

CONFIDENTIAL BUSINESS OFFERING

High Volume Multi-Unit Urgent Care and Real Estate– 4 locations

Riverside & San Bernardino County



Proudly offered by

PACIFIC RELIANCE BUSINESS BROKERS

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All information contained within this document and in all other materials was furnished by either the buyer or seller of the business. Purchasing a business involves risk and all parties are advised to seek legal and financial advice. Pacific Reliance Business Brokers has not and will not verify the accuracy or completeness of this information.



CONFIDENTIAL BUSINESS OFFERING

Description of business:

These urgent care facilities serve the Inland Empire area for over a half decade. Established in 2015, these multi-location urgent care facilities are a destination of choice to residents and highly sought-after resort town vacationers requiring minor emergencies and illnesses.

These facilities are equipped to perform tests required to meet workers comp insurance requirements, with medical personnel skilled with experienced occupational/workers comp physicians who understand how to handle injuries/work related issues. All three of the urgent care facilities offers a low-cost emergency room alternative. The healthcare staff work to minimize wait times as well as offering discounts to patients without insurance.

This is an exceptional opportunity to acquire a turnkey Urgent Care Center billings in 2020 over \$10M annually with net over \$4M in profits.

These 3 strategically placed urgent care facilities serve a substantial geographical area. The facilities serve the local community and tourists for Urgent Care and basic Primary Care needs, as well as Occupational Medicine. The facilities are a great opportunity for a larger healthcare provider or an investment group looking to expand throughout the inland empire and southern California. All locations are strategically located in underserved areas with easy access and plenty of parking to serve the patient flow.

A 4th location is under construction and expected to be completed by summer of 2021. The new location is expected to have revenues over \$2M/yr, and is situated in a high-visibility location.

SERVICES OFFERED

Using state-of-the-art equipment paired with experienced medical professionals, the centers provide full treatments for the following:

Occupational health services: Injury prevention, aggressive “back-to work programs”, first aid evaluations, QME evaluation services and DOT and Non-DOT testing.

Pre-employment services: Fitness for Duty, DMV physicals, pre-placement and post offer physical, pulmonary function test, saliva and hair drug test, breath alcohol test and DOT and Non-DOT testing.

Acute Illnesses, acute injuries, minor surgical, acute medical, diagnostic and immunizations and vaccines.

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Surgeries: Abscess Drainage, Bleeding Moles, Burns, Cysts, Lesions, Acute Medical Problems: Sunburns, Kidney / Urinary Infections, Blood Work, X-rays, CT Scans, Lab Tests, Screening, Work & School Vaccinations and TB Shots.

Gross Revenues and Earnings:

	2018	2019	2020
Annual Gross Revenue	\$ 5,994,887	\$ 5,387,676	\$ 10,544,792
EBITDA	\$ 1,536,309	\$ 1,942,894	\$ 3,932,810

1st quarter 2021 collections are at \$3,220,746.

Revenues increased dramatically in 2020 due to opening of the 3rd location.

The 4th newest location is expected to open in summer 2021 and anticipated to generate over \$2M in revenue.

Additionally, in 2021, the company has solidified large commercial accounts including Amazon, a major school district and a national delivery service company for occupational medical services.

Profit & loss statement 2020 attached.

FACILITIES

These urgent care facilities are equipped to handle an extreme amount of patient flow based on number of exam rooms per location. These healthcare clinics do not require appointments or referrals. Pre-scheduled appointments and walk-in patients are accepted to accommodate with convenient services. As patients seek affordable healthcare options with shorter wait times and more convenient access to care.

GEOGRAPHICAL COVERAGE

These locations in Riverside and San Bernardino County commonly service people from surrounding areas including:

All Desert Cities: Palm Desert, Palm Springs, Rancho Mirage, Indian Wells, La Quinta, Cathedral City, Thousand Palms, Bermuda Dunes, Thermal, Mecca, Desert Hot Springs, and the Surrounding Areas

San Bernardino Region: San Bernardino, Rialto, Fontana, Colton, Bloomington, Highland, Mentone and surrounding Areas

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BILLING AND INSURANCE PROVIDERS

The Urgent Care Centers strives to provide the best quality in care and has contracted with the most providers. See attached payor mix and revenues.

These urgent care & occupational medicine facilities accept ALL San Bernardino & Riverside County HMO's. These sought out urgent cares accept all patients and most forms of insurance. With a reputation of providing healthcare services to patients even with no insurance in addition to offering cash discounts.

Fee for service at Medicare, Medicaid rates plus prop 56 and contracted rates for 2 HMO plans.

OPERATIONS

EMR utilized: Advanced MD

Telemedicine represents approximately 30% of revenue.

Lab and X-rays are outsourced.

Number of employees:

- 62 full time

- 4 independent contractors

Physicians: 4

Physician Assistants: 5

Nurse Practitioners: 1

PATIENTS SERVED

The practices serves approximately 300 patients per day with the mix as follows:

- 60% adult

- 20% pediatrics

- 20% seniors

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FACILITIES & LEASES

The Center utilizes three offices located at: San Bernardino, Indio, and Coachella California. Facility rent is estimated based on the lease agreements provided by management.

Location 1 is a free-standing building. It is owned by the company and will be included in the sale at appraised value. Estimated value of real estate and improvements \$2.5M. It currently pays rent to itself of approximately \$11,798 per month. It's approximate size is 5,626 sf with lot size of 41,350sf.

Location 2 utilizes 3,675 square feet with a base rental payment of \$8,563 per month (\$102,760 annually) including CAM.

Location 3 utilizes 1,000 square feet with a base rental payment of \$2,895 per month (\$34,745 annually) including CAM.

Location 4: To be disclosed after opening of facilities.

For additional information, please complete a confidentiality agreement on our website at <https://pacificrb.com/confidentiality-agreement-1>.

Buyer must provide proof of funds and must be well qualified prior to disclosing name of business.

Contact Jerry Diza at (949) 427-0304 or email JDiza@PacificRB.com

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Income Statement

Twelve Months Ended 31 Dec 2020

	<u>Total</u>
Operating Income/Expense	
Income	
Fee for Service Income	19,582,250
Contract Services	1,065,553
Refunds and Allow Adjustments	(10,103,011)
Total Income	<u>10,544,792</u>
Gross Profit	<u>10,544,792</u>
Expense	
Advertising and Promotion	215,692
Automobile Expense	428
Bank Service Charges	2,429
Business Licenses and Permits	2,066
Computer and Internet Expenses	184,808
Continuing Education	653
Depreciation Expense	4,406
Donations	320
Dues and Subscriptions	1,532
Insurance Expense	150,826
Interest Expense	4,095
Laboratory Fees	975
Meals and Entertainment	5,600
Medical Records and Supplies	1,546,577
Medical Waste	10,424
Misc Medical Equipment	33,534
Office Supplies	83,676
Office Equipment	1,502
Office Expense	6,856
Payroll Expenses	2,116,424
Postage and Mailings	6,352
Professional Fees	1,752,292
Rent Expense	350,828
Repairs and Maintenance	45,548
Self Storage	4,499
Taxes	14,261
Telephone Expense	8,070
Travel Expense	8,395
Uniforms	655
Utilities	39,866
Total Expense	<u>6,651,981</u>
Net Operating Income	<u>3,932,810</u>

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
AARP - AAR01				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
AARP - AAR01 Total:	2	\$660.00	\$0.00	\$0.00
ACCOUNTABLE IPA - ACCOUNT				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
ACCOUNTABLE IPA - ACCOUNT Total:	1	\$217.00	\$0.00	\$0.00
ADMINISTRATIVE CONCEPTS - ADM01				
81002 - URINE DIP	1	\$25.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$75.00	\$142.00
99204 - OFFICE/OUTPATIENT VISIT NEW	8	\$2,640.00	\$405.00	\$895.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$60.00	\$86.00
99214 - OFFICE/OUTPATIENT VISIT EST	6	\$1,296.00	\$200.00	\$373.00
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$0.00	\$20.00
ADMINISTRATIVE CONCEPTS - ADM01 Total:	29	\$5,872.00	\$740.00	\$1,516.00
ADVANCED MEDICAL DOCTORS OF CALIFOR - ADMDC				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$111.25	\$105.75
ADVANCED MEDICAL DOCTORS OF CALIFOR - ADMDC Total:	1	\$217.00	\$111.25	\$105.75
ADVANTAGE CARE IPA - ADVANT				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$64.25	\$265.75
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$237.54	\$200.46
ADVANTAGE CARE IPA - ADVANT Total:	5	\$1,098.00	\$301.79	\$466.21
ADVENTIST HEALTH SYSTEM - ADV02				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$124.87	\$92.13
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$126.19	\$89.81
ADVENTIST HEALTH SYSTEM - ADV02 Total:	2	\$433.00	\$251.06	\$181.94
AETNA - AETNA2				
81002 - URINE DIP	1	\$25.00	\$3.06	\$21.94
87426 - SARSCOV CORONAVIRUS AG IA	94	\$3,760.00	\$3,720.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99203 - OFFICE/OUTPATIENT VISIT NEW	89	\$19,313.00	\$7,087.31	\$10,746.16
99204 - OFFICE/OUTPATIENT VISIT NEW	269	\$88,770.00	\$34,623.48	\$51,167.56
99205 - OFFICE/OUTPATIENT VISIT NEW	6	\$2,460.00	\$985.38	\$1,474.62
99213 - OFFICE/OUTPATIENT VISIT EST	56	\$8,176.00	\$2,780.48	\$4,586.55
99214 - OFFICE/OUTPATIENT VISIT EST	102	\$22,032.00	\$8,688.56	\$13,022.44
99215 - OFFICE/OUTPATIENT VISIT EST	3	\$870.00	\$351.99	\$518.01
99401 - PREVENTIVE COUNSELING INDIV	52	\$1,040.00	\$860.00	\$120.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	6	\$900.00	\$900.00	\$0.00
AETNA - AETNA2 Total:	679	\$147,496.00	\$60,150.26	\$81,657.28

AETNA BETTER HEALTH - AETNAB

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
AETNA BETTER HEALTH - AETNAB Total:	1	\$330.00	\$0.00	\$0.00

AETNA GEHA - AETNAGE

87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$87.53	\$129.47
99204 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,980.00	\$133.96	\$196.04
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$87.38	\$128.62
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$0.00	\$0.00
AETNA GEHA - AETNAGE Total:	20	\$3,519.00	\$308.87	\$454.13

AETNA HEALTHCARE - AETNA981

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$87.53	\$129.47
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$133.96	\$196.04
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
AETNA HEALTHCARE - AETNA981 Total:	3	\$697.00	\$371.49	\$325.51

AETNA INS - AET14079

81002 - URINE DIP	1	\$25.00	\$3.06	\$21.94
81025 - URINE PREGNANCY TEST	1	\$25.00	\$2.81	\$22.19
87426 - SARSCOV CORONAVIRUS AG IA	110	\$4,400.00	\$4,145.00	\$15.00
99202 - OFFICE/OUTPATIENT VISIT NEW	3	\$453.00	\$121.72	\$180.28
99203 - OFFICE/OUTPATIENT VISIT NEW	102	\$22,134.00	\$7,703.92	\$11,451.55
99204 - OFFICE/OUTPATIENT VISIT NEW	387	\$127,710.00	\$48,701.07	\$71,664.51
99205 - OFFICE/OUTPATIENT VISIT NEW	3	\$1,230.00	\$500.19	\$729.81

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Procedure	Units	Charge	Payment	Adjustment
99213 - OFFICE/OUTPATIENT VISIT EST	86	\$12,556.00	\$4,286.63	\$6,583.37
99214 - OFFICE/OUTPATIENT VISIT EST	296	\$63,936.00	\$23,739.40	\$36,409.70
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$117.33	\$172.67
99401 - PREVENTIVE COUNSELING INDIV	73	\$1,460.00	\$1,040.00	\$280.00
99997 - SELF PAY ESTABLISHED PT	4	\$500.00	\$500.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	3	\$400.00	\$400.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$160.00	\$110.00	\$50.00
AETNA INS - AET14079 Total:	1,071	\$235,279.00	\$91,371.13	\$127,581.02

Aetna Senior Supplemental Insurance - AET12

99998 - \$99 CASH PAY OFFICE VISIT	1	\$80.00	\$80.00	\$0.00
Aetna Senior Supplemental Insurance - AET12 Total:	1	\$80.00	\$80.00	\$0.00

AFFILIATED DOCTORS OF ORANGE COUNTY - ADOC

99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$95.00	\$122.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$110.00	\$36.00
AFFILIATED DOCTORS OF ORANGE COUNTY - ADOC Total:	3	\$580.00	\$205.00	\$158.00

AFFILIATED PARTNERS IPA - AFFILPAR

99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
AFFILIATED PARTNERS IPA - AFFILPAR Total:	6	\$1,076.00	\$0.00	\$0.00

AFFILIATED PHYSICIANS IPA - AFFILITA

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$113.52	\$216.48
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$79.18	\$66.82
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$270.79	\$377.21
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$77.60	\$212.40
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$20.00
J1885 - TORADOL 15 MG X 4	6	\$150.00	\$3.06	\$146.94
AFFILIATED PHYSICIANS IPA - AFFILITA Total:	16	\$1,860.00	\$544.15	\$1,039.85

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Carrier

Procedure	Units	Charge	Payment	Adjustment
AFFINITY HEALTH PLAN - AFF01				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
AFFINITY HEALTH PLAN - AFF01 Total:	3	\$390.00	\$0.00	\$0.00
ALIGNMENT HEALTH - ALIGNMEN				
#INT - INTEREST	3	\$0.12	\$0.12	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$110.00	\$107.00
99204 - OFFICE/OUTPATIENT VISIT NEW	15	\$4,950.00	\$930.32	\$2,039.68
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$220.00	\$72.00
99214 - OFFICE/OUTPATIENT VISIT EST	8	\$1,728.00	\$510.80	\$569.20
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
ALIGNMENT HEALTH - ALIGNMEN Total:	30	\$7,207.12	\$1,771.24	\$2,787.88
ALL SAVERS - ALLSAV				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
ALL SAVERS - ALLSAV Total:	4	\$897.00	\$0.00	\$0.00
ALL UNITED MEDICAL GROUP IPA - ALLUNITE				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
ALL UNITED MEDICAL GROUP IPA - ALLUNITE Total:	2	\$434.00	\$0.00	\$0.00
ALLCARE IPA - ALLCARE				
81002 - URINE DIP	1	\$25.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$0.00	\$0.00
ALLCARE IPA - ALLCARE Total:	7	\$1,159.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
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ALLEGIANCE BENEFIT PLAN MANAGEMENT - ALL04

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
ALLEGIANCE BENEFIT PLAN MANAGEMENT - ALL04 Total:	1	\$330.00	\$0.00	\$0.00

ALLIANCE DESERT PHYSICIANS - ALLIANCE

99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$262.52	\$171.48
99204 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,310.00	\$984.71	\$995.29
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$336.52	\$247.48
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$265.29	\$166.71
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
ALLIANCE DESERT PHYSICIANS - ALLIANCE Total:	17	\$3,997.00	\$1,849.04	\$1,600.96

ALLIANZ GLOBAL ASSISTANCE - ALLIANZ

81002 - URINE DIP	2	\$50.00	\$6.85	\$43.15
90714 - TETANUS/DIPHTHERIA > = 7 YOA	1	\$25.00	\$0.00	\$25.00
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$520.55	\$799.45
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$254.16	\$177.84
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$181.50	\$108.50
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$40.00	\$0.00
ALLIANZ GLOBAL ASSISTANCE - ALLIANZ Total:	12	\$2,157.00	\$1,003.06	\$1,153.94

ALLIED BENEFIT SYSTEM - ALL01

99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$373.81	\$60.19
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$369.27	\$290.73
99213 - OFFICE/OUTPATIENT VISIT EST	12	\$1,752.00	\$474.08	\$109.92
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$364.72	\$283.28
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
ALLIED BENEFIT SYSTEM - ALL01 Total:	22	\$3,948.00	\$1,581.88	\$744.12

ALLIED PACIFIC IPA - ALLIED2

#INT - INTEREST	2	\$0.02	\$0.02	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	33	\$7,161.00	\$2,330.07	\$2,443.93
99204 - OFFICE/OUTPATIENT VISIT NEW	13	\$4,290.00	\$1,146.33	\$1,838.67

Reimbursement Analysis - Summary

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All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$228.97	\$181.03
99213 - OFFICE/OUTPATIENT VISIT EST	21	\$3,066.00	\$752.73	\$1,145.27
99214 - OFFICE/OUTPATIENT VISIT EST	6	\$1,296.00	\$370.80	\$493.20
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
ALLIED PACIFIC IPA - ALLIED2 Total:	80	\$16,343.02	\$4,828.92	\$6,102.10

ALLIED PACIFIC IPA - ALLIED3

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$119.87	\$97.13
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$181.61	\$148.39
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$83.73	\$62.27
ALLIED PACIFIC IPA - ALLIED3 Total:	7	\$1,829.00	\$385.21	\$307.79

ALLIED PHYSICIANS MEDICAL GROUP - ALL09

99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$57.20	\$159.80
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$137.80	\$522.20
99213 - OFFICE/OUTPATIENT VISIT EST	6	\$876.00	\$120.00	\$610.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
ALLIED PHYSICIANS MEDICAL GROUP - ALL09 Total:	13	\$2,666.00	\$465.00	\$1,292.00

ALPHA CARE MEDICAL GROUP - ALPHA

#INT - INTEREST	2	\$2.43	\$2.43	\$0.00
81002 - URINE DIP	1	\$25.00	\$0.00	\$25.00
81025 - URINE PREGNANCY TEST	1	\$25.00	\$0.00	\$25.00
87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$0.00	\$80.00
99203 - OFFICE/OUTPATIENT VISIT NEW	20	\$4,340.00	\$1,360.00	\$2,329.00
99204 - OFFICE/OUTPATIENT VISIT NEW	148	\$48,840.00	\$10,165.00	\$32,300.00
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$80.00	\$330.00
99213 - OFFICE/OUTPATIENT VISIT EST	32	\$4,672.00	\$1,970.00	\$1,680.00
99214 - OFFICE/OUTPATIENT VISIT EST	323	\$69,768.00	\$21,764.26	\$37,364.74
99215 - OFFICE/OUTPATIENT VISIT EST	7	\$2,030.00	\$560.00	\$1,470.00
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$0.00	\$60.00
99997 - SELF PAY ESTABLISHED PT	2	\$300.00	\$300.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	3	\$450.00	\$450.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	2	\$320.00	\$160.00	\$160.00
ALPHA CARE MEDICAL GROUP - ALPHA Total:	551	\$131,442.43	\$36,811.69	\$75,823.74

