

Sample Healthcare Practice

Custom Report

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8/6/2007

DATE	PATIENT	PRV	CLM#	DOS	CODE	DESCRIPTI	CHRG	PAT BAL	INS BAL	PRIMARY
01/09/1997	Amendolatt, Kimberly J	LAS	30	6/30/1997 - 8/3/1997	90010	INITIAL LIMITED HISTORY & EXAMINATI	\$25.00	\$0.00	\$20.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	30	6/30/1997 - 8/3/1997	90015	INITIAL INTERMEDI EXAMINATI	\$125.00	\$0.00	\$100.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	30	6/30/1997 - 8/3/1997	90020	INITIAL COMPREHE EXAMINATI	\$25.00	\$0.00	\$20.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	30	6/30/1997 - 8/3/1997	90020	INITIAL COMPREHE EXAMINATI	\$125.00	\$0.00	\$90.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	30	6/30/1997 - 8/3/1997	90040	BRIEF EXAMINATI	\$75.00	\$0.00	\$50.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	30	6/30/1997 - 8/3/1997	90050	LIMITED EXAMINATI	\$50.00	\$0.00	\$30.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	31	6/30/1997 - 8/3/1997	90040	BRIEF EXAMINATI	\$325.00	\$0.00	\$260.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	31	6/30/1997 - 8/3/1997	90050	LIMITED EXAMINATI	\$200.00	\$0.00	\$160.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	31	6/30/1997 - 8/3/1997	90050	LIMITED EXAMINATI	\$300.00	\$0.00	\$240.00	NYL HEALTH CARE
01/09/1997	Amendolatt, Kimberly J	LAS	31	6/30/1997 - 8/3/1997	90060	INTERMEDI EXAMINATI	\$25.00	\$0.00	\$20.00	NYL HEALTH CARE
03/07/1998	Amendolatt, Kimberly J	MJJ	34	7/3/1998 - 7/3/1998	27370	INJECTION FOR KNEE ARTHROGR	\$91.61	\$91.61	\$0.00	HEALTH LINE
03/07/1998	Green, Luke P	MJJ	9	7/3/1998 - 7/3/1998	47420	HAUSER PROCEDUR	\$22.90	\$22.90	\$0.00	CHUBB
04/06/1998	Amendolatt, Kimberly J	MJJ	34	6/4/1998 - 6/4/1998	90010	INITIAL LIMITED HISTORY & EXAMINATI	\$800.00	\$798.45	\$0.00	HEALTH LINE
04/06/1998	Amendolatt, Kimberly J	MJJ	34	6/4/1998 - 6/4/1998	90050	LIMITED EXAMINATI	\$35.00	\$35.00	\$0.00	HEALTH LINE
04/06/1998	Amendolatt, Kimberly J	MJJ	34	6/4/1998 - 6/4/1998	90600	LIMITED CONSULTAI	\$88.66	\$88.66	\$0.00	HEALTH LINE
05/10/1998	Perez, Ben S	LAS	10	10/5/1998 - 10/5/1998	101	FIRST OFFICE VISIT	\$75.00	\$15.00	\$60.00	CIGNA
05/10/1998	Perez, Ben S	LAS	10	10/5/1998 - 10/5/1998	102	SUBSEQUENCE OFFICE VISIT	\$45.00	\$15.00	\$30.00	CIGNA
05/10/1998	Valenti, Harley L	DSB	11	10/5/1998 - 10/5/1998	101	FIRST OFFICE VISIT	\$75.00	\$15.00	\$60.00	FIRST CARE ASSOCIATE
05/10/1998	Valenti, Harley L	DSB	11	10/5/1998 - 10/5/1998	102	SUBSEQUENCE OFFICE VISIT	\$45.00	\$9.00	\$36.00	FIRST CARE ASSOCIATE
05/10/1998	Valenti, Harley L	DSB	11	10/5/1998 - 10/5/1998	27370	INJECTION FOR KNEE ARTHROGR	\$91.61	\$18.32	\$73.29	FIRST CARE ASSOCIATE
07/06/1998	Amendolatt, Kimberly J	HSS	35	6/7/1998 - 6/7/1998	101	FIRST OFFICE VISIT	\$75.00	\$75.00	\$0.00	HEALTH LINE
07/06/1998	Amendolatt, Kimberly J	HSS	35	6/7/1998 - 6/7/1998	102	SUBSEQUENCE OFFICE VISIT	\$45.00	\$45.00	\$0.00	HEALTH LINE
07/06/1998	Amendolatt, Kimberly J	MJJ	36	6/7/1998 - 6/7/1998	27370	INJECTION FOR KNEE ARTHROGR	\$91.61	\$91.61	\$0.00	HEALTH LINE
10/08/1997	Amendolatt, Kimberly J	HSS	33	7/31/1997 - 8/10/1997	90010	INITIAL LIMITED HISTORY & EXAMINATI	\$50.00	\$0.00	\$40.00	NYL HEALTH CARE
12/02/1999	Amendolatt, Kimberly J	MJJ	37	2/12/1999 - 2/12/1999	101	FIRST OFFICE VISIT	\$75.00	\$75.00	\$0.00	DEPENDAB HEALTH
15/04/1999	Amendolatt, Kimberly J	MJJ	37	4/15/1999 - 4/15/1999	102	SUBSEQUENCE	\$45.00	\$45.00	\$0.00	DEPENDAB

