

Submission Report

NSF File Name: claimdat.txt
File Creation Date: 8/17/2011
(Internal Batch Number 20110817065801)

Staff	Medicad #	Service Date	Name	DOB	Sex	CPT - Modifier	Units	Charges	Applied Amount
Non-Medicaid									
	8/1/11		SAMPLE, PATIEN	1/1/55	F	12345-11	1.0	\$50.00	
						CPT Totals	1.0	\$50.00	\$0.00
						Non-Medicaid Totals	1.0	\$50.00	\$0.00
						Grand Totals	1.0	\$50.00	\$0.00

Patient Count: 1
Claim Count: 207
Service Item Count: 1

I certify that the services listed above were provided in a manner consistent with the board/agency contract.

Agency Director: _____ Date: _____