

# Productivity Analysis

## ABC HEALTH SERVICES

### May 2015

	Units	Total RVUs	Charges	Chg%	Payments	Prof%	Refunds & Debits	Adjust	Transf. In/Out	Net
<b>Procedure Code: HOT OR COLD PACKS THERAPY (97010)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	0.00	0%	0.00	125.00	150.00	25.00
Totals for Insurance Category: AETNA USHC PPO (AEPP0)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	-25.00	-25.00
Totals for Insurance Category: AUTO ACCIDENT (AUTO)	0.00	0.00	0.00	0%	0.00	0%	0.00	-17.50	-17.50	0.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	1.00	0.16	25.00	5%	0.00	0%	0.00	50.00	42.50	17.50
Totals for Insurance Category: COMMERCIAL (COMM)	7.00	1.12	175.00	32%	0.00	0%	0.00	150.00	-150.00	-125.00
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	1.00	0.16	25.00	5%	0.00	0%	0.00	0.00	25.00	50.00
Totals for Insurance Category: MEDICAID OF MA (MDMA)	3.00	0.48	75.00	14%	0.00	0%	0.00	450.00	-75.00	-450.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	0.00	0.00
Totals for Insurance Category: Self-Pay (Self-Pay)	1.00	0.16	25.00	5%	86.70	78%	0.00	25.00	75.00	-11.70
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	3.00	0.48	75.00	14%	0.00	0%	0.00	155.00	-25.00	-105.00
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	3.00	0.48	75.00	14%	0.00	0%	0.00	0.00	0.00	75.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	3.00	0.48	75.00	14%	0.00	0%	0.00	175.00	0.00	-100.00
Totals for Procedure Code: HOT OR COLD PACKS THERAPY (97010)	22.00	3.52	550.00	2%	86.70	7%	0.00	1112.50	0.00	-649.20
<b>Procedure Code: MECHANICAL TRACTION THERAPY (97012)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	105.00	105.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	1.00	0.45	35.00	20%	17.66	54%	0.00	15.13	-2.21	0.00
Totals for Insurance Category: COMMERCIAL (COMM)	1.00	0.45	35.00	20%	0.00	0%	0.00	35.00	-105.00	-105.00
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	1.00	0.45	35.00	20%	0.00	0%	0.00	0.00	0.00	35.00
Totals for Insurance Category: MEDICAID OF MA (MDMA)	2.00	0.90	70.00	40%	0.00	0%	0.00	0.00	0.00	70.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	0.00	0.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	0.00	0%	0.00	35.00	2.21	-32.79
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	0.00	0.00	0.00	0%	0.00	0%	0.00	35.00	0.00	-35.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	0.00	0.00	0.00	0%	10.24	29%	0.00	24.76	0.00	-35.00
Totals for Procedure Code: MECHANICAL TRACTION THERAPY (97012)	5.00	2.25	175.00	1%	27.90	16%	0.00	144.89	0.00	2.21
<b>Procedure Code: ELECTRIC STIMULATION THERAPY (97014)</b>										

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	Units	Total RVUs	Charges	Chg%	Payments	Prof%	Refunds & Debits	Adjust	Transf. In/Out	Net
<b>Procedure Code: ELECTRIC STIMULATION THERAPY (97014)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	1.00	0.43	25.00	3%	50.96	44%	0.00	64.40	350.00	259.64
Totals for Insurance Category: AETNA USHC PPO (AEPP0)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	-50.00	-50.00
Totals for Insurance Category: AUTO ACCIDENT (AUTO)	0.00	0.00	0.00	0%	0.00	0%	0.00	65.50	65.50	0.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	3.00	1.29	75.00	8%	0.00	0%	0.00	-33.00	-65.50	42.50
Totals for Insurance Category: COMMERCIAL (COMM)	13.00	5.59	325.00	34%	18.28	9%	0.00	181.72	-350.00	-225.00
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	2.00	0.86	50.00	5%	0.00	0%	0.00	0.00	25.00	75.00
Totals for Insurance Category: MEDICAID OF MA (MDMA)	8.00	3.44	200.00	21%	0.00	0%	0.00	575.00	-125.00	-500.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	0.00	0.00
Totals for Insurance Category: Self-Pay (Self-Pay)	1.00	0.43	25.00	3%	67.00	57%	0.00	50.00	225.00	133.00
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	3.00	1.29	75.00	8%	0.00	0%	0.00	157.18	-75.00	-157.18
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	3.00	1.29	75.00	8%	0.00	0%	0.00	0.00	0.00	75.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	4.00	1.72	100.00	11%	167.79	39%	0.00	257.21	0.00	-325.00
Totals for Procedure Code: ELECTRIC STIMULATION THERAPY (97014)	38.00	16.34	950.00	4%	304.03	19%	0.00	1318.01	0.00	-672.04
<b>Procedure Code: THERAPEUTIC EXERCISES (97110)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	210.00	210.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	10.00	8.70	700.00	59%	149.48	31%	0.00	327.47	-98.05	125.00
Totals for Insurance Category: BLUE SHIELD OF NH (BSNH)	1.00	0.87	70.00	6%	0.00	0%	0.00	0.00	0.00	70.00
Totals for Insurance Category: COMMERCIAL (COMM)	3.00	2.61	210.00	18%	0.00	0%	0.00	0.00	-210.00	0.00
Totals for Insurance Category: MEDICAID OF MA (MDMA)	2.00	1.74	140.00	12%	0.00	0%	0.00	140.00	0.00	0.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	0.00	0.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	132.80	100%	0.00	0.00	98.05	-34.75
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	1.00	0.87	70.00	6%	0.00	0%	0.00	0.00	0.00	70.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	0.00	0.00	0.00	0%	39.28	28%	0.00	100.72	0.00	-140.00
Totals for Procedure Code: THERAPEUTIC EXERCISES (97110)	17.00	14.79	1190.00	5%	321.56	36%	0.00	568.19	0.00	300.25
<b>Procedure Code: MANUAL THERAPY (97140)</b>										

