

D.B.L. ASSOCIATES INC.
 2040 OCEAN AVENUE
 RONKONKOMA, NY 11779

631/467-1736

Canceled Account Report

ATT: JEFFREY A SCHATZ
 D.B.L. ASSOCIATES INC.
 2040 OCEAN AVENUE
 RONKONKOMA, NY 11779

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Sun Nov 4, 2007

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BELOW PLEASE FIND A LIST OF ACCOUNTS BEING CLOSED AND RETURNED TO YOUR OFFICE FOR THE REASONS INDICATED.

D.B.L. ASSOCIATES, INC., APPRECIATES THE OPPORTUNITY TO SERVICE YOUR ACCOUNTS.

| Client Reference # | Debtor Name | Assignment Date | Original Balance | Current Balance | Last Contact | Last Payment | Status |
|--------------------------|-------------|-----------------|------------------|-----------------|--------------|--------------|--------|
| 123 | TEST, TEST | 04/19/2006 | 1.00 | 1.00 | 06/23/2006 | / / | CLSPC |
| Accounts Included | | | 1 | 1.00 | 1.00 | | |

Status Code Legends

| | | | |
|--------|--------------------------------|--------|---------------------------------|
| 1GYNVS | ALLWD 1 OBGYN VST P/YR PT RESP | 20%DIS | CLT GAVE PT 20% DISCOUNT, W/O |
| 2984RC | RATE CODE 2984 TERMINATED W/O | 2CLNSD | 2 CLINIC SAME DAY MUST W/O |
| 2ERSD | 2 ER SAME DATE MUST W/O | 2LABS | PT REG 2X FOR LABSVCS MUST W/O |
| 2VISIT | 2 VISITS SAME DAY MUST W/O | 72HOUR | PT SEEN 72 HRS-MCR WINDOW W/O |
| ADAP | ADAP PATIENT RETURN TO CLIENT | ADAP2N | ADAP IS 2NDARY; MUST W/O |
| ADAPCL | ADAP RETURN TO CLIENT | ADAPEX | EXCEEDS ANNUAL THRESHOLD-ADAP |
| ADAPGL | ADAP GLOBAL-INCLUSIVE W/CLINIC | AGRINS | AGREE WITH INS CO'S DENIAL |
| AMBSSD | AMBULATORY SURG SAME DAY W/O | AOBRCV | AOB ON FILE INS DND MUST W/O |
| APLDEN | APPEAL DENIED CLIENT MUST W/O | APLDND | DND AUTH, APPEALED, DENIED, W/O |
| APLTL | CLM DENIED & REC > APPEAL TIME | APPDED | APPLIED TO PT'S DEDUCTIBLE |
| APPDEN | MCD APP FOR PROV DENIED TLTB | APPEXP | REC AFTER APP EXP NO OTHER INS |
| APPOOP | APPD TO PT'S OUT OF POCKET S/P | APPREQ | PRIOR APPVL REQRD NOT ON FILE |
| APPRTL | ENRLLMNT APP REC TOO LATE W/O | APPTL | APPEAL TOO LATE TO SUBMIT |
| ARTLTA | ACCT REC TOO LATE TO APPEAL | ARTLTB | ACCT REFERRED AFTER FILING LMT |
| ASU FU | FALLS WITHIN ASU FU PERIOD W/O | ASUCX | ASU CANCELLED.INS WILL NOT PAY |
| ATLSET | NOT INCL IN ATLANTIS SETTLEMNT | ATRCLS | ATRIUM LACK OF DOCUMENTATION |
| AUTHPR | INS REQ ER NTFY FROM PT-DND-PR | BABNOC | BABY NOT ON INSURANCE CONTRACT |
| BALINS | BALANCE AFTER INS PT'S RESP | BCRTN | BLUE CROSS MUST RTN TO CLIENT |
| BCUHSP | BLUE CROSS PD UHC NR COPAY | BEACHT | PAID AT BEACH TREES RATES W/O |
| BICLOS | BI 120 DAY REFERRAL CLOSE | BNKRPT | PATIENT FILE BANKRUPTCY |
| BUHCNP | BGH UHC NONPAR PT RESP FOR BAL | CAIDTL | MEDICAID TO LATE TO BILL |
| CAPAFF | CAPITATED SERVICE AFFINITY HP | CAPCAR | PT CAPITATED W/CARECORE W/O |
| CAPCCH | CAPITATED SERVICE CCHP | CAPHF | CAPITATED SERVICE HEALTHFIRST |
| CAPHHP | CAPITATED SERVICE HUDSON HP | CAPNHP | CAPITATED SERVICE NEIGHBOR HP |
| CAPW/O | CAPITATION WRITE OFF | CARECO | CARE CORE MEMBER MUST W/O |
| CAREMR | MEDICARE DND M/R NOT RECVD | CARETL | MEDICARE TO LATE TO BILL |
| CARVE | CARVE OUT PLAN NON COV PT RESP | CCSDX | CLT CANT SPLY VLD DIAG TO BILL |
| CCSEOB | CLIENT DID NOT SUPPLY PRIM EOB | CCSI | CLNT CANT SPLY NECC INF TO BIL |
| CCSINV | CLT CANT SPLY INVOICE TO BILL | CCSMR | CLNT CANT SPLY MEDREC TO BILL |
| CCSRAD | CLT CANT SPLY RAD RPTS TO BILL | CDPHPS | CLT GOT SETTLEMENT FROM CDPHP |
| CEOBTL | CARE EOB NOT RECVD W/I LIMITS | CHAR F | PT QUAL CHARITY CARE F 100% |
| CHARIT | PT APPLYING FOR CHARITY CARE | CHCARE | PER CLT CVD 100% CHARITY CARE |
| CLMFRM | INS DND-PT NEVER RTN CLM FORM | CLNTTL | CLIENT BILLED INS UNTIMELY W/O |
| CLSCLT | CLOSE CLIENT- WORK RETURNED | CLSPC | CLOSE PER CLIENT-RECALLED |
| CLTLTB | CLT FWD REQ INFO > TIME LIMIT | CLTMCD | CLIENT CANNOT SUPPLY MCD PMT |
| CNTLOC | CANNOT LOCATE OTHER INSURANCE | COBDND | PT NVR RSPD TO COB; PT RESP |

