

19 RCM REPORTS [FORMAT]

1 AVERAGE MONTHLY CHARGES

Our certified revenue recovery auditors provide a detailed and accurate monthly charges report. It breaks down vital information such as the total number of charges collected by each physician and the dollar value of the charges. Practice managers and CFOs will get clear insights into the total monthly charges. Average monthly charges are also calculated accurately. Practice managers can also know the physician with the most charges, to help [track productivity metrics](#) and individual performance scores of each physician.

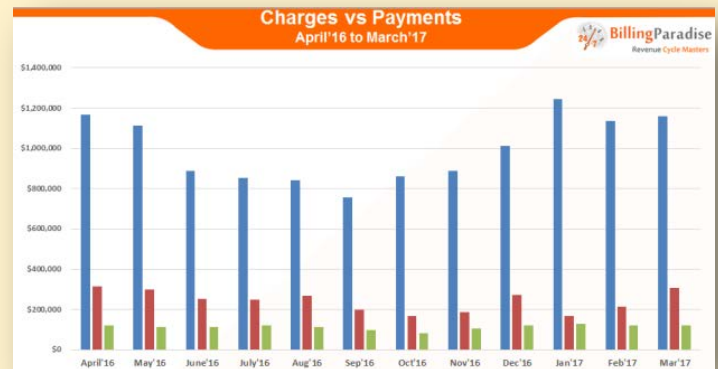
CHARGES APRIL '16 – MARCH '17								
Service Month	Jay McGraw		Brian Goldman		Kris Torgeson		Total	
	#	\$	#	\$	#	\$	#	\$
April'16	744	\$438,020	597	\$363,372	709	\$368,855	2,050	\$1,168,246
May'16	723	\$415,393	643	\$348,884	617	\$350,137	1,983	\$1,114,414
June'16	749	\$349,096	525	\$262,931	620	\$275,112	1,894	\$887,138
July'16	599	\$289,371	620	\$250,221	652	\$312,216	1,871	\$851,808
Aug'16	660	\$283,402	593	\$265,395	621	\$294,305	1,874	\$843,102
Sep'16	589	\$283,103	524	\$227,695	557	\$247,235	1,670	\$758,033
Oct'16	703	\$336,880	570	\$269,402	508	\$256,326	1,781	\$862,608
Nov'16	716	\$330,334	637	\$258,441	652	\$300,064	2,005	\$888,839
Dec'16	657	\$328,274	838	\$338,838	746	\$345,313	2,241	\$1,012,425
Jan'17	865	\$441,742	787	\$391,070	824	\$410,915	2,476	\$1,243,727
Feb'17	896	\$424,764	745	\$361,447	751	\$351,872	2,392	\$1,138,082
Mar'17	837	\$389,184	803	\$360,780	864	\$407,787	2,504	\$1,157,751
Grand Total	8,738	\$4,307,605	7,882	\$3,722,211	8,121	\$3,966,340	24,741	\$11,996,166

Average monthly charges - \$993,848
Jay McGraw has the highest charges of \$4.3M past year

Highlights:-

- Track average monthly charges
- Physician-wise breakdowns
- Concise and easy to follow

2 CHARGES VS PAYMENTS REPORT



This is one of the most important metrics to track. Your medical practice may be incredibly busy but your collections dismal. This could be because of your [charges being at variance with your payments](#). Your charges vs payments report will help you know how strong or weak your billing cycle is.

