



Global Medical Data, Inc.

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# Stroke – Neurological Complications of Hypertension

*e-Health Method* Version P

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Electronic Medical Record of  
“John Pea”



Patient: 82715 Search New Deactivate

Last Name: Pea First Name: John Assigned Physician: Todd Smyth

Assigned Address: Family Health Center (Charleston, SC) Patient Balance: \$4,605.00

Details:

Patient Code: 82715 Date of Birth: 1/1/1941 Gender: Male Marital Status: Married  
 Address: 244 Spring Street City: Charleston State: South Carolina Zip: 29400  
 Phone 1: 801-123-4567 Phone 2: Phone 3:  
 Email: johnpea@yahoo.com SSN: 248-00-1111 Work Status: Employed Employ / School: RiverDogs

Acts As Guarantor:

Insurance:

Select	Insurance	Policy #	Group #	Start Date	Guarantor	Relation to Insured	Co-Payment	Deductible	Accepted
<input checked="" type="checkbox"/>	9: Aetna	478321	A	1/1/2008	John Pea	Self	25	2500	<input checked="" type="checkbox"/>
<input type="checkbox"/>									<input type="checkbox"/>
<input type="checkbox"/>									<input type="checkbox"/>

Attachments:

Visits: Claims Bills Notes Audio Documents Alerts

Visit ID	Visit Date	Charges	Adjustment	Total	Remainder	Has Claim?	Has Bill?
44943	6/21/2008	10295	0	389	4405	Y	Y
44942	5/16/2008	355	4			Y	Y

*Demographics, Ins, Notes, Claims, Visits*



44942	5/16/2008	355	4	151	200	Y	Y
-------	-----------	-----	---	-----	-----	---	---

Visit ID: 



 Visit Template:

**Vitals**

Height:  inches      Pulse:  BPM      Blood Pressure:  /  mmHg  
 Weight:  lb      Temperature:  °F      Vision:  /20 (Right)  /20 (Left)

**Subjective Evaluation**

Normal	Abnormal	Description	Notes
<input checked="" type="radio"/>	<input type="radio"/>	Headache	Patient is not complaining of headaches
<input checked="" type="radio"/>	<input type="radio"/>	Nausea	Patient is not experiencing nausea
<input checked="" type="radio"/>	<input type="radio"/>	Photophobia	Patient is not extremely sensitive to light
<input checked="" type="radio"/>	<input type="radio"/>	Weakness	Patient is not complaining of weakness
<input checked="" type="radio"/>	<input type="radio"/>	Numbness	Not experiencing numbness
<input checked="" type="radio"/>	<input type="radio"/>	Insomnia	Patient is sleeping well
<input checked="" type="radio"/>	<input type="radio"/>	coughing	Patient exhibits no cough
<input type="radio"/>	<input checked="" type="radio"/>	Physical	Patient is here for a physical checkup
<input checked="" type="radio"/>	<input type="radio"/>	Pain	Patient is not experiencing any pain

*May 2008 Evaluation*

Update History



<input type="radio"/>	<input checked="" type="radio"/>	Physical	Patient is here for a physical checkup
<input checked="" type="radio"/>	<input type="radio"/>	Pain	Patient is not experiencing any pain

**History**

Update History

**Review of Systems:**

Normal	Abnormal	Description	Notes
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**Past Medical History:**

Normal	Abnormal	Description	Notes
<input type="radio"/>	<input checked="" type="radio"/>	Diabetes II	Patient has had Type 2 Diabetes for 8 years
<input checked="" type="radio"/>	<input type="radio"/>	Medication(s)	2 oral hypoglycemic agents and 1 antihypertensive
<input type="radio"/>	<input checked="" type="radio"/>	Hypertension	(poorly controlled for 10 years)
<input type="radio"/>	<input checked="" type="radio"/>	Renal Disease	1 pack a day for 25 years
<input checked="" type="radio"/>	<input type="radio"/>	Drug Abuse	

