

Procedure Productivity By Insurance Report

Acct. Date From: 01/01/2014 To: 03/31/2014
 CPT: Rev Code: Case Type: ALL
 Insurance Company:

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Procedure	Description	Charges	Receipts	Adjustments	Receipts By Other INS.	Adjustments By Other INS.	Receipts By Patient	Adjustments By Patient
AETNA								
81002	URINALYSIS W/O MICROSCOPY	100.00	1.62	48.38	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	2.06	7.94	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	50.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	225.00	0.00	0.00	0.00	0.00	0.00	0.00
99396	ESTAB. PATIENT- WELL VISIT-40-64-YRS	150.00	93.77	56.23	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For AETNA		745.00	97.45	237.55	0.00	0.00	0.00	0.00
AETNA US HEALTHCARE NEIC								
56820	COLPOSCOPY OF VULVA NO BX	350.00	136.76	213.24	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	2.12	12.88	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	2.70	17.30	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	2.70	17.30	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	200.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	100.00	9.00	41.00	0.00	0.00	0.00	50.00
Sub Total For AETNA US HEALTHCARE NEIC		755.00	153.28	551.72	0.00	0.00	0.00	50.00
AETNA								
76830	GYN-TRANSVAGINAL	300.00	25.50	214.50	0.00	0.00	60.00	0.00
76856	SONO PELVIC NON OB	250.00	85.26	164.74	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	1.62	48.38	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	2.06	7.94	0.00	0.00	0.00	0.00

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99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	93.77	56.23	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For AETNA		885.00	208.21	616.79	0.00	0.00	60.00	0.00

AETNA US HEALTHCARE

76830	GYN-TRANSVAGINAL	300.00	35.50	214.50	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	85.26	164.74	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	1.62	48.38	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	2.06	7.94	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	93.77	56.23	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For AETNA US HEALTHCARE		885.00	218.21	616.79	0.00	0.00	0.00	0.00

BLUE CROSS BLUE SHEILD

36415	VENIPUNCTURE	50.00	0.00	48.20	0.00	0.00	1.80	0.00
76830	GYN-TRANSVAGINAL	600.00	89.31	469.03	0.00	0.00	35.00	0.00
76856	SONO PELVIC NON OB	500.00	206.99	281.91	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	4.48	95.52	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	5.70	14.30	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	150.00	0.00	150.00	0.00	0.00	0.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	75.00	0.00	26.55	0.00	0.00	28.45	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	300.00	223.58	56.42	0.00	0.00	20.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	40.00	0.00	40.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	150.00	0.00	0.00	0.00	0.00
Sub Total For BLUE CROSS BLUE SHEILD		1,985.00	530.06	1,331.93	0.00	0.00	85.25	0.00

BLUE CROSS BLUE SHIELD

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36415	VENIPUNCTURE	1,450.00	21.42	964.00	0.00	0.00	12.60	0.00
36600	CORD GASES	400.00	6.64	193.36	0.00	0.00	0.00	0.00
38205	BLOOD-DERIVED HEMA CELL HARV COLL	500.00	35.48	214.52	0.00	0.00	0.00	0.00
56605	BIOPSY OF VULVA OR PERINEUM 1 LESIO	300.00	43.94	256.06	0.00	0.00	0.00	0.00
56606	BIOPSY OF VULVA OR PERINEUM, SEPERAT	750.00	118.47	631.53	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	700.00	154.66	495.34	0.00	0.00	50.00	0.00
56821	COLPOSCOPY OF VULVA W/BIOPSY	350.00	138.38	211.62	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	350.00	0.00	264.69	0.00	0.00	0.00	0.00
58120	D & C	7,500.00	979.86	6,129.24	0.00	0.00	0.00	0.00
58301	IUD REMOVAL	150.00	0.00	0.00	0.00	0.00	0.00	0.00
58558	HYSTEROSCOPY, W/ D/C, BIOPSY	2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	5,000.00	1,764.94	3,185.06	0.00	0.00	30.00	0.00
59025	NON FETAL STRESS TEST	2,450.00	0.00	0.00	0.00	0.00	0.00	0.00
59200	INSERTION OF CERVICAL DILATOR	500.00	0.00	0.00	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	10,500.00	3,679.21	1,570.79	0.00	0.00	0.00	0.00
59425	ANTEPARTUM CARE ONLY-4-6-VISITS	1,500.00	0.00	0.00	0.00	0.00	25.00	0.00
59820	TREATMENT OF MISSED AB/1ST TRIMESTE	1,500.00	0.00	1,119.14	0.00	0.00	380.86	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	1,400.00	0.00	0.00	0.00	0.00	0.00	700.00
76801	OB/ABD <14 1ST GEST	750.00	271.30	458.70	0.00	0.00	20.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	2,250.00	444.76	555.24	0.00	0.00	20.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	1,000.00	62.26	180.83	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	1,200.00	76.35	223.65	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	3,000.00	275.68	924.32	0.00	0.00	0.00	0.00
76820	DOPPLER	3,600.00	165.80	2,234.20	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	16,500.00	1,428.74	9,811.39	0.00	0.00	599.71	0.00
76856	SONO PELVIC NON OB	11,000.00	2,013.37	4,188.75	0.00	0.00	440.73	0.00

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76998	ULTRASOUND GUIDANCE INTRAOPERATIVE	800.00	55.97	688.06	0.00	0.00	55.97	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	1,000.00	52.55	197.45	52.55	197.45	0.00	197.45
81002	URINALYSIS W/O MICROSCOPY	4,350.00	124.97	3,056.67	0.00	0.00	13.62	0.04
81025	PREGNANCY TEST	175.00	22.16	116.76	0.00	0.00	11.08	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	190.00	31.35	85.80	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	0.00	15.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	3.37	16.26	0.00	0.00	0.37	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	3.37	16.26	0.00	0.00	0.37	0.00
93975	Vascular Studies	1,800.00	208.33	1,105.59	0.00	0.00	3.33	0.00
96372	THERAPEUTIC INJECTIONS	40.00	0.00	17.15	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	4,350.00	0.00	3,150.00	0.00	0.00	0.00	0.00
99024	POST OP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	600.00	0.00	600.00	0.00	0.00	0.00	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	200.00	105.22	94.78	0.00	0.00	0.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	75.00	33.45	26.55	0.00	0.00	15.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	3,900.00	946.67	1,211.88	0.00	0.00	554.75	0.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	375.00	136.66	113.34	0.00	0.00	18.20	0.00
99223	INITIAL HOSP VISIT HIGH	250.00	0.00	0.00	0.00	0.00	0.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	500.00	253.74	231.26	0.00	0.00	15.00	0.00
99283	EMERGENCY ROOM VISIT MOD.LEVEL 1	350.00	54.72	120.28	0.00	0.00	0.00	0.00
99285	EMERGENCY ROOM VISIT HIGH	250.00	0.00	0.00	0.00	0.00	0.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	380.00	236.00	144.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	450.00	272.88	177.12	0.00	0.00	0.00	0.00
99394	EST.PATIENT-WELL VISIT 12-17 YEARS	110.00	110.00	0.00	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	2,250.00	1,366.79	433.21	0.00	0.00	20.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	3,300.00	1,746.40	483.60	0.00	0.00	20.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	300.00	0.00	0.00	0.00	0.00	25.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	480.00	2.43	337.57	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	3,375.00	0.00	2,400.00	0.00	0.00	0.00	0.00
Sub Total For BLUE CROSS BLUE SHIELD		107,005.00	17,448.29	48,651.02	52.55	197.45	2,331.59	3,397.49

BLUE CROSS BLUE SHIELD								
36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	0.00	48.20
76830	GYN-TRANSVAGINAL	2,000.00	133.36	466.64	0.00	0.00	51.43	233.32
76856	SONO PELVIC NON OB	2,000.00	333.12	416.88	0.00	0.00	0.00	138.96
81002	URINALYSIS W/O MICROSCOPY	150.00	0.00	0.00	0.00	0.00	0.00	0.00
81025	PREGNANCY TEST	25.00	0.00	0.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
90471	IMMUNIZATION ADMINISTRATION 1 VACC	50.00	0.00	0.00	0.00	0.00	0.00	0.00
90649	HPV VACCINE	185.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	250.00	0.00	50.00	0.00	0.00	0.00	50.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	200.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	400.00	95.18	84.82	0.00	0.00	30.00	42.41
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	250.00	114.37	115.63	0.00	0.00	20.00	0.00
99385	WELL VISIT NEW PATIENT-18-39- YEARS	380.00	0.00	0.00	0.00	0.00	20.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	150.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	225.00	0.00	0.00	0.00	0.00	0.00	0.00
REFUND	Refund Amount	148.57	0.00	0.00	0.00	0.00	148.57	0.00
Sub Total For BLUE CROSS BLUE SHIELD		6,473.57	676.03	1,333.97	0.00	0.00	270.00	512.89

BLUE CROSS BLUECARD (PAR)

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36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	1.44	0.00
76830	GYN-TRANSVAGINAL	300.00	0.00	0.00	0.00	0.00	28.56	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	225.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For BLUE CROSS BLUECARD (PAR)		750.00	0.00	0.00	0.00	0.00	30.00	0.00

EMPIRE BLUECROSS/SHIELD

36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	300.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	0.00	0.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	20.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	150.00	0.00	0.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For EMPIRE BLUECROSS/SHIELD		1,360.00	0.00	0.00	0.00	0.00	20.00	0.00

EMPIRE BC BS

36415	VENIPUNCTURE	1,000.00	21.42	723.00	0.00	0.00	7.20	0.00
36600	CORD GASES	800.00	26.23	773.77	0.00	0.00	0.00	0.00
38205	BLOOD-DERIVED HEMA CELL HARV COLL	500.00	70.96	429.04	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	1,350.00	0.00	0.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	1,750.00	342.95	1,037.05	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	700.00	81.50	618.50	0.00	0.00	0.00	0.00

