

ID	LAST NAME	FIRST	TOOTH	SURFACE	ADA	DESCRIPTION	DOLLAR	TYPE	INSUR	PR
Provider: Alice Armstrong - RDH										
37	Anderson	John			1110	PROPHYLAXIS, ADULT	88.00	R	Y	
13	Baker	Loren			4910	PERIODONTAL MAINTENANCE	130.00	R	Y	
57	Stewart	Peter			4910	PERIODONTAL MAINTENANCE	130.00	R	Y	
Provider: Brenda Long RDH										
42	Coleman	Laura			1110	PROPHYLAXIS, ADULT	88.00	R	Y	
24	Holland	William			1110	PROPHYLAXIS, ADULT	88.00	R	E	
24	Holland	William			274	BITEWING-FOUR FILMS	48.00	R	E	
58	Ritter	Jon			1110	PROPHYLAXIS, ADULT	88.00	R	Y	
43	Sundrund	Sue			1110	PROPHYLAXIS, ADULT	88.00	R		
21	Ulmer	Jerrod			1110	PROPHYLAXIS, ADULT	88.00	R	Y	
27	Watson	Jan			1110	PROPHYLAXIS, ADULT	88.00	R	Y	
Provider: Office										
12	Abbott	Terry	4	MOD	2393	COMPOSITE - THREE SURFAC	162.00	R	Y	
12	Abbott	Terry			2	PAYMENT BY GREAT WEST	178.00	CR	R	
12	Abbott	Terry			11	on \$178.00 for services on 05/31/2004		R		
12	Abbott	Terry			11	-> Amount not covered: \$0.00		R		
11	Adams	Cynthia	9		3310	ROOT CANAL-ANTERIOR	730.00	R		
37	Anderson	John			120	PERIODIC ORAL EVALUATION	42.00	R	Y	
37	Anderson	John			2	CO-PAYMENT BY WASHINGTON	150.00	CR	R	
37	Anderson	John			11	on \$178.00 for services on 04/05/2004		R		
37	Anderson	John			11	-> Net amount not covered: \$178.00		R		
37	Anderson	John			1	PAID ON ACCOUNT - THANK	300.00	CR	R	
38	Anderson	Wilma			2	PAYMENT BY WASHINGTON DE	500.00	CR	R	
38	Anderson	Wilma			11	on \$730.00 for services on 07/22/2004		R		
38	Anderson	Wilma			11	-> Amount not covered: \$230.00		R		
44	Babbott	Ruby	13	MOD	2393	COMPOSITE - THREE SURFAC	162.00	R	Y	
44	Babbott	Ruby			2	PAYMENT BY RETAIL CLERKS	150.00	CR	R	
44	Babbott	Ruby			11	on \$178.00 for services on 07/22/2004		R		
44	Babbott	Ruby			11	-> Amount not covered: \$28.00		R		
13	Baker	Loren			120	PERIODIC ORAL EVALUATION	42.00	R	Y	
14	Baker	Tina			2	PAYMENT BY WASHINGTON DE	450.00	CR	R	
14	Baker	Tina			11	on \$900.00 for services on 06/04/2004		R		
14	Baker	Tina			11	-> Amount not covered: \$450.00		R		
14	Baker	Tina			2	CO-PAYMENT BY WASHINGTON	450.00	CR	R	
14	Baker	Tina			11	on \$900.00 for services on 06/04/2004		R		
14	Baker	Tina			11	-> Net amount not covered: \$0.00		R		
73	Clayton	John			2	PAYMENT BY GREAT WEST	1000.00	CR	R	
73	Clayton	John			11	on \$3844.00 for services on 06/04/2004		R		
73	Clayton	John			11	-> Amount not covered: \$2844.00		R		
73	Clayton	John			2	PAYMENT BY GREAT WEST	150.00	CR	R	
73	Clayton	John			11	on \$170.00 for services on 07/22/2004		R		
73	Clayton	John			11	-> Amount not covered: \$20.00		R		
73	Clayton	John			5	PAID BY CREDIT CARD-THAN	1000.00	CR	R	
42	Coleman	Laura			120	PERIODIC ORAL EVALUATION	42.00	R	Y	
42	Coleman	Laura			6	SAME DAY PAYMENT	123.50	CR	R	
42	Coleman	Laura			7	SAME DAY DISCOUNT	6.50	CR	R	
39	Doe	John	3		3330	ROOT CANAL-MOLAR	930.00	R	Y	
39	Doe	John			5	PAID BY CREDIT CARD-THAN	600.00	CR	R	
3	Edmonds	Casey			2	PAYMENT BY AETNA	150.00	CR	R	
3	Edmonds	Casey			11	on \$178.00 for services on 05/31/2004		R		
3	Edmonds	Casey			11	-> Amount not covered: \$28.00		R		
3	Edmonds	Casey			2	PAYMENT BY AETNA	900.00	CR	R	
3	Edmonds	Casey			11	on \$1800.00 for services on 06/04/2004		R		

