

# Billing Format Codes

Report Date: 2/15/2005

Report Time: 3:42PM

Page: 1 of 6

Requested By: System Administrator

## Paxton, Crow & Bragg, P.A.

Sorted by Code

**Format Code:** 1

**Code Description:** Hourly Format

### Time Ticket Information

Initials on Each Ticket (Y/N):	-----	Yes
Date Per Ticket (Y/N):	-----	Yes
Hours Per Ticket (Y/N):	-----	Yes
Fees Per Ticket (Y/N):	-----	Yes
Tickets on Bill (Y/N):	-----	Yes
Hours Totaled (Y/N):	-----	Yes
Fees Totaled (Y/N):	-----	Yes
Text Per Ticket (Y/N):	-----	Yes
Fee Detail Level (D/S):	-----	Detailed
Task Based Billing (Y/N):	-----	No

### Cost Detail Information

Cost Detail Level (D/S):	-----	Detailed
Date Per Cost (Y/N):	-----	Yes
Cost Item Check Number(Y/N):	-----	Yes

### Trust Transfer Information

Trust Recapped On Bill (Y/N):	-----	Yes
Trust/Retainer Transfers reflected on Bill (Y/N):	-----	Yes
Start Trust Recap section on a New Page (Y/N):	-----	No

### Format Options Information

Invoice Number on Bill (Y/N):	-----	Yes
Date Of Last Payment on Bill (Y/N):	-----	Yes
Prior Balance / Payment Received on Bill	-----	Yes
Letter Head Printed (Y/N):	-----	Yes
Logo on Bill (Y/N):	-----	Yes
Include a Payment Detail Section on the Bill (Y/N)	-----	No
Include a Credit Card Form as Last Page of Bill (Y/N):	-----	Yes
Print a Settlement Statement for All Contingent Matters (Y/N):	-----	No
RPT File Name:	-----	ACTUAL.RPT

**Billing** Thank You For Your Prompt Payment.  
**Message :** If You Have Any Questions About This Bill,  
Please Contact Mary Smith.

# Billing Format Codes

Report Date: 2/15/2005

Report Time: 3:42PM

Page: 2 of 6

Requested By: System Administrator

## Paxton, Crow & Bragg, P.A.

Sorted by Code

**Format Code:** 2

**Code Description:** Contingency - Settlement Statement Format

### Time Ticket Information

Initials on Each Ticket (Y/N): \_\_\_\_\_ Yes  
Date Per Ticket (Y/N): \_\_\_\_\_ Yes  
Hours Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fees Per Ticket (Y/N): \_\_\_\_\_ Yes  
Tickets on Bill (Y/N): \_\_\_\_\_ Yes  
Hours Totaled (Y/N): \_\_\_\_\_ Yes  
Fees Totaled (Y/N): \_\_\_\_\_ Yes  
Text Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fee Detail Level (D/S): \_\_\_\_\_ Detailed  
Task Based Billing (Y/N): \_\_\_\_\_ No

### Cost Detail Information

Cost Detail Level (D/S): \_\_\_\_\_ Detailed  
Date Per Cost (Y/N): \_\_\_\_\_ No  
Cost Item Check Number(Y/N): \_\_\_\_\_ No

### Trust Transfer Information

Trust Recapped On Bill (Y/N): \_\_\_\_\_ Yes  
Trust/Retainer Transfers reflected on Bill (Y/N): \_\_\_\_\_ Yes  
Start Trust Recap section on a New Page (Y/N): \_\_\_\_\_ No

### Format Options Information

Invoice Number on Bill (Y/N): \_\_\_\_\_ Yes  
Date Of Last Payment on Bill (Y/N): \_\_\_\_\_ Yes  
Prior Balance / Payment Received on Bill \_\_\_\_\_ Yes  
Letter Head Printed (Y/N): \_\_\_\_\_ Yes  
Logo on Bill (Y/N): \_\_\_\_\_ No  
Include a Payment Detail Section on the Bill (Y/N) \_\_\_\_\_ No  
Include a Credit Card Form as Last Page of Bill (Y/N): \_\_\_\_\_ No  
Print a Settlement Statement for All Contingent Matters (Y/N): \_\_\_\_\_ No  
RPT File Name: \_\_\_\_\_ ACTUAL.RPT

