

Financial, Reimbursement Analysis By Financial Class

Description







This report lists financial classes and how the charges within those financial classes have paid during a particular date range. This report includes charges within the specified date range, based on batch entry date, and then transactions applied to those charges (through the closing date).

This report is useful in determining how your office was paid for charges generated during a particular time frame when, for example, you were testing a new marketing campaign or procedure.

Note: This report will not balance to the Daily Financial Summary, since the Reimbursement Analysis by Financial Class Report is charge-based and closing date-dependent, where the Daily Financial Summary is not.

Close

Input Parameters

Doctor	<input type="text"/>		
Facility	<input type="text"/>		
Company	<input type="text"/>		
Financial Class	<input type="text" value="(all)"/>		
Group by	<input type="text" value="Financial Class"/>		
<input checked="" type="radio"/> Date of Service	<input type="radio"/> Date of Entry		
From Date	To Date		
<input type="text"/>	<input type="text"/>		
Footer	<input type="text" value="Default"/>		
Criteria	<input checked="" type="radio"/> None	<input type="radio"/> First Page	<input type="radio"/> Separate Page

Reimbursement Analysis by Financial Class

Financial Class	Description	Calculated Units	Charges			Payments			Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient	
Blue Shield										
20205	Biopsy, muscle; deep	2.0	\$994.00	\$0.00	\$994.00	\$0.00	\$0.00	\$0.00	\$0.00	
20937	Autograft for spine surgery only (includes harve	1.0	\$357.00	\$0.00	\$357.00	\$0.00	\$0.00	\$0.00	\$0.00	
22554	Arthrodesis, anterior interbody technique, includ	1.0	\$2,705.00	\$0.00	\$2,705.00	\$0.00	\$0.00	\$0.00	\$0.00	
22558	Arthrodesis, anterior interbody technique, includ	1.0	\$3,055.00	\$0.00	\$3,055.00	\$0.00	\$0.00	\$0.00	\$0.00	
22804	Arthrodesis, posterior, for spinal deformity, with	1.0	\$4,949.00	\$0.00	\$4,949.00	\$0.00	\$0.00	\$0.00	\$0.00	
22840	Posterior non-segmental instrumentation (eg, H;	2.0	\$3,212.00	\$0.00	\$3,212.00	\$0.00	\$0.00	\$0.00	\$0.00	
22844	Posterior segmental instrumentation (eg, pedicle	3.0	\$6,327.00	\$0.00	\$6,327.00	\$0.00	\$0.00	\$0.00	\$0.00	
22845	Anterior instrumentation; 2 to 3 vertebral segme	1.0	\$1,542.00	\$0.00	\$1,542.00	\$0.00	\$0.00	\$0.00	\$0.00	
22846	Anterior instrumentation; 4 to 7 vertebral segme	1.0	\$1,603.00	\$0.00	\$1,603.00	\$0.00	\$0.00	\$0.00	\$0.00	
22851	Application of intervertebral biomechanical devic	1.0	\$852.00	\$0.00	\$852.00	\$0.00	\$0.00	\$0.00	\$0.00	
22852	Removal of posterior segmental instrumentation	2.0	\$2,852.00	\$0.00	\$2,852.00	\$0.00	\$0.00	\$0.00	\$0.00	
30520	Septoplasty or submucous resection, with or wit	1.0	\$903.00	\$0.00	\$903.00	\$0.00	\$0.00	\$0.00	\$0.00	
31254	Nasal/sinus endoscopy, surgical; with ethmoide	1.0	\$582.00	\$0.00	\$582.00	\$0.00	\$0.00	\$0.00	\$0.00	
31256	Nasal/sinus endoscopy, surgical, with maxillary	1.0	\$415.00	\$0.00	\$415.00	\$0.00	\$0.00	\$0.00	\$0.00	
31267	Nasal/sinus endoscopy, surgical, with maxillary	1.0	\$683.00	\$0.00	\$683.00	\$0.00	\$0.00	\$0.00	\$0.00	
36415	Collection of venous blood by venipuncture	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
42820	Tonsillectomy and adenoidectomy; under age 1;	1.0	\$616.00	\$0.00	\$616.00	\$0.00	\$0.00	\$0.00	\$0.00	
43200	Esophagoscopy, rigid or flexible; diagnostic, witl	1.0	\$722.00	\$0.00	\$722.00	\$0.00	\$0.00	\$0.00	\$0.00	
43243	Upper gastrointestinal endoscopy including eso	1.0	\$509.00	\$0.00	\$509.00	\$0.00	\$0.00	\$0.00	\$0.00	
43250	Upper gastrointestinal endoscopy including eso	1.0	\$364.00	\$0.00	\$364.00	\$0.00	\$0.00	\$0.00	\$0.00	
43251	Upper gastrointestinal endoscopy including eso	1.0	\$417.00	\$0.00	\$417.00	\$0.00	\$0.00	\$0.00	\$0.00	
44382	Ileoscopy, through stoma; with biopsy, single or	1.0	\$170.00	\$0.00	\$170.00	\$0.00	\$0.00	\$0.00	\$0.00	
44394	Colonoscopy through stoma; with removal of tur	1.0	\$930.00	\$0.00	\$930.00	\$0.00	\$0.00	\$0.00	\$0.00	
44799	Unlisted procedure, intestine	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
45330	Sigmoidoscopy, flexible; diagnostic, with or with	1.0	\$220.00	\$0.00	\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	
45378	Colonoscopy, flexible, proximal to splenic flexure	1.0	\$952.00	\$0.00	\$952.00	\$0.00	\$0.00	\$0.00	\$0.00	
45380	Colonoscopy, flexible, proximal to splenic flexure	2.0	\$2,090.00	\$0.00	\$2,090.00	\$0.00	\$0.00	\$0.00	\$0.00	
45382	Colonoscopy, flexible, proximal to splenic flexure	1.0	\$1,221.00	\$0.00	\$1,221.00	\$0.00	\$0.00	\$0.00	\$0.00	
58100	Endometrial sampling (biopsy) with or without ei	1.0	\$237.00	\$0.00	\$237.00	\$0.00	\$0.00	\$0.00	\$0.00	
62362	Implantation or replacement of device for intrath	1.0	\$897.00	\$0.00	\$897.00	\$0.00	\$0.00	\$0.00	\$0.00	
63030	Laminotomy (hemilaminectomy), with decompre	3.0	\$5,430.00	\$0.00	\$5,430.00	\$0.00	\$0.00	\$0.00	\$0.00	
63042	Laminotomy (hemilaminectomy), with decompre	1.0	\$2,515.00	\$0.00	\$2,515.00	\$0.00	\$0.00	\$0.00	\$0.00	
63267	Laminectomy for excision or evacuation of intras	1.0	\$2,470.00	\$0.00	\$2,470.00	\$0.00	\$0.00	\$0.00	\$0.00	
64721	Neuroplasty and/or transposition; median nerve	2.0	\$1,720.00	\$0.00	\$1,720.00	\$0.00	\$0.00	\$0.00	\$0.00	
64795	Biopsy of nerve	1.0	\$392.00	\$0.00	\$392.00	\$0.00	\$0.00	\$0.00	\$0.00	
70210	Radiologic examination, sinuses, paranasal, les;	1.0	\$65.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	
72100	Radiologic examination, spine, lumbosacral; twc	1.0	\$74.00	\$0.00	\$74.00	\$0.00	\$0.00	\$0.00	\$0.00	
78465	Myocardial perfusion imaging; tomographic (SP	1.0	\$1,034.00	\$0.00	\$1,034.00	\$0.00	\$0.00	\$0.00	\$0.00	
78480	Myocardial perfusion study with ejection fraction	1.0	\$183.00	\$0.00	\$183.00	\$0.00	\$0.00	\$0.00	\$0.00	
80076	Hepatic function panel This panel must include	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
81000	Urinalysis, by dip stick or tablet reagent for biliru	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	
81002	Urinalysis, by dip stick or tablet reagent for biliru	19.0	\$1,919.00	\$0.00	\$1,919.00	\$0.00	\$0.00	\$0.00	\$0.00	
82105	Alpha-fetoprotein; serum	3.0	\$303.00	\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00	
86580	Skin test; tuberculosis, intradermal	1.0	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	
86701	Antibody; HIV-1	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
87490	Infectious agent detection by nucleic acid (DNA	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
87880	Infectious agent detection by immunoassay with	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
88142	Cytopathology, cervical or vaginal (any reporting	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	

Financial Class	Description	Calculated Units	Charges			Payments			Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient	
90471	Immunization administration (includes percutan	1.0	\$8.00	\$0.00	\$8.00	\$0.00	\$0.00	\$0.00	\$0.00	
90648	Hemophilus influenza b vaccine (Hib), PRP-T c	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
90669	Pneumococcal conjugate vaccine, polyvalent, fo	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	
90716	Varicella virus vaccine, live, for subcutaneous u	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
90748	Hepatitis B and Hemophilus influenza b vaccine	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	
90788	Intramuscular injection of antibiotic (specify)	2.0	\$18.00	\$0.00	\$18.00	\$0.00	\$0.00	\$0.00	\$0.00	
92541	Spontaneous nystagmus test, including gaze ar	1.0	\$142.00	\$0.00	\$142.00	\$0.00	\$0.00	\$0.00	\$0.00	
92543	Caloric vestibular test, each irrigation (binaural,	1.0	\$38.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	
92552	Pure tone audiometry (threshold); air only	1.0	\$34.00	\$0.00	\$34.00	\$0.00	\$0.00	\$0.00	\$0.00	
92553	Pure tone audiometry (threshold); air and bone	2.0	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	
92567	Tympanometry (impedance testing)	1.0	\$41.00	\$0.00	\$41.00	\$0.00	\$0.00	\$0.00	\$0.00	
93016	Cardiovascular stress test using maximal or sut	1.0	\$48.00	\$0.00	\$48.00	\$0.00	\$0.00	\$0.00	\$0.00	
93225	Electrocardiographic monitoring for 24 hours by	1.0	\$94.00	\$0.00	\$94.00	\$0.00	\$0.00	\$0.00	\$0.00	
93271	Patient demand single or multiple event recordir	1.0	\$179.00	\$0.00	\$179.00	\$0.00	\$0.00	\$0.00	\$0.00	
93320	Doppler echocardiographv. pulsed wave and/or	1.0	\$171.00	\$0.00	\$171.00	\$0.00	\$0.00	\$0.00	\$0.00	
93556	Imaging supervision, interpretation and report fo	1.0	\$824.00	\$0.00	\$824.00	\$0.00	\$0.00	\$0.00	\$0.00	
94640	Pressurized or nonpressurized inhalation treatm	2.0	\$114.00	\$0.00	\$114.00	\$0.00	\$0.00	\$0.00	\$0.00	
94760	Noninvasive ear or pulse oximetry for oxygen sa	1.0	\$9.00	\$0.00	\$9.00	\$0.00	\$0.00	\$0.00	\$0.00	
97112	Therapeutic procedure. one or more areas. each	1.0	\$57.00	\$0.00	\$57.00	\$0.00	\$0.00	\$0.00	\$0.00	
97799	Unlisted physical medicine/rehabilitation service	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
99201	Office or other outpatient visit for the evaluation	1.0	\$51.00	\$20.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00	
99203	Office or other outpatient visit for the evaluation	1.0	\$166.00	\$25.00	\$191.00	\$0.00	\$0.00	\$0.00	\$0.00	
99204	Office or other outpatient visit for the evaluation	8.0	\$2,068.00	\$100.00	\$2,168.00	\$0.00	\$0.00	\$0.00	\$0.00	
99211	Office or other outpatient visit for the evaluation	8.0	\$241.00	\$95.00	\$336.00	\$0.00	\$0.00	\$0.00	\$0.00	
99212	Office or other outpatient visit for the evaluation	33.0	\$1,970.00	\$505.00	\$2,475.00	\$0.00	\$0.00	\$0.00	\$0.00	
99213	Office or other outpatient visit for the evaluation	24.0	\$2,141.00	\$355.00	\$2,496.00	\$0.00	\$0.00	\$0.00	\$0.00	
99214	Office or other outpatient visit for the evaluation	14.0	\$2,146.00	\$150.00	\$2,296.00	\$0.00	\$0.00	\$0.00	\$0.00	
99215	Office or other outpatient visit for the evaluation	3.0	\$665.00	\$55.00	\$720.00	\$0.00	\$0.00	\$0.00	\$0.00	
A9505	Supply of radiopharmaceutical diagnostic imagi	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
V5011	Fitting/orientation/checking of hearing aid	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotal		198.0	\$69,745.00	\$1,305.00	\$71,050.00	\$0.00	\$0.00	\$0.00	\$0.00	

Commercial										
20205	Biopsy, muscle; deep	4.0	\$1,988.00	\$0.00	\$1,778.97	\$0.00	\$0.00	\$0.00	\$0.00	
20930	Allograft for spine surgery only; morselized	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00	
20931	Allograft for spine surgery only; structural	2.0	\$470.00	\$0.00	\$470.00	\$0.00	\$0.00	\$0.00	\$0.00	
20937	Autograft for spine surgery only (includes harve	3.0	\$1,071.00	\$0.00	\$921.06	\$0.00	\$0.00	\$0.00	\$0.00	
22212	Osteotomy of spine, posterior or posterolateral a	2.0	\$5,520.00	\$0.00	\$5,520.00	\$0.00	\$0.00	\$0.00	\$0.00	
22216	Osteotomy of spine, posterior or posterolateral a	2.0	\$1,395.00	\$155.00	\$1,550.00	\$0.00	\$0.00	\$0.00	\$0.00	
22226	Osteotomy of spine, including discectomy, ante	4.0	\$3,080.00	\$0.00	\$2,756.75	\$0.00	\$0.00	\$0.00	\$0.00	
22554	Arthrodesis, anterior interbody technique, includ	2.0	\$5,410.00	\$0.00	\$5,410.00	\$0.00	\$0.00	\$0.00	\$0.00	
22558	Arthrodesis, anterior interbody technique, includ	1.0	\$3,055.00	\$0.00	\$3,055.00	\$0.00	\$0.00	\$0.00	\$0.00	
22585	Arthrodesis, anterior interbody technique, includ	2.0	\$1,418.00	\$0.00	\$1,418.00	\$0.00	\$0.00	\$0.00	\$0.00	
22614	Arthrodesis, posterior or posterolateral techniqu	2.0	\$1,488.60	\$165.40	\$1,306.37	\$0.00	\$0.00	\$0.00	\$0.00	
22630	Arthrodesis, posterior interbody technique, inclu	2.0	\$6,096.00	\$0.00	\$6,096.00	\$0.00	\$0.00	\$0.00	\$0.00	
22804	Arthrodesis, posterior, for spinal deformity, with	4.0	\$19,796.00	\$0.00	\$19,796.00	\$0.00	\$0.00	\$0.00	\$0.00	
22818	Kyphectomy, circumferential exposure of spine ;	1.0	\$3,512.00	\$878.00	\$4,390.00	\$0.00	\$0.00	\$0.00	\$0.00	
22830	Exploration of spinal fusion	4.0	\$6,448.60	\$339.40	\$6,075.40	\$0.00	\$0.00	\$0.00	\$0.00	
22843	Posterior segmental instrumentation (eq. pedicle	1.0	\$1,376.80	\$344.20	\$1,721.00	\$0.00	\$0.00	\$0.00	\$0.00	
22844	Posterior segmental instrumentation (eq. pedicle	1.0	\$2,109.00	\$0.00	\$2,109.00	\$0.00	\$0.00	\$0.00	\$0.00	
22845	Anterior instrumentation; 2 to 3 vertebral seqme	1.0	\$1,542.00	\$0.00	\$1,542.00	\$0.00	\$0.00	\$0.00	\$0.00	
22846	Anterior instrumentation; 4 to 7 vertebral seame	1.0	\$1,603.00	\$0.00	\$1,603.00	\$0.00	\$0.00	\$0.00	\$0.00	

Financial Class	Description	Calculated Units	Charges			Payments		Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient
22851	Application of intervertebral biomechanical devic	2.0	\$1,704.00	\$0.00	\$1,704.00	\$0.00	\$0.00	\$0.00	\$0.00
22852	Removal of posterior segmental instrumentation	2.0	\$2,852.00	\$0.00	\$2,252.94	\$0.00	\$0.00	\$0.00	\$0.00
22899	Unlisted procedure, spine	2.0	\$202.00	\$0.00	\$159.73	\$0.00	\$0.00	\$0.00	\$0.00
30520	Septoplasty or submucous resection, with or wit	1.0	\$903.00	\$0.00	\$903.00	\$0.00	\$0.00	\$0.00	\$0.00
30901	Control nasal hemorrhage, anterior, simple (limil	3.0	\$533.00	\$82.00	\$615.00	\$0.00	\$0.00	\$0.00	\$0.00
31237	Nasal/sinus endoscopy, surgical; with biopsy, p	2.0	\$962.00	\$0.00	\$759.83	\$0.00	\$0.00	\$0.00	\$0.00
31254	Nasal/sinus endoscopy, surgical; with ethmoide	2.0	\$1,164.00	\$0.00	\$675.12	\$0.00	\$0.00	\$0.00	\$0.00
31256	Nasal/sinus endoscopy, surgical, with maxillary	4.0	\$1,577.00	\$83.00	\$1,311.12	\$0.00	\$0.00	\$0.00	\$0.00
31267	Nasal/sinus endoscopy, surgical, with maxillary	2.0	\$1,366.00	\$0.00	\$1,079.29	\$0.00	\$0.00	\$0.00	\$0.00
31575	Laryngoscopy, flexible fiberoptic; diagnostic	1.0	\$245.00	\$0.00	\$245.00	\$0.00	\$0.00	\$0.00	\$0.00
36415	Collection of venous blood by venipuncture	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
36416	Collection of capillary blood specimen (eg, finge	3.0	\$303.00	\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00
42820	Tonsillectomy and adenoidectomy; under age 12	4.0	\$2,464.00	\$0.00	\$2,205.14	\$0.00	\$0.00	\$0.00	\$0.00
42826	Tonsillectomy, primary or secondary; age 12 or o	1.0	\$557.00	\$0.00	\$557.00	\$0.00	\$0.00	\$0.00	\$0.00
42830	Adenoidectomy, primary; under age 12	4.0	\$1,501.00	\$79.00	\$1,580.00	\$0.00	\$0.00	\$0.00	\$0.00
43200	Esophagoscopy, rigid or flexible; diagnostic, with	1.0	\$722.00	\$0.00	\$722.00	\$0.00	\$0.00	\$0.00	\$0.00
43202	Esophagoscopy, rigid or flexible; with biopsy, sir	1.0	\$635.00	\$0.00	\$635.00	\$0.00	\$0.00	\$0.00	\$0.00
43204	Esophagoscopy, rigid or flexible; with injection s	1.0	\$425.00	\$0.00	\$425.00	\$0.00	\$0.00	\$0.00	\$0.00
43217	Esophagoscopy, rigid or flexible; with removal o	3.0	\$996.00	\$0.00	\$856.27	\$0.00	\$0.00	\$0.00	\$0.00
43226	Esophagoscopy, rigid or flexible; with insertion c	2.0	\$550.00	\$0.00	\$550.00	\$0.00	\$0.00	\$0.00	\$0.00
43235	Upper gastrointestinal endoscopy including eso	3.0	\$2,004.00	\$0.00	\$2,004.00	\$0.00	\$0.00	\$0.00	\$0.00
43239	Upper gastrointestinal endoscopy including eso	4.0	\$2,940.00	\$0.00	\$2,631.30	\$0.00	\$0.00	\$0.00	\$0.00
43243	Upper gastrointestinal endoscopy including eso	3.0	\$1,527.00	\$0.00	\$1,312.93	\$0.00	\$0.00	\$0.00	\$0.00
43245	Upper gastrointestinal endoscopy including eso	3.0	\$1,152.00	\$0.00	\$990.72	\$0.00	\$0.00	\$0.00	\$0.00
43247	Upper gastrointestinal endoscopy including eso	1.0	\$384.00	\$0.00	\$384.00	\$0.00	\$0.00	\$0.00	\$0.00
43248	Upper gastrointestinal endoscopy including eso	1.0	\$359.00	\$0.00	\$359.00	\$0.00	\$0.00	\$0.00	\$0.00
43249	Upper gastrointestinal endoscopy including eso	1.0	\$333.00	\$0.00	\$333.00	\$0.00	\$0.00	\$0.00	\$0.00
43250	Upper gastrointestinal endoscopy including eso	1.0	\$364.00	\$0.00	\$364.00	\$0.00	\$0.00	\$0.00	\$0.00
43251	Upper gastrointestinal endoscopy including eso	3.0	\$1,251.00	\$0.00	\$1,251.00	\$0.00	\$0.00	\$0.00	\$0.00
43255	Upper gastrointestinal endoscopy including eso	2.0	\$1,048.00	\$0.00	\$1,048.00	\$0.00	\$0.00	\$0.00	\$0.00
43258	Upper gastrointestinal endoscopy including eso	3.0	\$1,521.00	\$0.00	\$1,095.12	\$0.00	\$0.00	\$0.00	\$0.00
43450	Dilation of esophagus, by unguided sound or bo	2.0	\$438.00	\$0.00	\$346.02	\$0.00	\$0.00	\$0.00	\$0.00
43453	Dilation of esophagus, over guide wire	3.0	\$510.00	\$0.00	\$510.00	\$0.00	\$0.00	\$0.00	\$0.00
43456	Dilation of esophagus, by balloon or dilator, retr	3.0	\$852.00	\$0.00	\$732.43	\$0.00	\$0.00	\$0.00	\$0.00
44360	Small intestinal endoscopy, enteroscopy beyonc	1.0	\$309.00	\$0.00	\$309.00	\$0.00	\$0.00	\$0.00	\$0.00
44361	Small intestinal endoscopy, enteroscopy beyonc	3.0	\$1,017.00	\$0.00	\$1,017.00	\$0.00	\$0.00	\$0.00	\$0.00
44382	Ileoscopy, through stoma; with biopsy, single or	4.0	\$680.00	\$0.00	\$680.00	\$0.00	\$0.00	\$0.00	\$0.00
44388	Colonoscopy through stoma; diagnostic, with or	2.0	\$1,486.00	\$0.00	\$1,174.09	\$0.00	\$0.00	\$0.00	\$0.00
44394	Colonoscopy through stoma; with removal of tur	1.0	\$930.00	\$0.00	\$930.00	\$0.00	\$0.00	\$0.00	\$0.00
44799	Unlisted procedure, intestine	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
45330	Sigmoidoscopy, flexible; diagnostic, with or with	1.0	\$220.00	\$0.00	\$127.46	\$0.00	\$0.00	\$0.00	\$0.00
45331	Sigmoidoscopy, flexible; with biopsy, single or r	3.0	\$756.00	\$54.00	\$810.00	\$0.00	\$0.00	\$0.00	\$0.00
45338	Sigmoidoscopy, flexible; with removal of tumor(s	2.0	\$1,086.00	\$0.00	\$857.94	\$0.00	\$0.00	\$0.00	\$0.00
45339	Sigmoidoscopy, flexible; with ablation of tumor(s	3.0	\$1,560.00	\$0.00	\$1,341.45	\$0.00	\$0.00	\$0.00	\$0.00
45379	Colonoscopy, flexible, proximal to splenic flexur	1.0	\$791.20	\$197.80	\$989.00	\$0.00	\$0.00	\$0.00	\$0.00
45380	Colonoscopy, flexible, proximal to splenic flexur	1.0	\$1,045.00	\$0.00	\$1,045.00	\$0.00	\$0.00	\$0.00	\$0.00
45381	Colonoscopy, flexible, proximal to splenic flexur	4.0	\$404.00	\$0.00	\$404.00	\$0.00	\$0.00	\$0.00	\$0.00
45382	Colonoscopy, flexible, proximal to splenic flexur	6.0	\$7,326.00	\$0.00	\$6,813.18	\$0.00	\$0.00	\$0.00	\$0.00
45383	Colonoscopy, flexible, proximal to splenic flexur	1.0	\$1,215.00	\$0.00	\$1,215.00	\$0.00	\$0.00	\$0.00	\$0.00
45384	Colonoscopy, flexible, proximal to splenic flexur	3.0	\$3,303.00	\$0.00	\$2,840.58	\$0.00	\$0.00	\$0.00	\$0.00
45385	Colonoscopy, flexible, proximal to splenic flexur	2.0	\$2,131.20	\$236.80	\$2,368.00	\$0.00	\$0.00	\$0.00	\$0.00
45999	Unlisted procedure, rectum	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00

