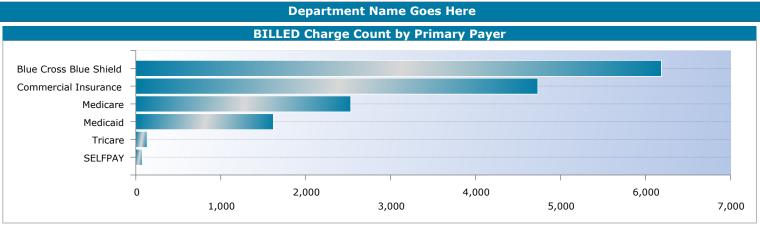
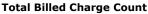
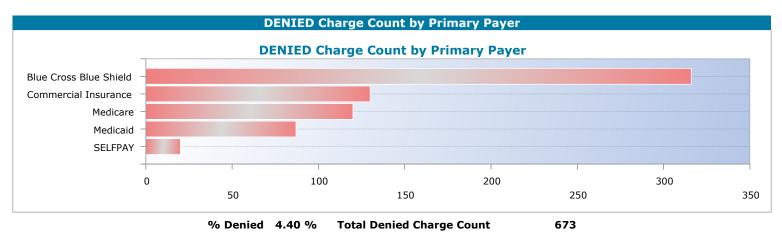
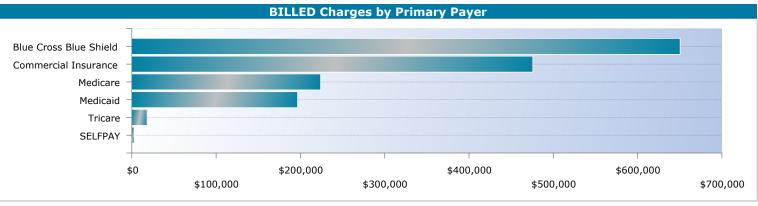
#### Based on the DOS of the Charge - Rolling 12 Months





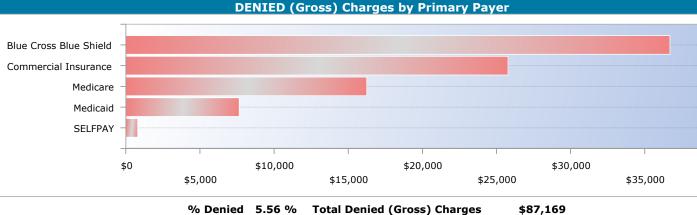
15,282





**Total Billed Charges** 

\$1,567,764

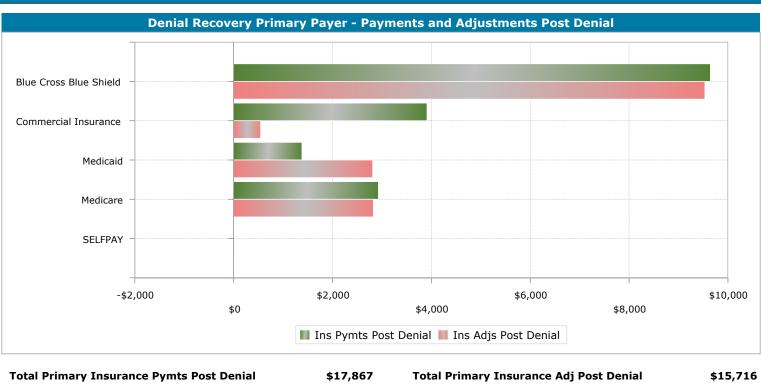


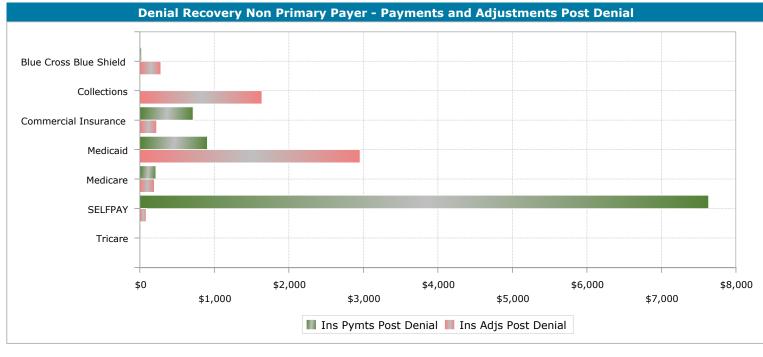
**Total Denied (Gross) Charges** % Denied 5.56 %