**Family History:**

Normal	Abnormal	Description	Notes
<input checked="" type="radio"/>	<input type="radio"/>	Mother	Mother died of stroke at age 69
<input checked="" type="radio"/>	<input type="radio"/>	Father	Father died of myocardial infraction (MI) at age 62

**Social History:**

Normal	Abnormal	Description	Notes
<input checked="" type="radio"/>	<input type="radio"/>	Alcohol	Teetotaler
<input type="radio"/>	<input checked="" type="radio"/>	Smoker	1 pack a day for 25 years

*History*

Assessment

- 070.70: UNS VIR HEPATITIS
- 189.0: MALIG NEO KIDNEY
- 305.00: ALCOHOL ABUSE UNS
- 368.13: VISUAL DISCOMFORT
- 434.0: CEREBRAL THROMBOSI
- 434.00: CEREBR THROMBOSIS
- 434.01: CEREBR THROMBOSIS
- 434.1: CEREBRAL EMBOLISM
- 434.10: CEREBRAL EMBOLISM
- 434.11: CEREBRAL EMBOLISM
- 434.9: CEREBRAL ARTERY OC
- 434.90: CEREBR ART OCCLUS
- 434.91: CEREBR ART OCC W
- 437.0: CEREBRAL ATHEROSCL
- 437.3: NONRUPT CEREBRAL A
- 437.4: CEREBRAL ARTERITIS
- 553.29: VENTRAL HERNIA OT
- 774.1: PERINATAL JAUND HE
- 774.4: FETAL/NEONATAL HEP
- 780.79: OT MALAISE/FATIGU
- 787.01: NAUSEA WITH VOMIT
- 787.02: NAUSEA ALONE
- 799.4: CACHEXIA
- V10.52: HX MALIGNANCY KID

250.00

401.9

Diabetes II

Hypertension

Plan

- 0005F: Osteoarthritis assessed
- 00104: Anesthesia for electroc
- 00124: Anesthesia for procedur
- 00126: Anesthesia for procedur
- 00906: Anesthesia for; vulvect
- 08765437: Inje test
- 36415: Collection of venous bl
- 70450: Computed tomography, he
- 70553: Magnetic resonance (eg,
- 72193: Computed tomography, pe
- 7460: Computed tomography, ab
- 76700: Ultrasound, abdominal,
- 82040: Albumin; serum
- 82105: Alpha-fetoprotein (AFP)
- 82247: Bilirubin; total
- 82540: Creatine
- 82947: Glucose; quantitative,
- 84075: Phosphatase, alkaline;
- 84450: Transaminase; aspartate
- 84460: Transferase; alanine am
- 84520: Urea nitrogen; quantita
- 85718: Blood count; hemoglobin
- 85025: Blood count; complete (
- 85027: CBC
- 85048: Blood count; leukocyte
- 85049: Blood count; platelet,
- 85610: Prothrombin time;
- 86803: Hepatitis C antibody;
- 93005: Electrocardiogram, rout
- 93886: Transcranial Doppler st
- 93923: Noninvasive physiologic
- 99204: Office or other outpati
- 99284: Emergency department vi

Diagnosis & Plan, Procedures



**Subjective Evaluation**

Normal	Abnormal	Description	Notes
<input type="radio"/>	<input checked="" type="radio"/>	Headache	Patient is complaining of headaches
<input type="radio"/>	<input checked="" type="radio"/>	Nausea	Patient is experiencing nausea
<input type="radio"/>	<input checked="" type="radio"/>	Photophobia	Patient is extremely sensitive to light
<input type="radio"/>	<input checked="" type="radio"/>	Weakness	Patient is experiencing weakness on his left side x 10 hours
<input checked="" type="radio"/>	<input type="radio"/>	Numbness	Not experiencing numbness
<input checked="" type="radio"/>	<input type="radio"/>	Insomnia	Patient is sleeping well
<input checked="" type="radio"/>	<input type="radio"/>	coughing	Patient exhibits no cough
<input checked="" type="radio"/>	<input type="radio"/>	Physical	Patient is here for a physical couple
<input checked="" type="radio"/>	<input type="radio"/>	Pain	Patient is not experiencing any pain

