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**CLAIMS PENDING INVESTIGATION DATE: 12/14/2007**

911753976 NO7982 17200024557  
**Doctors Network Group**

PATIENT NAME		MEMBER ID		ACCOUNT NO.		CHARGE		INVESTIGATION REASON(S)
DATES OF SERVICE	L.I. CTL#	T/S	BRANCH DEP. NO	PROCEDURE	CLAIM NO.	U/S	DISP	
PUBLIC, JOHN Q (1)			ZLP992664434 (3)		1033186			(5) PRIME CARRIER ALLOWED & PD AMT NEEDED. PLEASE FAX INFO TO 1-888-225-4822 (6)
SUBSCRIBER 01/16-01/16/08 01/16-01/16/08	1234567 1234567	03 03	KING 00 64405 9921425	0733031235500 (4) 1 1 CLAIM TOTAL	1	155 130 285	00 00 00	
DOE, JANE A (2) JOHN J DOE 06/11-06/11/07	1234567	01	ZLP994921186 KING 00 99212	996427 0730433170110	1	65	00	(5) PRIME CARRIER ALLOWED & PD AMT NEEDED. PLEASE FAX INFO TO 1-888-225-4822

1. Subscriber name
2. Patient name
3. Member ID number with alpha prefix
4. Claim number
5. Claims pending reason
6. COB fax number