

A/R Summary Flex

Sample Clinic

By Service Date
ALL Financial Classes, Facilities

Account Types: BA (BAD ADDRESS), NS (NO STATEMENT), TA (TYPICAL ACCOUNT)

Financial Class	Current	30 Days	60 Days	90 Days	120 Days	Total
(BC) BLUE CROSS BLUE SHIELD						
SAMPLE CLINIC FACILITY A	\$0.00	\$0.00	\$0.00	\$0.00	\$6,888.63	\$6,888.63
(BC) BLUE CROSS BLUE SHIELD Total	\$0.00	\$0.00	\$0.00	\$0.00	\$6,888.63	\$6,888.63
(CO) COMMERCIAL						
SAMPLE CLINIC FACILITY B	\$0.00	\$0.00	\$0.00	\$0.00	\$3,672.24	\$3,672.24
(CO) COMMERCIAL Total	\$0.00	\$0.00	\$0.00	\$0.00	\$3,672.24	\$3,672.24
(MC) MEDICARE						
SAMPLE CLINIC FACILITY C	\$0.00	\$0.00	\$0.00	\$0.00	\$4,911.95	\$4,911.95
(MC) MEDICARE Total	\$0.00	\$0.00	\$0.00	\$0.00	\$4,911.95	\$4,911.95
(MD) MEDICAID						
SAMPLE CLINIC FACILITY D	\$0.00	\$0.00	\$0.00	\$0.00	\$19,215.00	\$19,215.00
(MD) MEDICAID Total	\$0.00	\$0.00	\$0.00	\$0.00	\$19,215.00	\$19,215.00
(SP) SELF PAY						
SAMPLE CLINIC FACILITY E	\$0.00	\$0.00	\$0.00	\$0.00	\$673.00	\$673.00
(SP) SELF PAY Total	\$0.00	\$0.00	\$0.00	\$0.00	\$673.00	\$673.00
(WC) WORKERS COMP						
SAMPLE CLINIC FACILITY F	\$0.00	\$0.00	\$0.00	\$0.00	\$1,488.00	\$1,488.00
(WC) WORKERS COMP Total	\$0.00	\$0.00	\$0.00	\$0.00	\$1,488.00	\$1,488.00
Grand Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$36,848.82	\$36,848.82