

THE WOMENS CARE CENTER

WERE WE TAKE CARE OF THE WHOLE YOU

CLOSE OF DAY RECONCILIATION SHEET

TOTAL CASH COLLECTED _____
TOTAL CREDIT CARDS _____
TOTAL CHECKS _____
TOTAL AMOUNT _____
TOTAL FROM SELF PAY _____
TOTAL AMOUNT / ENCTR FORMS _____

TOTAL AMOUNT DEPOSITED

CASH _____
CREDIT CARDS _____
CHECKS _____
TOTAL _____
PATIENT STATEMENT COLLECTED _____
SURGERY PREPAYMENTS _____
TOTAL PAYMENTS IN MAIL _____
DAY RECONCILED BY: _____
DATE: _____