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| NCTLMH | NCOF MANAGD HLTH UNTIMELY W/O | | NCTLMI | NCOF, MISC UNTIMELY W/O | | | |
| NCTLMO | NCOF MONTEFIORE UNTIMELY W/O | | NCTLMP | NCOF METROPLUS UNTIMELY W/O | | | |
| NCTLMV | NCOF MVP UNTIMELY W/O | | NCTLNH | NCOF N.H.P UNTIMELY W/O | | | |
| NCTLNY | NCOF NY HOSP COMM UNTIMELY W/O | | NCTLOO | NCOF, OUT OF ST. MCD, UNTIMELY | | | |
| NCTLOX | NCOF OXFORD UNTIMELY, W/O | | NCTLPR | NCOF NY PREBY COM UNTIMELY W/O | | | |
| NCTLSB | NCOF ST BARN HP UNTIMELY W/O | | NCTLST | NCOF, STATE NY, UNTIMELY W/O | | | |
| NCTLTR | NCOF TRICARE UNTIMELY W/O | | NCTLUH | NCOF U.H.C. UNTIMELY W/O | | | |
| NCTLVO | NCOF VALUE OPTNS UNTIMELY W/O | | NCTLVY | NCOF VYTRA UNTIMELY W/O | | | |
| NCTLWE | NCOF WELLCARE UNTIMELY W/O | | NE2164 | PT NOT MA ELIG 21-64 NOT DISAB | | | |
| NEEXRE | PT NOT MA ELIG EXCESS RESOURCE | | NEINCO | PT NOT MA ELIG OVER INCOME | | | |
| NELIG | PT NOT MCD/MCD HMO ELIG S/P | | NEMERG | CLAIM DENIED FOR NON EMERGENCY | | | |
| NEOOSR | PT NOT MA ELIG OUT OF ST RESID | | NEWNOC | NEWBORN NOT ON CONTRACT S/P | | | |
| NF180 | NF DENIED NOT REC 180 DAYS W/O | | NFINFO | NF DENIED NOT REC 45 DAYS W/O | | | |
| NFLT30 | WRITTEN NOTICE NOT RECVD SP | | NFLTEX | NF POL EXHAUSTED,NO HEALTH INS | | | |
| NFLTSP | PT WANTS TO PAY SP @ NFLT RATE | | NFTLSP | PT DIDNT SUPPLY INFO TIMELY SP | | | |
| NFTLTB | NFLT-MR NOT RECVD W/I LIMITS | | NO2ND | CARE PD NO 2NDARY BAL S/P | | | |
| NOAOB | NO AOB CANNOT ARBITRATE W/O | | NOASSG | INS WONT ACCEPT ASSIGN BILL PT | | | |
| NOASST | NO ASSETS AVAILABLE TO PAY | | NOAUPR | NO AUTHORIZATION PT RESP | | | |
| NOAUTH | NO PREAUTHORIZATION WRITE OFF | | NOCLIN | CLINICAL INFO NEVER SENT TO INS | | | |
| NOINS | PT HAS NO INSURANCE - SELFPAY | | NONICU | PER INS DOESNT QUALIFY AS NICU | | | |
| NONPAR | CLIENT DOESNT PARTICIPATE S/P | | NOPAS | NO MCD PAS FOR AMB SURGERY | | | |
| NOQUAL | NO QUAL INPT/SURGERY 6 MONTHS | | NOREFF | CLAIM REJ NO REFERRAL W/O | | | |
| NOREMP | NO RESPONSE FROM EMPLOYER | | NORESP | NO RESP FROM PT-UNABLE TO COLL | | | |
| NOSCV | SVCS NOT ORDRED BY SCVPT RESP | | NOTCER | HOSP NOT CERTIFIED FOR SERVICE | | | |
