

**TEST COMPANY**  
**Claim History Report**

mm/dd/yyyy

Plan Year: mm/dd/yyyy - mm/dd/yyyy

**Plan: FSA Health Care**

Identifier	Participant Name	Claim Number	Submit Date	Claim Amount
111221111	ACT, DON	SCyymmddC0010101	mm/dd/yyyy	\$230.27
444552244	BAR, THONY	SCyymmddC0020101	mm/dd/yyyy	\$69.70
444552244	BAR, THONY	SCyymmddC0020201	mm/dd/yyyy	\$446.00
987655556	BEAN, NED	SCyymmddP0000101	mm/dd/yyyy	\$15.00
888883456	CAB, MARY	SCyymmddP0010101	mm/dd/yyyy	\$7.99
999889999	CAMP, JED	SCyymmddP0010102	mm/dd/yyyy	\$23.97
133333344	RAN, JOE	SCyymmddP0010103	mm/dd/yyyy	\$7.99
133333344	RAN, JOE	SCyymmddP0010114	mm/dd/yyyy	\$75.00
<b>Plan Totals:</b>			8	\$875.92
<b>Grand Totals:</b>			8	\$875.92

/y

Paid	Pending	Denied	Claim Status
\$230.27	\$0.00	\$0.00	Paid
\$0.00	\$69.70	\$0.00	Pending Reimbursement
\$0.00	\$327.92	\$118.08	Pending Reimbursement
\$0.00	\$0.00	\$15.00	Denied
\$0.00	\$7.99	\$0.00	Pending Reimbursement
\$23.97	\$0.00	\$0.00	Paid
\$0.00	\$7.99	\$0.00	Pending Reimbursement
\$0.00	\$0.00	\$75.00	Denied
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\$254.24	\$413.60	\$208.08	
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\$254.24	\$413.60	\$208.08	