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57454	COLP CERVIX & UP VAGINA W/BX & ECC	1,350.00	114.75	335.25	0.00	0.00	60.00	0.00
57500	CERVICAL BIOPSY SINGLE/MULTIPLE	500.00	46.31	133.33	0.00	0.00	0.00	0.00
57505	ENDOCERVICAL CURETTAGE/NOT INC/W DC	800.00	46.31	307.38	0.00	0.00	0.00	0.00
57510	cauterization of cervix;electro/ther	350.00	0.00	0.00	0.00	0.00	0.00	0.00
58120	D & C	3,000.00	267.76	1,232.24	0.00	0.00	0.00	0.00
59025	NON FETAL STRESS TEST	2,450.00	75.56	2,021.92	0.00	0.00	0.00	0.00
59200	INSERTION OF CERVICAL DILATOR	500.00	39.51	460.49	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	21,000.00	14,565.79	6,434.21	0.00	0.00	0.00	0.00
59510	TOTAL OBSTETRICAL CARE C-SECTION	6,000.00	3,175.34	2,471.84	0.00	0.00	0.00	0.00
59514	C-SECTION ONLY	3,600.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	1,400.00	0.00	350.00	0.00	0.00	0.00	350.00
76801	OB/ABD <14 1ST GEST	250.00	0.00	0.00	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	3,250.00	1,049.83	1,683.27	0.00	0.00	160.07	0.00
76810	OB/ABD > 14 WEEK ADD GEST	1,500.00	267.63	1,139.16	0.00	0.00	14.34	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	1,500.00	89.52	1,158.22	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	1,200.00	152.70	447.30	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	5,100.00	688.00	3,982.20	0.00	0.00	50.89	0.00
76820	DOPPLER	3,000.00	203.50	2,796.50	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	16,500.00	1,574.20	7,259.21	64.29	235.71	104.89	0.00
76856	SONO PELVIC NON OB	11,750.00	2,421.68	3,926.79	107.05	142.95	132.03	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	500.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	4,550.00	120.52	2,865.60	2.24	47.76	13.66	0.00
81025	PREGNANCY TEST	100.00	5.54	38.92	0.00	0.00	5.54	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	270.00	42.75	107.25	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	30.00	0.00	15.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	40.00	3.74	16.26	0.00	0.00	0.00	0.00

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87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	40.00	3.74	16.26	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	231.47	368.53	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	4,050.00	0.00	2,350.00	0.00	50.00	0.00	50.00
99024	POST OP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	1,000.00	0.00	800.00	0.00	0.00	0.00	0.00
99203	NEW PT. MODERATE VISIT 30 MIN.	250.00	63.53	36.47	0.00	0.00	55.00	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	200.00	75.22	94.78	0.00	0.00	30.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	2,100.00	474.45	655.55	0.00	0.00	420.00	0.00
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	360.00	101.66	113.34	0.00	0.00	145.00	0.00
99223	INITIAL HOSP VISIT HIGH	500.00	134.85	365.15	0.00	0.00	0.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	1,000.00	221.09	233.91	0.00	0.00	65.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	1,140.00	486.73	258.27	0.00	0.00	15.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	450.00	135.01	89.99	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	2,550.00	914.00	406.00	102.36	47.64	30.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	3,900.00	1,478.56	621.44	0.00	0.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	150.00	102.36	47.64	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	500.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	580.00	2.43	337.57	0.00	20.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	4,050.00	0.00	2,100.00	0.00	75.00	0.00	0.00
REFUND	Refund Amount	20.00	0.00	0.00	0.00	0.00	20.00	0.00
Sub Total For EMPIRE BC BS		120,030.00	29,919.10	51,658.60	275.94	619.06	1,328.62	400.00

EMPIRE BLUE CARD

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54150	CIRCUMCISION	450.00	74.14	375.86	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	600.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	0.00	0.00	0.00	0.00	35.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	2.24	47.76	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	50.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	10.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	150.00	116.44	33.56	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	0.00	0.00	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	190.57	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For EMPIRE BLUE CARD		2,760.00	192.82	772.75	0.00	0.00	45.00	0.00

BLUE CROSS BLUESHIELD PPO								
36415	VENIPUNCTURE	50.00	1.80	48.20	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	350.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	1,800.00	256.72	1,166.60	0.00	0.00	6.65	0.00
76856	SONO PELVIC NON OB	1,250.00	316.47	555.84	0.00	0.00	20.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	500.00	97.22	394.90	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	500.00	20.16	429.84	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	70.00	17.10	42.90	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	500.00	0.00	450.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	37.59	42.41	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	116.44	33.56	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	1,350.00	941.60	243.40	0.00	0.00	15.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	60.00	0.00	40.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	675.00	0.00	600.00	0.00	0.00	0.00	0.00
Sub Total For BLUE CROSS BLUESHIELD PPO		7,355.00	1,805.10	4,047.65	0.00	0.00	41.65	0.00

EMPIRE BC BS PPO								
76830	GYN-TRANSVAGINAL	300.00	66.68	233.32	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	111.04	138.96	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	4.48	95.52	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	2.85	7.15	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	100.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	108.05	41.95	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	150.00	108.05	41.95	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	150.00	0.00	0.00	0.00	0.00
Sub Total For EMPIRE BC BS PPO		1,210.00	401.15	808.85	0.00	0.00	0.00	0.00

STUDENT INSURANCE								
81002	URINALYSIS W/O MICROSCOPY	50.00	1.53	48.09	0.38	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	2.00	12.50	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	2.55	16.81	0.64	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	2.55	16.81	0.64	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99385	WELL VISIT NEW PATIENT-18-39- YEARS	190.00	113.76	76.24	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	31.64	43.36	0.00	0.00	0.00	0.00
Sub Total For STUDENT INSURANCE		420.00	154.03	263.81	1.66	0.00	0.00	0.00

Procedure Productivity By Insurance Report

MEDICAID								
54150	CIRCUMCISION	450.00	0.00	0.00	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For MEDICAID		700.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE EMPIRE BC/BS								
36415	VENIPUNCTURE	250.00	14.70	235.30	0.00	0.00	0.00	0.00
56405	INC/DRAIN OF VULVA OR PERINEAL ABSC	400.00	104.64	268.66	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	1,750.00	369.64	651.81	26.58	0.00	0.00	0.00
57150	PESSARY CLEANING/IRRIGATION	375.00	62.85	144.87	0.00	0.00	0.00	0.00
57160	PESSARY FITTING AND INSERTION	600.00	212.61	178.80	90.40	0.00	0.00	0.00
58120	D & C	1,500.00	240.39	1,193.39	57.43	0.00	0.00	0.00
58340	INJECTION PROCEDURE, HYSTERO SALPINGO	1,200.00	108.57	1,061.50	27.70	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	1,050.00	53.96	632.28	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	10,200.00	2,851.04	3,770.91	278.27	0.34	0.00	0.00
76831	HYSTEROSONOGRAPHY	350.00	114.10	204.46	29.11	0.00	0.00	0.00
76856	SONO PELVIC NON OB	7,000.00	1,519.11	2,155.35	209.17	0.00	80.68	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	500.00	115.92	384.08	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	4,750.00	242.82	3,301.79	0.07	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	800.00	261.00	328.02	0.09	2.62	0.00	0.00
82272	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	0.00	0.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	0.00	0.00	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	0.00	0.00	0.00	0.00	0.00	0.00
96372	THERAPEUTIC INJECTIONS	40.00	0.00	0.00	0.00	0.00	0.00	0.00

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99000	SPECIMEN HANDLING/CULTURE	4,900.00	0.00	3,600.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	400.00	0.00	400.00	0.00	0.00	0.00	0.00
99203	NEW PT. MODERATE VISIT 30 MIN.	1,375.00	390.58	10.72	172.32	0.00	123.08	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	200.00	0.00	0.00	0.00	0.00	0.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	525.00	156.76	124.25	59.99	0.00	49.99	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	9,600.00	3,356.61	1,186.68	666.84	46.35	142.31	0.00
A4558	CONDUCTIVE PASTE OR GEL	60.00	0.00	60.00	0.00	0.00	0.00	0.00
G0101	PELVIC/BREAST EXAM (MEDICARE ONLY)	6,975.00	1,441.65	1,868.59	0.86	31.00	0.00	450.00
G8553	AT LEAST ONE PRESCRIPTION CREATED DURING THE ENCOUNTER WAS GENERATED AND TRANSMITTED ELECTRONICALLY USING A QUALIFIED ERX SYSTEM	0.02	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	6,750.00	1,535.03	1,498.24	0.00	0.00	0.00	525.00
Sub Total For MEDICARE EMPIRE BC/BS		61,615.02	13,151.98	23,259.70	1,618.83	80.31	396.06	975.00

CIGNA HEALTHCARE								
76830	GYN-TRANSVAGINAL	300.00	105.59	194.41	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	106.26	143.74	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	2.06	47.94	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	2.68	7.32	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	150.00	0.00	100.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	180.05	0.00	0.00	19.95	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	200.00	54.95	45.00	0.00	0.00	0.05	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	82.13	67.87	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For CIGNA HEALTHCARE		1,435.00	353.67	786.33	0.00	0.00	20.00	0.00

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COLLECTION AGENCY CBHV									
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For COLLECTION AGENCY CBHV		400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
POMCO									
56405	INC/DRAIN OF VULVA OR PERINEAL ABSC	400.00	140.00	260.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	300.00	50.00	250.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	100.00	150.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	100.00	30.00	60.00	0.00	0.00	0.00	10.00	0.00
Sub Total For POMCO		1,050.00	320.00	720.00	0.00	0.00	0.00	10.00	0.00
TRICARE FOR LIFE									
36415	VENIPUNCTURE	100.00	6.00	94.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	150.00	13.50	136.50	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00
Sub Total For TRICARE FOR LIFE		350.00	19.50	330.50	0.00	0.00	0.00	0.00	0.00
self pay									
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
99395	ESTAB. PATIENT- WELL VISIT 18-39 YEAR	150.00	0.00	0.00	0.00	0.00	0.00	150.00	0.00
99396	ESTAB. PATIENT- WELL VISIT-40-64-YRS	110.00	0.00	0.00	0.00	0.00	0.00	110.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00
Sub Total For self pay		435.00	0.00	0.00	0.00	0.00	0.00	260.00	175.00
UMR									
36415	VENIPUNCTURE	100.00	1.80	48.20	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	200.00	1.90	98.10	0.00	0.00	0.00	0.00	0.00

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99000	SPECIMEN HANDLING/CULTURE	150.00	0.00	100.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	127.48	22.52	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For UMR		675.00	131.18	343.82	0.00	0.00	0.00	0.00

AMERICAN PLAN ADMIN.

