

Sample Agency
File History Details

Program		Billing Provider		837 Billing Type										
Client Code	Client Name											Primary +		
Claim #	File #	Type	Status	Batch #	Service Code	Svc Begin	Svc End	Rate Amt	Quantity	Total	Patient Paid	NAMI	Secondary	Net Due
<u>CMCM</u>		<u>12378941</u>		<u>Institutional</u>										
BOHRMGA001	Bohrman, Gary													
M0000008	000003	Original	Submitted		CMCM	07/03/05	07/03/05	6.52	1.00	6.52	0.00	0.00	0.00	6.52
COLEMDA001	Coleman, David													
M0000007	000003	Original	Submitted		CMCM	07/03/05	07/03/05	6.52	1.00	6.52	0.00	0.00	0.00	6.52
SMITHMA001	Smith, Margaret													
M0000009	000003	Original	Submitted		CMCM	07/03/05	07/03/05	6.52	1.00	6.52	0.00	0.00	0.00	6.52
Total for CMCM:									3.00	19.56	0.00	0.00	0.00	19.56
<u>WRESHAB</u>		<u>12378941</u>		<u>Institutional</u>										
ANDERBR001	Anderson, Bruce													
M0000006	000003	Original	Submitted		WAIVER	07/01/05	07/31/05	32.52	31.00	1,008.12	0.00	0.00	0.00	1,008.12
Total for WRESHAB:									31.00	1,008.12	0.00	0.00	0.00	1,008.12
Grand Total:									<u>34.00</u>	<u>1,027.68</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,027.68</u>