

HEALTHCARE IT

Exa® PACS/RIS

Workflow Guide

Reports Dictionary

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Schedule & Exports

Daily Schedules Reports

Use the Reports Filter page to define the information to appear in the report.

REPORTS - Rep	ort Filter			Ф
CLEAR FILTER	Filter Fields GENERATEHTN	IL GENERATEPDFREPORT	GENERATEXLSX GENERATECSV GENERATEX	AL Search Report
From:06/29/2020 To: 11/30/2020	From Date/To Date *		Facility *	Report Types
Facilities	06/29/2020	Ī	All Facilities	O Daily Schedules
Test Facility $ imes $	11/30/2020	1	Select facilities * +	O Patient Form
	Patients		Modality	O Patient Daily Schedule Form
	Search Patient	w		O By Appointment Type
Date Filter	Referring Physician			O Detailed Appointment Type
Study Date	Last Name	First Name	BD	O By Modality
Schedule Date	From To	From To	Modality Rooms	O By Doctor
	Reading Physician	First Name	Select modality rooms * +	O By Status
	From	From To	Study Status	O By Transportation
	Ordering Facility			O Completed Schedules
	Search Ordering Facility	w	Select study status +	O Incomplete Schedules
	Insurance Providers			O Walkin
	Search Insurance provider	w	Select schedule status * +	O Studies by CPT
	Procedure Codes		Cancel Reasons	Referring Physician Format 1
	Search CPT	w	3 Attempts MadePhysician	Referring Physician Format 2
	Diagnostic Codes		Notified	Referring Physician Format 3
	Search ICD	w.	Adverse Reaction	Referring Physician Format 4
	Marketing Rep.			O Top Referring Doctor
	Search Marketing Rep	¥		O Study List - Ordering Facility
	DICOM Studies			
				O Study List - Technologist
	Return Only DICOM studies			Cancellation Reason
	Deleted Studies			O Study By Radiologist
	Included Deleted Studies			

Daily Schedules

Study	Date : 10/08/2020								
Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	Referring Physician	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
11:15 AM	Test 1, Test /	4361038 / 01/09/1972		To Be Added, 1 Beadded	¹⁰ 1234	Self Pay-AZ LLC Cash	MR	MR-Test	THORACIC SPINE WITHOUT CONTRAST

Study Date : 10/20/2020

Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	Referring Physician	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
02:05 AM	test, eastern /	6203625 / 07/09/1996		Monroy, Eduardo	caor	Company Account Over Read	CR	X-ray- Test	CHEST 1 VIEW -
06:20 AM	Test, Jennifer Km /	6511306 / 03/25/1988		Michael Bisco MD	1234567	KELAHER LAW OFFICE	CR	X-ray- Test	ABDOMEN 2 VIEWS -
09:30 AM	Test, Test /	4397306 / 01/01/1996		Cox, Kimberli	198845	Test	BD	Dava-Test	BONE DENSITY (SCREENING) -

Study Date : 10/26/2020

Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	_	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
05:01 PM	Test, Cody /	2838767 / 12/04/1991		Olejniczaktest, Steventest	11111111	AETNA	CR		ABDOMEN 2 VIEWS -
06:24 PM	Test, Cody /	2838767 / 12/04/1991		Van Dam, Lindsay K N.P.	1111121312	AETNA	MG		DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT) -

Patient Form

ate	IC	D Code		ICD Desc	Status			
CD CODES								
			CONTRACTOR OF THE PARTY	ø				
7277924	10/26/2020	74019	ABDOMEN 2 VIEW		Approved			
7278141	10/26/2020	77061,77065		IMO DIGITAL UNI (LEFT)	Done Awaiting Addendum			
402817	11/10/2020	74178		IS WITH AND WITHOUT CONTRAST	Approved			
cession #	DOS	CPT	Study		Status			
UDIES								
						ZIP		
						State		
						City		
			weatonship :			Address 2		
			Teritary : Relationship :			Policy # Address 1		
			Technology					
						State ZIP		
						City		
						Address 2		
			Relationship :			Address 1		
			Secondary :			Policy #		
				ZIP:79998				
				State : TX				
				City : EL PASO				
				Address 2 :				
		Relationship : Self		Address 1 : PO BOX 9				
		Primary : AETN	A	Policy # : 1111111				
SURANCE								
				ZIP : 32792				
				State : FL				
	Fax:(60)	2)302-5982		City : Winter Park				
	Phone # :			Address 2 :				
	Ref. Name : Test	t, Physician NP		Address 1 :483 N Semoran Blvd suite 20	2			
FERRING PROV	IDER							
				ZIP :8	5001			
				State : A	Z			
				City :P	HOENIX			
	SSN			Address 2 : T				
	Gender			Address 1 : T				
	Age	t : Test, Cody e : 28			2/04/1991			
				MRN :2				

Patient Daily Schedule form

			EXA Report	 Patient Daily Schedule F 	form	
Patient ID: 2838767						
	Patient : Test, Cody				MRN :2038767	
	Age : 20				DOB:12/04/1991	
	Gender : F				ddress 1 :Test address	
	SSN :				ddress 2 : Test suite	
					City : PHOENIX	
					State :AZ	
					ZIP:05001	
REFERRING PROVIDER						
Ref. Name : O	ejniczaktest, Stevent	est		Address 1 : 123 Sa	per Text Street	
Phone # :				Address 2 : Suite 1	leut .	
Fax :				City:15251		
				State :AZ		
				ZIP :		
INSURANCE						
	Pr	mary : AETNA		Policy	*:11111111	
	Relatio	nship : Self		Address	1 :PO BOX 981106	
				Address	2:	
				Cit	y : EL PASO	
				Stat	e :TX	
				21	P:79998	
			Secondary :			Policy # :
			Relationship :			Address 1 :
						Address 2 :
						City :
						State :
						ZIP :
			Teritary :			Policy # :
			Relationship :			Address 1 :
						Address 2 :
						City :
						State :
						ZIP :
STUDIES						
Study Date : 10/26/2020					Destaur	Number of Image
Accession # 17270141	DOS 10/26/2020	CPT	Study	AND TO THE UNIT OF THE	Status Deservices Addressing	Number of Images
		77061,77065		AAMMO DIGITAL, UNI (LEFT)	Done Availing Addendum	
17277924	10/26/2020	74019	ABDOMEN 2 V	1000	Approved	
Study Date : 11/10/2020						
Accession #	DOS	CPT	Study		Status	Number of Images
17402817	11/10/2020	74178	ABDOMEN &	REVIS WITH AND WITHOUT CONTRAST	Approved	
ICD CODES						
La casta						

