

Aging Analysis Detail By Insurance By First Bill Date
Sample Anesthesia Group
June, 2015

SECURE HORIZON-6668, PO BOX 31353, SALT LAKE CITY, UT 84131 (800) 213-7356										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,425.00
Insurance Total:				\$1,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,425.00
AARP-8, PO BOX 740819, ATLANTA, GA 30374 (800) 227-7789										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$41.83	\$0.00	\$0.00	\$0.00	\$0.00	\$41.83
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$75.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.21
Insurance Total:				\$75.21	\$41.83	\$0.00	\$0.00	\$0.00	\$0.00	\$117.04
AETNA US HEALTHCARE-130, PO BOX 981106, EL PASO, TX 79998 (800) 624-0756										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Insurance Total:				\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
AETNA US HEALTHCARE-132, PO BOX 14079, LEXINGTON, KY 40512 (888) 632-3862										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$42.72	\$0.00	\$0.00	\$0.00	\$0.00	\$42.72
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,615.00
Insurance Total:				\$2,660.00	\$42.72	\$0.00	\$0.00	\$0.00	\$0.00	\$2,702.72
AMERICAN CONTINENTAL-9019, PO BOX 5008, BRENTWOOD, TN 37024-5008 (800) 264-4000										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$63.64	\$0.00	\$0.00	\$63.64
Insurance Total:				\$0.00	\$0.00	\$0.00	\$63.64	\$0.00	\$0.00	\$63.64
BLUE CROSS-416, PO BOX 60007, LOS ANGELES, CA 90060 (800) 677-6669										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$40.47	\$0.00	\$40.47

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Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$85.15	\$0.00	\$0.00	\$0.00	\$85.15
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$80.55	\$0.00	\$0.00	\$0.00	\$0.00	\$80.55
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$1,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,520.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$231.00	\$0.00	\$0.00	\$0.00	\$0.00	\$231.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$855.00	\$0.00	\$0.00	\$0.00	\$0.00	\$855.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,615.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,660.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,660.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$121.06	\$0.00	\$121.06
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,330.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.00
Insurance Total:				\$15,105.00	\$2,686.55	\$85.15	\$0.00	\$161.53	\$0.00	\$18,038.23

BLUE CROSS GMCP-3436, PO BOX 60007, LOS ANGELES, CA 90060 (800) 407-4627

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$3,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,800.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,425.00	\$0.00	\$0.00	\$0.00	\$1,425.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,750.00	\$0.00	\$0.00	\$0.00	\$1,750.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,470.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,470.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$855.00	\$0.00	\$0.00	\$0.00	\$855.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.00

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Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.00	\$0.00	\$1,330.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$760.00	\$0.00	\$0.00	\$0.00	\$760.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$2,225.00	\$0.00	\$0.00	\$2,225.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$950.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,710.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,710.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$225.00	\$0.00	\$225.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,425.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$530.00	\$665.00	\$0.00	\$0.00	\$0.00	\$1,195.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,520.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$2,090.00	\$0.00	\$0.00	\$0.00	\$2,090.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,350.00	\$0.00	\$0.00	\$0.00	\$1,350.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$950.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$2,470.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,470.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,330.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.00
Insurance Total:				\$27,930.00	\$4,710.00	\$8,895.00	\$2,225.00	\$2,790.00	\$0.00	\$46,550.00

BLUE SHIELD OF CALIF-540, PO BOX 1505, RED BLUFF, CA 96080 (800) 622-0632

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.00

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Insurance Total:				\$0.00	\$3,040.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,040.00
BLUE SHIELD-519, PO BOX 272540, CHICO, CA 95927 (800) 541-6652										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,330.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Insurance Total:				\$8,265.00	\$1,615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,880.00
CA- BLUE CROSS-9265, PO BOX 60007, LOS ANGELES, CA 90060 (855) 854-1438										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Insurance Total:				\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
CIGNA PPO-782, PO BOX 182223, CHATTANOOGA, TN 37422 (800) 244-6224										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,615.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$2,660.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,660.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Insurance Total:				\$2,850.00	\$2,660.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,510.00
CORRECT CARE INTEGRATED HEALTH-8199, PO BOX 349026, SACRAMENTO, CA 95834 (916) 691-0699										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$1,045.00	\$0.00	\$0.00	\$1,045.00
Insurance Total:				\$1,045.00	\$0.00	\$0.00	\$1,045.00	\$0.00	\$0.00	\$2,090.00
FAMILY LIFE INS CO-8576, PO BOX 925568, HOUSTON, TX 77292 (800) 877-7703										

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Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$35.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.69
Insurance Total:				\$35.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.69

GEHA.-3791, PO BOX 7818, LONDON, KY 40742-7818 (800) 937-6824

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$38.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38.27
Insurance Total:				\$38.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38.27

GEHA-ASA-9451, PO BOX 981707, EL PASO, TX 79998-1707 (800) 821-6136

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.00
Insurance Total:				\$0.00	\$760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.00