Financial Class	Description	Calculated Units	Charges			Payments		Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient
46500	Injection of sclerosing solution, hemorrhoids	2.0	\$694.00	\$0.00	\$694.00	\$0.00	\$0.00	\$0.00	\$0.00
54150	Circumcision, using clamp or other device; new	2.0	\$1,204.00	\$0.00	\$950.87	\$0.00	\$0.00	\$0.00	\$0.00
58100	Endometrial sampling (biopsy) with or without ei	1.0	\$237.00	\$0.00	\$237.00	\$0.00	\$0.00	\$0.00	\$0.00
59025	Fetal non-stress test	1.0	\$82.00	\$0.00	\$82.00	\$0.00	\$0.00	\$0.00	\$0.00
59430	Postpartum care only (separate procedure)	2.0	\$570.00	\$0.00	\$450.30	\$0.00	\$0.00	\$0.00	\$0.00
61510	Craniectomy, trephination, bone flap craniotomy	2.0	\$7,624.00	\$0.00	\$6,022.67	\$0.00	\$0.00	\$0.00	\$0.00
61862	Twist drill, burr hole, craniotomy, or craniectomy	2.0	\$5,320.00	\$0.00	\$5,320.00	\$0.00	\$0.00	\$0.00	\$0.00
61885	Incision and subcutaneous placement of cranial	4.0	\$3,428.00	\$0.00	\$2,708.42	\$0.00	\$0.00	\$0.00	\$0.00
62351	Implantation, revision or repositioning of tunnele	5.0	\$7,010.00	\$0.00	\$7,010.00	\$0.00	\$0.00	\$0.00	\$0.00
62362	Implantation or replacement of device for intrath	2.0	\$1,794.00	\$0.00	\$1,794.00	\$0.00	\$0.00	\$0.00	\$0.00
63030	Laminotomy (hemilaminectomy), with decompre	3.0	\$5,430.00	\$0.00	\$5,430.00	\$0.00	\$0.00	\$0.00	\$0.00
63042	Laminotomy (hemilaminectomy), with decompre	4.0	\$10,060.00	\$0.00	\$10,060.00	\$0.00	\$0.00	\$0.00	\$0.00
63045	Laminectomy, facetectomy and foraminotomy (u	7.0	\$16,751.00	\$0.00	\$13,736.27	\$0.00	\$0.00	\$0.00	\$0.00
63046	Laminectomy, facetectomy and foraminotomy (u	4.0	\$9,212.00	\$0.00	\$8,244.88	\$0.00	\$0.00	\$0.00	\$0.00
63047	Laminectomy, facetectomy and foraminotomy (u	3.0	\$6,444.00	\$0.00	\$6,444.00	\$0.00	\$0.00	\$0.00	\$0.00
63048	Laminectomy, facetectomy and foraminotomy (u	2.0	\$838.00	\$0.00	\$838.00	\$0.00	\$0.00	\$0.00	\$0.00
63056	Transpedicular approach with decompression o	2.0	\$5,720.00	\$0.00	\$5,720.00	\$0.00	\$0.00	\$0.00	\$0.00
63076	Diskectomy, anterior, with decompression of spi	2.0	\$1,048.00	\$0.00	\$1,048.00	\$0.00	\$0.00	\$0.00	\$0.00
63090	Vertebral corpectomy (vertebral body resection).	2.0	\$7,582.00	\$0.00	\$7,582.00	\$0.00	\$0.00	\$0.00	\$0.00
63267	Laminectomy for excision or evacuation of intras	2.0	\$4,446.00	\$494.00	\$4,940.00	\$0.00	\$0.00	\$0.00	\$0.00
64721	Neuroplasty and/or transposition; median nerve	1.0	\$860.00	\$0.00	\$860.00	\$0.00	\$0.00	\$0.00	\$0.00
64795	Biopsy of nerve	3.0	\$1,176.00	\$0.00	\$1,011.07	\$0.00	\$0.00	\$0.00	\$0.00
69210	Removal impacted cerumen (separate procedur	1.0	\$93.00	\$0.00	\$93.00	\$0.00	\$0.00	\$0.00	\$0.00
69436	Tympanostomy (requiring insertion of ventilatin	5.0	\$1,555.00	\$0.00	\$1,294.06	\$0.00	\$0.00	\$0.00	\$0.00
69990	Microsurgical techniques, requiring use of oper	2.0	\$886.00	\$0.00	\$699.65	\$0.00	\$0.00	\$0.00	\$0.00
70210	Radiologic examination, sinuses, paranasal, les	1.0	\$65.00	\$0.00	\$37.41	\$0.00	\$0.00	\$0.00	\$0.00
70220	Radiologic examination, sinuses, paranasal, cor	4.0	\$340.00	\$0.00	\$304.16	\$0.00	\$0.00	\$0.00	\$0.00
72010	Radiologic examination, spine, entire, survey stu	2.0	\$250.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00
72070	Radiologic examination, spine; thoracic, two vie	4.0	\$288.00	\$0.00	\$288.00	\$0.00	\$0.00	\$0.00	\$0.00
72090	Radiologic examination, spine; scoliosis study, i	2.0	\$160.00	\$0.00	\$160.00	\$0.00	\$0.00	\$0.00	\$0.00
72100	Radiologic examination, spine, lumbosacral; twc	1.0	\$74.00	\$0.00	\$74.00	\$0.00	\$0.00	\$0.00	\$0.00
76140	Consultation on x-ray examination made elsewh	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
76805	Ultrasound, pregnant uterus, real time with imac	8.0	\$2,035.80	\$52.20	\$2,088.00	\$0.00	\$0.00	\$0.00	\$0.00
76815	Ultrasound, pregnant uterus, real time with imac	5.0	\$880.00	\$0.00	\$731.58	\$0.00	\$0.00	\$0.00	\$0.00
76818	Fetal biophysical profile; with non-stress testing	3.0	\$652.40	\$46.60	\$503.58	\$0.00	\$0.00	\$0.00	\$0.00
76830	Ultrasound, transvaginal	3.0	\$558.00	\$0.00	\$558.00	\$0.00	\$0.00	\$0.00	\$0.00
76856	Ultrasound, pelvic (nonobstetric), B-scan and/or	4.0	\$706.80	\$37.20	\$744.00	\$0.00	\$0.00	\$0.00	\$0.00
78465	Myocardial perfusion imaging; tomographic (SP	2.0	\$2,068.00	\$0.00	\$1,198.86	\$0.00	\$0.00	\$0.00	\$0.00
78478	Myocardial perfusion study with wall motion, qua	1.0	\$183.00	\$0.00	\$183.00	\$0.00	\$0.00	\$0.00	\$0.00
78480	Myocardial perfusion study with ejection fraction	2.0	\$366.00	\$0.00	\$366.00	\$0.00	\$0.00	\$0.00	\$0.00
80048	Basic metabolic panel This panel must include t	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
80053	Comprehensive metabolic panel This panel mus	3.0	\$303.00	\$0.00	\$218.46	\$0.00	\$0.00	\$0.00	\$0.00
80061	Lipid panel This panel must include the followin	1.0	\$101.00	\$0.00	\$58.73	\$0.00	\$0.00	\$0.00	\$0.00
80076	Hepatic function panel This panel must include	3.0	\$303.00	\$0.00	\$176.19	\$0.00	\$0.00	\$0.00	\$0.00
81000	Urinalysis, by dip stick or tablet reagent for bilir	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
81002	Urinalysis, by dip stick or tablet reagent for bilir	151.0	\$15,028.80	\$222.20	\$14,067.44	\$0.00	\$0.00	\$0.00	\$0.00
81003	Urinalysis, by dip stick or tablet reagent for bilir	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
81025	Urine pregnancy test, by visual color compariso	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
82105	Alpha-fetoprotein; serum	3.0	\$303.00	\$0.00	\$260.73	\$0.00	\$0.00	\$0.00	\$0.00
82270	Blood, occult, by peroxidase activity (eq, quaiac)	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
82677	Estriol	3.0	\$303.00	\$0.00	\$260.73	\$0.00	\$0.00	\$0.00	\$0.00
82948	Glucose: blood, reagent strip	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00