ID	LAST NAME	FIRST	TOOTH	SURFACE	ADA	DESCRIPTION	DOLLAR	TYPE	INSUR	PR
Provider: Office										
3	Edmonds	Casey			11	-> Amount not covered: \$900.00		R		
3	Edmonds	Casey			5	PAID BY CREDIT CARD-THAN	1000.00	CR	R	
1	Edmonds	Charles	9		3310	ROOT CANAL-ANTERIOR	730.00	R	E	
1	Edmonds	Charles			220	INTRAORAL-PERIAPICAL - F	16.00	R	E	
2	Edmonds	Vivian			2	PAYMENT BY PRUDENTIAL	150.00	CR	R	
2	Edmonds	Vivian			11	on \$178.00 for services on 05/31/2004		R		
2	Edmonds	Vivian			11	-> Amount not covered: \$28.00		R		
2	Edmonds	Vivian			1	PAID ON ACCOUNT - THANK	28.00	CR	R	
32	Grady	Phillip			2	PAYMENT BY WASHINGTON DE	190.00	CR	R	
32	Grady	Phillip			11	on \$220.00 for services on 05/31/2004		R		
32	Grady	Phillip			11	-> Amount not covered: \$30.00		R		
32	Grady	Phillip			1	PAID ON ACCOUNT - THANK	30.00	CR	R	
24	Holland	William			120	PERIODIC ORAL EVALUATION	42.00	R	E	
64	Lincoln	Abraham			2	PAYMENT BY PAUL REVERE	190.00	CR	R	
64	Lincoln	Abraham			11	on \$279.00 for services on 05/31/2004		R		
64	Lincoln	Abraham			11	-> Amount not covered: \$89.00		R		
64	Lincoln	Abraham			1	PAID ON ACCOUNT - THANK	89.00	CR	R	
7	Patrick	Lydia			2	PAYMENT BY GUARDIAN	1200.00	CR	R	
7	Patrick	Lydia			11	on \$1572.00 for services on 06/04/2004		R		
7	Patrick	Lydia			11	-> Amount not covered: \$372.00		R		
5	Peters	Irene			2	PAYMENT BY MUTUAL OF OMA	110.00	CR	R	
5	Peters	Irene			11	on \$130.00 for services on 07/22/2004		R		
5	Peters	Irene			11	-> Amount not covered: \$20.00		R		
9	Peters	Jennifer			2	PAYMENT BY MUTUAL OF OMA	150.00	CR	R	
9	Peters	Jennifer			11	on \$211.00 for services on 05/31/2004		R		
9	Peters	Jennifer			11	-> Amount not covered: \$61.00		R		
74	Porter	Jane			2	PAYMENT BY DELTA DENTAL	200.00	CR	R	
74	Porter	Jane			11	on \$292.00 for services on 06/04/2004		R		
74	Porter	Jane			11	-> Amount not covered: \$92.00		R		
54	Prince	Denna			2	PAYMENT BY WASHINGTON DE	150.00	CR	R	
54	Prince	Denna			11	on \$172.00 for services on 06/04/2004		R		
54	Prince	Denna			11	-> Amount not covered: \$22.00		R		
58	Ritter	Jon			120	PERIODIC ORAL EVALUATION	42.00	R	Y	
50	Smart	Angela			2	CO-PAYMENT BY BLUE CROSS	200.00	CR	R	
50	Smart	Angela			11	on \$211.00 for services on 04/05/2004		R		
50	Smart	Angela			11	-> Net amount not covered: \$0.00		R		
35	Smathers	Sasha			2	PAYMENT BY PREMIER BLUE	250.00	CR	R	
35	Smathers	Sasha			11	on \$264.00 for services on 05/31/2004		R		
35	Smathers	Sasha			11	-> Amount not covered: \$14.00		R		
34	Smathers	Sofia			2	PAYMENT BY PREMIER BLUE	150.00	CR	R	
34	Smathers	Sofia			11	on \$172.00 for services on 05/31/2004		R		
34	Smathers	Sofia			11	-> Amount not covered: \$22.00		R		
76	Smith	John	A		2393	COMPOSITE - THREE SURFAC	125.00	M		
76	Smith	John	B		2393	COMPOSITE - THREE SURFAC	125.00	M		
75	Smith	Susan	A		2393	COMPOSITE - THREE SURFAC	125.00	M	Y	
75	Smith	Susan	B	MOD	2393	COMPOSITE - THREE SURFAC	125.00	M	Y	
57	Stewart	Peter			120	PERIODIC ORAL EVALUATION	42.00	R	Y	
36	Stoddard	Terrence			2	PAYMENT BY WASHINGTON DE	200.00	CR	R	
36	Stoddard	Terrence			11	on \$247.00 for services on 05/31/2004		R		
36	Stoddard	Terrence			11	-> Amount not covered: \$47.00		R		
43	Sundrond	Sue			120	PERIODIC ORAL EVALUATION	42.00	R		
23	Tarbel	Jason			2	CO-PAYMENT BY WASHINGTON	150.00	CR	R	
23	Tarbel	Jason			11	on \$211.00 for services on 03/04/2004		R		
23	Tarbel	Jason			11	-> Net amount not covered: \$0.00		R		

