

Month						Year				Must type in info Must type in info	
Region						PHO					
Phone Number						Fax Number					
Site Code						Submitted By					
Month	Day	Year	Deposit Number	Patient #	Today's Charges (after adj)	Previous Balance	Amount Paid	Payment Type	Balance Due		
										\$0.00	
										\$0.00	
										\$0.00	
										\$0.00	
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										\$0.00	
										\$0.00	
										\$0.00	
										\$0.00	
Page Total					\$0.00	\$0.00	\$0.00		\$0.00		
Grand Total					\$0.00	\$0.00	\$0.00		\$0.00		
Total Checks:				0.00							
Total Cash:				0.00							
Month Total (Cash & Checks):				\$0.00					Page 1	of	
Clerk Signature					Nurse Manager Signature						