

Procedure Code Summary

Group By: Claim Rendering Provider

Procedure	Units	Charges	Patient Disb.	Insurance Disb.	Contract Adjustments	Other Adjustments	Balance
RENDERING MATTHEWS	31.00	2,950.00	155.00	660.00	170.00	7.00	1,958.00
45380	1.00	50.00	10.00	.00	.00	.00	40.00
45382	1.00	50.00	.00	.00	.00	.00	50.00
45385	1.00	50.00	.00	.00	.00	.00	50.00
90800	1.00	50.00	.00	.00	.00	.00	50.00
90834 45 Min Therapy	9.00	450.00	20.00	160.00	55.00	7.00	208.00
90937	2.00	1,200.00	.00	.00	.00	.00	1,200.00
99212 10 Minute Office Visit (Established Patient)	6.00	300.00	60.00	170.00	30.00	.00	40.00
J0886	5.00	550.00	30.00	255.00	45.00	.00	220.00
J2501	5.00	250.00	35.00	75.00	40.00	.00	100.00
RENDERING ROBERTS	33.00	2,155.00	250.00	948.50	271.00	.00	685.50
90800	1.00	50.00	.00	.00	.00	.00	50.00
90834 45 Min Therapy	12.00	600.00	90.00	250.00	5.00	.00	255.00
99212 10 Minute Office Visit (Established Patient)	7.00	350.00	55.00	150.00	45.00	.00	100.00
99213 15 Minute Office Visit (Established Patient)	12.00	1,105.00	95.00	513.50	216.00	.00	280.50
99899	1.00	50.00	10.00	35.00	5.00	.00	.00
Grand Totals:	64.00	5,105.00	405.00	1,608.50	441.00	7.00	2,643.50