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
ALTAMED HEALTH SERVICES - ALTAMD2				
99203 - OFFICE/OUTPATIENT VISIT NEW	8	\$1,736.00	\$756.82	\$929.18
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$137.80	\$522.20
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$98.98	\$47.02
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
ALTAMED HEALTH SERVICES - ALTAMD2 Total:	12	\$2,562.00	\$993.60	\$1,518.40
ALTAMED MEDICAL GROUP - ALTAMED				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	13	\$2,821.00	\$551.81	\$1,618.19
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$145.06	\$844.94
99213 - OFFICE/OUTPATIENT VISIT EST	11	\$1,606.00	\$161.90	\$1,006.10
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$11.05	\$28.95
ALTAMED MEDICAL GROUP - ALTAMED Total:	33	\$5,867.00	\$869.82	\$3,498.18
AMA INSURANCE AGENCY, INC - AMAINS				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
AMA INSURANCE AGENCY, INC - AMAINS Total:	3	\$390.00	\$0.00	\$0.00
AMERIBEN - AMERIBEN				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$236.14	\$93.86
AMERIBEN - AMERIBEN Total:	2	\$547.00	\$236.14	\$93.86
AMFIRST INSURANCE COMPANY - AMFIRST				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
AMFIRST INSURANCE COMPANY - AMFIRST Total:	3	\$390.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
ANGELES IPA - ANGELES				
99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$0.00	\$0.00
ANGELES IPA - ANGELES Total:	4	\$868.00	\$0.00	\$0.00
ANTHEM BLUE CROSS STUDENT HEALTH - BCSTUDEN				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$105.77	\$111.23
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
ANTHEM BLUE CROSS STUDENT HEALTH - BCSTUDEN Total:	2	\$237.00	\$125.77	\$111.23
APPLECARE MEDICAL GROUP - APPLECAR				
#INT - INTEREST	1	\$0.05	\$0.05	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	17	\$3,689.00	\$742.14	\$792.63
99204 - OFFICE/OUTPATIENT VISIT NEW	9	\$2,970.00	\$162.25	\$167.75
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$177.16	\$232.84
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$74.35	\$71.65
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$82.94	\$133.06
99401 - PREVENTIVE COUNSELING INDIV	6	\$120.00	\$40.00	\$0.00
APPLECARE MEDICAL GROUP - APPLECAR Total:	40	\$8,205.05	\$1,278.89	\$1,397.93
ASR PHYSICIANS CARE - ASR01				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
ASR PHYSICIANS CARE - ASR01 Total:	4	\$720.00	\$0.00	\$0.00
ASSOC HISPANIC PHYS OF SO CAL IPA - ASHISPHY				
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$37.13	\$178.87
ASSOC HISPANIC PHYS OF SO CAL IPA - ASHISPHY Total:	2	\$432.00	\$37.13	\$178.87
AXMINSTER MEDICAL GROUP - AXMINSTE				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$35.00	\$0.00
AXMINSTER MEDICAL GROUP - AXMINSTE Total:	1	\$217.00	\$35.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
AZ PHYSICIANS IPA - APIPA				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$0.00	\$0.00
AZ PHYSICIANS IPA - APIPA Total:	4	\$978.00	\$0.00	\$0.00
BEAVER MEDICAL GROUP - BEAVER				
#INT - INTEREST	5	\$1.44	\$1.44	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	76	\$3,040.00	\$72.66	\$127.34
99203 - OFFICE/OUTPATIENT VISIT NEW	408	\$88,536.00	\$27,371.94	\$22,291.06
99204 - OFFICE/OUTPATIENT VISIT NEW	388	\$128,040.00	\$42,440.12	\$30,789.88
99205 - OFFICE/OUTPATIENT VISIT NEW	11	\$4,510.00	\$2,623.84	\$1,886.16
99213 - OFFICE/OUTPATIENT VISIT EST	207	\$30,222.00	\$8,799.84	\$6,947.29
99214 - OFFICE/OUTPATIENT VISIT EST	96	\$20,736.00	\$5,223.30	\$3,416.70
99215 - OFFICE/OUTPATIENT VISIT EST	5	\$1,450.00	\$631.10	\$528.90
99401 - PREVENTIVE COUNSELING INDIV	207	\$4,140.00	\$429.60	\$1,990.40
99997 - SELF PAY ESTABLISHED PT	2	\$300.00	\$300.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	5	\$700.00	\$600.00	\$0.00
BEAVER MEDICAL GROUP - BEAVER Total:	1,410	\$281,675.44	\$88,493.84	\$67,977.73
BELLA VISTA MEDICAL GROUP IPA - BELLA				
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
BELLA VISTA MEDICAL GROUP IPA - BELLA Total:	5	\$1,001.00	\$0.00	\$0.00
BENEFIT ADMINISTRATIVE SYSTEMS - BEN10				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$182.42	\$122.58
BENEFIT ADMINISTRATIVE SYSTEMS - BEN10 Total:	1	\$330.00	\$182.42	\$122.58
BLUE CROSS CALIFORNIA - BLU85				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$268.82	\$331.18
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$20.00	\$0.00
BLUE CROSS CALIFORNIA - BLU85 Total:	7	\$1,153.00	\$288.82	\$331.18

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
BLUE CROSS OF CA - BC60007				
#INT - INTEREST	13	\$45.12	\$45.12	\$0.00
71046 - X-RAY EXAM CHEST 2 VIEWS	1	\$80.00	\$39.53	\$40.47
81002 - URINE DIP	62	\$1,550.00	\$99.06	\$1,365.07
81025 - URINE PREGNANCY TEST	21	\$525.00	\$96.52	\$373.48
82948 - GLUCOSE; BLD REAGENT STRIP	4	\$200.00	\$11.17	\$187.92
87426 - SARSCOV CORONAVIRUS AG IA	1,817	\$72,680.00	\$35,176.62	\$31,110.49
87502 - INFLUENZA DNA AMP PROBE	1	\$0.00	\$0.00	\$0.00
90714 - TETANUS/DIPHTHERIA > = 7 YOA	3	\$75.00	\$50.00	\$25.00
94640 - AIRWAY INHALATION TREATMENT	2	\$100.00	\$0.00	\$100.00
99201 - OFFICE/OUTPATIENT VISIT NEW	4	\$356.00	\$151.37	\$204.63
99202 - OFFICE/OUTPATIENT VISIT NEW	14	\$2,114.00	\$1,185.05	\$928.95
99203 - OFFICE/OUTPATIENT VISIT NEW	824	\$178,808.00	\$56,893.76	\$93,742.06
99204 - OFFICE/OUTPATIENT VISIT NEW	3,799	\$1,253,080.00	\$538,505.78	\$591,564.46
99205 - OFFICE/OUTPATIENT VISIT NEW	49	\$20,090.00	\$8,435.16	\$10,130.24
99211 - OFFICE/OUTPATIENT VISIT EST	1	\$42.00	\$23.82	\$18.18
99212 - OFFICE/OUTPATIENT VISIT EST	3	\$267.00	\$117.11	\$129.89
99213 - OFFICE/OUTPATIENT VISIT EST	562	\$82,052.00	\$24,078.74	\$44,077.95
99214 - OFFICE/OUTPATIENT VISIT EST	2,850	\$615,414.00	\$228,695.76	\$340,873.71
99215 - OFFICE/OUTPATIENT VISIT EST	41	\$11,890.00	\$4,513.54	\$6,804.59
99401 - PREVENTIVE COUNSELING INDIV	7,428	\$148,560.00	\$118,157.71	\$19,638.67
99406 - BEHAV CHNG SMOKING 3-10 MIN	44	\$880.00	\$529.97	\$310.03
99997 - SELF PAY ESTABLISHED PT	36	\$4,987.00	\$4,987.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	53	\$7,820.00	\$7,670.00	\$0.00
COSMETIC - COSMETIC PROCEDURE	1	\$150.00	\$150.00	\$0.00
J1100 - DEXAMATHASONE PER 1 MG X 4	2	\$40.00	\$0.00	\$39.74
J1885 - TORADOL 15 MG X 4	8	\$200.00	\$4.00	\$196.00
J7613 - ALBUTEROL INHAL NON-CP U DOSE 1 MG	1	\$20.00	\$0.00	\$20.00
S8101 - HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	1	\$25.00	\$0.00	\$25.00
U0003 - IA DET DNA/RNA; COVID-19 AMP P T	1	\$100.00	\$100.00	\$0.00
BLUE CROSS OF CA - BC60007 Total:	17,646	\$2,402,150.12	\$1,029,716.79	\$1,141,906.53

BLUE SHIELD CA FEP - BSFEP

99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$146.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$107.06	\$108.94
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$5.00	\$35.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$100.00	\$100.00	\$0.00
BLUE SHIELD CA FEP - BSFEP Total:	5	\$502.00	\$212.06	\$289.94

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
BLUE SHIELD CALIFORNIA - BLU91				
#INT - INTEREST	1	\$0.32	\$0.32	\$0.00
81002 - URINE DIP	3	\$75.00	\$0.00	\$75.00
99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$225.56	\$642.44
99204 - OFFICE/OUTPATIENT VISIT NEW	10	\$3,300.00	\$1,555.15	\$1,714.85
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$148.34	\$135.86
99214 - OFFICE/OUTPATIENT VISIT EST	18	\$3,888.00	\$1,744.19	\$1,927.81
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$121.04	\$168.96
99401 - PREVENTIVE COUNSELING INDIV	30	\$600.00	\$488.00	\$92.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$0.00	\$20.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$127.00	\$125.00	\$2.00
BLUE SHIELD CALIFORNIA - BLU91 Total:	71	\$9,460.32	\$4,407.60	\$4,778.92
BLUE SHIELD CALIFORNIA - BLU92				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$170.36	\$159.64
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$79.17	\$66.83
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
BLUE SHIELD CALIFORNIA - BLU92 Total:	3	\$626.00	\$399.53	\$226.47
BLUE SHIELD CALIFORNIA - BLU94				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$40.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$54.25	\$210.75
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$13.69	\$137.31
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$40.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
BLUE SHIELD CALIFORNIA - BLU94 Total:	6	\$776.00	\$257.94	\$388.06
BLUE SHIELD CALIFORNIA - BLU95				
87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$80.00
99201 - OFFICE/OUTPATIENT VISIT NEW	1	\$89.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$105.77	\$111.23
99204 - OFFICE/OUTPATIENT VISIT NEW	13	\$4,290.00	\$1,763.63	\$2,077.12
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$340.57	\$453.43
99215 - OFFICE/OUTPATIENT VISIT EST	2	\$580.00	\$242.08	\$337.92
99401 - PREVENTIVE COUNSELING INDIV	20	\$400.00	\$280.00	\$80.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
BLUE SHIELD CALIFORNIA - BLU95 Total:	47	\$7,077.00	\$3,032.05	\$3,139.70

BLUE SHIELD CALIFORNIA - BLU96

#INT - INTEREST	24	\$6.40	\$6.40	\$0.00
81002 - URINE DIP	19	\$475.00	\$0.00	\$475.00
81025 - URINE PREGNANCY TEST	5	\$125.00	\$7.25	\$116.72
82948 - GLUCOSE; BLD REAGENT STRIP	1	\$50.00	\$2.81	\$47.19
87426 - SARSCOV CORONAVIRUS AG IA	469	\$18,760.00	\$3,067.42	\$13,058.78
90389 - TETANUS IG IM	1	\$25.00	\$0.00	\$25.00
99201 - OFFICE/OUTPATIENT VISIT NEW	19	\$1,691.00	\$407.86	\$490.14
99202 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,057.00	\$402.30	\$342.70
99203 - OFFICE/OUTPATIENT VISIT NEW	310	\$67,270.00	\$27,363.69	\$34,435.40
99204 - OFFICE/OUTPATIENT VISIT NEW	1,315	\$433,950.00	\$177,235.39	\$217,442.35
99205 - OFFICE/OUTPATIENT VISIT NEW	18	\$7,380.00	\$3,104.03	\$4,248.07
99212 - OFFICE/OUTPATIENT VISIT EST	3	\$267.00	\$46.92	\$220.08
99213 - OFFICE/OUTPATIENT VISIT EST	128	\$18,688.00	\$6,051.82	\$10,404.56
99214 - OFFICE/OUTPATIENT VISIT EST	813	\$175,442.00	\$71,644.33	\$86,497.81
99215 - OFFICE/OUTPATIENT VISIT EST	15	\$4,350.00	\$1,651.70	\$2,448.30
99401 - PREVENTIVE COUNSELING INDIV	2,222	\$44,440.00	\$33,377.58	\$8,378.42
99406 - BEHAV CHNG SMOKING 3-10 MIN	10	\$200.00	\$37.31	\$162.69
99997 - SELF PAY ESTABLISHED PT	13	\$1,877.00	\$1,877.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	16	\$2,257.00	\$2,257.00	\$0.00
J0696 - ROCEPHIN 250	1	\$85.00	\$0.55	\$84.45
BLUE SHIELD CALIFORNIA - BLU96 Total:	5,409	\$778,395.40	\$328,541.36	\$378,877.66

BLUE SHIELD CALIFORNIA - BLU97

#INT - INTEREST	1	\$0.35	\$0.35	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	7	\$280.00	\$47.66	\$232.34
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$112.78	\$104.22
99204 - OFFICE/OUTPATIENT VISIT NEW	13	\$4,290.00	\$1,879.24	\$2,395.76
99214 - OFFICE/OUTPATIENT VISIT EST	5	\$1,080.00	\$314.76	\$549.24
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$121.04	\$168.96
99401 - PREVENTIVE COUNSELING INDIV	20	\$400.00	\$295.00	\$85.00
BLUE SHIELD CALIFORNIA - BLU97 Total:	48	\$6,557.35	\$2,770.83	\$3,535.52

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Carrier

Procedure	Units	Charge	Payment	Adjustment
BLUE SHIELD OF CA - BLU98				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$225.56	\$208.44
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$330.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$74.35	\$217.65
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$219.47	\$212.53
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$40.00	\$40.00
BLUE SHIELD OF CA - BLU98 Total:	11	\$1,568.00	\$559.38	\$1,008.62
BOON CLAIMS DEPARTMENT - BOON 3				
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$116.00
BOON CLAIMS DEPARTMENT - BOON 3 Total:	1	\$216.00	\$0.00	\$116.00
BORREGO COMMUNITY HEALTH FOUNDATION - BORREGO				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	8	\$2,640.00	\$0.00	\$0.00
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	7	\$1,512.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
BORREGO COMMUNITY HEALTH FOUNDATION - BORREGO Total:	21	\$5,202.00	\$0.00	\$0.00
BRAND NEW DAY - BRAND				
#INT - INTEREST	2	\$0.17	\$0.17	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$79.66	\$137.34
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$458.18	\$531.82
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$55.87	\$90.13
99214 - OFFICE/OUTPATIENT VISIT EST	7	\$1,512.00	\$426.82	\$437.18
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	2	\$300.00	\$300.00	\$0.00
J1885 - TORADOL 15 MG X 4	1	\$25.00	\$0.00	\$0.00
BRAND NEW DAY - BRAND Total:	23	\$4,273.17	\$1,320.70	\$1,196.47

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Carrier

Procedure	Units	Charge	Payment	Adjustment
BRMS - BRMS				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$130.20	\$86.80
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$87.60	\$58.40
BRMS - BRMS Total:	2	\$363.00	\$217.80	\$145.20
BROWN & TOLAND MED GROUP - BROWNTOL				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$240.85	\$89.15
BROWN & TOLAND MED GROUP - BROWNTOL Total:	1	\$330.00	\$240.85	\$89.15
CAL OPTIMA DIRECT - CAL05				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
CAL OPTIMA DIRECT - CAL05 Total:	3	\$810.00	\$150.00	\$0.00
CALCARE IPA - CALCARE				
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$0.00	\$0.00
CALCARE IPA - CALCARE Total:	9	\$2,330.00	\$0.00	\$0.00
CARE 1ST - CARE1ST				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
CARE 1ST - CARE1ST Total:	1	\$217.00	\$0.00	\$0.00
CAREMORE IPA - CAR48				
#INT - INTEREST	2	\$0.06	\$0.06	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$40.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	14	\$3,038.00	\$1,326.17	\$1,494.83
99204 - OFFICE/OUTPATIENT VISIT NEW	14	\$4,620.00	\$2,226.71	\$2,393.29
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$384.94	\$435.06
99213 - OFFICE/OUTPATIENT VISIT EST	12	\$1,752.00	\$783.41	\$968.59
99214 - OFFICE/OUTPATIENT VISIT EST	10	\$2,160.00	\$882.30	\$1,061.70
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$0.00	\$60.00
CAREMORE IPA - CAR48 Total:	61	\$12,570.06	\$5,643.59	\$6,413.47

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
CDPHP - CDPHP				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
CDPHP - CDPHP Total:	3	\$390.00	\$0.00	\$0.00
CEDARS SINAI MEDICAL NETWORK - CED01				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$8.22	\$31.78
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$308.95	\$326.05
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$20.00	\$0.00
CEDARS SINAI MEDICAL NETWORK - CED01 Total:	8	\$1,327.00	\$337.17	\$357.83
CEDARS-SINAI MEDICAL GROUP - CEDSIN				
99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$0.00	\$217.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
CEDARS-SINAI MEDICAL GROUP - CEDSIN Total:	7	\$1,744.00	\$0.00	\$217.00
CENCAL HEALTH - CENCALHE				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
CENCAL HEALTH - CENCALHE Total:	2	\$660.00	\$0.00	\$0.00
CENTINELA VALLEY MEDICAL GROUP - CENTINEL				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$98.94	\$118.06
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
CENTINELA VALLEY MEDICAL GROUP - CENTINEL Total:	3	\$763.00	\$98.94	\$118.06
CHAFFEY MEDICAL GROUP - CHAFFEY				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$603.10	\$481.90
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$183.65	\$146.35
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$84.13	\$61.87
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
CHAFFEY MEDICAL GROUP - CHAFFEY Total:	16	\$3,591.00	\$870.88	\$690.12

CHAMPUS VA - CHAMPVA

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$85.14	\$103.48
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$430.19	\$474.03
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$49.96	\$66.82
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$86.04	\$129.96
CHAMPUS VA - CHAMPVA Total:	10	\$2,363.00	\$651.33	\$774.29

CHOICE MEDICAL GROUP - CHOICEME

81002 - URINE DIP	1	\$25.00	\$3.06	\$21.94
99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$535.00	\$415.78
99204 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,310.00	\$721.60	\$893.40
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$83.98	\$208.02
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$40.00
CHOICE MEDICAL GROUP - CHOICEME Total:	20	\$4,332.00	\$1,343.64	\$1,579.14

CHRISTIAN BROTHERS SERVICES - CHR03

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$40.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$267.92	\$392.08
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$174.76	\$257.24
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$40.00
CHRISTIAN BROTHERS SERVICES - CHR03 Total:	8	\$1,389.00	\$482.68	\$689.32

CIGNA HEALTHCARE - CIGNA2

81002 - URINE DIP	1	\$25.00	\$0.00	\$22.12
81025 - URINE PREGNANCY TEST	1	\$25.00	\$0.00	\$17.65
87426 - SARSCOV CORONAVIRUS AG IA	27	\$1,080.00	\$997.60	\$2.40
99203 - OFFICE/OUTPATIENT VISIT NEW	32	\$6,944.00	\$2,675.74	\$4,248.26
99204 - OFFICE/OUTPATIENT VISIT NEW	67	\$22,110.00	\$6,994.66	\$11,743.39
99213 - OFFICE/OUTPATIENT VISIT EST	13	\$1,898.00	\$555.70	\$1,202.53
99214 - OFFICE/OUTPATIENT VISIT EST	19	\$4,104.00	\$1,237.45	\$2,417.73
99401 - PREVENTIVE COUNSELING INDIV	41	\$820.00	\$200.00	\$580.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$11.05	\$8.95
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
CIGNA HEALTHCARE - CIGNA2 Total:	203	\$37,176.00	\$12,822.20	\$20,243.03

CIGNA INS - CIG5909

87426 - SARSCOV CORONAVIRUS AG IA	10	\$400.00	\$360.00	\$40.00
99203 - OFFICE/OUTPATIENT VISIT NEW	13	\$2,821.00	\$977.68	\$1,758.92
99204 - OFFICE/OUTPATIENT VISIT NEW	62	\$20,460.00	\$7,289.61	\$12,121.80
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$202.54	\$381.46
99214 - OFFICE/OUTPATIENT VISIT EST	14	\$3,024.00	\$1,078.22	\$1,862.84
99401 - PREVENTIVE COUNSELING INDIV	19	\$380.00	\$0.00	\$380.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
CIGNA INS - CIG5909 Total:	124	\$27,965.00	\$10,058.05	\$16,545.02

CIGNA INS - CIGNA223

81002 - URINE DIP	1	\$25.00	\$0.00	\$22.12
87426 - SARSCOV CORONAVIRUS AG IA	27	\$1,080.00	\$1,040.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	105	\$22,785.00	\$7,189.56	\$13,020.12
99204 - OFFICE/OUTPATIENT VISIT NEW	101	\$33,330.00	\$10,992.45	\$19,802.85
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$320.82	\$499.18
99213 - OFFICE/OUTPATIENT VISIT EST	47	\$6,862.00	\$2,122.55	\$4,302.82
99214 - OFFICE/OUTPATIENT VISIT EST	47	\$10,152.00	\$3,345.65	\$6,269.18
99401 - PREVENTIVE COUNSELING INDIV	68	\$1,360.00	\$460.00	\$860.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	2	\$40.00	\$22.10	\$17.90
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	5	\$700.00	\$700.00	\$0.00
CIGNA INS - CIGNA223 Total:	406	\$77,304.00	\$26,343.13	\$44,794.17

CIGNA INTERNATIONAL - CIGINT

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$127.97	\$202.03
CIGNA INTERNATIONAL - CIGINT Total:	1	\$330.00	\$127.97	\$202.03

CITRUS VALLEY IPA - CITRUS

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$56.63	\$160.37
CITRUS VALLEY IPA - CITRUS Total:	1	\$217.00	\$56.63	\$160.37

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
CITRUS VALLEY PHYSICIANS GROUP - CITRUSV				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	8	\$1,736.00	\$339.02	\$393.98
99204 - OFFICE/OUTPATIENT VISIT NEW	13	\$4,290.00	\$468.14	\$1,121.86
99213 - OFFICE/OUTPATIENT VISIT EST	6	\$876.00	\$158.28	\$279.72
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
CITRUS VALLEY PHYSICIANS GROUP - CITRUSV Total:	30	\$6,982.00	\$965.44	\$1,795.56
COASTAL COMMUNITIES PHYSICIAN NTWK - COASTAL				
81002 - URINE DIP	1	\$25.00	\$2.26	\$22.74
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$177.16	\$232.84
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$107.06	\$108.94
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$119.35	\$170.65
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$40.00	\$0.00
COASTAL COMMUNITIES PHYSICIAN NTWK - COASTAL Total:	6	\$981.00	\$445.83	\$535.17
COMMUNITY CARE IPA - COMCARE				
#INT - INTEREST	1	\$2.70	\$2.70	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	18	\$5,940.00	\$1,360.00	\$4,250.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	17	\$3,672.00	\$917.50	\$1,674.50
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
COMMUNITY CARE IPA - COMCARE Total:	40	\$9,840.70	\$2,280.20	\$5,924.50
COMMUNITY CARE IPA - COMMUNIT				
#INT - INTEREST	1	\$2.68	\$2.68	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$80.00	\$137.00
99204 - OFFICE/OUTPATIENT VISIT NEW	11	\$3,630.00	\$720.00	\$2,250.00
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$80.00	\$330.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$240.00	\$198.00
99214 - OFFICE/OUTPATIENT VISIT EST	23	\$4,968.00	\$1,637.50	\$2,898.50
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
COMMUNITY CARE IPA - COMMUNIT Total:	41	\$9,685.68	\$2,760.18	\$5,813.50

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Carrier

Procedure	Units	Charge	Payment	Adjustment
COMMUNITY FAMILY CARE - COM05				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
COMMUNITY FAMILY CARE - COM05 Total:	1	\$330.00	\$0.00	\$0.00
COMMUNITY HEALTH GROUP - COMMUN				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
COMMUNITY HEALTH GROUP - COMMUN Total:	2	\$546.00	\$0.00	\$0.00
COMMUNITY HEALTH PLAN - COM12				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$87.56	\$242.44
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$58.12	\$157.88
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
COMMUNITY HEALTH PLAN - COM12 Total:	4	\$896.00	\$145.68	\$420.32
COMMUNITY MED GROUP OF VENTURA - COMMVEN				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
COMMUNITY MED GROUP OF VENTURA - COMMVEN Total:	2	\$350.00	\$0.00	\$0.00
CONNECTICARE MEDICARE - CON09				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$101.92	\$228.08
CONNECTICARE MEDICARE - CON09 Total:	1	\$330.00	\$101.92	\$228.08
CONTINENTAL BENEFITS - CON17				
87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$120.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$175.06	\$258.94
99204 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,980.00	\$548.27	\$980.20
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$58.97	\$87.03
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$262.14	\$514.48
99401 - PREVENTIVE COUNSELING INDIV	8	\$160.00	\$160.00	\$0.00
CONTINENTAL BENEFITS - CON17 Total:	24	\$3,704.00	\$1,324.44	\$1,840.65

Reimbursement Analysis - Summary

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Carrier

Procedure	Units	Charge	Payment	Adjustment
CORESOURCE - CORESRC				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$40.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$67.53	\$129.47
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
CORESOURCE - CORESRC Total:	3	\$277.00	\$127.53	\$129.47

COVID19 HRSA UNINSURED TESTING FUND - COVID

99202 - OFFICE/OUTPATIENT VISIT NEW	1	\$151.00	\$80.31	\$70.69
99203 - OFFICE/OUTPATIENT VISIT NEW	844	\$183,148.00	\$46,543.20	\$42,426.80
99204 - OFFICE/OUTPATIENT VISIT NEW	466	\$153,780.00	\$45,286.70	\$41,173.30
99212 - OFFICE/OUTPATIENT VISIT EST	2	\$178.00	\$0.00	\$89.00
99213 - OFFICE/OUTPATIENT VISIT EST	47	\$6,862.00	\$1,266.88	\$1,361.12
99214 - OFFICE/OUTPATIENT VISIT EST	210	\$45,360.00	\$10,532.37	\$11,067.63
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$0.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	2	\$130.00	\$130.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	2	\$300.00	\$300.00	\$0.00
COVID19 HRSA UNINSURED TESTING FUND - COVID Total:	1,575	\$390,199.00	\$104,139.46	\$96,188.54

DELTA HEALTH SYSTEMS - DELTA

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$165.23	\$164.77
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
DELTA HEALTH SYSTEMS - DELTA Total:	2	\$350.00	\$185.23	\$164.77

DESERT OASIS HEALTHCARE - DOHC

87426 - SARSCOV CORONAVIRUS AG IA	23	\$920.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$0.00	\$651.00
99204 - OFFICE/OUTPATIENT VISIT NEW	81	\$26,730.00	\$1,078.86	\$10,141.14
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	57	\$12,312.00	\$419.59	\$7,140.41
99401 - PREVENTIVE COUNSELING INDIV	31	\$620.00	\$0.00	\$100.00
99997 - SELF PAY ESTABLISHED PT	2	\$225.00	\$220.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	4	\$577.00	\$577.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$160.00	\$0.00	\$160.00
DESERT OASIS HEALTHCARE - DOHC Total:	203	\$42,341.00	\$2,295.45	\$18,192.55

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Carrier

Procedure	Units	Charge	Payment	Adjustment
DESIGN BENEFIT ADMINISTRATION - DESIGN				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	13	\$4,290.00	\$957.10	\$612.90
99214 - OFFICE/OUTPATIENT VISIT EST	5	\$1,080.00	\$487.70	\$336.30
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$80.00	\$0.00
DESIGN BENEFIT ADMINISTRATION - DESIGN Total:	24	\$5,510.00	\$1,524.80	\$949.20
DESIGN BENEFIT ADMINISTRATORS - DBA2				
87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	67	\$22,110.00	\$8,153.90	\$5,556.10
99214 - OFFICE/OUTPATIENT VISIT EST	36	\$7,776.00	\$2,911.04	\$2,124.96
99401 - PREVENTIVE COUNSELING INDIV	12	\$240.00	\$200.00	\$0.00
DESIGN BENEFIT ADMINISTRATORS - DBA2 Total:	118	\$30,246.00	\$11,264.94	\$7,681.06
DESIGN BENEFITS ADMIN - DBA				
81002 - URINE DIP	1	\$25.00	\$0.00	\$0.00
81025 - URINE PREGNANCY TEST	1	\$25.00	\$0.00	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	31	\$1,240.00	\$0.00	\$0.00
99202 - OFFICE/OUTPATIENT VISIT NEW	1	\$151.00	\$76.37	\$54.63
99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$598.42	\$269.58
99204 - OFFICE/OUTPATIENT VISIT NEW	124	\$40,920.00	\$7,188.26	\$4,872.48
99214 - OFFICE/OUTPATIENT VISIT EST	91	\$19,656.00	\$3,369.08	\$2,918.92
99401 - PREVENTIVE COUNSELING INDIV	38	\$760.00	\$140.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
DESIGN BENEFITS ADMIN - DBA Total:	292	\$63,795.00	\$11,522.13	\$8,115.61
DIGNITY HEALTH MEDICAL GROUP - DIGNITY				
81002 - URINE DIP	1	\$25.00	\$4.52	\$20.48
81025 - URINE PREGNANCY TEST	1	\$25.00	\$11.19	\$13.81
87426 - SARSCOV CORONAVIRUS AG IA	5	\$200.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	10	\$2,170.00	\$1,264.16	\$658.84
99204 - OFFICE/OUTPATIENT VISIT NEW	14	\$4,620.00	\$2,524.77	\$1,405.23
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$497.54	\$322.46
99213 - OFFICE/OUTPATIENT VISIT EST	21	\$3,066.00	\$1,520.30	\$800.70
99214 - OFFICE/OUTPATIENT VISIT EST	14	\$3,024.00	\$1,431.40	\$668.60
99215 - OFFICE/OUTPATIENT VISIT EST	3	\$870.00	\$501.74	\$368.26

Reimbursement Analysis - Summary

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99401 - PREVENTIVE COUNSELING INDIV	6	\$120.00	\$7.00	\$13.00
DIGNITY HEALTH MEDICAL GROUP - DIGNITY Total:	77	\$14,940.00	\$7,762.62	\$4,271.38

DIGNITY HEALTH MEDICAL NETWORK-IE - DHMNIE

87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	23	\$4,991.00	\$2,224.10	\$1,247.90
99204 - OFFICE/OUTPATIENT VISIT NEW	15	\$4,950.00	\$1,511.11	\$683.60
99213 - OFFICE/OUTPATIENT VISIT EST	14	\$2,044.00	\$979.30	\$430.70
99214 - OFFICE/OUTPATIENT VISIT EST	12	\$2,592.00	\$1,302.56	\$720.58
99401 - PREVENTIVE COUNSELING INDIV	7	\$140.00	\$7.00	\$13.00
DIGNITY HEALTH MEDICAL NETWORK-IE - DHMNIE Total:	74	\$14,837.00	\$6,024.07	\$3,095.78

DIGNITY HEALTH PHYSICIAN NETWORK - DIGNPHYS

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$137.58	\$79.42
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$40.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$77.60	\$68.40
DIGNITY HEALTH PHYSICIAN NETWORK - DIGNPHYS Total:	3	\$773.00	\$255.18	\$147.82

DVMC1 DESERT VALLEY MED GRP CLAIMS - DVMG

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
DVMC1 DESERT VALLEY MED GRP CLAIMS - DVMG Total:	8	\$1,517.00	\$0.00	\$0.00

EASTLAND MEDICAL GROUP - EASTLAND

99203 - OFFICE/OUTPATIENT VISIT NEW	9	\$1,953.00	\$620.60	\$1,020.40
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$178.90	\$481.10
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$483.90	\$246.10
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$110.00	\$106.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
EASTLAND MEDICAL GROUP - EASTLAND Total:	18	\$3,579.00	\$1,393.40	\$1,873.60

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
EBA AND M - EBAM				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$31.12	\$8.88
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$681.12	\$308.88
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$317.14	\$114.86
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
EBA AND M - EBAM Total:	12	\$2,614.00	\$1,029.38	\$432.62

EBA&M CORPORATION - EBAM2

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$783.46	\$206.54
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$177.26	\$38.74
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
EBA&M CORPORATION - EBAM2 Total:	11	\$2,575.00	\$960.72	\$245.28

EBMS - EBMS

87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$138.28	\$157.15
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$101.28
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$0.00
EBMS - EBMS Total:	12	\$1,932.00	\$138.28	\$258.43

EBSO - EBSO

99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
EBSO - EBSO Total:	2	\$660.00	\$0.00	\$0.00

EDIS - EDIS

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$0.00	\$0.00
EDIS - EDIS Total:	6	\$1,315.00	\$0.00	\$0.00

EDIS - EDIS2

87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$0.00	\$0.00
EDIS - EDIS2 Total:	13	\$1,662.00	\$0.00	\$0.00

EMPIRE HEALTHCARE IPA - EMPHCIPA

99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$153.23	\$138.77
EMPIRE HEALTHCARE IPA - EMPHCIPA Total:	3	\$438.00	\$153.23	\$138.77

EMPIRE PHYSICIANS MED GROUP - EPMG

12002 - RPR S/N/AX/GEN/TRNK2.6-7.5CM	1	\$300.00	\$177.35	\$122.65
81002 - URINE DIP	22	\$550.00	\$93.58	\$451.42
81025 - URINE PREGNANCY TEST	1	\$25.00	\$12.92	\$12.08
82948 - GLUCOSE; BLD REAGENT STRIP	2	\$100.00	\$7.56	\$92.44
87426 - SARSCOV CORONAVIRUS AG IA	244	\$9,760.00	\$7,956.44	\$843.56
90714 - TETANUS/DIPHTHERIA > = 7 YOA	1	\$25.00	\$0.00	\$25.00
99202 - OFFICE/OUTPATIENT VISIT NEW	1	\$151.00	\$120.47	\$30.53
99203 - OFFICE/OUTPATIENT VISIT NEW	9	\$1,953.00	\$761.40	\$201.88
99204 - OFFICE/OUTPATIENT VISIT NEW	546	\$180,180.00	\$134,085.82	\$37,567.88
99205 - OFFICE/OUTPATIENT VISIT NEW	5	\$2,050.00	\$1,630.10	\$419.90
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$118.77	\$27.23
99214 - OFFICE/OUTPATIENT VISIT EST	570	\$123,120.00	\$93,992.95	\$25,634.79
99215 - OFFICE/OUTPATIENT VISIT EST	7	\$2,030.00	\$1,571.09	\$458.91
99401 - PREVENTIVE COUNSELING INDIV	639	\$12,780.00	\$6,827.84	\$5,252.96
99406 - BEHAV CHNG SMOKING 3-10 MIN	7	\$140.00	\$140.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	9	\$1,237.00	\$1,237.00	\$0.00
J1100 - DEXAMATHASONE PER 1 MG X 4	2	\$40.00	\$0.42	\$39.58
J1885 - TORADOL 15 MG X 4	3	\$75.00	\$0.83	\$74.17
EMPIRE PHYSICIANS MED GROUP - EPMG Total:	2,071	\$334,812.00	\$248,884.54	\$71,254.98