ID	LAST NAME	FIRST	TOOTH	SURFACE	ADA	DESCRIPTION	DOLLAR	TYPE	INSUR	PR
Provider: Office										
23	Tarbel	Jason	4		2750	CROWN-PORCELAIN/HIGH NOB	900.00	R		H
22	Ulmer	Debra			2	CO-PAYMENT BY AETNA	600.00	CR	R	
22	Ulmer	Debra			11	on \$1105.00 for services on 01/20/2004			R	
22	Ulmer	Debra			11	-> Net amount not covered: \$505.00			R	
22	Ulmer	Debra	4		2750	CROWN-PORCELAIN/HIGH NOB	900.00	R		H
21	Ulmer	Jerrold			120	PERIODIC ORAL EVALUATION	42.00		R	Y
27	Watson	Jan			120	PERIODIC ORAL EVALUATION	42.00		R	Y
28	Watson	Melody			2	CO-PAYMENT BY WASHINGTON	175.00	CR	R	
28	Watson	Melody			11	on \$211.00 for services on 03/04/2004			R	
28	Watson	Melody			11	-> Net amount not covered: \$0.00			R	
45	Williams	Joseph			2	PAYMENT BY WASHINGTON DE	130.00	CR	R	
45	Williams	Joseph			11	on \$130.00 for services on 05/31/2004			R	
45	Williams	Joseph			11	-> Amount not covered: \$0.00			R	
19	Wilson	Brian			2	PAYMENT BY JOHN HANCOCK	250.00	CR	R	
19	Wilson	Brian			11	on \$280.00 for services on 05/31/2004			R	
19	Wilson	Brian			11	-> Amount not covered: \$30.00			R	
18	Wilson	Toni			2	PAYMENT BY CONNECTICUT G	250.00	CR	R	
18	Wilson	Toni			11	on \$292.00 for services on 05/31/2004			R	
18	Wilson	Toni			11	-> Amount not covered: \$42.00			R	

***** THE FOLLOWING TRANSACTIONS ARE MARKED FOR DELETION AND DO NOT HAVE ANY FINANCIAL BEARING *****

NOTE: Groups of posted transactions that are modified are shown as deleted below, reposted and reprinted above.

