

Payments By Date By Billing Provider

Report Criteria: Patient Group is 'SAMPLE GROUP 1'

	First Claim Date	Pmt Date	Patient Pmt	Ins Pmt	Sec Ins Pmt	Contract Adj	Other Adj
7/13/2010							
ABC BILLING							
SMITH, SUE O	07/09/10	07/13/10		50.00		20.00	
	ABC BILLING Totals:		0.00	50.00	0.00	20.00	0.00
THE CENTER							
DOE, MARY D	07/01/10	07/13/10		100.00			
	THE CENTER Totals:		0.00	100.00	0.00	0.00	0.00
	07/13/10 Totals:		0.00	150.00	0.00	20.00	0.00
7/26/2010							
ABC BILLING							
JONES, WILLIAM P	07/06/10	07/26/10	25.00				5.00
SMITH, ROBERT D	07/12/10	07/26/10	15.00	100.00			10.00
	ABC BILLING Totals:		40.00	100.00	0.00	0.00	15.00
THE CENTER							
DOE, MARY D	07/12/10	07/26/10		80.00			
	THE CENTER Totals:		0.00	80.00	0.00	0.00	0.00
	07/26/10 Totals:		40.00	180.00	0.00	0.00	15.00
9/3/2010							
ABC BILLING							
DOE, JOHN T	08/01/10	09/03/10	25.00				
	ABC BILLING Totals:		25.00	0.00	0.00	0.00	0.00
	09/03/10 Totals:		25.00	0.00	0.00	0.00	0.00
9/9/2010							
ABC BILLING							
DOE, JOHN T	08/01/10	09/09/10	20.00				
	ABC BILLING Totals:		20.00	0.00	0.00	0.00	0.00
	09/09/10 Totals:		20.00	0.00	0.00	0.00	0.00
	Grand Totals:		85.00	330.00	0.00	20.00	15.00