\$40,000

#### Based on the DOS of the Charge - Rolling 12 Months

**Department Name Goes Here** 





\$9,506

Total Non Primary Insurance Pymts Post Denial

Total Non Primary Insurance Adj Post Denial

\$5,386



		Dep	oartment Name	Goes Here				
		Insuranc	e Category: Blue	Cross Blue S	Shield			
	Charge Informatio	n				Post Den	ial	
Primary Insurance Name	Total BILLED Charge Count	Total BILLED (Gross) Charges	Total DENIED Charge Count	% Denied	Primary Payer Pymts	Primary Payer Adjs	Non Primary Payer Pymts	Non Primary Payer Adjs
BS PA Highmark	6,138	\$644,664	316	5.15 %	\$9,645	\$9,534	\$0	\$0
Blue Cross Blue Shield Totals	6,138	\$644,664	316	5.15 %	\$9,645	\$9,534	\$0	\$270
		Insurance	e Category: Com	mercial Insu	irance			
	Charge Information Post Denial							
Primary Insurance Name	Total BILLED Charge Count	Total BILLED (Gross) Charges	Total DENIED Charge Count	% Denied	Primary Payer Pymts	Primary Payer Adjs	Non Primary Payer Pymts	Non Primary Payer Adjs
Aetna	1,309	\$133,889	61	4.66 %	\$1,921	\$412	\$92	\$92
Aetna HMO or PEBTF	34	\$4,252	5	14.71 %	\$0	\$0	\$0	\$0
Cigna	390	\$39,256	5	1.28 %	\$74	\$56	\$0	\$0
Humana Choice PPO	30	\$2,237	1	3.33 %	\$0	\$0	\$0	\$0
United Healthcare Commercial	422	\$45,941	41	9.72 %	\$1,704	\$60	\$248	\$248
UPMC for Kids CHIP	127	\$14,362	3	2.36 %	\$34	\$16	\$0	\$0
UPMC Health Plan COMM	342	\$28,782	4	1.17 %	\$0	\$0	\$181	\$181
UPMC PPO Plan	129	\$15,113	1	0.78 %	\$0	\$0	\$0	\$0
UPMC Premium Advantage	257	\$27,049	7	2.72 %	\$23	\$2	\$49	\$49
UPMC Premium Business Advantage	275	\$24,934	2	0.73 %	\$155	\$0	\$0	\$0
Commercial Insurance Totals	3,315	\$335,815	130	3.92 %	\$3,911	\$546	\$571	\$222
		In	surance Category	: Medicaid				
	Charge Informatio	n				Post Den	ial	
Primary Insurance Name	Total BILLED Charge Count	Total BILLED (Gross) Charges	Total DENIED Charge Count	% Denied	Primary Payer Pymts	Primary Payer Adjs	Non Primary Payer Pymts	Non Primary Payer Adjs
Aetna Better Health	98	\$10,099	1	1.02 %	\$7	\$18	\$0	\$0
Gateway Health Plan	424	\$47,919	38	8.96 %	\$1,243	\$2,450	\$39	\$39
Medicaid PA	4	\$300	1	25.00 %	\$54	\$131	\$347	\$347
United Healthcare Comm Medicaid	153	\$18,976	4	2.61 %	\$0	\$21	\$0	\$0
UPMC FOR YOU	910	\$112,960	43	4.73 %	\$78	\$193	\$479	\$479
Medicaid Totals	1,589	\$190,254	87	5.48 %	\$1,382	\$2,813	\$864	\$2,691



