(The actual report is landscaped to provide a more compact display of the Description.)

May 16, 2005 02:49:42PM

DE: FRONT-END ERROR SUMMARY REPORT

PAGE NO. 1
CLIENT 9999
USERID bhyde

Total Count of Claims: 4
Total Amount on report: $23,456.00
Errors on Report: 15

Because claims can contain multiple errors, this is not a balancing report.
Percentage totals are +/- .05%

CODE	FIELD NAME	COUNT	%	CLAIM CHARGES	%	DESCRIPTION
ELGLTR	Payer Name	1	6.1	5,987.00	25.5	This beneficiary has no lifetime reserve days available.
ELGHMO	Payer Name	1	6.1	3,568.00	15.2	Claims must be billed to this beneficiary's Senior Replacement plan (Medicare HMO) with ID <HMOID>, effective <HMODate>