By Appointment Type

Modality: BD		
Referring Physician	Study Description Type	Count
Cox, Kimberli	BONE DENSITY (SCREENING)	1
Modality: CR		
Referring Physician	Study Description Type	Count
Ahmar, Wasim	CHEST 2 VIEWS	1
Birnbaum, Gary	CLAVICLE (RIGHT)	1
Birnbaum, Gary	FACIAL BONES 1-2 VIEWS	1
Daniel H	ABD 3 VIEWS-DECUB AND /OR ERECT VIEWS	1
Ferguson, Carl E	CHEST 2 VIEWS	1
MD Michael Bisco	ABDOMEN 2 VIEWS	2
MD Test, Cody	BONE LENGTH STUDY	1
Monroy, Eduardo	CHEST 1 VIEW	1
Olejniczaktest, Steventest	st ABDOMEN 2 VIEWS	
Test, Referring	ABDOMEN 2 VIEWS	2
Modality: CT Referring Physician	Study Description Type	Count
Birnbaum, Gary	ABDOMEN WITH AND WITHOUT CONTRAST	1
Birnbaum, Gary Birnbaum, Gary	inactive	1
M.D. Johnston, Janice G	SCANOGRAM	1
MD Michael Bisco	ABDOMEN & PELVIS WITH CONTRAST	1
NP Test, Physician	ABDOMEN & PELVIS WITH CONTRAST	1
Test, Referring	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	2
Test, Referring	ABDOMEN WITHOUT CONTRACT	1
iesi, kerenning	ADD MER WITHOUT CONTROL	
Modality: MG		
Referring Physician	Study Description Type	Count
- duplicate - 114539 Test, Cody	DIAGNOSTIC MAMMO, BIL W/3D TOMOSYNTHESIS	1
- duplicate - 114539 Test, Cody	SCREENING MAMMO W/3D TOMOSYNTHESIS	1
Amparan, Keli	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	1
Daniel H	DIAGNOSTIC MAMMO DIGITAL, BIL	1
N.P. Van Dam, Lindsay K	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	1
Modality: MR		
Referring Physician	Study Description Type	Count
Ahmar, Wasim	ABDOMEN WITH CONTRAST	1
Birnbaum, Gary	ABDOMEN WITH CONTRAST	1
Bimbaum, Gary	BRACHIAL PLEXUS/CHEST WITH CONTRAST	1
Test, Hli	INACTIVE	1
To Be Added, To Beadded	THORACIC SPINE WITHOUT CONTRAST	1

Detailed Appointment Type

	EXA Repo	ort -	- D	etailed Appoi	ntment Type				
Modality: BD									
Referring Physician	Study Description Type Co	unt	DOS	Account #	Patient Na	me D	08	Gender P	rimary Insurance
Cox, Kimberli	BONE DENSITY (SCREENING) 1		10/20/2020	4397306	Test, Test	01	/01/1996	M T	est
Modality: CR									
Referring Physician	Study Description Type	c	ount DOS	Account	t#Patient	Name	DOB	Gende	Primary Insurance
Ahmar, Wasim	CHEST 2 VIEWS	1	07/31/2	2020462241	5 Smed2,	Test	04/15/1	965 F	HUMANA
Birnbaum, Gary	CLAVICLE (RIGHT)	1	07/31/2	2020462188	7 Mrttest,	Jamie	07/31/1	990 M	
Birnbaum, Gary	FACIAL BONES 1-2 VIEWS	1	07/22/2	2020448887	9 Jamiec,	Test	09/13/1	972 M	Evicore
Daniel H	ABD 3 VIEWS-DECUB AND /OR ERE VIEWS	ст 1	09/04/2	2020650643	6 Nuckols Thomas		08/18/1	988 M	
Ferguson, Carl E	CHEST 2 VIEWS	1	11/10/2	2020 ECW38	948 Test, Tes	t	01/01/1	930 F	
Michael Bisco MD	ABDOMEN 2 VIEWS	1	10/20/2	2020651130	6 Test, Jer	nifer K	m 03/25/1	988 F	KELAHER LAW OFFICE
Michael Bisco MD	ABDOMEN 2 VIEWS	1	11/23/2	2020651130	6 Test, Jer	nifer K	m 03/25/1	988 F	
Monroy, Eduardo	CHEST 1 VIEW	1	10/20/2	2020620362	5 test, eas	tern	07/09/1	996 F	Company Account Over Read
Olejniczaktest, Steventest	ABDOMEN 2 VIEWS	1	10/26/2	2020283876	7 Test, Co	dy	12/04/1	991 F	AETNA
Test, Cody MD	BONE LENGTH STUDY	1	08/05/2	2020436103	8 Test 1, T	est	01/09/1	972 M	Self Pay-AZ LLC Cash
Test, Referring	ABDOMEN 2 VIEWS	1	11/18/2	2020651130	6 Test, Jer	nifer K	m 03/25/1	988 F	AETNA MCARE OPEN PLAN
Test, Referring	ABDOMEN 2 VIEWS	1	11/18/2	2020651130	6 Test, Jer	nifer Kr	m 03/25/1	988 F	

By Modality

Filters:

Modality wise display the count based on the filters.

Company: From Date: 09/21/2023 To Date: 09/21/2023 Patient Name: All Cancel Reason: All Diagnosis Codes: All Facilities: All Study Status: All Insurance Provider Names: All Marketing Rep Names: All Modalities: All Modality Rooms: All Ord. Facility Name: All Procedure Codes: All Include Delete Studies: false View Dicom Only: false

Modality	Total
BD	11
BMD	2
CR	34
ст	35
DX	38
MG	80
MR	106
NM	2
от	3
RF	8
SC	2
US	138
	459

By Doctor (Ordering Physician)

Schedule Parce	: 11/18/2020		Referring	Physician	Test, Referring			Room:
	. 11/10/2020		Kererring	rnysician.	rest, kererning			Noon.
Name	Account	V Exar	n		Accession	# CPT	ICD Commen	ts Reading Physic
Test, Jennifer Kn	n 6511306	ABD	OMEN 2 VIEWS		17475350	74019		
Test, Test	ECW1145	33 ABD	OMEN & PELVIS WITHOUT	CONTRAST	17469147	74176		
Test, Jennifer Kn	n 6511306	ABD	OMEN 2 VIEWS		17465790	74019		
Test, Germaine	6506505	ABD	OMEN WITHOUT CONTRAS	T	17465728	74150		
Test, Jennifer Kn	n 6511306	ABD	OMEN & PELVIS WITHOUT	CONTRAST	17465725	74176		
Name	Account #	Exam			Accession #	CPT IC	D Comments	Reading Physicia
Name Test, Jennifer	Account # 2892460	Exam ABDOM	EN & PELVIS WITH CONTRA	AST		срт IC 74177	D Comments	Reading Physicia
Test, Jennifer Studies : 1	2892460	ABDOM			17468738			
Test, Jennifer	2892460	ABDOM	EN & PELVIS WITH CONTRA Referring Physic		17468738			Reading Physicia X-ray-Test
Test, Jennifer Studies : 1	2892460 : 11/23/2020	ABDOM			17468738 el Bisco MD	74177	Room:	

