012	Spartanburg Regional Mc	Mri	\$2,818.00	\$2,748.56	Other Insurance	\$69.44	02-15-2013	02-19-2013	00117919
11-19-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$277.00	\$165.00	Other Insurance	\$112.00	02-15-2013	02-19-2013	00117920
10-11-2012	Village Hospital	Phys.therapy	\$1,646.00	\$1,196.00	Other Insurance	\$450.00	02-15-2013	02-19-2013	00117921
12-10-2012	Physicians Billing Service	Medical Treatment	\$149.00	\$114.00	Other Insurance	\$35.00	02-15-2013	03-04-2013	00119383
11-01-2012	Village Hospital	Outpatient	\$1,323.00	\$873.00	Other Insurance	\$450.00	02-15-2013	03-04-2013	00119384
12-01-2012	Village Hospital	Outpatient	\$1,599.00	\$1,109.00	Other Insurance	\$490.00	02-15-2013	03-04-2013	00119384
12-14-2012	Village Hospital	Outpatient	\$1,392.00	\$1,242.42	Other Insurance	\$149.58	02-15-2013	03-04-2013	00119384
03-29-2013	Physicians Billing Service	Surgery	\$6,525.00	\$4,130.00	Other Insurance	\$2,395.00	04-18-2014	04-24-2014	00156151
Claim# 160 Totals :			\$15,729.00	\$11,577.98		\$4,151.02			

Patterson, Brandon; Claim: 115; Sport: Mens Baseball; Diagnosis: Contusion; Anatomy: L-wrist; Injury Type: ; Date Incurred: 01-01-2012									
08-14-2012	Orlando Ortho Center	Medical Treatment	\$256.00	\$220.10	Other Insurance	\$35.90	10-01-2012	10-04-2012	00107064
07-17-2012	Orlando Ortho Center	X-ray,Radiology	\$67.00	\$57.76	Other Insurance	\$9.24	12-03-2012	12-03-2012	00111095
07-17-2012	Orlando Ortho Center	Medical Treatment	\$223.00	\$196.85	Other Insurance	\$26.15	12-03-2012	12-03-2012	00111095
08-07-2012	Center For Diagnostic Imaging	Surgery	\$1,666.00	\$1,520.51	Other Insurance	\$145.49	12-27-2012	01-07-2013	00113958
08-07-2012	Center For Diagnostic Imaging	Mri	\$2,135.00	\$2,014.35	Other Insurance	\$120.65	12-27-2012	01-07-2013	00113958
Claim# 115 Totals :			\$4,347.00	\$4,009.57		\$337.43			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Queen, Kelsie; Claim: 82; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Ribs; Injury Type: Pain; Date Incurred: 11-05-2011									
11-11-2011	Steven Singleton Md	Medical Treatment	\$438.00	\$395.33	Other Insurance	\$42.67	01-09-2012	01-12-2012	00085373
11-07-2011	Steven Singleton Md	Phys.x-ray Serv	\$125.00	\$115.00	Other Insurance	\$10.00	05-14-2012	05-14-2012	00095356
Claim# 82 Totals :			\$563.00	\$510.33		\$52.67			

Richardson, Kareem; Claim: 108; Sport: Mens Soccer; Diagnosis: Dislocation; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 03-29-2012									
03-29-2012	Upstate Carolina Radiology	X-ray,Radiology	\$72.00	\$57.59	Other Insurance	\$14.41	08-07-2012	08-23-2012	00104708
03-29-2012	Village Hospital	Dr.visit-emerg Room	\$2,873.00	\$2,298.39	Other Insurance	\$574.61	08-07-2012	08-23-2012	00104709
03-29-2012	Village Emergency	Dr.visit-emerg Room	\$981.00	\$784.80	Other Insurance	\$196.20	08-07-2012	08-23-2012	00104710
Claim# 108 Totals :			\$3,926.00	\$3,140.78		\$785.22			

Richardson, Roy "trey"; Claim: 84; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-elbow; Injury Type: ; Date Incurred: 08-21-2011									
09-21-2011	Upstate Carolina Radiology	Mri,X-ray Interp.	\$326.00	\$298.00	Other Insurance	\$28.00	11-17-2011	12-27-2011	00084044
10-26-2011	Steven Singleton Md	Surgery	\$507.00	\$477.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
12-06-2011	Steven Singleton Md	Medical Treatment	\$144.00	\$114.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
11-09-2011	Steven Singleton Md	Surgery	\$507.00	\$477.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
10-13-2011	Steven Singleton Md	Surgery	\$530.00	\$500.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
09-12-2011	Steven Singleton Md	X-ray,Radiology	\$113.00	\$83.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
09-23-2011	Steven Singleton Md	Surgery	\$374.00	\$344.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
09-30-2011	Steven Singleton Md	Surgery	\$492.00	\$462.00	Other Insurance	\$30.00	03-19-2012	03-22-2012	00091163
Claim# 84 Totals :			\$2,993.00	\$2,755.00		\$238.00			

Robinson, Shellie; Claim: 78; Sport: Womens Softball; Diagnosis: Foreign Body; Anatomy: L-knee; Injury Type: ; Date Incurred: 09-07-2011									
10-31-2011	Steven Singleton Md	Surgery	\$351.00	\$245.44	Other Insurance	\$105.56	01-17-2012	01-19-2011	00085788
10-31-2011	Steven Singleton Md	Surgery	(\$351.00)	(\$245.44)	Other Insurance	(\$105.56)	01-17-2012	01-19-2011	Void
10-31-2011	Steven Singleton Md	Surgery	\$351.00	\$245.44	Other Insurance	\$105.56	01-17-2012	01-20-2012	00085943
Claim# 78 Totals :			\$351.00	\$245.44		\$105.56			

Thompson, Brian; Claim: 110; Sport: Mens Baseball; Diagnosis: Contusion; Anatomy: Eye; Injury Type: ; Date Incurred: 04-15-2012									
05-07-2012	Retina Consultants Of Car	Medical Treatment	\$130.00	\$115.00	Other Insurance	\$15.00	08-03-2012	08-13-2012	00103931

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Thompson, Brian; Claim: 110; Sport: Mens Baseball; Diagnosis: Contusion; Anatomy: Eye; Injury Type: ; Date Incurred: 04-15-2012									
05-01-2012	Retina Consultants Of Car	Medical Treatment	\$195.00	\$180.00	Other Insurance	\$15.00	08-03-2012	08-13-2012	00103931
05-21-2012	Retina Consultants Of Car	Medical Treatment	\$130.00	\$115.00	Other Insurance	\$15.00	08-03-2012	08-13-2012	00103931
04-23-2012	Spartanburg Ent	Medical Treatment	\$87.00	\$72.00	Other Insurance	\$15.00	08-22-2012	08-30-2012	00105072
04-18-2012	Spartanburg Ent	Medical Treatment	\$153.00	\$138.00	Other Insurance	\$15.00	08-22-2012	08-30-2012	00105072
04-30-2012	Spartanburg Ent	Medical Treatment	\$65.00	\$50.00	Other Insurance	\$15.00	08-22-2012	08-30-2012	00105072
04-30-2012	Palmetto Eye & Laser Ctr	Medical Treatment	\$185.00	\$170.00	Other Insurance	\$15.00	08-28-2012	09-13-2012	00105776
04-16-2012	Palmetto Eye & Laser Ctr	Medical Treatment	\$255.00	\$240.00	Other Insurance	\$15.00	08-28-2012	09-13-2012	00105776
Claim# 110 Totals :			\$1,200.00	\$1,080.00		\$120.00			

Wallace, Kendra; Claim: 72; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 09-22-2011									
10-05-2011	Steven Singleton Md	Phys.x-ray Serv	\$130.00	\$95.98	Other Insurance	\$34.02	12-01-2011	12-27-2011	00084043
11-02-2011	Upstate Carolina Radiology	Mri,X-ray Interp.	\$271.00	\$50.63	Other Insurance	\$220.37	01-02-2012	01-05-2012	00084934
10-13-2011	Steven Singleton Md	Surgery	\$386.00	\$302.75	Other Insurance	\$83.25	01-06-2012	01-12-2012	00085372
12-01-2011	Steven Singleton Md	Phys.x-ray Serv	\$111.00	\$81.79	Other Insurance	\$29.21	01-25-2012	01-30-2012	00086694
11-17-2011	Steven Singleton Md	X-ray,Radiology	\$130.00	\$123.20	Other Insurance	\$6.80	03-02-2012	03-05-2012	00089615
01-09-2012	Steven Singleton Md	X-ray,Radiology	\$130.00	\$123.20	Other Insurance	\$6.80	03-26-2012	03-30-2012	00091931
01-27-2012	Steven Singleton Md	X-ray,Radiology	\$101.00	\$96.11	Other Insurance	\$4.89	03-26-2012	03-30-2012	00091931
11-02-2011	Village Hospital	Mri	\$979.00	\$832.15	Other Insurance	\$146.85	04-27-2012	05-03-2012	00094618
Claim# 72 Totals :			\$2,238.00	\$1,705.81		\$532.19			

Webb, Madisen; Claim: 65; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 08-25-2011									
08-30-2011	Upstate Carolina Radiology	X-ray,Radiology	\$37.00	\$34.70	Other Insurance	\$2.30	10-10-2011	12-27-2011	00084041
08-30-2011	Spartanburg Reg Med Ct	X-ray,Radiology	\$236.00	\$218.73	Other Insurance	\$17.27	09-26-2011	12-27-2011	00084042
11-08-2011	Upstate Carolina Radiology	Mri	\$271.00	\$257.00	Other Insurance	\$14.00	03-19-2012	03-22-2012	00091162
01-30-2012	Surgery Center At Pelham	Operating Room	\$13,935.00	\$13,391.19	Other Insurance	\$543.81	03-26-2012	04-05-2012	00092268
11-23-2011	Steven Singleton Md	Surgery	\$636.00	\$611.00	Other Insurance	\$25.00	03-26-2012	04-05-2012	00092269
11-29-2011	Steven Singleton Md	Surgery	\$636.00	\$611.00	Other Insurance	\$25.00	03-26-2012	04-05-2012	00092269
11-16-2011	Steven Singleton Md	Surgery	\$780.00	\$755.00	Other Insurance	\$25.00	03-26-2012	04-05-2012	00092269
09-15-2011	Steven Singleton Md	Surgery	\$374.00	\$349.00	Other Insurance	\$25.00	03-26-2012	04-05-2012	00092269
02-13-2012	Village Hospital	Phys.therapy	\$2,277.00	\$2,246.60	Other Insurance	\$30.40	04-16-2012	04-20-2012	00093293

