THIRD PARTY BILLING TRACKING CLAIMS RECEIVED - MONTHLY INVOICE SUMMARY REPORT

Clinic Name:

Account Code Month:

Billed Received Adjustment MEDICAL REMUNERATION DETAILS ONLY Provider Type 20% Recorded 20% Recorded 20% Recorded Med Rem 80% Payable to **Total Amount** Provider Name (MD-F, MD-P or Date Invoice as WRHA 80% Payable to Amount Received as WRHA as WRHA 80% Payable Med Rem Physician Med Rem Revenue* Provider * by Finance Revenue* Provider * Revenue* to Provider * Submission# EFT Date Invoice # Third Party Insurer Name Billed (Full first and last name) NP) Sent Payment Date Payment Comments ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? tovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? tovider Type? Provider Type? Provider Type? Provider Type? ovider Type? Provider Type? Provider Type? Provider Type? 0.00 0.00 0.00 Total 0.00 0.00 0.00 0.00 0.00 0.00

To be completed by Clinic admin To be completed by Finance - A/R

To be completed by Finance - Med Remun

THIRD PARTY BILLING TRACKING CLAIMS OUTSTANDING - MONTHLY INVOICE SUMMARY REPORT



Month:

						Billed			Received		Adjustment		MEDICAL REMUNERATION DETAILS ONLY			ILY	
Invoice #	Third Party Insurer Name	Total Amount Billed	Provider Name (Full first and last name)	Provider Type (MD-F, MD-P or NP)	Date Invoice Sent	20% Recorded as WRHA Revenue*		Amount Received by Finance	20% Recorded as WRHA Revenue*	80% Payable to Provider *	20% Recorded as WRHA Revenue*	80% Payable to Provider *	Med Rem Payment Date	Med Rem Physician Payment	Med Rem Submission#	EFT Date	Comments
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Total		0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00			

To be completed by Clinic admin To be completed by Finance - A/R To be completed by Finance - Med Remun

Provider Type	
Medical Doctor	MD-F
Medical Doctor	MD-P
Nurse Practitioner/Physician Assistant	NP

MD processed paperwork during Office Hours - 100% to MD processed paperwork after Office Hours - Paid 80% NP/PA - 100% to Cost Centre cost Centre and 20% to Cost Centre