

Patient Visits by Billing Provider

Report Criteria: Patient Group is 'SAMPLE GROUP 1'

Billing Provider

Patient Name	From Date	CPT	Units	Charges	Applied Amt	Bill Date
ABC BILLING						
DOE, JOHN	8/1/10	12345	1.0	\$10.00	\$0.00	
DOE, JOHN	8/1/10	90801	1.0	\$75.00	\$0.00	
DOE, JOHN	8/3/10	90803	1.0	\$100.00	\$25.00	
DOE, JOHN	8/4/10	90803	1.0	\$100.00	\$0.00	
JONES, NANCY	7/13/10	90801	1.0	\$75.00	\$0.00	
JONES, WILLIAM	7/6/10	99600	1.0	\$75.00	\$30.00	
JONES, WILLIAM	7/13/10	90802	1.0	\$50.00	\$0.00	
SMITH, ROBERT	7/8/10	90802	1.0	\$50.00	\$0.00	
SMITH, ROBERT	7/8/10	90803	1.0	\$100.00	\$0.00	
SMITH, ROBERT	7/8/10	90801	1.0	\$75.00	\$0.00	
SMITH, ROBERT	7/12/10	90804	1.0	\$125.00	\$125.00	
SMITH, SUE	7/9/10	90803	1.0	\$100.00	\$70.00	
Date Count:	12	Sub Totals:	12.0	\$935.00	\$250.00	
THE CENTER						
DOE, MARY	4/22/10	90803	1.0	\$100.00	\$0.00	
DOE, MARY	7/1/10	90804	1.0	\$125.00	\$100.00	
DOE, MARY	7/8/10	90803	1.0	\$100.00	\$0.00	
DOE, MARY	7/12/10	90804	1.0	\$125.00	\$0.00	
DOE, MARY	7/12/10	90803	1.0	\$100.00	\$80.00	
Date Count:	5	Sub Totals:	5.0	\$550.00	\$180.00	
Grand Totals:	17		17.0	\$1,485.00	\$430.00	