| NOTEFF | INSURANCE NOT EFFECTIVE ON DOS | | NOTENR | NOT ENROLE IN HEALTH PLAN WO | | | |
| NOTPCP | DR LISTED IS NOT PT'S PCP W/O | | NOTREL | NOT RELATED TO WC/NFLT PT RESP | | | |
| NRCLMF | NORESP TO REQ FOR CLAIM FORM | | NURSEO | NURSE ONLY IN E.R. CLOSE | | | |
| NYCRES | NOT A NYC RESIDENT SELF PAY | | NYMICL | NYMI CLOSE PER CLIENT | | | |
| OFFSET | PAID AS OFFSET | | OOSMCD | CLT NON PAR W/OUT OF STATE MCD | | | |
| OTCLIN | PT SEEN IN OTHER CLNIC S/D W/O | | OUTCOV | PT ONLY ELIG OUTPT COV S/P | | | |
| OVERPD | CLM OVRPD BY INS REFUND REQ | | OVRAGE | PATIENT HAS OVRERGE SELF PAY | | | |
| OVRAPP | CARE APPEAL LIMIT EXPIRED W/O | | OVRBNH | CLM OVERLAP BRUNSWICK NURSING | | | |
| OVRFAC | OVERLAP W/ OTHER FAC UNTIMELY | | OVRHOS | OVERLAPPED W/HOSPICE CLAIM | | | |
| OVLAP | CLAIM OVERLAPPED WITH INPT | | OVRPD | OVERPAID RETURN TO CLIENT | | | |
| OVRSNF | CLM OVERLAPPED SNF CARE TLTB | | PCAPWO | PCAP PATIENT NON CLINIC W/O | | | |
| PCHARG | PHONE CHARGE RETURN TO CLIENT | | PCOPAY | COPAY MORE THAN APPROVED AMT | | | |
| PCPTL | MEDICAID HMO TO LATE TO BILL | | PD2RAD | 100% PAID TO RADIOLOGY | | | |
| PD>MCD | PRIM INS PD > CAID RATES W/O | | PDPR | PAID PRIOR TO ASSIGNMENT | | | |
| PDOPT | CLAIM PAID TO PATIENT-CLOSED | | PDTOSR | CLAIM PAID TO SPORTS REHAB | | | |
| PHDISC | PHARMACY DISC PROG ONLY S/P | | POEBNK | EMPLOYER FILED BANKRUPTCY | | | |
| POLEXH | PLCY EXHAUSTED PT RESP FOR BAL | | POSTP | POSTPARTUM WITHIN 6 MONTHS | | | |
| PRDIAG | PRINC DIAG NOT RECOG AS PSYCHE | | PREVME | PREVENTIVE MEDICINE VISIT W/O | | | |
| PREXST | CLAIM DENIED AS PRE-EXISTING | | PRIMCL | PRIME INS PD > SEC ALL W/O BAL | | | |
| PRIMPD | PRIME INS PD > SEC ALLO PT RES | | PRIPD | PRIMARY INS PD IN FULL BAL W/O | | | |
| PROCPT | INS OUT OF NETWORK PROC 2 PT | | PRODRG | PROSTHETIC INCLUDED IN DRG | | | |
| PROFEE | PROFESSIONAL FEE;RTN TO CLIENT | | PROOF | PROOF/FILING DENIED MUST W/O | | | |
| PROSET | PART OF PROV SETTLEMENT W/O | | PROSNC | ADDL MNEY FOR IMPLANT NOT COVD | | | |
| PROSTH | ORIG UB92 NOT BILLED W PROSTH | | PRTOPT | PROC TO PT UNABLE TO GET INFO | | | |
