

End of Day Reporting Certification

CrisDental - EUGENE

END OF DAY REPORTING

Date: _____

| | | | |
|----|---------------------------------|----------------------|---|
| 1. | Total Credit Cards Payments: | <input type="text"/> | Include Settlement Statement |
| 2. | Total CARE CREDIT Payments: | <input type="text"/> | Include Settlement Statement |
| 3. | Checks: | | |
| | Patient Checks: | _____ A | |
| | Insurance Checks: | _____ B | |
| | ***Total Checks This Office: | | |
| | Total A+B+C+D+F | <input type="text"/> | |
| 4. | Total Cash Received: | <input type="text"/> | EFT Payments Received: _____ F |
| 5. | Total Receipts for Day: | <input type="text"/> | Verify this with the total on Day Sheet |
| 6. | Explanation of Deleted Credits: | _____ | |

| | |
|--------------------------------------|---------|
| CHECKS POSTED BY OTHER OFFICE | |
| Patient Checks: | _____ C |
| Insurance Checks: | _____ D |
| TOTAL DEPOSIT: | _____ |

PETTY CASH

| | | | |
|-----|------------------------------|-------|--|
| 7. | Starting Petty Cash: | _____ | |
| 8. | Cash Received Today: | _____ | This should match line 4 above. |
| 9. | Monies Used from Petty Cash: | _____ | Attach all receipts with a description of purpose. |
| 10. | Cash Deposited Today: | _____ | Should match your deposit slip |
| 11. | Petty Cash Balance: | _____ | Add line 7 + Line 8 - Line 9 - Line 10 |

DEPOSIT - THIS LOCATION

| | | | |
|-----|---------------------|----------------------|---|
| 12. | Total Bank Deposit: | <input type="text"/> | Line 3*** + Line 10 Please attach a copy of your deposit slip. |
|-----|---------------------|----------------------|---|

| | | |
|-----|---------------------------|-------|
| 13. | Person Submitting Report: | _____ |
|-----|---------------------------|-------|

It is your responsibility to fill this out completely and accurately. All corrections should be made before submitting your reporting to the Roseburg office for processing. Failure to provide complete and accurate financial reporting may result in disciplinary action.