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	Units	Total RVUs	Charges	Chg%	Payments	Prof%	Refunds & Debits	Adjust	Transf. In/Out	Net
<b>Procedure Code: MANUAL THERAPY (97140)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	1.00	0.82	65.00	2%	0.00	0%	0.00	0.00	520.00	585.00
Totals for Insurance Category: AETNA USHC PPO (AEPP0)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	-65.00	-65.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	27.00	22.14	1755.00	61%	377.33	23%	0.00	1267.75	-244.92	-135.00
Totals for Insurance Category: BLUE SHIELD OF NH (BSNH)	1.00	0.82	65.00	2%	0.00	0%	0.00	0.00	0.00	65.00
Totals for Insurance Category: COMMERCIAL (COMM)	9.00	7.38	585.00	20%	0.00	0%	0.00	0.00	-585.00	0.00
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	1.00	0.82	65.00	2%	0.00	0%	0.00	0.00	0.00	65.00
Totals for Insurance Category: MEDICAID OF MA (MDMA)	1.00	0.82	65.00	2%	0.00	0%	0.00	415.00	-170.00	-520.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	65.00	0.00	-65.00
Totals for Insurance Category: Self-Pay (Self-Pay)	1.00	0.82	65.00	2%	327.68	58%	0.00	235.00	609.92	112.24
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	0.00	0.00	0.00	0%	0.00	0%	0.00	65.00	-65.00	-130.00
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	1.00	0.82	65.00	2%	0.00	0%	0.00	0.00	0.00	65.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	2.00	1.64	130.00	5%	0.00	0%	0.00	520.00	0.00	-390.00
Totals for Procedure Code: MANUAL THERAPY (97140)	44.00	36.08	2860.00	11%	705.01	22%	0.00	2567.75	0.00	-412.76
<b>Procedure Code: CHIROPRACTIC MANIPULATION (98940)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	60.00	60.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	42.00	31.50	2520.00	44%	1252.50	50%	0.00	1251.66	-1030.84	-1015.00
Totals for Insurance Category: BLUE SHIELD OF NH (BSNH)	2.00	1.50	120.00	2%	0.00	0%	0.00	0.00	-70.00	50.00
Totals for Insurance Category: COMMERCIAL (COMM)	7.00	5.25	420.00	7%	0.00	0%	0.00	0.00	-120.00	300.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	1.00	0.75	60.00	1%	23.13	43%	0.00	30.97	9.10	15.00
Totals for Insurance Category: SELF PAY PAID IN FULL (SPPF)	2.00	1.50	120.00	2%	0.00	0%	0.00	-120.00	-240.00	0.00
Totals for Insurance Category: Self-Pay (Self-Pay)	42.00	31.50	2520.00	44%	3536.42	89%	0.00	435.00	1391.74	-59.68
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	0.00	0.00	0.00	0%	0.00	0%	0.00	45.00	0.00	-45.00
Totals for Procedure Code: CHIROPRACTIC MANIPULATION (98940)	96.00	72.00	5760.00	22%	4812.05	75%	0.00	1642.63	0.00	-694.68
<b>Procedure Code: CHIROPRACTIC MANIPULATION (98941)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	1.00	1.04	87.00	2%	0.00	0%	0.00	265.64	904.82	726.18