DEL	10	Abbott	Jane		120	PERIODIC ORAL EVALUATION	42.00		D	*DEL*
DEL	55	Coleman	Joseph		5	PAID BY CREDIT CARD-THAN	130.00	CR	D	*DEL*

===== POSITIVE ADJUSTMENTS =====

8.0 ADJUSTMENT	\$	0.00	\$	0.00
8.1 CREDIT REFUND TO PATIEN	\$	0.00	\$	0.00
8.2 TRANSFER BALANCE	\$	0.00	\$	0.00
8.3 POSTING ERROR	\$	0.00	\$	0.00
8.4 DSHS ADJUSTMENT	\$	0.00	\$	0.00
8.5 COLLECTION WRITE-OFF	\$	0.00	\$	0.00
8.6 PROFESSIONAL DISCOUNT	\$	0.00	\$	0.00
8.7 NSF CHECK ADJUSTMENT	\$	0.00	\$	0.00
8.8 OVERCHARGE ADJUSTMENT	\$	0.00	\$	0.00
8.9 INS ADJUSTMENT	\$	0.00	\$	0.00

\$ 0.00 \$ 0.00

MED 8.0 ADJUSTMENT	\$	0.00	\$	0.00
MED 8.1 CREDIT REFUND TO PATIEN	\$	0.00	\$	0.00
MED 8.2 TRANSFER BALANCE	\$	0.00	\$	0.00
MED 8.3 POSTING ERROR	\$	0.00	\$	0.00
MED 8.4 DSHS ADJUSTMENT	\$	0.00	\$	0.00
MED 8.5 COLLECTION WRITE-OFF	\$	0.00	\$	0.00
MED 8.6 PROFESSIONAL DISCOUNT	\$	0.00	\$	0.00
MED 8.7 NSF CHECK ADJUSTMENT	\$	0.00	\$	0.00
MED 8.8 OVERCHARGE ADJUSTMENT	\$	0.00	\$	0.00
MED 8.9 INS ADJUSTMENT	\$	0.00	\$	0.00

\$ 0.00 \$ 0.00

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TOTAL POSITIVE ADJUSTMENTS	\$	0.00	\$	0.00
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===== PRODUCTION =====

DSHS/MEDICAID PRODUCTION-----

1 Alice Armstrong - RDH	\$	0.00	0.0%	\$	0.00	0.0%
2 Brenda Long RDH	\$	0.00	0.0%	\$	0.00	0.0%
3 Jonathon Jones DDS	\$	0.00	0.0%	\$	0.00	0.0%
4 Julie Emmons RDH	\$	0.00	0.0%	\$	0.00	0.0%
Doctor's Production	\$	500.00	7.9%	\$	500.00	7.9%

Total Medicaid Production \$ 500.00 7.9% \$ 500.00 7.9%

REGULAR PRODUCTION-----

1 Alice Armstrong - RDH	\$	348.00	5.5%	\$	348.00	5.5%
2 Brenda Long RDH	\$	576.00	9.1%	\$	576.00	9.1%
3 Jonathon Jones DDS	\$	0.00		\$	0.00	
4 Julie Emmons RDH	\$	0.00		\$	0.00	
Doctor's Production	\$	4,908.00	77.5%	\$	4,908.00	77.5%

Total Regular Production \$ 5,832.00 92.1% \$ 5,832.00 92.1%

	TODAY'S TOTAL		MONTH-TO-DATE			
10 Finance Charges	\$	0.00	0.0%	\$	0.00	0.0%
=====						
TOTAL PRODUCTION	100%	6,332.00		\$	6,332.00	100%

