

Exa® PACS/RIS

Feature Summary

Billing Reports

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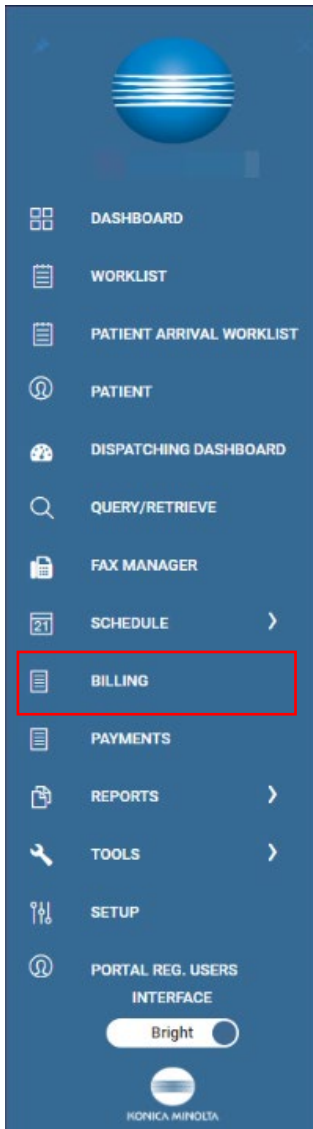
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Introduction to billing reports

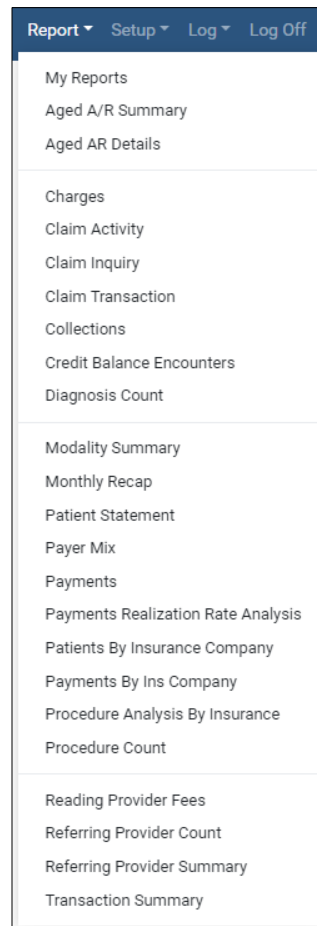
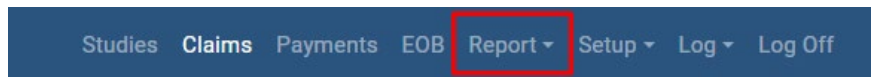
With Exa PACS/RIS billing reports you can manipulate and organize data, and efficiently analyze, track, and evaluate financial and operational information efficiently.

To open the main reports menu, select **Billing > Claims > Reports**.

Burger > Billing...



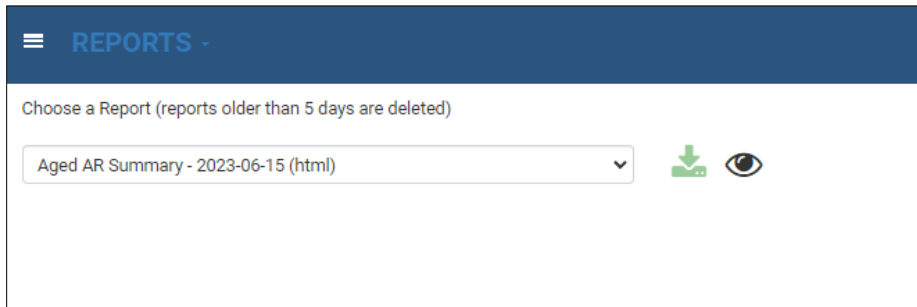
...Reports



This document describes each of the items and reports in the Reports menu.

My Reports

Reports that were generated in the last 5 days appear here. All reports can be exported to PDF, Excel, Excel Extended, CSV, or XML format.