Reports » Konica Minolta Healthcare Americas » S	Schedules By Status
Report shows in schedules by status for a user selected date range.	
Filers: Company: Kevica Milovita Havitikarie Aniericas From Date: eu/12/2020 To Date: eu/12/2022 Patient Name: All Modalities: All Modality Rooms: All Ord. Facility Name: All Procedure Codes: All Include Delete Stud	Cancel Reason: An Diagnosis Codes: An Facilities: An Study Status: Approved Insurance Provider Names: An Marketing Rep Names: An dies: Kane View Dicom Only: Kane
Status: Approved Room: H-CT	
Schedule Date Name Account # Exam	Accession # CPT ICD Comments Reading Physician
04/05/2022 Test, Jenn TESJ175 CT ABD & PELVIS W/O CONTRST 1+ BODY REG	NS 505 74178 A00.9
07/15/2021 Test, Dorothy TesD67 CT SOFT TISS NCK C-/C+	241_1 70492 A02.0
07/15/2021 Test, Dorothy TesD67 CT SOFT TISS NCK C-/C+	241 70492 A05.5
03/31/2021 Test, Jenn TesJ1001 CT ABD & PELVIS W/CONTRAST	156 74177 W53.11XA
Studies : 4	
Status: Approved Room: US ROOM 1	
Schedule Date Name Account # Exam Accession # CPT ICI	D Comments Reading Physician
02/01/2022 Fred, Test fret1048 OPH ULTRASONIC FB LOCLZJ 447 76529 G8	89.0 Rad, Cheryl
Studies : 1	
Status: Approved Room: Cat Scan	
Schedule Date Name Account # Exam	Accession # CPT ICD Comments Reading Physician
02/11/2022 Lobsta, Larry LobL1016 CT ABD & PELVIS W/O CONTRST 1+ BODY REGN Studies : 1	NS 418 74178 K91.0
Studies : 1	

By Transportation

This report is named "Schedules by Walkin" in the My Reports area.

EXA Report - Konica Minolta Healthcare Americas - Schedules By Walkin

Report shows schedules by transportation details for a user selected date range.

Filters:

Company: Kenica Mineita Healthcare Americas From Date: (03/02/2020) To Date: (11/30/2020) Patient Name: All Cancel Reason: All Diagnosis Codes: All Facilities: All Study Status: (All Insurance Provider Names: All Marketing Rep Names: All Modalities: All Modality Rooms: All Ord. Facility Name: All Procedure Codes: All Include Delete Studies: Take View Dicom Only: Take

Transport: Medical Transport

Patient	Contact Number	Study Date	Facility
Doe, John	Home :		
123456 test	Mobile :	07/29/2020 11:00 am	KMMI
testtown - RI - 68046	Work :		
Test, Test	Home :		
	Mobile :	07/29/2020 10:45 am	KMMI
	Work :		
Test, Danielle	Home: (123)456-789		
123 Main St	Mobile : (123)467-8966	07/29/2020 09:10 am	KMMI
Gulfport - MS - 39503	Work :		
Sam, Yosemite G	Home: (212)821-2222		
123 Varmint Lane	Mobile :	06/24/2020 04:40 pm	Looney Tunes Medical Center
LAKELAND - FL - 33812	Work :		
Nuckols, Thomas	Home: (555)555-5555		
123 Main Street	Mobile :	05/04/2020 04:00 pm	KMMI
WASHOUGAL - WA - 98671	Work :		
Test, Colton	Home :		
	Mobile :	06/16/2020 12:20 am	KMMI
- AL -	Work :		

Transport: Personal Vehicle

Patient	Contact Number	Study Date	Facility
11111, 11111	Home :		
	Mobile :	04/27/2020 09:00 am	KMMI
	Work :		
Studies : 1			

Completed Schedules

Report shows studies for a user selected date ra	EXA Report -: ange.	- Completed Schedules
		Cancel Reason: AB Diagnosis Codes: AB Facilities: 200 Study Status: AB y Rooms: AB Ord. Facility Name: AB Procedure Codes: AB Include Delete Studies:
Schedule Date: 11/20/2020		

Modality	Modality Room	Name / ID	DOB / Phone #	ender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
ст	CT-Test	TEST, TEST / ECW205453	01/01/2009 - M	1	SCANOGRAM	M.D. Johnston, Janice G	P: S:	17431083	Approved	
Studies :	1									

Schedule Date: 11/10/2020

Modality Room	Name /	D DOB / Phone #	Gend	ler Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
CR	Test, Test ECW3894	01/01/1930 -	F	CHEST 2 VIEWS	Ferguson, Carl E	P: S:	17408831	Approved	
ст ст-те	st 2838767	y / 12/04/1991 - (623)219-7261	F	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	NP Test, Physician	P: TEST S:	17402817	Approved	

Studies : 2

Incomplete Schedules

Report shows in completed schedules for a user selected date range.

Filters:

Company: Rezolut Holdings, LLC From Date: 09/21/2022 To Date: 09/21/2023 Patient Name: Test, Tiffany TEST, MAMMO Testa, Matthew Test, Leah Nahabetian TEST, FRIDAY Cancel Reason: All Diagnosis Codes: All Facilities: All Study Status: All Insurance Provider Names: All Marketing Rep Names: All Modalities: All Modality Rooms: All Ord. Facility Name: All Procedure Codes: All Include Delete Studies: false View Dicom Only: false

Schedule	e Date: 09/21/	2023								
Modalit	Modality Room	Name / ID	DOB / Phone #	Gend	ler Study Description	Referring Physician	Insurance	Accessio #	on Study Status	Reason
US	NRR US 2	Test, Leah TESL2	04/05/1989 - (914)240- 9138	F	US TRANSVAGINAL NON OBSTETRICAL	MD Shivdasani, Shyam	P: AFFINITY MEDICARE ADVANTAGE S:	3147705	Cancelle	d pain
US	NRR US 4	Test, Leah TESL2	04/05/1989 - (914)240- 9138	F	US TRANSVAGINAL NON OBSTETRICAL	MD Shivdasani, Shyam	P: AFFINITY MEDICARE ADVANTAGE S:	3115516	i Cancelle	H PAIN
Studies :	2									
Schedule	Date: 09/12/	2022								
	. Date: 03/ 12/	2023								
Modalit	Modality	Name / ID	DOB / Phone # G	ender S	tudy Description	Referring Physician	Insurance	Accession #	Study Status	Reason
Modalit BD	Modality		04/05/1989 - (914)240- 9138	D	tudy Description		Insurance P: AFFINITY MEDICARE ADVANTAGE S:			Reason osteopenia
	Modality Room	Name / ID Test, Leah	04/05/1989 - (914)240- _F	D		Physician MD Shivdasani,	P: AFFINITY MEDICARE ADVANTAGE	#	Status Cancelled	

