

# Claim List by Payer

Report Criteria: Patient Group is 'SAMPLE GROUP 1'

Name	First Claim Dt.	Charges	Applied	Printed Dt.	Exported Dt.	Balance	Paid Status	Outstanding
<b>BCBS</b>								
DOE, JOHN	08/03/10	200.00	25.00			175.00	Not Paid	175.00
DOE, JOHN	08/01/10	75.00	0.00			75.00	Not Paid	75.00
DOE, JOHN	08/01/10	0.00	100.00			-100.00	Not Paid	-100.00
DOE, JOHN	08/01/10	10.00	0.00			10.00	Not Paid	10.00
Group Totals:		285.00	125.00			160.00		160.00
<b>MEDICAID</b>								
DOE, MARY	07/08/10	100.00	0.00			100.00	Not Paid	100.00
DOE, MARY	07/12/10	225.00	80.00			145.00	Not Paid	145.00
DOE, MARY	07/01/10	125.00	100.00			25.00	Not Paid	25.00
DOE, MARY	04/22/10	100.00	0.00			100.00	Not Paid	100.00
Group Totals:		550.00	180.00			370.00		370.00
<b>MEDICARE</b>								
JONES, WILLIAM	07/06/10	75.00	30.00			45.00	Not Paid	45.00
JONES, WILLIAM	07/13/10	50.00	0.00			50.00	Not Paid	50.00
SMITH, SUE	07/09/10	100.00	70.00			30.00	Not Paid	30.00
Group Totals:		225.00	100.00			125.00		125.00
<b>UNITED HEALTH CARE</b>								
SMITH, ROBERT	07/12/10	125.00	125.00			0.00	Not Paid	0.00
SMITH, ROBERT	07/08/10	225.00	0.00			225.00	Not Paid	225.00
Group Totals:		350.00	125.00			225.00		225.00
Grand Totals		1,410.00	530.00			880.00		880.00