

CLAIM REGISTER REPORT

ABC Company

Plan Year: 01/01/2012 - 12/31/2012

For Claims Submitted: 01/01/2012 - 12/31/2012

Claim#	Name Status	SSN Provider/Notes	Submitted Incurred	Benefit Claim Code	Request	Approved	Denied	Paid	Pending
1	Smith, John S Approved	###-##-2222 Dr. John	05/10/12 04/01/12	HRAABC Physician	1,000.00 1,000.00	1,000.00 1,000.00	0.00 0.00	1,000.00 1,000.00	0.00 0.00

Summary By Benefit:

	<u>Claims</u>	<u>Requested</u>	<u>Approved</u>	<u>Denied</u>	<u>Paid</u>	<u>Pending</u>
HRAABC	1	1,000.00	1,000.00	0.00	1,000.00	0.00
Totals:	1	1,000.00	1,000.00	0.00	1,000.00	0.00