

# Claim List Detail by Facility

Report Criteria: Service Date between 07/01/2010 and 09/08/2010 and Patient Group is 'SAMPLE GROUP 1'

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Facility Name: MEDICAL GROUP</b>				<b>\$375.00</b>	<b>\$25.00</b>	<b>\$50.00</b>	<b>\$25.00</b>	<b>\$275.00</b>
<b>DOE, JOHN T</b>				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Diagnostic Codes:								
	08/01/10	90801	1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 200	Billed:		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
<b>JONES, NANCY Y</b>				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Diagnostic Codes: 311								
	07/13/10	90801	1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 196	Billed:		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
<b>JONES, WILLIAM P</b>				\$125.00	\$25.00	\$0.00	\$5.00	\$95.00
Diagnostic Codes: 311								
	07/06/10	99600	1.0	\$75.00	\$25.00	\$0.00	\$5.00	\$45.00
Claim ID: 191	Billed:		1.0	\$75.00	\$25.00	\$0.00	\$5.00	\$45.00
Diagnostic Codes: 311								
	07/13/10	90802	1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
Claim ID: 192	Billed:		1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
<b>SMITH, SUE O</b>				\$100.00	\$0.00	\$50.00	\$20.00	\$30.00
Diagnostic Codes: 311								
	07/09/10	90803	1.0	\$100.00	\$0.00	\$50.00	\$20.00	\$30.00
Claim ID: 195	Billed:		1.0	\$100.00	\$0.00	\$50.00	\$20.00	\$30.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Facility Name: MEDICAL CLINIC</b>				<b>\$1,010.00</b>	<b>\$140.00</b>	<b>\$280.00</b>	<b>\$10.00</b>	<b>\$580.00</b>
<b>DOE, JOHN T</b>				\$210.00	\$125.00	\$0.00	\$0.00	\$85.00
Diagnostic Codes:								
	08/01/10	Credit	1.0	\$0.00	\$100.00	\$0.00	\$0.00	-\$100.00
Claim ID: 202	Billed:		1.0	\$0.00	\$100.00	\$0.00	\$0.00	-\$100.00
Diagnostic Codes:								
	08/01/10	12345	1.0	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
Claim ID: 203	Billed:		1.0	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
Diagnostic Codes:								
	08/03/10	90803	1.0	\$100.00	\$25.00	\$0.00	\$0.00	\$75.00
	08/04/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Claim ID: 199	Billed:		2.0	\$200.00	\$25.00	\$0.00	\$0.00	\$175.00
<b>DOE, MARY D</b>				\$450.00	\$0.00	\$180.00	\$0.00	\$270.00
Diagnostic Codes: 311								
	07/01/10	90804	1.0	\$125.00	\$0.00	\$100.00	\$0.00	\$25.00
Claim ID: 190	Billed:		1.0	\$125.00	\$0.00	\$100.00	\$0.00	\$25.00
Diagnostic Codes: 1234 311								
	07/08/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Claim ID: 188	Billed:		1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Diagnostic Codes: 311								
	07/12/10	90803	1.0	\$100.00	\$0.00	\$80.00	\$0.00	\$20.00
	07/12/10	90804	1.0	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00
Claim ID: 189	Billed:		2.0	\$225.00	\$0.00	\$80.00	\$0.00	\$145.00
<b>SMITH, ROBERT D</b>				\$350.00	\$15.00	\$100.00	\$10.00	\$225.00
Diagnostic Codes: 311								
	07/08/10	90801	1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
	07/08/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
	07/08/10	90802	1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
Claim ID: 194	Billed:		3.0	\$225.00	\$0.00	\$0.00	\$0.00	\$225.00
Diagnostic Codes: 311								
	07/12/10	90804	1.0	\$125.00	\$15.00	\$100.00	\$10.00	\$0.00
Claim ID: 193	Billed:		1.0	\$125.00	\$15.00	\$100.00	\$10.00	\$0.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
Grand Totals			17.0	\$1,385.00	\$165.00	\$330.00	\$35.00	\$855.00