EMPIRE PHYSICIANS MED GRP - EMPIREPH

99998 - \$99 CASH PAY OFFICE VISIT	1	\$175.00	\$175.00	\$0.00
PROP56 - PROP 56 PAYMENT	57	\$3,021,194.12	\$3,021,194.12	\$0.00
EMPIRE PHYSICIANS MED GRP - EMPIREPH Total:	58	\$3,021,369.12	\$3,021,369.12	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
EMPLOYEE BENEFIT MANAGEMENT - EMPBEN				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$87.53	\$129.47
EMPLOYEE BENEFIT MANAGEMENT - EMPBEN Total:	1	\$217.00	\$87.53	\$129.47
EMPLOYER PLAN SERVICES - EMPLOY				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
EMPLOYER PLAN SERVICES - EMPLOY Total:	1	\$330.00	\$0.00	\$0.00
ESSENTIAL BENEFIT ADMINISTRATORS - ESSENTIA				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	5	\$1,080.00	\$0.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$127.00	\$127.00	\$0.00
ESSENTIAL BENEFIT ADMINISTRATORS - ESSENTIA Total:	10	\$2,046.00	\$127.00	\$0.00
EXCEPTIONAL CARE MEDICAL GROUP - EXCEPT				
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$48.00	\$244.00
EXCEPTIONAL CARE MEDICAL GROUP - EXCEPT Total:	8	\$1,749.00	\$48.00	\$244.00
EXCLUSIVE CARE - EXCLUSIV				
81002 - URINE DIP	10	\$250.00	\$31.30	\$218.70
81025 - URINE PREGNANCY TEST	1	\$25.00	\$7.75	\$17.25
87426 - SARSCOV CORONAVIRUS AG IA	72	\$2,880.00	\$1,247.91	\$792.09
94640 - AIRWAY INHALATION TREATMENT	1	\$50.00	\$17.30	\$32.70
99203 - OFFICE/OUTPATIENT VISIT NEW	284	\$61,628.00	\$22,238.50	\$33,745.50
99204 - OFFICE/OUTPATIENT VISIT NEW	38	\$12,540.00	\$3,976.84	\$8,153.16
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$152.52	\$245.48
99214 - OFFICE/OUTPATIENT VISIT EST	480	\$103,680.00	\$29,228.60	\$65,649.40
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$70.00	\$220.00
99401 - PREVENTIVE COUNSELING INDIV	62	\$1,240.00	\$10.00	\$790.00
99997 - SELF PAY ESTABLISHED PT	4	\$600.00	\$500.00	\$100.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99998 - \$99 CASH PAY OFFICE VISIT	2	\$320.00	\$220.00	\$100.00
J7613 - ALBUTEROL INHAL NON-CP U DOSE 1 MG	1	\$20.00	\$0.04	\$19.96
S8101 - HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	1	\$25.00	\$0.00	\$25.00
EXCLUSIVE CARE - EXCLUSIV Total:	960	\$183,986.00	\$57,700.76	\$110,109.24

FAMILY CARE SPECIALISTS IPA - FAMILY

99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$120.61	\$96.39
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$54.13	\$91.87
FAMILY CARE SPECIALISTS IPA - FAMILY Total:	4	\$726.00	\$174.74	\$188.26

FAMILY PRACTICE MEDICAL GROUP - FAMPRA

#INT - INTEREST	1	\$0.12	\$0.12	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$555.19	\$529.81
99204 - OFFICE/OUTPATIENT VISIT NEW	10	\$3,300.00	\$1,041.55	\$1,268.45
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$370.98	\$449.02
99213 - OFFICE/OUTPATIENT VISIT EST	7	\$1,022.00	\$102.96	\$189.04
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$229.44	\$202.56
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$0.00	\$20.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$80.00	\$80.00	\$0.00
FAMILY PRACTICE MEDICAL GROUP - FAMPRA Total:	38	\$7,569.12	\$2,380.24	\$2,658.88

FIRST CHOICE HEALTH NETWORK - FIR12

99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$0.00	\$0.00
FIRST CHOICE HEALTH NETWORK - FIR12 Total:	3	\$990.00	\$0.00	\$0.00

FIRST HEALTH - FIRSTHE2

99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
FIRST HEALTH - FIRSTHE2 Total:	1	\$150.00	\$150.00	\$0.00

FREEDOM PHYSICIANS CORP - FREEDOM

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$113.52	\$103.48
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$319.77	\$340.23
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$326.95	\$321.05
FREEDOM PHYSICIANS CORP - FREEDOM Total:	8	\$2,185.00	\$760.24	\$764.76

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
FRINGE BENEFIT GROUP - FRINGE				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,085.00	\$0.00	\$209.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$100.00	\$215.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$71.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
FRINGE BENEFIT GROUP - FRINGE Total:	12	\$2,393.00	\$100.00	\$495.00
GEMCARE MEDICAL GROUP - GEMCARE				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
GEMCARE MEDICAL GROUP - GEMCARE Total:	1	\$330.00	\$0.00	\$0.00
GLOBAL CARE MEDICAL GROUP IPA - GLO03				
#INT - INTEREST	2	\$2.74	\$2.74	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$113.26	\$320.74
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
GLOBAL CARE MEDICAL GROUP IPA - GLO03 Total:	10	\$1,554.74	\$116.00	\$340.74
GOLDEN RULE INSURANCE COMPANY - GOLDEN				
87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$0.00	\$0.00
GOLDEN RULE INSURANCE COMPANY - GOLDEN Total:	12	\$1,850.00	\$0.00	\$0.00
GOLDEN STATE MEDICARE HEALTH PLAN - GOLST				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
GOLDEN STATE MEDICARE HEALTH PLAN - GOLST Total:	1	\$330.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
GOOD SAMARITAN MEDICAL PRACTICE - GOO01				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
GOOD SAMARITAN MEDICAL PRACTICE - GOO01 Total:	2	\$434.00	\$0.00	\$0.00
GREAT WEST CIGNA - GREATWCI				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
GREAT WEST CIGNA - GREATWCI Total:	2	\$547.00	\$0.00	\$0.00
GREATER NEWPORT PHYSICIANS IPA - GREATER				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$79.18	\$66.82
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$114.72	\$101.28
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
GREATER NEWPORT PHYSICIANS IPA - GREATER Total:	7	\$1,412.00	\$193.90	\$168.10
GREATER SAN GABRIEL VALLEY IPA - GREATSAN				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$104.04	\$111.96
GREATER SAN GABRIEL VALLEY IPA - GREATSAN Total:	3	\$692.00	\$104.04	\$111.96
GUARANTEE TRUST LIFE INS CO - GUARANTEE				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
GUARANTEE TRUST LIFE INS CO - GUARANTEE Total:	1	\$217.00	\$0.00	\$0.00
HCP IPA SOUTH BAY - HCPSOUTH				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
HCP IPA SOUTH BAY - HCPSOUTH Total:	4	\$1,022.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
HCP OPTUM MEDICAL GROUP - HEA60				
#INT - INTEREST	1	\$0.08	\$0.08	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$604.06	\$677.94
99204 - OFFICE/OUTPATIENT VISIT NEW	8	\$2,640.00	\$601.52	\$388.48
99213 - OFFICE/OUTPATIENT VISIT EST	9	\$1,314.00	\$404.26	\$321.74
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$229.44	\$202.56
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$20.00
HCP OPTUM MEDICAL GROUP - HEA60 Total:	31	\$6,377.08	\$1,839.36	\$1,610.72
HCP OPTUM MEDICAL GROUP - HEA61				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$40.00
99203 - OFFICE/OUTPATIENT VISIT NEW	21	\$4,557.00	\$1,316.43	\$985.57
99204 - OFFICE/OUTPATIENT VISIT NEW	19	\$6,270.00	\$2,244.35	\$1,665.65
99213 - OFFICE/OUTPATIENT VISIT EST	12	\$1,752.00	\$761.39	\$336.61
99214 - OFFICE/OUTPATIENT VISIT EST	10	\$2,160.00	\$438.58	\$355.42
99401 - PREVENTIVE COUNSELING INDIV	7	\$140.00	\$0.00	\$40.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
HCP OPTUM MEDICAL GROUP - HEA61 Total:	72	\$15,109.00	\$4,910.75	\$3,423.25
HEALTH ALLIANCE PLAN - HAP				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$127.97	\$202.03
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
HEALTH ALLIANCE PLAN - HAP Total:	2	\$350.00	\$147.97	\$202.03
HEALTH CARE PARTNERS MEDICAL GRP - HCP				
#INT - INTEREST	2	\$0.53	\$0.53	\$0.00
81002 - URINE DIP	1	\$25.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$283.06	\$150.94
99204 - OFFICE/OUTPATIENT VISIT NEW	12	\$3,960.00	\$1,662.23	\$977.77
99214 - OFFICE/OUTPATIENT VISIT EST	5	\$1,080.00	\$112.43	\$103.57
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$40.00
HEALTH CARE PARTNERS MEDICAL GRP - HCP Total:	25	\$5,559.53	\$2,058.25	\$1,272.28

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
HEALTH COMP - HEALTHCO				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$396.00	\$264.00
HEALTH COMP - HEALTHCO Total:	2	\$660.00	\$396.00	\$264.00

HEALTH NET - HN14598

#INT - INTEREST	48	\$64.65	\$64.65	\$0.00
81002 - URINE DIP	1	\$25.00	\$0.00	\$25.00
87426 - SARSCOV CORONAVIRUS AG IA	39	\$1,560.00	\$1,265.33	\$94.67
94010 - SPIROMETRY W/REPORT	1	\$0.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	69	\$14,973.00	\$5,811.93	\$6,553.95
99204 - OFFICE/OUTPATIENT VISIT NEW	257	\$84,810.00	\$29,436.39	\$37,191.25
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$253.22	\$383.56
99212 - OFFICE/OUTPATIENT VISIT EST	1	\$89.00	\$43.38	\$45.62
99213 - OFFICE/OUTPATIENT VISIT EST	32	\$4,672.00	\$1,872.79	\$2,047.52
99214 - OFFICE/OUTPATIENT VISIT EST	135	\$29,160.00	\$10,228.68	\$12,256.04
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$0.00	\$136.09
99401 - PREVENTIVE COUNSELING INDIV	54	\$1,080.00	\$270.72	\$689.28
99997 - SELF PAY ESTABLISHED PT	3	\$450.00	\$450.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	15	\$2,225.00	\$2,225.00	\$0.00
HEALTH NET - HN14598 Total:	658	\$140,218.65	\$51,922.09	\$59,422.98

HEALTH NET INS - HNCA1470

#INT - INTEREST	7	\$9.39	\$9.39	\$0.00
81002 - URINE DIP	1	\$25.00	\$3.48	\$21.52
81025 - URINE PREGNANCY TEST	1	\$25.00	\$8.61	\$16.39
82948 - GLUCOSE; BLD REAGENT STRIP	1	\$50.00	\$5.04	\$44.96
87426 - SARSCOV CORONAVIRUS AG IA	12	\$480.00	\$310.00	\$60.00
99203 - OFFICE/OUTPATIENT VISIT NEW	10	\$2,170.00	\$760.00	\$862.48
99204 - OFFICE/OUTPATIENT VISIT NEW	46	\$15,180.00	\$5,371.07	\$6,554.21
99213 - OFFICE/OUTPATIENT VISIT EST	7	\$1,022.00	\$421.82	\$600.18
99214 - OFFICE/OUTPATIENT VISIT EST	39	\$8,424.00	\$3,249.71	\$4,138.69
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$129.55	\$160.45
99401 - PREVENTIVE COUNSELING INDIV	13	\$260.00	\$20.00	\$200.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
HEALTH NET INS - HNCA1470 Total:	139	\$28,085.39	\$10,438.67	\$12,658.88

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Carrier

Procedure	Units	Charge	Payment	Adjustment
HEALTH NET MEDI-CAL CLAIMS - HNMDCL				
99203 - OFFICE/OUTPATIENT VISIT NEW	11	\$2,387.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$62.01	\$267.99
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$67.50	\$364.50
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$10.36	\$9.64
HEALTH NET MEDI-CAL CLAIMS - HNMDCL Total:	15	\$3,169.00	\$139.87	\$642.13
HEALTH PLAN OF NV - HPN				
99204 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,980.00	\$304.20	\$685.80
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$85.68	\$130.32
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$60.00	\$0.00
HEALTH PLAN OF NV - HPN Total:	12	\$2,296.00	\$449.88	\$816.12
HEALTH PLAN OF SAN JOAQUIN - HEALSJ				
81025 - URINE PREGNANCY TEST	1	\$25.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
HEALTH PLAN OF SAN JOAQUIN - HEALSJ Total:	9	\$1,349.00	\$0.00	\$0.00
HEALTHCARE LA IPA - HEALTHLA				
#INT - INTEREST	10	\$18.24	\$18.24	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	17	\$3,689.00	\$346.37	\$738.63
99204 - OFFICE/OUTPATIENT VISIT NEW	8	\$2,640.00	\$721.81	\$268.19
99213 - OFFICE/OUTPATIENT VISIT EST	11	\$1,606.00	\$144.00	\$732.00
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$31.45	\$8.55
HEALTHCARE LA IPA - HEALTHLA Total:	49	\$8,013.24	\$1,261.87	\$1,747.37
HEALTHCARE PARTNERS MEDICAL GROUP - HEALTHCA				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$105.77	\$111.23
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
HEALTHCARE PARTNERS MEDICAL GROUP - HEALTHCA Total:	2	\$237.00	\$125.77	\$111.23

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
HEALTHFIRST CLAIMS DEPARTMENT - HEALTHFI				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
HEALTHFIRST CLAIMS DEPARTMENT - HEALTHFI Total:	4	\$720.00	\$0.00	\$0.00
HEALTHPARTNERS OF MINNESOTA - HEALTHMN				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,310.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$82.94	\$133.06
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$0.00	\$0.00
HEALTHPARTNERS OF MINNESOTA - HEALTHMN Total:	16	\$3,118.00	\$82.94	\$133.06
HEALTHSCOPE BENEFITS - HEA90				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
HEALTHSCOPE BENEFITS - HEA90 Total:	1	\$217.00	\$0.00	\$0.00
HEMET COMMUNITY GRP - HEM12018				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$105.77	\$111.23
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$0.00	\$0.00
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$246.00	\$164.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$53.76	\$92.24
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
HEMET COMMUNITY GRP - HEM12018 Total:	12	\$2,607.00	\$405.53	\$367.47
HERITAGE VICTOR VALLEY MED GROUP - HERITAGE				
87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	17	\$3,689.00	\$150.28	\$66.72
99204 - OFFICE/OUTPATIENT VISIT NEW	11	\$3,630.00	\$92.09	\$237.91
99213 - OFFICE/OUTPATIENT VISIT EST	8	\$1,168.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$120.43	\$105.57
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	9	\$180.00	\$20.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
HERITAGE VICTOR VALLEY MED GROUP - HERITAGE Total:	54	\$9,915.00	\$532.80	\$410.20

HIGH DESERT MEDICAL GROUP - HIGHDES

99203 - OFFICE/OUTPATIENT VISIT NEW	10	\$2,170.00	\$92.78	\$104.22
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$132.16	\$197.84
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
HIGH DESERT MEDICAL GROUP - HIGHDES Total:	15	\$3,326.00	\$224.94	\$302.06

HILL PHYSICIANS MED GROUP - HILLPHYS

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$170.36	\$159.64
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$179.65	\$230.35
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$20.00	\$0.00
HILL PHYSICIANS MED GROUP - HILLPHYS Total:	6	\$1,036.00	\$370.01	\$389.99

HISPANIC PHYSICIANS IPA - HIS01

99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$20.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$35.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
HISPANIC PHYSICIANS IPA - HIS01 Total:	16	\$3,443.00	\$55.00	\$0.00

HMA CLAIMS - HMA

99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
HMA CLAIMS - HMA Total:	1	\$150.00	\$150.00	\$0.00

HMA CLAIMS - HMA2

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$180.00
HMA CLAIMS - HMA2 Total:	1	\$330.00	\$0.00	\$180.00

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By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
HOAG AFFILIATED PHYSICIANS SJH - HOAGAFF				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$103.42	\$98.58
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$20.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
HOAG AFFILIATED PHYSICIANS SJH - HOAGAFF Total:	3	\$383.00	\$143.42	\$98.58

HOMETOWN HEALTH PROVIDERS - HOM02

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$172.85	\$157.15
HOMETOWN HEALTH PROVIDERS - HOM02 Total:	1	\$330.00	\$172.85	\$157.15

HUMANA INS - HUMANA

#INT - INTEREST	1	\$0.08	\$0.08	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$88.00	\$72.00
99201 - OFFICE/OUTPATIENT VISIT NEW	1	\$89.00	\$40.83	\$48.17
99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$548.61	\$536.39
99204 - OFFICE/OUTPATIENT VISIT NEW	25	\$8,250.00	\$4,406.29	\$3,536.92
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$189.81	\$248.19
99214 - OFFICE/OUTPATIENT VISIT EST	11	\$2,376.00	\$1,273.92	\$1,055.84
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$24.00	\$56.00
99997 - SELF PAY ESTABLISHED PT	2	\$300.00	\$300.00	\$0.00
HUMANA INS - HUMANA Total:	60	\$13,768.08	\$6,871.54	\$5,553.51

IMG CLAIMS - IMG2

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
IMG CLAIMS - IMG2 Total:	1	\$217.00	\$0.00	\$0.00

IMPERIAL COUNTY PMG - IMPERIAL

99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$280.54	\$379.46
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$105.56	\$120.44
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
IMPERIAL COUNTY PMG - IMPERIAL Total:	7	\$1,772.00	\$386.10	\$499.90