Studies : 3

Walkin

Report shows insch	nedules by wa	alkin for a user s	EXA Repo		Schedules B	y Walkin					
Filters: Company: Insurance Provider I Eater View Dicom	Names: 🗚 M				Cancel Reason: (dality Rooms: (A) Ord						fies
Schedule Date: 1	1/18/2020					Mod	ality: CR				
Study Date	DOB	Patient Name	Patient Phone	Gende	r CPT Description	ICD Codes	Referrin Physicia	-	Insurance	Accession	Notes
11/18/2020 03:18 pm	03/25/1988	Test, Jennifer Km	(123)343- 3344	F	ABDOMEN 2 VIEWS		Test, Refe	erring	P: S:	17475350	
Studies : 1											
Schedule Date: 1	1/10/2020					Mod	ality: CR				
Study Date DOB		Patient Phone Gender	CPT Description	ICD Cod	es			Referring Physician	Insurance	Accession #	Note
11/10/2020 01/01/ 04:54 pm	1930 Test, Test	F	CHEST 2 VIEWS	vascular	AORTIC ANEURYSI disease, unspecifie	d,Peripher	al	Ferguson, Carl E	P: 5:	17408831	

vascular disease, unspecified, Unstable angina

Studies by CPT

Studies : 1

CPT: 7401	9 Desc	ription: RADIOL	OGIC EXAM ABDOMEN 2 VIEWS		
Patient ID	Patient Name	Date Of Service	Study Name	Primary Insurance	Referring Doctor
6511306	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS		Test, Referring
6511306	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	AETNA MCARE OPEN PLAN	Test, Referring
6511306	Test, Jennifer Km	11/23/2020	ABDOMEN 2 VIEWS		MD Michael Bisco
2838767	Test, Cody	10/26/2020	ABDOMEN 2 VIEWS	AETNA	Olejniczaktest, Steventest
6511306	Test, Jennifer Km	10/20/2020	ABDOMEN 2 VIEWS	KELAHER LAW OFFICE	MD Michael Bisco
6506436	Nuckols, Thomas test	09/11/2020	ABDOMEN 2 VIEWS	Test	
6506436	Nuckols, Thomas test	09/04/2020	ABD 3 VIEWS-DECUB AND /OR ERECT VIEWS		Daniel H

CPT: 74150

Description: CT ABDOMEN W/O CONTRAST MATERIAL

Patient ID	Patient Name	Date Of Service	Study Name	Primary Insurance	Referring Doctor
6506505	Test, Germaine	11/18/2020	ABDOMEN WITHOUT CONTRAST		Test, Referring

CPT: 74170

Description: CT ABDOMEN W/O & W/CONTRAST MATERIAL

Patient ID	Patient Name	Date Of Service	Study Name	Primary Insurance	Referring Doctor
4621887	Mrttest, Jamie	07/31/2020	ABDOMEN WITH AND WITHOUT CONTRAST		Birnbaum, Gary

Referring Physician Format 1

Referring Physician Name	Address	City	State	ZIP	Phone	Office Phone	Total No Of Exams Referred
Test, Referring	TEST REFERRING NEW CONTACT						5
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gibert	AZ	85233	4808922800	82 C	3
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000		1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	2	1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792		23	1

Referring Physician Format 2

Referring Physician Name	Address	City	State	ZIP	Phone	Office Phone	Total No Of Exams Referred	Studies Count By Modality
Test, Referring	TEST REFERRING NEW CONTACT		85	59	(e-1)	8	5	CR,1,CT,1
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800	1	3	CT,1,CR,1
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000	12	1	CT,1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	12	1	CR,1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792			1	CT,1

Referring Physician Format 3

Referring	Name:	Test,	Referring	
				_

TEST REFERRING NEW CONTACT

Phone#: - Fax#:

Total Referring Count : 5

Patient Name			
Fatient Name	DOS	Study Name	Primary Insurance
Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	
Test, Test	11/18/2020	ABDOMEN & PELVIS WITHOUT CONTRAST	
Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	AETNA MCARE OPEN PLAN
Test, Germaine	11/18/2020	ABDOMEN WITHOUT CONTRAST	
Test, Jennifer Km	11/18/2020	ABDOMEN & PELVIS WITHOUT CONTRAST	
	Test, Test Test, Jennifer Km Test, Germaine	Test, Test 11/18/2020 Test, Jennifer Km 11/18/2020 Test, Germaine 11/18/2020	Test, Test 11/18/2020 ABDOMEN & PELVIS WITHOUT CONTRAST Test, Jennifer Km 11/18/2020 ABDOMEN 2 VIEWS Test, Germaine 11/18/2020 ABDOMEN WITHOUT CONTRAST

Referring Name: MD Michael Bisco Retired - 201 West Guadalupe Ste 209 Gilbert - AZ - 85233 Phone#: - Fax#: Total Referring Count : 3

Modality	Patient Name	DOS	Study Name	Primary Insurance
СТ	Test, Jennifer	11/18/2020	ABDOMEN & PELVIS WITH CONTRAST	
CR	Test, Jennifer Km	11/23/2020	ABDOMEN 2 VIEWS	
CR	Test, Jennifer Km	10/20/2020	ABDOMEN 2 VIEWS	KELAHER LAW OFFICE

Referring Physician Format 4

Filters:	om Date: 09/21/2022 To Date: 09/21/2023	Designst Manage			. Disenseis Cada	Englision	an Church Charters an	Incurrence Descrides New	and an Mark	unting Day Manage		
	ty Name: All Procedure Codes: All Incl					s. All Pacifices.	All Study Status, All	insurance Provider Nar	ries, all iviare	ceang kep Names	. All Wodalith	IS. All
Referring Physician Name	Referring Physician Address	City	State	ZIP	Phone #	Facility	No. Of Patients	No. Of Studies	Modality	Incomplete	Complete	Schedule
Balthazar, Emd	2323 test street	garner	NC	27529		Garner	13	27	MR	2	1	7
									СТ	0	1	8
									CR	0	0	4
									DX	0	0	1
									MG	1	0	1
									US	0	1	0
									Total	3	3	21
Ref, Test	12345 Main St					Garner	10	20	СТ	1	1	6
									CR	2	0	4
									US	0	1	0
									MR	1	0	3
									MG	1	0	0
									Total	5	2	13

Top Referring Doctor

Referring Physician Name:	Test, Referring	Referring Physician Fax #: (123)343-4343		
Patient Name	Accession #	Schedule Date	Phone #	
Test, Jennifer Km	17475350	11/18/2020	(123)343-3344	
Test, Test	17469147	11/18/2020		
Test, Jennifer Km	17465790	11/18/2020	(123)343-3344	
Test, Germaine	17465728	11/18/2020	(215)290-7218	
Test, Jennifer Km	17465725	11/18/2020	(123)343-3344	

```
Referring Physician Name: Michael Bisco MD
```

Referring Physician Fax #: 4808923258

Patient Name	Accession #	Schedule Date	Phone #	
Test, Jennifer	17468738	11/18/2020		
Test, Jennifer Km	17451450	11/23/2020	(123)343-3344	
Test, Jennifer Km	17096838	10/20/2020	(123)343-3344	
Total : 3				

Study List - Ordering Facility

Test, Test - ECW205453		DOB: 01/01/2009		SSN:	
Ordering Facility	Study Date	CPT Code	Study Description	Priority	
	11/20/2020 10:20 am	77073	SCANOGRAM		
	11/10/2020 04:54 pm	71046	CHEST 2 VIEWS		

