

Anytown Medical Clinic
PROCEDURE REIMBURSEMENT ANALYSIS BY BILLING PROVIDER
 THIS IS WHERE YOUR CUSTOM HEADER WILL PRINT
 FOR PROCEDURE DATES OF SERVICE: From 01/01/2005 Through 12/31/2005
 FOR PAYMENTS: To Date

Procedure		Total				Insurance				Responsible Party			Average		
Code	Description	C/Qty	Charge	Paid	CWO/Adjust	P/Qty	Paid	CWO	Oth Adj	P/Qty	Paid	Adjust	Charged	Tot Paid	Ins Paid
22900	Excision, abdominal wall tumor, su	4	\$4,699.00	\$2,180.55	\$153.45	3	\$1,956.66	\$153.45	\$0.00	3	\$223.89	\$0.00	\$1,174.75	\$545.14	\$489.17
36415	Venipuncture for collection fee onl	3	\$45.00	\$31.80	\$13.20	3	\$31.80	\$13.20	\$0.00	1	\$0.00	\$0.00	\$15.00	\$10.60	\$10.60
71010	Xray, Chest single view	3	\$195.00	\$57.88	\$72.12	2	\$57.88	\$72.12	\$0.00	0	\$0.00	\$0.00	\$65.00	\$19.29	\$19.29
71020	Chest xray, 2 view	1	\$82.00	\$72.00	\$10.00	1	\$72.00	\$10.00	\$0.00	1	\$0.00	\$0.00	\$82.00	\$72.00	\$72.00
81000	Urinalysis	1	\$15.00	\$10.75	\$4.25	1	\$10.75	\$4.25	\$0.00	0	\$0.00	\$0.00	\$15.00	\$10.75	\$10.75
85027	Blood count; hemogram and platel	1	\$25.00	\$20.00	\$5.00	1	\$20.00	\$5.00	\$0.00	1	\$0.00	\$0.00	\$25.00	\$20.00	\$20.00
93000	ECG, routine w/at least 12 leads	1	\$65.00	\$35.00	\$30.00	1	\$35.00	\$30.00	\$0.00	0	\$0.00	\$0.00	\$65.00	\$35.00	\$35.00
99024	Post Op Visit	1	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99213	Office visit, estab pt	9	\$585.00	\$415.12	\$104.88	8	\$365.12	\$119.88	\$0.00	3	\$50.00	(\$15.00)	\$65.00	\$46.12	\$40.57
99214	Office visit, estab pt	2	\$190.00	\$90.00	\$5.00	1	\$75.00	\$5.00	\$0.00	1	\$15.00	\$0.00	\$95.00	\$45.00	\$37.50
99999	Anesthesia	11	\$88.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$8.00	\$0.00	\$0.00
A4565	Slings	1	\$20.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$20.00	\$0.00	\$0.00
	BF Balance Forward	1	\$65.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$65.00	\$0.00	\$0.00
	NSF Returned Check Fees	1	\$25.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00
PROVIDER TOTAL - (2) Barrientos, Octavio MD		40	\$6,099.00	\$2,913.10	\$397.90	21	\$2,624.21	\$412.90	\$0.00	10	\$288.89	(\$15.00)	\$152.48	\$72.83	\$65.61
10060	I & D of abcess; simple or single	1	\$95.00	\$80.00	\$15.00	1	\$80.00	\$15.00	\$0.00	0	\$0.00	\$0.00	\$95.00	\$80.00	\$80.00
99213	Office visit, estab pt	1	\$65.00	\$60.00	\$5.00	1	\$60.00	\$5.00	\$0.00	0	\$0.00	\$0.00	\$65.00	\$60.00	\$60.00
PROVIDER TOTAL - (4) Harmon, Christoper M		2	\$160.00	\$140.00	\$20.00	2	\$140.00	\$20.00	\$0.00	0	\$0.00	\$0.00	\$80.00	\$70.00	\$70.00
100	patient not seen	1	\$0.00	\$20.00	(\$20.00)	0	\$0.00	\$0.00	\$0.00	1	\$20.00	(\$20.00)	\$0.00	\$20.00	\$0.00
10060	I & D of abcess; simple or single	1	\$95.00	\$90.00	\$5.00	1	\$90.00	\$5.00	\$0.00	0	\$0.00	\$0.00	\$95.00	\$90.00	\$90.00
22900	Excision, abdominal wall tumor, su	2	\$2,400.00	\$1,768.00	\$632.00	2	\$1,743.00	\$632.00	\$0.00	2	\$25.00	\$0.00	\$1,200.00	\$884.00	\$871.50
36415	Venipuncture for collection fee onl	11	\$153.00	\$114.59	\$23.41	9	\$66.59	\$23.41	\$0.00	8	\$48.00	\$0.00	\$13.91	\$10.42	\$6.05
71010	Xray, Chest single view	19	\$947.00	\$823.88	\$18.62	10	\$478.88	\$73.62	\$0.00	14	\$345.00	(\$55.00)	\$49.84	\$43.36	\$25.20
71020	Chest xray, 2 view	2	\$164.00	\$94.55	\$58.00	2	\$94.55	\$58.00	\$0.00	1	\$0.00	\$0.00	\$82.00	\$47.28	\$47.28
73610	Xray of ankle, min 3 views	1	\$80.00	\$70.00	\$10.00	1	\$70.00	\$10.00	\$0.00	1	\$0.00	\$0.00	\$80.00	\$70.00	\$70.00
