

All Payers Clean Claim Detail Report

Agency: Florida Sunshine Home Health

CLEAN CLAIMS

Patient Name	ID#	'From' Date	'To' Date	Type	Charge	POC Needed	POC Sign Needed	VO MD Sign Needed
FOURINSMONTH, TEST	21111111104	05-01-2004	05-31-2004		\$273.67	No	No	No
TWOINSMONTH, TEST	21111111102	05-01-2004	05-31-2004	331	\$159.47	No	No	No
PATIENT COUNT: 2	CLAIM COUNT: 2				TOTAL: \$433.14			