IMPERIAL HEALTH HOLDINGS - IMPHEALT

81002 - URINE DIP	2	\$50.00	\$6.13	\$43.87
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Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99204 - OFFICE/OUTPATIENT VISIT NEW	14	\$4,620.00	\$1,726.34	\$1,573.66
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$13.90	\$132.10
99214 - OFFICE/OUTPATIENT VISIT EST	24	\$5,184.00	\$1,911.74	\$1,976.26
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$150.83	\$139.17
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$39.20	\$0.80
IMPERIAL HEALTH HOLDINGS - IMPHEALT Total:	45	\$10,350.00	\$3,848.14	\$3,865.86

IMPERIAL HEALTH PLAN OF CA - IMPOFCA

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$35.33	\$4.67
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$172.85	\$157.15
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$0.00	\$0.00
IMPERIAL HEALTH PLAN OF CA - IMPOFCA Total:	8	\$2,196.00	\$208.18	\$161.82

INDEPENDENT HEALTH CLAIMS DEPT - INDHEALT

99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
INDEPENDENT HEALTH CLAIMS DEPT - INDHEALT Total:	2	\$660.00	\$0.00	\$0.00

INLAND EMPIRE HEALTH PLAN - IEHP

#INT - INTEREST	3	\$2.25	\$2.25	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$40.00
94640 - AIRWAY INHALATION TREATMENT	1	\$50.00	\$0.00	\$50.00
99201 - OFFICE/OUTPATIENT VISIT NEW	2	\$178.00	\$47.40	\$130.60
99202 - OFFICE/OUTPATIENT VISIT NEW	10	\$1,510.00	\$175.98	\$730.02
99203 - OFFICE/OUTPATIENT VISIT NEW	4,816	\$1,045,072.00	\$256,141.90	\$738,302.10
99204 - OFFICE/OUTPATIENT VISIT NEW	12,040	\$3,972,070.00	\$811,411.73	\$3,008,348.27
99205 - OFFICE/OUTPATIENT VISIT NEW	322	\$132,020.00	\$26,932.50	\$104,677.50
99211 - OFFICE/OUTPATIENT VISIT EST	11	\$462.00	\$135.00	\$327.00
99212 - OFFICE/OUTPATIENT VISIT EST	5	\$445.00	\$89.60	\$355.40
99213 - OFFICE/OUTPATIENT VISIT EST	7,166	\$1,046,236.00	\$171,298.38	\$851,869.62
99214 - OFFICE/OUTPATIENT VISIT EST	34,418	\$7,433,625.00	\$1,312,628.13	\$6,028,345.87
99215 - OFFICE/OUTPATIENT VISIT EST	1,107	\$321,030.00	\$64,253.67	\$255,226.33
99401 - PREVENTIVE COUNSELING INDIV	9	\$180.00	\$0.00	\$80.00
99997 - SELF PAY ESTABLISHED PT	82	\$6,014.00	\$5,904.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	98	\$13,575.00	\$13,575.00	\$0.00
PROP56 - PROP 56 PAYMENT	5	\$195,406.00	\$195,406.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	867	\$138,720.00	\$54,024.08	\$54,455.92

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
TB TEST - TB TEST	3	\$150.00	\$150.00	\$0.00
INLAND EMPIRE HEALTH PLAN - IEHP Total:	60,966	\$14,306,785.25	\$2,912,175.62	\$11,042,938.63

INLAND FACULTY MED GRP - INFACUL

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$34.98	\$5.02
99203 - OFFICE/OUTPATIENT VISIT NEW	68	\$14,756.00	\$2,739.01	\$7,459.99
99204 - OFFICE/OUTPATIENT VISIT NEW	45	\$14,850.00	\$3,038.60	\$11,151.40
99213 - OFFICE/OUTPATIENT VISIT EST	36	\$5,256.00	\$803.60	\$3,722.40
99214 - OFFICE/OUTPATIENT VISIT EST	11	\$2,376.00	\$381.34	\$1,778.66
99401 - PREVENTIVE COUNSELING INDIV	7	\$140.00	\$31.89	\$108.11
99997 - SELF PAY ESTABLISHED PT	2	\$100.00	\$100.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
INLAND FACULTY MED GRP - INFACUL Total:	171	\$37,668.00	\$7,279.42	\$24,225.58

INLAND VALLEYS IPA - IVIPA

99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$150.00	\$66.00
INLAND VALLEYS IPA - IVIPA Total:	1	\$216.00	\$150.00	\$66.00

INNOVAGE CLAIMS - INNOVAGE

99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$133.42	\$196.58
INNOVAGE CLAIMS - INNOVAGE Total:	2	\$660.00	\$133.42	\$196.58

INTERNATIONAL BENEFITS ADMIN - INTBENE

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
INTERNATIONAL BENEFITS ADMIN - INTBENE Total:	3	\$567.00	\$0.00	\$0.00

IPM TRUST - IPMTRUST

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$145.23	\$184.77
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$260.08	\$387.92
IPM TRUST - IPMTRUST Total:	4	\$978.00	\$405.31	\$572.69

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
KAISER CLAIMS ADM - KAISER				
87426 - SARSCOV CORONAVIRUS AG IA	24	\$960.00	\$40.00	\$920.00
99203 - OFFICE/OUTPATIENT VISIT NEW	950	\$206,150.00	\$82,223.59	\$113,345.41
99204 - OFFICE/OUTPATIENT VISIT NEW	986	\$325,380.00	\$94,027.00	\$217,798.00
99205 - OFFICE/OUTPATIENT VISIT NEW	5	\$2,050.00	\$500.00	\$1,550.00
99213 - OFFICE/OUTPATIENT VISIT EST	175	\$25,550.00	\$13,951.28	\$8,705.72
99214 - OFFICE/OUTPATIENT VISIT EST	462	\$99,792.00	\$42,557.12	\$52,467.88
99215 - OFFICE/OUTPATIENT VISIT EST	6	\$1,740.00	\$565.00	\$1,175.00
99401 - PREVENTIVE COUNSELING INDIV	56	\$1,120.00	\$0.00	\$1,120.00
99997 - SELF PAY ESTABLISHED PT	19	\$2,625.00	\$2,625.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	27	\$4,050.00	\$4,050.00	\$0.00
KAISER CLAIMS ADM - KAISER Total:	2,710	\$669,417.00	\$240,538.99	\$397,082.01
KAISER EPO PLAN - KAISEREP				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$0.00
KAISER EPO PLAN - KAISEREP Total:	3	\$762.00	\$0.00	\$0.00
KAISER HAWAII - KAISERHI				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
KAISER HAWAII - KAISERHI Total:	1	\$330.00	\$0.00	\$0.00
KAISER OF WASHINGTON - KAISERWA				
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$200.00	\$460.00
KAISER OF WASHINGTON - KAISERWA Total:	5	\$1,650.00	\$200.00	\$460.00
KAISER PERMANENTE OF COLORADO - KAISERDE				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$330.00	\$0.00
KAISER PERMANENTE OF COLORADO - KAISERDE Total:	2	\$660.00	\$330.00	\$0.00
KAISER PERMANENTE OF N CA REGION - KAISERNO				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	11	\$3,630.00	\$100.00	\$230.00
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
KAISER PERMANENTE OF N CA REGION - KAISERNO Total:	26	\$5,780.00	\$100.00	\$230.00

KAISER PERMANENTE OF THE NORTHWEST - KAISNW

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$40.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$100.00	\$116.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
KAISER PERMANENTE OF THE NORTHWEST - KAISNW Total:	3	\$276.00	\$100.00	\$176.00

KEENAN TORRANCE - KEENTOR

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$30.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$30.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
KEENAN TORRANCE - KEENTOR Total:	4	\$586.00	\$60.00	\$0.00

KERN FAMILY HEALTH - KERN

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
KERN FAMILY HEALTH - KERN Total:	1	\$330.00	\$0.00	\$0.00

KEY BENEFIT ADMINISTRATORS - KEYBEN

99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$302.40	\$116.00
KEY BENEFIT ADMINISTRATORS - KEYBEN Total:	5	\$1,083.00	\$302.40	\$116.00

KEY BENEFIT ADMINISTRATORS - KEYBEN2

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$100.00	\$92.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$180.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
KEY BENEFIT ADMINISTRATORS - KEYBEN2 Total:	4	\$713.00	\$100.00	\$292.00

KOREAN AMERICAN MEDICAL GROUP - KOREAN

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
KOREAN AMERICAN MEDICAL GROUP - KOREAN Total:	6	\$1,153.00	\$0.00	\$0.00

LA CARE HEALTH PLAN - LAC02

99203 - OFFICE/OUTPATIENT VISIT NEW	40	\$8,680.00	\$2,039.25	\$5,772.75
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
LA CARE HEALTH PLAN - LAC02 Total:	41	\$8,700.00	\$2,039.25	\$5,792.75

LAKESIDE MEDICAL GROUP - LAKESIDE

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	11	\$2,387.00	\$773.98	\$1,396.02
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$190.00	\$470.00
99213 - OFFICE/OUTPATIENT VISIT EST	14	\$2,044.00	\$1,176.70	\$651.30
99214 - OFFICE/OUTPATIENT VISIT EST	6	\$1,296.00	\$500.00	\$530.00
99215 - OFFICE/OUTPATIENT VISIT EST	5	\$1,450.00	\$525.00	\$900.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$20.00
LAKESIDE MEDICAL GROUP - LAKESIDE Total:	42	\$8,247.00	\$3,165.68	\$3,967.32

LASALLE MEDICAL ASSOC - LASALLE

81002 - URINE DIP	8	\$200.00	\$18.46	\$181.54
81025 - URINE PREGNANCY TEST	3	\$75.00	\$8.40	\$66.60
87426 - SARSCOV CORONAVIRUS AG IA	23	\$920.00	\$35.33	\$804.67
99203 - OFFICE/OUTPATIENT VISIT NEW	93	\$20,181.00	\$6,105.00	\$10,731.00
99204 - OFFICE/OUTPATIENT VISIT NEW	341	\$112,530.00	\$22,098.85	\$70,456.15
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$160.00	\$660.00
99213 - OFFICE/OUTPATIENT VISIT EST	68	\$9,928.00	\$4,438.36	\$3,843.64
99214 - OFFICE/OUTPATIENT VISIT EST	363	\$78,408.00	\$23,383.01	\$41,217.99
99215 - OFFICE/OUTPATIENT VISIT EST	10	\$2,900.00	\$735.00	\$1,890.00
99401 - PREVENTIVE COUNSELING INDIV	36	\$720.00	\$0.00	\$600.00
99998 - \$99 CASH PAY OFFICE VISIT	7	\$977.00	\$977.00	\$0.00
LASALLE MEDICAL ASSOC - LASALLE Total:	954	\$227,659.00	\$57,959.41	\$130,451.59

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier				
Procedure	Units	Charge	Payment	Adjustment
LHS / MEDCOST SOLUTIONS LLC - LIBERTY				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
LHS / MEDCOST SOLUTIONS LLC - LIBERTY Total:	1	\$330.00	\$0.00	\$0.00
LIFETIME BENEFIT SOLUTIONS - LIFEBS				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$217.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
LIFETIME BENEFIT SOLUTIONS - LIFEBS Total:	2	\$363.00	\$217.00	\$0.00
LIFEWISE HEALTH PLAN OF WA - LIFEWISE				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
LIFEWISE HEALTH PLAN OF WA - LIFEWISE Total:	1	\$330.00	\$0.00	\$0.00
LLUAHSC DEPT OF RISK MANAGEMENT - LLUAHSC				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$40.00
99203 - OFFICE/OUTPATIENT VISIT NEW	8	\$1,736.00	\$1,096.80	\$205.20
99204 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,310.00	\$660.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$20.00	\$20.00
LLUAHSC DEPT OF RISK MANAGEMENT - LLUAHSC Total:	23	\$4,604.00	\$1,776.80	\$265.20
LOMA LINDA MANAGED CARE - LLMANAG				
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
LOMA LINDA MANAGED CARE - LLMANAG Total:	5	\$1,001.00	\$0.00	\$0.00
LOMA LINDA UNIVERSITY HEALTH - LOMLINDA				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	15	\$3,255.00	\$2,284.40	\$102.60
99204 - OFFICE/OUTPATIENT VISIT NEW	11	\$3,630.00	\$1,554.89	\$1,415.11
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	8	\$1,168.00	\$730.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$346.80	\$301.20
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$155.04	\$134.96
99401 - PREVENTIVE COUNSELING INDIV	5	\$100.00	\$80.00	\$0.00
LOMA LINDA UNIVERSITY HEALTH - LOMLINDA Total:	45	\$9,541.00	\$5,151.13	\$1,953.87

LOS ANGELES MEDICAL CENTER - LOS01

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
LOS ANGELES MEDICAL CENTER - LOS01 Total:	1	\$217.00	\$0.00	\$0.00

LOS ANGELES MEDICAL CENTER IPA - LOSNEW

99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
LOS ANGELES MEDICAL CENTER IPA - LOSNEW Total:	2	\$166.00	\$0.00	\$0.00

MAGAN MEDICAL CLINIC - MAG03

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$170.28	\$46.72
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$78.20	\$67.80
MAGAN MEDICAL CLINIC - MAG03 Total:	2	\$363.00	\$248.48	\$114.52

MANAGED CARE SYSTEMS - MAN07

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$24.00	\$16.00
99204 - OFFICE/OUTPATIENT VISIT NEW	8	\$2,640.00	\$828.74	\$1,669.72
99214 - OFFICE/OUTPATIENT VISIT EST	6	\$1,296.00	\$570.97	\$449.03
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$12.00	\$28.00
MANAGED CARE SYSTEMS - MAN07 Total:	17	\$4,016.00	\$1,435.71	\$2,162.75

MEDICA INS - MEDICA

87426 - SARSCOV CORONAVIRUS AG IA	6	\$240.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	10	\$3,300.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	9	\$180.00	\$0.00	\$0.00
MEDICA INS - MEDICA Total:	27	\$4,152.00	\$0.00	\$0.00

MEDICAID CALIFORNIA - MED15

87426 - SARSCOV CORONAVIRUS AG IA	37	\$1,480.00	\$0.00	\$1,360.00
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Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99203 - OFFICE/OUTPATIENT VISIT NEW	82	\$17,794.00	\$4,362.12	\$13,214.88
99204 - OFFICE/OUTPATIENT VISIT NEW	172	\$56,760.00	\$16,128.55	\$35,681.45
99213 - OFFICE/OUTPATIENT VISIT EST	7	\$1,022.00	\$266.72	\$609.28
99214 - OFFICE/OUTPATIENT VISIT EST	50	\$10,800.00	\$3,402.26	\$6,101.74
99401 - PREVENTIVE COUNSELING INDIV	52	\$1,040.00	\$0.00	\$940.00
99997 - SELF PAY ESTABLISHED PT	3	\$350.00	\$350.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	14	\$2,025.00	\$2,025.00	\$0.00
MEDICAID CALIFORNIA - MED15 Total:	417	\$91,271.00	\$26,534.65	\$57,907.35

MEDICAL MUTUAL INS - MEDICALM

99998 - \$99 CASH PAY OFFICE VISIT	2	\$300.00	\$300.00	\$0.00
MEDICAL MUTUAL INS - MEDICALM Total:	2	\$300.00	\$300.00	\$0.00

MEDICARE PART B N. CALIFORNIA - ME100

#INT - INTEREST	1	\$0.49	\$0.49	\$0.00
69209 - REMOVE IMPACTED EAR WAX UNI	1	\$100.00	\$12.85	\$87.15
87426 - SARSCOV CORONAVIRUS AG IA	14	\$560.00	\$0.00	\$560.00
99201 - OFFICE/OUTPATIENT VISIT NEW	1	\$89.00	\$40.46	\$48.54
99203 - OFFICE/OUTPATIENT VISIT NEW	297	\$64,449.00	\$19,292.58	\$42,240.77
99204 - OFFICE/OUTPATIENT VISIT NEW	1,265	\$417,450.00	\$146,063.15	\$258,852.07
99205 - OFFICE/OUTPATIENT VISIT NEW	26	\$10,660.00	\$4,099.22	\$6,560.78
99212 - OFFICE/OUTPATIENT VISIT EST	4	\$356.00	\$121.27	\$234.73
99213 - OFFICE/OUTPATIENT VISIT EST	429	\$62,538.00	\$21,987.72	\$38,214.44
99214 - OFFICE/OUTPATIENT VISIT EST	1,115	\$240,840.00	\$84,004.70	\$151,267.67
99215 - OFFICE/OUTPATIENT VISIT EST	46	\$13,340.00	\$4,650.87	\$8,658.35
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$60.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	8	\$1,200.00	\$1,200.00	\$0.00
J0696 - ROCEPHIN 250	4	\$340.00	\$1.70	\$338.30
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$216.00	\$85.00	\$131.00
MEDICARE PART B N. CALIFORNIA - ME100 Total:	3,216	\$812,348.49	\$281,710.01	\$507,253.80

MEDI-SHARE - MEDISHAR

81002 - URINE DIP	1	\$25.00	\$3.48	\$21.52
81025 - URINE PREGNANCY TEST	1	\$25.00	\$8.89	\$16.11
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$204.46
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$235.31	\$454.69
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$301.42	\$108.58

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$110.43	\$105.57
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$40.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$0.00	\$20.00
MEDI-SHARE - MEDISHAR Total:	12	\$2,160.00	\$659.53	\$970.93

MEMORIALCARE MEDICAL GROUP - MEMORIAL

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$217.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
MEMORIALCARE MEDICAL GROUP - MEMORIAL Total:	3	\$693.00	\$0.00	\$217.00

MERIT IPA - MERITIPA

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	10	\$2,170.00	\$787.83	\$731.17
99204 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,310.00	\$515.09	\$474.91
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$311.98	\$272.02
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$112.43	\$103.57
99215 - OFFICE/OUTPATIENT VISIT EST	2	\$580.00	\$224.86	\$355.14
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$19.17	\$0.83
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
MERIT IPA - MERITIPA Total:	32	\$6,492.00	\$2,121.36	\$1,937.64

