

Health Care Transaction Report

HC801

Report Criteria: *Date Range: 04/01/13 - 04/18/13*
 Insured: 30095274

Insured PIN	Remitter PIN	Insured Name	Remitter Name	Policy #	Tran Type	Amount	Paid Thru
30095274	30095274	Test Sheila M	Test Sheila M	6457	91040	475.00	04/18/13
30095274	30095274	Test Sheila M	Test Sheila M	6457	91060	-475.00	04/18/13
30095274	30095274	Test Sheila M	Test Sheila M	6457	91040	475.00	04/18/13
30095274	30095274	Test Sheila M	Test Sheila M	6457	91060	-475.00	04/18/13
30095274	30095274	Test Sheila M	Test Sheila M	6457	91040	475.00	04/18/13
30095274	30095275	Test Sheila M	Test Organization	6457	91040	475.00	04/18/13

Total number of transactions**6****Total Amount****\$950.00**