

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	Claim Total: 96.00 Est Payment: 56.80 Pymnt Rvcd: 0.00 Est Due: 56.80	***	N	Y
						Ben to Pat:	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	Claim Total: 605.00 Est Payment: 484.00 Pymnt Rvcd: 0.00 Est Due: 484.00	***	N	Y
						Ben to Pat:	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	Claim Total: 605.00 Est Payment: 484.00 Pymnt Rvcd: 0.00 Est Due: 484.00	32766	N	Y
						Ben to Pat:	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	Claim Total: 680.00 Est Payment: 327.50 Pymnt Rvcd: 0.00 Est Due: 327.50	1214	N	N
						Ben to Pat:	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	Claim Total: 156.00 Est Payment: 156.00 Pymnt Rvcd: 0.00 Est Due: 156.00	1212	N	N
						Ben to Pat:	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	Claim Total: 172.00 Est Payment: 172.00 Pymnt Rvcd: 0.00 Est Due: 172.00	1212	N	N
						Ben to Pat:	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	Claim Total: Est Payment: Pymnt Rvcd: Est Due:	96.00 76.80 0.00 76.80	1212 N	N
						Ben to Pat:	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	Claim Total: Est Payment: Pymnt Rvcd: Est Due:	680.00 327.50 0.00 327.50	1212 N	N
						Ben to Pat:	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	Claim Total: 350.00 Est Payment: 240.00 Pymnt Rvcd: 0.00 Est Due: 240.00	1212	N	N
						Ben to Pat:	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	Claim Total: 81.00 Est Payment: 40.50 Pymnt Rvcd: 0.00 Est Due: 40.50	32766	N	Y
						Ben to Pat:	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	Claim Total: 34.00	1212	N	N
	12/31/05	01/02/06	1(800)892-8200 x019 7897987	()382-0928 x409	Est Payment: 7.20 Pymnt Rvcd: 0.00 Est Due: 7.20			
						Ben to Pat:	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	Claim Total: 49.00	1212	N	N
	01/02/06	01/02/06	(800)555-9055 x 25305	(410)555-7686 x	Est Payment: 49.00 Pymnt Rvcd: 0.00 Est Due: 49.00			
						Ben to Pat:	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	Claim Total: 49.00 Est Payment: 49.00 Pymnt Rvcd: 0.00 Est Due: 49.00	1212	N	N
						Ben to Pat: 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	Claim Total: 639.00 Est Payment: 490.00 Pymnt Rvcd: 0.00 Est Due: 490.00	1212	Y	N
						Ben to Pat: 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	//	[15] ITT Harford (800)555-5037 x 9954702	[14] Metro Food Markets (410)555-2103	Claim Total: 49.00 Est Payment: 49.00 Pymnt Rvcd: 0.00 Est Due: 49.00	32766	N	Y
						Ben to Pat:	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	//	[2] Aetna 1(800)892-8200 x019 29290	[2] United Parcel Service (410)555-4000 x	Claim Total: 49.00 Est Payment: 0.00 Pymnt Rvcd: 0.00 Est Due: 0.00	32766	N	N
						Ben to Pat:	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	01/02/06	[1] Blue Cross & Blue Shield C 1(800)222-3929 x 8800399	[1] T-Rowe Price (410)555-9988 x	Claim Total: 680.00 Est Payment: 327.50 Pymnt Rvcd: 0.00 Est Due: 327.50	1212	N	N
						Ben to Pat:	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	Claim Total: 49.00 Est Payment: 45.00 Pymnt Rvcd: 0.00 Est Due: 45.00	1212	N	N
						Ben to Pat:	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	Claim Total: 153.00 Est Payment: 137.00 Pymnt Rvcd: 0.00 Est Due: 137.00	1212	N	N
						Ben to Pat:	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	//	[2] Aetna	[2] United Parcel Service	Claim Total: 680.00	32766	N	Y
	01/02/06	//	1(800)892-8200 x019 29290	(410)555-4000 x	Est Payment: 307.50			
					Pymnt Rvcd: 0.00			
