

Claim List

Report Criteria: Service Date between 07/01/2009 and 07/26/2010

Name	1st Claim Dt	Units	Charges	Applied	Print Dt Sec Dt	Export Dt Sec Dt	Balance	Paid Status	Outstanding
SAMPLE GROUP 1									
DOE, JOHN	03/11/10	1	75.00	0.00			75.00	Not Paid	75.00
DOE, MARY	07/08/10	1	100.00	0.00			100.00	Not Paid	100.00
DOE, MARY	07/12/10	2	225.00	0.00			225.00	Not Paid	225.00
DOE, MARY	07/01/10	1	125.00	100.00			25.00	Not Paid	25.00
DOE, MARY	04/22/10	1	100.00	0.00			100.00	Not Paid	100.00
JONES, NANCY	07/13/10	1	75.00	0.00			75.00	Not Paid	75.00
JONES, WILLIAM	07/06/10	1	75.00	0.00			75.00	Not Paid	75.00
JONES, WILLIAM	07/13/10	1	50.00	0.00			50.00	Not Paid	50.00
SMITH, ROBERT	07/12/10	1	125.00	0.00			125.00	Not Paid	125.00
SMITH, ROBERT	07/08/10	3	225.00	0.00			225.00	Not Paid	225.00
SMITH, SUE	07/09/10	1	100.00	70.00			30.00	Not Paid	30.00
Group Totals:		14	1,275.00	170.00			1,105.00		1,105.00
Group Claim Count:11									
SAMPLE GROUP 2									
SAMPLE, PATIENT	11/16/09	1	100.00	0.00			100.00	Not Paid	100.00
Group Totals:		1	100.00	0.00			100.00		100.00
Group Claim Count:1									
Grand Totals		15	1,375.00	170.00			1,205.00		1,205.00
Grand Total Claim Count:12									