- Customizable report
- Beautifully designed
- At-a-glance report

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INSURANCE PAYMENTS VS PATIENT PAYMENTS

INSURANCE PAYMENTS Vs PATIENT PAYMENTS									
Posting Month	Insurance Payment				Patient Payment				Total Payments
	Count	Payment	Posted Value	Unposted Value	Count	Payment	Posted Value	Unposted Value	
Apr'16	515	\$316,663	\$316,663	\$0	1,279	\$119,612	\$115,537	\$4,076	\$432,199
May'16	413	\$300,045	\$300,020	\$25	1,253	\$113,661	\$110,051	\$3,611	\$410,071
June'16	472	\$252,288	\$252,411	-\$123	1,142	\$112,822	\$110,135	\$2,687	\$362,546
July'16	449	\$250,946	\$250,495	\$451	1,266	\$120,630	\$116,334	\$4,295	\$366,829
Aug'16	429	\$259,697	\$259,697	\$0	1,105	\$112,254	\$108,459	\$3,795	\$378,155
Sep'16	396	\$198,313	\$198,144	\$169	1,075	\$97,272	\$94,078	\$3,193	\$292,223
Oct'16	346	\$166,456	\$166,298	\$156	898	\$82,670	\$76,572	\$6,097	\$242,870
Nov'16	232	\$185,007	\$185,007	\$0	1,158	\$107,051	\$102,645	\$4,406	\$288,652
Dec'16	482	\$270,827	\$270,898	-\$229	1,343	\$121,473	\$115,408	\$6,065	\$386,006
Jan'17	280	\$169,093	\$166,912	\$2,181	1,449	\$128,919	\$125,211	\$3,709	\$292,123
Feb'17	456	\$214,989	\$214,879	\$310	1,433	\$121,422	\$117,389	\$4,053	\$332,048
Mar'17	530	\$307,852	\$307,458	\$394	1,424	\$122,376	\$118,590	\$3,786	\$426,048
Grand Total	5,000	\$2,903,175	\$2,899,381	\$3,794	14,835	\$1,360,162	\$1,310,389	\$49,773	\$4,209,770

Your net collections report is healthy enough. But do you feel your practice could've performed better? To make progress you need to know which areas need to be improvised on. This report details the count, payment, posted value and un-posted value of both your insurer and patient payments.

- Detailed reports
- Average payments calculated
- Insurer-patient payment breakdowns

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CHARGES VS PAYMENTS VS ADJUSTMENTS

This report offers information about your charges, payments and contractual adjustments.

CHARGES vs PAYMENTS vs ADJUSTMENTS							
Provider	# Visits	Charges	Associated Posted Payments	Contractual Adjustment	Insurance Withheld	Write Off	Refunds
Jinx Grey	8,908	\$4,307,605	\$1,326,346	\$2,193,419	\$322	\$248,401	\$1,924
Tillmann Hein	8,384	\$3,966,340	\$1,224,816	\$1,970,766	\$131	\$208,051	\$1,156
Kris Torgeson	8,164	\$3,722,211	\$1,143,898	\$1,838,256	\$127	\$177,609	\$1,312
Maria J	8	\$0	\$0	\$0	\$0	\$0	\$0
Grand Total	25,464	\$11,996,156	\$4,209,770	\$6,002,440	\$579	\$634,062	\$4,392

Get provider specific:-

- # of visits/charges information
- Know about payments & adjustments
- Get info on write offs-refunds
- Know dollar value of insurance withheld

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PENDING CLAIMS

Are your claims languishing in a dark corner of your billing cycle? Get to the bottom of it.

Pending claims report will consist of:

- Provider Details
- Number of pending claims
- Dollar value of claims

PENDING CLAIMS – MARCH '17		
Provider	Count	Value
Caris Grimes	181	\$52,977
Danesh Maz	45	\$19,594
Ron George	35	\$11,001
Grand Total	261	\$83,572



REJECTION ANALYSIS - PROVIDER BASED

Our provider based rejection reports pinpoint the number of [claims rejected by the insurer](#), dollar value of the rejected claim and reason for claim rejection.