| PRVPHY | PRVATE MD CANNOT BILL MUST W/O | | PSYCHE | PSYCHE MCD RATE TERM MUST W/O | | | |
| PSYCHM | PSYCH DIAG MED BED MUST W/O | | PT2ND | PT HAS NO SECONDARY INS S/P | | | |
| PTINST | PT INSTITUTIONALIZED MUST CLOS | | PTINTX | NFLT DND PT INTOXICATED.BAL SP | | | |
| PTNCPT | PART-TIME EMPLOYEE N/C PT RESP | | PTOOC | PT OUT OF CNTRY-UNABLE TO FU | | | |
| PTPIF | PATIENT PAID BAL IN FULL | | PTREF | PT REFUSES TO APPLY FOR MCD | | | |
| PTREFS | PT ILLEGAL REFUSES TO APPLY | | PTSOC5 | PT ON SOC SEC CANNOT AFFORD | | | |
| PURGE | PURGED BY INS CANNOT REBILL | | QUEST | QUEST LAB PATIENT MUST W/O | | | |
| RATECD | CLIENT DOESNT HAVE RATE CODE | | RCPT | RECIPIENT NOT ON FILE | | | |
| REC11M | RECTAL WITHIN 11MNTS CARE REJ | | REFERR | REFERRED IN ERROR RETURN | | | |
| REFINP | REFERRED AS INPT BUT OUTPT | | REFMCD | PT REFUSES TO APPLY FOR MCD | | | |
| REG2X | REGISTERED TWICE SAME SVC W/O | | REGWRG | REGISTERED WRONG | | | |
| REPRIC | RPRICED PT RESP IF PD W/I TIME | | RESREC | NOT ORDERED BY PCP REST RECIP | | | |
| REVNC | REV CODE N/CVD 4 PRVDR TYPE WO | | RISKPT | US HEALTHCARE RISK PATIENT | | | |
| ROUTIN | ROUTINE SVS NOT CVRD MUST W/O | | RRCARE | RAILROAD MEDICARE RTN TO CLT | | | |
| RSTRCP | RESTRICTED RECIPIENT MUST W/O | | RUNOUT | BILL NOT RECVD W/I RUNOUT TIME | | | |
| RXONLY | PRESCRIPTION POLICY ONLY | | SEAFLD | SEAFIELD NOT BILLABLE WRITEOFF | | | |
| SECT32 | PT GOT WORK COMP STLMT.PT RESP | | SHCLIN | SHIN CLINIC VISIT MUST CLOSE | | | |
| SHCLOS | SOUTHAMPTON SELF PAY CLOSES | | SHHOME | SHINNECOCK HOME VISIT CLOSE | | | |
| SHHPEC | PECONIC AGREEMENT | | SHPS | SHINNECOCK RETURN TO CLIENT | | | |
| SHPSCL | PRIOR TO MCD APPROVAL FOR SHPS | | SKIP | UNABLE TO LOCATE PATIENT | | | |
| SMLBAL | SMALL BALANCE ADJUSTMENT | | SNCSVC | SHH NON-CNTRCTD SVC 99618 | | | |
| SPCLOS | SELFPAY - PT RESP FOR BALANCE | | STLMNT | PER CLT ACCEPT AS PAID IN FULL | | | |
| SUFFLK | SUFFOLK COUNTY VOUCHER RETURN | | SUNLAB | SUNRISE LAB PATIENT MUST W/O | | | |
| SUNLAB | SUNRISE LAB PATIENT. MUST W/O | | SUPRES | CLT SUPPRESSED CLM CORRECTIONS | | | |
| SURCAN | SURGERY CANC BEFORE SERVICES | | SURPLU | MEDICAID SURPLUS BAL PT RESP | | | |

