HEALTH CLAIM ASSISTANCE
ACCOUNTING RECORDS

			1	1A	2		3	4		
				Amount	Amount Paid	Applied	Amount Paid	Balance Due		Date
				Considered	by Medicare	to	by Secondary	1A -(2+3) or	Finalized	Balance
Provider Of Service	Service Rendered	Date	Charge	By Medicare	Client/Provider	Deductible	Carrier/Date	1-(2+3)		Paid to Provider