

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 17101] Donald Abbey

Patient SS#: 698-12-6982  
Patient DOB: May 12, 1968

**Primary Insurance Claims**

Guarantor: [ 17100] Donald Abbey  
Guarantor SS#: 123-98-7654

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
49	01/04/10	//	[ 5] Connecticut General (800)929-2999 x 39393	[ 9] Bank Of America (800)922-9990 x	<b>Claim Total:</b> 96.00 <b>Est Payment:</b> 56.80 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 56.80	***	N	Y
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 96.00  
Total Estimated Payments Due: 56.80  
Total Preauthorization: 0.00

Patient: [ 17104] Jonathon Abbey

Patient SS#: 767-78-3262  
Patient DOB: January 4, 1989

**Primary Insurance Claims**

Guarantor: [ 17100] Donald Abbey  
Guarantor SS#: 123-98-7654

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
50	01/04/10	//	[ 5] Connecticut General (800)929-2999 x 39393	[ 9] Bank Of America (800)922-9990 x	<b>Claim Total:</b> 605.00 <b>Est Payment:</b> 484.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 484.00	***	N	Y
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 605.00  
Total Estimated Payments Due: 484.00  
Total Preauthorization: 0.00

Sample Data

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 17104] Jonathon Abbey

Patient SS#: 767-78-3262  
Patient DOB: January 2, 1985

**Primary Insurance Claims**

Guarantor: [ 17100] Donald Abbey  
Guarantor SS#: 123-98-7654

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
50	01/04/10	//	[ 5] Connecticut General (800)929-2999 x 39393	[ 9] Bank Of America (800)922-9990 x	<b>Claim Total:</b> 605.00 <b>Est Payment:</b> 484.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 484.00	32766	N	Y
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 605.00  
Total Estimated Payments Due: 484.00  
Total Preauthorization: 0.00

Patient: [ 201] Patrick Arnold

Patient SS#: 887-68-5667  
Patient DOB: August 10, 1955

**Primary Insurance Claims**

Guarantor: [ 200] Patrick Arnold  
Guarantor SS#: 887-68-5667

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
11	01/04/10	01/04/10	[ 2] Aetna 1(800)892-8200 x019 29290	[ 2] United Parcel Service (410)555-4000 x	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 327.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 327.50	1214	N	N
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 327.50  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 104] Katie Ascott

Patient SS#: 798-87-8978  
Patient DOB: September 10, 1998

**Primary Insurance Claims**

Guarantor: [ 100] Sam Ascott  
Guarantor SS#: 229-39-9098

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
27	01/04/10 01/04/10	01/04/10 01/04/10	[ 1] Blue Cross & Blue Shield C 1(800)222-3929 x 8800399	[ 1] T-Rowe Price (410)555-9988 x	<b>Claim Total:</b> 156.00 <b>Est Payment:</b> 156.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 156.00	1212	N	N
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 156.00  
Total Estimated Payments Due: 156.00  
Total Preauthorization: 0.00

Patient: [ 103] Molly Ascott

Patient SS#: 732-89-9098  
Patient DOB: July 13, 1996

**Primary Insurance Claims**

Guarantor: [ 100] Sam Ascott  
Guarantor SS#: 229-39-9098

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
28	01/04/10 01/04/10	01/04/10 01/04/10	[ 1] Blue Cross & Blue Shield C 1(800)222-3929 x 8800399	[ 1] T-Rowe Price (410)555-9988 x	<b>Claim Total:</b> 172.00 <b>Est Payment:</b> 172.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 172.00	1212	N	N
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 172.00  
Total Estimated Payments Due: 172.00  
Total Preauthorization: 0.00

Fictitious Data

Sample

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 304] Jack Baxter

Patient SS#: 678-68-7678  
Patient DOB: March 11, 2001

*Primary Insurance Claims*

Guarantor: [ 300] Patty Baxter  
Guarantor SS#: 218-79-8127

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
52	01/04/10 01/04/10	01/04/10 01/04/10	[ 3] Mailhandlers 1(800)928-2829 x 5656	[ 4] Thompson Travel (410)999-8880	<b>Claim Total:</b> 96.00 <b>Est Payment:</b> 76.80 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 76.80	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 96.00  
Total Estimated Payments Due: 76.80  
Total Preauthorization: 0.00