MERITAIN HEALTH - MERITAI3

87426 - SARSCOV CORONAVIRUS AG IA	34	\$1,360.00	\$1,200.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	20	\$4,340.00	\$1,405.85	\$2,362.62
99204 - OFFICE/OUTPATIENT VISIT NEW	81	\$26,730.00	\$9,404.30	\$14,799.58
99213 - OFFICE/OUTPATIENT VISIT EST	9	\$1,314.00	\$315.61	\$783.27
99214 - OFFICE/OUTPATIENT VISIT EST	40	\$8,640.00	\$2,466.45	\$4,228.21
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$117.33	\$172.67
99401 - PREVENTIVE COUNSELING INDIV	28	\$560.00	\$472.00	\$28.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
MERITAIN HEALTH - MERITAI3 Total:	214	\$43,384.00	\$15,531.54	\$22,374.35

MERITAIN HEALTH INS - MERITAIN

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
MERITAIN HEALTH INS - MERITAIN Total:	4	\$1,093.00	\$0.00	\$0.00

MISSION HERITAGE MEDICAL GROUP - MISSION2

99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
MISSION HERITAGE MEDICAL GROUP - MISSION2 Total:	1	\$146.00	\$0.00	\$0.00

MODA HEALTH - MODA

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$462.00	\$198.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
MODA HEALTH - MODA Total:	6	\$1,380.00	\$462.00	\$198.00

MOLINA HEALTHCARE - MOL11

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$68.21	\$261.79
MOLINA HEALTHCARE - MOL11 Total:	1	\$330.00	\$68.21	\$261.79

MOLINA HEALTHCARE OF CA - MOL06

81002 - URINE DIP	1	\$25.00	\$2.13	\$22.87
87426 - SARSCOV CORONAVIRUS AG IA	9	\$360.00	\$139.92	\$60.08
99203 - OFFICE/OUTPATIENT VISIT NEW	32	\$6,944.00	\$1,020.30	\$4,838.70
99204 - OFFICE/OUTPATIENT VISIT NEW	36	\$11,880.00	\$3,001.91	\$7,846.51
99205 - OFFICE/OUTPATIENT VISIT NEW	2	\$820.00	\$163.74	\$656.26
99212 - OFFICE/OUTPATIENT VISIT EST	1	\$89.00	\$0.00	\$89.00
99213 - OFFICE/OUTPATIENT VISIT EST	10	\$1,460.00	\$278.26	\$1,181.74
99214 - OFFICE/OUTPATIENT VISIT EST	37	\$7,992.00	\$1,084.07	\$5,900.53
99215 - OFFICE/OUTPATIENT VISIT EST	3	\$870.00	\$169.89	\$700.11
99401 - PREVENTIVE COUNSELING INDIV	8	\$160.00	\$0.00	\$140.00
99997 - SELF PAY ESTABLISHED PT	2	\$100.00	\$100.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	3	\$347.00	\$347.00	\$0.00
MOLINA HEALTHCARE OF CA - MOL06 Total:	144	\$31,047.00	\$6,307.22	\$21,435.80

MOLINA OF WASHINGTON - MOLINAWA

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
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Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
MOLINA OF WASHINGTON - MOLINAWA Total:	3	\$390.00	\$0.00	\$0.00

MONARCH HEALTHCARE - MONARC

99204 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,980.00	\$172.85	\$157.15
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$20.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
MONARCH HEALTHCARE - MONARC Total:	11	\$2,794.00	\$192.85	\$157.15

MY FAMILY MEDICAL GROUP - MYFAM

99203 - OFFICE/OUTPATIENT VISIT NEW	16	\$3,472.00	\$0.00	\$217.00
99204 - OFFICE/OUTPATIENT VISIT NEW	10	\$3,300.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$0.00	\$146.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	7	\$140.00	\$0.00	\$20.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$100.00	\$100.00	\$0.00
MY FAMILY MEDICAL GROUP - MYFAM Total:	41	\$8,118.00	\$100.00	\$383.00

NATIONAL ASSOC LETTER CARRIERS - NALC

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
NATIONAL ASSOC LETTER CARRIERS - NALC Total:	3	\$390.00	\$0.00	\$0.00

NIPPON LIFE INSURANCE CO OF AMERICA - NIPPON

99203 - OFFICE/OUTPATIENT VISIT NEW	7	\$1,519.00	\$525.18	\$906.29
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$133.96	\$196.04
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$117.94	\$174.06
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$10.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
NIPPON LIFE INSURANCE CO OF AMERICA - NIPPON Total:	12	\$2,377.00	\$787.08	\$1,296.39

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
NIVANO PHYSICIANS IPA - NIVANO				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
NIVANO PHYSICIANS IPA - NIVANO Total:	4	\$586.00	\$0.00	\$0.00

No Carrier

#REFUND - REFUND	16	\$0.00	\$0.00	\$0.00
#SC - STATEMENT CHARGE	1	\$150.00	\$150.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	10	\$1,869.00	\$450.00	\$434.00
99204 - OFFICE/OUTPATIENT VISIT NEW	45	\$8,850.00	\$6,027.00	\$853.00
99212 - OFFICE/OUTPATIENT VISIT EST	1	\$50.00	\$50.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	6	\$876.00	\$0.00	\$146.00
99214 - OFFICE/OUTPATIENT VISIT EST	20	\$3,576.00	\$1,731.00	\$648.00
99401 - PREVENTIVE COUNSELING INDIV	3	\$0.00	\$0.00	\$0.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$0.00	\$0.00	\$0.00
99990 - MISC INS CHECK	1	\$59,600.00	\$59,600.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1,473	\$148,118.22	\$147,386.45	\$127.00
99998 - \$99 CASH PAY OFFICE VISIT	6,352	\$862,922.50	\$860,700.50	\$750.00
99999 - \$49 SPORTS PHYSICAL CASH PAY	2	\$320.00	\$320.00	\$0.00
J0696 - ROCEPHIN 250	1	\$130.00	\$130.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$150.00	\$150.00	\$0.00
TB TEST - TB TEST	1	\$60.00	\$60.00	\$0.00
No Carrier Total:	7,934	\$1,086,671.72	\$1,076,754.95	\$2,958.00

NOBLE COMMUNITY MED ASSOC - NOBLE

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$56.63	\$160.37
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
NOBLE COMMUNITY MED ASSOC - NOBLE Total:	2	\$547.00	\$56.63	\$160.37

OLYMPUS MANAGED HEALTH CARE - OLYMPUS

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
OLYMPUS MANAGED HEALTH CARE - OLYMPUS Total:	1	\$330.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
OMNI IPA - OMNI				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
OMNI IPA - OMNI Total:	1	\$330.00	\$0.00	\$0.00
ONESHARE - ONESHARE				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$178.35	\$151.65
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
ONESHARE - ONESHARE Total:	2	\$546.00	\$178.35	\$151.65
OPTUM MEDICAL NETWORK - LIFEPRINT - OPTLIFE				
99203 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,302.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	10	\$3,300.00	\$163.59	\$166.41
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
OPTUM MEDICAL NETWORK - LIFEPRINT - OPTLIFE Total:	19	\$4,988.00	\$313.59	\$166.41
OSCAR INSURANCE CO - OSCAR				
87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$147.74	\$69.26
99204 - OFFICE/OUTPATIENT VISIT NEW	8	\$2,640.00	\$382.66	\$212.34
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$84.26	\$66.74
99401 - PREVENTIVE COUNSELING INDIV	7	\$140.00	\$40.00	\$0.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$20.00	\$0.00
OSCAR INSURANCE CO - OSCAR Total:	25	\$4,043.00	\$674.66	\$348.34
OXFORD CLAIMS DEPARTMENT - OXFORD2				
87426 - SARSCOV CORONAVIRUS AG IA	12	\$480.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,085.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	16	\$5,280.00	\$30.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	13	\$260.00	\$0.00	\$0.00
OXFORD CLAIMS DEPARTMENT - OXFORD2 Total:	47	\$7,251.00	\$30.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
PACIFIC SOURCE HEALTH PLAN - PACSOURC				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$130.20	\$86.80
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$396.00	\$264.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
PACIFIC SOURCE HEALTH PLAN - PACSOURC Total:	6	\$1,267.00	\$526.20	\$350.80
PAI - PAI				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
PAI - PAI Total:	1	\$330.00	\$0.00	\$0.00
PAN AMERICAN LIFE INS - PANAM				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,085.00	\$652.00	\$433.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$292.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
PAN AMERICAN LIFE INS - PANAM Total:	10	\$1,583.00	\$944.00	\$433.00
PEHP - PEHP				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$120.17	\$96.83
PEHP - PEHP Total:	1	\$217.00	\$120.17	\$96.83
PHYSICIAN CHOICE MEDICAL GROUP - PCMG				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
PHYSICIAN CHOICE MEDICAL GROUP - PCMG Total:	2	\$350.00	\$0.00	\$0.00
PHYSICIANS HEALTH NETWORK - PHYSHEA				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$113.26	\$320.74
PHYSICIANS HEALTH NETWORK - PHYSHEA Total:	2	\$434.00	\$113.26	\$320.74
PIH HEALTH PHYSICIANS AFFILIATED - PIHHLTH				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$124.66	\$41.34
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
PIH HEALTH PHYSICIANS AFFILIATED - PIHHLTH Total:	8	\$1,368.00	\$124.66	\$41.34

PINNACLE CLAIMS MGMT - PINNACLE

81002 - URINE DIP	4	\$100.00	\$8.36	\$91.64
87426 - SARSCOV CORONAVIRUS AG IA	13	\$520.00	\$75.90	\$44.10
99203 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,085.00	\$317.31	\$333.69
99204 - OFFICE/OUTPATIENT VISIT NEW	49	\$16,170.00	\$6,114.68	\$5,675.32
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$207.24	\$202.76
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$73.76	\$144.48
99214 - OFFICE/OUTPATIENT VISIT EST	74	\$15,984.00	\$4,916.44	\$7,026.20
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$119.43	\$170.57
99401 - PREVENTIVE COUNSELING INDIV	63	\$1,260.00	\$915.00	\$25.00
99997 - SELF PAY ESTABLISHED PT	1	\$100.00	\$100.00	\$0.00
PINNACLE CLAIMS MGMT - PINNACLE Total:	213	\$36,211.00	\$12,848.12	\$13,713.76

PINNACLE MEDICAL GROUP - PINNAMED

#INT - INTEREST	1	\$0.03	\$0.03	\$0.00
81002 - URINE DIP	3	\$75.00	\$10.01	\$64.99
87426 - SARSCOV CORONAVIRUS AG IA	30	\$1,200.00	\$86.22	\$113.78
99203 - OFFICE/OUTPATIENT VISIT NEW	108	\$23,436.00	\$7,296.81	\$6,394.19
99204 - OFFICE/OUTPATIENT VISIT NEW	72	\$23,760.00	\$9,149.76	\$7,680.24
99205 - OFFICE/OUTPATIENT VISIT NEW	3	\$1,230.00	\$818.31	\$411.69
99213 - OFFICE/OUTPATIENT VISIT EST	65	\$9,490.00	\$3,061.45	\$2,913.71
99214 - OFFICE/OUTPATIENT VISIT EST	46	\$9,936.00	\$4,397.02	\$3,594.98
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$150.83	\$139.17
99401 - PREVENTIVE COUNSELING INDIV	80	\$1,600.00	\$198.80	\$581.20
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$100.00	\$100.00	\$0.00
J1100 - DEXAMATHASONE PER 1 MG X 4	3	\$60.00	\$0.30	\$59.70
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$160.00	\$0.00	\$0.00
PINNACLE MEDICAL GROUP - PINNAMED Total:	415	\$71,487.03	\$25,419.54	\$21,953.65

POMONA VALLEY MEDICAL GROUP - POMONA

#INT - INTEREST	1	\$2.52	\$2.52	\$0.00
82948 - GLUCOSE; BLD REAGENT STRIP	1	\$50.00	\$6.30	\$43.70
99203 - OFFICE/OUTPATIENT VISIT NEW	53	\$11,501.00	\$3,949.71	\$3,428.29

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By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99204 - OFFICE/OUTPATIENT VISIT NEW	14	\$4,620.00	\$1,501.61	\$1,468.39
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$231.86	\$178.14
99213 - OFFICE/OUTPATIENT VISIT EST	15	\$2,190.00	\$781.17	\$824.83
99214 - OFFICE/OUTPATIENT VISIT EST	15	\$3,240.00	\$936.40	\$575.60
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$163.53	\$126.47
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$40.00
POMONA VALLEY MEDICAL GROUP - POMONA Total:	104	\$22,363.52	\$7,573.10	\$6,685.42

PPMSI MBIPA CLAIMS - PPMSI

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
PPMSI MBIPA CLAIMS - PPMSI Total:	1	\$330.00	\$0.00	\$0.00

PREFERRED IPA - PREFIPA

99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$263.10	\$387.90
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$68.21	\$261.79
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$71.28	\$366.72
PREFERRED IPA - PREFIPA Total:	9	\$1,895.00	\$402.59	\$1,016.41

PREFERRED ONE CORPORATION - PRE15

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$132.00
PREFERRED ONE CORPORATION - PRE15 Total:	1	\$330.00	\$0.00	\$132.00

PREMIER HEALTHCARE - PREMIER

87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$236.36	\$197.64
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$0.00
PREMIER HEALTHCARE - PREMIER Total:	14	\$1,815.00	\$236.36	\$197.64

PRESBYTERIAN HLTH PLAN - PRESBLTH

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
PRESBYTERIAN HLTH PLAN - PRESBLTH Total:	1	\$330.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
PRIMARY CARE ASSOC CA IE - PRIMARYC				
81002 - URINE DIP	3	\$75.00	\$6.31	\$43.69
87426 - SARSCOV CORONAVIRUS AG IA	7	\$280.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	17	\$3,689.00	\$304.23	\$346.77
99204 - OFFICE/OUTPATIENT VISIT NEW	71	\$23,430.00	\$3,490.79	\$4,694.21
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$213.86	\$196.14
99213 - OFFICE/OUTPATIENT VISIT EST	10	\$1,460.00	\$65.95	\$80.05
99214 - OFFICE/OUTPATIENT VISIT EST	126	\$27,216.00	\$5,883.37	\$7,292.63
99215 - OFFICE/OUTPATIENT VISIT EST	7	\$2,030.00	\$973.15	\$1,056.85
99401 - PREVENTIVE COUNSELING INDIV	28	\$560.00	\$236.00	\$4.00
PRIMARY CARE ASSOC CA IE - PRIMARYC Total:	270	\$59,150.00	\$11,173.66	\$13,714.34
PRIME CARE CORONA - PCCORONA				
S9083 - GLOBAL FEE URGENT CARE CENTER	18	\$2,880.00	\$1,728.00	\$1,152.00
PRIME CARE CORONA - PCCORONA Total:	18	\$2,880.00	\$1,728.00	\$1,152.00
PRIME CARE HEMET - PCHEMET				
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	6	\$960.00	\$590.00	\$370.00
PRIME CARE HEMET - PCHEMET Total:	7	\$1,110.00	\$740.00	\$370.00
PRIMECARE CHINO VALLEY - PCCHINO				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$172.85	\$157.15
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$79.18	\$66.82
99997 - SELF PAY ESTABLISHED PT	2	\$300.00	\$300.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	168	\$26,850.00	\$15,081.00	\$10,680.00
PRIMECARE CHINO VALLEY - PCCHINO Total:	173	\$27,776.00	\$15,783.03	\$10,903.97
PRIMECARE CITRUS VALLEY - PCCITRUS				
S9083 - GLOBAL FEE URGENT CARE CENTER	14	\$2,240.00	\$1,248.00	\$832.00
PRIMECARE CITRUS VALLEY - PCCITRUS Total:	14	\$2,240.00	\$1,248.00	\$832.00
PRIMECARE INLAND VALLEY - PCINVAL				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	255	\$40,800.00	\$25,266.00	\$12,234.00
PRIMECARE INLAND VALLEY - PCINVAL Total:	261	\$41,774.00	\$25,416.00	\$12,234.00

PRIMECARE OF COACHELLA VALLEY - PCCOACH

S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$160.00	\$96.00	\$64.00
PRIMECARE OF COACHELLA VALLEY - PCCOACH Total:	1	\$160.00	\$96.00	\$64.00

PRIMECARE OF MORENO VALLEY - PCMORENO

S9083 - GLOBAL FEE URGENT CARE CENTER	29	\$4,640.00	\$2,553.00	\$1,542.00
PRIMECARE OF MORENO VALLEY - PCMORENO Total:	29	\$4,640.00	\$2,553.00	\$1,542.00

PRIMECARE OF REDLANDS - PCREDLAN

#INT - INTEREST	1	\$1.32	\$1.32	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	86	\$13,760.00	\$8,709.00	\$4,296.00
PRIMECARE OF REDLANDS - PCREDLAN Total:	87	\$13,761.32	\$8,710.32	\$4,296.00

PRIMECARE OF RIVERSIDE - PCRIVER

S9083 - GLOBAL FEE URGENT CARE CENTER	61	\$9,760.00	\$6,175.00	\$2,870.00
PRIMECARE OF RIVERSIDE - PCRIVER Total:	61	\$9,760.00	\$6,175.00	\$2,870.00

PRIMECARE OF SUN CITY - PCSUNCIT

S9083 - GLOBAL FEE URGENT CARE CENTER	4	\$640.00	\$192.00	\$128.00
PRIMECARE OF SUN CITY - PCSUNCIT Total:	4	\$640.00	\$192.00	\$128.00

PRIMECARE SAN BERNARDINO - PCSANB

#INT - INTEREST	1	\$0.16	\$0.16	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99997 - SELF PAY ESTABLISHED PT	3	\$450.00	\$450.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	1,147	\$183,520.00	\$114,027.00	\$53,741.00
PRIMECARE SAN BERNARDINO - PCSANB Total:	1,157	\$185,115.16	\$114,477.16	\$53,741.00

PRIMECARE TEMECULA - PCTEMECU

99997 - SELF PAY ESTABLISHED PT	1	\$70.00	\$70.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	7	\$1,120.00	\$455.00	\$320.00
PRIMECARE TEMECULA - PCTEMECU Total:	8	\$1,190.00	\$525.00	\$320.00