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| SVCLMT | OVER SERVICE LIMIT-CLOSED | | SVCPRO | | | | SVC PROVIDER EXC PRIOR TO DOS |
| TELCHG | BAL IS TELEPHONE CHARGE S/P | | TLTAMD | | | | TOO LATE TO APPLY FOR MCD |
| TLTB | PAST FILING TIME LMT HOSP W/O | | TLTBAD | | | | REFERED TLTB, APPEALED, DENIED |
| TLTBMR | MEDREC NOT RCVD W/I TIME LIMIT | | TLTBNP | | | | LACK OF PROOF OF TIMELY SUB |
| TPASTR | TPA/STARNET PT NOT ON FILE | | TRNMCD | | | | ACCT TRANSFER TO MEDICAID |
| TRNMCR | ACCT TRANSFER TO MEDICARE | | UNCOLL | | | | UNCOLLECTABLE WRITE OFF |
| UNCOOP | PT UNCOOPERATIVE | | URDEND | | | | U.R. DENID DAYS CLIENT TO W/O |
| VIPPT | PATIENT IS ON VIP LIST CLOSE | | WC>2YR | | | | CAN'T REACH POE/PT DOS>2YR W/O |
| WCBNDND | WCB CLOSED CASE PT RESP | | WCEMP | | | | NO RESP FROM EMPLOYER MUST W/O |
| WCNFNO | NO RESP WC/NF LETTERS MESSAGES | | WCPTRP | | | | PT FAILED TO SUPPLY WC INFO |
| WHP | WOMANS HEALTHPARTNERSHIP W/O | | WHPCWO | | | | WESTHAMPTON PRIMARY CARE W/O |
| WOHP | WOMENS HEALTH PARTNERSHIP | | XRAYRM | | | | CHARGE FOR XRAY ROOM MUST W/O |
| XRCOPY | X-RAY COPIES. PER CLT MUST W/O | | | | | | |