REJECTION ANALYSIS – PROVIDER BASED SUMMARY											
Provider	Reason for Rejection	Sep16		Jan17		Feb17		Mar17		Total	
		#	\$	#	\$	#	\$	#	\$	#	\$
Marie J	Claim out of balance for insurance sequence	2	\$1,811	2	\$1,811						
	MEMBER ID NOT ON FILE IN PAYER'S RECORDS	1	\$015	1	\$015						
	NDC 578957781 IS INVALID.	1	\$1,438	1	\$1,438						
	NPO DIXI R5081 DESCRIBES AN EXTERNAL CAUSE, OR REQUIRES THE ICD CODE FOR THE FIRST UNDERLYING DISEASE, AND SHOULD BE MERGED LISTED AS THE PRIMARY DIAGNOSIS FOR A PROCEDURE	1	\$1,612	1	\$1,612						
	Payer Name Matching required	1	\$302	1	\$302						
	REJECTED BY PAYER	1	\$1,817	1	\$1,817						
	Subscriber and/or Subscriber Member ID not found	2	\$600	2	\$600						
	Subscriber ID Format Invalid For Medicare	1	\$644	1	\$644						
	Subscriber Insurance Type Code for the Non-Optimal Payer is Invalid	2	\$872	2	\$872						
	USE OF MODIFIER 26 IS NOT TYPICAL FOR THE PROCEDURE CODE SUBMITTED	1	\$466	1	\$466						
Sub Total		13	\$2,555	13	\$2,555						
John Toperson	Claim out of balance for insurance sequence	1	\$158	1	\$158						
	Entity Not Eligible for Appointment Date of Service	1	\$502	1	\$502						
	Patient Relationship To Insured is Invalid	1	\$377	1	\$377						
	Subscriber ID does not match allowable pattern	1	\$300	1	\$300						
Sub Total		4	\$1,337	4	\$1,337						
Jina Gray	Claim out of balance for insurance sequence	1	\$098	2	\$837						
	PROCEDURE DESCRIPTION is required for non-specific PROCEDURE CODE USED	1	\$1,195	1	\$139	1	\$139				
	Rendering Provider is not found in the Payer's database	1	\$377								
	SUBSCRIBER (PATIENT) not Eligible for Medical Benefits for Payer on Submitted Date of Service	1	\$645	1	\$645						
	Subscriber and/or Subscriber Member ID not found	2	\$600	3	\$885						
Sub Total		6	\$2,355	6	\$2,355						
Grand Total		19	\$6,247	19	\$6,247						

Example: If DR.X's claims are repeatedly rejected for "claim out of balance for insurance sequence", the provider/biller can be educated on taking appropriate precautions.

AR AGING REPORT

AR backlogs are nightmares. But with careful attention to detail you can whittle down on your aging AR list. BillingParadise [revenue auditing experts](#) analyze your outstanding AR and categorize them to help you take informed decisions. Your AR data I benchmarked with MGMA standards.

REJECTION ANALYSIS - PAYER BASED

REJECTION ANALYSIS – PAYER BASED SUMMARY										
Payer	Sep16		Jan17		Feb17		Mar17		Total	
	#	\$	#	\$	#	\$	#	\$	#	\$
BCBS FLORIDA							7	\$4,337	7	\$4,337
GEHA							1	\$3,056	1	\$3,056
BCBS FLORIDA (SB590)							1	\$1,612	1	\$1,612
FIRST HEALTH NETWORK							2	\$1,519	2	\$1,519
CIGNA							1	\$1,456	1	\$1,456
HUMANA			1	\$1,105					1	\$1,105
MEDICARE SECONDARY PAYER							2	\$1,153	2	\$1,153
AETNA	1	\$285					1	\$645	2	\$930
MEDICARE							1	\$644	1	\$644
UNITED HEALTHCARE							2	\$600	2	\$600
HEALTH PARTNERS							1	\$377	1	\$377
TUFTS HEALTH PLAN					1	\$377			1	\$377
WELL CARE							1	\$362	1	\$362
MEDICARE ADVANTAGE							1	\$300	1	\$300
TRICARE SOUTH							1	\$300	1	\$300
UNITED HEALTH INTEGRATED SERVICES							1	\$300	1	\$300
AARP					1	\$139	1	\$139	2	\$278
Grand Total	1	\$285	1	\$1,105	2	\$516	24	\$16,800	28	\$18,798

What is the rejection rate of your payers? Find out easily. Our [payer-specific rejection report](#) specifies payer details, number of claims rejected by each payer and the dollar value of the rejected claims.