Patient: [ 302] Patty Baxter

Patient SS#: 218-79-8127  
Patient DOB: / /

*Primary Insurance Claims*

Guarantor: [ 300] Patty Baxter  
Guarantor SS#: 218-79-8127

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
16	01/04/10 01/04/10	01/04/10 01/04/10	[ 3] Mailhandlers 1(800)928-2829 x 5656	[ 4] Thompson Travel (410)999-8880	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 327.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 327.50	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 327.50  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 2202] Dana Brown

Patient SS#: 404-21-8651  
Patient DOB: December 8, 1968

**Primary Insurance Claims**

Guarantor: [ 2200] Dana Brown  
Guarantor SS#: 404-21-8651

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
54	01/04/10 01/04/10	01/04/10 01/04/10	[ 17] Ameritas (800)555-9055 x 25305	[ 6] Anna's Floral Designs (410)555-7686	<b>Claim Total:</b> 350.00 <b>Est Payment:</b> 240.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 240.00	1212	N	N
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 350.00  
Total Estimated Payments Due: 240.00  
Total Preauthorization: 0.00

Patient: [ 501] James Carter

Patient SS#: 121-43-4234  
Patient DOB: December 27, 1970

**Primary Insurance Claims**

Guarantor: [ 500] James Carter  
Guarantor SS#: 987-85-6789

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
51	01/04/10 01/04/10	// //	[ 2] Aetna 1(800)892-8200 x019 7897987	[ 5] Baltimore City Police (382-0928 x409	<b>Claim Total:</b> 81.00 <b>Est Payment:</b> 40.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 40.50	32766	N	Y
						<b>Ben to Pat:</b>	N	

**No Outstanding Secondary Claims**

Total Claims Amount Submitted: 81.00  
Total Estimated Payments Due: 40.50  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

**Patient:** [ 401] Thomas Culbertson

Patient SS#: 789-12-7892  
Patient DOB: January 17, 1969

*Primary Insurance Claims*

Guarantor: [ 400] Thomas Culbertson  
Guarantor SS#: 789-12-7892

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
19	12/31/05	01/02/06	[ 2] Aetna	[ 5] Baltimore City Police	<b>Claim Total:</b> 34.00	1212	N	N
	12/31/05	01/02/06	1(800)892-8200 x019 7897987	( )382-0928 x409	<b>Est Payment:</b> 7.20 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 7.20			
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 34.00  
Total Estimated Payments Due: 7.20  
Total Preauthorization: 0.00

**Patient:** [ 602] Jennifer Davidson

Patient SS#: 372-98-7298  
Patient DOB: January 16, 1974

*Primary Insurance Claims*

Guarantor: [ 600] Michael Davidson  
Guarantor SS#: 282-78-9728

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
55	01/02/06	01/02/06	[ 17] Ameritas	[ 6] Anna's Floral Designs	<b>Claim Total:</b> 49.00	1212	N	N
	01/02/06	01/02/06	(800)555-9055 x 25305	(410)555-7686 x	<b>Est Payment:</b> 49.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 49.00			
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 49.00  
Total Estimated Payments Due: 49.00  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

**Patient:** [ 2701] Anna Doe

Patient SS#: 707-26-9111  
Patient DOB: October 1, 1976

*Primary Insurance Claims*

Guarantor: [ 2700] Anna Doe  
Guarantor SS#: 707-26-9111

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
56	12/06/05	01/02/06	[ 17] Ameritas (800)555-9055 x 25305	[ 6] Anna's Floral Designs (410)555-7686 x	<b>Claim Total:</b> 49.00 <b>Est Payment:</b> 49.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 49.00	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 49.00  
Total Estimated Payments Due: 49.00  
Total Preauthorization: 0.00

**Patient:** [ 243201] Norman Eaton

Patient SS#: 129-87-3928  
Patient DOB: May 10, 1956

*Primary Insurance Claims*

Guarantor: [ 243200] Norman Eaton  
Guarantor SS#: 129-87-3928

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
46	01/02/06	01/02/06	[ 6] Preferred Health Network (800)612-5252 x 622113	[ 8] Black & Decker (410)555-2323 x	<b>Claim Total:</b> 639.00 <b>Est Payment:</b> 490.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 490.00	1212	Y	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 0.00  
Total Estimated Payments Due: 0.00  
Total Preauthorization: 639.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 2402] Karen Ellis

