

OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:

Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [9101] First A Last

Patient SS#: 516-54-3151

Patient DOB: February 29, 1972

Primary Insurance Claims

Guarantor: [9100] First A Last

Guarantor SS#: asf-ab-ad

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
687	10/06/09 10/06/09	01/04/10 01/04/10	[1] A AND S FINANCIAL (800)633-9355 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 39.00 Est Payment: 32.00 Pymnt Rvcd: 0.00 Est Due: 32.00	812	N	N
							Ben to Pat: Y	
686	10/06/09 10/06/09	01/04/10 01/04/10	[1] A AND S FINANCIAL (800)633-9355 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 39.00 Est Payment: 32.00 Pymnt Rvcd: 0.00 Est Due: 32.00	812	N	N
							Ben to Pat: Y	

Secondary Insurance Claims

Guarantor: [9100] Second A Last

Guarantor SS#: 465-06-5450

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
843	10/06/09 10/06/09	01/04/10 01/04/10	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 64.00 Est Payment: 30.00 Pymnt Rvcd: 0.00 Est Due: 30.00	32766	N	N
							Ben to Pat: Y	
856	10/06/09 10/06/09	01/04/10 01/04/10	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 64.00 Est Payment: 30.00 Pymnt Rvcd: 0.00 Est Due: 30.00	32766	N	N
							Ben to Pat: Y	
822	10/06/09 10/06/09	01/04/10 01/04/10	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 780.00 Est Payment: 142.80 Pymnt Rvcd: 0.00 Est Due: 142.80	32766	N	N
							Ben to Pat: Y	
858	10/06/09 10/06/09	01/04/10 01/04/10	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 64.00 Est Payment: 30.00 Pymnt Rvcd: 0.00 Est Due: 30.00	677	N	N
							Ben to Pat: Y	
784	10/06/09 10/06/09	01/04/10 01/04/10	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 158.00 Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00	32766	N	N
							Ben to Pat: Y	
687	10/06/09 10/06/09	01/04/10 01/04/10	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total: 39.00 Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00	32766	N	N
							Ben to Pat: Y	

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Patient: [9101] First A Last

Patient SS#: 516-54-3151

Patient DOB: February 29, 1972

686	10/06/09 01/04/10	// //	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total Est Paymen Pymnt Rvcd Est Due:	39.00 0.00 0.00 0.00	32766	N	N	
										Ben to Pat:Y
817	10/06/09 01/04/10	// //	[12] Concordia (866)435-7473 x Group #	[1] School (666)666-6666 x6666 EMPLOYEE #	Claim Total Est Paymen Pymnt Rvcd Est Due:	64.00 0.00 0.00 0.00	32766	N	N	
										Ben to Pat:Y

Total Claims Amount Submitted: 922.00
 Total Estimated Payments Due: 296.80
 Total Preauthorization: 0.00

Patient: [6401] Christina Applegate

Patient SS#: - -

Patient DOB: June 14, 1982

Primary Insurance Claims

Guarantor: [6400] Christina Applegate

Guarantor SS#: SSS-NN-NN

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
1004	10/06/09	01/04/10	[1] A AND S FINANCIAL	[1] School	Claim Total: 929.00	642	N	N
	10/06/09	01/04/10	(800)633-9355 x Group #	(666)666-6666 x6666 Employee #	Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00			
								Ben to Pat: Y

Secondary Insurance Claims

Guarantor: [6400] Christina Applegate

Guarantor SS#: - -

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
1004	10/06/09	//	[1] A AND S FINANCIAL		Claim Total: 929.00	32766	N	Y
	10/06/09	//	(800)633-9355 x Group #		Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00			
								Ben to Pat: Y
891	10/06/09	//	[12] Concordia		Claim Total: 64.00	32766	N	N
	10/06/09	//	(866)435-7473 x Group #		Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00			
								Ben to Pat: Y
886	10/06/09	//	[12] Concordia		Claim Total: 64.00	32766	N	N
	10/06/09	//	(866)435-7473 x Group #		Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00			
								Ben to Pat: Y

OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:
Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [6401] Christina Applegate

Patient SS#: - -
Patient DOB: June 14, 1982

874	10/06/09	//	[12] Concordia	Claim Total	1624.00	32766	N	N
	10/06/09	//	(866)435-7473 x	Est Paymen	760.00			
			Group #	Pymnt Rcvd	0.00			
				Est Due:	760.00			Ben to Pat:Y

Fictitious Data

Total Claims Amount Submitted: 929.00
Total Estimated Payments Due: 760.00
Total Preauthorization: 0.00

