

Production Summary by Ordering Physician

Report Criteria: Claim ID is 203 and Patient Group is 'SAMPLE GROUP 1'

	Day Count	%	Amount	%
MEDICAL GROUP	1	100.00	200.00	100.00
Charge Total:	1		200.00	
MEDICAL GROUP	1	100.00	(20.00)	100.00
Payment Total:	1		(20.00)	
Grand Total:			180.00	