Patient SS#: 214-55-7410  
Patient DOB: January 4, 1966

*Primary Insurance Claims*

Guarantor: [ 2400] Karen Ellis  
Guarantor SS#: 214-55-7410

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
43	01/02/06 01/02/06	// //	[ 15] ITT Harford (800)555-5037 x 9954702	[ 14] Metro Food Markets (410)555-2103	<b>Claim Total:</b> 49.00 <b>Est Payment:</b> 49.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 49.00	32766	N	Y
						<b>Ben to Pat:</b>	N	

*Secondary Insurance Claims*

Guarantor: [ 2400] Robert Endo  
Guarantor SS#: 220-12-9666

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
43	01/02/06 01/02/06	// //	[ 2] Aetna 1(800)892-8200 x019 29290	[ 2] United Parcel Service (410)555-4000 x	<b>Claim Total:</b> 49.00 <b>Est Payment:</b> 0.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 0.00	32766	N	N
						<b>Ben to Pat:</b>	N	

Total Claims Amount Submitted: 49.00  
Total Estimated Payments Due: 49.00  
Total Preauthorization: 0.00

Patient: [ 801] Helen Frank

Patient SS#: 287-39-8724  
Patient DOB: January 13, 1936

*Primary Insurance Claims*

Guarantor: [ 800] Helen Frank  
Guarantor SS#: 287-39-8724

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
29	11/30/05 11/30/05	01/02/06 01/02/06	[ 1] Blue Cross & Blue Shield C 1(800)222-3929 x 8800399	[ 1] T-Rowe Price (410)555-9988 x	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 327.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 327.50	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 327.50  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

**Patient:** [ 1201] Marie Klien

Patient SS#: 329-47-3287  
Patient DOB: April 28, 1958

*Primary Insurance Claims*

Guarantor: [ 1200] Marie Klien  
Guarantor SS#: 329-47-3287

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
60	01/02/06	01/02/06	[ 17] Ameritas (800)555-9055 x 25305	[ 6] Anna's Floral Designs (410)555-7686 x	<b>Claim Total:</b> 49.00 <b>Est Payment:</b> 45.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 45.00	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 49.00  
Total Estimated Payments Due: 45.00  
Total Preauthorization: 0.00

**Patient:** [ 1203] Peter Klien

Patient SS#: - -  
Patient DOB: November 19, 1995

*Primary Insurance Claims*

Guarantor: [ 1200] Marie Klien  
Guarantor SS#: 329-47-3287

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
61	01/02/06	01/02/06	[ 17] Ameritas (800)555-9055 x 25305	[ 6] Anna's Floral Designs (410)555-7686 x	<b>Claim Total:</b> 153.00 <b>Est Payment:</b> 137.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 137.00	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 153.00  
Total Estimated Payments Due: 137.00  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

**Patient:** [ 1301] James Lowry

Patient SS#: 387-32-4873  
Patient DOB: January 10, 1971

*Primary Insurance Claims*

Guarantor: [ 1300] James Lowry  
Guarantor SS#: 387-32-4873

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
47	01/02/06 01/02/06	// //	[ 2] Aetna 1(800)892-8200 x019 29290	[ 2] United Parcel Service (410)555-4000 x	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 307.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 307.50	32766	N	Y
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 307.50  
Total Preauthorization: 0.00

**Patient:** [ 1302] Nicole Lowry

Patient SS#: 324-43-2432  
Patient DOB: November 16, 1973

*Primary Insurance Claims*

Guarantor: [ 1300] James Lowry  
Guarantor SS#: 387-32-4873

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
35	10/03/05 10/03/05	01/02/06 01/02/06	[ 2] Aetna 1(800)892-8200 x019 29290	[ 2] United Parcel Service (410)555-4000 x	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 307.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 307.50	1212	N	N
						<b>Ben to Pat:</b>	N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 307.50  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

**Patient:** [ 1403] Manny Medicaid

Patient SS#: 888-88-8888  
Patient DOB: April 20, 1995

*Primary Insurance Claims*

Guarantor: [ 1400] Manuel Medicaid  
Guarantor SS#: 333-33-3333

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
58	01/02/06	01/02/06	[ 21] Department Of Public Wel		<b>Claim Total:</b> 40.00	1212	N	N
	01/02/06	01/02/06	( ) - x		<b>Est Payment:</b> 40.00			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 40.00		<b>Ben to Pat:</b> N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 40.00  
Total Estimated Payments Due: 40.00  
Total Preauthorization: 0.00

**Patient:** [ 3101] Anthony Ortho

Patient SS#: 360-25-7411  
Patient DOB: January 19, 1970

*Primary Insurance Claims*

Guarantor: [ 3100] Anthony Ortho  
Guarantor SS#: 360-25-7411

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
53	01/02/06	01/02/06	[ 9] Delta Dental	[ 12] Comcast Cable	<b>Claim Total:</b> 3000.00	1212	N	N
	01/02/06	01/02/06	(800)555-3114 x 4785420	(800)410-7012 x	<b>Est Payment:</b> 1000.00			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 1000.00		<b>Ben to Pat:</b> N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 3000.00  
Total Estimated Payments Due: 1000.00  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

**Patient:** [ 1604] Kevin Ostendorf

Patient SS#: 782-13-9789  
Patient DOB: January 18, 1992

*Primary Insurance Claims*

Guarantor: [ 1600] Robert Ostendorf  
Guarantor SS#: 337-89-2789

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
37	11/29/05	01/02/06	[ 2] Aetna	[ 2] United Parcel Service	<b>Claim Total:</b> 605.00	1212	N	N
	11/29/05	01/02/06	1(800)892-8200 x019 29290	(410)555-4000 x	<b>Est Payment:</b> 360.00			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 360.00		<b>Ben to Pat:</b> N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 605.00  
Total Estimated Payments Due: 360.00  
Total Preauthorization: 0.00

**Patient:** [ 243401] Joe Sample

Patient SS#: 333-22-4444  
Patient DOB: October 29, 1972

*Primary Insurance Claims*

Guarantor: [ 243400] Joseph Sample  
Guarantor SS#: 333-22-4444

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
63	01/02/06	01/02/06	[ 2] Aetna	[ 5] Baltimore City Police	<b>Claim Total:</b> 159.00	1212	N	N
	01/02/06	01/02/06	1(800)892-8200 x019 7897987	( )382-0928 x409	<b>Est Payment:</b> 159.00			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 159.00		<b>Ben to Pat:</b> N	
64	01/02/06	01/02/06	[ 2] Aetna	[ 5] Baltimore City Police	<b>Claim Total:</b> 96.00	1212	N	N
	01/02/06	01/02/06	1(800)892-8200 x019 7897987	( )382-0928 x409	<b>Est Payment:</b> 56.80			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 56.80		<b>Ben to Pat:</b> N	

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 255.00  
Total Estimated Payments Due: 215.80  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 243402] Justin Sample

Patient SS#: 345-11-2211  
Patient DOB: February 10, 2000

*Primary Insurance Claims*

Guarantor: [ 243400] Joseph Sample  
Guarantor SS#: 333-22-4444

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
62	01/02/06	01/02/06	[ 2] Aetna	[ 5] Baltimore City Police	<b>Claim Total:</b> 63.00	1212	N	N
	01/02/06	01/02/06	1(800)892-8200 x019 7897987	( )382-0928 x409	<b>Est Payment:</b> 63.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 63.00			<b>Ben to Pat:</b> N

*No Outstanding Secondary Claims*

Total Claims Amount Submitted: 63.00  
Total Estimated Payments Due: 63.00  
Total Preauthorization: 0.00

Patient: [ 3201] Daniel Thomas

Patient SS#: 546-87-2098  
Patient DOB: March 30, 1963

*Primary Insurance Claims*

Guarantor: [ 3200] Daniel Thomas  
Guarantor SS#: 546-87-2098

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
34	10/31/05	01/02/06	[ 1] Blue Cross & Blue Shield C	[ 10] Speedy Auto Service	<b>Claim Total:</b> 497.00	1212	N	N
	10/31/05	01/02/06	1(800)222-3929 x 8800399	(410)555-7576 x	<b>Est Payment:</b> 377.60 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 377.60			<b>Ben to Pat:</b> N

