

Claim Submission Detail Report (Drill Down)

Last Modified on 10/22/2025 1:34 pm EDT

After drilling into the [Claim Submission Report](#), you will see the Claim Submission Report with the appropriate detail based on your selection.

The Claim Submission Report contains the following information:

Claim Submission

Claim Submission Report

Submission SummaryAdvanced Search

This Month

<>

Expand

10/01/202510/22/2025

Date Type

Submission DateX

or Claim ID

#

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#	Claim ID	Created	Claim Status	DOS	Claim Charges	Claim Balance	Rejection	Last Submission	Submission ID	Submission Date	Submission Type	Submission Method	Submission Payer	Submission Count	Patient ID	Patient Name	Primary Count	Primary Payer	Secondary Count	Secondary Payer	Tertiary Count	Tertiary Payer
1	66290	03/20/2022	Rejected	03/20/2022	\$720.00	\$0.00	Failed Practice Validations	10/10/2025 00:00:21	3170109	10/10/2025 00:00:21	Secondary Payer	Electronic		4	82901	Test, Wes (Email) (None)	2	Aetna (36547)	1		1	

Detail Source: Submission Date between 10/01/2025 and 10/22/2025 23:59:59 (21 day(s) for 10/10/2025 / admin - 1 records in 0 seconds.

Run ReportPrintExport

- **Claim ID:** The ID of the claim. This selection will open the selected claim.
- **Created:** The date the claim was created.
- **Claim Status:** The current claim status.
- **DOS:** The date of service of the claim.
- **Claim Charges:** The total charge on the claim
- **Claim Balance:** The total remaining balance on the claim.
- **Rejection:** The rejection reason on the claim.
- **Last Submission:** The last date the claim was submitted.
- **Submission ID:** The claim submission id the claim is displaying for.
- **Submission Date:** The date of the claim submission the claim is displaying for.
- **Submission Type:** The payer level the claim was submitted for (primary, secondary, or tertiary).
- **Submission Method:** The method the claim was submitted (electronic or paper).
- **Submission Payer:** The payer the claim was submitted to.
- **Submission Count:** The total number of times the claim has been submitted.
- **Patient ID:** The patient's account number.
- **Patient Name:** The full name of the patient, in "[Last Name], [First Name] [Middle Name]" format.
- **Primary Count:** The number of times the claim has been submitted to the primary payer.
- **Primary Payer:** The primary payer on the claim.
- **Secondary Count:** The number of times the claim has been submitted to the secondary payer.
- **Secondary Payer:** The secondary payer on the claim.
- **Tertiary Count:** The number of times the claim has been submitted to the tertiary payer.
- **Tertiary Payer:** The tertiary payer on the claim.

