

Sample Agency  
Claims

Date 06/30/06

Time 14:42:16

Program		Billing Provider		837 Billing Type								Primary +		
Client Code	File #	Type	Status	Batch #	Service Code	Svc Begin	Svc End	Rate Amt	Quantity	Total	Patient Paid	NAMI	Secondary	Net Due
<u>CLINIC</u>		<u>12378941</u>		<u>Institutional</u>										
BOHRMGA001		Bohrman, Gary	Original Unbilled		CLN BRIEF	06/01/06	06/01/06	40.00	1.00	40.00	0.00	0.00	0.00	40.00
CICERAN001		Cicero, Angela	Original Unbilled		CLN BRIEF	06/01/06	06/01/06	40.00	1.00	40.00	0.00	0.00	0.00	40.00
NORTHJO001		Northland, Joseph	Original Unbilled		CLN BRIEF	06/01/06	06/01/06	40.00	1.00	40.00	0.00	0.00	0.00	40.00
Total for CLINIC:									3.00	120.00	0.00	0.00	0.00	120.00
<u>ICF</u>		<u>12378941</u>		<u>Institutional</u>										
CLEMSAN001		Clemson, Andrew	Original Unbilled		ICF	06/01/06	06/01/06	210.00	1.00	210.00	0.00	0.00	0.00	210.00
LUNDEJU001		Lunden, Julie	Original Unbilled		ICF	06/01/06	06/01/06	210.00	1.00	210.00	0.00	0.00	0.00	210.00
Total for ICF:									2.00	420.00	0.00	0.00	0.00	420.00
<u>WRESHAB</u>		<u>12378941</u>		<u>Institutional</u>										
ANDERBR001		Anderson, Bruce	Original Unbilled		WAIVER	06/01/06	06/01/06	32.52	1.00	32.52	0.00	0.00	0.00	32.52
Total for WRESHAB:									1.00	32.52	0.00	0.00	0.00	32.52
Grand Total:									6.00	572.52	0.00	0.00	0.00	572.52