		Dep	oartment Name	e Goes Here				
		In	surance Categor	y: Medicare				
	Charge Informatio	n				Post Den	ial	
Primary Insurance Name	Total BILLED Charge Count	Total BILLED (Gross) Charges	Total DENIED Charge Count	% Denied	Primary Payer Pymts	Primary Payer Adjs	Non Primary Payer Pymts	Non Primary Payer Adjs
Aetna Coventry Medicare	170	\$13,991	7	4.12 %	\$34	\$31	\$0	\$0
Aetna Medicare	274	\$24,942	4	1.46 %	\$55	\$125	\$8	\$8
BS PA Highmark Comm Blue MCR HMO	104	\$10,397	9	8.65 %	\$609	\$700	\$123	\$123
BS PA Highmark Comm Blue MCR PPO	18	\$1,101	1	5.56 %	\$0	\$0	\$0	\$0
BS PA Highmark Freedom Blue	124	\$14,093	2	1.61 %	\$226	\$174	\$0	\$0
BS PA Highmark Security Blue	230	\$13,369	3	1.30 %	\$184	\$356	\$0	\$0
Gateway Medicare	87	\$8,826	11	12.64 %	\$103	\$185	\$0	\$0
Medicare PA	930	\$84,618	53	5.70 %	\$571	\$714	\$85	\$85
United Healthcare Medicare	177	\$13,477	12	6.78 %	\$608	\$515	\$0	\$0
UPMC For Life Dual	40	\$5,799	10	25.00 %	\$24	\$0	\$0	\$0
UPMC For Life MCR HMO	364	\$31,593	8	2.20 %	\$515	\$26	\$0	\$0
Medicare Totals	2,518	\$222,206	120	4.77 %	\$2,929	\$2,827	\$216	\$196
		In	surance Categor	y: SELFPAY				
	Charge Informatio	n				Post Den	ial	
Primary Insurance Name	Total BILLED Charge Count	Total BILLED (Gross) Charges	Total DENIED Charge Count	% Denied	Primary Payer Pymts	Primary Payer Adjs	Non Primary Payer Pymts	Non Primary Payer Adjs
SELFPAY	76	\$2,998	20	26.32 %	\$0	(\$4)	\$7,633	\$7,633
SELFPAY Totals	76	\$2,998	20	26.32 %	\$0	(\$4)	\$7,633	\$86
		I	nsurance Catego	ry: Tricare				
	Charge Informatio	n				Post Den	ial	
Primary Insurance Name	Total BILLED Charge Count	Total BILLED (Gross) Charges	Total DENIED Charge Count	% Denied	Primary Payer Pymts	Primary Payer Adjs	Non Primary Payer Pymts	Non Primary Payer Adjs
Tricare Totals	0	\$0	0	0.00 %	\$0	\$0	\$0	\$0
Allergy Totals	13,636	\$1,395,937	673	4.94 %	\$17,867	\$15,716	\$9,284	\$3,464

	e DOS of the Charge - Rollin Intment Name Goes Here	ig 12 Months	
•	ance Type: Blue Cross Blue Sh	ield	
		Total Charges Billed:	\$3,252,011
Transaction Type: a.Payments			
	Primary Payer Amount	Non Primary Payer Amount	Total Amount
Insurance Payments			
BCBS Payment	\$9,645	\$23	\$9,668
Insurance Payments Totals	\$23	\$23	\$9,668
Transaction Type a.Payments Totals	\$23	\$23	\$9,668
Transaction Type: b.Adjustments			
	Primary Payer Amount	Non Primary Payer Amount	Tota Amount
Admininstration	Amount	Amount	Aniouni
Admin Integral Part Of Another Svc Adj	\$41	\$13	\$54
Admin Max Benefits Paid Adjustment	\$138	\$0	\$138
Admin Non-Compensable Diagnosis Adj	\$642	\$0	\$642
Admininstration Totals	\$13	\$13	\$834
Insurance Adjustments			
BCBS Adjustment	\$8,713	\$270	\$8,983
Insurance Adjustments Totals	\$270	\$270	\$8,983
Transaction Type b.Adjustments Totals	\$283	\$283	\$9,817
	Insurance Type: Collections		
		Total Charges Billed:	\$0
Transaction Type: b.Adjustments			
	Primary Payer	Non Primary Payer	Tota
	Amount	Amount	Amount
Collection Agency	*0	+1 (10	+1 C 40
Collection Agency Adjustment Collection Agency Totals	\$0 <b>\$0</b>	\$1,640 <b>\$1,640</b>	\$1,640 <b>\$1,640</b>
Transaction Type b.Adjustments Totals	\$0	\$1,640	\$1,640
Payment Insur	ance Type: Commercial Insura	nce Total Charges Billed:	\$2,854,045
Transaction Type: a.Payments			+_,,
	Primary Payer Amount	Non Primary Payer Amount	Tota Amount
Insurance Payments			
Commercial Insurance Payment	\$3,911	\$715	\$4,627
Insurance Payments Totals	\$715	\$715	\$4,627
Transaction Type a.Payments Totals	\$715	\$715	\$4,627
Transaction Type: b.Adjustments			
	Primary Payer Amount	Non Primary Payer Amount	Tota Amount
Admininstration			
Admin Integral Part Of Another Svc Adj	(\$42)	\$0	(\$42)
Admin Non-Compensable Diagnosis Adj	\$0	\$65	\$65
Admin Non-Compensable Frequency Adj	\$22	\$0	\$22
	+0	±45	\$45
Admin Prime Paid More	\$0	\$45	φ <del>τ</del> υ