Test, Cody - 2838	767		DOB: 12/04/1991 5	SSN:	
Ordering Facility	Study Date	CPT Code	Study Description	Priority	
	11/10/2020 02:30 pm	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST		
	10/26/2020 06:24 pm	77061, 77065	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)		
	10/26/2020 05:01 pm	74019	ABDOMEN 2 VIEWS		

Studies : 3

Study List – Technologist

Test, Test - ECW2054	53		DOB: 01/01/20	09	SSN:		
Study Date	Facility Name	Ordering Facility	Patient Name	CPT Description	Technologist	Place of Service	
11/20/2020 10:20 am	Test Facility		Test, Test	SCANOGRAM			
11/10/2020 04:54 pm	Test Facility		Test, Test	CHEST 2 VIEWS			
Studies : 2							

Test, Cody - 2838767				DOB: 12/04/1991	SSN:	
Study Date	Facility Name	Ordering Facility	Patient Name	CPT Description	Place of Technologist Service	
11/10/2020 02:30 pm	Test Facility		Test, Cody	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST		
10/26/2020 06:24 pm	Test Facility		Test, Cody	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)		
10/26/2020 05:01 pm	Test Facility		Test, Cody	ABDOMEN 2 VIEWS		

Studies : 3

Cancellation Reason

Schedule Date: 11/23/2020

Modality	Modality Room	Status	Cancel Reason	Name / ID	DOB / Age Gender	Proc / Dia	Referring Doctor	Cancelled Date
CR	V en Test	Concelled	TEST	Test, Jennifer Km 6511306 11/23/2020	03/25/1988	ABDOMEN 2	MD Michael	11/29/2020
CR	X-ray-Test	Cancelled	STUDY	12:20 AM Select	/ 32	VIEWS	Bisco	04:48 PM
								Studies : 1

Schedule Date: 10/20/2020

Modality	Modality Room	Status	Cancel Reason	Name / ID	DOB / Age Gender	Proc / Dia		Cancelled Date
BD	Dexa-Test	Cancelled	Scheduling Conflict	Test, Test 4397306 10/20/2020 09:30 AM Select	01/01/1996 / 24	BONE DENSITY (SCREENING)	Cox, Kimberli	10/20/2020 02:45 AM
CR	X-ray-Test	Cancelled	ITEST STUDY	Test, Jennifer Km 6511306 10/20/2020 06:20 AM Select	03/25/1988 / 32	ABDOMEN 2 VIEWS	MD Michael Bisco	10/23/2020 12:10 PM
CR	X-ray-Test	Cancelled	TEST STUDY	test, eastern 6203625 10/20/2020 02:05 AM Select	07/09/1996 / 24	CHEST 1 VIEW	Monroy, Eduardo	11/01/2020 06:43 PM

Studies : 3

Study by Radiologist

Filters:

Company: Konica Minolta HCIT From Date: 09/21/2022 To Date: 09/21/2023 Patient Name: All Cancel Reason: All Diagnosis Codes: All Facilities: All Study Status: All Insurance Provider Names: All Marketing Rep Names: All Modalities: All Modality Rooms: All Ord. Facility Name: All Procedure Codes: All Include Delete Studies: false View Dicom Only: false

Approving Physician Name	Modality	Studies Count By Modality
Apps-Rad, Demo	СТ	1
	MG	1
	MR	2
	Total	4

Export Completed Studies

Date Type *	Schedule Date O Approved Date O Approved/Coded Date Ordering Fac	ility
	04/01/2020 EI 11/30/2020 EI All	~
Facility *	Test Facility × *	
Options	Filter Completed Studies Filter Approved Studies	
	Filter Approved/Coded EXPORT	

The exported report includes the following columns.

Facility	Authorization	CPT codes	SSN	Home phone	Technologist
Accession #	Schedule time	Modalities	Provider Name	Marital status	Reason for study
Report count	Study Unread Date & Time	DOB	Communication Pref.	Height	Units
Flag	Account #,	Age	Address	Weight	BMI
Scheduled date	First name	Gender	Email	Department	Blood pressure
Ordering Provider	Middle Name	Approving Provider	Body Part	Station	Heart Rate
Study description	Last Name	Approved Date & Time	Institution	STAT	Respiratory rate
Reading Physician	Modality room	DICOM Patient ID	Study UID	Study Received Date & Time	Body temp
Priority	# of series	Guarantor	Guarantor Gender	Guarantor Mobile	Guarantor email
Guarantor	Guarantor	Guarantor	Insured	Insured Gender	Insured Mobile
address	Relationship	phone number			
Insured email	Insured	Insured	Insured Phone	Primary	Primary Insurance
	Address	Relationship	Number	Insurance Group Name	Group Number
Primary	Primary	Primary	Primary	Primary	Primary Insurance
Insurance Policy	Insurance	Insurance	Insurance Code	Insurance Fax #	State
Number	Employment Status	Name			
Primary	Primary	Referring	Referring	Referring	Referring Provider
Insurance phone	Insurance	Provider Name	Provider Code	Provider	email
number	Address			Address	
Referring	Referring	Ordering	Critical findings	Addendum	Approved/Coded
Provider Fax	Provider Phone	Facility		Approved Date	time
	Number				
ICD Codes	Study Status	Patient full	Addendum	Orientation	Insurance Provider
		Name	Report Count		Туре

Also includes **Secondary and Tertiary Insurance Information** columns, and **CC Referring Provider Information** columns.

Marketing Rep. Activities

Marketing Rep.	All	~	Report Type	Overview	Overview				
Level	All	~	From/To	12/03/2019	21 11/30/2020)	21		
			Report Type	All			~		
		GENERATE	PDF EXPORT TO E	EXCEL					
reportPdfWeb			1 / 116		¢	Ŧ	Ð		
			ep Activities (Ove 2/03/2019 To 11/30/2020 e:	Pending			_		

Unsigned Orders

	- Unsigned C	Orders									Q
Facility	Test Facility	× ×				Fro	m/To *	11/05/201	9 21	11/30/2020	21
Ordering Facility	Select Ordering F	acility	v			Re	ferring Provider	Select Ref.	Provider		
Filter Fields					GENERATE	HTML	GENERATEPD	FREPORT	GENERATEXLSX	GENERATECSV	GENERATEXML
Patient Name	DOB	Gender	Account #	Study Date	Accession #	Study [Description			Ordering Facility	Referring Provider
Konica, Test	08/09/1989	м	4390408	01/28/2020 06:09 pm	28522684	ABDON	EN WITH AND WITH	OUT CONTRAS	т		Test, Physician
Test, Test	03/10/1988	м	4544321	05/29/2020 10:35 am	29277115	INACTIV	Æ				Test, Test
Smed1, Test	07/01/1970	м	4622390	07/31/2020 09:40 am	29679216	ABDOM	EN WITH CONTRAST	r			AHMAR, WASIM

