

# PDR overpayment example

Sample of a Payment Disbursement Register (PDR)

## Payment disbursement register

PAYEE: XYZ Dental Clinic

PAYEE ID: P00987654321

CHECK #: 91213465  
DATE: 06/29/17

FOR SERVICES FROM TO	TYPE OF SERVICE	PROC CODE	TOTAL CHARGES	NON-COVERED CHARGES	DEDUCTIBLE	PROVIDER DISCOUNT/DISALLOW	REMAINING COVERED CHARGES	CO-PAY	PATIENT RESPONSIBILITY	TOTAL BENEFIT	BENEFIT PAID TO PROVIDER	COMMENTS
PATIENT: Jane Doe PATIENT ACCT: 1345A CLAIM: 609170500200			SUBSCRIBER: Jane Doe SUBSCRIBER ID: Z98765432			GROUP ID: 10000000000 GROUP: ABC Group			PROVIDER ID: P00987654321 PROVIDER: Matthew Smith DDS NETWORK: Delta Premier			
0606 060617	Exam:Periodic	D0120	95.00	0.00	0.00	0.00	95.00	0.00	0.00	95.00	95.00	
0606 060617	Perio Maintenanc	D4910	180.00	0.00	0.00	0.00	180.00	0.00	0.00	180.00	180.00	
<b>TOTALS</b>			<b>275.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>275.00</b>	<b>0.00</b>	<b>0.00</b>	<b>275.00</b>	<b>275.00</b>	

### COMMENTS:

TOTAL CHARGE:	275.00
BENEFITS PAID:	275.00
OVERPAYMENT DEDUCTIONS:	(272.00) <b>1</b>
TOTAL PAYMENT:	3.00
PREVIOUS OVERPAYMENT BALANCE:	372.00
NEW OVERPAYMENTS THIS STATEMENT:	0.00
OVERPAYMENTS DEDUCTED THIS STATEMENT:	(272.00)
REFUNDS RECEIVED:	(100.00)
REMAINING OVERPAYMENT BALANCE:	0.00

### Overpayment Deductions Details **2**

CLAIM	SUBSCRIBER ID	PATIENT	PATIENT ACCT	FOR SERVICES FROM TO	ORIGINAL DATE PAID	ORIGINAL CHECK #	ORIGINAL PAID AMOUNT	OVERPAYMENT AMOUNT	PREVIOUSLY RECOVERED	RECOVERED THIS CHECK	REMAINING OVERPAYMENT AMOUNT
609170500200	Z98765432	Jane Doe	1345A	0213 021317	03/18/2017	78464754	950.00	372.00	100.00	272.00	.00
<b>TOTALS</b>							950.00	372.00	100.00	272.00	.00

**1** Overpayment deductions shows the amount deducted from the Payment Disbursement Register.

**2** Overpayment deductions detail highlight the claim number, subscriber ID and other details needed to track overpayments.

