

Claim List by Rendering Provider

Report Criteria: Claim ID is 206 and Patient Group is 'SAMPLE GROUP 1'

Name	ST	1st Claim Date	Charges	Applied Amt	Print Status	Total Charge	Paid Status	Outstanding
RENDERING PHYSICIAN								
DOE, MARY	NY	07/01/11	3,300.00	1,320.00	Not Printed	1,980.00	Not Paid	1,980.00
Rendering Provider Total			3,300.00	1,320.00		1,980.00		1,980.00

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Name	ST	1st Claim Date	Charges	Applied Amt	Print Status	Total Charge	Paid Status	Outstanding
Grand Totals			3,300.00	1,320.00		1,980.00		1,980.00