

## Collection Export

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Case Number: 2  
Chart Number: AGADW000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 105.00  
Total Payments: 0.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 0.00  
Case Billing Code: M - Medicare Patient  
Primary Insurance: MED01 - Medicare  
Secondary Insurance: -  
Tertiary Insurance: -  
Case Assigned Phy: REL - Robert E Lee M.D.  
Case Notes:  
Claim Comments:

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Guarantor Name: Dwight Again  
Guarantor Address: 1742 N. 83rd Ave.  
Guarantor City Line: Phoenix, AZ 85021  
Guarantor Phone 1: 434-5777  
Guarantor SSN:  
Guarantor DOB: 3/30/1932

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Patient Name: Dwight Again  
Patient Address: 1742 N. 83rd Ave.  
Patient City Line: Phoenix, AZ 85021  
Patient Phone 1: 434-5777  
Patient SSN:  
Patient DOB: 3/30/1932

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Guar Employer Name: Really Useful Trucking Co.  
Guar Employer Address: 11122 W. Buckeye Rd.  
Guar Employer City Line: Phoenix, AZ 85210  
Guar Employer Phone: (602)457-3326

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
9/3/2002	73130	X-Ray, Hand, Min 3 Views	1	45.00	4	11	REL	
9/3/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	REL	

## Collection Export

Case Number: 17  
 Chart Number: AGADW000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date:  
 Total Charges: 340.00  
 Total Payments: -119.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: 0.00  
 Case Billing Code: M - Medicare Patient  
 Primary Insurance: MED01 - Medicare  
 Secondary Insurance: AET00 - Aetna  
 Tertiary Insurance: CIG00 - Cigna  
 Case Assigned Phy: REL - Robert E Lee M.D.  
 Case Notes:  
 Claim Comments:

Guarantor Name: Dwight Again  
 Guarantor Address: 1742 N. 83rd Ave.  
 Guarantor City Line: Phoenix, AZ 85021  
 Guarantor Phone 1: 434-5777  
 Guarantor SSN:  
 Guarantor DOB: 3/30/1932

Patient Name: Dwight Again  
 Patient Address: 1742 N. 83rd Ave.  
 Patient City Line: Phoenix, AZ 85021  
 Patient Phone 1: 434-5777  
 Patient SSN:  
 Patient DOB: 3/30/1932

Guar Employer Name: Really Useful Trucking Co.  
 Guar Employer Address: 11122 W. Buckeye Rd.  
 Guar Employer City Line: Phoenix, AZ 85210  
 Guar Employer Phone: (602)457-3326

Emerg Contact Name:  
 Emerg Contact Phone 1:  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
11/21/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	REL	
11/21/2002	72052	X-Ray, Spinal, Complete	1	80.00	4	11	REL	
11/21/2002	97010	Hot/Cold Pack Therapy	1	10.00	9	11	REL	
12/4/2002	MP	Medicare Payment	1	-48.00			REL	
12/4/2002	MP	Medicare Payment	1	-63.00			REL	
12/4/2002	MP	Medicare Payment	1	-8.00			REL	
3/9/2007	99213	Office Visit Est. Patient EEL	1	60.00	1	11	REL	
11/13/2008	99214	Office Visit Est. Patient DDM	1	65.00	1	11	REL	
1/14/2009	99214	Office Visit Est. Patient DDM	1	65.00	1	11	REL	

## Collection Export

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Case Number: 25  
Chart Number: AGADW000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 80.00  
Total Payments: 0.00  
Total Adjustments: -20.00  
Pt Remainder Bal: 0.00  
Case Billing Code: M - Medicare Patient  
Primary Insurance: MED01 - Medicare  
Secondary Insurance: AET00 - Aetna  
Tertiary Insurance: CIG00 - Cigna  
Case Assigned Phy: REL - Robert E Lee M.D.  
Case Notes:  
Claim Comments:

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Guarantor Name: Dwight Again  
Guarantor Address: 1742 N. 83rd Ave.  
Guarantor City Line: Phoenix, AZ 85021  
Guarantor Phone 1: 434-5777  
Guarantor SSN:  
Guarantor DOB: 3/30/1932

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Patient Name: Dwight Again  
Patient Address: 1742 N. 83rd Ave.  
Patient City Line: Phoenix, AZ 85021  
Patient Phone 1: 434-5777  
Patient SSN:  
Patient DOB: 3/30/1932

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Guar Employer Name: Really Useful Trucking Co.  
Guar Employer Address: 11122 W. Buckeye Rd.  
Guar Employer City Line: Phoenix, AZ 85210  
Guar Employer Phone: (602)457-3326

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
6/25/2008	BD	Bad Debt Test code	1	-20.00		11	REL	
1/5/2009	99214	Office Visit Est. Patient DDM	1	65.00	1	11	REL	
6/25/2009	17110	Wart Removal	1	15.00		11	REL	

## Collection Export

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Case Number: 16  
Chart Number: BORJO000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 106.00  
Total Payments: 0.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 0.00  
Case Billing Code: H - HMO Patient  
Primary Insurance: BLU01 - Blue Cross Blue Shield 225  
Secondary Insurance: -  
Tertiary Insurance: -  
Case Assigned Phy: JM - J.D. Mallard M.D.  
Case Notes:  
Claim Comments:

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Guarantor Name: Dwight Again  
Guarantor Address: 1742 N. 83rd Ave.  
Guarantor City Line: Phoenix, AZ 85021  
Guarantor Phone 1: 434-5777  
Guarantor SSN:  
Guarantor DOB: 3/30/1932

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Patient Name: John Bordon  
Patient Address: 777 Hardway Ln.  
Patient City Line: Scottsdale, AZ 85777  
Patient Phone 1: (434)777-1234  
Patient SSN: 444-55-6666  
Patient DOB: 1/20/1972

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Guar Employer Name: BeanSprout Express  
Guar Employer Address: Old Town Mall 123 N. Osborn  
Guar Employer City Line: Scottsdale, AZ 85216  
Guar Employer Phone: (602)453-9988

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
2/9/2006	99214	Office Visit Est. Patient DDM	1	65.00	1	11	JM	
2/9/2006	82947	Blood Sugar Lab Test	1	25.00	5	11	JM	
2/9/2006	36215	Lab Drawing Fee	1	8.00	5	11	JM	
2/9/2006	99000	Handling Fee	1	8.00	5	11	JM	

## Collection Export

Case Number: 3  
 Chart Number: BRIJA000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date: 3/25/2002  
 Total Charges: 120.00  
 Total Payments: -210.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: 0.00  
 Case Billing Code: H - HMO Patient  
 Primary Insurance: CIG00 - Cigna  
 Secondary Insurance: BLU01 - Blue Cross Blue Shield 225  
 Tertiary Insurance: -  
 Case Assigned Phy: MM - Melvin Morris D.C.  
 Case Notes:  
 Claim Comments:

Guarantor Name: Jay Brimley  
 Guarantor Address: 1234 W. Glendale Ave.  
 Guarantor City Line: Glendale, AZ 85382  
 Guarantor Phone 1: (222)342-3444  
 Guarantor SSN:  
 Guarantor DOB: 1/23/1964

Patient Name: Jay Brimley  
 Patient Address: 1234 W. Glendale Ave.  
 Patient City Line: Glendale, AZ 85382  
 Patient Phone 1: (222)342-3444  
 Patient SSN:  
 Patient DOB: 1/23/1964

Guar Employer Name: Doormart  
 Guar Employer Address:  
 Guar Employer City Line: Phoenix, AZ 85214  
 Guar Employer Phone:

Emerg Contact Name:  
 Emerg Contact Phone 1:  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
3/25/2002	99214	Office Visit Est. Patient DDM	1	65.00	1	11	MM	
3/25/2002	97260	Spinal Manipulation	1	30.00	9	11	MM	
3/25/2002	COPAY10	\$10 Co-Payment	1	-10.00		11	MM	
12/22/2003	CIG	Cigna Payment	1	-200.00		11	MM	
3/9/2007	99211	Office Visit Est. Patient MMS	1	25.00	1	11	MM	