HUMANA PPO-1598, PO BOX 14601, LEXINGTON, KY 40512 (800) 558-4444

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$32.49	\$0.00	\$0.00	\$0.00	\$0.00	\$32.49
Insurance Total:				\$0.00	\$32.49	\$0.00	\$0.00	\$0.00	\$0.00	\$32.49

KAISER PERMENENTE-1726, PO BOX 12923, OAKLAND, CA 94604 (800) 390-3510

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Insurance Total:				\$3,895.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,895.00

MEDI-CAL-1972, PO BOX 15700, SACRAMENTO, CA 95852 (800) 786-4346

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,425.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,425.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,185.00	\$0.00	\$0.00	\$0.00	\$1,185.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,330.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$739.84	\$0.00	\$0.00	\$0.00	\$0.00	\$739.84
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Insurance Total:				\$5,510.00	\$739.84	\$1,185.00	\$0.00	\$1,185.00	\$0.00	\$7,434.84

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MEDICARE NORTHERN CA-2079, PO BOX 6774, FARGO, ND 58108-6774 (855) 609-9960										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$42.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42.49
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,710.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,710.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$570.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,090.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,090.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,045.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$49.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49.42
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$149.84	\$0.00	\$0.00	\$0.00	\$0.00	\$149.84
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$176.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$176.35
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$25.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.31
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$855.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$855.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$665.01	\$0.00	\$0.00	\$665.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$97.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$97.61
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$51.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51.07
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$855.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$855.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$27.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.12
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,710.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,710.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$475.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$475.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$58.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58.75
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.01

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Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,330.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$18.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.94
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,470.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,470.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$41.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$41.85
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$274.86	\$0.00	\$0.00	\$0.00	\$0.00	\$274.86
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,330.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,330.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$60.83	\$0.00	\$0.00	\$0.00	\$0.00	\$60.83
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$144.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$144.65
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$29.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29.38
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$25.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.76
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$27.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.57
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$53.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$53.78
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$760.01	\$0.00	\$0.00	\$0.00	\$0.00	\$760.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$85.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$760.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$760.01
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$99.87	\$0.00	\$0.00	\$0.00	\$0.00	\$99.87
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$73.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73.89
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$64.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64.55
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$78.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$78.63
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$1,140.02	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.02
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01

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Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$570.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$137.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.08
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.02
Insurance Total:				\$24,204.53	\$2,485.49	\$1,045.00	\$665.01	\$0.00	\$0.00	\$28,400.03

RAILROAD MEDICARE-2352, PO BOX 10066, AUGUSTA, GA 30999 (877) 288-7600

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01
Insurance Total:				\$665.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$665.01

SECURE HORIZONS-2214, PO BOX 30968, SALT LAKE CITY, UT 84130 (800) 542-8789

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,235.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$0.00	\$1,140.00	\$0.00	\$0.00	\$1,140.00
Insurance Total:				\$0.00	\$0.00	\$1,235.00	\$1,140.00	\$0.00	\$0.00	\$2,375.00

SELECT BENEFIT ADMINISTRATORS-9396, PO BOX 3245, MILWAUKEE, WI 53201-3245 (800) 497-3699

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$665.00	\$0.00	\$0.00	\$0.00	\$665.00
Insurance Total:				\$0.00	\$0.00	\$665.00	\$0.00	\$0.00	\$0.00	\$665.00

SELF PAY

Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$169.56	\$0.00	\$0.00	\$0.00	\$0.00	\$169.56
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$97.08	\$0.00	\$0.00	\$0.00	\$0.00	\$97.08
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$97.08	\$0.00	\$0.00	\$0.00	\$0.00	\$97.08
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$556.75	\$0.00	\$0.00	\$0.00	\$556.75
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$665.00	\$0.00	\$665.00
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$64.72	\$0.00	\$0.00	\$0.00	\$64.72
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$64.13	\$0.00	\$0.00	\$0.00	\$64.13
Patient L Name, F Name 1	12/31/1900		2410001	\$380.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$380.00
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$97.93	\$0.00	\$0.00	\$0.00	\$97.93

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Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$87.04	\$0.00	\$0.00	\$0.00	\$0.00	\$87.04
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$50.39	\$0.00	\$0.00	\$0.00	\$0.00	\$50.39
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$156.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$174.08	\$0.00	\$0.00	\$0.00	\$174.08
Patient L Name, F Name 1	12/31/1900	2410001	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$53.98	\$0.00	\$0.00	\$53.98
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$55.00	\$0.00	\$55.00
Patient L Name, F Name 1	12/31/1900	2410001	\$855.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$855.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$14.60	\$0.00	\$0.00	\$14.60
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$56.58	\$0.00	\$0.00	\$0.00	\$56.58
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$260.00	\$0.00	\$0.00	\$260.00
Patient L Name, F Name 1	12/31/1900	2410001	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,045.00
Patient L Name, F Name 1	12/31/1900	2410001	\$10.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.62
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$361.75	\$0.00	\$0.00	\$0.00	\$0.00	\$361.75
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$11.66	\$0.00	\$0.00	\$0.00	\$0.00	\$11.66
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$21.96	\$0.00	\$0.00	\$0.00	\$0.00	\$21.96
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$188.00	\$0.00	\$0.00	\$0.00	\$0.00	\$188.00
Patient L Name, F Name 1	12/31/1900	2410001	\$60.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60.67
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$361.75	\$0.00	\$0.00	\$0.00	\$0.00	\$361.75
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$190.24	\$0.00	\$0.00	\$0.00	\$0.00	\$190.24
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$1,425.00	\$0.00	\$0.00	\$0.00	\$1,425.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$183.14	\$0.00	\$0.00	\$0.00	\$183.14
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$440.00	\$0.00	\$0.00	\$0.00	\$440.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$24.45	\$0.00	\$0.00	\$0.00	\$24.45
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$560.00	\$0.00	\$0.00	\$0.00	\$560.00
Patient L Name, F Name 1	12/31/1900	2410001	\$515.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$515.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$40.85	\$0.00	\$0.00	\$0.00	\$40.85