Financial Class	Description	Calculated Units	Charges			Payments		Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient
82950	Glucose; post glucose dose (includes glucose)	3.0	\$303.00	\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00
83520	Immunoassay, analyte, quantitative; not otherwise	2.0	\$202.00	\$0.00	\$159.73	\$0.00	\$0.00	\$0.00	\$0.00
84443	Thyroid stimulating hormone (TSH)	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
84702	Gonadotropin, chorionic (hCG); quantitative	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
85013	Blood count; spun microhematocrit	1.0	\$80.80	\$20.20	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
85025	Blood count; complete (CBC), automated (Hgb,	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
86317	Immunoassay for infectious agent antibody, qua	3.0	\$303.00	\$0.00	\$260.73	\$0.00	\$0.00	\$0.00	\$0.00
86580	Skin test; tuberculosis, intradermal	3.0	\$56.00	\$4.00	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00
86701	Antibody; HIV-1	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
86803	Hepatitis C antibody;	2.0	\$181.80	\$20.20	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
87081	Culture, presumptive, pathogenic organisms, sc	4.0	\$404.00	\$0.00	\$319.46	\$0.00	\$0.00	\$0.00	\$0.00
87086	Culture, bacterial; quantitative colony count, urir	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
87210	Smear, primary source with interpretation; wet n	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
87220	Tissue examination by KOH slide of samples fr	3.0	\$303.00	\$0.00	\$260.73	\$0.00	\$0.00	\$0.00	\$0.00
87490	Infectious agent detection by nucleic acid (DNA	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
87491	Infectious agent detection by nucleic acid (DNA	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
87590	Infectious agent detection by nucleic acid (DNA	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
87591	Infectious agent detection by nucleic acid (DNA	2.0	\$202.00	\$0.00	\$159.73	\$0.00	\$0.00	\$0.00	\$0.00
87804	Infectious agent antigen detection by immunoas	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
88142	Cytopathology, cervical or vaginal (any reporting	6.0	\$585.80	\$20.20	\$563.73	\$0.00	\$0.00	\$0.00	\$0.00
88305	Level IV - Surgical pathology, gross and micros	3.0	\$582.00	\$0.00	\$500.23	\$0.00	\$0.00	\$0.00	\$0.00
90471	Immunization administration (includes percutan	3.0	\$22.40	\$1.60	\$24.00	\$0.00	\$0.00	\$0.00	\$0.00
90472	Immunization administration (includes percutan	2.0	\$16.00	\$0.00	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00
90648	Hemophilus influenza b vaccine (Hib), PRP-T c	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
90657	Influenza virus vaccine, split virus, 6-35 months	2.0	\$202.00	\$0.00	\$169.54	\$0.00	\$0.00	\$0.00	\$0.00
90700	Diphtheria, tetanus toxoids, and acellular pertus	2.0	\$181.80	\$20.20	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
90707	Measles, mumps and rubella virus vaccine (MM	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
90712	Poliovirus vaccine, (any type(s)) (OPV), live, for	3.0	\$303.00	\$0.00	\$260.73	\$0.00	\$0.00	\$0.00	\$0.00
90713	Poliovirus vaccine, inactivated, (IPV), for subcut	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
90720	Diphtheria, tetanus toxoids, and whole cell pertu	3.0	\$303.00	\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00
90744	Hepatitis B vaccine, pediatric/adolescent dosag	4.0	\$404.00	\$0.00	\$404.00	\$0.00	\$0.00	\$0.00	\$0.00
90748	Hepatitis B and Hemophilus influenza b vaccine	1.0	\$101.00	\$0.00	\$58.73	\$0.00	\$0.00	\$0.00	\$0.00
90788	Intramuscular injection of antibiotic (specify)	3.0	\$27.00	\$0.00	\$19.44	\$0.00	\$0.00	\$0.00	\$0.00
91010	Esophageal motility (manometric study of the es	3.0	\$888.00	\$0.00	\$763.83	\$0.00	\$0.00	\$0.00	\$0.00
91033	Esophagus, acid reflux test, with intraluminal pH	2.0	\$612.00	\$0.00	\$483.48	\$0.00	\$0.00	\$0.00	\$0.00
92541	Spontaneous nystagmus test, including gaze ar	1.0	\$142.00	\$0.00	\$142.00	\$0.00	\$0.00	\$0.00	\$0.00
92542	Positional nystagmus test, minimum of 4 positio	3.0	\$393.00	\$0.00	\$283.26	\$0.00	\$0.00	\$0.00	\$0.00
92543	Caloric vestibular test, each irrigation (binaural,	1.0	\$38.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00
92544	Optokinetic nystagmus test, bidirectional, foveal	2.0	\$246.00	\$0.00	\$246.00	\$0.00	\$0.00	\$0.00	\$0.00
92552	Pure tone audiometry (threshold); air only	2.0	\$68.00	\$0.00	\$68.00	\$0.00	\$0.00	\$0.00	\$0.00
92553	Pure tone audiometry (threshold); air and bone	3.0	\$140.00	\$10.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00
92557	Comprehensive audiometry threshold evaluation	2.0	\$165.60	\$18.40	\$145.51	\$0.00	\$0.00	\$0.00	\$0.00
92567	Tympanometry (impedance testing)	1.0	\$41.00	\$0.00	\$23.93	\$0.00	\$0.00	\$0.00	\$0.00
92568	Acoustic reflex testing	3.0	\$87.00	\$0.00	\$87.00	\$0.00	\$0.00	\$0.00	\$0.00
92587	Evoked otoacoustic emissions; limited (single st	2.0	\$232.00	\$0.00	\$232.00	\$0.00	\$0.00	\$0.00	\$0.00
93000	Electrocardiogram, routine ECG with at least 12	2.0	\$106.00	\$0.00	\$53.00	\$0.00	\$0.00	\$0.00	\$0.00
93010	Electrocardiogram, routine ECG with at least 12	1.0	\$19.00	\$0.00	\$19.00	\$0.00	\$0.00	\$0.00	\$0.00
93015	Cardiovascular stress test using maximal or sut	1.0	\$207.00	\$0.00	\$120.06	\$0.00	\$0.00	\$0.00	\$0.00
93016	Cardiovascular stress test using maximal or sut	2.0	\$96.00	\$0.00	\$75.84	\$0.00	\$0.00	\$0.00	\$0.00
93018	Cardiovascular stress test using maximal or sut	1.0	\$32.00	\$0.00	\$18.70	\$0.00	\$0.00	\$0.00	\$0.00
93225	Electrocardiographic monitoring for 24 hours by	2.0	\$188.00	\$0.00	\$148.38	\$0.00	\$0.00	\$0.00	\$0.00
93227	Electrocardiographic monitoring for 24 hours by	2.0	\$112.00	\$0.00	\$112.00	\$0.00	\$0.00	\$0.00	\$0.00