74020	Xray of Abdomen complete	1	\$119.00	\$0.00	\$0.00	1	\$0.00	\$0.00	\$0.00	1	\$0.00	\$0.00	\$119.00	\$0.00	\$0.00
80053	Comprehensive Metabolic panel	3	\$226.00	\$141.31	\$84.69	3	\$141.31	\$84.69	\$0.00	0	\$0.00	\$0.00	\$75.33	\$47.10	\$47.10
80100	Drug screen, qualitative; multiple d	1	\$26.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$26.00	\$0.00	\$0.00
81000	Urinalysis	8	\$85.00	\$65.00	\$0.00	0	\$0.00	\$0.00	\$0.00	6	\$65.00	\$0.00	\$10.63	\$8.13	\$0.00
82765	PAP Smear	1	\$25.00	\$25.00	\$0.00	1	\$25.00	\$0.00	\$0.00	1	\$0.00	\$0.00	\$25.00	\$25.00	\$25.00
84443	TSH	3	\$150.00	\$77.57	\$72.43	3	\$77.57	\$72.43	\$0.00	0	\$0.00	\$0.00	\$50.00	\$25.86	\$25.86
85027	Blood count; hemogram and platel	13	\$276.00	\$177.73	\$37.27	5	\$62.73	\$37.27	\$0.00	8	\$115.00	\$0.00	\$21.23	\$13.67	\$4.83
90471	Immunization administration	1	\$10.00	\$8.00	\$2.00	1	\$8.00	\$2.00	\$0.00	0	\$0.00	\$0.00	\$10.00	\$8.00	\$8.00
90718	TD; tetanus & diptheria toxoid	1	\$17.00	\$15.00	\$2.00	1	\$15.00	\$2.00	\$0.00	0	\$0.00	\$0.00	\$17.00	\$15.00	\$15.00
93000	ECG, routine w/at least 12 leads	1	\$65.00	\$45.00	\$20.00	1	\$45.00	\$20.00	\$0.00	1	\$0.00	\$0.00	\$65.00	\$45.00	\$45.00
98075	anesthesia	7	\$700.00	\$629.00	\$71.00	7	\$629.00	\$71.00	\$0.00	0	\$0.00	\$0.00	\$100.00	\$89.86	\$89.86
99070	Medical Supplies-ace bandage	1	\$15.00	\$9.25	\$5.75	1	\$9.25	\$5.75	\$0.00	0	\$0.00	\$0.00	\$15.00	\$9.25	\$9.25
99070-2	Medical Supplies - ace bandage 2	1	\$17.00	\$9.47	\$7.53	1	\$9.47	\$7.53	\$0.00	0	\$0.00	\$0.00	\$17.00	\$9.47	\$9.47
99211	Office visit, estab pt, min	5	\$189.88	\$161.64	\$9.21	3	\$76.64	\$18.94	(\$9.73)	3	\$85.00	\$0.00	\$37.98	\$32.33	\$15.33
99213	Office visit, estab pt	80	\$6,614.00	\$5,343.66	\$541.34	69	\$3,018.66	\$561.34	\$0.00	55	\$2,325.00	(\$20.00)	\$82.68	\$66.80	\$37.73
99214	Office visit, estab pt	3	\$285.00	\$225.00	\$60.00	1	\$65.00	\$10.00	\$0.00	3	\$160.00	\$50.00	\$95.00	\$75.00	\$21.67
	BF Balance Forward	3	\$2,774.00	\$642.50	\$93.27	1	\$147.50	\$93.27	\$0.00	1	\$495.00	\$0.00	\$924.67	\$214.17	\$49.17
	BT Balance Transfer	3	\$45.00	\$45.00	\$0.00	0	\$0.00	\$0.00	\$0.00	3	\$45.00	\$0.00	\$15.00	\$15.00	\$0.00
G0009	Administration of pneumococcal v	1	\$10.00	\$8.00	\$2.00	1	\$8.00	\$2.00	\$0.00	0	\$0.00	\$0.00	\$10.00	\$8.00	\$8.00
	INT Interest Charge	1	\$0.20	\$0.20	\$0.00	0	\$0.00	\$0.00	\$0.00	1	\$0.20	\$0.00	\$0.20	\$0.20	\$0.00
PROVIDER TOTAL - (1) Metzger, Donald MD:		175	\$15,488.08	\$10,609.35	\$1,735.52	125	\$6,881.15	\$1,790.25	(\$9.73)	110	\$3,728.20	(\$45.00)	\$88.50	\$60.62	\$39.32
20610	Drain inject joint/ bursa	1	\$1,000.00	\$1,000.00	\$0.00	1	\$1,000.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$1,000.00	\$1,000.00	\$1,000.00
36415	Venipuncture for collection fee onl	1	\$15.00	\$10.00	\$5.00	1	\$10.00	\$5.00	\$0.00	0	\$0.00	\$0.00	\$15.00	\$10.00	\$10.00
71020	Chest xray, 2 view	1	\$82.00	\$70.00	\$12.00	1	\$70.00	\$12.00	\$0.00	0	\$0.00	\$0.00	\$82.00	\$70.00	\$70.00
85027	Blood count; hemogram and platel	1	\$25.00	\$20.00	\$5.00	1	\$20.00	\$5.00	\$0.00	0	\$0.00	\$0.00	\$25.00	\$20.00	\$20.00
99213	Office visit, estab pt	1	\$65.00	\$45.00	\$20.00	1	\$45.00	\$20.00	\$0.00	0	\$0.00	\$0.00	\$65.00	\$45.00	\$45.00

Procedure		Total				Insurance				Responsible Party			Average		
Code	Description	C/Qty	Charge	Paid	CWO/Adjust	P/Qty	Paid	CWO	Oth Adj	P/Qty	Paid	Adjust	Charged	Tot Paid	Ins Paid
PROVIDER TOTAL - (3) Skelton, Baxter MD:		5	\$1,187.00	\$1,145.00	\$42.00	5	\$1,145.00	\$42.00	\$0.00	0	\$0.00	\$0.00	\$237.40	\$229.00	\$229.00