

PHYSICIAN INFO

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111
Tax ID: 1111111111

PRIMARY INSURANCE INFO (from Payers/Other tab)

BCBS
1010 MAIN
OUTSIDE, NY 14444
Phone No:

PATIENT INFO

JOHN DOE
1234 OAK
SOMEWHERE, NY 12345
Account No: 55555555
DOB: 01/01/1995

INSURED INFO

JOHN T DOE
1234 OAK
SOMEWHERE, NY 12345
Insured ID: 123456789
DOB: 01/01/1995

Diagnosis:

Bill Date:

First Claim Date: 08/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
08/01/10	55555		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
08/03/10	90803		\$100.00	\$25.00	1.00	\$0.00	\$0.00	\$25.00
08/04/10	90803		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$300.00	\$25.00	3.00	\$0.00	\$0.00	\$25.00

Diagnosis:

Bill Date:

First Claim Date: 08/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
08/01/10	90801		\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

Diagnosis:

Bill Date:

First Claim Date: 08/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
08/01/10	12345		\$100.00	\$20.00	1.00	\$0.00	\$0.00	\$20.00
08/01/10	12345		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$200.00	\$20.00	2.00	\$0.00	\$0.00	\$20.00

PHYSICIAN INFO

THE CENTER
456 FRONT STREET
YOUR TOWN, ST 12345

Tax ID: 123456789

PRIMARY INSURANCE INFO (from Payers/Other tab)

MEDICAID
23456 OAK STREET
SUITE 203
WELLSVILLE, MA 56453
Phone No:

PATIENT INFO

MARY DOE
1422 ELM STREET
SOMEWHERE, NY 12345
Account No: ACT22234
DOB: 02/02/1996

INSURED INFO

MARY D DOE
1422 ELM STREET
SOMEWHERE, NY 12345
Insured ID: 4445556666
DOB: 02/02/1996

Diagnosis: 1234 311

Bill Date:

First Claim Date: 07/08/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/08/10	90803		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

Diagnosis: 311

Bill Date:

First Claim Date: 07/12/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/12/10	90803		\$100.00	\$80.00	1.00	\$80.00	\$0.00	\$0.00
07/12/10	90804		\$125.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$225.00	\$80.00	2.00	\$80.00	\$0.00	\$0.00

7/26/2010 12:53:09 PM - These are the claim notes for Mary Doe as a test.
You can enter many lines of notes on a single claim.

Diagnosis: 311

Bill Date:

First Claim Date: 07/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/01/10	90804		\$125.00	\$100.00	1.00	\$100.00	\$0.00	\$0.00
Totals:			\$125.00	\$100.00	1.00	\$100.00	\$0.00	\$0.00

PHYSICIAN INFO

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PRIMARY INSURANCE INFO (from Payers/Other tab)

,
Phone No:

PATIENT INFO

NANCY JONES
11111 LANE STREET
SOMEWHERE, NY 12345
Account No: 666666666
DOB: 09/09/1995

INSURED INFO

NANCY Y JONES
11111 LANE STREET
SOMEWHERE, NY 12345
Insured ID: 999666333
DOB: 09/09/1995

Diagnosis: 311

Bill Date:

First Claim Date: 07/13/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/13/10	90801		\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

PHYSICIAN INFO

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111
Tax ID: 1111111111

PRIMARY INSURANCE INFO (from Payers/Other tab)

MEDICARE

,
Phone No:

PATIENT INFO

WILLIAM JONES
11111 LANE STREET
SOMEWHERE, NY 14743
Account No: 1811
DOB: 01/01/1990

INSURED INFO

WILLIAM P JONES
11111 LANE STREET
SOMEWHERE, NY 14743
Insured ID: 6663332221
DOB: 01/01/1955

Diagnosis: 311

Bill Date:

First Claim Date: 07/06/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/06/10	99600		\$75.00	\$30.00	1.00	\$0.00	\$0.00	\$25.00
Totals:			\$75.00	\$30.00	1.00	\$0.00	\$0.00	\$25.00

Diagnosis: 311

Bill Date:

First Claim Date: 07/13/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/13/10	90802		\$50.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$50.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

PHYSICIAN INFO

ABC BILLING
1010 Q STREET
SOMEWHERE, NY 12345
(800) 555-1111
Tax ID: 1111111111

PRIMARY INSURANCE INFO (from Payers/Other tab)

UNITED HEALTH CARE

,
Phone No:

PATIENT INFO

ROBERT SMITH
1234 MAIN STREET
SOMEWHERE, NY 12345
Account No: 1875
DOB: 07/10/1990

INSURED INFO

ROBERT D SMITH
1234 MAIN STREET
SOMEWHERE, NY 12345
Insured ID: 8885552221
DOB: 07/10/1990

Diagnosis: 311

Bill Date:

First Claim Date: 07/12/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/12/10	90804		\$125.00	\$125.00	1.00	\$100.00	\$0.00	\$15.00
Totals:			\$125.00	\$125.00	1.00	\$100.00	\$0.00	\$15.00

Diagnosis: 311

Bill Date:

First Claim Date: 07/08/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/08/10	90801		\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
07/08/10	90803		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
07/08/10	90802		\$50.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$225.00	\$0.00	3.00	\$0.00	\$0.00	\$0.00

PHYSICIAN INFO

ABC BILLING
1010 Q STREET
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PRIMARY INSURANCE INFO (from Payers/Other tab)

MEDICARE

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Phone No:

PATIENT INFO

SUE SMITH
1234 MAIN STREET
SOMEWHERE, NY 12345
Account No: 77777777
DOB: 11/12/1996

INSURED INFO

SUE O SMITH
1234 MAIN STREET
SOMEWHERE, NY 12345
Insured ID: 2223335551
DOB: 11/12/1996

Diagnosis: 311

Bill Date:

First Claim Date: 07/09/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/09/10	90803		\$100.00	\$70.00	1.00	\$50.00	\$20.00	\$0.00
Totals:			\$100.00	\$70.00	1.00	\$50.00	\$20.00	\$0.00