Financial Class	Description	Calculated Units	Charges			Payments		Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient
93230	Electrocardiographic monitoring for 24 hours by	2.0	\$670.00	\$0.00	\$388.02	\$0.00	\$0.00	\$0.00	\$0.00
93231	Electrocardiographic monitoring for 24 hours by	3.0	\$345.00	\$0.00	\$345.00	\$0.00	\$0.00	\$0.00	\$0.00
93232	Electrocardiographic monitoring for 24 hours by	2.0	\$295.20	\$32.80	\$328.00	\$0.00	\$0.00	\$0.00	\$0.00
93233	Electrocardiographic monitoring for 24 hours by	1.0	\$44.80	\$11.20	\$56.00	\$0.00	\$0.00	\$0.00	\$0.00
93268	Patient demand single or multiple event recordir	2.0	\$658.00	\$0.00	\$658.00	\$0.00	\$0.00	\$0.00	\$0.00
93270	Patient demand single or multiple event recordir	5.0	\$470.00	\$0.00	\$430.38	\$0.00	\$0.00	\$0.00	\$0.00
93271	Patient demand single or multiple event recordir	1.0	\$179.00	\$0.00	\$179.00	\$0.00	\$0.00	\$0.00	\$0.00
93307	Echocardiography, transthoracic, real-time with	1.0	\$389.00	\$0.00	\$389.00	\$0.00	\$0.00	\$0.00	\$0.00
93320	Doppler echocardiography, pulsed wave and/or	2.0	\$342.00	\$0.00	\$342.00	\$0.00	\$0.00	\$0.00	\$0.00
93350	Echocardiography, transthoracic, real-time with	4.0	\$1,168.00	\$0.00	\$1,045.22	\$0.00	\$0.00	\$0.00	\$0.00
93510	Left heart catheterization, retrograde, from the b	3.0	\$9,726.00	\$0.00	\$8,364.51	\$0.00	\$0.00	\$0.00	\$0.00
93543	Injection procedure during cardiac catheterizatic	2.0	\$128.00	\$0.00	\$100.98	\$0.00	\$0.00	\$0.00	\$0.00
93545	Injection procedure during cardiac catheterizatic	3.0	\$285.00	\$0.00	\$164.43	\$0.00	\$0.00	\$0.00	\$0.00
93555	Imaging supervision, interpretation and report fo	4.0	\$2,216.00	\$0.00	\$1,750.92	\$0.00	\$0.00	\$0.00	\$0.00
93556	Imaging supervision, interpretation and report fo	1.0	\$824.00	\$0.00	\$824.00	\$0.00	\$0.00	\$0.00	\$0.00
93731	Electronic analysis of dual-chamber pacemaker	2.0	\$174.00	\$0.00	\$174.00	\$0.00	\$0.00	\$0.00	\$0.00
93732	Electronic analysis of dual-chamber pacemaker	4.0	\$556.00	\$0.00	\$497.48	\$0.00	\$0.00	\$0.00	\$0.00
93880	Duplex scan of extracranial arteries; complete b	1.0	\$352.00	\$0.00	\$352.00	\$0.00	\$0.00	\$0.00	\$0.00
94640	Pressurized or nonpressurized inhalation treatm	2.0	\$114.00	\$0.00	\$114.00	\$0.00	\$0.00	\$0.00	\$0.00
94664	Demonstration and/or evaluation of patient utiliz	2.0	\$84.00	\$0.00	\$84.00	\$0.00	\$0.00	\$0.00	\$0.00
95004	Percutaneous tests (scratch, puncture, prick) w	1.0	\$8.00	\$0.00	\$8.00	\$0.00	\$0.00	\$0.00	\$0.00
95024	Intracutaneous (intradermal) tests with allergeni	1.0	\$11.00	\$0.00	\$11.00	\$0.00	\$0.00	\$0.00	\$0.00
95027	Intracutaneous (intradermal) tests, sequential a	1.0	\$11.00	\$0.00	\$11.00	\$0.00	\$0.00	\$0.00	\$0.00
95115	Professional services for allergen immunotherap	1.0	\$29.00	\$0.00	\$29.00	\$0.00	\$0.00	\$0.00	\$0.00
95117	Professional services for allergen immunotherap	1.0	\$38.00	\$0.00	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00
95165	Professional services for the supervision of pre	2.0	\$42.00	\$0.00	\$42.00	\$0.00	\$0.00	\$0.00	\$0.00
97001	Physical therapy evaluation	1.0	\$140.00	\$0.00	\$140.00	\$0.00	\$0.00	\$0.00	\$0.00
97022	Application of a modality to one or more areas; v	1.0	\$33.00	\$0.00	\$33.00	\$0.00	\$0.00	\$0.00	\$0.00
97035	Application of a modality to one or more areas; u	1.0	\$23.00	\$0.00	\$13.05	\$0.00	\$0.00	\$0.00	\$0.00
97110	Therapeutic procedure, one or more areas, each	2.0	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00
97112	Therapeutic procedure, one or more areas, each	3.0	\$171.00	\$0.00	\$171.00	\$0.00	\$0.00	\$0.00	\$0.00
97140	Manual therapy techniques (eg, mobilization) m	6.0	\$306.00	\$0.00	\$306.00	\$0.00	\$0.00	\$0.00	\$0.00
97799	Unlisted physical medicine/rehabilitation service	3.0	\$303.00	\$0.00	\$218.46	\$0.00	\$0.00	\$0.00	\$0.00
99201	Office or other outpatient visit for the evaluation	1.0	\$51.00	\$20.00	\$71.00	\$0.00	\$0.00	\$0.00	\$0.00
99202	Office or other outpatient visit for the evaluation	9.0	\$1,052.00	\$100.00	\$1,097.95	\$0.00	\$0.00	\$0.00	\$0.00
99203	Office or other outpatient visit for the evaluation	20.0	\$3,498.60	\$321.40	\$3,417.45	\$0.00	\$0.00	\$0.00	\$0.00
99204	Office or other outpatient visit for the evaluation	22.0	\$5,557.80	\$404.20	\$5,392.20	\$0.00	\$0.00	\$0.00	\$0.00
99205	Office or other outpatient visit for the evaluation	3.0	\$982.00	\$50.00	\$887.67	\$0.00	\$0.00	\$0.00	\$0.00
99211	Office or other outpatient visit for the evaluation	28.0	\$827.60	\$348.40	\$1,105.44	\$0.00	\$0.00	\$0.00	\$0.00
99212	Office or other outpatient visit for the evaluation	193.0	\$11,655.00	\$2,820.00	\$13,467.00	\$0.00	\$0.00	\$0.00	\$0.00
99213	Office or other outpatient visit for the evaluation	118.0	\$10,561.40	\$1,710.60	\$11,019.38	\$0.00	\$0.00	\$0.00	\$0.00
99214	Office or other outpatient visit for the evaluation	94.0	\$13,949.80	\$1,466.20	\$13,755.92	\$0.00	\$0.00	\$0.00	\$0.00
99215	Office or other outpatient visit for the evaluation	9.0	\$2,010.00	\$150.00	\$1,718.40	\$0.00	\$0.00	\$0.00	\$0.00
99243	Office consultation for a new or established pati	1.0	\$230.00	\$10.00	\$240.00	\$0.00	\$0.00	\$0.00	\$0.00
A7007	Large volume nebulizer, disposable, unfilled, us	3.0	\$303.00	\$0.00	\$260.73	\$0.00	\$0.00	\$0.00	\$0.00
A7010	Corrugated tubing, disposable, used with large v	3.0	\$303.00	\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00
A9505	Supply of radiopharmaceutical diagnostic imagi	3.0	\$303.00	\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00
E0590	Dispensing fee covered drug administered throu	4.0	\$404.00	\$0.00	\$404.00	\$0.00	\$0.00	\$0.00	\$0.00
G0105	Colorectal cancer screening; colonoscopy on int	1.0	\$101.00	\$0.00	\$58.73	\$0.00	\$0.00	\$0.00	\$0.00
G0121	Colorectal cancer screening; colonoscopy on int	2.0	\$202.00	\$0.00	\$202.00	\$0.00	\$0.00	\$0.00	\$0.00
J1030	Injection, methylprednisolone acetate, 40 mg	1.0	\$101.00	\$0.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
J1094	Injection, dexamethasone acetate, 1 mg	2.0	\$202.00	\$0.00	\$117.46	\$0.00	\$0.00	\$0.00	\$0.00

