

OUTSTANDING INSURANCE CLAIMS BY COMPANY

PRACTICE

Claim Types Include: Regular ECS Regular Pre-Auth ECS Pre-Auth Orthodontic Ortho Pre-Auth
Claim Plan Types Include: Dental Medical Linked **Claim Ins Companies Include:** All

Carrier: [2] Aetna

Phone: 1(800)892-8200 x019

ERA Capable: No

Contact:

Notes:

Fictitious Data

As Primary Insurance Carrier

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Guar/Patient Plan Group #	Guar SS# Patient SS#/DOB	Employer/School (Phone/Employee #)	Claim Payments	Misc
11	01/02/10	01/02/10	[200] Arnold Patrick	887-68-5667	[2] United Parcel Service	Claim Total: 680.00	Age: 2
	01/02/10	09/30/08	[201] Arnold Patrick 29290	887-68-5667 08/12/59	(410)555-4000 x	Est Pymnt: 327.50 Pymnt Rvcd: 0.00 Est Due: 327.50	Pre Auth: N ECS: N Ben to Pat: N
47	01/04/10	//	[1300] Lowry James	387-32-4873	[2] United Parcel Service	Claim Total: 680.00	Age: ***
	01/04/10	//	[1301] Lowry James 29290	387-32-4873 01/12/75	(410)555-4000 x	Est Pymnt: 307.50 Pymnt Rvcd: 0.00 Est Due: 307.50	Pre Auth: N ECS: Y Ben to Pat: N
51	01/04/10	//	[500] Carter James	987-85-6789	[5] Baltimore City Police	Claim Total: 81.00	Age: ***
	01/04/10	//	[501] Carter James 7897987	121-43-4234 12/29/74	()382-0928 x409	Est Pymnt: 40.50 Pymnt Rvcd: 0.00 Est Due: 40.50	Pre Auth: N ECS: Y Ben to Pat: N

As Secondary Insurance Carrier

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Guar/Patient Plan Group #	Guar SSNo. Patient SSNo.	Employer/School (Phone/Employee #)	Claim Payments	Misc
43	01/04/10	//	[2400] Endo Robert	220-12-9666	[2] United Parcel Service	Claim Total: 49.00	Age: ***
	01/04/10	//	[2402] Ellis Karen 29290	214-55-7410	(410)555-4000 x	Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00	Pre Auth: N ECS: N Ben to Pat: N

Total Claims Amount Submitted: 1479.00
 Total Estimated Payments Due: 675.50
 Total Preauthorization: 0.00

Sample

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Claim Types Include: Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth Orthodontic Ortho Pre-Auth
Claim Plan Types Include: Dental Medical Linked **Claim Ins Companies Include:** All

Carrier: [1] A AND S FINANCIAL

Phone: (800)633-9355 x

Contact:

Notes:

1018	01/02/10	01/02/10	[6400] Applegate Christ	SSS-NN-NN	[1] School	Claim Total:	140.00	Age:	355
	01/02/10	01/04/10	[6404] Applegate First	254-61-6434	(666)666-6666 x6666	Est Pymnt:	50.40	Pre Auth:	N
			Group #	06/14/82	Employee #	Pymnt Rcvd:	0.00	ECS:	N
						Est Due:	50.40	Ben to Pat:	Y
1092	01/02/10	01/04/10	[9600] Ortho Bp	- -		Claim Total:	64.00	Age:	236
	01/02/10	01/04/10	[9601] Ortho Bp	- -	(666)666-6666 x6666	Est Pymnt:	25.20	Pre Auth:	N
			Group #	//		Pymnt Rcvd:	0.00	ECS:	N
						Est Due:	25.20	Ben to Pat:	Y

Fictitious Data

As Secondary Insurance Carrier

	Serv. Dates	Submitted	Guar/Patient	Guar SSNo.	Employer/School		
Claim	(Start/End)	(First/Last)	Plan Group #	Patient SSNo.	(Phone/Employee #)	Claim Payments	Misc
689	01/02/10	//	[5000] Brees 2	- -		Claim Total:	30.00 Age: 32766
	01/02/10	//	[5002] Brees Georgie	- -	(666)666-6666 x6666	Est Payment:	0.00 Pre Auth: N
			Group #			Pymnt Rcvd:	0.00 ECS: N
						Est Due:	0.00 Ben to Pat: Y
688	01/02/10	//	[5000] Brees 2	- -		Claim Total:	39.00 Age: 32766
	01/02/10	//	[5002] Brees Georgie	- -	(666)666-6666 x6666	Est Payment:	0.00 Pre Auth: N
			Group #			Pymnt Rcvd:	0.00 ECS: N
						Est Due:	0.00 Ben to Pat: Y
1004	01/02/10	//	[6400] Applegate Christina	- -		Claim Total:	929.00 Age: 32766
	01/02/10	//	[6401] Applegate Christina	- -	(666)666-6666 x6666	Est Payment:	0.00 Pre Auth: N
			Group #			Pymnt Rcvd:	0.00 ECS: Y
						Est Due:	0.00 Ben to Pat: Y

 Total Claims Amount Submitted: 6574.00
 Total Estimated Payments Due: 1824.00
 Total Preauthorization: 0.00

Sample

OUTSTANDING INSURANCE CLAIMS BY COMPANY

PRACTICE

Claim Types Include: Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth Orthodontic Ortho Pre-Auth
Claim Plan Types Include: Dental Medical Linked **Claim Ins Companies Include:** All

