

## Sample Physical Rehab Collections by Adjuster

Adjuster Name = JOE BLACK

Invoice No	Inv HCAI No	V	Create Date	Sent Date	Invoice Status	Plan	Plan Category	Plan HCAI No	Plan Status	Invoice Total	Paid/WO	Outstanding
<b>JOE BLACK</b>												
<b>Aviva Insurance Company of Canada</b>												
<b>Brown, Elizabeth</b>					DOL: 10-Oct-2012		Policy No: A11222333PLA		Claim No: 77711222		AdjTel: 416-777-4433 #1144	
8914	13131313133	B	15-Nov-2013	15-Nov-2013	Not Approved	OCF18-1	Physical Rehab 3	14000000114	Approved	\$710.80	\$0.00	\$710.80
8915	14141414144	B	15-Nov-2013	15-Nov-2013	Not Approved	OCF18-2	Physical Rehab 2	10022334455	Not Approved	\$750.80	\$0.00	\$750.80
										<b>\$1,461.60</b>	<b>\$0.00</b>	<b>\$1,461.60</b>
<b>Lower, Jennifer</b>					DOL: 17-Nov-2011		Policy No: 22330111		Claim No: 22330111-02		AdjTel: 416-777-4433 #1144	
5947	10101010101	B	31-Oct-2012	31-Oct-2012	Approved	OCF18-1	Physical Rehab 4	10000002563	Partially Approved	\$288.65	\$0.00	\$288.65
9956	12121212122	B	19-Feb-2014	19-Feb-2014	Approved	OCF18-1	Physical Rehab 4	10000002563	Partially Approved	\$348.60	\$348.36	\$0.24
9957		B	19-Feb-2014		HCAI Compliant	OCF18-2	Physical Rehab 2	10033003333	Approved	\$200.00	\$0.00	\$200.00
										<b>\$837.25</b>	<b>\$348.36</b>	<b>\$488.89</b>
<b>JOE BLACK Total</b>										<b>\$2,298.85</b>	<b>\$348.36</b>	<b>\$1,950.49</b>
<b>TOTAL</b>										<b>\$2,298.85</b>	<b>\$348.36</b>	<b>\$1,950.49</b>