## Collection Export

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Case Number: 7  
Chart Number: BRISU000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 60.00  
Total Payments: -48.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 0.00  
Case Billing Code: H - HMO Patient  
Primary Insurance: CIG00 - Cigna  
Secondary Insurance: BLU00 - Blue Cross Blue Shield 231  
Tertiary Insurance: -  
Case Assigned Phy: MM - Melvin Morris D.C.  
Case Notes:  
Claim Comments:

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Guarantor Name: Jay Brimley  
Guarantor Address: 1234 W. Glendale Ave.  
Guarantor City Line: Glendale, AZ 85382  
Guarantor Phone 1: (222)342-3444  
Guarantor SSN:  
Guarantor DOB: 1/23/1964

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Patient Name: Susan Brimley  
Patient Address: 1234 W. Glendale Ave.  
Patient City Line: Glendale, AZ 85382  
Patient Phone 1: (222)342-3444  
Patient SSN:  
Patient DOB:

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Guar Employer Name:  
Guar Employer Address:  
Guar Employer City Line: ,  
Guar Employer Phone:

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
1/16/2002	CIG	Cigna Payment	1	-48.00		11	MM	
12/5/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	MM	

## Collection Export

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Case Number: 5  
Chart Number: CATSA000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 71.00  
Total Payments: 0.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 71.00  
Case Billing Code: GY - GYN Patient  
Primary Insurance: -  
Secondary Insurance: -  
Tertiary Insurance: -  
Case Assigned Phy: MM - Melvin Morris D.C.  
Case Notes: Non-sufficient funds  
Claim Comments:

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Guarantor Name: Sammy Catera  
Guarantor Address: 7214 Shape Cir.  
Guarantor City Line: Gilbert, 85001  
Guarantor Phone 1: 227-7722  
Guarantor SSN:  
Guarantor DOB: 6/17/1964

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Patient Name: Sammy Catera  
Patient Address: 7214 Shape Cir.  
Patient City Line: Gilbert, 85001  
Patient Phone 1: 227-7722  
Patient SSN:  
Patient DOB: 6/17/1964

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Guar Employer Name: BeanSprout Express  
Guar Employer Address: Old Town Mall 123 N. Osborn  
Guar Employer City Line: Scottsdale, AZ 85216  
Guar Employer Phone: (602)453-9988

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
12/6/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	MM	
12/6/2002	81000	Urinalysis, Routine	1	11.00	1	11	MM	

## Collection Export

Case Number: 8  
 Chart Number: DOEJA000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date:  
 Total Charges: 160.00  
 Total Payments: -66.00  
 Total Adjustments: -15.00  
 Pt Remainder Bal: 79.00  
 Case Billing Code: A - Default Billing Code  
 Primary Insurance: MED00 - Medicaid  
 Secondary Insurance: -  
 Tertiary Insurance: -  
 Case Assigned Phy: JM - J.D. Mallard M.D.  
 Case Notes:  
 Claim Comments:

Guarantor Name: John Doe  
 Guarantor Address: 222 East Jane Street  
 Guarantor City Line: Mesa, AZ 85213  
 Guarantor Phone 1: (480)999-9999  
 Guarantor SSN:  
 Guarantor DOB: 1/1/1950

Patient Name: Jane S Doe  
 Patient Address: 222 East Jane Street  
 Patient City Line: Mesa, AZ 85213  
 Patient Phone 1: (480)999-9999  
 Patient SSN: 123-45-6789  
 Patient DOB: 4/28/1962

Guar Employer Name:  
 Guar Employer Address:  
 Guar Employer City Line: ,  
 Guar Employer Phone:

Emerg Contact Name: John Doe  
 Emerg Contact Phone 1: (480)999-9999  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
12/6/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	JM	12/11/2002
12/6/2002	73562	X-Ray, Knee, Mn 3 Views	1	45.00	4	11	JM	12/11/2002
12/6/2002	73610	X-Ray, Ankle, Complete	1	55.00	4	11	JM	12/11/2002
12/6/2002	COPAY10	\$10 Co-Payment	1	-10.00		11	JM	12/11/2002
12/11/2002	MCP	Medicaid Payment	1	-45.00			JM	12/11/2002
12/11/2002	MCA	Medicaid Write-Off	1	-5.00			JM	12/11/2002
12/11/2002	MCP	Medicaid Payment	1	-11.00			JM	12/11/2002
12/11/2002	DEDUC	Deductible	1	0.00			JM	12/11/2002
12/11/2002	MCA	Medicaid Write-Off	1	-5.00			JM	12/11/2002
12/11/2002	MCP	Medicaid Payment	1	0.00			JM	12/11/2002
12/11/2002	DEDUC	Deductible	1	0.00			JM	12/11/2002
12/11/2002	MCA	Medicaid Write-Off	1	-5.00			JM	12/11/2002

## Collection Export

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Case Number: 9  
Chart Number: DOOJA000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 130.00  
Total Payments: 0.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 130.00  
Case Billing Code: A - Default Billing Code  
Primary Insurance: MED00 - Medicaid  
Secondary Insurance: -  
Tertiary Insurance: -  
Case Assigned Phy: REL - Robert E Lee M.D.  
Case Notes: Inaccurate insurance information supplied. Need updated info from the patient!  
Claim Comments:

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Guarantor Name: James Doogan  
Guarantor Address:  
Guarantor City Line: ,  
Guarantor Phone 1:  
Guarantor SSN:  
Guarantor DOB: 11/23/1936

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Patient Name: James Doogan  
Patient Address:  
Patient City Line: ,  
Patient Phone 1:  
Patient SSN:  
Patient DOB: 11/23/1936

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Guar Employer Name:  
Guar Employer Address:  
Guar Employer City Line: ,  
Guar Employer Phone:

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
12/22/2003	99214	Office Visit Est. Patient DDM	1	65.00	1	11	REL	
12/22/2003	71030	X-Ray, Chest, Min 4 Views	1	65.00	4	11	REL	
12/22/2003	INSPAY	Insurance Payment	1	0.00		11	REL	

## Collection Export

Case Number: 24  
 Chart Number: JASST000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date: 1/14/2009  
 Total Charges: 131.00  
 Total Payments: -25.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: 0.00  
 Case Billing Code: M - Medicare Patient  
 Primary Insurance: MED01 - Medicare  
 Secondary Insurance: MED00 - Medicaid  
 Tertiary Insurance: -  
 Case Assigned Phy: REL - Robert E Lee M.D.  
 Case Notes:  
 Claim Comments:

Guarantor Name: Stephanie L Jasper  
 Guarantor Address:  
 Guarantor City Line: ,  
 Guarantor Phone 1:  
 Guarantor SSN:  
 Guarantor DOB: 10/14/1972

Patient Name: Stephanie L Jasper  
 Patient Address:  
 Patient City Line: ,  
 Patient Phone 1:  
 Patient SSN:  
 Patient DOB: 10/14/1972

Guar Employer Name:  
 Guar Employer Address:  
 Guar Employer City Line: ,  
 Guar Employer Phone:

Emerg Contact Name:  
 Emerg Contact Phone 1:  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
1/14/2009	99214	Office Visit Est. Patient DDM	1	65.00	1	11	REL	
1/14/2009	81000	Urinalysis, Routine	1	11.00	1	11	REL	
1/14/2009	70250	X-Ray, Skull, 4 Views	1	55.00	4	11	REL	
1/14/2009	CASH	Cash Payment--Thank You!	1	-25.00		11	REL	

