

Billing Period _____

	<u>Transaction Rpts</u>		<u>Pay Reports</u>	<u>Patient Bills</u>		<u>Claim Form</u>		<u>Aging Rpt</u>	<u>Auth Rpt</u>
	Given	Returned	Printed	Given	Returned	Given	Returned	Given	Given
Provider A	4/24	4/24		4/25	4/27	4/25			
Provider B	4/24								
Provider C	4/24								
Provider D									
Provider E									
Provider F	4/24								
Provider G									
Provider H									
Provider I									
Provider J									
