

# Patient List by Secondary Payer

Report Criteria: Patient Group is 'SAMPLE GROUP 1'

Patient Name	DOB	Phone	Last Svc Date	Insured's ID No	Patient Acct #	Balance
<b>No Secondary Payer Assigned</b>						
DOE, JOHN	01/01/95		08/04/10	123456789	55555555	\$260.00
DOE, MARY	02/02/96	(877) 555-1212	07/12/10	4445556666	ACT22234	\$370.00
EZTEMPLATE, Test						
JONES, NANCY	09/09/95		07/13/10	999666333	666666666	\$75.00
SMITH, SUE	11/12/96		07/09/10	2223335551	77777777	\$30.00
Patient Count: 5						\$735.00
<b>AARP</b>						
JONES, WILLIAM	01/01/90		07/13/10	6663332221	1811	\$95.00
Patient Count: 1						\$95.00
<b>MEDICARE</b>						
SMITH, ROBERT	07/10/90		07/12/10	8885552221	1875	\$225.00
Patient Count: 1						\$225.00