Financial Class	Description	Calculated Units	Charges			Payments		Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient
J2550	Injection, promethazine HCL, up to 50 mg	2.0	\$202.00	\$0.00	\$159.73	\$0.00	\$0.00	\$0.00	\$0.00
J7619	Albuterol, all formulations including separated is	6.0	\$606.00	\$0.00	\$563.73	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	1,144.0	\$336,372.60	\$11,026.40	\$320,494.28	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid									
97530	Therapeutic activities, direct (one-on-one) patier	16.0	\$256.32	\$0.00	\$128.16	\$0.00	\$0.00	\$0.00	\$0.00
99211	Office or other outpatient visit for the evaluation	1.0	\$42.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99499	Unlisted evaluation and management service	1.0	\$47.61	\$0.00	\$47.61	\$0.00	\$0.00	\$0.00	\$0.00
	Subtotal	18.0	\$345.93	\$0.00	\$175.77	\$0.00	\$0.00	\$0.00	\$0.00
Medicare									
22212	Osteotomy of spine, posterior or posterolateral a	1.0	\$2,760.00	\$0.00	\$1,416.80	\$0.00	\$0.00	\$0.00	\$0.00
22216	Osteotomy of spine, posterior or posterolateral a	1.0	\$775.00	\$0.00	\$397.71	\$0.00	\$0.00	\$0.00	\$0.00
22554	Arthrodesis, anterior interbody technique, includ	1.0	\$2,705.00	\$0.00	\$1,388.70	\$0.00	\$0.00	\$0.00	\$0.00
22614	Arthrodesis, posterior or posterolateral techniqu	1.0	\$827.00	\$0.00	\$424.27	\$0.00	\$0.00	\$0.00	\$0.00
22830	Exploration of spinal fusion	1.0	\$1,697.00	\$0.00	\$871.25	\$0.00	\$0.00	\$0.00	\$0.00
22840	Posterior non-segmental instrumentation (eg, H;	1.0	\$1,606.00	\$0.00	\$824.29	\$0.00	\$0.00	\$0.00	\$0.00
22844	Posterior segmental instrumentation (eg, pedicle	1.0	\$2,109.00	\$0.00	\$1,082.62	\$0.00	\$0.00	\$0.00	\$0.00
22846	Anterior instrumentation; 4 to 7 vertebral segme	2.0	\$3,206.00	\$0.00	\$1,646.26	\$0.00	\$0.00	\$0.00	\$0.00
22851	Application of intervertebral biomechanical devic	1.0	\$852.00	\$0.00	\$437.36	\$0.00	\$0.00	\$0.00	\$0.00
31255	Nasal/sinus endoscopy, surgical; with ethmoide	1.0	\$869.00	\$0.00	\$446.22	\$0.00	\$0.00	\$0.00	\$0.00
31256	Nasal/sinus endoscopy, surgical, with maxillary	1.0	\$415.00	\$0.00	\$212.91	\$0.00	\$0.00	\$0.00	\$0.00
43204	Esophagoscopy, rigid or flexible; with injection s	1.0	\$425.00	\$0.00	\$217.91	\$0.00	\$0.00	\$0.00	\$0.00
43255	Upper gastrointestinal endoscopy including eso	1.0	\$524.00	\$0.00	\$269.12	\$0.00	\$0.00	\$0.00	\$0.00
43453	Dilation of esophagus, over guide wire	2.0	\$340.00	\$0.00	\$174.80	\$0.00	\$0.00	\$0.00	\$0.00
44382	Ileoscopy, through stoma; with biopsy, single or	1.0	\$170.00	\$0.00	\$87.01	\$0.00	\$0.00	\$0.00	\$0.00
44388	Colonoscopy through stoma; diagnostic, with or	1.0	\$743.00	\$0.00	\$381.54	\$0.00	\$0.00	\$0.00	\$0.00
45330	Sigmoidoscopy, flexible; diagnostic, with or with	2.0	\$440.00	\$0.00	\$225.62	\$0.00	\$0.00	\$0.00	\$0.00
45331	Sigmoidoscopy, flexible; with biopsy, single or r	3.0	\$810.00	\$0.00	\$415.80	\$0.00	\$0.00	\$0.00	\$0.00
45381	Colonoscopy, flexible, proximal to splenic flexur	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
61510	Craniectomy, trephination, bone flap craniotomy	1.0	\$3,812.00	\$0.00	\$1,956.57	\$0.00	\$0.00	\$0.00	\$0.00
63042	Laminotomy (hemilaminectomy), with decompre	1.0	\$2,515.00	\$0.00	\$1,290.90	\$0.00	\$0.00	\$0.00	\$0.00
63267	Laminectomy for excision or evacuation of intras	1.0	\$2,470.00	\$0.00	\$1,267.81	\$0.00	\$0.00	\$0.00	\$0.00
64573	Incision for implantation of neurostimulator elect	2.0	\$2,158.00	\$0.00	\$1,107.26	\$0.00	\$0.00	\$0.00	\$0.00
69436	Tympanostomy (requiring insertion of ventilating	1.0	\$311.00	\$0.00	\$159.78	\$0.00	\$0.00	\$0.00	\$0.00
76805	Ultrasound, pregnant uterus, real time with imac	1.0	\$261.00	\$0.00	\$133.98	\$0.00	\$0.00	\$0.00	\$0.00
76815	Ultrasound, pregnant uterus, real time with imac	1.0	\$176.00	\$0.00	\$90.09	\$0.00	\$0.00	\$0.00	\$0.00
76818	Fetal biophysical profile; with non-stress testing	1.0	\$233.00	\$0.00	\$119.74	\$0.00	\$0.00	\$0.00	\$0.00
76830	Ultrasound, transvaginal	1.0	\$186.00	\$0.00	\$95.48	\$0.00	\$0.00	\$0.00	\$0.00
80053	Comprehensive metabolic panel This panel mus	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
80061	Lipid panel This panel must include the followin	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
81002	Urinalysis, by dip stick or tablet reagent for bilir	24.0	\$2,424.00	\$0.00	\$1,247.52	\$0.00	\$0.00	\$0.00	\$0.00
82677	Estriol	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
84443	Thyroid stimulating hormone (TSH)	2.0	\$202.00	\$0.00	\$103.96	\$0.00	\$0.00	\$0.00	\$0.00
84702	Gonadotropin, chorionic (hCG); quantitative	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
86317	Immunoassay for infectious agent antibody, qua	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
86580	Skin test; tuberculosis, intradermal	1.0	\$20.00	\$0.00	\$10.01	\$0.00	\$0.00	\$0.00	\$0.00
87149	Culture, typing; identification by nucleic acid pro	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
87220	Tissue examination by KOH slide of samples fr	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
87490	Infectious agent detection by nucleic acid (DNA	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
87591	Infectious agent detection by nucleic acid (DNA	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
90472	Immunization administration (includes percutane	3.0	\$24.00	\$0.00	\$12.72	\$0.00	\$0.00	\$0.00	\$0.00