===== NEGATIVE ADJUSTMENTS =====

0 Finance Charge Refund	\$	0.00		\$	0.00
7 Same Day Discounts	\$	6.50		\$	6.50
		-----			-----
	\$	6.50		\$	6.50
8.0 ADJUSTMENT	\$	0.00		\$	0.00
8.1 CREDIT REFUND TO PATIEN	\$	0.00		\$	0.00
8.2 TRANSFER BALANCE	\$	0.00		\$	0.00
8.3 POSTING ERROR	\$	0.00		\$	0.00
8.4 DSHS ADJUSTMENT	\$	0.00		\$	0.00
8.5 COLLECTION WRITE-OFF	\$	0.00		\$	0.00
8.6 PROFESSIONAL DISCOUNT	\$	0.00		\$	0.00
8.7 NSF CHECK ADJUSTMENT	\$	0.00		\$	0.00
8.8 OVERCHARGE ADJUSTMENT	\$	0.00		\$	0.00
8.9 INS ADJUSTMENT	\$	0.00		\$	0.00
		-----			-----
	\$	0.00		\$	0.00
MED 8.0 ADJUSTMENT	\$	0.00		\$	0.00
MED 8.1 CREDIT REFUND TO PATIEN	\$	0.00		\$	0.00
MED 8.2 TRANSFER BALANCE	\$	0.00		\$	0.00
MED 8.3 POSTING ERROR	\$	0.00		\$	0.00
MED 8.4 DSHS ADJUSTMENT	\$	0.00		\$	0.00
MED 8.5 COLLECTION WRITE-OFF	\$	0.00		\$	0.00
MED 8.6 PROFESSIONAL DISCOUNT	\$	0.00		\$	0.00
MED 8.7 NSF CHECK ADJUSTMENT	\$	0.00		\$	0.00
MED 8.8 OVERCHARGE ADJUSTMENT	\$	0.00		\$	0.00
MED 8.9 INS ADJUSTMENT	\$	0.00		\$	0.00
		-----			-----
	\$	0.00		\$	0.00
		=====			=====
TOTAL NEGATIVE ADJUSTMENTS	\$	6.50		\$	6.50

===== PAYMENTS =====

1.0 PAID ON ACCOUNT - THANK	\$	447.00		\$	447.00
1.1 COLLECTION AGENCY PAYME	\$	0.00		\$	0.00
1.2	\$	0.00		\$	0.00
2.0 PAID BY INSURANCE	\$	8,773.00		\$	8,773.00
2.1 PPO PAYMENT	\$	0.00		\$	0.00
3 DSHS/Medicaid Payments	\$	0.00		\$	0.00
4.0	\$	0.00		\$	0.00
5.0 PAID BY CREDIT CARD-THA	\$	2,600.00		\$	2,600.00
6 Same Day Payments	\$	123.50		\$	123.50
		=====			=====
TOTAL ACTUAL INCOME	\$	11,943.50		\$	11,943.50

===== ACCOUNTS RECEIVABLE =====

REGULAR BEGINNING BALANCE as of 08/01/2004		\$ 30,848.71
Positive Adjustments	\$ 0.00	\$ 0.00
Regular Production	\$ 5,832.00	\$ 5,832.00
Finance Charges	\$ 0.00	\$ 0.00
Same Day Discounts	\$ -6.50	\$ -6.50
Finance Charge Refunds	\$ 0.00	\$ 0.00
Negative Adjustments	\$ 0.00	\$ 0.00
Payments	\$ -11,943.50	\$ -11,943.50
	-----	-----
Total Changes Regular A/R	\$ -6,118.00	\$ -6,118.00
TOTAL REGULAR BALANCE OUTSTANDING as of 08/23/2004		\$ 24,730.71