- From 0-30 days to 180+ days aging AR is categorized meticulously
- Payer specific AR reports help accelerate follow-up processes
- Helps identify payer issues on a global level
- Benchmarked with MGMA standards

AR AGING – BENCHMARKED WITH MGMA STANDARD																
Payer	0-30		31-60		61-90		91-120		121-150		151-180		180+		Total	
	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$		
COMMERCIAL	267	\$111,787	389	\$90,766	256	\$49,283	198	\$36,406	66	\$30,141	63	\$18,701	447	\$174,240	1,076	\$612,284
BCBS	493	\$213,398	193	\$68,024	67	\$34,285	73	\$20,220	67	\$23,449	50	\$21,255	442	\$123,233	1,381	\$510,310
MEDICARE	388	\$159,907	194	\$86,202	60	\$26,206	26	\$14,938	28	\$12,406	12	\$2,442	271	\$103,626	973	\$414,626
MANAGED CARE	67	\$22,029	51	\$15,900	27	\$18,345	17	\$7,548	16	\$7,709	11	\$9,000	130	\$38,407	318	\$119,538
WORKERS COMP	17	\$5,932	19	\$6,198	16	\$6,612	11	\$6,074	14	\$6,602	21	\$10,977	168	\$72,706	266	\$115,989
MEDICARE ADVANTAGE	27	\$10,951	20	\$7,877	10	\$4,080	8	\$10,357	5	\$1,522	2	\$601	39	\$23,549	111	\$56,117
Insurance Not found	14	\$7,153	22	\$6,107	9	\$3,902	5	\$027	3	\$034			3	\$1,008	50	\$21,492
AUTO	2	\$764	5	\$4,198	1	\$459	1	\$481	2	\$835	3	\$1,409	7	\$3,934	21	\$12,020
AETNA	5	\$2,475	1	\$410									0	\$3,553	12	\$6,438
EMPLOYER							1	\$200					10	\$3,748	11	\$3,948
MEDICAID			6	\$192	8	\$572	7	\$272	4	\$76	5	\$192	7	\$623	37	\$1,928
Grand Total	1,287	\$534,987	900	\$295,654	453	\$143,725	347	\$162,129	201	\$83,274	173	\$58,877	1,420	\$548,832	4,051	\$1,776,791
MGMA	30%	17%	8%	6%	5%	4%	31%									
MGMA	57%	12%	7%	5%	19%											

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180+ ANALYSIS

Is most of your [outstanding AR](#) stuck in the dreaded 180+ days, category? Take proactive steps to retrieve them with the 180+ days, analysis report. View provider and payer specific information. Do you know that most claims go unpaid because they are not appealed in the timely filing limit set by the insurer? This report sheds light on the TFL of the payer and the date in which the claim was filed.

- Outstanding AR is categorized into different groupings
- View payer specific outstanding 180 days + AR information
- Know the dollar value of outstanding claims

180+ ANALYSIS							BillingParadise Revenue Cycle Masters
Provider	2015		2016		Total		
	#	\$	#	\$	#	\$	
Tillmann Hein	134	\$43,175	417	\$154,231	551	\$197,407	
Kris Torgeson	137	\$59,989	351	\$125,472	488	\$185,461	
Maria J	141	\$50,383	340	\$115,331	481	\$165,715	
Grand Total	412	\$153,548	1,108	\$395,038	1,520	\$548,582	