Operations

Study Details

REPORTS - Study Details							
Study Date Range * 🛗 08/01/2022 - 08/07/2023	Study Statuses * (1) (to include)	Aborted Accepted Approved Arrived	Payer Type Referring Physician	All ~			
Ordering Facilities NONE SELECTED -	Modalities (21)	Aca BD	Provider Group	All 🗸			
 Show Marketing Representative Show Provider Group 	All ModalitiesShow Inactive	BR CR CT	Physician	All V	Referring Physicia 🗸	Show Summary	🗹 Show Deta
Show Ordering Facility Show Provider Group Marketing Representative	nov Dana						
	mericas » Study Details						
Show Provider Group Marketing Representative	mericas » Study Details en date range.	S: Approved Payer Type: All Moda	littes: All Referring Physicians: All Prov	víder Groups: All Approví	ng Physicians: All Ordering Facilities:	AR	
Show Provider Group Marketing Representative VIEW C PDF RECEL C C Reports > Konica Minolta Healthcare A Report lists study details based on selected study statuses and give Filter: Company: Kenica Minolta Healthcare American Facilities: At Date From: elveyzeaz Modality	mericas » Study Details en date range.	5: Approved PayerType: All Mode	iltes: An Reterring Physicians: An Prov Study Count	ider Groups: An Approvi	ng Physicians: All Ordering Facilities:	AN	
Show Provider Group Marketing Representative VIEW C PDF RECEL C POF Reports Konica Minolta Healthcare A Report lists study details based on selected study statuses and give Filter: Company: Konica Minolta Healthcare America Facilities: All Date From: elevatoraza Modality BD	mericas » Study Details en date range.	s: Approved Payer Type: All Mode		ider Groups: All Approvi	ng Physicians: All Ordering Facilities	All	
Show Provider Group Marketing Representative	mericas » Study Details en date range.	S: Approved Payer Type: All Mode		íder Groups: Air Approví	ng Physicians: All Ordering Facilities	All	
Show Provider Group Marketing Representative VIEW C PDF RECEL C POF Reports Konica Minolta Healthcare A Report lists study details based on selected study statuses and give Filter: Company: Konica Minolta Healthcare America Facilities: All Date From: elevatoraza Modality BD	mericas » Study Details en date range.	s: Approved Payer Type: All Mode		íder Groups: Air Approví	ng Physicians: All Ordering Facilities	All	

Cancellation Reason

	RTS - Ca	ncellatio	on Reason																		
chedule Date	e Range *	#	04/12/2020 - 04	4/12/2022				Payer	Туре	A	All -	~					Referring	g Physician	All	~	
cilities *		ALL	SELECTED (16) -	,				Insurar	nce	A	MI -	~					Provider	Group	All	~	
odalities	ŀ	ALL SELECTI	ED (18) -					Level			PR	IMARY +					Status		All	~	
Show Sur	nmary 🗹 S	how Detail																			
VIEW	ß	🛱 PDF		≧ csv	اهً XML																
Company: Ko	nica Minolta Healthcare a	Americas Schedul	le Date From: 04/12/2020	Schedule Date T	0: 04/12/2022 Facilities: All Statuses: Canceled	Cancelled No	Shows Modalities:	All Provider G	Groups: All Refe	ferring Phys	sicians: All P	ayer Type: All In	nsurances: A	u Levels: Primary							
Status									Study Count	t											
Canceled,Can	celled								8	8											
No Shows									14	4											
										-											
Total									22	-											
	Scheduled Time	Status	Cancellation Reason	Accession No.	Study Description	Modalit	y Patient Name	MRN		2 Age I	Home Phone	Cell Phone	Gender	Modality Room	Facility	Referring Physician	Provider Group	Primary Inst Payer Type		Primary Insurance Name	
Total Scheduled					Study Description DOP ECHO FTL SPECTRAL DISPLAY COMPL	Modalit US		MRN TesB1030	DOB	2 Age I I 10 11 (Cell Phone (868)768- 7687			Facility Hodorville						Date/Tim 01/19/202
Total Scheduled Date	Time		Reason	No.	DOP ECHO FTL SPECTRAL DISPLAY		Name Testington,		DOB	2 Age I I 10 11 (Phone (123)444-	(868)768-		Room	, i	Physician		Payer Type		Name AETNA HEALTH	Date/Tim 01/19/202
Total Scheduled Date	Time	Cancelled Total	Reason Illness	No.	DOP ECHO FTL SPECTRAL DISPLAY		Name Testington,		DOB	2 Age I I 10 11 (Phone (123)444-	(868)768-		Room	, i	Physician		Payer Type		Name AETNA HEALTH	Date/Tim 01/19/202
Total Scheduled Date	Time	Cancelled Total Cancelled Total No Shows	Reason Illness 1	No.	DOP ECHO FTL SPECTRAL DISPLAY		Name Testington,	TesB1030	22 DOB 10/10/2010	2 Age I	Phone (123)444-	(868)768-	Male	Room	Hodorville	Physician	Group	Payer Type		Name AETNA HEALTH	Date/Tim 01/19/202 05:15:21 p 02/01/202
Total Scheduled Date 01/19/2022	Time 12:35:00 pm	Cancelled Total Cancelled Total No Shows Cancelled	Reason Illness 1 0	No. 427	DOP ECHO FTL SPECTRAL DISPLAY COMPL	US	Name Testington, Barry	Tes81030 fret1048	22 DOB 10/10/2010	Age 10 11 (12 40	Phone (123)444-	(868)768- 7687 (438)341-	Male	Room H- US	Hodorville Fred's clinic	Physician Doctor, Tested	Group My Provider	Payer Type		Name AETNA HEALTH	Date/Tim 01/19/202 05:15:21 p 02:01/202 02:49:29 p 02/01/202
Total Scheduled Date 01/19/2022 02/01/2022	Time 12:35:00 pm 02:50:00 pm	Cancelled Total Cancelled Total No Shows Cancelled	Reason Illness 1 0 Error	No. 427 439	DOP ECHO FTL SPECTRAL DISPLAY COMPL	US	Name Testington, Barry Fred, Test	Tes81030 fret1048	22 DOB 10/10/2010 03/17/1983	Age 10 11 (12 40	Phone (123)444-	(868)768- 7687 (438)341- 7551 (438)341-	Male	Room H- US CR ROOM 1	Hodorville Fred's clinic	Physician Doctor, Tested Fred, Ref Test	Group My Provider Group1 My Provider	Payer Type		Name AETNA HEALTH	Cancelled Date/Tim 01/19/202 05:15:21 p 02/01/202 02:49:29 p 02/01/202 02:49:29 p

Orders Date	1/01/01	/2020 - 12/31/202	2)	Display By *	O Time
Range * *					Modality
Facilities (1) * *				Study Statuses	ALL SELECTED (4) -
	-	TEST FACILITY +			
VIEW 🕑	🔁 PDF	BEXCEL	≧ csv	M XML	

Scheduler Activity

Company: SimonMed Facilities: Text Facility Date From: 01/01/2020 Date To: 12/21/2020 Display By: Modeliny Order Statuses: All

Summary

Fibers

Modality	BD	CR	ст	MG	MR	07		Totals
Status	80	C.	CI.	MIG	MIK	01	03	Totals
CAN		6	5	3		2		16
ORD	1	1			1	1		4
RSCH	2	з	2					7
SCH	2	12	8	4			1	27
Totals	5	22	15	7	1	3	1	54

Detail

		Modality	BD	~	ст	MG	MR	от	US	Totals
User	Status		во	C.		MIG	MIK		03	Totals
Viztek, Pacs (viztek)				1						1
hodor, jenn (jhodor)				5						5
schtest, jh (jhsch1)				1	4					5
		Totals	5	22	15	7	1	3	1	54

Unfinished Studies

This report lists studies currently *not* in the selected study statuses for the selected facilities and date range.