56820	COLPOSCOPY OF VULVA NO BX	350.00	156.00	194.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	1,800.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	1,500.00	0.00	0.00	0.00	0.00	93.00	0.00
81002	URINALYSIS W/O MICROSCOPY	150.00	0.00	48.00	0.00	0.00	2.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	200.00	0.00	50.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	700.00	24.00	53.00	0.00	0.00	38.66	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	40.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For AMERICAN PLAN ADMIN.		5,575.00	180.00	345.00	0.00	0.00	133.66	0.00

GHI PPO (PAR)

54150	CIRCUMCISION	450.00	0.00	0.00	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For GHI PPO (PAR)		700.00	0.00	0.00	0.00	0.00	0.00	0.00

GHI MEDICARE CHOICE PPO

76830	GYN-TRANSVAGINAL	300.00	108.00	192.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	81.00	141.00	0.00	0.00	0.00	0.00

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81002	URINALYSIS W/O MICROSCOPY	150.00	0.00	144.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	30.00	7.50	22.50	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	150.00	0.00	150.00	0.00	0.00	0.00	0.00
99397	ESTB. PATIENT-WELL VISIT-65-UP YEARS	450.00	210.00	240.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	225.00	0.00	225.00	0.00	0.00	0.00	0.00
Sub Total For GHI MEDICARE CHOICE PPO		1,555.00	406.50	1,114.50	0.00	0.00	0.00	0.00

GHI (PAR)								
56820	COLPOSCOPY OF VULVA NO BX	350.00	156.00	194.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	48.00	0.00	0.00	2.00	0.00
83986	PH BODY FLUID	15.00	0.00	11.00	0.00	0.00	4.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	0.00	16.00	0.00	0.00	4.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	0.00	14.50	0.00	0.00	5.50	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99395	ESTAB. PATIENT-WELL VISIT 18-39 YEAR	150.00	70.00	80.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	2.00	73.00	0.00	0.00	0.00	0.00
Sub Total For GHI (PAR)		730.00	228.00	486.50	0.00	0.00	15.50	0.00

GHI								
10180	INCISION AND DRAINAGE OF WOUND	750.00	110.00	390.00	0.00	0.00	0.00	0.00
36415	VENIPUNCTURE	2,350.00	76.00	1,824.00	2.00	48.00	0.00	0.00
36600	CORD GASES	1,000.00	43.50	356.50	0.00	0.00	0.00	0.00
38205	BLOOD-DERIVED HEMA CELL HARV COLL	250.00	0.00	0.00	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	1,350.00	70.00	380.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	2,450.00	780.00	1,320.00	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	700.00	392.00	308.00	0.00	0.00	0.00	0.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	1,350.00	442.00	458.00	0.00	0.00	0.00	450.00
57500	CERVICAL BIOPSY SINGLE/MULTIPLE	250.00	0.00	0.00	0.00	0.00	0.00	0.00

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58120	D & C	12,000.00	2,520.00	6,480.00	0.00	0.00	0.00	0.00
58300	INSERT OF IUD	700.00	360.00	340.00	0.00	0.00	0.00	0.00
58340	INJECTION PROCEDURE, HYSTERO SALPINGO	1,200.00	100.00	1,100.00	0.00	0.00	0.00	0.00
59000	AMNIOCENTESIS DIAGNOSTIC	1,200.00	160.00	1,040.00	0.00	0.00	0.00	0.00
59025	NON FETAL STRESS TEST	3,850.00	140.00	1,260.00	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	26,250.00	6,280.00	4,220.00	0.00	0.00	0.00	0.00
59425	ANTEPARTUM CARE ONLY-4-6-VISITS	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	6,300.00	923.00	3,588.00	0.00	0.00	39.00	700.00
76801	OB/ABD <14 1ST GEST	250.00	128.00	122.00	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	9,250.00	2,837.00	3,290.00	0.00	0.00	95.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	1,250.00	105.00	382.00	0.00	0.00	13.00	0.00
76817	OB-TRANSVAGINAL SONO	1,500.00	324.00	876.00	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	11,700.00	2,064.00	5,339.00	0.00	0.00	163.00	0.00
76820	DOPPLER	10,200.00	674.00	8,205.00	0.00	0.00	68.00	0.00
76830	GYN-TRANSVAGINAL	38,100.00	10,855.00	19,776.00	0.00	0.00	140.00	0.00
76831	HYSTEROSONOGRAPHY	350.00	93.00	242.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	25,750.00	7,831.00	10,857.00	15.00	0.00	389.00	15.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	3,250.00	591.00	2,024.00	0.00	0.00	135.00	0.00
81002	URINALYSIS W/O MICROSCOPY	11,650.00	168.70	8,161.30	4.00	48.00	141.00	480.00
81025	PREGNANCY TEST	325.00	6.00	230.00	0.00	0.00	14.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	510.00	103.40	316.60	0.00	0.00	0.00	0.00
82272	BLOOD, OCCULT; FECES QUALITATIVE	320.00	12.00	30.00	0.00	0.00	36.00	0.00
83986	PH BODY FLUID	60.00	1.50	33.00	0.00	0.00	3.50	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	80.00	0.00	48.00	0.00	0.00	4.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	80.00	0.00	43.50	0.00	0.00	5.50	0.00
93975	Vascular Studies	3,000.00	1,346.00	1,024.00	0.00	0.00	15.00	0.00
96372	THERAPEUTIC INJECTIONS	200.00	110.00	90.00	0.00	0.00	0.00	0.00

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99000	SPECIMEN HANDLING/CULTURE	10,650.00	0.00	7,845.20	4.80	50.00	15.00	400.00
99058	OFFICE SVCS EMERGENCY BASIS	3,200.00	30.00	2,170.00	0.00	0.00	0.00	200.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	600.00	140.00	230.00	0.00	0.00	45.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	300.00	50.00	70.00	0.00	0.00	60.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	7,800.00	1,886.00	3,074.00	0.00	0.00	838.00	15.00
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	125.00	42.00	68.00	0.00	0.00	15.00	0.00
99223	INITIAL HOSP VISIT HIGH	250.00	0.00	0.00	0.00	0.00	0.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	1,000.00	25.00	210.00	0.00	0.00	45.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	1,330.00	450.00	690.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	1,125.00	375.00	750.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	4,500.00	1,610.00	1,840.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	13,050.00	4,130.00	4,720.00	70.00	80.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	750.00	170.64	279.36	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	500.00	0.00	0.00	0.00	0.00	0.00	0.00
A4550	SURGICAL TRAY	300.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	220.00	0.00	140.00	0.00	0.00	0.00	0.00
BOUNCED CK	BOUNCED CHECK	32.00	0.00	0.00	0.00	0.00	15.00	0.00
J7300	IUD PARAGUARD (INTRAUTERINE CONTR)	4,000.00	2,870.40	1,129.60	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	10,275.00	226.77	7,948.23	2.00	73.00	0.00	0.00
Sub Total For GHI		241,282.00	51,651.91	115,318.29	97.80	299.00	2,294.00	2,260.00
GHI								
36415	VENIPUNCTURE	250.00	7.80	192.00	0.00	0.00	0.00	0.00

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54150	CIRCUMCISION	900.00	140.00	760.00	0.00	0.00	0.00	0.00
57150	PESSARY CLEANING/IRRIGATION	75.00	17.50	57.50	0.00	0.00	0.00	0.00
57160	PESSARY FITTING AND INSERTION	150.00	45.00	105.00	0.00	0.00	0.00	0.00
58120	D & C	1,500.00	420.00	1,080.00	0.00	0.00	0.00	0.00
58301	IUD REMOVAL	150.00	35.00	115.00	0.00	0.00	0.00	0.00
58558	HYSTEROSCOPY, W/ D/C, BIOPSY	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00
59426	ANTEPARTUM CARE ONLY, 7-OR MORE VIS	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	350.00	0.00	0.00	0.00	0.00	0.00	0.00
76801	OB/ABD <14 1ST GEST	250.00	128.00	122.00	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	300.00	97.00	203.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	3,300.00	1,058.40	1,920.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	2,250.00	674.50	987.00	0.00	0.00	73.50	0.00
76998	ULTRASOUND GUIDANCE INTRAOPERATIVE	400.00	21.00	349.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	600.00	17.60	528.00	0.00	0.00	2.00	0.00
81025	PREGNANCY TEST	75.00	4.00	69.00	0.00	0.00	2.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	60.00	12.25	45.00	0.00	0.00	2.50	0.00
82272	BLOOD, OCCULT; FECES QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	750.00	0.00	650.00	0.00	0.00	0.00	50.00
99058	OFFICE SVCS EMERGENCY BASIS	600.00	0.00	400.00	0.00	0.00	0.00	0.00
99203	NEW PT. MODERATE VISIT 30 MIN.	125.00	25.00	60.00	0.00	0.00	40.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	1,000.00	301.00	424.00	0.00	0.00	90.00	0.00
99214	ESTAB. PT. COMPREHE NSIVE 25 MIN.	125.00	0.00	0.00	0.00	0.00	0.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	250.00	90.00	160.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64- YEARS	225.00	75.00	150.00	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	300.00	140.00	160.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	600.00	280.00	320.00	0.00	0.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	300.00	140.00	160.00	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	500.00	120.00	130.00	0.00	0.00	0.00	250.00
Q0091	COLLECTION OF PAP SMEAR	750.00	16.00	734.00	0.00	0.00	0.00	0.00
Sub Total For GHI		25,645.00	3,865.05	9,880.50	0.00	0.00	210.00	300.00

HCPIPA								
36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	450.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	600.00	121.49	178.51	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	119.45	130.55	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	0.00	0.00	0.00	0.00	0.00
81025	PREGNANCY TEST	25.00	0.00	0.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	4.38	5.62	0.00	0.00	0.00	0.00
90471	IMMUNIZATION ADMINISTRATION 1 VACC	50.00	0.00	50.00	0.00	0.00	0.00	0.00
90649	HPV VACCINE	185.00	134.27	50.73	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	75.00	43.90	31.10	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	200.00	69.42	30.58	0.00	0.00	30.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	0.00	20.00	0.00	0.00	0.00	0.00
Sub Total For HCPIPA		2,515.00	492.91	497.09	0.00	0.00	30.00	0.00

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HIP VIP								
57150	PESSARY CLEANING/IRRIGATI ON	75.00	22.80	52.20	0.00	0.00	0.00	0.00
57160	PESSARY FITTING AND INSERTION	150.00	52.35	72.65	0.00	0.00	20.00	0.00
76830	GYN-TRANSVAGINAL	600.00	115.50	484.50	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	5.86	94.14	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	7.46	12.54	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	100.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	100.00	48.31	51.69	0.00	0.00	0.00	0.00
99396	ESTAB. PATIENT- WELL VISIT-40-64- YRS	150.00	40.25	94.75	0.00	0.00	0.00	0.00
99397	ESTB. PATIENT-WELL VISIT-65-UP YEARS	150.00	63.75	86.25	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	53.85	96.15	0.00	0.00	0.00	0.00
Sub Total For HIP VIP		1,595.00	410.13	1,144.87	0.00	0.00	20.00	0.00

HIP								
56820	COLPOSCOPY OF VULVA NO BX	700.00	113.99	236.01	0.00	0.00	30.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	350.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	900.00	122.61	477.39	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	54.85	195.15	0.00	0.00	0.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	250.00	39.05	210.95	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	5.86	94.14	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	3.73	16.27	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	200.00	0.00	150.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	300.00	29.31	45.69	0.00	0.00	30.00	0.00
99396	ESTAB. PATIENT- WELL VISIT-40-64- YRS	300.00	130.00	170.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	150.00	0.00	0.00	0.00	0.00

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Sub Total For HIP		3,790.00	499.40	1,745.60	0.00	0.00	60.00	0.00
HIP HMO								
36415	VENIPUNCTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	46.48	0.00	0.00	3.52	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
Sub Total For HIP HMO		150.00	0.00	146.48	0.00	0.00	3.52	0.00
1199 NATIONAL BENEFIT NEI								
76830	GYN-TRANSVAGINAL	300.00	123.00	177.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	123.00	127.00	0.00	0.00	0.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	250.00	137.00	113.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	4.00	46.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	150.00	109.00	41.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For 1199 NATIONAL BENEFIT NEI		1,125.00	496.00	629.00	0.00	0.00	0.00	0.00
1199 NATIONAL BENEFIT								
36415	VENIPUNCTURE	750.00	17.70	432.30	0.00	0.00	0.00	0.00
36600	CORD GASES	200.00	0.00	0.00	0.00	0.00	0.00	0.00
38205	BLOOD-DERIVED HEMA CELL HARV COLL	250.00	0.00	0.00	0.00	0.00	0.00	0.00
56405	INC/DRAIN OF VULVA OR PERINEAL ABSC	400.00	170.00	230.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	700.00	0.00	0.00	0.00	0.00	0.00	0.00
58120	D & C	1,500.00	313.43	1,186.57	0.00	0.00	0.00	0.00
58558	HYSTEROSCOPY, W/D/C, BIOPSY	2,500.00	222.20	2,277.80	0.00	0.00	0.00	0.00
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	5,000.00	2,318.46	2,681.54	0.00	0.00	0.00	0.00
59025	NON FETAL STRESS TEST	700.00	0.00	0.00	0.00	0.00	0.00	0.00
59510	TOTAL OBSTETRICAL CARE C-SECTION	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00

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76376	THREE DIMENSIONAL RECONSTRUCTION	1,050.00	118.18	581.82	0.00	0.00	0.00	0.00
76801	OB/ABD <14 1ST GEST	750.00	0.00	0.00	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	2,250.00	685.65	1,064.35	0.00	0.00	0.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	500.00	0.00	0.00	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	1,200.00	66.68	233.32	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	3,300.00	432.88	1,667.12	0.00	0.00	0.00	0.00
76820	DOPPLER	3,000.00	92.88	1,707.12	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	4,800.00	1,138.50	2,461.50	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	4,250.00	1,221.60	2,028.40	0.00	0.00	0.00	0.00
76998	ULTRASOUND GUIDANCE INTRAOPERATIVE	400.00	40.86	359.14	0.00	0.00	0.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	500.00	274.00	226.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	2,200.00	60.40	1,289.60	0.00	0.00	0.00	0.00
81025	PREGNANCY TEST	100.00	16.04	83.96	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	80.00	2.06	7.94	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	0.00	15.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	6.00	14.00	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	6.00	14.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	2,000.00	83.16	1,066.84	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	200.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	2,000.00	821.00	574.00	0.00	0.00	0.00	0.00
99214	ESTAB. PT. COMPREHE NSIVE 25 MIN.	375.00	92.00	33.00	0.00	0.00	0.00	0.00
99243	OFFICE CONSULTATION MODERATE 40 MIN	150.00	0.00	0.00	134.00	16.00	0.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	380.00	268.00	112.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	225.00	157.00	68.00	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	600.00	281.26	168.74	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	1,500.00	213.77	86.23	0.00	0.00	0.00	0.00
A4550	SURGICAL TRAY	150.00	0.00	150.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	180.00	5.82	94.18	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	1,500.00	112.92	562.08	0.00	0.00	0.00	0.00
Sub Total For 1199 NATIONAL BENEFIT		52,295.00	9,238.45	21,676.55	134.00	16.00	0.00	0.00

MAGNACARE								
10180	INCISION AND DRAINAGE OF WOUND	250.00	0.00	0.00	0.00	0.00	0.00	0.00
36415	VENIPUNCTURE	50.00	4.00	46.00	0.00	0.00	0.00	0.00
36600	CORD GASES	200.00	0.00	0.00	0.00	0.00	0.00	0.00
57456	COLP CERVIX & UP VAG W/ECC ONLY	450.00	180.00	270.00	0.00	0.00	0.00	0.00
59510	TOTAL OBSTETRICAL CARE C-SECTION	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	500.00	120.00	130.00	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	600.00	90.99	209.01	0.00	0.00	0.00	0.00
76820	DOPPLER	1,200.00	98.71	501.29	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	1,800.00	200.00	700.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	1,000.00	200.00	300.00	0.00	0.00	25.00	0.00
81002	URINALYSIS W/O MICROSCOPY	650.00	20.00	380.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	50.00	12.00	28.00	0.00	0.00	0.00	0.00
90471	IMMUNIZATION ADMINISTRATION 1 VACC	50.00	16.00	34.00	0.00	0.00	0.00	0.00
90649	HPV VACCINE	185.00	131.00	54.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	110.50	489.50	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	550.00	0.00	400.00	0.00	0.00	0.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	75.00	30.00	45.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	500.00	40.00	120.00	0.00	0.00	70.00	0.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	375.00	100.00	195.00	0.00	0.00	80.00	0.00

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99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	600.00	110.00	270.00	0.00	0.00	55.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	80.00	3.31	36.69	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	600.00	104.76	345.24	0.00	0.00	0.00	0.00
Sub Total For MAGNACARE		16,365.00	1,571.27	4,553.73	0.00	0.00	230.00	0.00
MAGNACARE								
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	47.50	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	7.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	125.00	0.00	65.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For MAGNACARE		310.00	0.00	244.50	0.00	0.00	0.00	0.00
MAGNACARE								
36415	VENIPUNCTURE	50.00	4.00	46.00	0.00	0.00	0.00	0.00
56821	COLPOSCOPY OF VULVA W/BIOPSY	350.00	325.00	25.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	300.00	70.00	200.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	2.50	47.50	0.00	0.00	2.50	0.00
99000	SPECIMEN HANDLING/CULTURE	150.00	0.00	100.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	10.00	60.00	0.00	0.00	25.00	0.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	250.00	30.00	65.00	0.00	0.00	47.50	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For MAGNACARE		1,450.00	441.50	618.50	0.00	0.00	75.00	0.00
GREAT WEST HEALTH CARE								
76830	GYN-TRANSVAGINAL	600.00	105.59	194.41	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	106.26	143.74	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	2.06	47.94	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	82.13	67.87	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	40.00	0.00	20.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For GREAT WEST HEALTH CARE		1,565.00	296.04	598.96	0.00	0.00	0.00	0.00

WINE, LIQUOR & DIST. WORK								
76830	GYN-TRANSVAGINAL	600.00	77.72	427.28	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	25.02	104.73	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	2.79	93.80	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	6.06	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	5.98	86.72	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	87.61	31.32	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	150.00	0.00	23.45	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	65.40	0.00	0.00	0.00	0.00
Sub Total For WINE, LIQUOR & DIST. WORK		1,510.00	199.12	838.76	0.00	0.00	0.00	0.00

MERITAIN HEALTH								
76830	GYN-TRANSVAGINAL	300.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	0.00	0.00	0.00	0.00	30.00	0.00
81002	URINALYSIS W/O MICROSCOPY	100.00	1.62	48.38	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	2.06	7.94	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	100.00	0.00	50.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64- YEARS	225.00	114.34	110.66	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	150.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	28.23	46.77	0.00	0.00	0.00	0.00
Sub Total For MERITAIN HEALTH		1,295.00	146.25	263.75	0.00	0.00	30.00	0.00

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OXFORD (PAR) NEIC								
54150	CIRCUMCISION	450.00	70.42	379.58	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	113.05	136.95	0.00	0.00	0.00	0.00
Sub Total For OXFORD (PAR) NEIC		700.00	183.47	516.53	0.00	0.00	0.00	0.00
OXFORD FREEDOM PLAN								
11423	EXCISION, BENIGN LESION 2.1 TO 3.0CM	300.00	76.67	223.33	0.00	0.00	0.00	0.00
36415	VENIPUNCTURE	300.00	5.40	144.60	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	350.00	156.62	193.38	0.00	0.00	0.00	0.00
56821	COLPOSCOPY OF VULVA W/BIOPSY	350.00	196.46	143.54	0.00	0.00	0.00	0.00
58120	D & C	1,500.00	353.89	1,136.11	0.00	0.00	10.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	250.00	35.29	179.41	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	4,800.00	641.78	2,449.88	0.00	0.00	29.24	0.10
76856	SONO PELVIC NON OB	3,750.00	640.92	1,362.98	0.00	0.00	49.45	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	500.00	0.00	205.98	0.00	0.00	10.00	0.00
81002	URINALYSIS W/O MICROSCOPY	1,400.00	34.28	961.91	0.00	0.00	0.00	50.00
81025	PREGNANCY TEST	25.00	4.73	20.27	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	150.00	26.69	83.31	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	0.00	15.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	3.19	16.81	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	3.19	16.10	0.00	0.00	0.00	0.71
93975	Vascular Studies	600.00	344.43	245.57	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	1,500.00	0.00	1,150.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	400.00	0.00	400.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	500.00	60.71	149.29	0.00	0.00	80.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	900.00	413.87	186.13	0.00	0.00	0.00	0.00

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99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	2,400.00	1,299.93	500.07	0.00	0.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	300.00	239.08	60.92	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	60.00	0.00	40.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	1,725.00	0.00	1,275.00	0.00	0.00	0.00	0.00
Sub Total For OXFORD FREEDOM PLAN		22,115.00	4,537.13	11,159.59	0.00	0.00	178.69	50.81

OXFORD HEALTH PLANS

76830	GYN-TRANSVAGINAL	300.00	58.47	241.53	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	98.90	151.10	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	22.33	47.67	0.00	0.00	30.00	0.00
Sub Total For OXFORD HEALTH PLANS		650.00	179.70	440.30	0.00	0.00	30.00	0.00