Payer	TFL	Appeal Limit	181-240		241-365		365+		Total	
			#	\$	#	\$	#	\$	#	\$
COMMERCIAL			89	\$39,870	155	\$69,549	203	\$64,821	447	\$174,240
BCBS	180	365	62	\$16,344	128	\$26,223	252	\$80,666	442	\$123,233
MEDICARE	365	120	30	\$15,458	43	\$14,791	198	\$73,276	271	\$103,525
WORKERS COMP			46	\$17,577	40	\$17,288	72	\$37,840	158	\$72,705
MANAGED CARE			17	\$4,493	47	\$12,018	66	\$21,896	130	\$38,407
MEDICARE ADVANTAGE			5	\$4,098	15	\$9,261	19	\$10,190	39	\$23,549
AUTO			5	\$3,029	1	\$599	1	\$306	7	\$3,934
EMPLOYER			2	\$2,020	2	\$718	6	\$1,008	10	\$3,746
AETNA	120	180	1	\$728	2	\$2,149	4	\$1,404	6	\$3,553
Insurance Not found					2	\$340			3	\$1,068
MEDICAID	365	90	4	\$436			3	\$187	7	\$623
Grand Total			261	\$104,062	435	\$152,935	624	\$291,595	1,520	\$548,582

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TOP 20 BILLED CPTS

Are you aware of what your top billed CPT codes are? If like most practice managers and CFOs you've said "no", you need to get your hands on this report. It lists out your most frequently billed CPT codes.

TOP 20 BILLED CPTS			BillingParadise Revenue Cycle Masters
CPT	Units	Value	
99214 (OFFICE VISIT, EST PT, LEVEL 4)	6,628	\$1,633,675	
99204 (OFFICE VISIT, NEW PT, LEVEL 4)	5,359	\$1,381,192	
74178 (CT ABD & PELVIS W/O&W/DYE)	361	\$722,302	
99205 (OFFICE VISIT, NEW PT, LEVEL 5)	1,921	\$604,019	
99215 (OFFICE VISIT, EST PT, LEVEL 5)	2,142	\$692,257	
99385 (Preventive Care New Pt Age 18-39)	674	\$438,100	
71030 (CHEST X-RAY)	2,631	\$430,400	
70480 (CT HEAD/BRAIN W/ DYE)	297	\$351,760	
80061 (LIPID PANEL)	2,816	\$278,686	
71260 (CT THORAX W/ DYE)	194	\$256,856	
74177 (CT ABD & PELVIS W/ DYE)	175	\$224,350	
S9981 (MEDICAL RECORDS COPYING FEE ADMIN)	667	\$174,240	
96375 (TX/PROIDX INJ NEW DRUG ADDON)	733	\$161,280	
93978 (VASCULAR STUDY)	236	\$144,330	
85379 (FIBRIN, D-DIMER, QUANT)	2,425	\$140,578	
36416 (CAPILLARY BLOOD DRAW)	4,255	\$136,216	
93016 (ETT Supervision)	1,014	\$121,590	
76857 (US EXAM, PELVIC, LIMITED)	238	\$115,035	
76856 (US EXAM, PELVIC, COMPLETE)	211	\$110,682	
76705 (US EXAM, ABDOM, LIMITED)	182	\$105,516	
Total	33,169	\$6,123,624	
Grand Total - Percentile 68%	65,374	\$11,946,157	

The frequency of the medical codes and the total dollar value of each CPT is provided.

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TOP 20 PAID CPTS

Despite the hundreds of codes that go out the door everyday there are a few codes that make a significant difference to your bottomline. Want to know your top performing CPTs? Our [certified RCM auditors](#) identify your top paid CPTs and list them out. This will help you [focus more on the codes that matter the most!](#)

TOP 20 PAID CPTS		
CPT	Paid Value	Adjusted Value
99213	\$968,311	\$510,001
99203	\$794,334	\$303,329
99204	\$341,870	\$307,679
99214	\$330,363	\$251,059
99354	\$278,515	\$115,272
74177	\$94,336	\$485,040
S9083	\$83,438	\$12,603
71020	\$59,487	\$325,062
99215	\$45,240	\$58,027
70450	\$40,601	\$255,154
71250	\$31,785	\$203,228
80053	\$31,159	\$218,595
74176	\$30,784	\$156,620
99205	\$30,017	\$42,840
93971	\$21,960	\$113,074
76705	\$20,324	\$56,524
76830	\$20,021	\$62,340
76700	\$19,854	\$75,126
76856	\$19,599	\$74,322
85025	\$19,130	\$106,889
Total	\$3,281,116	\$3,732,885
Grand Totals	\$3,789,056	\$6,845,169

Percentile 87%



12 UNPOSTED PAYMENTS

Payment posting is no rocket science. Surprisingly enough most practices still get it wrong. Our revenue recovery auditors identify unposted payments.

