Insurance payments and write offs in date range

Sample Healthcare Practice

Custom Report

Sample Custom Report

8/8/2007

NAME	Payment Received	Write-off	
DEPENDABLE HEALTH	\$2	240.00	\$0.00
NYL HEALTH CARE	\$	\$20.00	\$0.00
zzzTOTALzzz	\$2	260.00	\$0.00
Count = 3			