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<b>Procedure Code: CHIROPRACTIC MANIPULATION (98941)</b>										
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	1.00	1.04	87.00	2%	136.02	72%	0.00	54.21	70.63	-32.60
Totals for Insurance Category: COMMERCIAL (COMM)	6.00	6.24	522.00	13%	25.88	14%	0.00	158.76	-985.07	-647.71
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	2.00	2.08	174.00	4%	0.00	0%	0.00	0.00	-53.53	120.47
Totals for Insurance Category: MEDICAID OF MA (MDMA)	3.00	3.12	261.00	6%	223.18	24%	0.00	708.82	-62.00	-733.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	21.00	21.84	1827.00	45%	484.26	42%	0.00	675.40	-145.34	522.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	678.19	91%	0.00	67.00	443.13	-302.06
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	7.00	7.28	609.00	15%	112.06	19%	0.00	475.00	-173.64	-151.70
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	1.00	1.04	87.00	2%	0.00	0%	0.00	0.00	1.00	88.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	5.00	5.20	435.00	11%	524.16	38%	0.00	867.84	0.00	-957.00
Totals for Procedure Code: CHIROPRACTIC MANIPULATION (98941)	47.00	48.88	4089.00	16%	2183.75	40%	0.00	3272.67	0.00	-1367.42
<b>Procedure Code: CHIROPRACTIC MANIPULATION (98942)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	11.94	5%	0.00	219.06	784.00	553.00
Totals for Insurance Category: AETNA USHC PPO (AEPPO)	0.00	0.00	0.00	0%	0.00	0%	0.00	261.80	37.80	-224.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	1.00	1.34	112.00	2%	99.63	56%	0.00	79.21	46.84	-20.00
Totals for Insurance Category: COMMERCIAL (COMM)	8.00	10.72	896.00	13%	61.34	11%	0.00	489.10	-926.33	-580.77
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	1.00	1.34	112.00	2%	30.27	33%	0.00	61.73	64.86	84.86
Totals for Insurance Category: MEDICAID OF MA (MDMA)	7.00	9.38	784.00	11%	371.80	21%	0.00	1420.20	-398.00	-1406.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	32.00	42.88	3584.00	52%	1172.07	43%	0.00	1553.04	-298.89	560.00
Totals for Insurance Category: Self-Pay (Self-Pay)	1.00	1.34	112.00	2%	788.83	88%	0.00	104.00	930.04	149.21
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	7.00	9.38	784.00	11%	240.63	26%	0.00	682.00	-150.32	-288.95
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	4.00	5.36	448.00	7%	0.00	0%	0.00	0.00	-90.00	358.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	0.00	0.00	0.00	0%	121.45	36%	0.00	214.55	0.00	-336.00
Totals for Procedure Code: CHIROPRACTIC MANIPULATION (98942)	61.00	81.74	6832.00	26%	2897.96	36%	0.00	5084.69	0.00	-1150.65
<b>Procedure Code: CHIROPRACTIC MANIPULATION (98943)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	297.00	297.00