**History**  Update History

**Objective Evaluation**

Normal	Abnormal	Description	Notes
<input type="radio"/>	<input checked="" type="radio"/>	Waist Circumference	Inches = 42
<input checked="" type="radio"/>	<input type="radio"/>	Neck	No bruits
<input checked="" type="radio"/>	<input type="radio"/>	Lungs	clear
<input checked="" type="radio"/>	<input type="radio"/>	Cardiac	no murmurs
<input type="radio"/>	<input checked="" type="radio"/>	Neurologic	Left-sided facial droop with mild left-sided hemiplegia
<input checked="" type="radio"/>	<input type="radio"/>	Skin	
<input checked="" type="radio"/>	<input type="radio"/>	General	
<input checked="" type="radio"/>	<input type="radio"/>	Abdomen	

*June 2008  
ER Evaluation*



Assessment

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 070.70: UNS VIR HEPATITIS | <input type="checkbox"/> 189.0: MALIG NEO KIDNEY         | <input type="checkbox"/> 305.00: ALCOHOL ABUSE UNS | <input checked="" type="checkbox"/> 368.13: VISUAL DISCOMFORT |
| <input type="checkbox"/> 434.0: CEREBRAL THROMBOSI | <input type="checkbox"/> 434.00: CEREBR THROMBOSIS       | <input type="checkbox"/> 434.01: CEREBR THROMBOSIS | <input type="checkbox"/> 434.1: CEREBRAL EMBOLISM             |
| <input type="checkbox"/> 434.10: CEREBRAL EMBOLISM | <input type="checkbox"/> 434.11: CEREBRAL EMBOLISM       | <input type="checkbox"/> 434.9: CEREBRAL ARTERY OC | <input checked="" type="checkbox"/> 434.90: CEREBR ART OCCLUS |
| <input type="checkbox"/> 434.91: CEREBR ART OCC W  | <input type="checkbox"/> 437.0: CEREBRAL ATHEROSCL       | <input type="checkbox"/> 437.3: NONRUPT CEREBRAL A | <input type="checkbox"/> 437.4: CEREBRAL ARTERITIS            |
| <input type="checkbox"/> 553.29: VENTRAL HERNIA OT | <input type="checkbox"/> 774.1: PERINATAL JAUND HE       | <input type="checkbox"/> 774.4: FETAL/NEONATAL HEP | <input type="checkbox"/> 780.79: OT MALAISE/FATIGU            |
| <input type="checkbox"/> 787.01: NAUSEA WITH VOMIT | <input checked="" type="checkbox"/> 787.02: NAUSEA ALONE | <input type="checkbox"/> 799.4: CACHEXIA           | <input type="checkbox"/> V10.52: HX MALIGNANCY KID            |

