

NAME:
 EPISODE # : 1 OF 1
 CLIENT STATUS : DISCHARGED

CASE NUMBER: 000714035
 BALANCE THIS EPISODE : 1128.72
 DATE OF LAST SELF PAYMENT : NONE

EPISODE NUMBER	DATE	SERV	UNT	CHG	GUAR	GUARANTOR LIABILITY	AMOUNT RCVD	POSTING CODE	POSTING CODE TYPE	DATE POSTED	DATE BILLED	CLAIM NUMBER
1 376.24	07302016	ODFGCANP	8.00	376.24	15	376.24	-----		-----	-----		OPEN
2 376.24	07312016	ODFGCANP	8.00	376.24	15	376.24	-----		-----	-----		OPEN
3 0.00	08012016	A351	1.00	27.46	15	27.46	27.46	5	PAYMENT	10102016	09142016	2465028
4 188.12	08012016	ODFICANP	4.00	188.12	15	188.12	-----		-----	-----		OPEN
5 0.00	08022016	A351	1.00	27.46	15	27.46	27.46	5	PAYMENT	10102016	09142016	2465029
6 188.12	08022016	ODFICANP	4.00	188.12	15	188.12	-----		-----	-----		OPEN