Dep Date	Dep Rcvd	UCLA #	SMS Invoice	Patient Name	FC	TOTAL Deposit	Check Number	Check Amount	Trans To MGS/HOSP	Total Trans To MGS/HOSP	Lockbox number	Refund Ins	Amt Alloc	Alloc Date	PKG Pymnts	T

Physician Support Services
RECEIVED
MAY 25 2010
PHYSICIANS' BILLING OFFICE
REFUND/CU UNIT

EXAMPLE - P