Plan

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 0005F: Osteoarthritis assessed            | <input type="checkbox"/> 00104: Anesthesia for electroc            | <input type="checkbox"/> 00124: Anesthesia for procedur            |
| <input type="checkbox"/> 00126: Anesthesia for procedur            | <input type="checkbox"/> 00906: Anesthesia for; vulvect            | <input type="checkbox"/> 08765437: have test                       |
| <input checked="" type="checkbox"/> 36415: Collection of venous bl | <input checked="" type="checkbox"/> 70450: Computed tomography, he | <input checked="" type="checkbox"/> 70546: Magnetic resonance angi |
| <input checked="" type="checkbox"/> 70553: Magnetic resonance (eg, | <input type="checkbox"/> 72193: Computed tomography, pe            | <input type="checkbox"/> 74160: Computed tomography, ab            |
| <input type="checkbox"/> 76700: Ultrasound, abdominal,             | <input type="checkbox"/> 82040: Albumin; serum                     | <input type="checkbox"/> 82105: Alpha-fetoprotein (AFP)            |
| <input type="checkbox"/> 82247: Bilirubin; total                   | <input checked="" type="checkbox"/> 82540: Creatine                | <input checked="" type="checkbox"/> 82547: Glucose; quantitative,  |
| <input type="checkbox"/> 84075: Phosphatase, alkaline;             | <input type="checkbox"/> 84450: Transferase; aspartate             | <input type="checkbox"/> 84460: Transferase; alanine am            |
| <input checked="" type="checkbox"/> 84520: Urea nitrogen; quantita | <input type="checkbox"/> 85018: Blood count; hemoglobin            | <input checked="" type="checkbox"/> 85025: Blood count; complete ( |
| <input type="checkbox"/> 85027: CBC                                | <input type="checkbox"/> 85048: Blood count; leukocyte             | <input type="checkbox"/> 85049: Blood count; platelet,             |
| <input type="checkbox"/> 85610: Prothrombin time;                  | <input type="checkbox"/> 86803: Hepatitis C antibody;              | <input checked="" type="checkbox"/> 93000: Electrocardiogram, rout |
| <input checked="" type="checkbox"/> 93886: Transcranial Doppler st | <input type="checkbox"/> 93923: Noninvasive physiologic            | <input type="checkbox"/> 93204: Office or other outpati            |
| <input type="checkbox"/> 99214: Office or other outpati            | <input checked="" type="checkbox"/> 99284: Emergency department vi |  |

Diagnosis & Plan, Procedures

<input type="checkbox"/> 82247: Bilirubin; total	<input checked="" type="checkbox"/> 82540: Creatine	1 units	<input checked="" type="checkbox"/> 82947: Glucose; quantitative,	1 units
<input type="checkbox"/> 84075: Phosphatase, alkaline;	<input type="checkbox"/> 84450: Transferase; aspartate		<input type="checkbox"/> 84460: Transferase; alanine am	
<input checked="" type="checkbox"/> 84520: Urea nitrogen; quantita	<input type="checkbox"/> 85018: Blood count; hemoglobin	1 units	<input checked="" type="checkbox"/> 85025: Blood count; complete (	1 units
<input type="checkbox"/> 85027: CBC	<input type="checkbox"/> 85048: Blood count; leukocyte		<input type="checkbox"/> 85049: Blood count; platelet,	
<input type="checkbox"/> 85610: Prothrombin time;	<input type="checkbox"/> 86803: Hepatitis C antibody;		<input checked="" type="checkbox"/> 93005: Electrocardiogram, rout	1 units
<input checked="" type="checkbox"/> 93886: Transcranial Doppler st	<input type="checkbox"/> 93923: Noninvasive physiologic	1 units	<input type="checkbox"/> 99204: Office or other outpati	
<input type="checkbox"/> 99214: Office or other outpati	<input checked="" type="checkbox"/> 99284: Emergency department vi	1 units		
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units
<input type="text"/> units	<input type="text"/> units	1 units	<input type="text"/> units	1 units

Additional Notes

Selected Laboratory Results :  
 FBS, 110 mg/dL; A1C, 7.5%;  
 BUN, 20 mg/dL; SCr, 1.5 mg/dL;  
 Fasting:  
 LDL-C 25 mg/dL; HDL-C 25 mg/dL;

Print Visit    Print Superbill    Print Progress Note

Copy Visit    Update Visit

Notes



Attachments: [v]

Documents: [Visits] [Claims] [Bills] [Notes] [Audio] [Documents] [Alerts]

Edit	Delete	Doc	Title	Created	Modified
			Patient photo	6/18/2008 9:09:43 AM	6/18/2008 9:09:43 AM
			Sample History	6/20/2008 10:58:56 AM	6/20/2008 10:58:56 AM
			Fatty Acids	7/30/2008 4:17:52 PM	7/30/2008 4:17:52 PM
			Notes for Visit 44943	9/4/2008 11:17:57 AM	9/4/2008 11:17:57 AM
			Notes for Visit 44943	9/9/2008 12:44:10 PM	9/9/2008 12:44:10 PM

Visit ID: 44943

Visit Date: 6/21/2008

**Vitals**

Height:

Weight:

Waist:

**Subjective Evaluation**

	Normal	Abn
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

John Pea - p82715 - v44943\_612 (Read-Only) - Microsoft Word

File Edit View Insert Format Tools Table FlashPaper Window ACT! Help

Type a question for help

**HISTORY AND PHYSICAL (Hospital)**

History of Present Illness: This is a 43-year-old black man with no apparent past medical history who presented to the emergency room with the chief complaint of weakness, fatigue and dyspnea on exertion for approximately one month. The patient also reports a 45-pound weight loss. He denies fever, chills and sweats. He denies cough and diarrhea. He has mild anorexia.

Past Medical History: Essentially unremarkable except for chest wall cysts which apparently have been biopsied by a dermatologist in the past, and he was given a benign diagnosis. He had a recent PPD which was negative in August 1994.

Medications: None.

Allergies: No known drug allergies.

Social History: He occasionally drinks and is a nonsmoker. The patient participated in

*Dictated & Transcribed Note  
 Inside the EMR*



Patient: 82715

Visit ID: 44943    Visit Template:

Diagnoses: 1. 368.13 2. 434.90 3. 787.02 4.  Assign Responsibility to: Patient Bill Insurance Responsibility:   
Services Rendered At:  Attending Physician:  Patient Responsibility:

Details:

Start Date	End Date	Procedure Code	Modifier Number	POS	TOS	Diagnosis 1	Diagnosis 2	Diagnosis 3	Diagnosis 4	Charges	Units/Days	Amount
6/21/2008	6/21/2008	36415		23	23	✓	✓	✓		\$0.00	1	\$0.00
6/21/2008	6/21/2008	70450		23	23	✓	✓	✓		1,700.00	1	\$1700.00
6/21/2008	6/21/2008	70546		23	23	✓	✓	✓		4,500.00	1	\$4500.00
6/21/2008	6/21/2008	70553		23	23	✓	✓	✓		3,500.00	1	\$3500.00
6/21/2008	6/21/2008	82540		23	23	✓	✓	✓		\$15.00	1	\$15.00
6/21/2008	6/21/2008	82947		11	11	✓	✓	✓		\$0.00	1	\$0.00
6/21/2008	6/21/2008	84520		11	11	✓	✓	✓		\$0.00	1	\$0.00
6/21/2008	6/21/2008	85025		23	23	✓	✓	✓		\$37.00	1	\$37.00

Payment ID: New

*Diagnosis, Procedures, Charges*





Payment:  Search New Delete

Payer Type:  Payment Code:  Payment Collected At:

Insurance Name:  Payer Name:  Payment Amount:

Payment Date:  Check # / Payment Ref:  Remainder:

Save Payment Details

Procedures

Patient:  Procedure Date Range:  to   Show Closed Payments

Visit ID:  Scope:  Select

Start Date	End Date	Procedure Code	Charges	Units	Amount	Paid	Payment	Adjustment	Remainder	Payment Responsibility
5/16/2008	5/16/2008	85027	\$175.00	1	\$175.00	\$151.00	\$151.00	\$4.00	\$20.00	Patient Bill
5/16/2008	5/16/2008	99204	\$180.00	1	\$180.00	\$0.00	\$0.00	\$0.00	\$180.00	
6/21/2008 5:17:04 PM	6/21/2008 5:17:04 PM	70450	\$1,700.00	1	\$1,700.00	\$1,500.00	\$0.00	\$0.00	\$200.00	Aetna
6/21/2008 5:17:05 PM	6/21/2008 5:17:05 PM	70546	\$4,500.00	1	\$4,500.00	\$2,700.00	\$0.00	\$0.00	\$1800.00	
6/21/2008 5:17:06 PM	6/21/2008 5:17:06 PM	70553	\$3,500.00	1	\$3,500.00	\$1,200.00	\$0.00	\$0.00	\$2300.00	
6/21/2008 5:17:14 PM	6/21/2008 5:17:14 PM	99284	\$250.00	1	\$250.00	\$145.00	\$0.00	\$0.00	\$105.00	