DSHS/MEDICAID BEGINNING BALANCE as of 08/01/2004		\$ 0.00
DSHS/Medicaid Positive Adjustments	\$ 0.00	\$ 0.00
DSHS/Medicaid Production	\$ 500.00	\$ 500.00
DSHS/Medicaid Negative Adjustments	\$ 0.00	\$ 0.00
DSHS/Medicaid Payments	\$ 0.00	\$ 0.00
	-----	-----
Total Change DSHS/Medicaid A/R	\$ 500.00	\$ 500.00
TOTAL DSHS/MEDICAID BALANCE OUTSTANDING as of 08/23/2004		\$ 500.00

TOTAL REGULAR RECEIVABLES as of 08/01/2004		\$ 30,848.71
TOTAL DSHS/Medicaid RECEIVABLES as of 08/01/2004		\$ 0.00

TOTAL RECEIVABLES as of 08/01/2004		\$ 30,848.71
CHANGE IN RECEIVABLES as of 08/23/2004		\$ -5,618.00

TOTAL RECEIVABLES as of 08/23/2004		\$ 25,230.71

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BANK DEPOSIT Page 1
Gerald Spencer DDS

Printed on: Tuesday 08/24/2004
Day Sheet Date: Monday 08/23/2004

Patient Name	Bank #	Deposit	
Grady, Phillip		30.00	Cash
Lincoln, Abraham		89.00	Cash
	SUBTOTAL	119.00	
Smathers, Sasha	12-2	250.00	Insurance Check
	SUBTOTAL	250.00	
Anderson, John	12-3	150.00	Insurance Check
Clayton, John	12-3	150.00	Insurance Check
Lincoln, Abraham	12-3	190.00	Insurance Check
Peters, Irene	12-3	110.00	Insurance Check
Tarbel, Jason	12-3	150.00	Insurance Check
Ulmer, Debra	12-3	600.00	Insurance Check
Watson, Melody	12-3	175.00	Insurance Check
Williams, Joseph	12-3	130.00	Insurance Check
	SUBTOTAL	1655.00	
Prince, Denna	12-4	150.00	Insurance Check
	SUBTOTAL	150.00	
Porter, Jane	12-7	200.00	Insurance Check
	SUBTOTAL	200.00	
Edmonds, Vivian	14-7	28.00	Personal Check
	SUBTOTAL	28.00	
Baker, Tina	45-2	450.00	Insurance Check
Baker, Tina	45-2	450.00	Insurance Check
Clayton, John	45-2	1000.00	Insurance Check
	SUBTOTAL	1900.00	
Abbott, Terry	45-5	178.00	Insurance Check
Anderson, John	45-5	300.00	Personal Check
Anderson, Wilma	45-5	500.00	Insurance Check
Babbott, Ruby	45-5	150.00	Insurance Check
Coleman, Laura	45-5	123.50	Same Day Payment
Smathers, Sofia	45-5	150.00	Insurance Check
Stoddard, Terrence	45-5	200.00	Insurance Check
Wilson, Brian	45-5	250.00	Insurance Check
	SUBTOTAL	1851.50	
Edmonds, Casey	45-6	900.00	insurance Check
Wilson, Toni	45-6	250.00	insurance Check
	SUBTOTAL	1150.00	

BANK DEPOSIT Page 2
Gerald Spencer DDS

Printed on: Tuesday 08/24/2004
Day Sheet Date: Monday 08/23/2004

Patient Name	Bank #	Deposit	
Edmonds, Casey	45-7	150.00	Insurance Check
Edmonds, Vivian	45-7	150.00	Insurance Check
Peters, Jennifer	45-7	150.00	Insurance Check
	SUBTOTAL	450.00	
Grady, Phillip	45-8	190.00	Insurance Check
	SUBTOTAL	190.00	
Smart, Angela	74-5	200.00	Insurance Check
	SUBTOTAL	200.00	
Patrick, Lydia	78-9	1200.00	Insurance Check
	SUBTOTAL	1200.00	
	TOTAL DEPOSIT	9343.50	

CREDIT CARD DEPOSIT Page 1
Gerald Spencer DDS

Printed on: Tuesday 08/24/2004
Day Sheet Date: Monday 08/23/2004

Card Type	Bank #	Deposit	
Doe, John		600.00	Master Card
	SUBTOTAL	600.00	
Clayton, John		1000.00	Visa
Edmonds, Casey		1000.00	Visa
	SUBTOTAL	2000.00	
	TOTAL DEPOSIT	2600.00	