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Webb, Madisen; Claim: 65; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 08-25-2011									
01-30-2012	Steven Singleton Md	Surgery	\$6,661.00	\$6,485.21	Other Insurance	\$175.79	10-15-2012	10-18-2012	00107974
Claim# 65 Totals :			\$25,843.00	\$24,959.43		\$883.57			

Weber, Lucas; Claim: 139; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 02-02-2012									
09-01-2012	Village Hospital	Phys.therapy	\$864.00	\$432.00	Other Insurance	\$432.00	01-22-2013	02-04-2013	00117011
08-01-2012	Village Hospital	Phys.therapy	\$2,030.00	\$1,015.00	Other Insurance	\$1,015.00	01-22-2013	02-04-2013	00117011
Claim# 139 Totals :			\$2,894.00	\$1,447.00		\$1,447.00			

Wood, Alyssa; Claim: 112; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 11-28-2011									
04-05-2012	Upstate Carolina Radiology	Mri	\$271.00	\$163.71	Other Insurance	\$107.29	11-12-2012	11-19-2012	00110223
04-05-2012	Village Hospital	Mri	\$1,305.00	\$811.75	Other Insurance	\$493.25	11-26-2012	12-13-2012	00112305
Claim# 112 Totals :			\$1,576.00	\$975.46		\$600.54			

Zaveckaite, Paulina; Claim: 74; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 09-27-2011									
10-12-2011	First Health	First Health Repricing	\$7.32			\$7.32	12-27-2011	12-29-2011	00084290
10-12-2011	Upstate Carolina Radiology	Mri,X-ray Interp.	\$271.00	\$48.78	First Health Disc	\$222.22	12-27-2011	12-29-2011	00084291
10-07-2011	Steven Singleton Md	Phys.x-ray Serv	\$130.00			\$130.00	08-13-2012	08-20-2012	00104348
Claim# 74 Totals :			\$408.32	\$48.78		\$359.54			

Sport,Self-funded Totals :			\$178,852.17	\$136,214.88		\$42,637.29			
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A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Univ Of So Car - Upstate (392517) Totals :			\$178,852.17	\$136,214.88		\$42,637.29			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
2011 School Year Totals :			\$178,852.17	\$136,214.88		\$42,637.29			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
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Claims in the 2012 School Year**District: Univ Of So Car - Upstate (392517)****Coverage Type: Sport,Self-funded**

Alexander, Hannah; Claim: 136; Sport: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 10-02-2012									
10-29-2012	Upstate Carolina Radiology	Surgery	\$338.00	\$186.00	Other Insurance	\$152.00	12-10-2012	12-10-2012	00112038
10-29-2012	Upstate Carolina Radiology	Mri	\$326.00	\$186.00	Other Insurance	\$140.00	12-17-2012	01-07-2013	00114082
10-29-2012	Spartanburg Regional Mc	Mri	\$3,285.00	\$1,703.85	Other Insurance	\$1,581.15	05-20-2013	05-29-2013	00127062
Claim# 136 Totals :			\$3,949.00	\$2,075.85		\$1,873.15			

Augenstein, Ben; Claim: 126; Sport: Mens Baseball; Diagnosis: Fracture; Anatomy: R-foot; Injury Type: ; Date Incurred: 09-27-2012									
10-11-2012	Surgery Center At Pelham	Operating Room	\$4,116.00	\$3,886.80	Other Insurance	\$229.20	11-16-2012	12-03-2012	00111246
10-11-2012	Anes Cons Of Upstate	Anesthesia	\$720.00	\$647.00	Other Insurance	\$73.00	11-26-2012	12-13-2012	00112622
10-25-2012	Steven Singleton Md	Phys.x-ray Serv	\$130.00	\$110.00	Other Insurance	\$20.00	12-13-2012	12-27-2012	00113577
10-11-2012	Physicians Billing Service	Surgery	\$1,651.00	\$1,502.12	Other Insurance	\$148.88	02-15-2013	02-19-2013	00118173
10-11-2012	Carolinas Pathology Group	Lab,Pathology	\$225.53	\$197.13	Other Insurance	\$28.40	03-04-2013	03-11-2013	00120242
10-11-2012	Carolinas Pathology Group	Lab,Pathology	(\$28.40)			(\$28.40)	03-04-2013	10-21-2013	Refund
Claim# 126 Totals :			\$6,814.13	\$6,343.05		\$471.08			

Augenstein, Ben; Claim: 167; Sport: Mens Baseball; Diagnosis: Contusion; Anatomy: R-hand; Injury Type: ; Date Incurred: 03-10-2013									
03-11-2013	Steven Singleton Md	Medical Treatment	\$220.00	\$200.00	Other Insurance	\$20.00	04-05-2013	04-11-2013	00123060
Claim# 167 Totals :			\$220.00	\$200.00		\$20.00			

Bailey, Timothy; Claim: 147; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: L-foot; Injury Type: ; Date Incurred: 10-25-2012									
10-26-2012	Surgery Center At Pelham	Surgery	\$4,116.00	\$3,886.80	Other Insurance	\$229.20	02-20-2013	03-11-2013	00120244
10-25-2012	Steven Singleton Md	Medical Treatment	\$350.00	\$330.00	Other Insurance	\$20.00	02-20-2013	03-11-2013	00120245
10-26-2012	Steven Singleton Md	Surgery	\$1,584.00	\$1,210.31	Other Insurance	\$373.69	02-20-2013	03-11-2013	00120245
10-25-2012	Medequip Inc	Orthopedic Appliance	\$250.00	\$211.60	Other Insurance	\$38.40	04-01-2013	04-04-2013	00122556

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Bailey, Timothy; Claim: 147; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: L-foot; Injury Type: ; Date Incurred: 10-25-2012									
10-26-2012	Anes Cons Of Upstate	Anesthesia	\$630.00	\$564.00	Other Insurance	\$66.00	04-17-2013	04-18-2013	00123688
Claim# 147 Totals :			\$6,930.00	\$6,202.71		\$727.29			

Bright, Ellen; Claim: 116; Sport: Womens Soccer; Diagnosis: Contusion; Anatomy: Head; Injury Type: ; Date Incurred: 08-11-2012									
08-11-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$184.00	\$168.80	Other Insurance	\$15.20	02-15-2013	02-19-2013	00118168
08-11-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$231.00	\$210.80	Other Insurance	\$20.20	02-15-2013	02-19-2013	00118168
10-04-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$301.00	\$301.00	Need Eob's		02-15-2013	02-19-2013	00118168
08-11-2012	Physicians Billing Service	Medical Treatment	\$400.00	\$392.15	Other Insurance	\$7.85	02-15-2013	02-19-2013	00118169
08-11-2012	Spartanburg Emergency	Dr.visit-emerg Room	\$470.00	\$417.11	Other Insurance	\$52.89	02-15-2013	02-19-2013	00118170
08-11-2012	Spartanburg Regional Mc	Outpatient	\$3,305.00	\$2,834.91	Other Insurance	\$470.09	03-21-2013	03-25-2013	00121431
08-11-2012	Spartanburg Regional Mc	Ems/paramedic	\$454.90	\$393.01	Other Insurance	\$61.89	08-06-2013	08-15-2013	00132453
Claim# 116 Totals :			\$5,345.90	\$4,717.78		\$628.12			

Bright, Ellen; Claim: 121; Sport: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: L-shoulder; Injury Type: ; Date Incurred: 09-19-2012									
09-28-2012	Insured	Medical Treatment	\$45.00			\$45.00	10-15-2012	10-18-2012	00108088
10-04-2012	Spartanburg Regional Mc	Mri	\$1,151.00	\$1,027.29	Other Insurance	\$123.71	11-12-2012	11-15-2012	00110077
10-04-2012	Upstate Carolina Radiology	Mri,X-ray Interp.	\$301.00	\$273.00	Other Insurance	\$28.00	11-12-2012	11-15-2012	00110078
09-28-2012	Steven Singleton Md	Medical Treatment	\$400.00	\$392.15	Other Insurance	\$7.85	11-05-2012	11-15-2012	00110079
Claim# 121 Totals :			\$1,897.00	\$1,692.44		\$204.56			

Chaney, Hannah; Claim: 141; Sport: Womens Cross-country; Diagnosis: Pain; Anatomy: Leg; Injury Type: ; Date Incurred: 10-26-2012									
12-15-2012	Spartanburg Regional Mc	Mri	\$1,151.00	\$742.56	Other Insurance	\$408.44	01-22-2013	01-22-2013	00115452
12-05-2012	Upstate Carolina Radiology	Mri,X-ray Interp.	\$371.00	\$231.00	Other Insurance	\$140.00	04-05-2013	04-11-2013	00123059
Claim# 141 Totals :			\$1,522.00	\$973.56		\$548.44			

