

# 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 Denied: Exceeds Election	###-##-2222 Dr. John Smith	05/10/12 05/01/12	FSA Physician	600.00 600.00	500.00 500.00	100.00 100.00	500.00 500.00	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>
FSA	Flex	1	600.00	500.00	100.00	500.00	0.00
<b>Totals:</b>		1	600.00	500.00	100.00	500.00	0.00