	REPORTS - Unfinished Studies							A report is ready to view in M
	Study Date Range * 🗎 01/01/2020 - 12/31/2020 Study Sta		Payer Type	All	•			
And the set of the	(1) (to ex	clude) Need Corrections						
	Facilities * (1) TEST FACILITY -							
e Pretrome engenerenter i benerenter i be	Show Provider Group Modalitie		Provider Group	All 🗸	•			
	Show Provider Group Marketing Representative	BR	Show Address	Referring Physic 💊	Show Summary	🗹 Show Detail		
Image: Serie		odalities CT						
	Show	v Inactive						
	🖹 VIEW 🗗 🖄 PDF 🔀 EXCEL 🖹 CSV 🗟 XML							
	Reports W Ulpfinished Studies							
		ate range.						
Number of the second	Fibers	5						
Hinde Biele Hart Hart Hart Hart Hart Hart Hart Hart	Company: Facilities: Two Reciting Date From: 01/01/2020 Date To: 12/31/2020 Excluded Study Statuses: 0+04	wa Payer Type: Modalities: All Referring Physicians: All	Provider Groups: All					
Hinde Biele Hart Hart Hart Hart Hart Hart Hart Hart	Ferruson, Carl F							
Nume Nume Outcome Nume Of Calm Description Nume Num Num Num	140 South Power Rd							
10 10 10 0.010 0.010 0.010 0.000 <td>Phone: (480)945-4343 Fax: (480)945-4350</td> <td>Denot the Markets</td> <td>D</td> <td>F</td> <td></td> <td>1</td> <td>D</td> <td>D N</td>	Phone: (480)945-4343 Fax: (480)945-4350	Denot the Markets	D	F		1	D	D N
Normality						rketing Representative	Payer Type	e Primary Insurance Name
NUMBER Other Distribution								
Number Numer Numer Numer <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
1 1000000000000000000000000000000000000			Modality Patient	MRN Facility	Referring Physician	Marketing Representative	Paver Type	Primary Insurance Name
10 1000000000000000000000000000000000000						marketing representative		
9 0 202000 00 00000 201000 00 00000 2010000 0 00000000000000000000000000000000000							Individual Policy	Noridian Healthcare Solutions (Medicare)
Study Date Range (0 1/01/2020 - 12/31/2020 Facilitie * (1) TEST FACULTY - Biow Provider Group ATTH - FRONNE & And - Provider Group ADDred ATTH - FRONNE & And - Provider Group Biow Provider Group All - Provider Group Biow Provider Group All Modalities Biow Provider Group Marketing Representative Modalities View 0 Core Core Core Core Core Core Core Core Core Core Show Address Factor Core Core Core Core Core Core Core Co					1 A A		Other	TEST
Study Date Range* 1/10/12220-12/37/2020 Pacifies* 1 Construction* 10 (no eaclude) Show Provider Group All Interpretendent of the person of the pers				,				
Facilities * (1) TEST FACILITY - Approved Show Provider Group Modalities (17)		-	AUTH- PENDING N	<u>م</u>	Payer Type	All	~	
I show Provider Group Marketing Representative Image: Show Provider Group Marketing Representative Image: Show Provider Group Marketing Representative	Facilities * (1) TEST FACILITY -	(1) (to exclude)	Approved		Referring Physician	All	~	
Industries (17) Image: Show Provider Group Marketing Representative Image: All Modalities Image: Show Provider Group Marketing Representative Image: All Modalities Image: Show Provider Group Marketing Representative Image:	Show Provider Group		lid	-	Provider Group	All	~	
All Modalline Bow Inactive Bo Bow Inactive Bow Inact		Modalities (17)			Show Address	None	× Z ohau	
Bow mater Bow mater C	Show Provider Group Marketing Representative	🗹 All Modalities	OIN	Ì	now Address		Snow	Summary 🔲 Snow Detai
VIEW C* C POF NEXCEL C SV DE XML		Show Inactive	DC	-				
Reports SimonMed Unfinished Studies Report list studies currently "not having" selected studiy statuses, for selected facilities and given date range. Image: Company: teamine Tactifies: the truity Date From: excluses Date To: tratuces: Excluded Study Statuse: Agreent Pyper Type Modatifie: All Referring Physician: All Provider Groups: All Madeling Study Count RD 3 RG 3 MG 6 MR 4 Study Count 3 MG 6 MR 3 Charles 3 Ordin 5 Madeling 5 Madeling 6 MR 1 Deck-la 1 Charles Concelled 1 Charles Concelled 1 Check-la 1 Deck-la 1 Check-la 1								
Report lists studies currently "not having" selected study statuses, for selected facilities and given date range.	🖹 VIEW 🖸 🖄 PDF 😰 EXCEL 📄	CSV 🔯 XML						
Report lists studies currently "not having" selected study statuses, for selected facilities and given date range.								
Filters Company: structures Reditive: twantures Date Troit: structures Excluded Study Counter BD 3 3 3 3 CR 3 3 3 MG 3 3 3 ARNVED 1 3 3 Check-lin 1 3 De Awaiting Addendum 1 3 Rescheduled 3 3	Reports » SimonMed » Unfinished S	tudies						
Company: seawake Pacifies: text reading Date From: exclusional Bickubed Study Statures: Aqueeved Pager Type: Modalities: All Referring Physicians: All Polyder Groups: All Modality Study Count BD 3 CR 10 GT 5 MG 6 MG 6 MG 10 Status 10 MG 10 Status 10 Mexico 10 ARRIVED 10 Check-ln 10 De Awaiting Addendum 10 Rescheduled 3 Scheduled 3	Report lists studies currently *not having* selected study statuses, for se	lected facilities and given date range.						
ModelityStudy CountBD3CR10CT5MG6MR64US1Study Count1ARRVED1Canceled, Cancelled1Conce Awating Addendum1Rescheduled3Scheduled3Scheduled3	Filters:							
BD3CR10CT5MG6MR4US1StatusStudy CountARIVED1Canceled Cancelled19Check-In1Done Awaiting Addendum1Rescheduled3Scheduled3	Company: SimonMed Facilities: Test Pacility Date From: 01/01/2020 Date To: 12/51/20	20 Excluded Study Statuses: Approved Payer	Type: Modalities: All Referring Ph	ysicians: All Provider Grou	IDS: All			
BD3CR10CT5MG6MR4US1StatusStudy CountARIVED1Canceled Cancelled19Check-In1Done Awaiting Addendum1Rescheduled3Scheduled3								
CR10CTSMGGMGGMRGVS1StatusStady CountARRIVED1Canceled, Cancelled1Check-In1Done Awaiting Addendum1Rescheduled3Scheduled3				Study				
CT5MG66MR64US1StatusStady CountARRIVED1Canceled, Canceled19Check-In1Done Awaiting Addendum1Rescheduled3Scheduled3								
MG6MR4US1StatusStaty CountARRIVED1Canceled,Cancelled1Check-In1Dne Awaiting Addendum1Rescheduled3Scheduled3								
MR4US1StatusStady CountARRVED1Canceled, Cancelled19Check-In1Dne Awating Addendum1Rescheduled3Scheduled3								
US1StatusStady CountARRIVED1Canceled, Cancelled19Check-In11Done Awaiting Addendum1Rescheduled3Scheduled3								
StatusStudy CountARRVED1Canceled, Cancelled19Check-In11Done Awaiting Addendum1Rescheduled3Scheduled3								
ARRIVED1Canceled, Cancelled19Check-In1Done Awaiting Addendum1Rescheduled3Scheduled3				Study				
Canceled19Check-In1Done Awaiting Addendum1Rescheduled3Scheduled3								
Done Awaiting Addendum 1 Rescheduled 3 Scheduled 3					19			
Rescheduled 3 Scheduled 3	Check-In				1			
Scheduled 3	Done Awaiting Addendum				1			
	Rescheduled				3			
Hannah A								
Unread 1	the second se				1			