Aged A/R

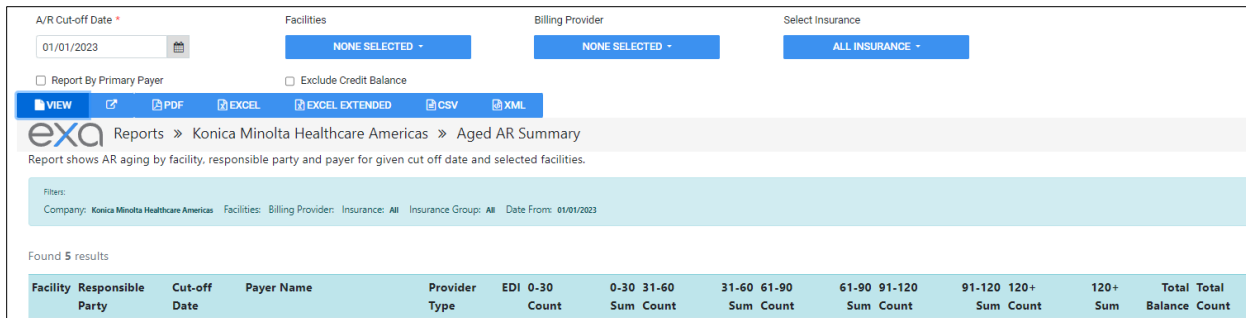
This report shows accounts receivable (A/R) aging by facility, responsible party, and payer for a specified cutoff date, and is a critical tracking mechanism for cashflow planning. A basic A/R aging report features the total owed by the client, and a breakdown by age (30–60 days, 60–90 days, etc.). This provides a “snapshot” of clients in good standing and clients who are delinquent.

A/R Cut-off Date needs to be selected

Details by Facilities, Billing Provider, and Select Insurance

Can check that report by the primary payer and can exclude credit balance

Columns in Report: Facility, Responsible Party, Cut-off date, Payer Name, Provider Type, EDI, 0-30 Count and Sum, 31-60 Count and Sum, 61-90 Count and Sum, 120+ count and sum, Total Balance, and Total Count.



A/R Detail

This report shows a detailed list of outstanding facilities.

A/R Cut-off Date needs to be selected

Details by Facilities, Billing Provider, and Select Insurance

Can check that report by Primary Payer

Columns in Report: Facility, Claim ID, Cut-off Date, Bill Pro Name, Patient Name, Claims Date, Account #, Responsible party, Insurance Group, Payer name, EDI, Procedure Type, 0-30, 60-90, 90-120, and 120+ Sum, Total

The Accounts Receivable (AR) Detail Report template can be used as a key element of the AR Aging Analysis process:

A/R Cut-off Date * 01/01/2023

Facilities NONE SELECTED -

Billing Provider NONE SELECTED -

Select Insurance ALL INSURANCE -

Report By Primary Payer Exclude Credit Balance

VIEW PDF EXCEL EXCEL EXTENDED CSV XML

exa Reports » Konica Minolta Healthcare Americas » Aged AR Summary

Report shows AR aging by facility, responsible party and payer for given cut off date and selected facilities.

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Insurances: All Insurance Group: All Date From: 01/01/2023

Found 5 results

Facility	Responsible Party	Cut-off Date	Payer Name	Provider Type	EDI 0-30 Count	0-30 31-60 Sum Count	31-60 61-90 Sum Count	61-90 91-120 Sum Count	91-120 120+ Sum Count	120+ Sum	Total Balance	Total Count
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Charges

This report shows charges that are used to reconcile and review the charges populated for any date of service.

Claim Date needs to be selected – can be a range

Details by Facilities and Billing Provider

Summary of total charges

Columns in Report: Patient Name and Total charge

EXA Report - Konica Minolta Healthcare Americas - Charges

Report shows charges that are used to reconcile and review the charges populated for any date of service.

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Billing Provider: All Date From: 02/01/2023 Date To: 02/28/2023

Summary: 3 results

Patient Name	Total Charge
Test, Oliver	\$0.00
Test, Test	\$0.00
Grand Total	\$0.00

Found 5 results

Patient Name	Account #	Claim #	DOB	Diagnostic	CPT Code	M1	M2	M3	M4	Charge
Test, Oliver	165MARK	6	03/31/1937	D07.01	74170					\$0.00
Test, Oliver	165MARK	7	03/31/1937		71260					\$0.00
Test, Test	1071MARK	9	03/03/2022		48700					\$0.00
Test, Test	1071MARK	9	03/03/2022		25909					\$0.00
Test, Test	1071MARK	9	03/03/2022		74170					\$0.00

Claims Activity

This report shows detailed claim activity for a specified date range.

Claim date needs to be selected, which can be range, Facilities, and Billing Provider

Columns in the report: Accession #, Claim #, Patient name, Account #, Claim Date, Referring Physician, Reading Physician, Ordering Facility, Facility Code, Type, Payment ID, Payment Date, Accounting Date, CPT Code, Description, Modifiers, Amount, Created On (Date) and Created By.

Claim Date * 01/20/2023 - 12/31/2023

Facilities NONE SELECTED

Billing Provider NONE SELECTED

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exa Reports » Konica Minolta Healthcare Americas » Claim Activity

Report shows detailed claim activity history for given claim date range.

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Date From: 01/20/2023 Date To: 12/31/2023

Found 14 results

Accession No	Claim#	Patient Name	Account#	Claim Date	Referring Physician	Reading Physician	Ordering Facility	Facility Code	Type	Payment ID	Payment Date	Accounting Date	CPT Code	Description	Modifiers	Amount	Created On	Created By
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Claims Inquiry

This report shows detailed patient information including insurance information.

Worked "by" can be selected - either all or individual person

Claim Date /Comment date/Bill Created Date can be selected with date range.

Detail by Claims can be broken down by Insurance paid, patient paid or unpaid, Insurance, and users

Columns in Report: Carrier, Patient name and demographics, Billing provider, Claim #, Date, Code, Payment ID, Description, Charge, Payments Adjustments, Username.

EXA Report - Konica Minolta Healthcare Americas - Claim Inquiry
Claim Inquiry Report
 Report Includes primary and other insurances

Carrier	(PATIENT)																	
Patient Name :	Test, Barry	Account # :	1234321	SSN # :	333-33-3333	DOB :	10/10/2010	Phone # :	(456)456-4564									
Cov	Company	Expiration	Policy #	Group #														
P	AARP MEDICARE COMPLETE		345678															
Billing Provider : POKITDOK																		
Claim#	Date	Code	Pay.Id	Description	Charge	Payments	Adjustment	User Name										
22	04/18/2023	charge		CT ABD & PELVIS W/O CONTRAST	\$175.00			LHarper										
22	05/18/2023	payment	36	AARP MEDICARE COMPLETE		\$75.00		LHarper										
22	05/18/2023	adjustment	36	AARP MEDICARE COMPLETE			\$75.00	LHarper										
Claim Balance : 25.00																		
Total Carrier Balance : \$25.00																		

Claims Transaction

This report shows claims, payments, and balances.

Worked "By" Can Be Selected - Either All or Individual Person

Claim Date /Pay Date / Bill Created Date Can Be Selected with A Date Range

Filters For Report Can Be Broken Down by Insurance, Referring Physicians, Cpt Code(S), and Claim Information

Report Fields: Claim#, Patient Name, Claim Date, Paid Date, Charge Amount, Paid Amount, Insurance Balance, Insurance (Cur), Insurance Paid, Referring Doctor and Insurance Payer Types

EXA Report - Konica Minolta Healthcare Americas - Claim Transaction

Report shows all claims and claim payment/balance.

Filters:

Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Claim Date From: 05/01/2023 Claim Date To: 05/31/2023 PayDate From: 05/01/2023 PayDate To: 05/31/2023 Bill Created From: 05/01/2023 Bill Created To: 05/31/2023 Referring Provider: All

Found 2 results

Claim#	Last Name	First Name	Claim Date	Paid Date	Charge Amount	Paid Amount	Insurance Balance	Insurance (Cur)	Insurance (Paid)	Referring Doctor	Insurance Payer Type
22	test	BARRY	05/02/2023	05/18/2023	\$175.00	\$75.00		D6P	AARP MEDICARE COMPLETE	Andrews, Nancy DO	
---	Total				\$175.00	\$75.00					

Collections

This report shows claims that are in Collections Review claim status.

The claim date needs to be selected

Filters can be applied by Facilities / Billing Provider

If Send claims to collections is checked the claims reported will be flagged as collections

Report fields: Account#, Claim #, Patient last name, First Name, Date of Birth, Account Balance, and service Date

Selecting the Send Claims to Collections button will automatically send patients to collections.

