Sample Account Spreadsheet

Provider of Service (Hospital,Doctor)	Date of Service	Account Number	Total Charges	Paid To Provider By Patient	Amount Pending Insurance	Amount Approved By Insurance	Insurance Adjustments/Discounts	Amount Applied To Deductible / CoPayment	Amount Paid By Insurance	Date Bill Sent To Supplemental Insurance	Amount Applied To Supplemental Insurance	Amount Paid By Supplemental Insurance	Supplemental Insurance Adjustments/Discounts	Balance Due To Provider	Date Balance Paid To Provider	Out Of Pocket Expense