

**PHYSICIAN INFO**

ABC BILLING  
1010 Q STREET  
SOMEWHERE, NY 12345  
(800) 555-1111  
Tax ID: 1111111111

**PRIMARY INSURANCE INFO (from Payers/Other tab)**

BCBS  
1010 MAIN  
OUTSIDE, NY 14444  
Phone No:

**PATIENT INFO**

JOHN DOE  
1234 OAK  
SOMEWHERE, NY 12345  
Account No: 55555555  
DOB: 01/01/1995

**INSURED INFO**

JOHN T DOE  
1234 OAK  
SOMEWHERE, NY 12345  
Insured ID: 123456789  
DOB: 01/01/1995

Diagnosis:

Bill Date:

First Claim Date: 08/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
08/01/10	55555		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
08/03/10	90803		\$100.00	\$25.00	1.00	\$0.00	\$0.00	\$25.00
08/04/10	90803		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$300.00	\$25.00	3.00	\$0.00	\$0.00	\$25.00

Diagnosis:

Bill Date:

First Claim Date: 08/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
08/01/10	90801		\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

Diagnosis:

Bill Date:

First Claim Date: 08/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
08/01/10	12345		\$100.00	\$20.00	1.00	\$0.00	\$0.00	\$20.00
08/01/10	12345		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$200.00	\$20.00	2.00	\$0.00	\$0.00	\$20.00

**PHYSICIAN INFO**

THE CENTER  
456 FRONT STREET  
YOUR TOWN, ST 12345

Tax ID: 123456789

**PRIMARY INSURANCE INFO (from Payers/Other tab)**

MEDICAID  
23456 OAK STREET  
SUITE 203  
WELLSVILLE, MA 56453  
Phone No:

**PATIENT INFO**

MARY DOE  
1422 ELM STREET  
SOMEWHERE, NY 12345  
Account No: ACT22234  
DOB: 02/02/1996

**INSURED INFO**

MARY D DOE  
1422 ELM STREET  
SOMEWHERE, NY 12345  
Insured ID: 4445556666  
DOB: 02/02/1996

Diagnosis: 1234 311

Bill Date:

First Claim Date: 07/08/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/08/10	90803		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

Diagnosis: 311

Bill Date:

First Claim Date: 07/12/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/12/10	90803		\$100.00	\$80.00	1.00	\$80.00	\$0.00	\$0.00
07/12/10	90804		\$125.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$225.00	\$80.00	2.00	\$80.00	\$0.00	\$0.00

7/26/2010 12:53:09 PM - These are the claim notes for Mary Doe as a test.  
You can enter many lines of notes on a single claim.

Diagnosis: 311

Bill Date:

First Claim Date: 07/01/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/01/10	90804		\$125.00	\$100.00	1.00	\$100.00	\$0.00	\$0.00
Totals:			\$125.00	\$100.00	1.00	\$100.00	\$0.00	\$0.00

**PHYSICIAN INFO**

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SOMEWHERE, NY 12345  
(800) 555-1111  
Tax ID: 1111111111

**PRIMARY INSURANCE INFO (from Payers/Other tab)**

,  
Phone No:

**PATIENT INFO**

NANCY JONES  
11111 LANE STREET  
SOMEWHERE, NY 12345  
Account No: 666666666  
DOB: 09/09/1995

**INSURED INFO**

NANCY Y JONES  
11111 LANE STREET  
SOMEWHERE, NY 12345  
Insured ID: 999666333  
DOB: 09/09/1995

Diagnosis: 311

Bill Date:

First Claim Date: 07/13/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/13/10	90801		\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

**PHYSICIAN INFO**

ABC BILLING  
1010 Q STREET  
SOMEWHERE, NY 12345  
(800) 555-1111  
Tax ID: 1111111111

**PRIMARY INSURANCE INFO (from Payers/Other tab)**

MEDICARE  
  
,  
Phone No:

**PATIENT INFO**

WILLIAM JONES  
11111 LANE STREET  
SOMEWHERE, NY 14743  
Account No: 1811  
DOB: 01/01/1990

**INSURED INFO**

WILLIAM P JONES  
11111 LANE STREET  
SOMEWHERE, NY 14743  
Insured ID: 6663332221  
DOB: 01/01/1955

Diagnosis: 311

Bill Date:

First Claim Date: 07/06/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/06/10	99600		\$75.00	\$30.00	1.00	\$0.00	\$0.00	\$25.00
Totals:			\$75.00	\$30.00	1.00	\$0.00	\$0.00	\$25.00

Diagnosis: 311

Bill Date:

First Claim Date: 07/13/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/13/10	90802		\$50.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$50.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00

**PHYSICIAN INFO**

ABC BILLING  
1010 Q STREET  
SOMEWHERE, NY 12345  
(800) 555-1111  
Tax ID: 1111111111

**PRIMARY INSURANCE INFO (from Payers/Other tab)**

UNITED HEALTH CARE  
  
,  
Phone No:

**PATIENT INFO**

ROBERT SMITH  
1234 MAIN STREET  
SOMEWHERE, NY 12345  
Account No: 1875  
DOB: 07/10/1990

**INSURED INFO**

ROBERT D SMITH  
1234 MAIN STREET  
SOMEWHERE, NY 12345  
Insured ID: 8885552221  
DOB: 07/10/1990

Diagnosis: 311

Bill Date:

First Claim Date: 07/12/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/12/10	90804		\$125.00	\$125.00	1.00	\$100.00	\$0.00	\$15.00
Totals:			\$125.00	\$125.00	1.00	\$100.00	\$0.00	\$15.00

Diagnosis: 311

Bill Date:

First Claim Date: 07/08/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/08/10	90801		\$75.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
07/08/10	90803		\$100.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
07/08/10	90802		\$50.00	\$0.00	1.00	\$0.00	\$0.00	\$0.00
Totals:			\$225.00	\$0.00	3.00	\$0.00	\$0.00	\$0.00

**PHYSICIAN INFO**

ABC BILLING  
1010 Q STREET  
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**PRIMARY INSURANCE INFO (from Payers/Other tab)**

MEDICARE  
  
,  
Phone No:

**PATIENT INFO**

SUE SMITH  
1234 MAIN STREET  
SOMEWHERE, NY 12345  
Account No: 77777777  
DOB: 11/12/1996

**INSURED INFO**

SUE O SMITH  
1234 MAIN STREET  
SOMEWHERE, NY 12345  
Insured ID: 2223335551  
DOB: 11/12/1996

Diagnosis: 311

Bill Date:

First Claim Date: 07/09/10

Svc Date	Proc	Mod	Charge	Applied Amt	Units	Pri Ins Pay	Contract Adj	Patient Pay
07/09/10	90803		\$100.00	\$70.00	1.00	\$50.00	\$20.00	\$0.00
		Totals:	\$100.00	\$70.00	1.00	\$50.00	\$20.00	\$0.00