Studies Claims Payments EOB Report Setup Log Log Off

Claim Date * 01/01/2023 - 12/31/2023 Facilities NONE SELECTED Billing Provider NONE SELECTED Send claims to collections

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exa Reports » Konica Minolta Healthcare Americas » Collections

Report shows claims that are in the 'Collections Review' claim status.

Filters:

Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Date From: 01/01/2023 Date To: 12/31/2023

Found 2 results

Account #	Claim #	Patient Last Name	Patient First Name	DOB	Account Balance	Service Date
1234321	31	test	BARRY	10/10/2010	\$20.00	05/02/2023
1234321					\$20.00	

Credit Balance Encounters

The claim date needs to be selected

Filters can be applied by Facilities / Billing Provider

Report Fields: Patient name, claim ID, Status, Account #, Account date, Total, Patient balance, Insurance balance

Claim Date * 01/01/2023 - 12/31/2023

Facilities NONE SELECTED

Billing Provider NONE SELECTED

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exa Reports » Konica Minolta Healthcare Americas » Credit Balance Encounters

Credit Balance Encounters

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Date From: 2023-01-01 Date To: 2023-12-31

Found 2 results

Patient Name	Claim ID	Status	Account #	Accounting Date	Total	Patient Balance	Insurance Balance
Test, Test	4	Pending Payment	test78	01/31/2023	-10.00 CR	--	0.00
-- Credit Total --					-10.00 CR		

Diagnosis Count

This report shows an aggregate diagnosis count by ICD code and facility for a specified date range.

The claim date needs to be selected

Filters can be applied by Facilities / Billing Provider

Report fields: ICD Code. The facility name, Description of code, and count

Claim Date * 01/01/2023 - 12/31/2023

Facilities NONE SELECTED

Billing Provider NONE SELECTED

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exa Reports » Konica Minolta Healthcare Americas » Diagnosis Count

Report shows aggregate diagnosis count by ICD code and facility for given order date range.

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Date From: 2023-01-01 Date To: 2023-12-31

Found 8 results

ICD Code	Facility Name	Description	Count
A00.9	Fred's clinic	Cholera, unspecified	2
A00.9		-- Total --	2
A01.00	Dave's Hospital	Typhoid fever, unspecified	1
A01.00	Hodenville	Typhoid fever, unspecified	2
A01.00		-- Total --	3
D57.01	Dave's Hospital	Hb-SS disease with acute chest syndrome	1
D57.01		-- Total --	1
-- Grand Total --			6

Modality Summary

The claim date needs to be selected

Filters can be applied by the Facilities / Billing Provider

Report Fields: Modality name, Claim count, Study count, Charges count, Total Bill Fee

Modality Name	Claim Count	Study Count	Charges Count	Total Bill Fee
Computed Tomography	4	6	7	\$175.00
Magnetic Resonance	1	1	2	\$110.00
Total	5	7	9	\$285.00

Monthly Recap

Claim date needs to be selected

Filters can be applied to Facility / Billing Providers and Group By

Report Fields: Insurance Class. Service Facility, Charges, Adjustments. Balance, Expected Payments, and All credits

Ins Class	Service Facility	Charges	Adjustments	Balance	Expected Payments	All Credits	Refund	Ins1 Pay	Ins2 Pay	Ins3 Pay	Patient Payment	Units	Num Process.
		\$110.00	\$100.00	(\$10.00)	\$10.00	\$120.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	2,000	2
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1,000	1
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1,000	1
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3,000	3
- Total -		\$110.00	\$100.00	(\$10.00)	\$10.00	\$120.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	7,000	7
- GRAND TOTAL -		\$110.00	\$100.00	(\$10.00)	\$10.00	\$120.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	7,000	7

