

Ledger

Patient: HERM0000 Hernandez, Monique C

Billing: 7 8/15/2010

DOB: 2/5/1959

Family Unapplied Payment: \$15.00

Show All Transactions

Billing Information

Copy: 0.00
 Ins 1: MEDICARE
 Ins 2: State Fam Insurance
 Ins 3:
 HOH: Hernandez, Monique C

Balance	93.56	Charges:	114.00
Adjustments:	0.00	Payments:	-10.00
Payments:		Total:	83.56
Total:	-10.00		

Std Ded	10/0	Individual	Family
Total Pat Bal	188.56		
Pat Resp Bal	0.00		

Remainder	Date	Account Code	Description	Units	Amount	Claim #	Diag 1	Diag 2	Dx 1	Dx 2	Dx 4	Provider Code
	8/17/2010	CLAIM	Primary Insurance claim printed			32			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1/9/2011	CLAIM	Primary Ins(MED00) electronic cla			32			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.56	8/15/2010	99212	OFFICE/OUTPATIENT VISIT, E9	1	45.00	32	454.4		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR000
	2/27/2011	INSADJ	Insurance Adjustment		-10.00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR000
	8/15/2010	CPCHECK	Patient Co-Payment - Check		-10.00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR000
	2/27/2011	INSCHK	Insurance Payment - Check		-10.44				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR000
	2/27/2011	DEDUCT	\$10.00 Applied to the Deductible	1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54.00	2/27/2011	99213	OFFICE/OUTPATIENT VISIT, E9	1	54.00		454.4		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR000
15.00	2/27/2011	00104	ANESTH ELECTROSHOCK	1	15.00		454.4		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR000