

Procedure Payments By Carrier
Happy Valley Medical Clinic

Aetna

AET00

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
93000 Electrocardiogram-Interp/Reprt	1	45.00	0	0.00	0.00	0.00	0.00
99000 Handling Fee	1	8.00	0	0.00	0.00	0.00	0.00
99214 Office Visit Est. Patient DDM	1	65.00	0	0.00	0.00	0.00	0.00
DS Drug Screen	1	40.00	0	0.00	0.00	0.00	0.00
Totals for plan:	4	\$158.00	0	\$0.00	\$0.00	\$0.00	\$0.00
Totals for Carrier: Aetna	<u>4</u>	<u>\$158.00</u>	<u>0</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>

Blue Cross Blue Shield 225

BLU01

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
97010 Hot/Cold Pack Therapy	0	0.00	1	10.00	0.00	0.00	0.00
97260 Spinal Manipulation	0	0.00	1	30.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	0.00	0.00	-10.00
Totals for plan:	0	\$0.00	3	\$100.00	\$0.00	\$0.00	-\$10.00
Totals for Carrier: Blue Cross Blue Shield 225	<u>0</u>	<u>\$0.00</u>	<u>3</u>	<u>\$100.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>-\$10.00</u>

Blue Cross Blue Shield 231

BLU00

Health Choice Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
99000 Handling Fee	0	0.00	1	8.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	0.00	0.00	-10.00
DS Drug Screen	0	0.00	1	40.00	0.00	0.00	0.00
Totals for plan: Health Choice	0	\$0.00	3	\$108.00	\$0.00	\$0.00	-\$10.00
Totals for Carrier: Blue Cross Blue Shield 231	<u>0</u>	<u>\$0.00</u>	<u>3</u>	<u>\$108.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>-\$10.00</u>

Cigna

CIG00

Procedure Payments By Carrier
Happy Valley Medical Clinic

Cigna

CIG00

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
72052 X-Ray, Spinal, Complete	0	0.00	1	80.00	0.00	0.00	0.00
81000 Urinalysis, Routine	0	0.00	1	11.00	-7.60	-1.50	0.00
99000 Handling Fee	0	0.00	1	8.00	-6.40	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	-44.00	-5.00	0.00
99214 Office Visit Est. Patient DDM	0	0.00	1	65.00	0.00	0.00	-10.00
DS Drug Screen	0	0.00	1	40.00	0.00	0.00	0.00
Totals for plan:	0	\$0.00	6	\$264.00	-\$58.00	-\$6.50	-\$10.00
Totals for Carrier: Cigna	0	\$0.00	6	\$264.00	-\$58.00	-\$6.50	-\$10.00

Medicaid

MED00

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
81000 Urinalysis, Routine	0	0.00	1	11.00	0.00	0.00	0.00
90724 Influenza Virus Vaccine	0	0.00	1	10.00	0.00	0.00	0.00
99000 Handling Fee	0	0.00	1	8.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	0.00	0.00	0.00
99214 Office Visit Est. Patient DDM	0	0.00	1	65.00	0.00	0.00	0.00
J2510 Penicillin, PRCANE, to 600,000	0	0.00	1	18.00	0.00	0.00	0.00
Totals for plan:	0	\$0.00	6	\$172.00	\$0.00	\$0.00	\$0.00
Totals for Carrier: Medicaid	0	\$0.00	6	\$172.00	\$0.00	\$0.00	\$0.00

Medicare

MED01

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
72052 X-Ray, Spinal, Complete	0	0.00	1	80.00	-57.00	-8.75	0.00
73130 X-Ray, Hand, Min 3 Views	0	0.00	1	45.00	0.00	0.00	0.00
73562 X-Ray, Knee, Mn 3 Views	0	0.00	1	45.00	0.00	0.00	0.00
97010 Hot/Cold Pack Therapy	0	0.00	1	10.00	0.00	0.00	0.00

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Medicare

MED01

Procedure	Capitated		Fee For Service				Patient Payments
	Units	Services	Units	Charges	Ins Payments	Adjustments	
97260 Spinal Manipulation	0	0.00	1	30.00	-9.00	-18.75	0.00
99205 Office Visit New Patient CCH	0	0.00	1	75.00	0.00	0.00	0.00
99213 Office Visit Est. Patient EEL	0	0.00	1	60.00	0.00	0.00	0.00
99214 Office Visit Est. Patient DDM	0	0.00	1	65.00	-40.00	-15.00	0.00
Totals for plan:	0	\$0.00	8	\$410.00	-\$106.00	-\$42.50	\$0.00
Totals for Carrier: Medicare	<u>0</u>	<u>\$0.00</u>	<u>8</u>	<u>\$410.00</u>	<u>-\$106.00</u>	<u>-\$42.50</u>	<u>\$0.00</u>