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Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$35.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.69
Patient L Name, F Name 1	12/31/1900	2410001	\$97.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$97.08
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$881.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$881.60
Patient L Name, F Name 1	12/31/1900	2410001	\$100.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.78
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$96.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$96.84
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$186.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$186.20
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$323.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$323.60
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73.20	\$0.00	\$73.20
Patient L Name, F Name 1	12/31/1900	2410001	\$61.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.84
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$1,615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,615.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$308.00	\$0.00	\$308.00	\$0.00	\$0.00	\$308.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.14	\$0.00	\$36.14
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$23.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23.71
Patient L Name, F Name 1	12/31/1900	2410001	\$44.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44.05
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$29.82	\$0.00	\$0.00	\$29.82
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$272.60	\$0.00	\$0.00	\$272.60
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$36.27	\$0.00	\$0.00	\$0.00	\$0.00	\$36.27
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$47.61	\$0.00	\$0.00	\$0.00	\$0.00	\$47.61
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$87.08	\$0.00	\$0.00	\$0.00	\$0.00	\$87.08
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42.00	\$42.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00
Patient L Name, F Name 1	12/31/1900	2410001	\$42.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42.02
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$239.18	\$0.00	\$0.00	\$0.00	\$0.00	\$239.18
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$36.60	\$0.00	\$0.00	\$0.00	\$0.00	\$36.60
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$560.00
Patient L Name, F Name 1	12/31/1900	2410001	\$0.00	\$0.00	\$0.00	\$0.00	\$72.81	\$0.00	\$0.00	\$72.81
Patient L Name, F Name 1	12/31/1900	2410001	\$48.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48.54

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Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$320.67	\$0.00	\$0.00	\$0.00	\$320.67
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$0.00	\$147.97	\$0.00	\$0.00	\$0.00	\$147.97
Patient L Name, F Name 1	12/31/1900		2410001	\$0.00	\$1,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,520.00
Insurance Total:				\$4,305.60	\$6,400.15	\$7,336.01	\$758.81	\$1,137.34	\$42.00	\$19,616.91
STATE COMP-WC-6551, PO BOX 3171, SUISUN CITY, CA 94585 (888) 782-8338										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Insurance Total:				\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
SUTTER GOULD MEDICAL GROUP-2774, 10470 OLD PLACERVILLE RD, SACRAMENTO, CA 95827 (866) 961-8520										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Insurance Total:				\$0.00	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
SUTTER PACIFIC MEDICAL FOUNDATION-3775, PO BOX 255392, SACRAMENTO, CA 95865 (866) 961-8521										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Insurance Total:				\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
UMR-7747, PO BOX 30541, SALT LAKE CITY, UT 84130 (877) 718-6920										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,520.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,805.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,805.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,235.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,235.00
Insurance Total:				\$4,560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,560.00
UNITED HEALTH CARE-2949, PO BOX 30555, SALT LAKE CITY, UT 84130 (877) 842-3210										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$2,755.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,755.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,615.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,615.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$855.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$855.00

Aging Analysis Detail By Insurance By First Bill Date
Sample Anesthesia Group
June, 2015

Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Insurance Total:				\$6,365.00	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$7,505.00
UNITED HEALTHCARE WEST-2204, PO BOX 30968, SALT LAKE CITY, UT 84130 (800) 542-8789										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$1,140.00
Insurance Total:				\$0.00	\$0.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$1,140.00
VETERANS-8545, 201 WALNUT AVE, MARE ISLAND, CA 94592 (707) 647-8930										
Patient Info	Pat DOB	Ins ID	Billing	0-30	31-60	61-90	91-120	121-360	361+	Total
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$0.00	\$0.00	\$650.00	\$0.00	\$0.00	\$0.00	\$650.00
Patient L Name, F Name 1	12/31/1900	111111111ABC	2410001	\$855.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$855.00
Insurance Total:				\$855.00	\$0.00	\$650.00	\$0.00	\$0.00	\$0.00	\$1,505.00
Practice Total:				\$116,439.31	\$29,109.07	\$23,013.16	\$5,897.46	\$4,438.87	\$42.00	\$178,889.87