*Secondary Insurance Claims*

Guarantor: [ 3200] Erica Thomas  
Guarantor SS#: 213-65-7412

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
34	10/31/05	//	[ 12] Teamsters Benefit Trust	[ 19] Target Stores	<b>Claim Total:</b> 497.00	32766	N	N
	10/31/05	//	(800)555-4096 x 165329	(410)555-2213 x	<b>Est Payment:</b> 119.40 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 119.40			<b>Ben to Pat:</b> N

Total Claims Amount Submitted: 497.00  
Total Estimated Payments Due: 497.00  
Total Preauthorization: 0.00

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 3202] Erica Thomas

Patient SS#: 213-65-7412  
Patient DOB: September 10, 1964

**Primary Insurance Claims**

Guarantor: [ 3200] Daniel Thomas  
Guarantor SS#: 546-87-2098

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
33	10/31/05	01/02/06	[ 1] Blue Cross & Blue Shield C	[ 10] Speedy Auto Service	<b>Claim Total:</b> 680.00	1212	N	N
	10/31/05	01/02/06	1(800)222-3929 x 8800399	(410)555-7576 x	<b>Est Payment:</b> 327.50			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 327.50		<b>Ben to Pat:</b> N	

**Secondary Insurance Claims**

Guarantor: [ 3200] Erica Thomas  
Guarantor SS#: 213-65-7412

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
33	10/31/05	//	[ 12] Teamsters Benefit Trust	[ 19] Target Stores	<b>Claim Total:</b> 680.00	32766	N	N
	10/31/05	//	(800)555-4096 x 165329	(410)555-2213 x	<b>Est Payment:</b> 327.50			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 327.50		<b>Ben to Pat:</b> N	

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 655.00  
Total Preauthorization: 0.00

Patient: [ 3203] Samantha Thomas

Patient SS#: 480-25-6901  
Patient DOB: May 10, 1992

**Primary Insurance Claims**

Guarantor: [ 3200] Daniel Thomas  
Guarantor SS#: 546-87-2098

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
57	01/02/06	01/02/06	[ 1] Blue Cross & Blue Shield C	[ 10] Speedy Auto Service	<b>Claim Total:</b> 1475.00	1212	Y	N
	01/02/06	01/02/06	1(800)222-3929 x 8800399	(410)555-7576 x	<b>Est Payment:</b> 954.00			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 954.00		<b>Ben to Pat:</b> N	

**Secondary Insurance Claims**

Guarantor: [ 3200] Erica Thomas  
Guarantor SS#: 213-65-7412

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
57	01/02/06	//	[ 12] Teamsters Benefit Trust	[ 19] Target Stores	<b>Claim Total:</b> 1475.00	32766	Y	N
	01/02/06	//	(800)555-4096 x 165329	(410)555-2213 x	<b>Est Payment:</b> 0.00			
					<b>Pymnt Rvcd:</b> 0.00			
					<b>Est Due:</b> 0.00		<b>Ben to Pat:</b> N	

## OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:  
Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [ 3203] Samantha Thomas

Patient SS#: 480-25-6901  
Patient DOB: May 10, 1992

Total Claims Amount Submitted: 0.00  
Total Estimated Payments Due: 0.00  
Total Preauthorization: 1475.00

# Fictitious Data

Patient: [ 3601] Allen Vincent

Patient SS#: 587-45-8745  
Patient DOB: May 12, 1974

*Primary Insurance Claims*

Guarantor: [ 3600] Allen Vincent  
Guarantor SS#: 587-45-8745

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
42	12/30/05 12/30/05	// //	[ 13] Travelers (800)555-6103 x 188753	[ 11] Maryland Telephone (410)555-8800 x	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 327.50 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 327.50	32766	N	Y
						<b>Ben to Pat:</b> N		

*Secondary Insurance Claims*

Guarantor: [ 3600] Marlene Vincent  
Guarantor SS#: 365-20-1452

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
42	12/30/05 12/30/05	// //	[ 6] Preferred Health Network (800)612-5252 x 622113	[ 18] Central Christian Assembly (410)555-3562 x	<b>Claim Total:</b> 680.00 <b>Est Payment:</b> 0.00 <b>Pymnt Rvcd:</b> 0.00 <b>Est Due:</b> 0.00	32766	N	N
						<b>Ben to Pat:</b> N		

Total Claims Amount Submitted: 680.00  
Total Estimated Payments Due: 327.50  
Total Preauthorization: 0.00