UNPOSTED PAYMENTS		
Payment Type	Count	Value
Patient	1,098	\$49,547
Insurance	26	\$3,817
Grand Total	1,124	\$53,364

- Type of payment (insurer/patient) is listed
- Know the number of unposted claims
- And the value of the claims

13 TFL TO BE REVIEWED

Every insurer marches to a different drumbeat. The timely filing limits vary across payers. Our payer specific TFL report organizes AR into various groups based on their age. The number of claims that fall into each bucket and their values are accurately

- Simple yet detailed report
- Payer wise breakdowns
- Total AR under each bucket calculated

TFL TO BE REVIEWED										
Payer	91-120		121-150		151-180		180+		Total	
	#	\$	#	\$	#	\$	#	\$	#	\$
COMMERCIAL	42	\$9,401	26	\$10,141	31	\$7,117	86	\$32,739	185	\$59,399
WORKERS COMP	11	\$5,074	14	\$6,502	21	\$10,977	86	\$34,865	132	\$57,418
MEDICARE ADVANTAGE	8	\$10,357	5	\$1,522	2	\$601	20	\$13,359	35	\$25,839
AUTO	1	\$481	2	\$835	3	\$1,409	6	\$3,628	12	\$6,353
EMPLOYER	1	\$200					4	\$2,738	5	\$2,938
Insurance Not found	5	\$627	3	\$634			3	\$1,068	11	\$2,330
MANAGED CARE	1	\$23					4	\$1,410	5	\$1,432
Grand Total	69	\$26,163	50	\$19,635	57	\$20,104	209	\$89,807	385	\$155,709

View in detail:

- Aging AR details
- Aging AR classified and quantified
- The number of claims that fall under each bucket
- Provider specific patient AR details
- Total percentage of money on the table

14 PATIENT BALANCE AGING SUMMARY

Patient payments form a chunk of your practice's revenue. Collect patient payment quickly and take smart remedial measures. We've done all the heavy lifting for you!

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COLLECTABLE VS NON COLLECTABLE

COLLECTABLE VS NON COLLECTABLE			
Category	Count	Value	Percentile
Collectable	3,530	\$1,290,206	73%
Non-Collectable	936	\$330,842	19%
To be reviewed for TFL	385	\$155,709	9%
Total	4,851	\$1,776,758	100%

Are you following up on the wrong claims? Find out with our collectable vs non collectable report.

- Collectable claims: Number > Value > Percentile
- Non collectable claims: Number > Value > Percentile

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COLLECTABLE AR

Don't miss out on an opportunity to [collect outstanding AR](#) that have a strong chance being reimbursed. We make the whole process

COLLECTABLE AR																		
Payer	TFL	AFL	0-30		31-60		61-90		91-120		121-150		151-180		180+		Total	
			#	\$	#	\$	#	\$	#	\$	#	\$	#	\$				
BCBS	180	365	483	\$213,330	193	\$68,524	67	\$34,285	73	\$26,226	67	\$23,448	56	\$21,255	190	\$42,566	1,129	\$429,643
COMMERCIAL	120	180	257	\$111,757	389	\$90,756	256	\$49,283	156	\$27,004	40	\$20,000	32	\$12,584	56	\$38,723	1,186	\$350,107
MEDICARE	365	120	395	\$159,907	194	\$95,202	60	\$26,206	26	\$14,938	25	\$12,406	12	\$2,442	73	\$30,249	775	\$341,350
MANAGED CARE	365	90	67	\$22,629	51	\$15,900	27	\$10,345	16	\$7,526	15	\$7,709	11	\$9,000	51	\$14,178	230	\$95,286
MEDICARE ADVANTAGE			27	\$10,951	20	\$7,077	10	\$4,060									57	\$22,088
WORKERS COMP			17	\$5,932	19	\$6,198	15	\$6,612									51	\$20,742
Insurance Not found			14	\$7,153	22	\$8,107	9	\$3,992									45	\$19,162
AUTO			2	\$764	5	\$4,198	1	\$459									8	\$5,421
AETNA	120	180	5	\$2,475	1	\$410									1	\$1,761	7	\$4,666
MEDICAID	365	90			6	\$182	8	\$572	7	\$272	4	\$76	5	\$182	4	\$436	34	\$1,741
Grand Total			1,267	\$534,367	900	\$298,064	493	\$143,725	278	\$75,966	151	\$63,040	116	\$46,473	325	\$127,923	3,336	\$1,290,206