Clancy, Kieran; Claim: 133; Sport: Mens Soccer; Diagnosis: Contusion; Anatomy: Leg; Injury Type: ; Date Incurred: 08-13-2012									
08-15-2012	Palmetto Pedorthic Care	Orthotics	\$396.00	\$135.75	Other Insurance	\$260.25	11-13-2012	12-03-2012	00111247
Claim# 133 Totals :			\$396.00	\$135.75		\$260.25			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Collins, John; Claim: 148; Sport: Mens Soccer; Diagnosis: Sprain/strain; Anatomy: R-knee; Injury Type: ; Date Incurred: 09-23-2012									
09-26-2012	Spartanburg Regional Mc	Mri	\$1,305.00	\$261.00	Other Insurance	\$1,044.00	02-15-2013	02-19-2013	00118177
Claim# 148 Totals :			\$1,305.00	\$261.00		\$1,044.00			
Copney, Teeara; Claim: 146; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: R-foot; Injury Type: ; Date Incurred: 10-24-2012									
12-13-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$35.00	\$3.50	Other Insurance	\$31.50	02-25-2013	03-04-2013	00119641
Claim# 146 Totals :			\$35.00	\$3.50		\$31.50			
Copney, Teeara; Claim: 168; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: Ankle; Injury Type: ; Date Incurred: 08-23-2012									
09-07-2012	First Health	First Health Repricing	\$7.10			\$7.10	03-25-2013	04-04-2013	00122557
12-12-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$35.00			\$35.00	03-25-2013	04-04-2013	00122558
09-07-2012	Physicians Billing Service	Medical Treatment	\$144.00	\$25.92	First Health Disc	\$118.08	03-25-2013	04-04-2013	00122559
09-07-2012	Physicians Billing Service	Phys.x-ray Serv	\$119.00	\$21.42	First Health Disc	\$97.58	03-25-2013	04-04-2013	00122559
03-28-2013	Surgery Center At Pelham	Out-pat.surgery	\$11,479.00	\$5,739.50	A-g Discount	\$5,739.50	05-02-2013	05-02-2013	00124817
03-29-2013	Univ So Car Upstate Fund	First Health Repricing	\$124.05			\$124.05	05-02-2013	05-02-2013	00124818
03-28-2013	Univ So Car Upstate Fund	Anesthesia	\$1,390.00	\$827.00	First Health Disc	\$563.00	05-02-2013	05-02-2013	00124818
03-28-2013	Djo Llc	Med.supplies	\$75.00	\$26.25	A-g Discount	\$48.75	04-29-2013	05-20-2013	00126326
Claim# 168 Totals :			\$13,373.15	\$6,640.09		\$6,733.06			
Crans, Taylor; Claim: 117; Sport: Womens Cross-country; Diagnosis: Sprain/strain; Anatomy: R-ankle; Injury Type: ; Date Incurred: 08-26-2012									
10-08-2012	Village Hospital	Mri	\$1,151.00	\$708.83	Other Insurance	\$442.17	12-03-2012	02-14-2013	00117825
10-01-2012	Steven Singleton Md	Medical Treatment	\$220.00	\$200.00	Other Insurance	\$20.00	12-03-2012	02-14-2013	00117826
10-12-2012	Steven Singleton Md	Surgery	\$547.00	\$527.00	Other Insurance	\$20.00	02-04-2013	02-25-2013	00118935
09-04-2012	Upstate Carolina Radiology	X-ray,Radiology	\$35.00			\$35.00	02-04-2013	03-11-2013	00120241
10-08-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$371.00			\$371.00	02-04-2013	03-11-2013	00120241
Claim# 117 Totals :			\$2,324.00	\$1,435.83		\$888.17			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Dennison, David; Claim: 164; Sport: Mens Cross-country; Diagnosis: Pain; Anatomy: Hip; Injury Type: ; Date Incurred: 01-25-2013									
03-01-2013	Upstate Carolina Radiology	Mri,X-ray Interp.	\$371.00	\$350.00	Other Insurance	\$21.00	04-16-2013	04-18-2013	00123689
03-01-2013	Village Hospital	Mri	\$1,151.00	\$803.47	Other Insurance	\$347.53	04-16-2013	04-18-2013	00123690
03-07-2013	Village Hospital	Outpatient	\$1,167.00	\$1,051.65	Other Insurance	\$115.35	04-16-2013	04-18-2013	00123690
03-07-2013	Steven Singleton Md	Surgery	\$575.00	\$548.24	Other Insurance	\$26.76	04-16-2013	04-18-2013	00123691
02-18-2013	Steven Singleton Md	Surgery	\$559.00	\$436.67	Other Insurance	\$122.33	04-16-2013	04-18-2013	00123691
02-08-2013	Steven Singleton Md	Medical Treatment	\$350.00	\$268.08	Other Insurance	\$81.92	04-16-2013	04-18-2013	00123691
Claim# 164 Totals :			\$4,173.00	\$3,458.11		\$714.89			

Doherty, Riley; Claim: 124; Sport: Mens Cross-country; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 08-01-2012									
09-19-2012	Spartanburg Regional Mc	Outpatient	\$204.00	\$21.28	Other Insurance	\$182.72	10-22-2012	11-05-2012	00109203
10-15-2012	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$95.99	Other Insurance	\$118.01	11-20-2012	12-03-2012	00111243
10-15-2012	Village Hospital	X-ray,Radiology	\$1,059.00	\$171.56	Other Insurance	\$887.44	11-20-2012	12-03-2012	00111244
10-18-2012	Steven Singleton Md	Medical Treatment	\$149.00	\$99.00	Other Insurance	\$50.00	11-20-2012	12-03-2012	00111245
Claim# 124 Totals :			\$1,626.00	\$387.83		\$1,238.17			

Glenn, Ricardo; Claim: 150; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: Teeth; Injury Type: ; Date Incurred: 10-20-2012									
10-30-2012	Spartanburg Endodontics	Dental	\$910.00			\$910.00	01-15-2013	01-17-2013	00115030
Claim# 150 Totals :			\$910.00	\$0.00		\$910.00			

Greene, Ty; Claim: 208; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: Ribs; Injury Type: ; Date Incurred: 01-28-2013									
02-05-2013	Spartanburg Regional Mc	Surgery	\$769.00	\$487.18	Other Insurance	\$281.82	03-14-2014	03-20-2014	00152234
Claim# 208 Totals :			\$769.00	\$487.18		\$281.82			

Hadley, James; Claim: 177; Sport: Mens Soccer; Diagnosis: Sprain/strain; Anatomy: Knee; Injury Type: ; Date Incurred: 03-21-2013									
03-26-2013	First Health	First Health Repricing	\$10.02			\$10.02	07-23-2013	08-12-2013	00132182
03-26-2013	Upstate Carolina Radiology	Mri	\$371.00	\$66.78	First Health Disc	\$304.22	07-23-2013	08-12-2013	00132183
Claim# 177 Totals :			\$381.02	\$66.78		\$314.24			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Haynes, Bruce; Claim: 153; Sport: Mens Basketball; Diagnosis: Sprain/strain; Anatomy: L-knee; Injury Type: ; Date Incurred: 11-05-2012									
11-30-2012	Surgery Center At Pelham	Out-pat.surgery	\$9,290.00	\$8,744.30	Other Insurance	\$545.70	02-15-2013	02-19-2013	00118178
11-30-2012	Anes Cons Of Upstate	Anesthesia	\$630.00	\$562.00	Other Insurance	\$68.00	02-25-2013	03-04-2013	00119643
Claim# 153 Totals :			\$9,920.00	\$9,306.30		\$613.70			

Hicks, Shelby; Claim: 143; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Foot; Injury Type: ; Date Incurred: 11-17-2012									
12-05-2012	Spartanburg Regional Mc	X-ray,Radiology	\$231.00	\$186.23	Other Insurance	\$44.77	01-14-2013	01-17-2013	00115029
Claim# 143 Totals :			\$231.00	\$186.23		\$44.77			

Hoop, Dylan; Claim: 140; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 11-03-2012									
11-05-2012	Steven Singleton Md	Surgery	\$1,430.00	\$924.54	Other Insurance	\$505.46	01-22-2013	01-24-2013	00115894
11-04-2012	Spartanburg Regional Mc	Mri	\$1,151.00	\$1,035.90	Other Insurance	\$115.10	01-31-2013	02-14-2013	00117827
11-04-2012	Upstate Carolina Radiology	Mri	\$371.00	\$357.00	Other Insurance	\$14.00	01-31-2013	02-14-2013	00117828
12-11-2012	Steven Singleton Md	X-ray,Radiology	\$115.00	\$110.07	Other Insurance	\$4.93	01-31-2013	02-14-2013	00117829
Claim# 140 Totals :			\$3,067.00	\$2,427.51		\$639.49			

Johnson, Michael; Claim: 123; Sport: Mens Cross-country; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 08-08-2012									
09-24-2012	Steven Singleton Md	Consultation	\$464.00	\$452.00	Other Insurance	\$12.00	10-18-2012	11-15-2012	00110081
09-07-2012	Spartanburg Regional Mc	Outpatient	\$1,097.00	\$1,085.00	Other Insurance	\$12.00	02-04-2013	02-25-2013	00118937
10-18-2012	Physicians Billing Service	Medical Treatment	\$149.00	\$137.00	Other Insurance	\$12.00	02-15-2013	03-04-2013	00119636
09-07-2012	Receivables Management Group	Phys.x-ray Serv	\$46.00			\$46.00	02-15-2013	03-04-2013	00119637
Claim# 123 Totals :			\$1,756.00	\$1,674.00		\$82.00			

Kadane, John; Claim: 154; Sport: Mens Soccer; Diagnosis: Fracture; Anatomy: Nose; Injury Type: ; Date Incurred: 08-19-2012									
09-26-2012	Spartanburg Ent	Surgery	\$953.00	\$812.00	Other Insurance	\$141.00	01-31-2013	02-04-2013	00117139
09-24-2012	Spartanburg Ent	Medical Treatment	\$153.00	\$58.00	Other Insurance	\$95.00	01-31-2013	02-04-2013	00117139
09-26-2012	Spartanburg Ent	Surgery	\$895.00	\$611.00	Other Insurance	\$284.00	01-31-2013	02-04-2013	00117139
09-26-2012	Anes Cons Of Upstate	Anesthesia	\$720.00	\$360.00	Other Insurance	\$360.00	01-31-2013	02-19-2013	00118179
08-20-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$35.00	\$14.00	Other Insurance	\$21.00	01-31-2013	02-19-2013	00118180
08-30-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$35.00	\$14.50	Other Insurance	\$20.50	01-31-2013	02-19-2013	00118180

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Kadane, John; Claim: 154; Sport: Mens Soccer; Diagnosis: Fracture; Anatomy: Nose; Injury Type: ; Date Incurred: 08-19-2012									
08-30-2012	Spartanburg Emergency	Dr.visit-emerg Room	\$315.00	\$136.87	Other Insurance	\$178.13	01-31-2013	02-19-2013	00118181
09-26-2012	Surgery Center At Pelham	Out-pat.surgery	\$2,807.00	\$1,998.00	Other Insurance	\$809.00	02-15-2013	03-04-2013	00119644
Claim# 154 Totals :			\$5,913.00	\$4,004.37		\$1,908.63			

Kadane, John; Claim: 179; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: Foot; Injury Type: ; Date Incurred: 08-20-2012									
08-20-2012	Spartanburg Regional Mc	X-ray,Radiology	\$234.00	\$16.87	Other Insurance	\$217.13	10-23-2013	10-31-2013	00138224
Claim# 179 Totals :			\$234.00	\$16.87		\$217.13			