NIPPON LIFE INS (MULTIPLA

76830	GYN-TRANSVAGINAL	600.00	85.50	214.50	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	65.26	164.74	0.00	0.00	20.00	0.00
81002	URINALYSIS W/O MICROSCOPY	200.00	1.62	48.38	0.00	0.00	0.00	0.00
81025	PREGNANCY TEST	25.00	0.00	0.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	2.06	7.94	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	200.00	5.94	44.06	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	0.00	0.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	300.00	93.77	56.23	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	2.91	17.09	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	225.00	28.23	46.77	0.00	0.00	0.00	0.00
Sub Total For NIPPON LIFE INS (MULTIPLA		2,930.00	285.29	599.71	0.00	0.00	20.00	0.00

CHRISTIAN BROTHERS EMPLOY

76830	GYN-TRANSVAGINAL	900.00	171.00	429.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	750.00	85.26	164.74	0.00	0.00	0.00	0.00

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81002	URINALYSIS W/O MICROSCOPY	150.00	3.24	96.76	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	215.49	384.51	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	150.00	11.88	88.12	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	100.00	59.00	41.00	0.00	0.00	0.00	0.00
99395	ESTAB. PATIENT- WELL VISIT 18-39 YEAR	150.00	86.13	63.87	0.00	0.00	0.00	0.00
99396	ESTAB. PATIENT- WELL VISIT-40-64- YRS	150.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	2.91	17.09	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	28.23	46.77	0.00	0.00	0.00	0.00
Sub Total For CHRISTIAN BROTHERS EMPLOY		3,130.00	663.14	1,331.86	0.00	0.00	0.00	0.00
HEALTHPARTNERS								
76830	GYN-TRANSVAGINAL	300.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For HEALTHPARTNERS		750.00	0.00	0.00	0.00	0.00	0.00	0.00
EMPIRE PLAN UNITED HC								
36415	VENIPUNCTURE	1,150.00	108.00	792.00	0.00	0.00	0.00	0.00
36600	CORD GASES	400.00	0.00	0.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	2,100.00	508.00	832.00	0.00	0.00	60.00	0.00
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (OTHER THAN LOCAL)	250.00	123.00	127.00	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	700.00	0.00	0.00	0.00	0.00	0.00	0.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	450.00	0.00	0.00	0.00	0.00	0.00	0.00

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57510	cauterization of cervix;electro/ther	350.00	123.00	227.00	0.00	0.00	0.00	0.00
58120	D & C	3,000.00	338.00	1,162.00	0.00	0.00	0.00	0.00
58300	INSERT OF IUD	175.00	0.00	0.00	0.00	0.00	0.00	0.00
58301	IUD REMOVAL	150.00	91.00	59.00	0.00	0.00	0.00	0.00
58565	HYSTEROSCOPY;SURGICAL W/BILAT FALLO	5,000.00	2,740.00	2,260.00	0.00	0.00	0.00	0.00
59025	NON FETAL STRESS TEST	1,750.00	0.00	0.00	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	10,500.00	2,695.00	2,555.00	0.00	0.00	0.00	0.00
59812	TREATMENT OF INCOMP.AB/COMP/SURGICA	2,500.00	0.00	0.00	0.00	0.00	20.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	4,200.00	1,408.00	1,218.00	0.00	0.00	0.00	0.00
76801	OB/ABD <14 1ST GEST	500.00	0.00	0.00	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	2,250.00	889.00	721.00	0.00	0.00	160.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	500.00	34.30	215.70	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	1,500.00	234.00	366.00	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	2,700.00	659.45	1,140.55	0.00	0.00	0.00	0.00
76820	DOPPLER	3,000.00	351.00	1,449.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	19,500.00	4,599.40	8,800.00	0.00	0.00	80.05	0.00
76856	SONO PELVIC NON OB	13,000.00	2,992.55	4,896.00	0.00	0.00	462.05	0.00
76998	ULTRASOUND GUIDANCE INTRAOPERATIVE	400.00	52.14	327.86	0.00	0.00	20.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	1,500.00	804.00	576.00	0.00	0.00	105.25	0.00
81002	URINALYSIS W/O MICROSCOPY	5,050.00	0.00	3,486.60	0.00	0.00	119.60	0.00
81025	PREGNANCY TEST	225.00	48.75	106.75	0.00	0.00	19.50	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	420.00	0.00	212.35	0.00	0.00	100.80	0.00
83986	PH BODY FLUID	30.00	0.00	23.70	0.00	0.00	3.15	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	40.00	0.00	33.70	0.00	0.00	3.15	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	40.00	0.00	31.60	0.00	0.00	4.20	0.00
93975	Vascular Studies	2,400.00	871.00	909.00	0.00	0.00	0.00	0.00

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96372	THERAPEUTIC INJECTIONS	80.00	42.00	38.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	5,200.00	0.00	3,650.00	0.00	0.00	0.00	100.00
99058	OFFICE SVCS EMERGENCY BASIS	1,000.00	0.00	800.00	0.00	0.00	0.00	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	200.00	90.00	90.00	0.00	0.00	20.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	150.00	18.00	92.00	0.00	0.00	40.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	5,100.00	962.00	2,378.00	0.00	0.00	839.78	0.00
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	375.00	86.00	124.00	0.00	0.00	60.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	250.00	123.00	107.00	0.00	0.00	20.00	0.00
99384	WELL VISIT NEW PT 12-17-YEARS	190.00	88.00	102.00	0.00	0.00	0.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	380.00	81.00	109.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	225.00	0.00	0.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	1,950.00	340.00	410.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	7,800.00	3,159.00	2,691.00	0.00	0.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	150.00	95.00	55.00	0.00	0.00	0.00	0.00
A4550	SURGICAL TRAY	150.00	0.00	150.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	740.00	0.00	560.00	0.00	0.00	0.00	0.00
BOUNCED CK	BOUNCED CHECK	37.00	0.00	0.00	0.00	0.00	20.00	0.00
J7300	IUD PARAGUARD (INTRAUTERINE CONTR)	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	5,250.00	59.22	3,615.78	0.00	0.00	0.00	0.00
REFUND	Refund Amount	17.90	0.00	0.00	0.00	0.00	17.90	0.00
Sub Total For EMPIRE PLAN UNITED HC		115,974.90	24,812.81	47,499.59	0.00	0.00	2,175.43	100.00
UNITED HEALTHCARE								
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	250.00	35.22	205.98	0.00	0.00	8.80	0.00

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81002	URINALYSIS W/O MICROSCOPY	50.00	2.85	47.15	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	5.57	54.43	0.00	0.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	150.00	94.05	55.95	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	36.83	38.17	0.00	0.00	0.00	0.00
Sub Total For UNITED HEALTHCARE		675.00	174.52	451.68	0.00	0.00	8.80	0.00
UNITED HEALTHCARE ADM NEI								
54150	CIRCUMCISION	450.00	72.02	369.98	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	121.53	0.00	0.00	0.00	0.00
Sub Total For UNITED HEALTHCARE ADM NEI		700.00	72.02	491.51	0.00	0.00	0.00	0.00
UNITED HEALTH CARE								
11423	EXCISION, BENIGN LESION 2.1 TO 3.0CM	300.00	0.00	0.00	0.00	0.00	0.00	0.00
36415	VENIPUNCTURE	2,800.00	87.42	1,858.80	0.00	0.00	0.54	0.00
36600	CORD GASES	400.00	0.00	0.00	0.00	0.00	0.00	0.00
38205	BLOOD-DERIVED HEMA CELL HARV COLL	250.00	0.00	0.00	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	450.00	0.00	369.98	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	1,750.00	140.84	397.08	0.00	0.00	10.02	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	350.00	0.00	0.00	0.00	0.00	0.00	0.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	900.00	0.00	0.00	0.00	0.00	0.00	0.00
57456	COLP CERVIX & UP VAG W/ECC ONLY	450.00	0.00	259.75	0.00	0.00	0.00	0.00
57500	CERVICAL BIOPSY SINGLE/MULTIPLE	500.00	147.91	65.11	0.00	0.00	0.00	0.00
58100	ENDOMETRIAL BIOPSY	900.00	153.95	296.05	0.00	0.00	0.00	0.00
58120	D & C	6,000.00	1,408.26	4,591.74	0.00	0.00	0.00	0.00
58300	INSERT OF IUD	350.00	95.50	79.50	0.00	0.00	0.00	0.00
58301	IUD REMOVAL	150.00	0.00	11.23	0.00	0.00	0.00	0.00

Procedure Productivity By Insurance Report

58340	INJECTION PROCEDURE, HYSTERO SALPINGO	2,400.00	168.93	1,031.07	0.00	0.00	0.00	0.00
58558	HYSTEROSCOPY, W/ D/C, BIOPSY	2,500.00	0.00	2,500.00	0.00	0.00	0.00	0.00
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	5,000.00	2,375.26	2,604.74	0.00	0.00	20.00	0.00
59000	AMNIOCENTESIS DIAGNOSTIC	1,200.00	0.00	508.49	0.00	0.00	0.00	0.00
59025	NON FETAL STRESS TEST	2,450.00	0.00	0.00	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	10,500.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	7,000.00	1,534.13	2,966.60	0.00	0.00	35.00	302.04
76801	OB/ABD <14 1ST GEST	1,750.00	1,009.04	731.09	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	4,000.00	812.98	1,069.86	0.00	0.00	0.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	2,000.00	309.13	612.82	0.00	0.00	77.91	0.00
76817	OB-TRANSVAGINAL SONO	2,700.00	702.53	1,601.92	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	5,100.00	475.72	1,477.62	0.00	0.00	0.00	0.00
76820	DOPPLER	5,400.00	156.66	2,738.55	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	34,800.00	8,221.79	18,121.20	0.00	0.00	178.79	0.00
76831	HYSTEROSONOGRAPHY	700.00	77.72	252.28	0.00	0.00	25.00	0.00
76856	SONO PELVIC NON OB	23,250.00	6,452.93	9,257.25	0.00	0.00	319.40	23.87
76998	ULTRASOUND GUIDANCE INTRAOPERATIVE	400.00	141.61	258.39	0.00	0.00	0.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	750.00	243.24	502.36	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	8,800.00	233.53	6,548.59	0.00	0.00	2.28	100.00
81025	PREGNANCY TEST	500.00	109.05	335.28	0.00	0.00	30.63	0.04
82270	BLOOD, OCCULT; FECE S QUALITATIVE	530.00	130.03	292.32	0.00	0.00	2.89	0.03
83986	PH BODY FLUID	15.00	5.14	9.86	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	6.56	13.44	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	6.56	13.44	0.00	0.00	0.00	0.00
93975	Vascular Studies	4,800.00	1,291.07	1,054.13	0.00	0.00	20.00	0.00
96372	THERAPEUTIC INJECTIONS	240.00	120.04	90.76	0.00	0.00	0.00	0.00

Procedure Productivity By Insurance Report

99000	SPECIMEN HANDLING/CULTURE	8,800.00	0.00	6,745.13	0.00	0.00	0.00	50.00
99058	OFFICE SVCS EMERGENCY BASIS	1,800.00	0.00	1,600.00	0.00	0.00	0.00	0.00
99203	NEW PT. MODERATE VISIT 30 MIN.	250.00	63.90	108.00	0.00	0.00	0.00	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	400.00	335.94	24.06	0.00	0.00	40.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	150.00	6.80	83.20	0.00	0.00	60.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	6,700.00	2,250.35	1,785.70	0.00	0.00	760.23	0.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	1,125.00	339.10	335.03	0.00	0.00	85.87	0.00
99223	INITIAL HOSP VISIT HIGH	500.00	0.00	0.00	0.00	0.00	0.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	750.00	44.04	244.00	0.00	0.00	0.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	1,140.00	681.80	268.20	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	900.00	565.30	334.70	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	5,700.00	3,522.48	1,427.52	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	8,700.00	5,298.33	1,599.21	0.00	0.00	25.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	450.00	258.67	41.33	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	121.53	0.00	0.00	0.00	0.00
A4550	SURGICAL TRAY	150.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	1,180.00	0.00	860.00	0.00	0.00	0.00	0.00
J7300	IUD PARAGUARD (INTRAUTERINE CONTR)	2,000.00	633.88	366.12	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	8,175.00	63.28	6,611.72	0.00	0.00	0.00	0.00
Sub Total For UNITED HEALTH CARE		191,495.00	40,681.40	85,076.75	0.00	0.00	1,693.56	475.98

AETNA

Procedure Productivity By Insurance Report

11423	EXCISION, BENIGN LESION 2.1 TO 3.0CM	300.00	180.78	119.22	0.00	0.00	0.00	0.00
36415	VENIPUNCTURE	1,500.00	34.51	988.05	0.00	0.00	5.90	94.10
36600	CORD GASES	800.00	28.08	762.06	0.00	0.00	0.00	6.07
38205	BLOOD-DERIVED HEMA CELL HARV COLL	250.00	0.00	0.00	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	450.00	0.00	0.00	0.00	0.00	0.00	339.02
56405	INC/DRAIN OF VULVA OR PERINEAL ABSC	400.00	0.00	264.53	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	1,750.00	261.90	708.10	0.00	0.00	95.00	0.00
57150	PESSARY CLEANING/IRRIGATION	75.00	0.00	45.09	0.00	0.00	0.00	0.00
57160	PESSARY FITTING AND INSERTION	150.00	0.00	53.79	0.00	0.00	0.00	0.00
57420	COLP ENTIRE VAGINA W/CERVIX NO BX	350.00	0.00	0.00	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	350.00	33.53	316.47	0.00	0.00	0.00	0.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	450.00	148.46	261.54	0.00	0.00	25.00	0.00
57455	COLP CERVIX & UP VAG W/BX CERVIX	450.00	21.26	0.00	0.00	0.00	0.00	0.00
58120	D & C	4,500.00	616.86	2,373.14	0.00	0.00	10.00	1,186.57
58340	INJECTION PROCEDURE, HYSTERO SALPINGO	1,200.00	0.00	1,042.22	0.00	0.00	0.00	0.00
59025	NON FETAL STRESS TEST	2,100.00	130.72	1,875.90	0.00	0.00	37.35	0.00
59200	INSERTION OF CERVICAL DILATOR	500.00	46.18	442.27	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	21,000.00	9,647.34	10,468.00	0.00	0.00	314.73	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	1,400.00	0.00	0.00	0.00	0.00	0.00	700.00
76805	OB/ABD > 14 WK 1ST GEST	500.00	62.95	152.05	0.00	0.00	0.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	1,500.00	55.13	1,151.55	0.00	0.00	19.69	0.00
76817	OB-TRANSVAGINAL SONO	300.00	23.08	276.92	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	2,100.00	128.93	1,618.36	0.00	0.00	23.96	0.00
76830	GYN-TRANSVAGINAL	19,200.00	2,341.35	10,510.50	0.00	0.00	1,149.60	214.50
76831	HYSTEROSONOGRAPHY	350.00	0.00	264.38	0.00	0.00	0.00	0.00

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76856	SONO PELVIC NON OB	11,750.00	2,185.39	5,601.16	0.00	0.00	358.10	494.22
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	1,500.00	209.33	913.95	0.00	0.00	70.00	0.00
81002	URINALYSIS W/O MICROSCOPY	4,550.00	87.88	2,357.10	0.00	0.00	0.00	650.00
81025	PREGNANCY TEST	175.00	8.02	83.96	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	370.00	61.50	198.50	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	2.12	12.88	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	2.70	17.30	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	2.70	17.30	0.00	0.00	0.00	0.00
93975	Vascular Studies	1,200.00	190.49	769.02	0.00	0.00	25.00	0.00
96372	THERAPEUTIC INJECTIONS	80.00	36.77	39.14	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	4,750.00	0.00	3,400.00	0.00	0.00	0.00	300.00
99058	OFFICE SVCS EMERGENCY BASIS	800.00	20.00	380.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	3,400.00	821.20	1,043.00	0.00	0.00	432.00	141.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	375.00	79.42	136.74	0.00	0.00	0.00	0.00
99223	INITIAL HOSP VISIT HIGH	500.00	304.58	195.42	0.00	0.00	0.00	0.00
99283	EMERGENCY ROOM VISIT MOD.LEVEL 1	175.00	47.40	127.60	0.00	0.00	0.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	190.00	98.72	91.28	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	225.00	0.00	110.66	0.00	0.00	0.00	0.00
99387	WELL VISIT-NEW PATIENT 65-AND UP	250.00	0.00	0.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	2,100.00	947.43	766.44	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	5,700.00	2,400.48	1,293.29	0.00	0.00	30.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	450.00	211.36	88.64	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	420.00	0.00	380.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	4,275.00	28.23	3,093.54	0.00	0.00	0.00	0.00

Procedure Productivity By Insurance Report

Sub Total For AETNA		105,215.00	21,506.78	54,811.06	0.00	0.00	2,596.33	4,125.48
MAGNACARE								
36415	VENIPUNCTURE	100.00	3.20	92.00	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	450.00	0.00	0.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	350.00	0.00	0.00	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	350.00	0.00	0.00	0.00	0.00	0.00	0.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	450.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	350.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	2,100.00	200.00	1,000.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	1,750.00	290.00	600.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	450.00	6.50	190.00	0.00	0.00	2.50	0.00
81025	PREGNANCY TEST	25.00	15.30	9.70	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	30.00	3.00	7.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	350.00	0.00	100.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	300.00	45.00	180.00	0.00	0.00	30.00	0.00
99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	125.00	0.00	0.00	0.00	0.00	10.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	300.00	0.00	0.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	300.00	60.00	90.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	40.00	3.31	16.69	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	375.00	34.92	40.08	0.00	0.00	0.00	0.00
Sub Total For MAGNACARE		8,795.00	661.23	2,325.47	0.00	0.00	42.50	0.00
HIP PRIME								
36415	VENIPUNCTURE	150.00	9.00	141.00	0.00	0.00	0.00	0.00
57500	CERVICAL BIOPSY SINGLE/MULTIPLE	250.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	1,050.00	0.00	0.00	59.00	291.00	0.00	0.00
76830	GYN-TRANSVAGINAL	3,900.00	577.50	2,422.50	85.50	214.50	0.00	0.00
76856	SONO PELVIC NON OB	3,250.00	488.41	2,011.59	0.00	0.00	0.00	0.00

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81002	URINALYSIS W/O MICROSCOPY	550.00	26.37	423.63	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	50.00	18.65	31.35	0.00	0.00	0.00	0.00
82272	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	0.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	1,200.00	0.00	0.00	215.49	384.51	0.00	0.00
96372	THERAPEUTIC INJECTIONS	40.00	26.51	13.49	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	650.00	0.00	550.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	200.00	0.00	0.00	0.00	0.00
99212	ESTAB. PT. LIMITED VISIT 10 MINUTES	75.00	50.29	24.71	0.00	0.00	0.00	0.00
99213	ESTAB. PT. MODERATE VISIT 15 MIN	800.00	325.17	319.83	59.00	41.00	5.00	0.00
99395	ESTAB. PATIENT- WELL VISIT 18-39 YEAR	300.00	55.00	95.00	0.00	0.00	0.00	0.00
99396	ESTAB. PATIENT- WELL VISIT-40-64-YRS	900.00	325.00	425.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	80.00	0.00	20.00	0.00	20.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	600.00	0.00	450.00	0.00	0.00	0.00	0.00
Sub Total For HIP PRIME		14,055.00	1,901.90	7,128.10	418.99	951.01	5.00	0.00

OXFORD UNITED HEALTHCARE								
36415	VENIPUNCTURE	4,900.00	99.00	2,893.80	1.62	0.00	1.80	48.20
36600	CORD GASES	800.00	7.02	392.98	6.68	193.32	0.00	0.00
54150	CIRCUMCISION	1,350.00	0.00	383.78	0.00	0.00	132.44	383.78
56405	INC/DRAIN OF VULVA OR PERINEAL ABSC	1,200.00	299.97	500.03	0.00	0.00	0.00	0.00
56440	MARSUPILIZATION BARTHOLINS ABCESS	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	5,600.00	676.81	1,473.94	0.00	0.00	146.43	207.37
57170	DIAPHRAGM FITTING	150.00	76.83	73.17	0.00	0.00	0.00	0.00
57452	COLPOSCOPY CERVIX & UPPER VAGINA	350.00	0.00	0.00	0.00	0.00	0.00	350.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	450.00	214.34	235.66	0.00	0.00	0.00	0.00
57500	CERVICAL BIOPSY SINGLE/MULTIPLE	250.00	0.00	0.00	0.00	0.00	25.00	0.00
57505	ENDOCERVICAL CURETTAGE/NOT INC/W DC	800.00	0.00	0.00	0.00	0.00	0.00	0.00

Procedure Productivity By Insurance Report

58120	D & C	12,000.00	998.24	4,657.64	0.00	0.00	15.00	0.00
58300	INSERT OF IUD	175.00	95.50	79.50	0.00	0.00	0.00	0.00
58301	IUD REMOVAL	300.00	257.22	42.78	0.00	0.00	0.00	0.00
58340	INJECTION PROCEDURE, HYSTERO SALPINGO	3,600.00	343.50	2,056.50	0.00	0.00	25.00	0.00
58558	HYSTEROSCOPY, W/ D/C, BIOPSY	2,500.00	0.00	0.00	0.00	0.00	0.00	2,500.00
58563	HYSTEROSCOPY W/ENDOMETRIAL ABLATION	5,000.00	2,385.26	2,604.74	0.00	0.00	10.00	0.00
59025	NON FETAL STRESS TEST	4,550.00	240.70	2,846.82	28.67	321.33	0.00	0.00
59200	INSERTION OF CERVICAL DILATOR	1,500.00	145.41	1,354.59	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	10,500.00	2,558.60	2,691.40	0.00	0.00	0.00	0.00
59409	VAGINAL DELIVERY, ONLY	2,500.00	742.28	1,757.72	0.00	0.00	0.00	0.00
59410	VAGINAL DELIVERY AND POST PART/ONLY	3,150.00	1,516.24	1,633.76	0.00	0.00	0.00	0.00
59425	ANTEPARTUM CARE ONLY-4-6-VISITS	1,500.00	458.00	1,042.00	0.00	0.00	0.00	0.00
59510	TOTAL OBSTETRICAL CARE C-SECTION	6,000.00	2,560.36	3,439.64	0.00	0.00	0.00	0.00
59820	TREATMENT OF MISSED AB/1ST TRIMESTE	1,500.00	426.98	1,073.02	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	7,000.00	0.00	0.00	0.00	0.00	0.00	1,750.00
76801	OB/ABD <14 1ST GEST	250.00	0.00	0.00	0.00	0.00	0.00	250.00
76805	OB/ABD > 14 WK 1ST GEST	500.00	0.00	0.00	0.00	0.00	0.00	250.00
76815	LTD OB/ABD/VAG 1 OR MORE	6,000.00	328.07	3,015.73	19.69	230.31	62.48	0.00
76816	LIMITED FOLLOW UP	175.00	82.22	92.78	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	4,500.00	240.26	1,784.66	0.00	0.00	5.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	3,300.00	141.69	1,923.31	24.17	275.83	0.00	0.00
76820	DOPPLER	600.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	49,500.00	5,400.12	21,380.11	99.84	0.00	650.37	303.00
76831	HYSTEROSONOGRAPHY	1,050.00	50.21	499.16	0.00	0.00	100.42	0.00
76856	SONO PELVIC NON OB	32,500.00	5,045.27	12,484.55	98.13	0.00	885.43	0.68
76998	ULTRASOUND GUIDANCE INTRAOPERATIVE	400.00	141.61	258.39	0.00	0.00	0.00	0.00

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77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	1,250.00	116.33	1,049.08	0.00	0.00	7.75	0.00
81002	URINALYSIS W/O MICROSCOPY	12,650.00	194.23	7,373.41	0.00	0.00	9.52	248.09
81025	PREGNANCY TEST	450.00	56.44	243.56	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECS QUALITATIVE	820.00	97.00	356.07	0.00	0.00	4.85	0.00
83986	PH BODY FLUID	105.00	0.00	75.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	140.00	15.80	84.20	0.00	0.00	0.00	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	140.00	15.80	84.20	0.00	0.00	0.00	0.00
90471	IMMUNIZATION ADMINISTRATION 1 VACC	150.00	75.48	74.52	0.00	0.00	0.00	0.00
90649	HPV VACCINE	555.00	422.28	132.72	0.00	0.00	0.00	0.00
93975	Vascular Studies	4,800.00	334.43	245.57	0.00	0.00	0.00	0.00
96372	THERAPEUTIC INJECTIONS	240.00	31.37	67.26	0.00	0.00	29.33	0.00
99000	SPECIMEN HANDLING/CULTURE	13,550.00	170.10	8,056.13	0.00	0.00	54.58	95.13
99024	POST OP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	5,200.00	0.00	3,400.00	0.00	0.00	0.00	0.00
99203	NEW PT. MODERATE VISIT 30 MIN.	375.00	88.48	116.52	0.00	0.00	75.00	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	400.00	0.00	0.00	0.00	0.00	0.00	0.00
99212	ESTAB.PT.LIMITED VISIT 10 MINUTES	375.00	44.59	216.02	0.00	0.00	69.39	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	13,775.00	1,778.49	4,268.52	47.10	0.00	2,595.09	53.95
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	1,500.00	276.80	523.55	0.00	0.00	280.00	0.00
99223	INITIAL HOSP VISIT HIGH	750.00	124.02	375.98	118.61	131.39	0.00	0.00
99233	SUBSEQUENT HOSP VISIT 35.00 MIN	150.00	0.00	0.00	0.00	0.00	0.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	500.00	98.00	122.00	0.00	0.00	30.00	0.00
99385	WELL VISIT NEW PATIENT-18-39-YEARS	1,330.00	330.11	239.89	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	1,800.00	516.04	383.96	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	5,100.00	1,928.67	1,025.39	45.94	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	13,350.00	5,569.55	2,380.44	0.00	0.00	0.00	0.01
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	750.00	224.73	75.27	0.00	0.00	0.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	750.00	0.00	145.44	0.00	0.00	209.12	145.44
A4558	CONDUCTIVE PASTE OR GEL	700.00	0.00	460.00	0.00	0.00	0.00	0.00
J7300	IUD PARAGUARD (INTRAUTERINE CONTR)	1,000.00	633.88	366.12	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	10,800.00	32.31	6,138.99	53.70	0.00	0.00	0.00
REFUND	Refund Amount	10.00	0.00	0.00	0.00	0.00	10.00	0.00
Sub Total For OXFORD UNITED HEALTHCARE		272,365.00	38,706.64	110,751.97	544.15	1,152.18	5,434.00	6,585.65
OXFORD HMO/LIBERTY NETWORK								
76830	GYN-TRANSVAGINAL	300.00	51.45	248.55	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	87.03	162.97	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	1.91	48.09	0.00	0.00	0.00	0.00
81025	PREGNANCY TEST	25.00	4.73	20.27	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	200.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	16.05	53.95	0.00	0.00	0.00	0.00
Sub Total For OXFORD HMO/LIBERTY NETWORK		925.00	161.17	733.83	0.00	0.00	0.00	0.00
EMPIRE BC BS MEDICARE ADVANTAGE PPO								
36415	VENIPUNCTURE	50.00	0.00	47.00	0.00	0.00	3.00	0.00
76830	GYN-TRANSVAGINAL	300.00	1.73	148.27	0.00	0.00	150.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	0.00	46.51	0.00	0.00	3.49	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	44.38	15.62	0.00	0.00	40.00	0.00

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Sub Total For EMPIRE BC BS MEDICARE ADVANTAGE PPO		550.00	46.11	307.40	0.00	0.00	196.49	0.00
CIGNA								
36415	VENIPUNCTURE	900.00	33.75	462.50	0.00	0.00	3.75	0.00
36600	CORD GASES	800.00	9.53	188.09	0.00	0.00	0.00	0.00
38205	BLOOD-DERIVED HEMA CELL HARV COLL	250.00	0.00	0.00	0.00	0.00	0.00	0.00
54150	CIRCUMCISION	450.00	0.00	0.00	0.00	0.00	0.00	0.00
56820	COLPOSCOPY OF VULVA NO BX	1,750.00	250.90	938.80	0.00	0.00	151.51	0.00
56821	COLPOSCOPY OF VULVA W/BIOPSY	350.00	126.99	198.01	0.00	0.00	25.00	0.00
57454	COLP CERVIX & UP VAGINA W/BX & ECC	450.00	117.79	292.21	0.00	0.00	20.00	0.00
58120	D & C	1,500.00	193.98	1,276.02	0.00	0.00	20.00	0.00
59025	NON FETAL STRESS TEST	4,200.00	280.56	1,736.86	0.00	0.00	15.15	0.00
59200	INSERTION OF CERVICAL DILATOR	500.00	0.00	0.00	0.00	0.00	0.00	0.00
59400	TOTAL VAGINAL OBSTETRICAL CARE	15,750.00	1,578.29	2,250.00	0.00	0.00	1,383.99	0.00
59510	TOTAL OBSTETRICAL CARE C-SECTION	6,000.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	2,450.00	0.00	0.00	0.00	0.00	0.00	0.00
76801	OB/ABD <14 1ST GEST	250.00	0.00	0.00	0.00	0.00	0.00	0.00
76805	OB/ABD > 14 WK 1ST GEST	2,250.00	227.90	247.10	0.00	0.00	25.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	1,500.00	58.14	435.40	0.00	0.00	0.00	0.00
76817	OB-TRANSVAGINAL SONO	600.00	38.58	261.42	0.00	0.00	0.00	0.00
76819	FETAL BIOPHYSICAL W/O NON STRESS	4,200.00	141.27	758.73	0.00	0.00	0.00	0.00
76820	DOPPLER	600.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	9,900.00	617.70	1,360.87	692.38	1,360.87	45.00	0.00
76856	SONO PELVIC NON OB	6,250.00	292.84	574.96	570.67	862.44	111.85	0.00
81002	URINALYSIS W/O MICROSCOPY	3,350.00	51.50	1,796.44	0.00	0.00	0.00	750.00
81025	PREGNANCY TEST	175.00	16.08	58.92	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	150.00	37.52	102.48	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	2.89	12.11	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	3.51	16.49	0.00	0.00	0.00	0.00

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87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	3.51	16.49	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	2,850.00	0.00	1,900.00	0.00	0.00	0.00	300.00
99058	OFFICE SVCS EMERGENCY BASIS	800.00	0.00	580.05	0.00	0.00	19.95	0.00
99204	NEW PT COMPREHENSIVE VISIT 45 MIN.	400.00	85.00	75.00	0.00	0.00	70.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	2,400.00	565.92	765.00	0.00	0.00	153.39	0.00
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	250.00	61.75	122.00	0.00	0.00	66.25	0.00
99223	INITIAL HOSP VISIT HIGH	250.00	0.00	0.00	0.00	0.00	0.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	225.00	94.19	130.81	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	1,200.00	482.78	407.22	0.00	0.00	10.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	2,700.00	1,279.08	1,085.92	0.00	0.00	20.00	0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	250.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	340.00	0.00	160.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	2,025.00	273.00	402.00	0.00	0.00	0.00	375.00
Sub Total For CIGNA		78,320.00	6,924.95	18,611.90	1,263.05	2,223.31	2,140.84	1,425.00
MAGNACARE DIRECT PLUS								
36415	VENIPUNCTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
58340	INJECTION PROCEDURE, HYSTERO SALPINGO	1,200.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	1,500.00	200.00	400.00	0.00	0.00	0.00	0.00
76831	HYSTEROSONOGRAPHY	350.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	150.00	0.00	0.00	0.00	0.00	0.00	0.00
81025	PREGNANCY TEST	25.00	0.00	0.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	0.00	0.00	0.00	0.00	0.00	0.00