	Department Name Goes Here		
Insurance Adjustments			
Commercial Insurance Adjustment	\$566	\$116	\$682
Insurance Adjustments Totals	\$116	\$116	\$682
Transaction Type b.Adjustments Totals	\$116	\$226	\$772
Рау	ment Insurance Type: Medicaid		
Transaction Type: a.Payments		Total Charges Billed:	\$1,573,466
	Primary Payer	Non Primary Payer	Total
Insurance Payments	Amount	Amount	Amount
•	\$54	\$386	\$440
Medicaid Payment			
Commercial Insurance Payment	\$1,327	\$521	\$1,849
Insurance Payments Totals	\$907	\$907	\$2,289
Transaction Type a.Payments Totals	\$907	\$907	\$2,289
Transaction Type: b.Adjustments			
	Primary Payer Amount	Non Primary Payer Amount	Total Amount
Admininstration			
Admin Untimely Patient Response	\$0	\$667	\$667
Admin Not on Fee Schedule	\$454	\$35	\$489
Admin No/Late Authorization Adj	\$20	\$0	\$20
Admin Prime Paid More	\$71	\$401	\$473
Admininstration Totals	\$436	\$1,103	\$1,649
Insurance Adjustments			
Commercial Insurance Adjustment	\$2,137	\$1,212	\$3,349
Medicaid Adjustment	\$131	\$641	\$772
Insurance Adjustments Totals	\$1,853	\$1,853	\$4,120
Transaction Type b.Adjustments Totals	\$2,289	\$2,956	\$5,769
	ment Insurance Type: Medicare		
		Total Charges Billed:	\$2,239,097
Transaction Type: a.Payments	<b>.</b>		
	Primary Payer Amount	Non Primary Payer Amount	Total Amount
Insurance Payments			
Commercial Insurance Payment	\$1,339	\$8	\$1,347
BCBS Payment	\$1,019	\$123	\$1,142
Medicare Payment	\$571	\$85	\$656
Insurance Payments Totals	\$216	\$216	\$3,145
Transaction Type a.Payments Totals	\$216	\$216	\$3,145
Transaction Type: b.Adjustments			
	Primary Payer	Non Primary Payer	Total
Admininstration	Amount	Amount	Amount
Admin Integral Part Of Another Svc Adj	\$40	\$0	\$40
Admin Non-Compensable Frequency Adj	\$1	\$0	\$1
, ,	\$0	\$0	\$41
Admininstration Totals			
Admininstration Totals Insurance Adjustments Medicare Withhold	\$1	\$0	\$1

### **Payments and Adjustments Type Post Denial**

#### Based on the DOS of the Charge - Rolling 12 Months

Department Name Goes Here					
BCBS Adjustment	\$1,230	\$84	\$1,314		
Commercial Insurance Adjustment	\$859	\$26	\$885		
Commercial Insurance Withhold	\$10	\$0	\$10		
Insurance Adjustments Totals	\$196	\$196	\$2,982		
Transaction Type b.Adjustments Totals	\$196	\$196	\$3,023		
Payment Insurance Type: SELFPAY					

Total Charges Billed:

ed:	\$41,972

	Primary Payer Amount	Non Primary Payer Amount	Total Amount
Patient Payments			
Self Pay Payment	\$0	\$3,468	\$3,468
Check payment via Mail	\$0	\$2,916	\$2,916
Co-pay Cash Payment	\$0	\$100	\$100
Co-Pay Credit Payment	\$0	\$130	\$130
Self Pay Credit Payment	\$0	\$354	\$354
Credit Balance Transfer	\$0	\$10	\$10
Self Pay Cash Payment	\$0	\$347	\$347
Self Pay Check Payment	\$0	\$307	\$307
Patient Payments Totals	\$0	\$7,633	\$7,633

Transaction Type a.Payments Totals	\$0	\$7,633	\$7,633
Transaction Type: b.Adjustments			

	Primary Payer Amount	Non Primary Payer Amount	Total Amount
Admininstration			
Admin Deceased Patient Adj	\$0	\$20	\$20
Admin Small Balance Adjustment	\$0	\$9	\$9
Admininstration Totals	\$0	\$29	\$29
Bad Debt			
Bad Debt Write Off	\$0	\$64	\$64
Bad Debt Totals	\$0	\$64	\$64
Collection Agency			
Collection Agency Reinstatement (-)	\$0	(\$16)	(\$16)
Collection Agency Totals	\$0	(\$16)	(\$16)
Insurance Adjustments			
Self Pay Small Balance Adjustment	\$0	\$9	\$9
Commercial Insurance Adjustment	(\$4)	\$0	(\$4)
Insurance Adjustments Totals	\$0	\$9	\$5
Transaction Type b.Adjustments Totals	\$0	\$86	\$82
Paym	ent Insurance Type: Tricare		
		Total Charges Billed:	\$18,097
Transaction Type: a.Payments			
	Primary Payer	Non Primary Paver	Total

	Primary Payer Amount	Non Primary Payer Amount	Total Amount
Insurance Payments			
Tricare Payment	\$0	\$11	\$11
Insurance Payments Totals	\$0	\$11	\$11
Transaction Type a.Payments Totals	\$0	\$11	\$11