PRIORITY HEALTH - PRI10

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
PRIORITY HEALTH - PRI10 Total:	4	\$720.00	\$0.00	\$0.00

PROSPECT MED GRP - PROSPECT

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$120.61	\$96.39
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$103.70	\$186.30
PROSPECT MED GRP - PROSPECT Total:	2	\$507.00	\$224.31	\$282.69

PROSPECT MEDICAL GROUP - PROSMED

87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
PROSPECT MEDICAL GROUP - PROSMED Total:	6	\$780.00	\$0.00	\$0.00

PROSPECT MEDICAL GROUP - PROSP2

81025 - URINE PREGNANCY TEST	1	\$25.00	\$7.75	\$17.25
87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$120.61	\$96.39
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$879.37	\$770.63
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$121.89	\$94.11
99401 - PREVENTIVE COUNSELING INDIV	6	\$120.00	\$0.00	\$20.00
PROSPECT MEDICAL GROUP - PROSP2 Total:	25	\$3,939.00	\$1,129.62	\$998.38

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Carrier

Procedure	Units	Charge	Payment	Adjustment
PROVIDENCE HEALTH PLAN - PROVID				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$40.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$707.92	\$282.08
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
PROVIDENCE HEALTH PLAN - PROVID Total:	6	\$1,266.00	\$747.92	\$302.08
QUALCARE INC - QUA02				
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
QUALCARE INC - QUA02 Total:	2	\$166.00	\$0.00	\$0.00
RADY CHILDREN'S HOSPITAL - RADY				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$312.48	\$347.52
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$216.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$20.00	\$20.00
RADY CHILDREN'S HOSPITAL - RADY Total:	8	\$1,616.00	\$548.48	\$367.52
RAILROAD MEDICARE - RR 01				
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$89.00	\$562.00
99204 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,980.00	\$665.47	\$654.53
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$62.07	\$83.93
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$97.51	\$118.49
RAILROAD MEDICARE - RR 01 Total:	11	\$2,993.00	\$914.05	\$1,418.95
REDLANDS YUCAIPA MEDICAL GROUP - RED01				
#INT - INTEREST	1	\$0.07	\$0.07	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	10	\$400.00	\$48.00	\$32.00
99203 - OFFICE/OUTPATIENT VISIT NEW	50	\$10,850.00	\$1,943.51	\$1,745.49
99204 - OFFICE/OUTPATIENT VISIT NEW	40	\$13,200.00	\$2,819.98	\$2,830.02
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$272.77	\$137.23
99213 - OFFICE/OUTPATIENT VISIT EST	31	\$4,526.00	\$753.78	\$852.22
99214 - OFFICE/OUTPATIENT VISIT EST	15	\$3,240.00	\$628.67	\$451.33
99401 - PREVENTIVE COUNSELING INDIV	16	\$320.00	\$20.00	\$0.00

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Procedure	Units	Charge	Payment	Adjustment
99998 - \$99 CASH PAY OFFICE VISIT	4	\$600.00	\$600.00	\$0.00
REDLANDS YUCAIPA MEDICAL GROUP - RED01 Total:	168	\$33,546.07	\$7,086.78	\$6,048.29

REGAL MEDICAL GROUP - REGAL371

#INT - INTEREST	6	\$9.17	\$9.17	\$0.00
81002 - URINE DIP	1	\$25.00	\$0.00	\$25.00
87426 - SARSCOV CORONAVIRUS AG IA	5	\$200.00	\$25.30	\$134.70
99202 - OFFICE/OUTPATIENT VISIT NEW	1	\$151.00	\$110.00	\$41.00
99203 - OFFICE/OUTPATIENT VISIT NEW	191	\$41,447.00	\$17,131.00	\$19,359.00
99204 - OFFICE/OUTPATIENT VISIT NEW	170	\$56,100.00	\$14,801.79	\$32,768.21
99205 - OFFICE/OUTPATIENT VISIT NEW	19	\$7,790.00	\$1,683.60	\$5,264.40
99213 - OFFICE/OUTPATIENT VISIT EST	201	\$29,346.00	\$18,628.70	\$8,775.30
99214 - OFFICE/OUTPATIENT VISIT EST	118	\$25,488.00	\$10,776.90	\$12,310.10
99215 - OFFICE/OUTPATIENT VISIT EST	17	\$4,930.00	\$1,701.70	\$3,203.30
99401 - PREVENTIVE COUNSELING INDIV	12	\$240.00	\$20.00	\$200.00
99997 - SELF PAY ESTABLISHED PT	2	\$300.00	\$300.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	6	\$945.00	\$945.00	\$0.00
REGAL MEDICAL GROUP - REGAL371 Total:	749	\$166,971.17	\$66,133.16	\$82,081.01

REGENT MEDICAL GROUP - REGENT

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
REGENT MEDICAL GROUP - REGENT Total:	1	\$217.00	\$0.00	\$0.00

REGIONAL CARE - REG01

99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$50.00	\$0.00
REGIONAL CARE - REG01 Total:	2	\$660.00	\$50.00	\$0.00

RIOS SW MEDICAL GROUP - RIOS

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$172.85	\$157.15
RIOS SW MEDICAL GROUP - RIOS Total:	2	\$547.00	\$172.85	\$157.15

RIVERSIDE MEDICAL CLINIC - RMC

87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$0.00	\$0.00
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Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99203 - OFFICE/OUTPATIENT VISIT NEW	13	\$2,821.00	\$1,953.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	17	\$5,610.00	\$1,162.85	\$157.15
99213 - OFFICE/OUTPATIENT VISIT EST	6	\$876.00	\$204.96	\$233.04
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$97.51	\$118.49
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	2	\$300.00	\$300.00	\$0.00
RIVERSIDE MEDICAL CLINIC - RMC Total:	47	\$10,369.00	\$3,868.32	\$508.68
RIVERSIDE PHY NETWORK - RPN				
99203 - OFFICE/OUTPATIENT VISIT NEW	11	\$2,387.00	\$567.60	\$517.40
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$122.85	\$157.15
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$344.16	\$303.84
RIVERSIDE PHY NETWORK - RPN Total:	18	\$4,241.00	\$1,034.61	\$978.39
RIVERSIDE-SAN BERN COUNTY INDIAN HL - INDIAN				
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
RIVERSIDE-SAN BERN COUNTY INDIAN HL - INDIAN Total:	1	\$216.00	\$0.00	\$0.00
SAN BERNARDINO MED GROUP - SBMG				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00
SAN BERNARDINO MED GROUP - SBMG Total:	4	\$726.00	\$0.00	\$0.00
SAN BERNARDINO MEDICAL GROUP - SANBERMG				
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$160.00	\$110.00	\$50.00
SAN BERNARDINO MEDICAL GROUP - SANBERMG Total:	2	\$310.00	\$260.00	\$50.00
SANTE COMMUNITY PHYSICIANS IPA - SANTECOM				
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
SANTE COMMUNITY PHYSICIANS IPA - SANTECOM Total:	2	\$236.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
SBMA - SBMA				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$0.00	\$0.00
SBMA - SBMA Total:	4	\$1,207.00	\$0.00	\$0.00
SC PERMANENTE MEDICAL GROUP - SCPERM				
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$21.60	\$124.40
SC PERMANENTE MEDICAL GROUP - SCPERM Total:	1	\$146.00	\$21.60	\$124.40
SCAN HEALTH PLAN - SCA01				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$172.85	\$157.15
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
SCAN HEALTH PLAN - SCA01 Total:	2	\$480.00	\$322.85	\$157.15
SCOTT & WHITE HEALTH ATTN CLAIMS - SCOTT				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
SCOTT & WHITE HEALTH ATTN CLAIMS - SCOTT Total:	1	\$330.00	\$0.00	\$0.00
SCPMCS - SCPMCS				
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
SCPMCS - SCPMCS Total:	2	\$236.00	\$0.00	\$0.00
SCRIPPS HEALTH PLAN - SCRIPPS2				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
SCRIPPS HEALTH PLAN - SCRIPPS2 Total:	5	\$753.00	\$0.00	\$0.00
SEDGWICK - SEDWICK4				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$87.25	\$58.75
SEDGWICK - SEDWICK4 Total:	2	\$476.00	\$87.25	\$58.75

SELECTHEALTH - SEL10

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
SELECTHEALTH - SEL10 Total:	3	\$390.00	\$0.00	\$0.00

SEOUL MEDICAL GROUP - SEOULMG

99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$191.06	\$138.94
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
SEOUL MEDICAL GROUP - SEOULMG Total:	5	\$1,340.00	\$191.06	\$158.94

SGIC - SGIC

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$65.00	\$180.00
SGIC - SGIC Total:	1	\$330.00	\$65.00	\$180.00

SHARP COMM MED GRP - SHARP

81002 - URINE DIP	1	\$25.00	\$3.87	\$21.13
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$469.60	\$480.40
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
SHARP COMM MED GRP - SHARP Total:	6	\$1,365.00	\$473.47	\$501.53

SHARP HEALTH PLAN - SHARPHP

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$135.39	\$194.61
SHARP HEALTH PLAN - SHARPHP Total:	1	\$330.00	\$135.39	\$194.61

SHARP REES-STEALY - SHARPRE

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$162.25	\$167.75
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
SHARP REES-STEALY - SHARPRE Total:	2	\$350.00	\$182.25	\$167.75

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
SIERRA HEALTH AND LIFE - SIERRA				
87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$58.88	\$21.12
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$143.18	\$441.82
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$32.59	\$158.41
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$60.00	\$0.00
SIERRA HEALTH AND LIFE - SIERRA Total:	11	\$1,406.00	\$294.65	\$621.35
SIMNSA HEALTH PLAN - SIMNSA				
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	7	\$1,512.00	\$0.00	\$188.84
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
SIMNSA HEALTH PLAN - SIMNSA Total:	10	\$2,192.00	\$0.00	\$188.84
SOUTH ATLANTIC MEDICAL GROUP IPA - SAMG				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
SOUTH ATLANTIC MEDICAL GROUP IPA - SAMG Total:	1	\$217.00	\$0.00	\$0.00
SOUTHERN CA LUMBER INDUSTRY FUND - SOCALLUM				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	6	\$120.00	\$0.00	\$0.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$0.00	\$0.00
SOUTHERN CA LUMBER INDUSTRY FUND - SOCALLUM Total:	15	\$1,605.00	\$0.00	\$0.00
SOUTHLAND ADVANTAGE MED GRP - SOUTHLAN				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
SOUTHLAND ADVANTAGE MED GRP - SOUTHLAN Total:	1	\$217.00	\$0.00	\$0.00
ST JOSEPH AFFILIATED PHYSICIANS - STJOSEPH				
87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$120.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$196.84	\$197.16
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$383.91	\$606.09

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$60.00	\$0.00
ST JOSEPH AFFILIATED PHYSICIANS - STJOSEPH Total:	14	\$1,994.00	\$760.75	\$803.25

ST JOSEPH HERITAGE HEALTHCARE - ST 12

99203 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,085.00	\$344.72	\$306.28
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$170.36	\$159.64
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
ST JOSEPH HERITAGE HEALTHCARE - ST 12 Total:	10	\$2,057.00	\$535.08	\$465.92

ST JUDE HERITAGE MEDICAL GROUP - STJUDE

87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,085.00	\$303.98	\$307.02
99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$622.01	\$647.99
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$19.60	\$0.40
99998 - \$99 CASH PAY OFFICE VISIT	2	\$300.00	\$300.00	\$0.00
ST JUDE HERITAGE MEDICAL GROUP - STJUDE Total:	16	\$3,261.00	\$1,245.59	\$955.41

STUDENT RESOURCES - STUDENT

87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$32.00	\$48.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$173.04	\$260.96
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$360.76	\$593.52
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$40.00	\$0.00
STUDENT RESOURCES - STUDENT Total:	10	\$1,874.00	\$605.80	\$902.48

SUPERIOR INSURANCE - SUPERIOR

99204 - OFFICE/OUTPATIENT VISIT NEW	5	\$1,650.00	\$10.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$10.00	\$0.00
SUPERIOR INSURANCE - SUPERIOR Total:	7	\$2,082.00	\$20.00	\$0.00

SUPERIOR INSURANCE SERVICES - SUPERINS

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$330.00	\$0.00
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Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
SUPERIOR INSURANCE SERVICES - SUPERINS Total:	2	\$546.00	\$330.00	\$0.00

TALL TREE ADMINISTRATION - TAL02

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
TALL TREE ADMINISTRATION - TAL02 Total:	1	\$330.00	\$0.00	\$0.00

TEMECULA VALLEY PHY MED GRP - TEMVLY

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
TEMECULA VALLEY PHY MED GRP - TEMVLY Total:	1	\$217.00	\$0.00	\$0.00

THE HEALTH PLAN - THE HEAL

99203 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,302.00	\$765.26	\$319.74
99213 - OFFICE/OUTPATIENT VISIT EST	4	\$584.00	\$355.69	\$82.31
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$390.64	\$41.36
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$56.08	\$3.92
THE HEALTH PLAN - THE HEAL Total:	16	\$2,398.00	\$1,567.67	\$447.33

THE LOOMIS COMPANY - LOOMIS

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$111.22	\$85.78
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$20.00	\$212.00
THE LOOMIS COMPANY - LOOMIS Total:	3	\$649.00	\$131.22	\$297.78

THE LOOMIS COMPANY - LOOMIS2

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$100.00	\$117.00
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$230.41	\$179.59
THE LOOMIS COMPANY - LOOMIS2 Total:	2	\$627.00	\$330.41	\$296.59

TORRANCE HEALTH IPA - TORRANCE

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$133.82	\$196.18
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$174.68	\$235.32
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$81.91	\$134.09
TORRANCE HEALTH IPA - TORRANCE Total:	7	\$1,680.00	\$390.41	\$565.59

TRANSWESTERN INS ADMIN - TRANSWES

81002 - URINE DIP	1	\$25.00	\$0.00	\$0.00
87426 - SARSCOV CORONAVIRUS AG IA	7	\$280.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	65	\$21,450.00	\$1,955.93	\$429.07
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	53	\$11,448.00	\$1,305.08	\$347.92
99401 - PREVENTIVE COUNSELING INDIV	11	\$220.00	\$20.00	\$20.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	3	\$450.00	\$450.00	\$0.00
J1100 - DEXAMATHASONE PER 1 MG X 4	2	\$40.00	\$0.00	\$0.00
TRANSWESTERN INS ADMIN - TRANSWES Total:	144	\$34,473.00	\$3,881.01	\$796.99

TRICARE EAST REGION - TRICEAST

87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$77.19	\$120.51
99204 - OFFICE/OUTPATIENT VISIT NEW	6	\$1,980.00	\$293.84	\$366.16
99213 - OFFICE/OUTPATIENT VISIT EST	2	\$292.00	\$67.68	\$157.40
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$97.01	\$118.99
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$0.00
TRICARE EAST REGION - TRICEAST Total:	16	\$2,905.00	\$535.72	\$763.06

TRICARE FOR LIFE - TRI35

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
TRICARE FOR LIFE - TRI35 Total:	1	\$330.00	\$0.00	\$0.00

TRICARE WEST CLAIMS - TRICAREW

81002 - URINE DIP	3	\$75.00	\$7.34	\$63.99
81025 - URINE PREGNANCY TEST	1	\$25.00	\$9.08	\$15.92
87426 - SARSCOV CORONAVIRUS AG IA	51	\$2,040.00	\$1,640.00	\$40.00
99202 - OFFICE/OUTPATIENT VISIT NEW	1	\$151.00	\$68.27	\$82.73
99203 - OFFICE/OUTPATIENT VISIT NEW	43	\$9,331.00	\$3,921.59	\$4,703.94
99204 - OFFICE/OUTPATIENT VISIT NEW	139	\$45,870.00	\$16,866.35	\$22,456.14

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
99205 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,640.00	\$776.38	\$832.62
99213 - OFFICE/OUTPATIENT VISIT EST	23	\$3,358.00	\$1,131.73	\$1,631.24
99214 - OFFICE/OUTPATIENT VISIT EST	70	\$15,120.00	\$5,450.83	\$7,796.04
99215 - OFFICE/OUTPATIENT VISIT EST	2	\$580.00	\$282.14	\$297.86
99401 - PREVENTIVE COUNSELING INDIV	40	\$800.00	\$0.00	\$700.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$10.90	\$9.10
99997 - SELF PAY ESTABLISHED PT	2	\$275.00	\$275.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$175.00	\$175.00	\$0.00
TRICARE WEST CLAIMS - TRICAREW Total:	381	\$79,460.00	\$30,614.61	\$38,629.58

TRICARE WEST REGION - TRICUHC

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$172.85	\$157.15
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$79.18	\$66.82
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$291.53	\$474.96
99401 - PREVENTIVE COUNSELING INDIV	3	\$60.00	\$0.00	\$60.00
TRICARE WEST REGION - TRICUHC Total:	9	\$1,400.00	\$543.56	\$758.93

TRISTAR BENEFIT ADMINISTRATORS - TRISTAR

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
TRISTAR BENEFIT ADMINISTRATORS - TRISTAR Total:	1	\$330.00	\$0.00	\$0.00

TRUSTMARK INSURANCE COMPANY - TRU04

99203 - OFFICE/OUTPATIENT VISIT NEW	4	\$868.00	\$222.59	\$388.41
99213 - OFFICE/OUTPATIENT VISIT EST	3	\$438.00	\$136.91	\$261.09
TRUSTMARK INSURANCE COMPANY - TRU04 Total:	7	\$1,306.00	\$359.50	\$649.50

TUFTS HEALTH PLANS - TUF01

99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$77.97	\$202.03
TUFTS HEALTH PLANS - TUF01 Total:	2	\$660.00	\$77.97	\$202.03

UC DAVIS MEDICAL GROUP - UCDAVIS

99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
UC DAVIS MEDICAL GROUP - UCDAVIS Total:	2	\$660.00	\$0.00	\$0.00