					Est Due: 307.50		Ben to Pat: 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	01/02/06	[2] Aetna	[2] United Parcel Service	Claim Total: 680.00	1212	N	N
	10/03/05	01/02/06	1(800)892-8200 x019 29290	(410)555-4000 x	Est Payment: 307.50			
					Pymnt Rvcd: 0.00			
					Est Due: 307.50		Ben to Pat: 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		Claim Total: 40.00	1212	N	N
	01/02/06	01/02/06	() - x		Est Payment: 40.00			
					Pymnt Rvcd: 0.00			
					Est Due: 40.00		Ben to Pat: 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	Claim Total: 3000.00	1212	N	N
	01/02/06	01/02/06	(800)555-3114 x 4785420	(800)410-7012 x	Est Payment: 1000.00			
					Pymnt Rvcd: 0.00			
					Est Due: 1000.00		Ben to Pat: 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	Claim Total: 605.00	1212	N	N
	11/29/05	01/02/06	1(800)892-8200 x019 29290	(410)555-4000 x	Est Payment: 360.00			
					Pymnt Rvcd: 0.00			
					Est Due: 360.00		Ben to Pat: 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	Claim Total: 159.00	1212	N	N
	01/02/06	01/02/06	1(800)892-8200 x019 7897987	()382-0928 x409	Est Payment: 159.00			
					Pymnt Rvcd: 0.00			
					Est Due: 159.00		Ben to Pat: N	
64	01/02/06	01/02/06	[2] Aetna	[5] Baltimore City Police	Claim Total: 96.00	1212	N	N
	01/02/06	01/02/06	1(800)892-8200 x019 7897987	()382-0928 x409	Est Payment: 56.80			
					Pymnt Rvcd: 0.00			
					Est Due: 56.80		Ben to Pat: 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	Claim Total: 63.00	1212	N	N
	01/02/06	01/02/06	1(800)892-8200 x019 7897987	()382-0928 x409	Est Payment: 63.00 Pymnt Rvcd: 0.00 Est Due: 63.00			
						Ben to Pat:	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	Claim Total: 497.00	1212	N	N
	10/31/05	01/02/06	1(800)222-3929 x 8800399	(410)555-7576 x	Est Payment: 377.60 Pymnt Rvcd: 0.00 Est Due: 377.60			
						Ben to Pat:	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	Claim Total: 497.00	32766	N	N
	10/31/05	//	(800)555-4096 x 165329	(410)555-2213 x	Est Payment: 119.40 Pymnt Rvcd: 0.00 Est Due: 119.40			
						Ben to Pat:	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	Claim Total: 680.00	1212	N	N
	10/31/05	01/02/06	1(800)222-3929 x 8800399	(410)555-7576 x	Est Payment: 327.50			
					Pymnt Rvcd: 0.00			
					Est Due: 327.50		Ben to Pat: 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	Claim Total: 680.00	32766	N	N
	10/31/05	//	(800)555-4096 x 165329	(410)555-2213 x	Est Payment: 327.50			
					Pymnt Rvcd: 0.00			
					Est Due: 327.50		Ben to Pat: 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	Claim Total: 1475.00	1212	Y	N
	01/02/06	01/02/06	1(800)222-3929 x 8800399	(410)555-7576 x	Est Payment: 954.00			
					Pymnt Rvcd: 0.00			
					Est Due: 954.00		Ben to Pat: 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	Claim Total: 1475.00	32766	Y	N
	01/02/06	//	(800)555-4096 x 165329	(410)555-2213 x	Est Payment: 0.00			
					Pymnt Rvcd: 0.00			
					Est Due: 0.00		Ben to Pat: 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	/ /	[13] Travelers	[11] Maryland Telephone	Claim Total: 680.00	32766	N	Y
	12/30/05	/ /	(800)555-6103 x 188753	(410)555-8800 x	Est Payment: 327.50			
					Pymnt Rvcd: 0.00			
					Est Due: 327.50		Ben to Pat: 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	/ /	[6] Preferred Health Network	[18] Central Christian Assembly	Claim Total: 680.00	32766	N	N
	12/30/05	/ /	(800)612-5252 x 622113	(410)555-3562 x	Est Payment: 0.00			
					Pymnt Rvcd: 0.00			
					Est Due: 0.00		Ben to Pat: N	

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