Lesch, Tyler; Claim: 137; Sport: Mens Basketball; Diagnosis: Pain; Anatomy: Hip; Injury Type: ; Date Incurred: 10-15-2012									
12-06-2012	Village Hospital	Outpatient	\$1,392.00	\$198.13	Other Insurance	\$1,193.87	02-04-2013	02-25-2013	00118938
11-23-2012	Village Hospital	Phys.therapy	\$238.00	\$156.38	Other Insurance	\$81.62	02-04-2013	02-25-2013	00118938
12-10-2012	Steven Singleton Md	Surgery	\$949.00	\$767.92	Other Insurance	\$181.08	02-04-2013	02-25-2013	00118939
11-14-2012	Physicians Billing Service	Medical Treatment	\$827.00	\$681.42	Other Insurance	\$145.58	10-18-2013	10-24-2013	00137583
Claim# 137 Totals :			\$3,406.00	\$1,803.85		\$1,602.15			

Major, Kenzie; Claim: 130; Sport: Womens Soccer; Diagnosis: Fracture; Anatomy: Finger; Injury Type: ; Date Incurred: 09-23-2012									
10-01-2012	Spartanburg Regional Mc	X-ray,Radiology	\$231.00	\$208.61	Other Insurance	\$22.39	02-15-2013	02-19-2013	00118174
10-01-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$27.00	\$25.50	Other Insurance	\$1.50	02-15-2013	02-19-2013	00118175
03-06-2014	Village Hospital	Operating Room	\$1,855.00	\$1,820.03	Other Insurance	\$34.97	04-28-2014	05-05-2014	00157599
03-11-2014	Village Hospital	Operating Room	\$2,041.00	\$1,981.03	Other Insurance	\$59.97	04-28-2014	05-05-2014	00157599
02-28-2014	Village Hospital	Operating Room	\$1,855.00	\$1,820.03	Other Insurance	\$34.97	04-28-2014	05-05-2014	00157599
Claim# 130 Totals :			\$6,009.00	\$5,855.20		\$153.80			

Mcavoy, Kayla; Claim: 170; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 04-03-2013									
04-04-2013	Spartanburg Regional Mc	X-ray,Radiology	\$231.00	\$186.23	Other Insurance	\$44.77	05-20-2013	05-29-2013	00127063
04-04-2013	Insured	Prescriptions	\$10.00			\$10.00	11-20-2013	01-22-2014	00145664
04-04-2013	Insured	X-ray,Radiology	\$46.00	\$40.70	Other Insurance	\$5.30	11-20-2013	01-22-2014	00145664

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Mcavoy, Kayla; Claim: 170; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 04-03-2013									
07-17-2013	Insured	Medical Treatment	\$25.63			\$25.63	01-23-2014	01-31-2014	00147280
Claim# 170 Totals :			\$312.63	\$226.93		\$85.70			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Mcavoy, Kayla; Claim: 198; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 02-12-2013									
03-20-2013	Insured	Prescriptions	\$10.00			\$10.00	01-15-2014	01-22-2014	00145665
02-28-2013	Insured	Medical Treatment	\$264.00	\$239.96	Other Insurance	\$24.04	01-15-2014	01-22-2014	00145665
03-05-2013	Insured	Mri	\$1,151.00	\$920.80	Other Insurance	\$230.20	01-15-2014	01-22-2014	00145665
03-05-2013	Insured	Mri,X-ray Interp.	\$371.00	\$343.00	Other Insurance	\$28.00	01-15-2014	01-22-2014	00145665
Claim# 198 Totals :			\$1,796.00	\$1,503.76		\$292.24			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Newman, James; Claim: 125; Sport: Mens Baseball; Diagnosis: Tear; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 08-12-2012									
10-02-2012	Physicians Billing Service	Medical Treatment	\$351.00	\$236.39	Other Insurance	\$114.61	02-15-2013	02-19-2013	00118172
11-02-2012	Physicians Billing Service	Surgery	\$5,691.00	\$3,544.82	Other Insurance	\$2,146.18	02-15-2013	02-19-2013	00118172
11-02-2012	Surgery Center At Pelham	Out-pat.surgery	\$17,402.07	\$13,629.46	Other Insurance	\$3,772.61	02-15-2013	03-04-2013	00119638
10-17-2012	Spartanburg Regional Mc	Mri	\$3,309.00	\$1,088.66	Other Insurance	\$2,220.34	05-06-2013	05-16-2013	00126010
Claim# 125 Totals :			\$26,753.07	\$18,499.33		\$8,253.74			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Ohl, Hannah; Claim: 159; Sport: Womens Basketball; Diagnosis: Sprain/strain; Anatomy: R-ankle; Injury Type: ; Date Incurred: 01-07-2013									
01-09-2013	Physicians Billing Service	Medical Treatment	\$272.00	\$237.00	Other Insurance	\$35.00	02-15-2013	03-04-2013	00119645
02-06-2013	Spartanburg Regional Mc	X-ray,Radiology	\$346.00	\$321.00	Other Insurance	\$25.00	02-25-2013	03-28-2013	00121762
Claim# 159 Totals :			\$618.00	\$558.00		\$60.00			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Page, Morgan; Claim: 171; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Lower Back; Injury Type: ; Date Incurred: 02-25-2013									
03-01-2013	Spartanburg Reg Med Ct	Medical Treatment	\$332.00	\$138.95	Other Insurance	\$193.05	04-23-2013	05-02-2013	00124819
04-02-2013	Village Hospital	Mri	\$1,151.00	\$971.00	Other Insurance	\$180.00	05-06-2013	05-20-2013	00126327
04-12-2013	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$196.40	Other Insurance	\$17.60	05-28-2013	06-06-2013	00127813
03-28-2013	Village Hospital	Lab,Pathology	\$237.00	\$215.46	Other Insurance	\$21.54	06-17-2013	06-20-2013	00127953
04-15-2013	Physicians Billing Service	Medical Treatment	\$224.00	\$202.23	Other Insurance	\$21.77	06-17-2013	06-20-2013	00127954
03-01-2013	Physicians Billing Service	Medical Treatment	\$332.00	\$138.95	Other Insurance	\$193.05	06-17-2013	06-20-2013	00127954

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Page, Morgan; Claim: 171; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Lower Back; Injury Type: ; Date Incurred: 02-25-2013									
03-28-2013	Physicians Billing Service	Medical Treatment	\$475.00	\$335.19	Other Insurance	\$139.81	06-17-2013	06-20-2013	00127954
08-15-2013	Steven Singleton Md	Medical Treatment	\$357.00	\$322.53	Other Insurance	\$34.47	09-30-2013	10-03-2013	00135847
08-19-2013	Anes Cons Of Upstate	Anesthesia	\$800.00	\$753.80	Other Insurance	\$46.20	10-14-2013	10-28-2013	00137940
08-19-2013	Village Hospital	Operating Room	\$2,259.00	\$2,163.03	Other Insurance	\$95.97	10-14-2013	10-28-2013	00137941
09-09-2013	Steven Singleton Md	Medical Treatment	\$224.00	\$202.23	Other Insurance	\$21.77	10-30-2013	11-11-2013	00139069
04-02-2013	Upstate Carolina Radiology	Mri,X-ray Interp.	\$461.00			\$461.00	11-20-2013	12-03-2013	00141202
04-02-2013	Village Hospital	Mri	\$251.00		Additional	\$251.00	01-23-2014	01-27-2014	00146008
04-12-2013	Spartanburg Regional Mc	X-ray,Radiology	\$1,126.00	\$900.80	Other Insurance	\$225.20	02-24-2014	03-27-2014	00152931
Claim# 171 Totals :			\$8,443.00	\$6,540.57		\$1,902.43			

Page, Morgan; Claim: 178; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Lower Back; Injury Type: ; Date Incurred: 07-14-2013									
07-15-2013	Steven Singleton Md	Medical Treatment	\$282.00	\$255.12	Other Insurance	\$26.88	08-09-2013	08-15-2013	00132454
08-19-2013	Village Hospital	Operating Room	\$2,259.00	\$2,163.03	Other Insurance	\$95.97	12-12-2013	12-17-2013	00142641
08-19-2013	Village Hospital	Operating Room	(\$95.97)			(\$95.97)	12-12-2013	03-11-2014	Refund
Claim# 178 Totals :			\$2,445.03	\$2,418.15		\$26.88			

Poarch, Samantha; Claim: 151; Sport: Womens Softball; Diagnosis: Sprain/strain; Anatomy: Leg; Injury Type: ; Date Incurred: 11-12-2012									
11-12-2012	Village Emergency	Medical Treatment	\$309.00	\$265.85	Other Insurance	\$43.15	02-11-2013	03-04-2013	00119642
11-12-2012	Village Emergency	Dr.visit-emerg Room	\$211.00	\$187.11	Other Insurance	\$23.89	02-11-2013	03-04-2013	00119642
11-12-2012	Village Hospital	Dr.visit-emerg Room	\$1,400.00	\$1,215.96	Other Insurance	\$184.04	10-08-2013	10-17-2013	00136903
Claim# 151 Totals :			\$1,920.00	\$1,668.92		\$251.08			

Reilly, Courtney; Claim: 127; Sport: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: R-knee; Injury Type: ; Date Incurred: 08-30-2012									
09-05-2012	Spartanburg Regional Mc	X-ray,Radiology	\$819.00	\$739.00	Other Insurance	\$80.00	12-03-2012	12-13-2012	00112623
Claim# 127 Totals :			\$819.00	\$739.00		\$80.00			

Richardson, Kareem; Claim: 144; Sport: Mens Soccer; Diagnosis: Tear; Anatomy: Knee; Injury Type: ; Date Incurred: 09-25-2012									
10-18-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$371.00	\$371.00	Need Eob's		02-15-2013	03-04-2013	00119639
11-30-2012	Physicians Billing Service	Surgery	\$6,364.00	\$6,202.13	Other Insurance	\$161.87	02-15-2013	03-04-2013	00119640

