

DASHBOARD

- Account Details
- Claim Review

Review Approved Claim

Patient Name	Dr. Office Name	Submitted Date	Date of Service	Ref Number	Status	Actions
Mary Jones	Gantzer DDS	03/26/2016	01/01/1970	111459423	Reviewer Approved	Review
Mary Jones	Gantzer DDS	03/29/2016	03/24/2016	111459326	Reviewer Approved	Review

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Paid Claim

Patient Name	Last 4 SS	Date of Service	Ref #	Amount Paid	Amount Paid	Claim Status
Asher Burke	111-111-111	3/29/16	281459209	03/29/16	\$0.00	Paid

Delete Paid Claim Dashboard

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