

CLAIMS ACKNOWLEDGMENT REPORT

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CPI651.01

09/08/2005

PROCESSING DATE: 09/07/2005

01:57:47

009999-TEST CLINIC CLAIM BILLING DATE: 09/07/2005

999999-TEST CLINIC, INC

SUMMARY TOTALS BY CPID

CPID	NUMBER OF CLAIMS	SUPPLEMENTAL CLAIMS	TOTAL CLAIMS	CLAIM AMOUNT	ADDL APP
*****	*****	*****	*****	*****	***
1879	51	0	51	15,645.21	
2401TN	13	0	13	3,041.00	CC
3429	1	0	1	699.00	
3429	2	0	2	3,000.00	CC
3743	1	0	1	160.00	
6400	9	0	9	4,125.00	CC
6405	10	0	10	4,508.00	
TOTALS	93	0	93	37,360.21	

"ADDL APP" (6TH COLUMN) WILL INDICATE THE SOURCE OF THE CLAIM.

POSSIBLE VALUES ARE:

BLANK = STANDARD CLAIM SUBMISSION

CC = CLAIMS CONTROL SUBMISSION

SUMMARY TOTALS BY "ADDL APP"

ADDL APP	NUMBER OF CLAIMS	SUPPLEMENTAL CLAIMS	TOTAL CLAIMS	CLAIM AMOUNT
*****	*****	*****	*****	*****
STANDARD	69	0	69	27,194.21
CC	24	0	24	10,166.00