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Richardson, Kareem; Claim: 144; Sport: Mens Soccer; Diagnosis: Tear; Anatomy: Knee; Injury Type: ; Date Incurred: 09-25-2012									
09-26-2012	Physicians Billing Service	Medical Treatment	\$343.00	\$343.00	Need Eob's		12-17-2012	03-04-2013	00119640
10-18-2012	Spartanburg Regional Mc	Mri	\$1,151.00	\$863.25	Other Insurance	\$287.75	03-17-2014	03-27-2014	00152929
11-30-2012	Medequip Inc	Med.supplies	\$1,705.00	\$1,295.74	Other Insurance	\$409.26	03-17-2014	03-27-2014	00152930
10-18-2012	Spartanburg Regional Mc	Mri	(\$287.75)			(\$287.75)	03-17-2014	06-09-2014	Refund
Claim# 144 Totals :			\$9,646.25	\$9,075.12		\$571.13			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Robinson, Shellie; Claim: 135; Sport: Womens Softball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 10-19-2012									
05-13-2013	First Health	First Health Repricing	\$9.13			\$9.13	07-15-2013	07-22-2013	00130340
05-13-2013	Upstate Carolina Radiology	Surgery	\$203.00	\$36.54	First Health Disc	\$166.46	07-15-2013	07-22-2013	00130341
05-13-2013	Upstate Carolina Radiology	X-ray,Radiology	\$135.00	\$24.30	First Health Disc	\$110.70	07-15-2013	07-22-2013	00130341
07-21-2013	Insured	Outpatient	\$5,930.94	\$5,855.94	Other Insurance	\$75.00	08-22-2013	08-29-2013	00133417
05-13-2013	Insured	Medical Treatment	\$85.00	\$65.00	Other Insurance	\$20.00	08-22-2013	08-29-2013	00133417
04-07-2013	Insured	Outpatient	\$585.00	\$510.00	Other Insurance	\$75.00	08-22-2013	08-29-2013	00133417
07-24-2013	Insured	Operating Room	\$11,014.00	\$10,864.00	Other Insurance	\$150.00	08-22-2013	08-29-2013	00133417
07-11-2013	Insured	Medical Treatment	\$333.00	\$303.00	Other Insurance	\$30.00	10-13-2013	10-31-2013	00138223
06-19-2013	First Health	First Health Repricing	\$4.02			\$4.02	01-08-2014	01-16-2014	00145108
05-13-2013	First Health	First Health Repricing	\$89.07			\$89.07	01-08-2014	01-16-2014	00145108
05-13-2013	Spartanburg Regional Mc	Mri	\$3,299.00	\$593.82	First Health Disc	\$2,705.18	01-08-2014	01-16-2014	00145109
06-19-2013	Steven Singleton Md	Medical Treatment	\$149.00	\$26.82	First Health Disc	\$122.18	01-08-2014	01-16-2014	00145110
12-12-2012	First Health	First Health Repricing	\$17.66			\$17.66	01-14-2014	01-27-2014	00146006
12-12-2012	Steven Singleton Md	Med.supplies	\$24.00	\$4.32	First Health Disc	\$19.68	01-14-2014	01-27-2014	00146007
12-12-2012	Steven Singleton Md	Surgery	\$374.00	\$67.32	First Health Disc	\$306.68	01-14-2014	01-27-2014	00146007
12-12-2012	Steven Singleton Md	Medical Treatment	\$125.00	\$22.50	First Health Disc	\$102.50	01-14-2014	01-27-2014	00146007
11-29-2012	Steven Singleton Md	X-ray,Radiology	\$131.00	\$23.58	First Health Disc	\$107.42	01-14-2014	01-27-2014	00146007
07-21-2013	Insured	Phys.pathology	\$215.00	\$162.88	Other Insurance	\$52.12	01-23-2014	02-14-2014	00148304
Claim# 135 Totals :			\$22,722.82	\$18,560.02		\$4,162.80			

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Rojas, Talia; Claim: 134; Sport: Womens Tennis; Diagnosis: Sprain/strain; Anatomy: Arm; Injury Type: ; Date Incurred: 09-11-2012									
09-17-2012	Upstate Carolina Radiology	Phys.x-ray Serv	\$35.00			\$35.00	02-15-2013	02-19-2013	00118176

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Rojas, Talia; Claim: 134; Sport: Womens Tennis; Diagnosis: Sprain/strain; Anatomy: Arm; Injury Type: ; Date Incurred: 09-11-2012									
09-17-2012	Spartanburg Regional Mc	X-ray,Radiology	\$234.00			\$234.00	02-28-2013	03-11-2013	00120243
Claim# 134 Totals :			\$269.00	\$0.00		\$269.00			

Samples, Erik; Claim: 166; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: L-shoulder; Injury Type: ; Date Incurred: 02-14-2013									
03-05-2013	Steven Singleton Md	Surgery	\$742.00	\$518.09	Other Insurance	\$223.91	05-01-2013	05-06-2013	00125028
08-11-2013	Roper Radiologists Pa	Mri,X-ray Interp.	\$840.00	\$772.00	Other Insurance	\$68.00	08-22-2013	08-29-2013	00133418
Claim# 166 Totals :			\$1,582.00	\$1,290.09		\$291.91			

Samples, Erik; Claim: 176; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-knee; Injury Type: ; Date Incurred: 04-01-2013									
06-11-2013	Bon Secours St Francis	Mri	\$7,568.00	\$7,216.53	Other Insurance	\$351.47	07-29-2013	08-08-2013	00131946
07-09-2013	Steven Singleton Md	Surgery	\$2,318.00	\$2,106.06	Other Insurance	\$211.94	10-08-2013	10-17-2013	00136904
07-09-2013	Surgery Center At Pelham	Operating Room	\$4,645.00	\$4,141.00	Other Insurance	\$504.00	10-21-2013	10-28-2013	00137942
Claim# 176 Totals :			\$14,531.00	\$13,463.59		\$1,067.41			

Saura, Stefany; Claim: 118; Sport: Womens Soccer; Diagnosis: Tear; Anatomy: R-knee; Injury Type: Tear; Date Incurred: 08-01-2012									
08-16-2012	Surgery Center At Pelham	Operating Room	\$13,935.00	\$13,076.39	Other Insurance	\$858.61	10-03-2012	10-08-2012	00107282
08-16-2012	Steven Singleton Md	Surgery	\$2,250.00	\$2,017.82	Other Insurance	\$232.18	10-18-2012	11-05-2012	00109202
08-16-2012	Medequip Inc	Med.supplies	\$110.00	\$93.00	Other Insurance	\$17.00	11-16-2012	12-03-2012	00111242
Claim# 118 Totals :			\$16,295.00	\$15,187.21		\$1,107.79			

Saura, Stefany; Claim: 169; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: Knee; Injury Type: ; Date Incurred: 12-07-2012									
02-13-2013	Spartanburg Regional Mc	Mri	\$1,151.00	\$920.80	Other Insurance	\$230.20	03-27-2013	03-28-2013	00121763
02-13-2013	Upstate Carolina Radiology	Mri,X-ray Interp.	\$371.00	\$343.00	Other Insurance	\$28.00	03-27-2013	03-28-2013	00121764
Claim# 169 Totals :			\$1,522.00	\$1,263.80		\$258.20			

Stampler, Jordan; Claim: 165; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 01-28-2013									
03-05-2013	Steven Singleton Md	Surgery	\$398.00	\$336.37	Other Insurance	\$61.63	06-03-2013	06-13-2013	00127251

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Claim# 165 Totals :			\$398.00	\$336.37		\$61.63			

Stampler, Jordan; Claim: 175; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Toe; Injury Type: ; Date Incurred: 05-06-2013									
05-09-2013	Steven Singleton Md	Medical Treatment	\$354.00	\$329.00	Other Insurance	\$25.00	07-09-2013	07-18-2013	00130130
Claim# 175 Totals :			\$354.00	\$329.00		\$25.00			

Tajes, Carlos; Claim: 163; Sport: Mens Tennis; Diagnosis: Dislocation; Anatomy: Finger; Injury Type: ; Date Incurred: 01-22-2013									
03-29-2013	First Health	First Health Repricing	\$6.48			\$6.48	01-21-2014	02-24-2014	00149561
03-29-2013	Steven Singleton Md	Medical Treatment	\$125.00	\$22.50	First Health Disc	\$102.50	01-21-2014	02-24-2014	00149562
03-29-2013	Steven Singleton Md	X-ray,Radiology	\$115.00	\$20.70	First Health Disc	\$94.30	01-21-2014	02-24-2014	00149562
Claim# 163 Totals :			\$246.48	\$43.20		\$203.28			

Venable, Hailey; Claim: 129; Sport: Womens Soccer; Diagnosis: Sprain/strain; Anatomy: Ankle; Injury Type: ; Date Incurred: 08-14-2012									
08-15-2012	Medequip Inc	Orthopedic Appliance	\$250.00	\$58.00	Other Insurance	\$192.00	01-07-2013	01-11-2013	00114390
08-15-2012	Steven Singleton Md	Medical Treatment	\$458.00	\$408.00	Other Insurance	\$50.00	01-07-2013	01-11-2013	00114391
Claim# 129 Totals :			\$708.00	\$466.00		\$242.00			

White, Sierra; Claim: 138; Sport: Womens Track; Diagnosis: Sprain/strain; Anatomy: L-upper Leg; Injury Type: ; Date Incurred: 10-19-2012									
11-19-2012	Steven Singleton Md	Medical Treatment	\$325.00	\$285.00	Other Insurance	\$40.00	12-10-2012	12-20-2012	00113190
12-05-2012	Upstate Carolina Radiology	Mri,X-ray Interp.	\$271.00	\$124.54	Other Insurance	\$146.46	01-22-2013	01-22-2013	00115450
12-05-2012	Village Hospital	Mri	\$1,151.00	\$837.97	Other Insurance	\$313.03	01-22-2013	01-22-2013	00115451
Claim# 138 Totals :			\$1,747.00	\$1,247.51		\$499.49			

Wood, Alyssa; Claim: 122; Sport: Womens Soccer; Diagnosis: Acl Tear; Anatomy: L-knee; Injury Type: ; Date Incurred: 09-14-2012									
09-26-2012	Spartanburg Regional Mc	Mri	\$1,656.00	\$1,407.60	Other Insurance	\$248.40	11-12-2012	11-15-2012	00110080
09-26-2012	Upstate Carolina Radiology	Mri	\$371.00	\$354.91	Other Insurance	\$16.09	12-10-2012	12-10-2012	00112037
11-14-2012	Physicians Billing Service	Medical Treatment	\$182.00	\$172.39	Other Insurance	\$9.61	02-15-2013	02-19-2013	00118171
10-30-2012	Physicians Billing Service	Surgery	\$6,865.00	\$6,477.47	Other Insurance	\$387.53	02-15-2013	02-19-2013	00118171
10-30-2012	Physicians Billing Service	Asst.surgeon	\$1,373.00	\$1,334.84	Other Insurance	\$38.16	02-15-2013	02-19-2013	00118171