Carrier: [12] Concordia

Phone: (866)435-7473 x

Contact:

Notes: Additional Information

As Primary Insurance Carrier

Fictitious Data

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Guar/Patient Plan Group #	Guar SS# Patient SS#/DOB	Employer/School (Phone/Employee #)	Claim Payments	Misc
1120	01/02/10	//	[10800] Last First	- -	[3] In Flames	Claim Total: 992.00	Age: 32766
	01/02/10	//	[10801] Last First	pat-ss-####	() - x	Est Pymnt: 471.00	Pre Auth: N
			Group #	06/14/82		Pymnt Rvcd: 0.00	ECS: N
						Est Due: 471.00	Ben to Pat: Y

As Secondary Insurance Carrier

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Guar/Patient Plan Group #	Guar SSNo. Patient SSNo.	Employer/School (Phone/Employee #)	Claim Payments	Misc
843	01/02/10	//	[9100] A Last Second	465-06-5450	[1] School	Claim Total: 64.00	Age: 32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 30.00	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 30.00	Ben to Pat: Y
856	01/02/10	//	[9100] A Last Second	465-06-5450	[1] School	Claim Total: 64.00	Age: 32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 30.00	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 30.00	Ben to Pat: Y
822	01/02/10	//	[9100] A Last Second	465-06-5450	[1] School	Claim Total: 780.00	Age: 32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 142.80	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 142.80	Ben to Pat: Y
858	01/02/10	06/21/07	[9100] A Last Second	465-06-5450	[1] School	Claim Total: 64.00	Age: 677
	01/02/10	05/08/08	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 30.00	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 30.00	Ben to Pat: Y
784	01/02/10	//	[9100] A Last Seco	465-06-5450	[1] School	Claim Total: 158.00	Age: 32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 0.00	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 0.00	Ben to Pat: Y
687	01/02/10	//	[9100] A Last Second	465-06-5450	[1] School	Claim Total: 39.00	Age: 32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 0.00	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 0.00	Ben to Pat: Y
686	01/02/10	//	[9100] A Last Second	465-06-5450	[1] School	Claim Total: 39.00	Age: 32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666	Est Payment: 0.00	Pre Auth: N
			Group #		EMPLOYEE #	Pymnt Rvcd: 0.00	ECS: N
						Est Due: 0.00	Ben to Pat: Y
891	01/02/10	//	[6400] Applegate Christina	- -		Claim Total: 64.00	Age: 32766
	01/02/10	//	[6401] Applegate Christina	- -	(666)666-6666 x6666	Est Payment: 0.00	Pre Auth: N
			Group #			Pymnt Rvcd: 0.00	ECS: N
						Est Due: 0.00	Ben to Pat: Y

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OUTSTANDING INSURANCE CLAIMS BY COMPANY

PRACTICE

Claim Types Include: Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth Orthodontic Ortho Pre-Aut
Claim Plan Types Include: Dental Medical Linked **Claim Ins Companies Include:** All

Carrier: [12] Concordia

Phone: (866)435-7473 x

Contact:

Notes: Additional Information

Fictitious Data

886	01/02/10	//	[6400] Applegate Christina	-	-		Claim Total:	64.00	Age:	32766
	01/02/10	//	[6401] Applegate Christina	-	-	(666)666-6666 x6666	Est Payment:	0.00	Pre Auth:	N
			Group #				Pymnt Rvcd:	0.00	ECS:	N
							Est Due:	0.00	Ben to Pat:	Y
874	01/02/10	//	[6400] Applegate Christina	-	-		Claim Total:	1624.00	Age:	32766
	01/02/10	//	[6401] Applegate Christina	-	-	(666)666-6666 x6666	Est Payment:	760.00	Pre Auth:	N
			Group #				Pymnt Rvcd:	0.00	ECS:	N
							Est Due:	760.00	Ben to Pat:	Y
817	01/02/10	//	[9100] A Last Second	465-06-5450	[1] School		Claim Total:	64.00	Age:	32766
	01/02/10	//	[9101] A Last First	516-54-3151	(666)666-6666 x6666		Est Payment:	0.00	Pre Auth:	N
			Group #		EMPLOYEE #		Pymnt Rvcd:	0.00	ECS:	N
							Est Due:	0.00	Ben to Pat:	Y
552	01/02/10	//	[13400] Alba	-	-		Claim Total:	53.00	Age:	32766
	01/02/10	//	[13401] Alba Jessica	-	-	(666)666-6666 x6666	Est Payment:	0.00	Pre Auth:	N
			Group #				Pymnt Rvcd:	0.00	ECS:	N
							Est Due:	0.00	Ben to Pat:	Y

Total Claims Amount Submitted: 4069.00
 Total Estimated Payments Due: 1463.80
 Total Preauthorization: 0.00

Sample

OUTSTANDING INSURANCE CLAIMS BY COMPANY

INVALID CLAIMS FOUND, PLEASE CHECK.

The following claims have either an invalid insurance company or an invalid plan specified.

Claim	Patient ID	Patient Name	Remarks
263	10501	ZzAsdf, Asdf	Unknown Secondary Insurance Carrier
128	4501	Bing, Chandler	Unknown Secondary Insurance Plan
126	4501	Bing, Chandler	

Fictitious Data

Sample Sample