

Sample Healthcare Practice

Sample Custom Report

8/7/2007

Custom Report

DOS	NAME	CASE#	PAT#	PATIENT	DOB	SSN	INS ID	AMT	PAT BAL	INS BAL
8/17/2001-8/17/2001	NYL HEALTH CARE	001	10010	Amendolatt, Kimberly J	8/10/1962	555-66-8899	111111	\$136.61	\$136.61	\$0.00
6/30/1997-8/3/1997	NYL HEALTH CARE	001	10010	Amendolatt, Kimberly J	8/10/1962	555-66-8899	111111	\$425.00	\$85.00	\$340.00
6/30/1997-8/3/1997	NYL HEALTH CARE	001	10010	Amendolatt, Kimberly J	8/10/1962	555-66-8899	111111	\$850.00	\$170.00	\$680.00
6/30/1997-8/3/1997	NYL HEALTH CARE	001	10010	Amendolatt, Kimberly J	8/10/1962	555-66-8899	111111	\$250.00	\$50.00	\$200.00
7/31/1997-9/1/1997	NYL HEALTH CARE	001	10010	Amendolatt, Kimberly J	8/10/1962	555-66-8899	111111	\$100.00	\$20.00	\$80.00

Count = 5