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Wood, Alyssa; Claim: 122; Sport: Womens Soccer; Diagnosis: Acl Tear; Anatomy: L-knee; Injury Type: ; Date Incurred: 09-14-2012									
01-07-2013	Southeastern Pt	Phys.therapy	\$180.00	\$110.00	Other Insurance	\$70.00	02-15-2013	02-25-2013	00118936
01-09-2013	Southeastern Pt	Phys.therapy	\$180.00	\$110.00	Other Insurance	\$70.00	02-15-2013	02-25-2013	00118936
01-04-2013	Southeastern Pt	Phys.therapy	\$180.00	\$110.00	Other Insurance	\$70.00	02-15-2013	02-25-2013	00118936
01-02-2013	Southeastern Pt	Phys.therapy	\$195.00	\$125.00	Other Insurance	\$70.00	02-04-2013	02-25-2013	00118936
10-30-2012	Anes Cons Of Upstate	Anesthesia	\$2,925.00	\$2,781.54	Other Insurance	\$143.46	06-03-2013	06-13-2013	00127250
10-30-2012	Surgery Center At Pelham	Operating Room	\$16,455.00	\$15,535.35	Other Insurance	\$919.65	08-19-2013	08-22-2013	00132928
11-14-2012	Medequip Inc	Med.supplies	\$2,910.00	\$2,098.63	Other Insurance	\$811.37	05-05-2014	05-12-2014	00158154
Claim# 122 Totals :			\$33,472.00	\$30,617.73		\$2,854.27			
Sport,Self-funded Totals :			\$229,106.48	\$184,390.09		\$44,716.39			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Coverage Type: Outside Re-ins									
Augenstein, Ben; Claim: 157; Sport: Mens Baseball; Diagnosis: Preventive Health; Anatomy: Cardiac; Injury Type: ; Date Incurred: 08-23-2012									
08-24-2012	Carolinas Pathology Group	Phys.pathology	\$28.40			\$28.40	02-15-2013	02-19-2013	00118182
08-24-2012	Spartanburg Regional Mc	Outpatient	\$408.00	\$259.12	Other Insurance	\$148.88	02-15-2013	02-19-2013	00118183
Claim# 157 Totals :			\$436.40	\$259.12		\$177.28			
Daversa, Joseph; Claim: 172; Sport: Mens Track; Diagnosis: Illness; Anatomy: ; Injury Type: ; Date Incurred: 04-16-2013									
04-18-2013	Spartanburg Regional Mc	Lab,Pathology	\$370.00	\$74.00	Other Insurance	\$296.00	07-22-2013	07-25-2013	00130694
Claim# 172 Totals :			\$370.00	\$74.00		\$296.00			
Outside Re-ins Totals :			\$806.40	\$333.12		\$473.28			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Univ Of So Car - Upstate (392517) Totals :			\$229,912.88	\$184,723.21		\$45,189.67			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
2012 School Year Totals :			\$229,912.88	\$184,723.21		\$45,189.67			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
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Claims in the 2013 School Year**District: Univ Of So Car - Upstate (392517)****Coverage Type: Sport,Self-funded**

Adediji, Akin; Claim: 189; Sport: Mens Soccer; Diagnosis: Dislocation; Anatomy: L-toe; Injury Type: ; Date Incurred: 08-24-2013									
08-26-2013	Steven Singleton Md	Phys.x-ray Serv	\$130.00	\$92.76	Other Insurance	\$37.24	10-29-2013	11-11-2013	00139204
Claim# 189 Totals :			\$130.00	\$92.76		\$37.24			

Birklund, Eric; Claim: 203; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 09-09-2013									
11-14-2013	Spartanburg Regional Mc	X-ray,Radiology	\$389.00	\$362.90	Other Insurance	\$26.10	02-21-2014	03-13-2014	00151711
01-22-2014	Upstate Carolina Radiology	X-ray,Radiology	\$208.00	\$106.84	Other Insurance	\$101.16	02-21-2014	03-13-2014	00151712
02-28-2014	Anes Cons Of Upstate	Anesthesia	\$1,050.00	\$1,013.30	Other Insurance	\$36.70	04-04-2014	04-14-2014	00155317
02-03-2014	Physicians Billing Service	Medical Treatment	\$589.00	\$549.00	Other Insurance	\$40.00	04-04-2014	04-14-2014	00155318
02-10-2014	Spartanburg Regional Mc	Outpatient	\$2,374.00	\$460.80	Other Insurance	\$1,913.20	03-24-2014	04-24-2014	00156562
02-19-2014	Upstate Carolina Radiology	Cat Scan	\$235.00	\$133.97	Other Insurance	\$101.03	03-24-2014	04-24-2014	00156563
02-28-2014	Village Hospital	Operating Room	\$2,735.00	\$2,591.48	Other Insurance	\$143.52	04-28-2014	05-05-2014	00157746
02-20-2014	Physicians Billing Service	Medical Treatment	\$224.00	\$184.00	Other Insurance	\$40.00	04-28-2014	05-05-2014	00157747
02-19-2014	Upstate Carolina Radiology	Mri	\$324.00	\$163.19	Other Insurance	\$160.81	05-22-2014	06-05-2014	00160998
02-19-2014	Upstate Carolina Radiology	Mri	\$461.00	\$311.63	Other Insurance	\$149.37	05-22-2014	06-05-2014	00160998
Claim# 203 Totals :			\$8,589.00	\$5,877.11		\$2,711.89			

Bogle, Lauren; Claim: 204; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: L-shoulder; Injury Type: ; Date Incurred: 12-28-2013									
12-30-2013	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$80.30	Other Insurance	\$231.70	04-14-2014	04-28-2014	00156951
12-30-2013	Upstate Carolina Radiology	X-ray,Radiology	\$36.00	\$14.00	Other Insurance	\$22.00	04-14-2014	04-28-2014	00156952
Claim# 204 Totals :			\$348.00	\$94.30		\$253.70			

Bouchard, Chelsey; Claim: 181; Sport: Womens Cheerleading; Diagnosis: Pain; Anatomy: R-foot; Injury Type: ; Date Incurred: 08-27-2013									
08-28-2013	Upstate Carolina Radiology	X-ray,Radiology	\$35.00			\$35.00	09-25-2013	10-03-2013	00136028
Claim# 181 Totals :			\$35.00	\$0.00		\$35.00			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Chisolm, Janay; Claim: 212; Sport: Womens Track; Diagnosis: Pain; Anatomy: Chest; Injury Type: ; Date Incurred: 02-28-2014									
03-13-2014	Spartanburg Regional Mc	Outpatient	\$376.00	\$303.38	Other Insurance	\$72.62	04-22-2014	04-28-2014	00156953
03-14-2014	Carolina Medical Affiliate	Consultation	\$246.00	\$118.98	Other Insurance	\$127.02	05-06-2014	05-08-2014	00158108
03-13-2014	Physicians Billing Service	Medical Treatment	\$224.00	\$122.23	Other Insurance	\$101.77	05-28-2014	06-05-2014	00160999
Claim# 212 Totals :			\$846.00	\$544.59		\$301.41			

Farrell, Ian; Claim: 191; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: R-shoulder; Injury Type: ; Date Incurred: 10-02-2013									
11-01-2013	Insured	Medical Treatment	\$25.00			\$25.00	11-08-2013	11-22-2013	00140628
11-01-2013	Steven Singleton Md	Surgery	\$749.00	\$269.47	Other Insurance	\$479.53	01-21-2014	02-14-2014	00148633
Claim# 191 Totals :			\$774.00	\$269.47		\$504.53			

Gates, Javon; Claim: 185; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: L-knee; Injury Type: ; Date Incurred: 10-12-2013									
10-14-2013	First Health	First Health Repricing	\$9.05			\$9.05	01-15-2014	01-27-2014	00146549
10-14-2013	First Health	First Health Repricing	\$10.02			\$10.02	01-15-2014	01-27-2014	00146549
10-14-2013	Upstate Carolina Radiology	Mri	\$371.00	\$66.78	First Health Disc	\$304.22	01-15-2014	01-27-2014	00146550
10-14-2013	Steven Singleton Md	X-ray,Radiology	\$115.00	\$20.70	First Health Disc	\$94.30	01-15-2014	01-27-2014	00146551
10-14-2013	Steven Singleton Md	Medical Treatment	\$220.00	\$39.60	First Health Disc	\$180.40	01-15-2014	01-27-2014	00146551
12-23-2013	Christina Hill	Phys.therapy	\$35.00			\$35.00	01-15-2014	01-27-2014	00146552
12-31-2013	Christina Hill	Phys.therapy	\$35.00			\$35.00	01-15-2014	01-27-2014	00146552
12-27-2013	Christina Hill	Phys.therapy	\$35.00			\$35.00	01-15-2014	01-27-2014	00146552
12-19-2013	Christina Hill	Phys.therapy	\$35.00			\$35.00	01-15-2014	01-27-2014	00146552
12-16-2013	Christina Hill	Phys.therapy	\$35.00			\$35.00	01-15-2014	01-27-2014	00146552
12-18-2013	Christina Hill	Phys.therapy	\$35.00			\$35.00	01-15-2014	01-27-2014	00146552
Claim# 185 Totals :			\$935.07	\$127.08		\$807.99			

Gober, Alexandra; Claim: 214; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 01-13-2014									
02-03-2014	Physicians Billing Service	Medical Treatment	\$342.00	\$218.00	Other Insurance	\$124.00	05-05-2014	05-19-2014	00159038
03-04-2014	Anes Cons Of Upstate	Anesthesia	\$900.00	\$622.80	Other Insurance	\$277.20	05-19-2014	05-27-2014	00159853
03-17-2014	Anes Cons Of Upstate	Anesthesia	\$450.00	\$311.40	Other Insurance	\$138.60	05-19-2014	05-27-2014	00159853
02-21-2014	Upstate Carolina Radiology	X-ray,Radiology	\$123.00			\$123.00	05-19-2014	05-27-2014	00159854
03-04-2014	Village Hospital	Operating Room	\$2,735.00	\$1,611.70	Other Insurance	\$1,123.30	05-19-2014	05-27-2014	00159855