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99000	SPECIMEN HANDLING/CULTURE	200.00	4.00	46.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	300.00	50.00	120.00	0.00	0.00	45.00	0.00
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	250.00	0.00	0.00	0.00	0.00	60.00	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	150.00	0.00	0.00	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	225.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For MAGNACARE DIRECT PLUS		4,940.00	254.00	616.00	0.00	0.00	105.00	0.00

United Healthcare Advantage

36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	600.00	0.00	181.65	0.00	0.00	16.74	0.00
76856	SONO PELVIC NON OB	500.00	0.00	133.69	0.00	0.00	23.26	0.00
81002	URINALYSIS W/O MICROSCOPY	350.00	9.16	190.84	2.11	47.89	0.00	0.00
82270	BLOOD, OCCULT; FECS QUALITATIVE	60.00	8.01	21.99	2.69	7.31	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	350.00	0.00	200.00	0.00	50.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	0.00	54.43	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	113.03	36.97	0.00	0.00	0.00	0.00
99397	ESTB.PATIENT-WELL VISIT-65-UP YEARS	750.00	213.56	86.44	119.51	30.49	0.00	0.00
G0101	PELVIC/BREAST EXAM (MEDICARE ONLY)	75.00	34.34	40.66	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	525.00	103.75	196.25	22.62	52.38	0.00	0.00
Sub Total For United Healthcare Advantage		3,510.00	481.85	1,142.92	146.93	188.07	40.00	0.00

1199 NATIONAL BENEFIT PLAN

77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	250.00	137.00	113.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	4.00	46.00	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECS QUALITATIVE	10.00	4.00	6.00	0.00	0.00	0.00	0.00

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99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	50.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	120.00	30.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	0.00	75.00	0.00	0.00	0.00	0.00
Sub Total For 1199 NATIONAL BENEFIT PLAN		585.00	265.00	320.00	0.00	0.00	0.00	0.00

magnacare								
36415	VENIPUNCTURE	100.00	4.00	96.00	0.00	0.00	0.00	0.00
58120	D & C	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	900.00	100.00	200.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	500.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	350.00	6.50	93.50	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	30.00	3.00	7.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	250.00	2.50	97.50	0.00	0.00	0.00	0.00
99214	ESTAB.PT.COMPREHENSIVE 25 MIN.	125.00	0.00	0.00	0.00	0.00	30.00	0.00
99386	WELL VISIT NEW PATIENT 40-64-YEARS	450.00	80.00	145.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	0.00	0.00	0.00	0.00	15.00	0.00
Q0091	COLLECTION OF PAP SMEAR	225.00	0.00	75.00	0.00	0.00	30.00	0.00
Sub Total For magnacare		4,580.00	196.00	714.00	0.00	0.00	75.00	0.00

POINTER, CLEANERS & CAULKERS WELFARE FUND								
36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
76815	LTD OB/ABD/VAG 1 OR MORE	250.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	150.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For POINTER, CLEANERS & CAULKERS WELFARE FUND		500.00	0.00	0.00	0.00	0.00	0.00	0.00

ANTHEM BLUE CROSS								
76830	GYN-TRANSVAGINAL	900.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	750.00	0.00	0.00	0.00	0.00	0.00	0.00

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81002	URINALYSIS W/O MICROSCOPY	100.00	2.24	95.52	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	10.00	0.00	7.15	0.00	0.00	0.00	0.00
83986	PH BODY FLUID	15.00	0.00	15.00	0.00	0.00	0.00	0.00
87210	WET MOUNT W/ SIMPLE STAIN, FOR PAP	20.00	3.37	16.26	0.00	0.00	0.37	0.00
87220	TISSUE EXAM FOR FUNGI/KOH SLIDE	20.00	3.37	16.26	0.00	0.00	0.37	0.00
96372	THERAPEUTIC INJECTIONS	40.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	200.00	0.00	150.00	0.00	0.00	0.00	0.00
99058	OFFICE SVCS EMERGENCY BASIS	200.00	0.00	200.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	600.00	33.71	88.70	0.00	0.00	127.59	0.00
99395	ESTAB.PATIENT-WELL VISIT 18-39 YEAR	150.00	108.05	41.95	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT-WELL VISIT-40-64-YRS	150.00	87.36	47.64	0.00	0.00	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	150.00	0.00	150.00	0.00	0.00	0.00	0.00
Sub Total For ANTHEM BLUE CROSS		3,325.00	238.10	828.48	0.00	0.00	128.33	0.00
CIGNA OPEN ACCESS								
57452	COLPOSCOPY CERVIX & UPPER VAGINA	350.00	0.00	0.00	0.00	0.00	0.00	0.00
57510	cauterization of cervix;electro/thr	350.00	85.83	214.17	0.00	0.00	0.00	0.00
58120	D & C	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	900.00	0.00	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	0.00	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	200.00	0.00	0.00	0.00	0.00	2.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	20.00	0.00	0.00	0.00	0.00	10.00	0.00
96372	THERAPEUTIC INJECTIONS	40.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	200.00	0.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB. PT.MODERATE VISIT 15 MIN	100.00	55.00	45.00	0.00	0.00	0.00	0.00

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99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For CIGNA OPEN ACCESS		4,810.00	140.83	259.17	0.00	0.00	12.00	0.00	0.00
ACE AMERICAN INSURANCE COMPANY									
36415	VENIPUNCTURE	50.00	6.64	43.36	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	300.00	0.00	0.00	0.00	0.00	0.00	0.00	213.64
76856	SONO PELVIC NON OB	250.00	100.00	104.73	0.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	50.00	2.64	47.36	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	50.00	3.10	46.90	0.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	118.68	31.32	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	75.00	30.00	32.70	0.00	0.00	0.00	0.00	0.00
Sub Total For ACE AMERICAN INSURANCE COMPANY		925.00	261.06	306.37	0.00	0.00	0.00	0.00	213.64
HARVARD PILGRIM HEALTH CARE									
58340	INJECTION PROCEDURE, HYSTERO SALPINGO	1,200.00	0.00	1,028.25	0.00	0.00	20.00	0.00	0.00
76830	GYN-TRANSVAGINAL	300.00	0.00	241.53	0.00	0.00	58.47	0.00	0.00
76831	HYSTEROSONOGRAPHY	350.00	0.00	249.58	0.00	0.00	0.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	0.00	151.10	0.00	0.00	98.90	0.00	0.00
81025	PREGNANCY TEST	25.00	0.00	20.27	0.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	200.00	0.00	95.34	0.00	0.00	52.33	0.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00
Sub Total For HARVARD PILGRIM HEALTH CARE		2,345.00	0.00	1,806.07	0.00	0.00	229.70	0.00	0.00
NORTH SHORE-LIJ CARE CONNECT									
76830	GYN-TRANSVAGINAL	385.00	0.00	0.00	0.00	0.00	85.00	0.00	0.00
76856	SONO PELVIC NON OB	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Procedure Productivity By Insurance Report

99214	ESTAB.PT.COMPREHE NSIVE 25 MIN.	75.00	0.00	0.00	0.00	0.00	75.00	0.00
A4558	CONDUCTIVE PASTE OR GEL	20.00	0.00	0.00	0.00	0.00	0.00	0.00
Sub Total For NORTH SHORE-LIJ CARE CONNECT		1,430.00	0.00	0.00	0.00	0.00	160.00	0.00
HEALTH REPUBLIC								
36415	VENIPUNCTURE	50.00	0.00	0.00	0.00	0.00	0.00	0.00
56405	INC/DRAIN OF VULVA OR PERINEAL ABSC	400.00	0.00	0.00	0.00	0.00	0.00	0.00
76376	THREE DIMENSIONAL RECONSTRUCTION	350.00	0.00	0.00	0.00	0.00	0.00	0.00
76830	GYN-TRANSVAGINAL	600.00	0.00	0.00	0.00	0.00	20.00	0.00
76856	SONO PELVIC NON OB	500.00	0.00	0.00	0.00	0.00	0.00	0.00
77080	DEXA BONE DENSITY>1 SITE AXIAL SKL	250.00	115.00	135.00	0.00	0.00	0.00	0.00
81002	URINALYSIS W/O MICROSCOPY	200.00	2.50	47.50	0.00	0.00	0.00	0.00
82270	BLOOD, OCCULT; FECE S QUALITATIVE	30.00	0.00	0.00	0.00	0.00	0.00	0.00
90649	HPV VACCINE	185.00	0.00	0.00	0.00	0.00	0.00	0.00
93975	Vascular Studies	600.00	0.00	0.00	0.00	0.00	0.00	0.00
99000	SPECIMEN HANDLING/CULTURE	300.00	0.00	50.00	0.00	0.00	0.00	0.00
99213	ESTAB.PT.MODERATE VISIT 15 MIN	200.00	0.00	0.00	0.00	0.00	30.00	0.00
99244	OFFICE CONSULTATION MOD.HIGH 60 MIN	250.00	0.00	0.00	0.00	0.00	0.00	0.00
99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	55.00	55.00	0.00	0.00	0.00	0.00
99396	ESTAB.PATIENT- WELL VISIT-40-64- YRS	450.00	0.00	0.00	0.00	0.00	0.00	0.00
Q0091	COLLECTION OF PAP SMEAR	375.00	34.92	40.08	0.00	0.00	0.00	0.00
Sub Total For HEALTH REPUBLIC		4,890.00	207.42	327.58	0.00	0.00	50.00	0.00
Emblem Health Silver								
99395	ESTAB.PATIENT- WELL VISIT 18-39 YEAR	150.00	132.95	17.05	0.00	0.00	0.00	0.00
Sub Total For Emblem Health Silver		150.00	132.95	17.05	0.00	0.00	0.00	0.00
Total		1,530,065.49	279,578.06	645,009.25	4,553.90	5,726.39	23,321.52	21,046.94