### Credit Cards Accepted

Visa: No American Express: No  
Master Card: No Discover: No

**Billing** Thank You for Your Prompt Payment.

**Message :**

# Billing Format Codes

Report Date: 2/15/2005

Report Time: 3:42PM

Page: 3 of 6

Requested By: System Administrator

## Paxton, Crow & Bragg, P.A.

Sorted by Code

**Format Code:** 3

**Code Description:** General

### Time Ticket Information

Initials on Each Ticket (Y/N): \_\_\_\_\_ Yes  
Date Per Ticket (Y/N): \_\_\_\_\_ Yes  
Hours Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fees Per Ticket (Y/N): \_\_\_\_\_ Yes  
Tickets on Bill (Y/N): \_\_\_\_\_ Yes  
Hours Totaled (Y/N): \_\_\_\_\_ Yes  
Fees Totaled (Y/N): \_\_\_\_\_ Yes  
Text Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fee Detail Level (D/S): \_\_\_\_\_ Detailed  
Task Based Billing (Y/N): \_\_\_\_\_ No

### Cost Detail Information

Cost Detail Level (D/S): \_\_\_\_\_ Detailed  
Date Per Cost (Y/N): \_\_\_\_\_ Yes  
Cost Item Check Number(Y/N): \_\_\_\_\_ Yes

### Trust Transfer Information

Trust Recapped On Bill (Y/N): \_\_\_\_\_ Yes  
Trust/Retainer Transfers reflected on Bill (Y/N): \_\_\_\_\_ Yes  
Start Trust Recap section on a New Page (Y/N): \_\_\_\_\_ No

### Format Options Information

Invoice Number on Bill (Y/N): \_\_\_\_\_ Yes  
Date Of Last Payment on Bill (Y/N): \_\_\_\_\_ Yes  
Prior Balance / Payment Received on Bill \_\_\_\_\_ Yes  
Letter Head Printed (Y/N): \_\_\_\_\_ Yes  
Logo on Bill (Y/N): \_\_\_\_\_ Yes  
Include a Payment Detail Section on the Bill (Y/N) \_\_\_\_\_ Yes  
Include a Credit Card Form as Last Page of Bill (Y/N): \_\_\_\_\_ No  
Print a Settlement Statement for All Contingent Matters (Y/N): \_\_\_\_\_ No  
RPT File Name: \_\_\_\_\_ ACTUAL.RPT

### Credit Cards Accepted

Visa: No American Express: No  
Master Card: No Discover: No

**Billing** Thank You for Letting Us Serve You.

**Message :** Payment Due Upon Receipt.

# Billing Format Codes

Report Date: 2/15/2005

Report Time: 3:42PM

Page: 4 of 6

Requested By: System Administrator

## Paxton, Crow & Bragg, P.A.

Sorted by Code

**Format Code:** 4

**Code Description:** Worker's Compensation

### Time Ticket Information

Initials on Each Ticket (Y/N): \_\_\_\_\_ Yes  
Date Per Ticket (Y/N): \_\_\_\_\_ Yes  
Hours Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fees Per Ticket (Y/N): \_\_\_\_\_ Yes  
Tickets on Bill (Y/N): \_\_\_\_\_ Yes  
Hours Totaled (Y/N): \_\_\_\_\_ Yes  
Fees Totaled (Y/N): \_\_\_\_\_ Yes  
Text Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fee Detail Level (D/S): \_\_\_\_\_ Detailed  
Task Based Billing (Y/N): \_\_\_\_\_ No

### Cost Detail Information

Cost Detail Level (D/S): \_\_\_\_\_ Summary  
Date Per Cost (Y/N): \_\_\_\_\_ No  
Cost Item Check Number(Y/N): \_\_\_\_\_ No

### Trust Transfer Information

Trust Recapped On Bill (Y/N): \_\_\_\_\_ Yes  
Trust/Retainer Transfers reflected on Bill (Y/N): \_\_\_\_\_ No  
Start Trust Recap section on a New Page (Y/N): \_\_\_\_\_ Yes

### Format Options Information

Invoice Number on Bill (Y/N): \_\_\_\_\_ Yes  
Date Of Last Payment on Bill (Y/N): \_\_\_\_\_ Yes  
Prior Balance / Payment Received on Bill \_\_\_\_\_ Yes  
Letter Head Printed (Y/N): \_\_\_\_\_ Yes  
Logo on Bill (Y/N): \_\_\_\_\_ No  
Include a Payment Detail Section on the Bill (Y/N) \_\_\_\_\_ No  
Include a Credit Card Form as Last Page of Bill (Y/N): \_\_\_\_\_ No  
Print a Settlement Statement for All Contingent Matters (Y/N): \_\_\_\_\_ No  
RPT File Name: \_\_\_\_\_ ACTUAL.RPT

