

Claim List Detail by Rendering Provider

Report Criteria: Patient Group is 'SAMPLE GROUP 1'

Name	Service Date	Procedure	Units	Charges	Pat Pmt	Ins Pmt	Adjs	Balance
Rendering Provider:								
Patient Visit Count: 6			7.0	\$775.00	\$0.00	\$150.00	\$20.00	\$605.00
DOE, MARY D				\$550.00	\$0.00	\$100.00	\$0.00	\$450.00
Diagnostic Codes:		311						
04/22/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	
Claim ID: 197	Billed:	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	
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	\$0.00	\$0.00	\$100.00	
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	\$0.00	\$0.00	\$225.00	
SMITH, ROBERT D				\$125.00	\$0.00	\$0.00	\$0.00	\$125.00
Diagnostic Codes:		311						
07/12/10	90804	1.0	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00	
Claim ID: 193	Billed:	1.0	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00	
SMITH, SUE O				\$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	Pat Pmt	Ins Pmt	Adjs	Balance
Rendering Provider: RENDERING PHYSICIAN								
Patient Visit Count: 5			7.0	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00
DOE, JOHN T				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Diagnostic Codes: 12345			9876	311				
03/11/10	90801		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 187	Billed:		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
JONES, NANCY Y				\$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
JONES, WILLIAM P				\$125.00	\$0.00	\$0.00	\$0.00	\$125.00
Diagnostic Codes: 311								
07/06/10	90801		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 191	Billed:		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
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
SMITH, ROBERT D				\$225.00	\$0.00	\$0.00	\$0.00	\$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

Name	Service Date	Procedure	Units	Charges	Pat Pmt	Ins Pmt	Adjs	Balance
Grand Totals			14.0	\$1,275.00	\$0.00	\$150.00	\$20.00	\$1,105.00

Patient Visit Count: 11