Unpaid charges with service info by specific insurance in date range

DATE	PATIENT	PRV	CLM#	DOS	CODE	DESCRIPTI	CHRG	PAT BAL	INS BAL	PRIMARY
						OFFICE VISIT				HEALTH
15/09/1997	Amendolatt, Kimberly J	DSB	32	6/30/1997 - 8/3/1997	90015	INITIAL INTERMEDI EXAMINATI	\$50.00	\$0.00	\$30.00	NYL HEALTH CARE
15/09/1997	Amendolatt, Kimberly J	DSB	32	6/30/1997 - 8/3/1997	90020	INITIAL COMPREHE EXAMINATI	\$25.00	\$0.00	\$20.00	NYL HEALTH CARE
15/09/1997	Amendolatt, Kimberly J	DSB	32	6/30/1997 - 8/3/1997	90040	BRIEF EXAMINATI	\$175.00	\$0.00	\$140.00	NYL HEALTH CARE
16/04/1999	Amendolatt, Kimberly J	MJJ	37	4/16/1999 - 4/16/1999	102	SUBSEQUE OFFICE VISIT	\$45.00	\$45.00	\$0.00	DEPENDAB HEALTH
16/04/1999	Amendolatt, Kimberly J	MJJ	38	4/16/1999 - 4/16/1999	101	FIRST OFFICE VISIT	\$75.00	\$75.00	\$0.00	DEPENDAB HEALTH
16/04/1999	Amendolatt, Kimberly J	MJJ	38	4/16/1999 - 4/16/1999	102	SUBSEQUE OFFICE VISIT	\$45.00	\$45.00	\$0.00	DEPENDAB HEALTH
17/06/1998	Amendolatt, Kimberly J	MJJ	37	6/17/1998 - 6/17/1998	101	FIRST OFFICE VISIT	\$75.00	\$75.00	\$0.00	DEPENDAB HEALTH
17/06/1998	Amendolatt, Kimberly J	MJJ	37	6/17/1998 - 6/17/1998	102	SUBSEQUE OFFICE VISIT	\$45.00	\$45.00	\$0.00	DEPENDAB HEALTH
17/08/2000	Amendolatt, Kimberly J	MJJ	29	8/17/2001 - 8/17/2001	102	SUBSEQUE OFFICE VISIT	\$45.00	\$45.00	\$0.00	NYL HEALTH CARE
17/08/2000	Amendolatt, Kimberly J	MJJ	29	8/17/2001 - 8/17/2001	27370	INJECTION FOR KNEE ARTHROGR	\$91.61	\$91.61	\$0.00	NYL HEALTH CARE
18/04/2007	Amendolatt, Kimberly J	MJJ	34	4/18/2007 - 4/18/2007	27372	REMOVAL FOREING BODY DEEP	\$641.31	\$128.26	\$513.05	HEALTH LINE
19/04/1999	Amendolatt, Kimberly J	MJJ	38	4/19/1999 - 4/19/1999	101	FIRST OFFICE VISIT	\$97.00	\$75.00	\$22.00	DEPENDAB HEALTH
20/07/1999	Amendolatt, Kimberly J	MJJ	39	7/20/1999 - 7/20/1999	102	SUBSEQUE OFFICE VISIT	\$45.00	\$45.00	\$0.00	DEPENDAB HEALTH
25/02/1999	Amendolatt, Kimberly J	MJJ	37	2/25/1999 - 2/25/1999	101	FIRST OFFICE VISIT	\$75.00	\$75.00	\$0.00	DEPENDAB HEALTH
28/06/2007	Booker, Connie S	FJW	17	6/28/2007 - 6/28/2007	102	SUBSEQUE OFFICE VISIT	\$45.00	\$45.00	\$0.00	CIGNA
28/06/2007	Booker, Connie S	FJW	17	6/28/2007 - 6/28/2007	27145	PES ANSERINUS TRANS FASCIAL / TENDON GRAFT	\$3,664.64	\$916.16	\$2,748.48	CIGNA
28/06/2007	Booker, Connie S	FJW	17	6/28/2007 - 6/28/2007	27145	PES ANSERINUS TRANS FASCIAL / TENDON GRAFT	\$3,664.64	\$1,257.41	\$2,407.23	CIGNA
28/06/2007	Frank, Betty J	LAS	18	6/28/2007 - 6/28/2007	27418	ANTERIOR TIBAL TUBERCLE PLASTY CHRONDO PATELA	\$4,786.95	\$1,143.04	\$3,643.91	DEPENDAB HEALTH
TOTAL							\$16,717.54	\$5,547.03	\$10,813.96	
Count = 45										