

# Claim List Detail by Payer

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>Payer Name:      Phone:</b>				<b>\$75.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$75.00</b>
<b>JONES, NANCY ID: 999666333</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				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Payer Name: BCBS    Phone:</b>				<b>\$285.00</b>	<b>\$125.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$160.00</b>
<b>DOE, JOHN    ID: 123456789</b>				\$285.00	\$125.00	\$0.00	\$0.00	\$160.00
Diagnostic Codes:								
08/01/10	90801		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 200				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Diagnostic Codes:								
08/01/10	Credit		1.0	\$0.00	\$100.00	\$0.00	\$0.00	-\$100.00
Claim ID: 202				\$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				\$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				\$200.00	\$25.00	\$0.00	\$0.00	\$175.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Payer Name: MEDICAID    Phone:</b>				<b>\$450.00</b>	<b>\$0.00</b>	<b>\$180.00</b>	<b>\$0.00</b>	<b>\$270.00</b>
<b>DOE, MARY    ID: 4445556666</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				\$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				\$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				\$225.00	\$0.00	\$80.00	\$0.00	\$145.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Payer Name: MEDICARE    Phone:</b>				<b>\$225.00</b>	<b>\$25.00</b>	<b>\$50.00</b>	<b>\$25.00</b>	<b>\$125.00</b>
<b>JONES, WILLIAM    ID: 6663332221</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				\$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				\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
<b>SMITH, SUE    ID: 2223335551</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				\$100.00	\$0.00	\$50.00	\$20.00	\$30.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Payer Name: UNITED HEALTH CARE    Phone:</b>				<b>\$350.00</b>	<b>\$15.00</b>	<b>\$100.00</b>	<b>\$10.00</b>	<b>\$225.00</b>
<b>SMITH, ROBERT    ID: 8885552221</b>				\$350.00	\$15.00	\$100.00	\$10.00	\$225.00
Diagnostic Codes: 311								
	07/08/10	90802	1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
	07/08/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
	07/08/10	90801	1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 194				\$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				\$125.00	\$15.00	\$100.00	\$10.00	\$0.00

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