## Collection Export

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Case Number: 21  
Chart Number: JOHSA000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 25.00  
Total Payments: 0.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 0.00  
Case Billing Code: A - Default Billing Code  
Primary Insurance: AET00 - Aetna  
Secondary Insurance: -  
Tertiary Insurance: -  
Case Assigned Phy: JM - J.D. Mallard M.D.  
Case Notes:  
Claim Comments:

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Guarantor Name: Samuel L Johnson  
Guarantor Address: 2343 Wurzbach  
Guarantor City Line: San Antonio, TX 78229  
Guarantor Phone 1:  
Guarantor SSN:  
Guarantor DOB: 7/7/2008

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Patient Name: Samuel L Johnson  
Patient Address: 2343 Wurzbach  
Patient City Line: San Antonio, TX 78229  
Patient Phone 1:  
Patient SSN:  
Patient DOB: 7/7/2008

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Guar Employer Name:  
Guar Employer Address:  
Guar Employer City Line: ,  
Guar Employer Phone:

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
1/14/2009	99211	Office Visit Est. Patient MMS	1	25.00	1	11	JM	

## Collection Export

Case Number: 12  
Chart Number: JONSU000  
Admit Date:  
Discharge Date:  
Last Pmt Date:  
Total Charges: 335.00  
Total Payments: -265.00  
Total Adjustments: -70.00  
Pt Remainder Bal: 0.00  
Case Billing Code: A - Default Billing Code  
Primary Insurance: FHP00 - FHP Health Plan  
Secondary Insurance: BLU00 - Blue Cross Blue Shield 231  
Tertiary Insurance: BLU01 - Blue Cross Blue Shield 225  
Case Assigned Phy: REL - Robert E Lee M.D.  
Case Notes:  
Claim Comments:

Guarantor Name: Suzy Q Jones  
Guarantor Address: 2273 Easy Suzy Street  
Guarantor City Line: Mesa, AZ 85213  
Guarantor Phone 1: (480)123-4444  
Guarantor SSN: 555-00-5555  
Guarantor DOB: 6/7/1974

Patient Name: Suzy Q Jones  
Patient Address: 2273 Easy Suzy Street  
Patient City Line: Mesa, AZ 85213  
Patient Phone 1: (480)123-4444  
Patient SSN: 555-00-5555  
Patient DOB: 6/7/1974

Guar Employer Name:  
Guar Employer Address:  
Guar Employer City Line: ,  
Guar Employer Phone:

Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
4/4/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	REL	
4/4/2002	43220	Esophageal Endoscopy	1	275.00	4	11	REL	
4/25/2002	DED	NO PAYMENT Applied to Deductib	1	0.00		11	REL	
4/25/2002	FHP	FHP Payment	1	-162.00		11	REL	
5/30/2002	BP	Blue Cross/Blue Shield Payment	1	-82.40		11	REL	
6/12/2002	BP	Blue Cross/Blue Shield Payment	1	-7.00			REL	
6/12/2002	BPWROFF	Blue Cross/Blue Shield Wr/Off	1	-10.00			REL	
6/12/2002	BP	Blue Cross/Blue Shield Payment	1	-13.60			REL	
6/12/2002	BPWROFF	Blue Cross/Blue Shield Wr/Off	1	-60.00			REL	

## Collection Export

Case Number: 1  
 Chart Number: SIMTA000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date:  
 Total Charges: 396.00  
 Total Payments: -10.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: 0.00  
 Case Billing Code: A - Default Billing Code  
 Primary Insurance: AET00 - Aetna  
 Secondary Insurance: -  
 Tertiary Insurance: -  
 Case Assigned Phy: REL - Robert E Lee M.D.  
 Case Notes: Iodine allergic!  
 Claim Comments: 12/22/2003 2:08:55 PM

Guarantor Name: ~~Tanus J Simpson~~  
 Guarantor Address: 3018 W. 1st St.  
 Guarantor City Line: Thatcher, AZ 85552  
 Guarantor Phone 1: (480)555-5555  
 Guarantor SSN:  
 Guarantor DOB: 4/4/1968