Save Save And Bill Clear

*Procedures & Payment*





Payment: 22102 Search New Delete

Payer Type: Insurance ▼ Payment Code: Insurance Check ▼ Payment Collected At: Family Health Center (Charleston, SC) ▼

Insurance Name: Aetna 🔍 Payer Name: 🔍 **Payment Amount: 4000**

Payment Date: 7/4/2008 📅 Check # / Payment Ref: 🔍 Remainder: \$4,000.00

Save Payment Details

Procedures

Patient: John Pea 🔍 ✖ Procedure Date Range: 📅 to 📅  Show Closed Payments

Visit ID: 44943 🔍 ✖ Scope: All Procedures ▼ Select

Start Date	End Date	Procedure Code	Charges	Units	Amount	Paid	Payment	Adjustment	Remainder	Payment Responsibility
6/21/2008 5:17:04 PM	6/21/2008 5:17:04 PM	70450	\$1,700.00	1	\$1,700.00	\$1,500.00	\$0.00	\$0.00	\$200.00	Patient Bill <span>▼</span>
6/21/2008 5:17:06 PM	6/21/2008 5:17:06 PM	70553	\$3,500.00	1	\$3,500.00	\$3,400.00	\$0.00	\$0.00	\$100.00	
6/21/2008 5:17:14 PM	6/21/2008 5:17:14 PM	99284	\$250.00	1	\$250.00	\$145.00	\$0.00	\$0.00	\$105.00	

Save Save And Bill Clear

*From EOB to Visit to Procedure*





### Patient Bill List

**Criteria**

Patient Code:

Bill Status:

Bill ID:

Procedure Start Date After:

Procedure End Date Before:

Bill Date Between:  and

Search

2 Records Page 1 / 1 - Page Size: 500

Select	Edit	View	Patient Code	Name	Amount	Bill Date	Bill Status	Remainder	Bill Alerts	Active?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	44943	82715	John Pea	\$405.00	7/7/2008	Ready to Send	\$405.00		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	44942	82715	John Pea	\$355.00	7/7/2008	Done	\$0.00		Y

*After EOB & Re-Billing*



GlobalMedicalData.com - Windows Internet Explorer

https://koalamd.com/gmd/applyPayments.asp

File Edit View Favorites Tools Help

GlobalMedicalData.com

https://koalamd.com/pdf\_files/temp\_files/1215476344\_0001.pdf - Windows Internet Explorer

https://koalamd.com/pdf\_files/temp\_files/1215476344\_0001.pdf

1 / 1 87.4% Sign Find

gmd

A:[B]B:[B]C:[UPDATE V  
ELSE 'I' END WHERE v

Payment: 22102

Payer Type:

Insurance Name:

Payment Date:

Visit ID: 44943

Start Date

6/21/2008 5:17:04 P

6/21/2008 5:17:06 P

6/21/2008 5:17:14 P

--- FAMILY HEALTH CENTER ---  
51 Bahamas Street  
Charleston, SC 29403

Bill No: 44943 2008-07-07 20:17:57

Patient: JOHN PEA Physician Code: 127  
244 SPRING STREET Physician Name: TODD SMYTH  
CHARLESTON, SC 29403

Chart #: 82715

Date	CPT Code	Charge (per unit/day)	# of Units	Amount	Amount Paid	Adjustments	Remainder
06/21/2008	70450	\$1,700.00	1	\$1,700.00	\$1,500.00	\$0.00	\$200.00
06/21/2008	70553	\$3,500.00	1	\$3,500.00	\$3,400.00	\$0.00	\$100.00
06/21/2008	99284	\$250.00	1	\$250.00	\$145.00	\$0.00	\$105.00

After EOB & Re-Billing

Done Unknown Zone

start 2 Lotus Notes ACT! by Sage ... GlobalMedicalD... https://koalam... Microsoft Pow... Norton 100% 20:19



