

Patient List by Insured Plan Name

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

Patient Name	Gender	DOB	Phone	Last Svc Date	Insured's ID No	Patient Acct #	Balance
No Insured Plan Name Entered							
DOE, MARY D	F	02/02/96	(877) 555-1212	07/12/10	4445556666	ACT22234	270.00
JONES, NANCY Y	F	09/09/95	(888) 222-3333	07/13/10	999666333	666666666	75.00
SMITH, SUE O	F	11/12/96	(888) 666-7777	07/09/10	2223335551	77777777	30.00
Patient Count: 3							375.00
MEDICARE							
DOE, JOHN T	M	01/01/95	(800) 111-2222	08/04/10	123456789	55555555	260.00
JONES, WILLIAM P	F	01/01/90	(888) 444-5555	07/13/10	6663332221	1811	95.00
Patient Count: 2							355.00
UNITED HEALTH CARE							
SMITH, ROBERT D	M	07/10/90	(800) 555-6666	07/12/10	8885552221	1875	225.00
Patient Count: 1							225.00