Financial Class	Description	Calculated Units	Charges			Payments		Adjustments	
			Insurance	Patient	Allowed	Insurance	Patient	Insurance	Patient
90648	Hemophilus influenza b vaccine (Hib), PRP-T c	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
90658	Influenza virus vaccine, split virus, 3 years and	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
90718	Tetanus and diphtheria toxoids (Td) adsorbed fo	2.0	\$202.00	\$0.00	\$103.96	\$0.00	\$0.00	\$0.00	\$0.00
90744	Hepatitis B vaccine, pediatric/adolescent dosa	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
90748	Hepatitis B and Hemophilus influenza b vaccine	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
90788	Intramuscular injection of antibiotic (specify)	1.0	\$9.00	\$0.00	\$4.62	\$0.00	\$0.00	\$0.00	\$0.00
92541	Spontaneous nystagmus test, including gaze ar	1.0	\$142.00	\$0.00	\$72.77	\$0.00	\$0.00	\$0.00	\$0.00
92567	Tympanometry (impedance testing)	1.0	\$41.00	\$0.00	\$21.18	\$0.00	\$0.00	\$0.00	\$0.00
92568	Acoustic reflex testing	1.0	\$29.00	\$0.00	\$15.02	\$0.00	\$0.00	\$0.00	\$0.00
92587	Evoked otoacoustic emissions; limited (single st	1.0	\$116.00	\$0.00	\$59.29	\$0.00	\$0.00	\$0.00	\$0.00
93225	Electrocardiographic monitoring for 24 hours by	1.0	\$94.00	\$0.00	\$48.13	\$0.00	\$0.00	\$0.00	\$0.00
93227	Electrocardiographic monitoring for 24 hours by	1.0	\$56.00	\$0.00	\$28.88	\$0.00	\$0.00	\$0.00	\$0.00
93232	Electrocardiographic monitoring for 24 hours by	1.0	\$164.00	\$0.00	\$83.93	\$0.00	\$0.00	\$0.00	\$0.00
93268	Patient demand single or multiple event recordir	1.0	\$329.00	\$0.00	\$168.63	\$0.00	\$0.00	\$0.00	\$0.00
93320	Doppler echocardiographv, pulsed wave and/or	1.0	\$171.00	\$0.00	\$87.78	\$0.00	\$0.00	\$0.00	\$0.00
93325	Doppler echocardiography color flow velocity ma	1.0	\$227.00	\$0.00	\$116.65	\$0.00	\$0.00	\$0.00	\$0.00
93731	Electronic analysis of dual-chamber pacemaker	2.0	\$174.00	\$0.00	\$89.32	\$0.00	\$0.00	\$0.00	\$0.00
93732	Electronic analysis of dual-chamber pacemaker	1.0	\$139.00	\$0.00	\$71.23	\$0.00	\$0.00	\$0.00	\$0.00
93880	Duplex scan of extracranial arteries: complete b	2.0	\$704.00	\$0.00	\$361.14	\$0.00	\$0.00	\$0.00	\$0.00
94664	Demonstration and/or evaluation of patient utiliz	1.0	\$42.00	\$0.00	\$21.56	\$0.00	\$0.00	\$0.00	\$0.00
95115	Professional services for allergen immunotherap	1.0	\$29.00	\$0.00	\$15.02	\$0.00	\$0.00	\$0.00	\$0.00
95165	Professional services for the supervision of pre	2.0	\$42.00	\$0.00	\$21.56	\$0.00	\$0.00	\$0.00	\$0.00
97022	Application of a modality to one or more areas; v	1.0	\$33.00	\$0.00	\$16.94	\$0.00	\$0.00	\$0.00	\$0.00
97799	Unlisted physical medicine/rehabilitation service	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
99202	Office or other outpatient visit for the evaluation	1.0	\$128.00	\$0.00	\$65.45	\$0.00	\$0.00	\$0.00	\$0.00
99203	Office or other outpatient visit for the evaluation	4.0	\$764.00	\$0.00	\$391.16	\$0.00	\$0.00	\$0.00	\$0.00
99204	Office or other outpatient visit for the evaluation	4.0	\$1,084.00	\$0.00	\$555.92	\$0.00	\$0.00	\$0.00	\$0.00
99211	Office or other outpatient visit for the evaluation	10.0	\$420.00	\$0.00	\$215.60	\$0.00	\$0.00	\$0.00	\$0.00
99212	Office or other outpatient visit for the evaluation	32.0	\$2,400.00	\$0.00	\$1,232.00	\$0.00	\$0.00	\$0.00	\$0.00
99213	Office or other outpatient visit for the evaluation	18.0	\$1,872.00	\$0.00	\$963.36	\$0.00	\$0.00	\$0.00	\$0.00
99214	Office or other outpatient visit for the evaluation	12.0	\$1,968.00	\$0.00	\$1,007.16	\$0.00	\$0.00	\$0.00	\$0.00
99215	Office or other outpatient visit for the evaluation	2.0	\$480.00	\$0.00	\$246.40	\$0.00	\$0.00	\$0.00	\$0.00
A7007	Large volume nebulizer, disposable, unfilled, us	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
G0105	Colorectal cancer screening; colonoscopy on int	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
J7619	Albuterol, all formulations including separated is	1.0	\$101.00	\$0.00	\$51.98	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal		187.0	\$49,742.00	\$0.00	\$25,536.31	\$0.00	\$0.00	\$0.00	\$0.00

Private Pay

22899	Unlisted procedure, spine	1.0	\$0.00	\$101.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
80061	Lipid panel This panel must include the followin	1.0	\$0.00	\$101.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
81002	Urinalysis, by dip stick or tablet reagent for biliru	1.0	\$0.00	\$101.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
81025	Urine pregnancy test, by visual color compariso	1.0	\$0.00	\$101.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00
86580	Skin test; tuberculosis, intradermal	1.0	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00
92541	Spontaneous nystagmus test, including gaze ar	1.0	\$0.00	\$142.00	\$142.00	\$0.00	\$0.00	\$0.00	\$0.00
92553	Pure tone audiometry (threshold); air and bone	1.0	\$0.00	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00
93233	Electrocardiographic monitoring for 24 hours by	1.0	\$0.00	\$56.00	\$56.00	\$0.00	\$0.00	\$0.00	\$0.00
95115	Professional services for allergen immunotherap	1.0	\$0.00	\$29.00	\$29.00	\$0.00	\$0.00	\$0.00	\$0.00
99204	Office or other outpatient visit for the evaluation	1.0	\$0.00	\$271.00	\$271.00	\$0.00	\$0.00	\$0.00	\$0.00
99212	Office or other outpatient visit for the evaluation	3.0	\$0.00	\$225.00	\$225.00	\$0.00	\$0.00	\$0.00	\$0.00
99213	Office or other outpatient visit for the evaluation	3.0	\$0.00	\$312.00	\$312.00	\$0.00	\$0.00	\$0.00	\$0.00
99214	Office or other outpatient visit for the evaluation	2.0	\$0.00	\$328.00	\$328.00	\$0.00	\$0.00	\$0.00	\$0.00
A7010	Corrugated tubing, disposable, used with large v	1.0	\$0.00	\$101.00	\$101.00	\$0.00	\$0.00	\$0.00	\$0.00

Financial Class	Description	<u>Charges</u>			<u>Payments</u>		<u>Adjustments</u>		
		<u>Calculated Units</u>	<u>Insurance</u>	<u>Patient</u>	<u>Allowed</u>	<u>Insurance</u>	<u>Patient</u>	<u>Insurance</u>	<u>Patient</u>
	Subtotal	19.0	\$0.00	\$1,938.00	\$1,938.00	\$0.00	\$0.00	\$0.00	\$0.00

	<u>Calculated Units</u>	<u>Insurance</u>	<u>Patient</u>	<u>Total</u>
Charges	1,566.0	\$456,205.53	\$14,269.40	\$470,474.93
Payments		\$0.00	\$0.00	\$0.00
Adjustments		\$0.00	\$0.00	\$0.00