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Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Gober, Alexandra; Claim: 214; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 01-13-2014									
02-21-2014	Village Hospital	Mri	\$2,677.00	\$1,643.64	Other Insurance	\$1,033.36	05-19-2014	05-27-2014	00159855
Claim# 214 Totals :			\$7,227.00	\$4,407.54		\$2,819.46			

Greene, Ty; Claim: 209; Sport: Mens Basketball; Diagnosis: Fracture; Anatomy: Hand; Injury Type: ; Date Incurred: 01-16-2014									
02-03-2014	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$64.35	Other Insurance	\$247.65	04-24-2014	04-24-2014	00156568
02-11-2014	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$64.35	Other Insurance	\$247.65	04-24-2014	04-24-2014	00156568
01-31-2014	Physicians Billing Service	Surgery	\$622.00	\$141.09	Other Insurance	\$480.91	04-24-2014	04-24-2014	00156569
01-30-2014	Physicians Billing Service	X-ray,Radiology	\$115.00	\$77.31	Other Insurance	\$37.69	04-24-2014	04-24-2014	00156569
01-30-2014	Physicians Billing Service	Medical Treatment	\$149.00	\$66.30	Other Insurance	\$82.70	04-24-2014	04-24-2014	00156569
03-31-2014	Physicians Billing Service	Medical Treatment	\$220.00	\$205.40	Other Insurance	\$14.60	04-24-2014	04-24-2014	00156569
Claim# 209 Totals :			\$1,730.00	\$618.80		\$1,111.20			

Hadley, James; Claim: 190; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: R-ankle; Injury Type: ; Date Incurred: 10-11-2013									
10-11-2013	Emergency Med Pelham	Dr.visit-emerg Room	\$211.00	\$73.85	Prov.discount	\$137.15	11-05-2013	11-19-2013	00140265
10-11-2013	Village Hospital	Outpatient	\$1,615.00	\$956.60	Other Insurance	\$658.40	03-13-2014	03-24-2014	00152775
Claim# 190 Totals :			\$1,826.00	\$1,030.45		\$795.55			

Herr, Maddie; Claim: 215; Sport: Womens Basketball; Diagnosis: Fracture; Anatomy: R-hand; Injury Type: ; Date Incurred: 01-13-2014									
02-06-2014	Physicians Billing Service	X-ray,Radiology	\$115.00	\$69.57	Other Insurance	\$45.43	04-18-2014	05-08-2014	00158109
01-14-2014	Physicians Billing Service	Surgery	\$886.00	\$582.00	Other Insurance	\$304.00	04-18-2014	05-08-2014	00158109
03-04-2014	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$80.30	Other Insurance	\$231.70	05-08-2014	05-19-2014	00159039
03-04-2014	Upstate Carolina Radiology	X-ray,Radiology	\$35.00	\$15.00	Other Insurance	\$20.00	05-08-2014	06-05-2014	00161000
Claim# 215 Totals :			\$1,348.00	\$746.87		\$601.13			

Lesch, Tyler; Claim: 184; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 08-23-2013									
08-29-2013	Physicians Billing Service	Consultation	\$612.00	\$481.55	Other Insurance	\$130.45	10-18-2013	10-24-2013	00137846
09-11-2013	Upstate Carolina Radiology	X-ray,Radiology	\$123.00	\$77.49	Other Insurance	\$45.51	12-02-2013	12-05-2013	00141690
09-11-2013	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$137.63	Other Insurance	\$76.37	12-02-2013	12-05-2013	00141690
09-11-2013	Upstate Carolina Radiology	Mri	\$371.00	\$272.90	Other Insurance	\$98.10	12-02-2013	12-11-2013	00142194

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Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Lesch, Tyler; Claim: 184; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 08-23-2013									
09-11-2013	Upstate Carolina Radiology	Mri	\$461.00	\$352.68	Other Insurance	\$108.32	12-02-2013	12-11-2013	00142194
09-17-2013	Physicians Billing Service	Medical Treatment	\$224.00	\$189.00	Other Insurance	\$35.00	12-15-2013	01-27-2014	00146548
09-23-2013	Physicians Billing Service	Medical Treatment	\$224.00	\$99.40	Other Insurance	\$124.60	12-15-2013	01-27-2014	00146548
10-17-2013	Physicians Billing Service	Medical Treatment	\$282.00	\$152.00	Other Insurance	\$130.00	12-15-2013	01-27-2014	00146548
11-07-2013	Physicians Billing Service	Medical Treatment	\$357.00	\$185.10	Other Insurance	\$171.90	01-21-2014	02-14-2014	00148632
09-11-2013	First Health	First Health Repricing	\$96.48			\$96.48	03-05-2014	03-27-2014	00153376
09-11-2013	Village Hospital	Mri	\$4,288.00	\$643.20	First Health Disc	\$3,644.80	03-05-2014	03-27-2014	00153377
12-05-2013	Physicians Billing Service	Medical Treatment	\$282.00	\$152.00	Other Insurance	\$130.00	04-09-2014	04-24-2014	00156560
Claim# 184 Totals :			\$7,534.48	\$2,742.95		\$4,791.53			

Major, Kenzie; Claim: 186; Sport: Womens Soccer; Diagnosis: Contusion; Anatomy: Ribs; Injury Type: ; Date Incurred: 09-13-2013									
01-14-2014	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$288.83	Other Insurance	\$23.17	04-04-2014	04-14-2014	00155315
01-29-2014	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$288.83	Other Insurance	\$23.17	04-04-2014	04-14-2014	00155315
02-28-2014	Anes Cons Of Upstate	Anesthesia	\$1,425.00	\$1,391.20	Other Insurance	\$33.80	06-02-2014	06-12-2014	00161673
02-18-2014	Upstate Carolina Radiology	X-ray,Radiology	\$176.00	\$165.50	Other Insurance	\$10.50	06-02-2014	06-12-2014	00161674
Claim# 186 Totals :			\$2,225.00	\$2,134.36		\$90.64			

Mawuenyega, Karim; Claim: 193; Sport: Mens Basketball; Diagnosis: Bilateral Pain; Anatomy: Foot/ankle-bilateral; Injury Type: ; Date Incurred: 10-17-2013									
10-31-2013	Palmetto Pedorthic Care	Orthotics	\$200.00			\$200.00	01-15-2014	01-27-2014	00146553
10-31-2013	Palmetto Pedorthic Care	Orthotics	\$200.00			\$200.00	01-15-2014	01-27-2014	00146553
Claim# 193 Totals :			\$400.00	\$0.00		\$400.00			

Mcavoy, Kayla; Claim: 192; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 08-10-2013									
09-09-2013	Spartanburg Regional Mc	Mri	\$2,640.00	\$2,410.85	Other Insurance	\$229.15	12-30-2013	01-09-2014	00144666
08-14-2013	Insured	Medical Treatment	\$280.00	\$255.96	Other Insurance	\$24.04	12-30-2013	01-09-2014	00144667
08-23-2013	Insured	Medical Treatment	\$385.00	\$351.87	Other Insurance	\$33.13	12-30-2013	01-09-2014	00144667
09-09-2013	Insured	Mri,X-ray Interp.	\$664.00	\$621.60	Other Insurance	\$42.40	12-30-2013	01-09-2014	00144667
08-14-2013	Insured	Prescriptions	\$10.00			\$10.00	12-30-2013	01-22-2014	00145845

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Mcavoy, Kayla; Claim: 192; Sport: Womens Volleyball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 08-10-2013									
09-11-2013	Insured	Prescriptions	\$9.82			\$9.82	12-30-2013	01-22-2014	00145845
Claim# 192 Totals :			\$3,988.82	\$3,640.28		\$348.54			

Mckown, Jacob; Claim: 205; Sport: Mens Track; Diagnosis: Pain; Anatomy: R-hand; Injury Type: ; Date Incurred: 12-06-2013									
12-13-2013	Physicians Billing Service	Medical Treatment	\$220.00	\$86.46	Other Insurance	\$133.54	03-27-2014	05-30-2014	00160371
12-09-2013	Physicians Billing Service	Medical Treatment	\$264.00	\$137.81	Other Insurance	\$126.19	03-27-2014	05-30-2014	00160371
Claim# 205 Totals :			\$484.00	\$224.27		\$259.73			

Mitchell, Zach; Claim: 201; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 11-07-2013									
02-07-2014	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$200.80	Other Insurance	\$13.20	03-06-2014	03-24-2014	00152776
02-27-2014	Village Hospital	Operating Room	\$2,735.00	\$2,618.87	Other Insurance	\$116.13	04-04-2014	04-14-2014	00155316
02-07-2014	Village Hospital	Mri	\$4,435.00	\$3,627.74	Other Insurance	\$807.26	04-18-2014	04-24-2014	00156561
02-27-2014	Anes Cons Of Upstate	Anesthesia	\$1,050.00	\$1,010.40	Other Insurance	\$39.60	04-22-2014	04-28-2014	00156949
02-20-2014	Physicians Billing Service	Medical Treatment	\$224.00	\$194.00	Other Insurance	\$30.00	04-22-2014	04-28-2014	00156950
02-03-2014	Physicians Billing Service	Medical Treatment	\$758.00	\$545.08	Other Insurance	\$212.92	04-22-2014	04-28-2014	00156950
Claim# 201 Totals :			\$9,416.00	\$8,196.89		\$1,219.11			

Plantz, Sarah; Claim: 182; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: L-finger; Injury Type: ; Date Incurred: 08-25-2013									
08-27-2013	Spartanburg Regional Mc	X-ray,Radiology	\$231.00	\$7.14	Other Insurance	\$223.86	10-04-2013	10-28-2013	00138032
Claim# 182 Totals :			\$231.00	\$7.14		\$223.86			

Rankin-byrne, Michael; Claim: 196; Sport: Mens Soccer; Diagnosis: Concussion; Anatomy: Head; Injury Type: ; Date Incurred: 08-26-2013									
09-04-2013	Physicians Billing Service	Medical Treatment	\$125.00	\$100.00	Other Insurance	\$25.00	12-17-2013	12-27-2013	00143728
Claim# 196 Totals :			\$125.00	\$100.00		\$25.00			