Patient Name: Tanus J Simpson  
 Patient Address: 3018 W. 1st St.  
 Patient City Line: Thatcher, AZ 85552  
 Patient Phone 1: (480)555-5555  
 Patient SSN:  
 Patient DOB: 4/4/1968

Guar Employer Name: Micro Mania Inc.  
 Guar Employer Address: 57 N. 103rd St. Ste. 207  
 Guar Employer City Line: Phoenix, AZ 85213  
 Guar Employer Phone: (602)746-2134

Emerg Contact Name: Paula Simpson  
 Emerg Contact Phone 1: (480)555-5555  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
12/3/2002	43220	Esophageal Endoscopy	1	275.00	1	11	REL	
12/3/2002	71040	Contrast X-Ray of Bronchitis	1	50.00	1	11	REL	
12/3/2002	81000	Urinalysis, Routine	1	11.00	1	11	REL	
12/3/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	REL	
12/3/2002	COPAY10	\$10 Co-Payment	1	-10.00			REL	

## Collection Export

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Case Number: 20  
Chart Number: SMIDA000  
Admit Date:  
Discharge Date:  
Last Pmt Date: 1/14/2009  
Total Charges: 65.00  
Total Payments: -20.00  
Total Adjustments: 0.00  
Pt Remainder Bal: 0.00  
Case Billing Code: A - Default Billing Code  
Primary Insurance: BLU00 - Blue Cross Blue Shield 231  
Secondary Insurance: -  
Tertiary Insurance: -  
Case Assigned Phy: JM - J.D. Mallard M.D.  
Case Notes:  
Claim Comments:

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Guarantor Name: Daniel Smith  
Guarantor Address: 123 West Ave  
Guarantor City Line: San Antonio, TX 78229  
Guarantor Phone 1:  
Guarantor SSN:  
Guarantor DOB: 9/8/2008

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Patient Name: Daniel Smith  
Patient Address: 123 West Ave  
Patient City Line: San Antonio, TX 78229  
Patient Phone 1:  
Patient SSN:  
Patient DOB: 9/8/2008

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Guar Employer Name:  
Guar Employer Address:  
Guar Employer City Line: ,  
Guar Employer Phone:

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Emerg Contact Name:  
Emerg Contact Phone 1:  
Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
1/14/2009	99214	Office Visit Est. Patient DDM	1	65.00	1	11	JM	
1/14/2009	CHECK	Personal Check Payment	1	-20.00		11	JM	

## Collection Export

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Case Number: 4  
 Chart Number: WAGJE000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date:  
 Total Charges: 105.00  
 Total Payments: -106.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: -1.00  
 Case Billing Code: P - PPO Patient  
 Primary Insurance: BLU00 - Blue Cross Blue Shield 231  
 Secondary Insurance: -  
 Tertiary Insurance: -  
 Case Assigned Phy: JM - J.D. Mallard M.D.  
 Case Notes:  
 Claim Comments:

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Guarantor Name: Jeremy Wagnew  
 Guarantor Address: 1214 Happy Valley Rd.  
 Guarantor City Line: Ahwatukee, AZ 85111  
 Guarantor Phone 1: (121)419-7127  
 Guarantor SSN: 222-33-4444  
 Guarantor DOB: 12/14/1971

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Patient Name: Jeremy Wagnew  
 Patient Address: 1214 Happy Valley Rd.  
 Patient City Line: Ahwatukee, AZ 85111  
 Patient Phone 1: (121)419-7127  
 Patient SSN: 222-33-4444  
 Patient DOB: 12/14/1971

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Guar Employer Name: News Channel 11  
 Guar Employer Address: 22 W. Hollywood Blvd.  
 Guar Employer City Line: Washington, DC 00000  
 Guar Employer Phone:

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Emerg Contact Name:  
 Emerg Contact Phone 1:  
 Emerg Contact Phone 2:

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<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
6/1/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	JM	6/19/2002
6/1/2002	70373	X-Ray, Laryngography	1	45.00	5	11	JM	6/19/2002
6/13/2002	BP	Blue Cross/Blue Shield Payment	1	-84.00		11	JM	
8/22/2002	CASH	Cash Payment--Thank You!	1	-22.00		11	JM	

## Collection Export

Case Number: 14  
 Chart Number: YOUMI000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date:  
 Total Charges: 85.00  
 Total Payments: 0.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: 0.00  
 Case Billing Code: A - Default Billing Code  
 Primary Insurance: US000 - U.S. Tricare  
 Secondary Insurance: -  
 Tertiary Insurance: -  
 Case Assigned Phy: WH - Wallace Hinckle M.D.  
 Case Notes:  
 Claim Comments:

Guarantor Name: Michael C Youngblood  
 Guarantor Address: 73982 N. 28th Ave.  
 Guarantor City Line: Phoenix, AZ 85044  
 Guarantor Phone 1: (602)222-3333  
 Guarantor SSN:  
 Guarantor DOB: 7/5/1962

Patient Name: Michael C Youngblood  
 Patient Address: 73982 N. 28th Ave.  
 Patient City Line: Phoenix, AZ 85044  
 Patient Phone 1: (602)222-3333  
 Patient SSN:  
 Patient DOB: 7/5/1962

Guar Employer Name: Army  
 Guar Employer Address:  
 Guar Employer City Line: , AZ  
 Guar Employer Phone:

Emerg Contact Name:  
 Emerg Contact Phone 1:  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
8/22/2002	99213	Office Visit Est. Patient EEL	1	60.00	1	11	WH	
8/22/2002	97128	Electro-Stimulation	1	15.00	9	11	WH	
8/22/2002	97010	Hot/Cold Pack Therapy	1	10.00	9	11	WH	

## Collection Export

Case Number: 15  
 Chart Number: ZIMAN000  
 Admit Date:  
 Discharge Date:  
 Last Pmt Date:  
 Total Charges: 188.00  
 Total Payments: -188.00  
 Total Adjustments: 0.00  
 Pt Remainder Bal: 0.00  
 Case Billing Code: C - Cash Patient  
 Primary Insurance: -  
 Secondary Insurance: -  
 Tertiary Insurance: -  
 Case Assigned Phy: WH - Wallace Hinckle M.D.  
 Case Notes:  
 Claim Comments:

Guarantor Name: Anthony Zimmerman  
 Guarantor Address: 123 Anystreet  
 Guarantor City Line: Anytown, AZ 0000000000  
 Guarantor Phone 1:  
 Guarantor SSN:  
 Guarantor DOB: 5/1/1963

Patient Name: Anthony Zimmerman  
 Patient Address: 123 Anystreet  
 Patient City Line: Anytown, AZ 0000000000  
 Patient Phone 1:  
 Patient SSN:  
 Patient DOB: 5/1/1963

Guar Employer Name:  
 Guar Employer Address:  
 Guar Employer City Line: ,  
 Guar Employer Phone:

Emerg Contact Name:  
 Emerg Contact Phone 1:  
 Emerg Contact Phone 2:

<u>DOS</u>	<u>Procedure</u>	<u>Description</u>	<u>Units</u>	<u>Amount</u>	<u>TOS</u>	<u>POS</u>	<u>AttPhy</u>	<u>Last Stmt</u>
12/5/2002	99211	Office Visit Est. Patient MMS	1	25.00	1	11	REL	12/5/2002
12/5/2002	71020	X-Ray, Chest, 2 Views	1	53.00	4	11	REL	12/5/2002
12/5/2002	74283	Barium Enema, Therapeutic	1	110.00	1	11	REL	12/5/2002
12/5/2002	CHECK	Personal Check Payment	1	-25.00			REL	12/5/2002
12/5/2002	CHECK	Personal Check Payment	1	-53.00			REL	12/5/2002
12/5/2002	CHECK	Personal Check Payment	1	-110.00			REL	12/5/2002