

# Claim List by Rendering Provider

Report Criteria: Claim ID is 206 and Patient Group is 'SAMPLE GROUP 1'

| Name                            | ST | 1st Claim Date | Charges         | Applied Amt     | Print Status | Total Charge    | Paid Status | Outstanding     |
|---------------------------------|----|----------------|-----------------|-----------------|--------------|-----------------|-------------|-----------------|
| <b>RENDERING PHYSICIAN</b>      |    |                |                 |                 |              |                 |             |                 |
| DOE, MARY                       | NY | 07/01/11       | 3,300.00        | 1,320.00        | Not Printed  | 1,980.00        | Not Paid    | 1,980.00        |
| <b>Rendering Provider Total</b> |    |                | <b>3,300.00</b> | <b>1,320.00</b> |              | <b>1,980.00</b> |             | <b>1,980.00</b> |

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| Name                | ST | 1st Claim Date | Charges         | Applied Amt     | Print Status | Total Charge    | Paid Status | Outstanding     |
|---------------------|----|----------------|-----------------|-----------------|--------------|-----------------|-------------|-----------------|
| <b>Grand Totals</b> |    |                | <b>3,300.00</b> | <b>1,320.00</b> |              | <b>1,980.00</b> |             | <b>1,980.00</b> |