

Master Demo Practice

Patient By Insurance Co. Report

Creation Date From : 02/06/2017
 Results Sorted By : Patient Name
 Generated by admin, admin on 02/01/2018

To : 01/31/2018
 Insurance Co. : ALL

Insurance Company : AETNA

Payor ID : 60054

Payor Address : PO BOX 10845, LEXINGTON, KY- 40512

Patient Name	MR#	DOB	Patient Address	Phone (Home)	Phone (Cell)	City	State	Zip	Country	Insured #	Group #	INS. Level	Creation
Gallagher, Mike	34272	01/01/1980	123 fake st,	(555)555-5555		RANCHO SANTA MARGARITA	CA	92688	USA	1234567890	000340	P	01/18/2018
SMITH, JEN	34264	01/01/1970	123 STR,		(344)444-4444	UNION CITY	CA	94587	USA	3344334	000340	P	12/11/2017
SMITH, JOE	34266	01/01/1970	1244 STR,			UNION CITY	CA	94587	USA	34444	000444	P	12/11/2017
Test, James	34261	01/01/1990	123 fake st,		(555)555-5555	RANCHO SANTA MARGARITA	CA	92688	USA	1234567890	000340	P	12/06/2017
Test, Michael	34178	01/25/1990	123 fake st,	(949)555-5555		IRVINE	CA	92612	USA	ddd84512345	000340	P	06/16/2017

Insurance Company : AETNA

Payor ID : 60054

Payor Address : PO BOX 10845, LEXINGTON, KY- 40512-4110

Patient Name	MR#	DOB	Patient Address	Phone (Home)	Phone (Cell)	City	State	Zip	Country	Insured #	Group #	INS. Level	Creation
Test, Fareed3	34175	03/27/1990	123 Fake St,	(657)200-5899		RANCHO SANTA MARGARITA	CA	92688	USA	111111	-	P	02/17/2017

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Insurance Company : BC BS **Payor ID :** SB803
Payor Address : PO BOX 10845, MIDDLETOWN, NY- 10940

Patient Name	MR#	DOB	Patient Address	Phone (Home)	Phone (Cell)	City	State	Zip	Country	Insured #	Group #	INS. Level	Creation
Test, Fareed3	34175	03/27/1990	123 Fake St,	(657)200-5899		RANCHO SANTA MARGARITA	CA	92688	USA	22222	-	S	02/17/2017

Insurance Company : BCBS OF ILLINOIS **Payor ID :** SB710
Payor Address : PO BOX 10845, AURORA, AK- 60507-2037

Patient Name	MR#	DOB	Patient Address	Phone (Home)	Phone (Cell)	City	State	Zip	Country	Insured #	Group #	INS. Level	Creation
SMITH, JOE	34266	01/01/1970	1244 STR,			UNION CITY	CA	94587	USA	34434	4443	S	12/11/2017

Insurance Company : BLUE CROSS BLUE SHEILD **Payor ID :** 03036
Payor Address : PO BOX 10845, S.Burlington, VT- 05407-2365

Patient Name	MR#	DOB	Patient Address	Phone (Home)	Phone (Cell)	City	State	Zip	Country	Insured #	Group #	INS. Level	Creation
Test, James	34261	01/01/1990	123 fake st,		(555)555-5555	RANCHO SANTA MARGARITA	CA	92688	USA	22222	-	S	12/06/2017