Patient Statement

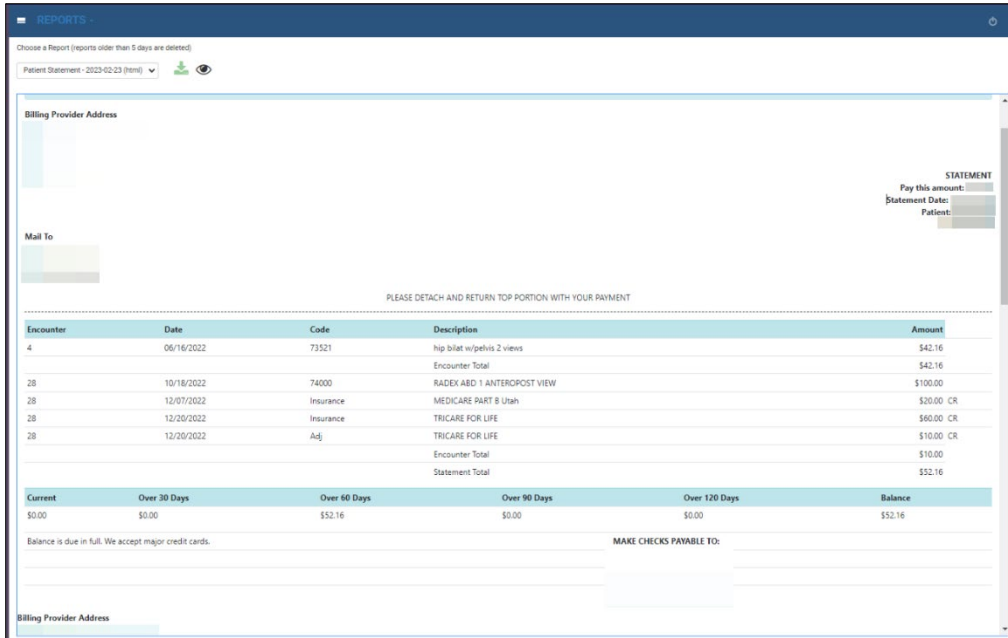
Select the statement date

Filters that can be applied are Billing Provider, Statement Mode, and Facilities. Use the address of Pay-to-provider and Log in claim inquiry are options available.

Report Fields will be split up into columns: Encounter, Date, CPT Code, Description, and Amount.

The second row will display the current amount pending according to the 30,60,90-day buckets, and the final balance due.

The footer of the statement report can be modified to reflect which payment forms are accepted and the pay to address



Payer Mix

Select the claim date range

Apply Filters by Facilities and Billing Providers

Report Fields: CPT Code, Insurance Code, Insurance Name, Facility Name, Claim Date, Bill fee, and Claim Count

Claim Date Facilities Billing Provider

01/01/2023 - 12/31/2023 NONE SELECTED NONE SELECTED

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exa Reports » Konica Minolta Healthcare Americas » Payer Mix

Report shows Payer Mix.

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: Date From: 01/01/2023 Date To: 12/31/2023

Found 13 results

CPT Code	Insurance Code	Insurance Name	Facility Name	Claim Date	Bill Fee	Claim Count
70559	D6P	AARP MEDICARE COMPLETE	Dave's Hospital	01/31/2023	\$100.00	1
Q9967	D6P	AARP MEDICARE COMPLETE	Dave's Hospital	01/31/2023	\$10.00	1
74178	D6P	AARP MEDICARE COMPLETE	Fred's clinic	04/27/2023	\$0.00	1
74178	D6P	AARP MEDICARE COMPLETE	Fred's clinic	04/27/2023	\$0.00	1
74290	D6P	AARP MEDICARE COMPLETE	Fred's clinic	04/27/2023	\$0.00	1
71260	D6P	AARP MEDICARE COMPLETE	Hodorville	05/02/2023	\$0.00	1
73701	D6P	AARP MEDICARE COMPLETE	Hodorville	05/02/2023	\$0.00	1
74176	D6P	AARP MEDICARE COMPLETE	Hodorville	05/02/2023	\$175.00	1
		AARP MEDICARE COMPLETE	-- Total --		\$285.00	8
71260	DO NOT TAKE	NON ACCEPT AARP HEALTH ADVANTAGE HEA	Dave's Hospital	02/02/2023	\$0.00	1
74170	DO NOT TAKE	NON ACCEPT AARP HEALTH ADVANTAGE HEA	Dave's Hospital	02/02/2023	\$0.00	1
		NON ACCEPT AARP HEALTH ADVANTAGE HEA	-- Total --		\$0.00	2
			-- GRAND TOTAL --		\$285.00	10

Payments

Claim date needs to be selected, and can be ranged.

Filters include Paid Location, Facilities, Billing provider, Users, User Role, Adjustment Codes, Insurance, Report Summary as well as Payment status which can be filtered between four categories: Fully applied, Over Applied, Partially Applied, and Unapplied.

The Report Fields: Accounting Date, Paid Location, Claim Facility, Payment ID, Claim ID, Patient Name,

Choose a Report (reports older than 5 days are deleted)

Payments - 2023-02-28 (html)

exa Reports » Konica Minolta Healthcare Americas » Payments

Report shows totals by payment and payer type along with the details of how each charge line item is applied for given accounting date range.

Filters: Paid Facilities: All Facilities: All Billing Provider: All Users: All User Roles: All Payment Status: fully_applied Adjustment Code: All Date From: 01/01/2023 Date To: 12/31/2023 Insurance: All Insurance Group: All

Payer Type	Total Payment Applied	Total Payment UnApplied	Total Payment Amount	Total Adjustment
Insurance	\$20.00	\$0.00	\$20.00	\$100.00
Payer Type	\$20.00	\$0.00	\$20.00	\$100.00
Total				

Accounting Date	Paid Location	Claim Facility	Payment ID	Claim ID	Patient Name	Account #	Claim Date	Payer Type	Payer Group	Payer Name	Payment Mode	Check #	Applied Total	Payment Amount	Balance	Applied Amount	Adjustment Amount	Adjustment Code
02/02/2023	Dave's Hospital	Dave's Hospital	24	4	Test, Test	test78	01/31/2023	Insurance		AARP MEDICARE COMPLETE	Adjustment		\$20.00	\$20.00	\$0.00	\$20.00	\$100.00	

Payment Realization Rate Analysis

Select the accounting date range

Filters include Service Date (bill), Billing Provider, Facilities, Insurance

Report fields: Claim ID, Payment Accounting Date, Billing provider, Facility name, Primary Insurance, Insurance Group, Service Date, Modality, Patient name, Account#, Charge, Payment, Adjustment, Balance, and Rate paid.

Choose a Report (reports older than 5 days are deleted)

Payment Realization Rate Analysis - 2023-01-31 (html)

exa Reports » » Payment Realization Rate Analysis

Report shows accounts with zero balance.

Filters: Company: Facilities: Billing Provider: Accounting Date From: 01/01/2023 Accounting Date To: 01/31/2023 Service Date From: 10/01/2022 Service Date To: 01/31/2023 Insurance: All Insurance Group: All

Found 1 results

Claim ID	Payment Accounting Date	Billing Provider	Facility Name	Payer Type	Primary Insurance	Insurance Group	Service Date	Modality	Patient Name	Account #	Charge	Payment	Adjustment	Balance	Rate Paid (%)
22	01/27/2023			Patient		Commercial	01/11/2023	DX			\$170.00	\$33.16	\$136.84	\$0.00	19.51

Patients by Insurance Company

Select claim date or No date Specified reports – If this option is selected this could populate a very large report.

Report Filters: Facilities, Insurance with the option to show inactive insurances.

Report Fields: Code, Level, Patient Name, Date of Birth, Gender, Policy, Insurance, and Group

Code	Level	Patient	DOB	Gender	Policy	Insurance	Group
D6P	primary	Perron, Frederick	03/17/1982	Male	210998937493	AARP MEDICARE COMPLETE	34423423
Aetna 10031	primary	Test, Barry	10/10/2010	Male	3521651	AETNA HEALTH PLAN	456
D6P	primary	Test, Barry	10/10/2010	Male	345678	AARP MEDICARE COMPLETE	
DO NOT TAKE	primary	Test, Barry	10/10/2010	Male	123456789	NON ACCEPT AARP HEALTH ADVANTAGE HEA	
D4G	secondary	Test, Barry	10/10/2010	Male	000000000	AFFINITY HEALTH PLAN	
DO NOT TAKE	primary	Test, Oliver	03/31/1937	Male	121314	NON ACCEPT AARP HEALTH ADVANTAGE HEA	nn
D6P	primary	Test, Test	10/10/2010	Male	234567	AARP MEDICARE COMPLETE	

Payments by the Insurance Company

Select Accounting Date Range

Filters: Facilities and Insurance

Report Fields: Payment ID, Insurance Name, Provider Type, Amount, Applied, Balance, Check/Card, Payment Mode, and the Payment Date

Payment ID	Insurance Name	Provider Type	Amount	Applied	Balance	Check/Card #	Payment Mode	Payment Date
24	AARP MEDICARE COMPLETE		\$20.00	\$20.00	\$0.00		Adjustment	02/02/2023
36	AARP MEDICARE COMPLETE		\$100.00	\$85.00	\$15.00		Eft	05/18/2023
	AARP MEDICARE COMPLETE		\$120.00	\$105.00	\$15.00			
23	BLUE CROSS MEDICARE ADVANTAGE		\$15.00	\$0.00	\$15.00		Cash	02/02/2023
	BLUE CROSS MEDICARE ADVANTAGE		\$15.00	\$0.00	\$15.00			
28	CIGNA		\$500.00	\$0.00	\$500.00		Eft	02/14/2023
	CIGNA		\$500.00	\$0.00	\$500.00			
29	COVENTRY HEALTHCARE NATIONAL NETWORK		\$15.00	\$0.00	\$15.00	123123	Eft	03/09/2023
	COVENTRY HEALTHCARE NATIONAL NETWORK		\$15.00	\$0.00	\$15.00			
			\$650.00	\$105.00	\$545.00			

Procedure Analysis by Insurance

Select a Claim Date Range, Facilities, Billing Provider, Procedure By, CPT Code, Insurance, and Payer Type

Report Fields: Insurance, Billing Provider, Payer Type, Account#, Facility, Encounter ID, CPT Date and Code, Study Description, Modality, Charges, Allowed Amount, Insurance Payment / Adjustment, Patient Payment / Adjustment, Other payment/adjustment, and Balance.

Claim Date * 05/01/2023 - 05/31/2023

Facilities NONE SELECTED

Billing Provider NONE SELECTED

Procedure By INSURANCE

cptCode All Insurance Payer Type All Payer

VIEW PDF EXCEL CSV XML

exa Reports » Konica Minolta Healthcare Americas » Procedure Analysis By Insurance / Referring Provider

Report shows claim's procedure codes per primary insurances and referring provider.

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: All Insurance Provider: All Provider Group: All Payer Type: All Date From: 05/01/2023 Date To: 05/31/2023

Found 5 results

Insurance	Billing Provider	Payer Type	Patient #	Account #	Facility	Encounter ID	CPT Date	CPT Code	Study Description	Modality	Charges	Allowed Amount	Ins Pay	Ins Adj	Patient Pay	Patient Adj	Others Pay	Others Adj	Balance	
AARP MEDICARE COMPLETE	POKITDOK	Test, Barry	1234321	1234321	Hodenville	22	05/02/2023	74176	CT ABD & PELVIS W/O CONTRAST	CT	\$175.00	\$0.00	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00
AARP MEDICARE COMPLETE	POKITDOK	Test, Barry	1234321	1234321	Hodenville	30	05/02/2023	71260	CT THORAX C+ MATRL	CT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AARP MEDICARE COMPLETE	POKITDOK	Test, Barry	1234321	1234321	Hodenville	31	05/02/2023	73701	CT LXTR C+ MATRL	CT	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00
AARP MEDICARE COMPLETE											\$195.00	\$0.00	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00
AARP MEDICARE COMPLETE											\$195.00	\$0.00	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45.00

Procedure Count

Select the Claim date range

Report filters: Facilities, Billing Provider

Report fields: Code, Description, Billing Fee, Units, and Average

Claim Date * 02/01/2023 - 02/28/2023

Facilities NONE SELECTED

Billing Provider ALL SELECTED (2)

VIEW PDF EXCEL CSV XML

exa Reports » Konica Minolta Healthcare Americas » Procedure Count

Procedure Count

Filters: Company: Konica Minolta Healthcare Americas Facilities: Billing Provider: All Date From: 2023-02-01 Date To: 2023-02-28

Found 5 results

Code	Description	Billing Fee	Units	Average
25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	\$0.00	1,000	\$0.00
48100	BX PNCRS OPN	\$0.00	1,000	\$0.00
71260	CT THORAX C+ MATRL	\$0.00	1,000	\$0.00
74170	CT ABD C-/C+	\$0.00	2,000	\$0.00
	Grand Total	\$0.00	5,000	\$0.00

