



Western Street Clinic

Report Date	Patient Id	Social Sec. No.	Date of Birth	From Date	To Date	Incident
04/11/2006	012014	210-34-0592	04/22/2002	01/01/2005	04/11/2006	General Medical Care

Francine H. Stiffler
 5443 Washburn Street
 Whitehall OH 79199

Additional Information

Employer	Gender
	Female
	Consulted
	Injured

Diagnosis Codes

Dx Index	Dx Code	Description
1	465.9	Acute upper respiratory infections of unspecified site
2	V20.2	Routine infant or child health check
3	V04.81	prophylaxis, influenza

Transactions

Code	Dx Index	Date	Description	Dr Id / Ref	Type	Amount	Balance
99058	1	03/10/2005	Office Emergency Care	JEM	Charge	50.00	50.00
99213	1	03/10/2005	Office Visit, Established third Level	JEM	Charge	73.00	123.00
V		03/10/2005	Visa	572007	Payment	-15.00	108.00
99392	2	03/19/2005	Preventive Visit, Est, Age 1-4	JEM	Charge	123.00	231.00
CK		03/19/2005	Check - Personal	3627	Payment	-15.00	216.00
IN		04/07/2005	Insurance Payment 2.10.03	14615039	Payment	-46.15	169.85
I		04/07/2005	Insurance Write-Off	JEM	Write-Off	-58.00	111.85
I		04/07/2005	Insurance Write-Off	JEM	Write-Off	-35.00	76.85
I		04/07/2005	Insurance Write-Off	JEM	Write-Off	-26.85	50.00
IN		04/24/2005	Insurance Payment 02.19.03	14656047	Payment	-51.00	-1.00
I		04/24/2005	Insurance Write-Off	JEM	Write-Off	-57.00	-58.00
90658	3	01/19/2006	Flu vaccine - 3 years up split	JEM	Charge	15.00	-43.00
99211	3	01/19/2006	Office Visit, Established First level	JEM	Charge	30.00	-13.00
IN		03/10/2006	Insurance Payment 12.22.03	10013723	Payment	-13.50	-26.50
I		03/10/2006	Insurance Write-Off	JEM	Write-Off	-1.50	-28.00
I		03/10/2006	Insurance Write-Off	JEM	Write-Off	-30.00	-58.00
99392	2	03/13/2006	Preventive Visit, Est, Age 1-4	JEM	Charge	123.00	65.00
CK		03/13/2006	Check - Personal 02.13.04	copy	Payment	-10.00	55.00

Totals

Charge	Adj Increase	Service Charge	Payment	Write-Off	Adj Decrease	Total
414.00	0.00	0.00	150.65	208.35	0.00	55.00