

**Patient Appointments**

Date	Time	Book	Appointment Type	Appointment Reason
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**Balances and Activity**

	Current	Over 30	Over 60	Over 90	Total
Patient:	0.00	0.00	0.00	0.00	0.00
Insurance:	0.00	0.00	0.00	0.00	0.00
Total:	0.00	0.00	0.00	0.00	0.00
Balance due:			0.00		
Patient Unapplied Credits:			0.00		
Insurance Unapplied Credits:			0.00		
Previous Statement Ending Balance			0.00		
Last Charge(s) Date / /			Last Payment(s) Date / /		
Last Charge(s) Amount 0.00			Last Payment(s) Amount 0.00		
Date of Last Statement / /			Date of Last Phi Change / /		
Date of Last Activity / /			Date Established / /		

**Patient Ledger**

Service Date	Posted Date	Dr	Dependent	Procedure	Description	Charge Amount	Unpaid Amount	Pymt Code	Pymt Type	Payment Amount	Unapplied Amount	Refn	Batch
Totals						0.00	0.00			0.00	0.00		

**Patient Demographics**

Name	Class	R	REGULAR
Sex	Reference		Hipaa NPP N
Birth Date / /	Nickname		
Doctor	Soc Sec #	- -	
	Referral Source		

**Home Address**

Address 1	Delivery Date / /
Address 2	Injury Date / /
City/St/Zip CA	

**Alternate Address**

Code	Marital Status	Unknown	Payment App. Method	Default
Name	Employment Status	Unknown		
Address 1	Student Status	Unknown		
Address 2	Hmo or Capitated	Not Hmo or Capitated		
City/St/Zip	Fee Schedule	DEFAULT FEE SCHEDULE		

**Diagnoses**

**Dependent Information**

**Insurance Information**

NO insurance specified for this account.

**Patient Memos**

Urgent Memo: NONE

Critical Memo: NONE

No Memos entered for this account.

**Patient Visit Summary**

Visits: 0							
<b>Diagnoses:</b>							
Service Date	Doctor	Procedure	Description	Dx1	Dx2	Dx3	Dx4

**Patient Prescription Information**

### Patient Authorizations

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| Authorization # | From Date | Expiration | Allowed | Remain'g | Procedure 1 | Procedure 2 | Procedure 3 | Notes |
|-----------------|-----------|------------|---------|----------|-------------|-------------|-------------|-------|
|-----------------|-----------|------------|---------|----------|-------------|-------------|-------------|-------|

### Patient Recalls

| Dependent | First Recall | Next Recall | Last Recall | Freq-<br>uency | Nbr | Code | Form | Type | Description(s) |
|-----------|--------------|-------------|-------------|----------------|-----|------|------|------|----------------|
|-----------|--------------|-------------|-------------|----------------|-----|------|------|------|----------------|

### Statement Information

Statement Type      Intelligent

Statement Comments:

Print Comments on Statement? No

Last Statement Date      /      /      Credit Limit Days      60  
Last Statement Balance      0.00      Dunn this account?      Yes  
Next Statement      Next Statement Cycle

### Insurance History

| Batch | Insurance Company | Date | Amount | Description |
|-------|-------------------|------|--------|-------------|
|-------|-------------------|------|--------|-------------|

### Statement History

| Date | Page | Description | Balance Due | Please Pay |
|------|------|-------------|-------------|------------|
|------|------|-------------|-------------|------------|

### User Defined Data

### Industrial Information

### Patient Collections History

| Date | By | Action | Comment |
|------|----|--------|---------|
|------|----|--------|---------|