

Service Analysis Report

DOS: 03-31-2025 To 04-07-2025

Location: Los Angeles

Provider: ALL

Insurance: All

Title	New Patients	FU Patients	Total Patients
Visits by search criteria	3	2	5

Collection Statistics			
Claims Completed	Charges	Approved Charges	Payment
1	\$1,247.18	\$1,247.18	\$1,247.18
Total Claims	3	Patient Payment Grand Total	\$0.00
Charges per Claim	\$1,247.18		
Approved Charges per Claim	\$1,247.18	Payment per Claim	\$1,247.18
Collection Ratio	100.00%	Billing Cycle Completion	33.33%

Service Analysis Of Procedurs												
DOS	Patient ID	Patient	Insurance	Modifiers	ICD Code	Charges	Approved Charges	Ins Payments	Pat Payments	Pat Balance	Ins Adjustments	Status
CPT Code 15792												
04-03-2025	9623	test testing	BCBS of NY Empire		L70.0	996.48	996.48	996.48	0.00	\$0.00	0.00	COMPLETE
Claims Collection : 1			Total :			996.48	996.48	996.48	0.00		0.00	
Claims Collection : 1		Claims Ratio : 100.00%			Per Claim :		996.48	996.48				
HCPCS Code 99203												
04-03-2025	9623	test testing	BCBS of NY Empire	25	L70.0	250.70	250.70	250.70	0.00	\$0.00	0.00	COMPLETE
Claims Collection : 1			Total :			250.70	250.70	250.70	0.00		0.00	
Claims Collection : 1		Claims Ratio : 100.00%			Per Claim :		250.70	250.70				
HCPCS Code 99214												
04-03-2025	9623	test testing	BCBS of NY Empire		L70.0	249.56	0.00	0.00	0.00	\$0.00	0.00	INS
Claims Collection : 1			Total :			249.56	0.00	0.00	0.00			
Claims Collection : 0			Claims Ratio : 0%		Per Claim :		0.00	0.00	0.00			
Grand Total :						1,247.18	1,247.18	1,247.18	0.00			