

WESTSIDE MEDICAL CLINIC

Provider Transfer Audit Report

Report Type: Date Range

Dates: (3/25/2002) - (3/25/2002) Providers: (00000) - (zzzzz)

Detail Report - Report Order: From Provider - To Provider

From Prov	Transfer Date	To Prov	Ref. Code	Orig. Post Date	Patient Name Resp. Party Name	Chart No. Account No.
1	03/25/2002	3	PPATIENT	01/26/2002	DALTON, ROBERT DALTON, ROBERT	10522 10522
20.00 Total Transferred From Provider: 1						
3	03/25/2002	2	PPATIENT	12/01/2001	BRACKEN, BILL BRACKEN, BILL	10516 10516
50.00 Total Transferred From Provider: 3						

Totals For Provider: 1

Dollars Removed From	20.00
Dollars Applied To	0.00
Net Effect	(20.00)

Totals For Provider: 2

Dollars Removed From	0.00
Dollars Applied To	50.00
Net Effect	50.00

Totals For Provider: 3

Dollars Removed From	50.00
Dollars Applied To	20.00
Net Effect	(30.00)

Figure 8-12 Provider Transfer Audit report