

Insurance Claim Log

*A= Authorization
*C= Claim

#	Patient Name	Insurance Company	Policy Holder	SSN or Welfare No.	A/C	Date Requested	Amount Requested	Date Received	Amount Received
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									