### Credit Cards Accepted

Visa: No American Express: No  
Master Card: No Discover: No

### Billing

#### Message :

# Billing Format Codes

Report Date: 2/15/2005

Report Time: 3:42PM

Page: 5 of 6

Requested By: System Administrator

## Paxton, Crow & Bragg, P.A.

Sorted by Code

**Format Code:** GEN

**Code Description:** General Billing Format

### Time Ticket Information

Initials on Each Ticket (Y/N): \_\_\_\_\_ No  
Date Per Ticket (Y/N): \_\_\_\_\_ No  
Hours Per Ticket (Y/N): \_\_\_\_\_ No  
Fees Per Ticket (Y/N): \_\_\_\_\_ No  
Tickets on Bill (Y/N): \_\_\_\_\_ No  
Hours Totaled (Y/N): \_\_\_\_\_ No  
Fees Totaled (Y/N): \_\_\_\_\_ No  
Text Per Ticket (Y/N): \_\_\_\_\_ No  
Fee Detail Level (D/S): \_\_\_\_\_ Detailed  
Task Based Billing (Y/N): \_\_\_\_\_ No

### Cost Detail Information

Cost Detail Level (D/S): \_\_\_\_\_ Detailed  
Date Per Cost (Y/N): \_\_\_\_\_ No  
Cost Item Check Number(Y/N): \_\_\_\_\_ No

### Trust Transfer Information

Trust Recapped On Bill (Y/N): \_\_\_\_\_ No  
Trust/Retainer Transfers reflected on Bill (Y/N): \_\_\_\_\_ No  
Start Trust Recap section on a New Page (Y/N): \_\_\_\_\_ No

### Format Options Information

Invoice Number on Bill (Y/N): \_\_\_\_\_ No  
Date Of Last Payment on Bill (Y/N): \_\_\_\_\_ No  
Prior Balance / Payment Received on Bill \_\_\_\_\_ No  
Letter Head Printed (Y/N): \_\_\_\_\_ No  
Logo on Bill (Y/N): \_\_\_\_\_ No  
Include a Payment Detail Section on the Bill (Y/N) \_\_\_\_\_ No  
Include a Credit Card Form as Last Page of Bill (Y/N): \_\_\_\_\_ No  
Print a Settlement Statement for All Contingent Matters (Y/N): \_\_\_\_\_ No  
RPT File Name: \_\_\_\_\_ ACTUAL.RPT

### Credit Cards Accepted

Visa: No American Express: No  
Master Card: No Discover: No

**Billing** Thank you for your business.

**Message :**

# Billing Format Codes

Report Date: 2/15/2005

Report Time: 3:42PM

Page: 6 of 6

Requested By: System Administrator

## Paxton, Crow & Bragg, P.A.

Sorted by Code

**Format Code:** SB

**Code Description:** Split Billing

### Time Ticket Information

Initials on Each Ticket (Y/N): \_\_\_\_\_ Yes  
Date Per Ticket (Y/N): \_\_\_\_\_ No  
Hours Per Ticket (Y/N): \_\_\_\_\_ Yes  
Fees Per Ticket (Y/N): \_\_\_\_\_ Yes  
Tickets on Bill (Y/N): \_\_\_\_\_ Yes  
Hours Totaled (Y/N): \_\_\_\_\_ Yes  
Fees Totaled (Y/N): \_\_\_\_\_ Yes  
Text Per Ticket (Y/N): \_\_\_\_\_ No  
Fee Detail Level (D/S): \_\_\_\_\_ Summary  
Task Based Billing (Y/N): \_\_\_\_\_ No

### Cost Detail Information

Cost Detail Level (D/S): \_\_\_\_\_ Detailed  
Date Per Cost (Y/N): \_\_\_\_\_ Yes  
Cost Item Check Number(Y/N): \_\_\_\_\_ Yes

### Trust Transfer Information

Trust Recapped On Bill (Y/N): \_\_\_\_\_ No  
Trust/Retainer Transfers reflected on Bill (Y/N): \_\_\_\_\_ No  
Start Trust Recap section on a New Page (Y/N): \_\_\_\_\_ No

### Format Options Information

Invoice Number on Bill (Y/N): \_\_\_\_\_ Yes  
Date Of Last Payment on Bill (Y/N): \_\_\_\_\_ Yes  
Prior Balance / Payment Received on Bill \_\_\_\_\_ Yes  
Letter Head Printed (Y/N): \_\_\_\_\_ Yes  
Logo on Bill (Y/N): \_\_\_\_\_ Yes  
Include a Payment Detail Section on the Bill (Y/N) \_\_\_\_\_ No  
Include a Credit Card Form as Last Page of Bill (Y/N): \_\_\_\_\_ No  
Print a Settlement Statement for All Contingent Matters (Y/N): \_\_\_\_\_  
RPT File Name: \_\_\_\_\_ SBACTUAL.RPT

### Credit Cards Accepted

Visa: No American Express: No  
Master Card: No Discover: No

**Billing** Thank you for your business  
**Message :** Contact Mary Smith if you have questions.  
Please include your invoice number on your bills.  
We appreciate your referrals.