

Sample Clinic Dispute Summary

ANDERSON, KYLE

File No.: AndK1
Patient Name: **ANDERSON, KYLE**
Gender: Male
Date of Birth: 29-Oct-1974

Date of Loss: 12-Jun-2016
Intake Date: 17-Jun-2016

Claim No.: AB123012345
Policy No.: 000147258

Policy Holder: ANDERSON, KYLE

Home Address:
 123 Martin Groove Rd.
 VAUGHAN, ON L1C 4K3

MVA Insurer: Allstate Insurance Company of Canada
Address: 104-9983 Keele St
 Maple, ON

Adjuster Name: Gonzales, Tiffany
Adjuster Tel.: 905-888-1111 Ext.: 1003

OCF3 LIST

ANDERSON, KYLE

No.	Create Date	Sent Date	Document	Memo
1.	18-Jun-2016	20-Jun-2016	OCF3-1	

FORM1 LIST

ANDERSON, KYLE

No.	Create Date	Sent Date	Reply Date	HCAI Number	Proposed Amt	Approved Amt	Memo
1.	13-Aug-2016	13-Sep-2017		17091300001	\$0.00	\$0.00	
TOTAL:					\$0.00	\$0.00	

OCF18 and OCF23 LIST

ANDERSON, KYLE

No.	Sent Date	Reply Date	Plan	HCAI Number	Category	Proposed Amt	Approved Amt	Invoiced Amt	Paid Amt	Write Off	Balance	Memo
1.	12-Sep-2017	25-Jun-2016	OCF18-1	17091200001	Physical Rehab 1	\$2,847.60	\$2,847.60	\$2,847.60	\$2,847.60	\$0.00	\$0.00	
2.	12-Sep-2017	25-Sep-2016	OCF18-2	17091200006	Physical Rehab 2	\$1,679.60	\$1,320.40	\$1,477.40	\$1,320.40	\$157.00	\$0.00	
TOTAL:						\$4,527.20	\$4,168.00	\$4,325.00	\$4,168.00	\$157.00	\$0.00	

INVOICE LIST

ANDERSON, KYLE

No.	Sent Date	Reply Date	Invoice No	HCAI Number	Plan	Invoiced Amt	Approved Amt	Paid Amt	Write Off	Balance	Memo
1.	12-Sep-2017	09-Aug-2016	14005	17091200002	OCF18-1 (Physical Rehab 1)	\$1,670.12	\$1,670.12	\$1,670.12	\$0.00	\$0.00	MVA Invoice Ver B
2.	12-Sep-2017	23-Sep-2016	14006	17091200005	OCF18-1 (Physical Rehab 1)	\$1,177.48	\$1,177.48	\$1,177.48	\$0.00	\$0.00	MVA Invoice Ver B
3.	12-Sep-2017	12-Sep-2017	14007	17091200008	OCF18-2 (Physical Rehab 2)	\$1,477.40	\$1,477.40	\$1,320.40	\$157.00	\$0.00	MVA Invoice Ver B
TOTAL:						\$4,325.00	\$4,325.00	\$4,168.00	\$157.00	\$0.00	