

Sample Healthcare Practice

Custom Report

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8/7/2007

DATE	PATIENT	CODE	DESCRIPTI	CHRG	INS PMT	INS WRITE-	INS NAME
1998-06-07	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
1998-06-17	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
1999-04-15	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
1999-04-16	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
1999-04-16	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
1999-07-20	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
2000-08-17	Amendolatt, Kimberly J	102	SUBSEQUE OFFICE VISIT	\$45.00	\$0.00	\$0.00	NYL HEALTH CARE
TOTAL				\$315.00	\$0.00	\$0.00	
Count = 8							