

# Claim List Detail by Rendering Provider

Report Criteria: Service Date between 07/01/2010 and 09/08/2010 and Patient Group is 'SAMPLE GROUP 1'

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Rendering Provider:</b>								
<b>Patient Visit Count: 5</b>			<b>6.0</b>	<b>\$460.00</b>	<b>\$100.00</b>	<b>\$180.00</b>	<b>\$0.00</b>	<b>\$180.00</b>
<b>DOE, JOHN T</b>				\$10.00	\$100.00	\$0.00	\$0.00	-\$90.00
Diagnostic Codes:								
	08/01/10	Credit	1.0	\$0.00	\$100.00	\$0.00	\$0.00	-\$100.00
Claim ID: 202		Billed:	1.0	\$0.00	\$100.00	\$0.00	\$0.00	-\$100.00
Diagnostic Codes:								
	08/01/10	12345	1.0	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
Claim ID: 203		Billed:	1.0	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00
<b>DOE, MARY D</b>				\$450.00	\$0.00	\$180.00	\$0.00	\$270.00
Diagnostic Codes: 311								
	07/01/10	90804	1.0	\$125.00	\$0.00	\$100.00	\$0.00	\$25.00
Claim ID: 190		Billed:	1.0	\$125.00	\$0.00	\$100.00	\$0.00	\$25.00
Diagnostic Codes: 1234 311								
	07/08/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Claim ID: 188		Billed:	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Diagnostic Codes: 311								
	07/12/10	90803	1.0	\$100.00	\$0.00	\$80.00	\$0.00	\$20.00
	07/12/10	90804	1.0	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00
Claim ID: 189		Billed:	2.0	\$225.00	\$0.00	\$80.00	\$0.00	\$145.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Rendering Provider: AUTH RENDERING</b>								
<b>Patient Visit Count: 1</b>			<b>1.0</b>	<b>\$75.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$75.00</b>
<b>DOE, JOHN T</b>				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Diagnostic Codes:								
08/01/10	90801		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 200	Billed:		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
<b>Rendering Provider: RENDERING PHYSICIAN</b>								
<b>Patient Visit Count: 8</b>			<b>10.0</b>	<b>\$850.00</b>	<b>\$65.00</b>	<b>\$150.00</b>	<b>\$35.00</b>	<b>\$600.00</b>
<b>DOE, JOHN T</b>				\$200.00	\$25.00	\$0.00	\$0.00	\$175.00
Diagnostic Codes:								
	08/03/10	90803	1.0	\$100.00	\$25.00	\$0.00	\$0.00	\$75.00
	08/04/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
Claim ID: 199	Billed:		2.0	\$200.00	\$25.00	\$0.00	\$0.00	\$175.00
<b>JONES, NANCY Y</b>				\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Diagnostic Codes: 311								
	07/13/10	90801	1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
Claim ID: 196	Billed:		1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
<b>JONES, WILLIAM P</b>				\$125.00	\$25.00	\$0.00	\$5.00	\$95.00
Diagnostic Codes: 311								
	07/06/10	99600	1.0	\$75.00	\$25.00	\$0.00	\$5.00	\$45.00
Claim ID: 191	Billed:		1.0	\$75.00	\$25.00	\$0.00	\$5.00	\$45.00
Diagnostic Codes: 311								
	07/13/10	90802	1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
Claim ID: 192	Billed:		1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
<b>SMITH, ROBERT D</b>				\$350.00	\$15.00	\$100.00	\$10.00	\$225.00
Diagnostic Codes: 311								
	07/08/10	90801	1.0	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
	07/08/10	90803	1.0	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00
	07/08/10	90802	1.0	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00
Claim ID: 194	Billed:		3.0	\$225.00	\$0.00	\$0.00	\$0.00	\$225.00
Diagnostic Codes: 311								
	07/12/10	90804	1.0	\$125.00	\$15.00	\$100.00	\$10.00	\$0.00
Claim ID: 193	Billed:		1.0	\$125.00	\$15.00	\$100.00	\$10.00	\$0.00
<b>SMITH, SUE O</b>				\$100.00	\$0.00	\$50.00	\$20.00	\$30.00
Diagnostic Codes: 311								
	07/09/10	90803	1.0	\$100.00	\$0.00	\$50.00	\$20.00	\$30.00
Claim ID: 195	Billed:		1.0	\$100.00	\$0.00	\$50.00	\$20.00	\$30.00

Name	Service Date	Procedure	Units	Charges	Co-Pay	Ins Pay	Adjs	Balance
Grand Totals			17.0	\$1,385.00	\$165.00	\$330.00	\$35.00	\$855.00

Patient Visit Count: 14