Logged in: Bob Rogers

### Select Payment

**Criteria**

Payment Date between: 7/7/2008 and 7/7/2008 Policy Number:

Filter payments by:  Patient (82715)  Do Not Filter

Search

170 Records Page 1 / 1 - Page Size: 500

Select	Payment ID	Date	Payer Name	Payer Type	Payment Method	Payment Amount	Unapplied Amount
Select	3	1/1/2005	IN16	Capitation	Co-Pay Check	100	41.342
Select	11	7/11/2006	Aetna	Insurance	Patient Check	1000	265
Select	12	7/11/2006		Insurance	Insurance Check	120	70

*Follow per Aging*

Done

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Done



GlobalMedicalData.com - Windows Internet Explorer

https://koalamd.com/gmd/controlPanel.asp

File Edit View Favorites Tools Help

GlobalMedicalData.com - Windows Internet Explorer

https://koalamd.com/gmd/lookupValue.asp?bo=openPaymentID&func=getPaymentInfo&form=formVisit&field=paymentID&action=search&patientID=82715&visitID=

Select	15977	2/5/2008	Afnan Abbassa	Patient	Credit Card	5	5
Select	17208	3/6/2008	AmeriChoice of NJ M	Insurance	Insurance Check	15000	14900
Select	17425	3/13/2008	AmeriChoice of NJ M	Insurance	Insurance Check	1000	900
Select	18157	3/13/2008		Insurance	Insurance Check	150	150
Select	18800	4/1/2008	AmeriChoice of NJ M	Insurance	Insurance Check	4000	3900
Select	19391	4/29/2008	AmeriChoice of NJ M	Insurance	Insurance Check	500	365
Select	21270	6/11/2008	Maria Lopez	Patient	Credit Card	25	25
Select	21272	6/11/2008	jackie robinson	Patient	Credit Card	15	15
Select	21289	11/6/2008	Aetna	Insurance	Insurance Check	100	2
Select	21504	6/18/2008	Aetna	Insurance	Patient Check	25	25
Select	21701	6/23/2008	Aetna	Insurance	Insurance Check	4000	10
Select	21775	6/24/2008	Kevin Baker	Patient	Credit Card	850	650
Select	22102	7/4/2008	Aetna	Insurance	Insurance Check	4000	4000

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Done Internet 100%

start 2 Lotus Notes ACT! by Sage ... GlobalMedicalD... GlobalMedicalD... Microsoft Pow... Norton™ 20:31

*Follow per Aging*



7/7/2008 7/7/2008 1 11 1 \$0.00

View Bill Submit Claim Copy Visit Update Visit

Payment ID: 22102

Search New Delete

Payer: 9: Aetna

Payment Method: Insurance Check

Payment Collected At: Family Health Center (Charleston, S

Payment Amount: \$4000.00

Payment Date: 7/4/2008

Check # / Payment Ref:

Available: \$4000.00

Assign Responsibility to: 9: Aetna

Procedure Code	Amount	Paid	Payment	Adjustment	Remainder
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals:</b>					
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Save All

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*Follow per Aging*

GlobalMedicalData.com :: Bills - Windows Internet Explorer

https://koalamd.com/gmd/billView.asp?id=44943

File Edit View Favorites Tools Help

GlobalMedicalData.com :: Bills

gmd Logged in: Bob Rogers

-----Family Health Center-----  
 51 Bahamas Street  
 Charleston, SC29403

Bill No. : 44943 Bill Date : 7/7/2008 10:35:57 AM  
 Chart No. : 82715 Physician Code : 127  
 Patient name : John Pea Physician Name : Todd Smith

Sr #	Serv. Date	CPT Code	Charge (unit/days)	# of units/days	Unit	Amt Paid	Adjustment	Remainder
1	6/21/2008 5:17:04 PM	70450	1700	1	1700	1500	0	200
2	6/21/2008 5:17:06 PM	70553	3500	1	3500	3400	0	100
3	6/21/2008 5:17:14 PM	99284	250	1	250	145	0	105
Totals :					5450	5045	0	405

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