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
UC SAN DIEGO MANAGED CARE - UCSD				
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$205.19	\$204.81
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$0.00
UC SAN DIEGO MANAGED CARE - UCSD Total:	2	\$626.00	\$205.19	\$204.81
UC SAN DIEGO MEDICAL GROUP - UCSDMG				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$217.00
UC SAN DIEGO MEDICAL GROUP - UCSDMG Total:	1	\$217.00	\$0.00	\$217.00
UCARE MINNESOTA - UCARE				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
UCARE MINNESOTA - UCARE Total:	1	\$330.00	\$0.00	\$0.00
UCI UNIVERSITY PHYSICIANS AND SURGE - UCIPHYS				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$163.59	\$496.41
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$98.27	\$117.73
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$0.00	\$20.00
UCI UNIVERSITY PHYSICIANS AND SURGE - UCIPHYS Total:	7	\$1,286.00	\$261.86	\$634.14
UCLA MEDICAL GROUP - UCLAMG				
99203 - OFFICE/OUTPATIENT VISIT NEW	3	\$651.00	\$102.96	\$114.04
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$0.00	\$0.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$344.16	\$303.84
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
UCLA MEDICAL GROUP - UCLAMG Total:	10	\$2,125.00	\$447.12	\$437.88
UFCW BENEFITS FUND - UFCW				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$330.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$73.76	\$72.24
99214 - OFFICE/OUTPATIENT VISIT EST	2	\$432.00	\$0.00	\$245.28
UFCW BENEFITS FUND - UFCW Total:	4	\$908.00	\$73.76	\$647.52

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

All Provider Profiles, All Diagnosis Codes

All Carriers, All Financial Classes, All Facilities

Carrier

Procedure	Units	Charge	Payment	Adjustment
UHSM - UHSM				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$112.35	\$104.65
UHSM - UHSM Total:	1	\$217.00	\$112.35	\$104.65

UMR - UMR

87426 - SARSCOV CORONAVIRUS AG IA	19	\$760.00	\$267.22	\$372.78
99203 - OFFICE/OUTPATIENT VISIT NEW	33	\$7,161.00	\$2,430.60	\$4,044.88
99204 - OFFICE/OUTPATIENT VISIT NEW	68	\$22,440.00	\$7,916.54	\$12,991.76
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$164.08	\$245.92
99213 - OFFICE/OUTPATIENT VISIT EST	35	\$5,110.00	\$1,031.36	\$2,382.80
99214 - OFFICE/OUTPATIENT VISIT EST	43	\$9,288.00	\$2,966.66	\$5,212.80
99215 - OFFICE/OUTPATIENT VISIT EST	4	\$1,160.00	\$345.24	\$699.68
99401 - PREVENTIVE COUNSELING INDIV	54	\$1,080.00	\$979.88	\$20.12
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$11.20	\$8.80
99997 - SELF PAY ESTABLISHED PT	1	\$70.00	\$70.00	\$0.00
UMR - UMR Total:	259	\$47,499.00	\$16,182.78	\$25,979.54

UNICARE - UNICARE

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$165.23	\$164.77
UNICARE - UNICARE Total:	1	\$330.00	\$165.23	\$164.77

UNIFIED LIFE INSURANCE COMPANY - UNIFIEDL

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$50.00	\$180.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$50.00	\$71.00
UNIFIED LIFE INSURANCE COMPANY - UNIFIEDL Total:	2	\$476.00	\$100.00	\$251.00

UNITED HEALTH CARE - UHC30555

#INT - INTEREST	2	\$0.57	\$0.57	\$0.00
81002 - URINE DIP	9	\$225.00	\$8.68	\$184.81
81025 - URINE PREGNANCY TEST	4	\$100.00	\$10.76	\$58.86
87426 - SARSCOV CORONAVIRUS AG IA	123	\$4,920.00	\$1,767.76	\$2,192.24
99203 - OFFICE/OUTPATIENT VISIT NEW	115	\$24,955.00	\$8,442.00	\$14,156.41
99204 - OFFICE/OUTPATIENT VISIT NEW	473	\$156,090.00	\$52,149.16	\$84,028.37
99205 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,870.00	\$1,148.56	\$1,721.44

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99213 - OFFICE/OUTPATIENT VISIT EST	82	\$11,972.00	\$3,896.74	\$6,463.40
99214 - OFFICE/OUTPATIENT VISIT EST	228	\$49,248.00	\$15,084.08	\$27,264.94
99215 - OFFICE/OUTPATIENT VISIT EST	7	\$2,030.00	\$710.48	\$1,224.44
99401 - PREVENTIVE COUNSELING INDIV	536	\$10,720.00	\$9,419.40	\$520.60
99406 - BEHAV CHNG SMOKING 3-10 MIN	4	\$80.00	\$33.60	\$46.40
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	2	\$230.00	\$230.00	\$0.00
J0690 - ANCEF PER 500 MG	1	\$30.00	\$0.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	1	\$160.00	\$0.00	\$160.00
UNITED HEALTH CARE - UHC30555 Total:	1,595	\$263,780.57	\$93,051.79	\$138,021.91

UNITED HEALTH SHARED SERVICES - UNITEDSH

87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$71.48	\$88.52
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$73.54	\$130.48
99204 - OFFICE/OUTPATIENT VISIT NEW	4	\$1,320.00	\$449.36	\$791.36
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$0.00	\$216.00
99401 - PREVENTIVE COUNSELING INDIV	6	\$120.00	\$100.00	\$20.00
UNITED HEALTH SHARED SERVICES - UNITEDSH Total:	16	\$2,033.00	\$694.38	\$1,246.36

UNITED HEALTHCARE - UHCWEST

87426 - SARSCOV CORONAVIRUS AG IA	16	\$640.00	\$183.48	\$256.52
99203 - OFFICE/OUTPATIENT VISIT NEW	19	\$4,123.00	\$1,898.69	\$2,072.79
99204 - OFFICE/OUTPATIENT VISIT NEW	54	\$17,820.00	\$5,953.28	\$9,456.72
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$189.08	\$220.92
99213 - OFFICE/OUTPATIENT VISIT EST	12	\$1,752.00	\$554.60	\$880.40
99214 - OFFICE/OUTPATIENT VISIT EST	25	\$5,400.00	\$1,754.28	\$2,892.04
99401 - PREVENTIVE COUNSELING INDIV	60	\$1,200.00	\$1,039.88	\$40.12
99998 - \$99 CASH PAY OFFICE VISIT	4	\$500.00	\$500.00	\$0.00
UNITED HEALTHCARE - UHCWEST Total:	191	\$31,845.00	\$12,073.29	\$15,819.51

UNITED HEALTHCARE INS - UHC74080

87426 - SARSCOV CORONAVIRUS AG IA	20	\$800.00	\$254.96	\$345.04
99203 - OFFICE/OUTPATIENT VISIT NEW	79	\$17,143.00	\$5,597.52	\$10,090.36
99204 - OFFICE/OUTPATIENT VISIT NEW	99	\$32,670.00	\$11,165.02	\$18,454.22
99205 - OFFICE/OUTPATIENT VISIT NEW	3	\$1,230.00	\$492.24	\$737.76
99213 - OFFICE/OUTPATIENT VISIT EST	48	\$7,008.00	\$2,167.55	\$3,961.80
99214 - OFFICE/OUTPATIENT VISIT EST	64	\$13,824.00	\$4,489.51	\$7,558.24
99215 - OFFICE/OUTPATIENT VISIT EST	6	\$1,740.00	\$690.48	\$1,049.52

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99401 - PREVENTIVE COUNSELING INDIV	177	\$3,540.00	\$3,359.64	\$20.36
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$11.20	\$8.80
99997 - SELF PAY ESTABLISHED PT	4	\$600.00	\$600.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	2	\$265.00	\$265.00	\$0.00
J1100 - DEXAMATHASONE PER 1 MG X 4	5	\$100.00	\$0.00	\$0.00
J1885 - TORADOL 15 MG X 4	4	\$100.00	\$2.00	\$98.00
J7613 - ALBUTEROL INHAL NON-CP U DOSE 1 MG	1	\$20.00	\$0.04	\$19.96
UNITED HEALTHCARE INS - UHC74080 Total:	513	\$79,060.00	\$29,095.16	\$42,344.06

UNITED HEALTHCARE MEDICARE SOLUTION - UHCMCARE

87426 - SARSCOV CORONAVIRUS AG IA	3	\$120.00	\$14.00	\$26.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$116.09	\$100.91
99204 - OFFICE/OUTPATIENT VISIT NEW	9	\$2,970.00	\$1,042.70	\$1,267.30
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$218.84	\$191.16
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$378.63	\$351.37
99214 - OFFICE/OUTPATIENT VISIT EST	7	\$1,512.00	\$785.97	\$726.03
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$154.56	\$135.44
99401 - PREVENTIVE COUNSELING INDIV	11	\$220.00	\$0.00	\$160.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
UNITED HEALTHCARE MEDICARE SOLUTION - UHCMCARE Total:	40	\$6,836.00	\$2,860.79	\$2,958.21

UNITED HEALTHCARE STUDENT RESOURCES - UHC80902

99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$86.52	\$130.48
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$20.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	2	\$40.00	\$20.00	\$0.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	1	\$20.00	\$0.00	\$0.00
UNITED HEALTHCARE STUDENT RESOURCES - UHC80902 Total:	5	\$607.00	\$126.52	\$130.48

UNITEDHEALTHCARE GLOBAL - UHCGLoba

99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$107.16	\$222.84
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$20.00	\$0.00
UNITEDHEALTHCARE GLOBAL - UHCGLoba Total:	2	\$350.00	\$127.16	\$222.84

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

All Providers, All Charge Codes

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All Carriers, All Financial Classes, All Facilities

Carrier				
Procedure	Units	Charge	Payment	Adjustment
UNIVERSITY OF UTAH HEALTH PLANS - UNIVER				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
UNIVERSITY OF UTAH HEALTH PLANS - UNIVER Total:	1	\$330.00	\$0.00	\$0.00
UPLAND MEDICAL GROUP - UPLAND				
87426 - SARSCOV CORONAVIRUS AG IA	6	\$240.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	30	\$6,510.00	\$2,674.09	\$2,099.91
99204 - OFFICE/OUTPATIENT VISIT NEW	16	\$5,280.00	\$909.61	\$740.39
99213 - OFFICE/OUTPATIENT VISIT EST	15	\$2,190.00	\$504.63	\$356.37
99214 - OFFICE/OUTPATIENT VISIT EST	6	\$1,296.00	\$143.40	\$72.60
99401 - PREVENTIVE COUNSELING INDIV	10	\$200.00	\$20.00	\$20.00
U0003 - IA DET DNA/RNA; COVID-19 AMP P T	1	\$150.00	\$100.00	\$50.00
UPLAND MEDICAL GROUP - UPLAND Total:	84	\$15,866.00	\$4,351.73	\$3,339.27
VA LOMA LINDA - VALOMALI				
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$120.00	\$120.00	\$0.00
VA LOMA LINDA - VALOMALI Total:	2	\$266.00	\$120.00	\$0.00
VALLEY PHYSICIAN NETWORK - VPN6903				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$0.00	\$0.00
VALLEY PHYSICIAN NETWORK - VPN6903 Total:	1	\$217.00	\$0.00	\$0.00
VANTAGE MEDICAL GROUP - VANTAGE				
#INT - INTEREST	34	\$85.52	\$85.52	\$0.00
90714 - TETANUS/DIPHTHERIA > = 7 YOA	1	\$24.00	\$24.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$0.00	\$0.00
99997 - SELF PAY ESTABLISHED PT	1	\$150.00	\$150.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	1	\$150.00	\$150.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	677	\$108,320.00	\$51,349.51	\$48,450.49
VANTAGE MEDICAL GROUP - VANTAGE Total:	716	\$109,163.52	\$51,759.03	\$48,450.49

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
VANTAGE MEDICAL GRP NEW - VANTNEW				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99998 - \$99 CASH PAY OFFICE VISIT	5	\$720.00	\$720.00	\$0.00
S9083 - GLOBAL FEE URGENT CARE CENTER	545	\$87,200.00	\$25,595.00	\$22,125.00
VANTAGE MEDICAL GRP NEW - VANTNEW Total:	551	\$88,250.00	\$26,315.00	\$22,125.00
VILLAGE HEALTH INS - VILLAGE				
81002 - URINE DIP	1	\$25.00	\$3.41	\$21.59
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$113.52	\$103.48
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$172.85	\$157.15
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$313.56	\$270.44
99214 - OFFICE/OUTPATIENT VISIT EST	4	\$864.00	\$408.01	\$455.99
99215 - OFFICE/OUTPATIENT VISIT EST	1	\$290.00	\$150.83	\$139.17
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$20.00
VILLAGE HEALTH INS - VILLAGE Total:	14	\$2,476.00	\$1,162.18	\$1,167.82
VIVA MEDICARE CLAIMS - VIVA				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
VIVA MEDICARE CLAIMS - VIVA Total:	1	\$330.00	\$0.00	\$0.00
WEB TPA - WEBTPA				
87426 - SARSCOV CORONAVIRUS AG IA	4	\$160.00	\$80.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	14	\$4,620.00	\$1,210.64	\$2,305.40
99213 - OFFICE/OUTPATIENT VISIT EST	5	\$730.00	\$130.00	\$142.00
99214 - OFFICE/OUTPATIENT VISIT EST	3	\$648.00	\$167.38	\$360.62
99401 - PREVENTIVE COUNSELING INDIV	6	\$120.00	\$96.00	\$4.00
WEB TPA - WEBTPA Total:	32	\$6,278.00	\$1,684.02	\$2,812.02
WELLCARE - WEL04				
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$96.49	\$120.51
99204 - OFFICE/OUTPATIENT VISIT NEW	2	\$660.00	\$110.00	\$220.00
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$79.18	\$66.82
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$114.72	\$101.28
WELLCARE - WEL04 Total:	5	\$1,239.00	\$400.39	\$508.61

Reimbursement Analysis - Summary

By Carrier, Date of Service, Date Ranges 1/1/2020 to 12/31/2020

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Carrier

Procedure	Units	Charge	Payment	Adjustment
WELLCARE HEALTH PLANS INC - WELLCARE				
99203 - OFFICE/OUTPATIENT VISIT NEW	2	\$434.00	\$107.07	\$109.93
99204 - OFFICE/OUTPATIENT VISIT NEW	3	\$990.00	\$110.00	\$550.00
99214 - OFFICE/OUTPATIENT VISIT EST	1	\$216.00	\$95.56	\$120.44
WELLCARE HEALTH PLANS INC - WELLCARE Total:	6	\$1,640.00	\$312.63	\$780.37
WELLFLEET GROUP LLC - WELLFLEE				
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
WELLFLEET GROUP LLC - WELLFLEE Total:	1	\$330.00	\$0.00	\$0.00
WELLMED NETWORKS INC - WELLMED				
99205 - OFFICE/OUTPATIENT VISIT NEW	1	\$410.00	\$210.61	\$149.39
WELLMED NETWORKS INC - WELLMED Total:	1	\$410.00	\$210.61	\$149.39
WESTERN GROWERS ASSURANCE TRUST - WESTERNG				
87426 - SARSCOV CORONAVIRUS AG IA	2	\$80.00	\$25.30	\$14.70
99201 - OFFICE/OUTPATIENT VISIT NEW	1	\$89.00	\$0.00	\$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	1	\$217.00	\$111.88	\$105.12
99204 - OFFICE/OUTPATIENT VISIT NEW	29	\$9,570.00	\$2,644.89	\$3,458.35
99213 - OFFICE/OUTPATIENT VISIT EST	1	\$146.00	\$0.00	\$0.00
99214 - OFFICE/OUTPATIENT VISIT EST	33	\$7,128.00	\$1,938.34	\$2,971.88
99401 - PREVENTIVE COUNSELING INDIV	4	\$80.00	\$20.00	\$20.00
99997 - SELF PAY ESTABLISHED PT	1	\$50.00	\$50.00	\$0.00
WESTERN GROWERS ASSURANCE TRUST - WESTERNG Total:	72	\$17,360.00	\$4,790.41	\$6,570.05
WORXSITEHR ADMINISTRATIVE SERVICES - WORX				
87426 - SARSCOV CORONAVIRUS AG IA	1	\$40.00	\$0.00	\$0.00
99204 - OFFICE/OUTPATIENT VISIT NEW	1	\$330.00	\$0.00	\$0.00
99401 - PREVENTIVE COUNSELING INDIV	1	\$20.00	\$0.00	\$0.00
WORXSITEHR ADMINISTRATIVE SERVICES - WORX Total:	3	\$390.00	\$0.00	\$0.00
WPS MVH - WPSVACCC				
81002 - URINE DIP	1	\$25.00	\$3.48	\$21.52
87426 - SARSCOV CORONAVIRUS AG IA	8	\$320.00	\$120.00	\$40.00
99203 - OFFICE/OUTPATIENT VISIT NEW	32	\$6,944.00	\$1,248.72	\$1,138.28

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Carrier

Procedure	Units	Charge	Payment	Adjustment
99204 - OFFICE/OUTPATIENT VISIT NEW	91	\$30,030.00	\$6,914.00	\$6,946.00
99205 - OFFICE/OUTPATIENT VISIT NEW	7	\$2,870.00	\$1,091.10	\$958.90
99213 - OFFICE/OUTPATIENT VISIT EST	16	\$2,336.00	\$662.27	\$943.73
99214 - OFFICE/OUTPATIENT VISIT EST	36	\$7,710.00	\$1,695.21	\$1,478.79
99401 - PREVENTIVE COUNSELING INDIV	19	\$380.00	\$230.00	\$50.00
99406 - BEHAV CHNG SMOKING 3-10 MIN	2	\$40.00	\$0.00	\$20.00
99998 - \$99 CASH PAY OFFICE VISIT	3	\$400.00	\$400.00	\$0.00
WPS MVH - WPSVACCC Total:	215	\$51,055.00	\$12,364.78	\$11,597.22
Total:	121,651	\$27,733,416.63	\$10,571,171.22	\$15,291,525.09
Grand Total:	121,651	\$27,733,416.63	\$10,571,171.22	\$15,291,525.09