

4/6/2001 9:21:13 AM

OUTPATIENT  
ACCOUNT BALANCES

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ACCT \_\_\_\_\_ PT NAME: Patient A ADM DT: 10/17/1995 STMT Date: 12/12/1995  
 INS Code: 330 670 0 DSCN DT: 10/17/1995 ADJ Date: 9/27/1996  
 HIC #: 123456789A 123456789A Elapsed Days: 290

TOTAL CHARGES: 5,960.30 INS PMTS: -2,406.53 PT PMTS: 0.00 ADJUSTMENTS: -3,553.77 ACCT BAL: 0.00 Check Balance OK

Claim Record

Prouder 9991 998 Rpt Type: 998 RMT Date: 11/08/1995 ICN\_NUM: \_\_\_\_\_

COVRS\_FR: 10/17/1995 HIC\_NO: 123456789A LAST\_NAME: Patient A PIP\_IND: \_\_\_\_\_  
 COVRS: 10/17/1995 MED\_REC

FULL_DAYS:	0	NET_REIMB:	1,541.57	TOT_COVRD:	5,960.30	HOSP_SPEC:	0
COIN_DAYS:	0	COINSURE:	1,081.21	SEC_LIAB:	0.00	FED_L_SPEC:	0
LIFE_DAYS:	0	BLOOD DEDCT:	0.00	ESRD_NETWORK:	0.00	OUT_DAYS:	0
		CASH DEDCT:	0.00	ASC_PRICE:	0.00	OUTDAYS PMT:	0
				FEE_MSP:	0.00	OUTCOST PMT:	0
HCPC_REIMB:	0.00	DGH_PMT:	0.00	FEE_SEQ:	0.00	TRANS_DAYS:	0
HCPC_CHRG:	0.00	INT_PMT:	0.00	MSP_REDUCD:	0.00	TRANS_PMT:	0
				FEE_REDUCD:	0.00	IND_MED_ED:	0
SEQ_AMT:	0	ICN_IND:					
		GROSSUP:					

Total For	123456789A	PT NAME: Patient A	ADM DT: 10/17/1995	10/17/1995
Net Reimb:	1,541.57	COINSURE:	1,081.21	
<u>HCPC Reimb</u>	<u>0.00</u>	BLOOD DEDCT:	0.00	Medicare Payment 1,541.57
Medicare Payment	1,541.57	CASH DEDCT:	0.00	<u>Total Ded &amp; Coins</u> 1,081.21
		Total Ded & Not-Coverd:	0.00	Net Reimbursable 2,622.78
		Ded, Coins & Not Covered	1,081.21	<u>Discount</u> 3,337.52
Total Covered	5,960.30	Medicare Payment	1,541.57	Total Covered 5,960.30
<u>Total HCPC Charges</u>	<u>0.00</u>	Other Ins Payment	864.96	
Covered Charges	5,960.30	Total Ins Payment	2,406.53	
<u>Not-Cov Charges</u>	<u>0.00</u>	<u>Patient Payment</u>	<u>0.00</u>	<u>Adjustments</u> <u>Account Balance</u>
Total Billed Charges	5,960.30	Total Payment	2,406.53	3,553.77
		Discount + Prorated Not Covered + Allowable Bad Debt		0.00
				216.25
				-
				3,553.77

**Cross Town Hospital  
Medicare Outpatient Bad Debt List**

01-Jul-1996 Through 30-Jun-1997

PATIENT NAME	HICHI	Admit Date	Discharge Date	Yes	Medicaid Number	Indigency & Wel. Recip. (Ch if Appl)	Date First Bill Sent to Beneficiary	Write-Off Date	Days from First Bill to Write-Off	Last Remittance Advice Date	Co-Insurance	Blood Deductible	Cash Deductible	Total Deductions and Co-Insurance	Non Covered Charges	Patient Payments	Patient Portion Paid by Insurance	Allowable Bad Debt
PATIENT A	123456789A	10/17/95	10/17/95				12/12/1995	9/27/1996	290	11/8/1995	1,081.21	0.00	0.00	1,081.21	0.00	0.00	864.96	216.25
PATIENT B	234567890A	10/20/95	10/20/95				12/19/1995	9/27/1996	283	11/13/1995	592.15	0.00	0.00	592.15	2500	0.00	483.64	128.10
PATIENT C	345678901A	2/26/96	2/26/96				3/28/1996	11/15/1996	232	5/7/1996	141.10	0.00	0.00	141.10	0.00	0.00	0.00	141.10
<b>Total for Write Off</b>	1997	3									1,814.46	0.00	0.00	1,814.46	2500	0.00	1,348.60	485.45