

Aging Report



Group By Plan, Based on Aging Date

Based On: Insurance Responsibility

Balance Range: .01 To 99999.99

ID	Patient Name	Phone	0-30	31-60	61-90	Over 90	Aging Bal	Acct Bal	Last Pat Pmt Date	Last Visit	Last Statement
*2285 - TIME INSURANCE COMPANY											
* Count:	1		65.00 (0.23%)	0.00 (0.00%)	0.00 (0.00%)	0.00 (0.00%)	65.00 (0.23%)	65.00 (0.23%)			
*17 - TRICARE											
* Count:	6		465.40 (1.68%)	18.14 (0.07%)	18.14 (0.07%)	0.00 (0.00%)	501.68 (1.81%)	501.68 (1.81%)			
*2152 - UNITED HEALTHCARE											
* Count:	1		140.00 (0.50%)	0.00 (0.00%)	0.00 (0.00%)	0.00 (0.00%)	140.00 (0.50%)	140.00 (0.50%)			
*100 - UNITED HEALTHCARE 30985											
* Count:	1		97.68 (0.35%)	0.00 (0.00%)	0.00 (0.00%)	0.00 (0.00%)	97.68 (0.35%)	97.68 (0.35%)			
*348 - UNITED HEALTHCARE 740800											
* Count:	4		1,635.00 (5.90%)	0.00 (0.00%)	0.00 (0.00%)	0.00 (0.00%)	1,635.00 (5.90%)	1,635.00 (5.90%)			
*312 - WBS TRICARE FOR LIFE											
* Count:	3		76.79 (0.28%)	0.00 (0.00%)	9.51 (0.03%)	0.00 (0.00%)	86.30 (0.31%)	86.30 (0.31%)			
Count: 189			24,289.22	2,607.35	407.27	422.76	27,726.60	27,726.60			
Percent of Total:			(87.60%)	(9.40%)	(1.47%)	(1.52%)					
Count of non-zero rows			161	19	6	8	194	194			
					0.00						

Provider Financial Summary Report

Based on Transaction and Rendering Provider

Service Date: From 01/01/1900 To 12/31/2050 Posting Date: From 01/01/1900 To 12/31/2050

Charges	Payments	Writeoffs	Refunds	Balance Fwd	Net A/R	Total A/R	# of Procs	Col %
\$1,217,345.78	(\$785,711.66)	(\$420,155.51)	\$9,804.53	\$0.00	\$21,283.14	\$21,283.14	15,154	97.0%
\$1,217,345.78	(\$785,711.66)	(\$420,155.51)	\$9,804.53	\$0.00	\$21,283.14	\$21,283.14	15,154	97.0%

Practice Financial Summary

Total A/R: \$21,283.14
 A/R Days Outstanding: 14.7

Provider Summary

Provider	Location	Charges	Payments	Writeoffs	Refunds
	0- (None)	\$4,443.00	(\$564.04)	\$0.00	\$13.12
*** Total ***		\$4,443.00	(\$564.04)	\$0.00	\$13.12
Totals:		\$4,443.00	(\$564.04)	\$0.00	\$13.12

Operator Summary

User Name	Charges	Payments	Writeoffs	Refunds
CARRIE	\$4,443.00	(\$564.04)	\$0.00	\$0.00
LYNN	\$0.00	\$0.00	\$0.00	\$13.12
Totals:	\$4,443.00	(\$564.04)	\$0.00	\$13.12

Insurance Summary

Insurance Class	Charges	Payments	Writeoffs	Refunds
NONE				
	\$190.00	(\$564.04)	\$0.00	\$13.12
	\$190.00	(\$564.04)	\$0.00	\$13.12
BCBS				
2-BCBS 1798	\$188.00	\$0.00	\$0.00	\$0.00
*** Count 1 ***	\$188.00	\$0.00	\$0.00	\$0.00
MEDICARE				
1-MEDICARE	\$3,525.00	\$0.00	\$0.00	\$0.00
*** Count 1 ***	\$3,525.00	\$0.00	\$0.00	\$0.00
PALMETTO				
1413-CIGNA GOVERNMENT SERVICES	\$540.00	\$0.00	\$0.00	\$0.00
*** Count 1 ***	\$540.00	\$0.00	\$0.00	\$0.00
Totals:	\$4,443.00	(\$564.04)	\$0.00	\$13.12

Payment Summary

Description	Amount
Payment--CC	(\$21.28)
Payment--CC MC	(\$228.63)
Payment--CC VISA	(\$122.29)
Payment--CK #1356	(\$7.52)
Payment--CK #2784	(\$63.72)
Payment--CK #2895	(\$37.61)
Payment--CK #3557	(\$82.99)
Total:	(\$564.04)