Roseboom, David; Claim: 187; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 08-27-2013									
09-26-2013	Upstate Carolina Radiology	Cat Scan	\$235.00	\$92.00	Other Insurance	\$143.00	10-21-2013	10-31-2013	00138426

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Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Roseboom, David; Claim: 187; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Back; Injury Type: ; Date Incurred: 08-27-2013									
09-26-2013	Upstate Carolina Radiology	Mri,X-ray Interp.	\$461.00	\$329.00	Other Insurance	\$132.00	10-21-2013	10-31-2013	00138426
09-26-2013	Village Hospital	Mri	\$3,398.00	\$1,756.82	Other Insurance	\$1,641.18	12-23-2013	01-09-2014	00144664
09-17-2013	Steven Singleton Md	Medical Treatment	\$593.00	\$302.27	Other Insurance	\$290.73	12-23-2013	01-09-2014	00144665
10-03-2013	Steven Singleton Md	Medical Treatment	\$224.00	\$115.13	Other Insurance	\$108.87	12-23-2013	01-09-2014	00144665
11-04-2013	Steven Singleton Md	Medical Treatment	\$282.00	\$261.85	Other Insurance	\$20.15	01-08-2014	01-16-2014	00145497
12-05-2013	Steven Singleton Md	Medical Treatment	\$282.00	\$261.37	Other Insurance	\$20.63	01-08-2014	01-16-2014	00145497
Claim# 187 Totals :			\$5,475.00	\$3,118.44		\$2,356.56			

Samples, Erik; Claim: 194; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Knee; Injury Type: ; Date Incurred: 10-07-2013									
10-07-2013	Steven Singleton Md	Surgery	\$398.00	\$383.53	Other Insurance	\$14.47	12-04-2013	12-11-2013	00142195
Claim# 194 Totals :			\$398.00	\$383.53		\$14.47			

Seelinger, Samantha; Claim: 180; Sport: Womens Soccer; Diagnosis: Pain; Anatomy: Hip; Injury Type: ; Date Incurred: 09-16-2013									
09-18-2013	Insured	Medical Treatment	\$40.00			\$40.00	09-30-2013	10-10-2013	00136528
11-22-2013	Village Hospital	Mri	\$1,151.00	\$520.80	Other Insurance	\$630.20	01-15-2014	01-27-2014	00146547
Claim# 180 Totals :			\$1,191.00	\$520.80		\$670.20			

Sobotka, Chad; Claim: 207; Sport: Mens Baseball; Diagnosis: Pain; Anatomy: Multiple Sites; Injury Type: ; Date Incurred: 02-07-2014									
02-10-2014	Spartanburg Regional Mc	Mri	\$2,374.00	\$460.80	Other Insurance	\$1,913.20	04-17-2014	04-24-2014	00156564
03-03-2014	Upstate Carolina Radiology	X-ray,Radiology	\$214.00	\$137.63	Other Insurance	\$76.37	04-09-2014	04-24-2014	00156565
02-10-2014	Upstate Carolina Radiology	Mri	\$461.00	\$352.68	Other Insurance	\$108.32	04-09-2014	04-24-2014	00156565
03-03-2014	Upstate Carolina Radiology	Cat Scan	\$235.00	\$150.71	Other Insurance	\$84.29	04-09-2014	04-24-2014	00156565
02-10-2014	Upstate Carolina Radiology	X-ray,Radiology	\$35.00	\$22.41	Other Insurance	\$12.59	04-09-2014	04-24-2014	00156565
02-10-2014	Upstate Carolina Radiology	X-ray,Radiology	\$64.00	\$41.36	Other Insurance	\$22.64	04-09-2014	04-24-2014	00156565
03-03-2014	Village Hospital	Cat Scan	\$2,724.00	\$778.85	Other Insurance	\$1,945.15	04-09-2014	04-24-2014	00156566
03-07-2014	Physicians Billing Service	Medical Treatment	\$224.00	\$153.07	Other Insurance	\$70.93	04-17-2014	04-24-2014	00156567
02-24-2014	Physicians Billing Service	Consultation	\$361.00	\$112.83	Other Insurance	\$248.17	04-17-2014	04-24-2014	00156567
Claim# 207 Totals :			\$6,692.00	\$2,210.34		\$4,481.66			

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Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Sproull, Horace; Claim: 197; Sport: Mens Soccer; Diagnosis: Pain; Anatomy: Groin; Injury Type: ; Date Incurred: 09-20-2013									
10-31-2013	Steven Singleton Md	Medical Treatment	\$220.00	\$97.21	Other Insurance	\$122.79	12-23-2013	01-06-2014	00144232
10-29-2013	Upstate Carolina Radiology	Mri	\$294.00	\$187.66	Other Insurance	\$106.34	01-13-2014	02-05-2014	00147653
11-15-2013	Greenville Hosp System	Operating Room	\$15,258.00	\$8,470.85	Other Insurance	\$6,787.15	01-13-2014	02-20-2014	00149457
11-06-2013	Ghs Pih DbA Umg	Consultation	\$309.00	\$76.60	Other Insurance	\$232.40	01-13-2014	02-20-2014	00149458
10-29-2013	First Health	First Health Repricing	\$25.90			\$25.90	03-07-2014	03-27-2014	00153378
10-29-2013	Village Hospital	Mri	\$1,151.00	\$172.65	First Health Disc	\$978.35	03-07-2014	03-27-2014	00153379
11-15-2013	Ghs Pih DbA Umg	Surgery	\$1,400.00	\$641.96	Other Insurance	\$758.04	03-07-2014	03-27-2014	00153380
Claim# 197 Totals :			\$18,657.90	\$9,646.93		\$9,010.97			

Starling, Brittany; Claim: 174; Sport: Womens Basketball; Diagnosis: Pain; Anatomy: Foot; Injury Type: ; Date Incurred: 02-10-2014									
02-18-2014	Upstate Carolina Radiology	Phys.x-ray Serv	\$19.00			\$19.00	04-18-2014	04-24-2014	00156558
Claim# 174 Totals :			\$19.00	\$0.00		\$19.00			

White, Sierra; Claim: 183; Sport: Womens Track; Diagnosis: Pain; Anatomy: Lower Back; Injury Type: ; Date Incurred: 09-10-2013									
09-12-2013	Physicians Billing Service	Medical Treatment	\$125.00	\$100.00	Other Insurance	\$25.00	10-15-2013	10-24-2013	00137845
09-12-2013	Spartanburg Regional Mc	X-ray,Radiology	\$312.00	\$111.07	Other Insurance	\$200.93	04-18-2014	04-24-2014	00156559
Claim# 183 Totals :			\$437.00	\$211.07		\$225.93			

Sport,Self-funded Totals :			\$81,062.27	\$46,945.97		\$34,116.30			
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A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
Univ Of So Car - Upstate (392517) Totals :			\$81,062.27	\$46,945.97		\$34,116.30			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
2013 School Year Totals :			\$81,062.27	\$46,945.97		\$34,116.30			

A-G Administrators, Inc. Claims History Report

Pay Dates: 8/1/2010 - 6/13/2014

Service Date	Payee Name	Coverage	Amount Claimed	Not Covered Amount	Not Covered Reason	Amount Paid	Date Received	Check Date	Check Number
A-g Self Funded Totals :			\$731,855.70	\$557,116.55		\$174,739.15			

6/16/2014 12:34:36 PM

Pay Dates: 8/1/2010 - 6/13/2014

A-G Administrators, Inc.
Claims History Report

Page 55 of 55

Grand Totals :	\$731,855.70	\$557,116.55	\$174,739.15
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POTENTIAL questions PRESENTED by various vendors

Question: Please forward a current sports census.

Answer: 1- males 125 + 1 cheer
Females 112 + 12 cheer
Total 237 - 250 with cheer
56 of our athletes are multi sport athletes

Women's

Volleyball 12
Softball 22
Tennis 7
Golf 7
Soccer 25
Cross country 12
Basketball 15
Indoor track 28
Outdoor track 28
Cheer 12

Total 153

Men's

Soccer 31
Cross Country 12
Basketball 15
Baseball 34
Golf 8
Tennis 8
Indoor Track 22
Outdoor Track 22
Cheer 1
Total 152 + 1 cheer

Question: Please confirm there have not been any additions or deletions of sports in the past four years. If there are changes, please list.

Answer: We have not added any sports in past 4 years

Question: Please confirm plan design and benefits have not changed in the past four years.

Answer: The scope and requirements have remained essentially the same any changes that were made were done by the office in Columbia to be in line with state policy and bid requirements.

Question: What was the Aggregate Deductible amount in 12/13, 11/12, and 10/11?

Answer: As I show them, again this information should be in the bid wards for each of the last 4 years.

10-11 53,000

11-12	50,000
12-13.	57,000
13-14.	62,000

Page #3:

Question: Maximum contract period: August 1st, 2014- July 31, 2016. Is this referring to the 2 year benefit period? If so, the contract period typically correlates with the policy period which is one year. Regardless, with a 4 year option noted later in this bid, should this section read August 1st, 2014 to July 31st, 2018?

Answer: Delete Maximum contract Period

Change section 3.1 (A) to read: The Policy Term will be August 1, 2014 to July 31 2015. It will cover all eligible USC Upstate student-athletes, student mangers and student athletic trainer in all sports. This coverage includes team travel.

On page #13:

The Annual Aggregate policy limit of \$1,000,000 is for the Accidental Death and Dismemberment benefit..

Question: The claims totals listed in #4 are all very outdated, you can update them using the claims reports that you provided as of /18/14:

2010= \$52,796
2011= \$42,637
2012=\$45,190
2013= \$34,116

Answer: The first makes sense with regard to accidental death. The second.. The totals provided are more accurate in terms of actual expenses... We have a 104 week claim period so it is a "fluid" number and subject to change, those numbers are more "up to date" that the numbers shown.

The current (2013-14) aggregate deductible is \$62,000 (not \$53,000)

Page #14:

Question: Initial policy term august 1st 2011? Please explain the 4, one year option to renew

Answer: The initial policy term august 1st, 2011. Please explain the 4, one year option to renew

Question: The initial policy term will be August 1st 2014. There will be no 4, one year option to renew.