

Procedure Payments By Carrier
Happy Valley Medical Clinic

Aetna								AET00
Procedure	Capitated		Fee For Service				Patient Payments	
	Units	Services	Units	Charges	Ins Payments	Adjustments		
43220	Esophageal Endoscopy	0	0.00	1	275.00	0.00	0.00	0.00
71040	Contrast X-Ray of Bronchitis	0	0.00	1	50.00	0.00	0.00	0.00
81000	Urinalysis, Routine	0	0.00	1	11.00	0.00	0.00	0.00
99212	Office Visit Est. Patient FFS	1	40.00	0	0.00	0.00	0.00	0.00
99213	Office Visit Est. Patient EEL	0	0.00	1	60.00	0.00	0.00	-10.00
TAX	Tax	1	4.00	0	0.00	0.00	0.00	0.00
Totals for plan:		2	\$44.00	4	\$396.00	\$0.00	\$0.00	-\$10.00
Totals for Carrier: Aetna		<u>2</u>	<u>\$44.00</u>	<u>4</u>	<u>\$396.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>-\$10.00</u>

Blue Cross Blue Shield 225								BLU01
Procedure	Capitated		Fee For Service				Patient Payments	
	Units	Services	Units	Charges	Ins Payments	Adjustments		
36215	Lab Drawing Fee	0	0.00	1	8.00	0.00	0.00	0.00
82947	Blood Sugar Lab Test	0	0.00	1	25.00	0.00	0.00	0.00
99000	Handling Fee	0	0.00	1	8.00	0.00	0.00	0.00
99214	Office Visit Est. Patient DDM	0	0.00	1	65.00	0.00	0.00	0.00
Totals for plan:		0	\$0.00	4	\$106.00	\$0.00	\$0.00	\$0.00
Totals for Carrier: Blue Cross Blue Shield 225		<u>0</u>	<u>\$0.00</u>	<u>4</u>	<u>\$106.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

Blue Cross Blue Shield 231								BLU00
Health Choice Procedure	Capitated		Fee For Service				Patient Payments	
	Units	Services	Units	Charges	Ins Payments	Adjustments		
70373	X-Ray, Laryngography	0	0.00	1	45.00	-36.00	0.00	-10.00
99213	Office Visit Est. Patient EEL	0	0.00	1	60.00	-48.00	0.00	-12.00
Totals for plan: Health Choice		0	\$0.00	2	\$105.00	-\$84.00	\$0.00	-\$22.00
Totals for Carrier: Blue Cross Blue Shield 231		<u>0</u>	<u>\$0.00</u>	<u>2</u>	<u>\$105.00</u>	<u>-\$84.00</u>	<u>\$0.00</u>	<u>-\$22.00</u>

Cigna								CIG00
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Happy Valley Medical Clinic

Cigna

CIG00

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
36215 Lab Drawing Fee	0	0.00	1	8.00	0.00	0.00	0.00
71030 X-Ray, Chest, Min 4 Views	0	0.00	1	65.00	0.00	0.00	0.00
97260 Spinal Manipulation	0	0.00	1	30.00	0.00	0.00	0.00
99211 Office Visit Est. Patient MMS	0	0.00	1	25.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	2	120.00	-48.00	0.00	0.00
99214 Office Visit Est. Patient DDM	0	0.00	1	65.00	0.00	0.00	-10.00
Totals for plan:	0	\$0.00	7	\$313.00	-\$48.00	\$0.00	-\$10.00
Totals for Carrier: Cigna	<u>0</u>	<u>\$0.00</u>	<u>7</u>	<u>\$313.00</u>	<u>-\$48.00</u>	<u>\$0.00</u>	<u>-\$10.00</u>

FHP Health Plan

FHP00

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
43220 Esophageal Endoscopy	0	0.00	1	275.00	-215.00	-60.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	-50.00	-10.00	0.00
Totals for plan:	0	\$0.00	2	\$335.00	-\$265.00	-\$70.00	\$0.00
Totals for Carrier: FHP Health Plan	<u>0</u>	<u>\$0.00</u>	<u>2</u>	<u>\$335.00</u>	<u>-\$265.00</u>	<u>-\$70.00</u>	<u>\$0.00</u>

Medicaid

MED00

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
71030 X-Ray, Chest, Min 4 Views	0	0.00	1	65.00	0.00	0.00	0.00
73562 X-Ray, Knee, Mn 3 Views	0	0.00	1	45.00	-11.00	-5.00	0.00
73610 X-Ray, Ankle, Complete	0	0.00	1	55.00	0.00	-5.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	-45.00	-5.00	-10.00
99214 Office Visit Est. Patient DDM	0	0.00	1	65.00	0.00	0.00	0.00
Totals for plan:	0	\$0.00	5	\$290.00	-\$56.00	-\$15.00	-\$10.00
Totals for Carrier: Medicaid	<u>0</u>	<u>\$0.00</u>	<u>5</u>	<u>\$290.00</u>	<u>-\$56.00</u>	<u>-\$15.00</u>	<u>-\$10.00</u>

Medicare

MED01

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Medicare

MED01

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
72052 X-Ray, Spinal, Complete	0	0.00	1	80.00	-63.00	0.00	0.00
73130 X-Ray, Hand, Min 3 Views	0	0.00	1	45.00	0.00	0.00	0.00
97010 Hot/Cold Pack Therapy	0	0.00	1	10.00	-8.00	0.00	0.00
99000 Handling Fee	0	0.00	1	8.00	0.00	0.00	0.00
99201 Office Visit New Patient FFS	0	0.00	1	30.00	-5.00	0.00	0.00
99212 Office Visit Est. Patient FFS	0	0.00	1	40.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	3	180.00	-48.00	0.00	0.00
TAX Tax	0	0.00	1	0.00	0.00	0.00	0.00
Totals for plan:	0	\$0.00	10	\$393.00	-\$124.00	\$0.00	\$0.00
Totals for Carrier: Medicare	<u>0</u>	<u>\$0.00</u>	<u>10</u>	<u>\$393.00</u>	<u>-\$124.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

U.S. Tricare

US000

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
97010 Hot/Cold Pack Therapy	0	0.00	1	10.00	0.00	0.00	0.00
97128 Electro-Stimulation	0	0.00	1	15.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	0.00	0.00	0.00
Totals for plan:	0	\$0.00	3	\$85.00	\$0.00	\$0.00	\$0.00
Totals for Carrier: U.S. Tricare	<u>0</u>	<u>\$0.00</u>	<u>3</u>	<u>\$85.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>