Patient: [6404] First Applegate

Patient SS#: 254-61-6434
Patient DOB: June 14, 1982

Primary Insurance Claims

Guarantor: [6400] Christina Applegate
Guarantor SS#: SSS-NN-NN

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
690	10/06/09	01/04/10	[1] A AND S FINANCIAL	[1] School	Claim Total: 2868.00	811	N	N
	10/06/09	01/04/10	(800)633-9355 x Group #	(666)666-6666 x6666 Employee #	Est Payment: 1102.40 Pymnt Rcvd: 0.00 Est Due: 1102.40			Ben to Pat: Y
1012	10/06/09	01/04/10	[1] A AND S FINANCIAL	[1] School	Claim Total: 1093.00	552	N	N
	10/06/09	01/04/10	(800)633-9355 x Group #	(666)666-6666 x6666 Employee #	Est Payment: 458.80 Pymnt Rcvd: 0.00 Est Due: 458.80			Ben to Pat: Y
1013	10/06/09	01/04/10	[1] A AND S FINANCIAL	[1] School	Claim Total: 64.00	552	N	N
	10/06/09	01/04/10	(800)633-9355 x Group #	(666)666-6666 x6666 Employee #	Est Payment: 25.20 Pymnt Rcvd: 0.00 Est Due: 25.20			Ben to Pat: Y
1006	10/06/09	01/04/10	[1] A AND S FINANCIAL	[1] School	Claim Total: 192.00	629	N	N
	10/06/09	01/04/10	(800)633-9355 x Group #	(666)666-6666 x6666 Employee #	Est Payment: 0.00 Pymnt Rcvd: 0.00 Est Due: 0.00			Ben to Pat: Y
1018	10/06/09	01/04/10	[1] A AND S FINANCIAL	[1] School	Claim Total: 140.00	355	N	N
	10/06/09	01/04/10	(800)633-9355 x Group #	(666)666-6666 x6666 Employee #	Est Payment: 50.40 Pymnt Rcvd: 0.00 Est Due: 50.40			Ben to Pat: Y

No Outstanding Secondary Claims

Total Claims Amount Submitted: 4357.00
Total Estimated Payments Due: 636.80
Total Preauthorization: 0.00

OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:
Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [5002] Georgie Brees

Patient SS#: - -
Patient DOB: December 6, 2004

Primary Insurance Claims

Guarantor: [5000] Drew Brees
Guarantor SS#: 242-42-2424

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
689	10/06/09 10/06/09	01/04/10 01/04/10	[1] A AND S FINANCIAL (800)633-9355 x Group #		Claim Total: 30.00 Est Payment: 30.00 Pymnt Rvcd: 0.00 Est Due: 30.00	811	N	N
							Ben to Pat: Y	
688	10/06/09 10/06/09	01/04/10 01/04/10	[1] A AND S FINANCIAL (800)633-9355 x Group #		Claim Total: 39.00 Est Payment: 39.00 Pymnt Rvcd: 0.00 Est Due: 39.00	811	N	N
							Ben to Pat: Y	
677	10/06/09 10/06/09	01/04/10 01/04/10	[1] A AND S FINANCIAL (800)633-9355 x Group #		Claim Total: 79.00 Est Payment: 29.00 Pymnt Rvcd: 0.00 Est Due: 29.00	812	N	N
							Ben to Pat: Y	

Secondary Insurance Claims

Guarantor: [5000] 2 Brees
Guarantor SS#: - -

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
689	10/06/09 10/06/09	// //	[1] A AND S FINANCIAL (800)633-9355 x Group #		Claim Total: 30.00 Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00	32766	N	N
							Ben to Pat: Y	
688	10/06/09 10/06/09	// //	[1] A AND S FINANCIAL (800)633-9355 x Group #		Claim Total: 39.00 Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00	32766	N	N
							Ben to Pat: Y	

Total Claims Amount Submitted: 148.00
Total Estimated Payments Due: 98.00
Total Preauthorization: 0.00

OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:
Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [10801] First Last

Patient SS#: pat-ss-####
Patient DOB: June 14, 1982

Primary Insurance Claims

Guarantor: [10800] First Last
Guarantor SS#: - -

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
1120	10/06/09	//	[12] Concordia	[3] In Flames	Claim Total: 992.00	32766	N	N
	10/06/09	//	(866)435-7473 x	() - x	Est Payment: 471.00			
			Group #		Pymnt Rvcd: 0.00			
					Est Due: 471.00		Ben to Pat: Y	

No Outstanding Secondary Claims

Total Claims Amount Submitted: 992.00
Total Estimated Payments Due: 471.00
Total Preauthorization: 0.00

Patient: [9601] Bp Ortho

Patient SS#: - -
Patient DOB: / /

Primary Insurance Claims

Guarantor: [9600] Bp Ortho
Guarantor SS#: - -

Claim	Serv. Dates (Start/End)	Submitted (First/Last)	Insurance Co (Phone / Group #)	Employer/School (Phone / Employee #)	Claim Payments	Claim Age	Pre Auth	ECS
1092	10/06/09	01/04/10	[1] A AND S FINANCIAL		Claim Total: 64.00	236	N	N
	10/06/09	01/04/10	(800)633-9355 x		Est Payment: 25.20			
			Group #		Pymnt Rvcd: 0.00			
					Est Due: 25.20		Ben to Pat: Y	

No Outstanding Secondary Claims

Total Claims Amount Submitted: 64.00
Total Estimated Payments Due: 25.20
Total Preauthorization: 0.00

OUTSTANDING INSURANCE CLAIMS BY PATIENT

For PRACTICE

Claims Types Include:
Benefit To Pat Regular ECS Regular Pre-Auth ECS Pre-Auth

Patient: [4501] Matthew Perry

Patient SS#: ss1-23-4567
Patient DOB: June 14, 1982

No Outstanding Primary Claims
No Outstanding Secondary Claims

Fictitious Data

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

Patient: [10501] Asdf __asdf

Patient SS#: - -
Patient DOB: June 14, 1982

No Outstanding Primary Claims
No Outstanding Secondary Claims

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

Sample Sample