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<b>Procedure Code: CHIROPRACTIC MANIPULATION (98943)</b>										
Totals for Insurance Category: AUTO ACCIDENT (AUTO)	0.00	0.00	0.00	0%	0.00	0%	0.00	-28.05	-28.05	0.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	28.05	28.05
Totals for Insurance Category: COMMERCIAL (COMM)	6.00	4.26	198.00	38%	25.81	16%	0.00	139.19	-297.00	-264.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	33.00	100%	0.00	0.00	0.00	-33.00
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	3.00	2.13	99.00	19%	0.00	0%	0.00	0.00	0.00	99.00
Totals for Insurance Category: UNITED HEALTHCARE (UNHC)	2.00	1.42	66.00	13%	0.00	0%	0.00	0.00	0.00	66.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	5.00	3.55	165.00	31%	72.96	37%	0.00	125.04	0.00	-33.00
Totals for Procedure Code: CHIROPRACTIC MANIPULATION (98943)	16.00	11.36	528.00	2%	131.77	36%	0.00	236.18	0.00	160.05
<b>Procedure Code: SPECIAL SUPPLIES (99070)</b>										
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	10.00	0%	0.00	-10.00	0.00	0.00
Totals for Procedure Code: SPECIAL SUPPLIES (99070)	0.00	0.00	0.00	0%	10.00	0%	0.00	-10.00	0.00	0.00
<b>Procedure Code: OFFICE/OUTPATIENT VISIT, NEW, LVL 3 (99203)</b>										
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	0.00	0.00	0.00	0%	94.81	24%	0.00	294.19	-75.00	-464.00
Totals for Insurance Category: COMMERCIAL (COMM)	0.00	0.00	0.00	0%	0.00	0%	0.00	71.00	0.00	-71.00
Totals for Insurance Category: Self-Pay (Self-Pay)	1.00	3.03	232.00	100%	60.00	16%	0.00	317.00	75.00	-70.00
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	0.00	0.00	0.00	0%	0.00	0%	0.00	232.00	0.00	-232.00
Totals for Procedure Code: OFFICE/OUTPATIENT VISIT, NEW, LVL 3 (99203)	1.00	3.03	232.00	1%	154.81	14%	0.00	914.19	0.00	-837.00
<b>Procedure Code: OFFICE/OUTPATIENT VISIT, NEW, LVL 4 (99204)</b>										
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	1.00	4.66	353.00	100%	0.00	0%	0.00	0.00	0.00	353.00
Totals for Procedure Code: OFFICE/OUTPATIENT VISIT, NEW, LVL 4 (99204)	1.00	4.66	353.00	1%	0.00	0%	0.00	0.00	0.00	353.00
<b>Procedure Code: OFFICE/OUTPATIENT VISIT, EST, LVL 1 (99211)</b>										
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	22.00	22.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	-45.00	-45.00
Totals for Insurance Category: SELF PAY PAID IN FULL (SPPF)	1.00	0.58	45.00	100%	0.00	0%	0.00	-45.00	-90.00	0.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	45.00	44%	0.00	58.00	113.00	10.00
Totals for Procedure Code: OFFICE/OUTPATIENT VISIT, EST, LVL 1 (99211)	1.00	0.58	45.00	0%	45.00	78%	0.00	13.00	0.00	-13.00

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<b>Procedure Code: OFFICE/OUTPATIENT VISIT, EST, LVL 2 (99212)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	1.00	1.22	95.00	33%	0.00	0%	0.00	0.00	0.00	95.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	1.00	1.22	95.00	33%	0.00	0%	0.00	0.00	0.00	95.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	-95.00	-95.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	0.00	0.00
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	1.00	1.22	95.00	33%	0.00	0%	0.00	190.00	95.00	0.00
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	0.00	0.00	0.00	0%	0.00	0%	0.00	95.00	0.00	-95.00
Totals for Procedure Code: OFFICE/OUTPATIENT VISIT, EST, LVL 2 (99212)	3.00	3.66	285.00	1%	0.00	0%	0.00	285.00	0.00	0.00
<b>Procedure Code: OFFICE/OUTPATIENT VISIT, EST, LVL 3 (99213)</b>										
Totals for Insurance Category: AETNA USHC HMO (AEHMO)	0.00	0.00	0.00	0%	0.00	0%	0.00	283.82	314.00	30.18
Totals for Insurance Category: AETNA USHC PPO (AEPPO)	0.00	0.00	0.00	0%	0.00	0%	0.00	157.00	0.00	-157.00
Totals for Insurance Category: BLUE SHIELD OF MA (BSMA)	8.00	16.24	1256.00	57%	131.21	21%	0.00	499.65	27.86	653.00
Totals for Insurance Category: COMMERCIAL (COMM)	5.00	10.15	785.00	36%	0.00	0%	0.00	157.00	-471.00	157.00
Totals for Insurance Category: HARVARD PILGRIM HEALTHCARE (HPHC)	1.00	2.03	157.00	7%	0.00	0%	0.00	157.00	157.00	157.00
Totals for Insurance Category: MEDICAID OF MA (MDMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	471.00	-264.00	-735.00
Totals for Insurance Category: MEDICARE OF MA (MCMA)	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00	-314.00	-314.00
Totals for Insurance Category: Self-Pay (Self-Pay)	0.00	0.00	0.00	0%	262.92	63%	0.00	157.00	550.14	130.22
Totals for Insurance Category: TUFTS ASSOCIATED HEALTH PLAN (TUFT)	0.00	0.00	0.00	0%	0.00	0%	0.00	641.25	0.00	-641.25
Totals for Insurance Category: WORKERS COMPENSATION (WCOM)	0.00	0.00	0.00	0%	0.00	0%	0.00	157.00	0.00	-157.00
Totals for Procedure Code: OFFICE/OUTPATIENT VISIT, EST, LVL 3 (99213)	14.00	28.42	2198.00	8%	394.13	13%	0.00	2680.72	0.00	-876.85
<b>Grand Totals:</b>	<b>366.00</b>	<b>327.31</b>	<b>26047.00</b>	<b>100%</b>	<b>12074.67</b>	<b>38%</b>	<b>0.00</b>	<b>19830.42</b>	<b>0.00</b>	<b>-5858.09</b>