Reading Provider Fees

Select the Claim date range

Report filters: Facilities, Provider Group

Report fields: Claim ID, Group, CPT, Description, Claim Date Payer Name, Amount, Accounting Date, Payment, Reading Fee %, and Reading Fee

The screenshot shows the Exa Reports interface for 'Reading Provider Fees'. The top navigation bar includes 'Studies', 'Claims', 'Payments', 'EOB', 'Report', 'Setup', 'Log', and 'Log Off'. The main header shows 'Accounting Date' as '01/01/2023 - 12/31/2023', 'Facilities' as 'ALL SELECTED (12)', and 'Provider Group' as 'All'. Below the header, there are options to 'VIEW' the report in PDF, EXCEL, CSV, or XML formats. The report title is 'exa Reports » Konica Minolta Healthcare Americas » Reading Provider Fees'. A filter bar shows 'Company: Konica Minolta Healthcare Americas', 'Facilities: All', 'Provider Group: All', 'Date From: 01/01/2023', and 'Date To: 12/31/2023'. The report indicates 'Found 4 results' and displays a table with the following data:

Claim ID	Group Name	CPT Code	Description	Claim Date	Payer Name	Amount	Accounting Date	Payment Date	Reading Fee %	Reading Fee
4	- No Group Assigned -	70559	MRI BRN OPN ICRA FX C-/C+	01/31/2023	AARP MEDICARE COMPLETE	\$10.00	02/02/2023	02/02/2023	0.00	0.00
4	- No Group Assigned -	Q9967	Omnipaque 300	01/31/2023	AARP MEDICARE COMPLETE	\$10.00	02/02/2023	02/02/2023	0.00	0.00
- TOTAL -						\$20.00	---	---	0.00	0.00
- GRAND TOTAL -						\$20.00	---	---	0.00	0.00

Referring Provider Count

Select the Claim date range

Report filters: Facilities, Billing Provider

Report fields: Provider Name and Claim Count

The screenshot shows the Exa Reports interface for 'Referring Provider Count'. The top navigation bar includes 'Studies', 'Claims', 'Payments', 'EOB', 'Report', 'Setup', 'Log', and 'Log Off'. The main header shows 'Claim Date' as '01/01/2023 - 12/31/2023', 'Facilities' as 'ALL SELECTED (12)', and 'Billing Provider' as 'ALL SELECTED (2)'. Below the header, there are options to 'VIEW' the report in PDF, EXCEL, CSV, or XML formats. The report title is 'exa Reports » Konica Minolta Healthcare Americas » Referring Provider Count'. A filter bar shows 'Company: Konica Minolta Healthcare Americas', 'Facilities: All', 'Billing Provider: All', 'Date From: 2023-01-01', and 'Date To: 2023-12-31'. The report indicates 'Found 3 results' and displays a table with the following data:

Provider Name	Claim Count
Andrews, Nancy DO	1
Doctor, David D D.O.	2
Total	3

Referring Provider Summary

Select the Claim date range

Report filters: Facilities, Billing Provider

Report fields: Provider Code, Provider Name, Count, Bill Fee, Allowed Fee

Report shows Referring Doctor Summary Information

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Billing Provider: All Date From: 2023-01-01 Date To: 2023-12-31

Found 2 results

Provider Code	Provider Name	Count	Bill Fee	Allowed Fee
HCP116RF	Andrews, Nancy DO	1	\$110.00	\$10.00
8375319	Doctor, David D D.O.	2	\$0.00	\$0.00

Transaction Summary

Select the Claim date range

Report filters: Facilities, Billing Provider, Total by Month/Day

Report fields: Date, charges, Payments, Adjustments, Refunds, and Net Activity

Reports by month and day are shown

Report shows Transaction Summary.

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Billing Provider: Date From: 2023-01-01 Date To: 2023-12-31

Found 4 results

Date	Charges	Payments	Adjustments	Refunds	Net Activity
01/31/2023	\$110.00	\$0.00	\$0.00	\$0.00	\$110.00
02/02/2023	\$0.00	\$20.00	\$100.00	\$0.00	(\$120.00)
02/13/2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$110.00	\$20.00	\$100.00	\$0.00	(\$10.00)