

Unapplied Payment/Adjustment Report

Criteria: [Payments Through: 08/07/2013; Patient Office: 1; Provider: All Providers]

Patient ID	Name	Provider	Date of Pay/Adj	Code	Description	Meth Check #	Source	Patient Office	Pay/Adj Amt	Distributed	Remaining
6723	Patient, Paul	BB	07/30/2013	PP	Patient Payment	CK	Benedict, Helen	1	450.00	415.00	35.00
6668	Doe, John	BB	07/30/2013	IP	Insurance Payment	CK	Delta Dental	1	45.00	42.00	3.00
6668	Doe, Janie	BB	07/30/2013	PEC	Posting Error Credi		Confoy, Meagan	1	-6.00	-3.00	-3.00
6687	Patient, Patti	BB	07/30/2013	IP	Insurance Payment	CK	Delta Dental	1	622.40	531.60	90.80
6325	Treatment, Todd	BB	07/19/2013	IP	Insurance Payment	CK	GHI	1	2,190.00	1,766.00	424.00
6685	Braces, Betty	BB	08/02/2013	IP	Insurance Payment	CK	Metlife Dental	1	985.80	934.00	51.80
Report Total:									4,287.20	3,685.60	601.60

Fictitious Data