The details that matter:

- Payer wise reports
- TFL/AFL information
- Errorless aging schedule
- Total number of collectable AR by payer
- Dollar value of collectable AR by payer

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NON COLLECTABLE AR

It is never too late. Get to know the facts behind the numbers. Non-collectable AR may be tough to collect. But you can find a way of [negotiating with payers](#) over it i.e. reimbursing a percentage of the claim alone.

Your non-collectable AR report will consist of:

- Payer details
- TFL/AFL information
- AR in the 180+ days category
- Number and value of claims

NON-COLLECTABLE AR						
Payer	TFL	AFL	180+		Total	
			#	\$	#	\$
COMMERCIAL	120	180	305	\$102,778	305	\$102,778
BCBS	180	365	252	\$80,666	252	\$80,666
MEDICARE	365	120	198	\$73,276	198	\$73,276
WORKERS COMP			72	\$37,840	72	\$37,840
MANAGED CARE	365	90	75	\$22,819	75	\$22,819
MEDICARE ADVANTAGE			19	\$10,190	19	\$10,190
AETNA	120	180	5	\$1,772	5	\$1,772
EMPLOYER			6	\$1,008	6	\$1,008
AUTO			1	\$306	1	\$306
MEDICAID	365	90	3	\$187	3	\$187
Grand Total			936	\$330,842	936	\$330,842



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COLLECTION RATIO

COLLECTION RATIO			
Month	Charges	Payments	GCR
April'16	\$1,168,246	\$432,199	37%
May'16	\$1,114,414	\$410,071	37%
June'16	\$887,138	\$362,546	41%
July'16	\$851,808	\$366,829	43%
Aug'16	\$843,102	\$378,155	45%
Sep'16	\$758,033	\$292,223	39%
Oct'16	\$862,608	\$242,870	28%
Nov'16	\$888,839	\$288,652	32%
Dec'16	\$1,012,425	\$386,006	38%
Jan'17	\$1,243,727	\$292,123	23%
Feb'17	\$1,138,082	\$332,048	29%
Mar'17	\$1,157,751	\$426,048	37%
Grand Total	\$11,996,156	\$4,209,770	35%

Get to understand the collection ratio of your practice. This report will detail the collection ratio of each month. The peaks and valleys will give you a quick idea of month-wise collection details.

- Concise and simple
- Accurately calculated

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LOST REVENUE REPORT

This is the report that can make or break your practice. The final **lost revenue report** brings to the surface the major reasons behind lost dollars. Your total charges and the amount of revenue lost will give you big-picture insights.

LOST REVENUE		
Charges	Revenue Lost - GCR - 35%	Reason
\$ 634,062.00	\$ 221,921.70	Write-offs
\$ 18,786.00	\$ 6,575.10	Rejections
\$ 330,842.00	\$ 115,794.70	Passed TFL/AL
\$983,690.00	\$ 344,291.50	LOST REVENUE

With the Lost Revenue Report you can:

- Spot your biggest revenue drainers
- Review patterns and trends
- Plan next-steps clearly

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Revenue Cycle Masters