SUMMARY OF DEPOSITS **Page 1**
Gerard Spencer DDS

Printed on: Tuesday 08/24/2004
 Day Sheet Date: Monday 08/23/2004

Patient Name	Bank #	Deposit	
Doe, John		600.00	Master Card
Clayton, John		1000.00	Visa
Edmonds, Casey		1000.00	Visa
	SUBTOTAL	2800.00	
Grady, Phillip		30.00	Cash
Lincoln, Abraham		89.00	Cash
Clayton, John	45-2	1000.00	Insurance Check
Anderson, Wilma	45-5	500.00	Insurance Check
Babbott, Ruby	45-5	150.00	Insurance Check
Baker, Tina	45-2	450.00	Insurance Check
Baker, Tina	45-2	450.00	Insurance Check
Clayton, John	12-3	150.00	Insurance Check
Edmonds, Casey	45-7	150.00	Insurance Check
Edmonds, Casey	45-8	900.00	Insurance Check
Edmonds, Vivian	45-7	150.00	Insurance Check
Grady, Phillip	45-8	190.00	Insurance Check
Lincoln, Abraham	12-3	190.00	Insurance Check
Patrick, Lydia	78-9	1200.00	Insurance Check
Peters, Irene	12-3	110.00	Insurance Check
Peters, Jennifer	45-7	150.00	Insurance Check
Porter, Jane	12-7	200.00	Insurance Check
Prince, Denna	12-4	150.00	Insurance Check
Smart, Angela	74-5	200.00	Insurance Check
Smathers, Sasha	12-2	250.00	Insurance Check
Smathers, Sofia	45-5	150.00	Insurance Check
Stoddard, Terrence	45-5	200.00	Insurance Check
Tarbel, Jason	12-3	150.00	Insurance Check
Ulmer, Debra	12-3	600.00	Insurance Check
Watson, Melody	12-3	175.00	Insurance Check
Williams, Joseph	12-3	130.00	Insurance Check
Wilson, Brian	45-5	250.00	Insurance Check
Wilson, Toni	45-6	250.00	Insurance Check
Abbott, Terry	45-5	178.00	Insurance Check
Anderson, John	12-3	150.00	Insurance Check
Edmonds, Vivian	14-7	28.00	Personal Check
Anderson, John	45-5	300.00	Personal Check
Coleman, Laura	45-5	123.50	Same Day Payment
	SUBTOTAL	9343.50	

TOTAL DEPOSIT 11943.50

INSURANCE PAYMENT REPORT

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COMPANY NAME	PAYMENT DAYS
-----	-----
GREAT WEST	46
WASHINGTON DENTAL SERVICE	7
RETAIL CLERKS TRUST	7
WASHINGTON DENTAL-STATE	46
WASHINGTON DENTAL SERVICE	46
GREAT WEST	7
AETNA	80
AETNA	46
PRUDENTIAL	80
WASHINGTON DENTAL-BOEING	80
PAUL REVERE	80
GUARDIAN	46
MUTUAL OF OMAHA	7
MUTUAL OF OMAHA	80
DELTA DENTAL CA	46
WASHINGTON DENTAL SERVICE	46
BLUE CROSS CA - WELLPOINT	46
PREMERA BLUE CROSS	80
PREMERA BLUE CROSS	80
WASHINGTON DENTAL SERVICE	80
WASHINGTON DENTAL-TEACHER	80
AETNA	80
WASHINGTON DENTAL SERVICE	80
WASHINGTON DENTAL SERVICE	80
JOHN HANCOCK	80
CONNECTICUT GENERAL	80
GREAT WEST	80
WASHINGTON DENTAL SERVICE	80

TODAY'S AVERAGE NUMBER OF PAYMENT DAYS: 59

MTD AVERAGE NUMBER OF PAYMENT DAYS: 59