Referrals Variance

REPORTS - Ref	ierrals Variance																	
	2/01/2020			Modalitie		BD A BR CR						ferring Physic	ian		~			
Facilities * (1)	TEST FACILITY ~			Show		BD A BR CR CT DG DX MG MR												
E VIEW C																		
Filters	count variance by referring physicians. «Facility End Month: 12/01/2020 Modalities: All Re	ferring Physicians: As																
Item						Distinct	Count											
Providers							24											
Facilities							1											
Modalities							6											
Provider	Marketing Representative	Facility	Modality	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Total	Average	Dec 2020
Ahmar, Wasim		Test Facility	CR	0	0	0	0	0	0	0	1	0	0	0	0	1	0.08	0
			MR	0	0	0	0	0	0	0	1	0	0	0	0	1	0.08	0
			Total	0	0	0	0	0	0	0	2	0	0	0	0	2	0.17	0
Amparan, Keli		Test Facility	MG	0	0	0	0	0	0	0	0	0	1	0	0	1	0.08	0
			Total	0	0	0	0	0	0	0	0	0	1	0	0	1	0.08	0
Birnbaum, Gary		Test Facility	BD	0	0	0	0	0	0	1	0	0	0	0	0	1	0.08	0
			CR	0	0	0	0	0	2	0	2	0	0	0	0	4	0.33	0
			СТ	0	0	0	0	0	2	0	2	0	0	0	0	4	0.33	0
			MR	0	0	0	0	0	1	0	2	0	0	0	0	3	0.25	0
						0												

tudie	es B	Break	down									
Study Date R	ange *	01/01/	2020 - 12/31/2020		S	Study Statuses *	Incomplete Draft Done Awaiting Add	andum	•		Modalities (17)	BD BR CP
Facilities * ((1)		TEST FACILITY -				Dictated Approved DRAFT-ADDENDUN TRANSCRIBED-AD APPROVED-ADDEN	1 DENDUN			 All Modalities Show Inactive 	BR CR CT DG DX MG MR
VIEW	ď	EXCEL	🖻 CSV 🛛 🗟 XN	1L								
exc	Repo	rts » Simonl	Med » Studies Breakd	own								
eport shows st	tudies breakd	lown by facility, n	nodality, study date, and study	y status.								
Filter: Company: Siner	eMed facilities:	Text Facility Date Fro	rm: 01/01/2020 Date To: 12/21/2020	Study Statuses: 1	UNR TRAN TS	TP THON TE RE PRAP NO	ESI INC DRFT APCD DIC APP DR	FT-ADDENDU	M TRAN-AD	DENDUM APP-ADDENDUM Modali	ies: All	
				Study Status	Approved	Approved-Addendum	Done Awaiting Addendum	Unread	Totals			
A Facility	A Modality	Study Date	Patient & Study Description		Approved	Approvid-Addingum	Contracting Addendant	onread	Totals			
Test Facility					25	1	1	1	28			
	⊿ BD				1				1			
		06/02/2020			1				1			
	⊿ CR	_			8				8			
		05/18/2020			2				2			
		06/17/2020			1				1			
		06/25/2020			1				1			
		07/22/2020			1				1			
		07/31/2020			1				1			
		10/26/2020							1			
		11/10/2020			1				1			
	a ci	01/28/2020			1				9			
		03/11/2020			1				1			
		05/18/2020			2				2			
		07/16/2020			- 1				- 1			
		07/22/2020			1				1			
		07/31/2020			1				1			
		11/10/2020			1				1			
		11/20/2020			1				1			
	⊿ MG				2	1	1		4			
		06/01/2020			2	1			3			
		10/26/2020					1		1			
	⊿ MR				5				5			
		02/14/2020			1				1			
		05/18/2020			1				1			
		07/01/2020			1				1			
		07/30/2020			1				1			
		07/31/2020			1				1			
	⊿ US							1	1			
		11/30/2020						1	1			
				Totals	25	1	1	1	28			

Studies by Modality

Date		đ	11/03/20	20 - 12/02/	2020	Facil	ities		Study Statuses	ALL SELECTED (36) +
Date 1	Гуре *	0	Study Date				TEST F	FACILITY -	Study Flags	NONE SELECTED -
		0	Approved Dat	e		Moda	alities	ALL SELECTED (17) -		
D VI	ew C	8	🔁 PDF	R EXCEL	🖹 CS	v 🖻	XML			
acility	Modality	Study Date	Study Status	Study Flag	Study Count	MRN	Patient	Study Description		Referring Physician Marketing Representative
est acility					5					
	MG				2					
		11/06/20	20		1					
			Scheduled		1					
				N/A	1					
						6581198	Test1, Colleen	DIAGNOSTIC MAMMO DIGITAL, BIL		Test, Physician
		11/10/20	20		1					
			Scheduled		1					
				N/A	1					
						6581198	Test1, Colleen	SCREENING MAMMO DIGITAL, BIL		Test, Physician

Studies by Modality Room

	 Studies By I 	Modality R	loom								
Date *	01/01/2	2020 - 12/31/2	2021	\$	Study Statuses	s *		Modalities * (17)	BD Å BR	Study Flags	
Date Type * Facilities * (1)	Study Date	O .	Approved Date		(33)	Tech Uniy Tech Pause Tech Start To Be Assigne Transcribed Unread	d	All Modalities	CR CT DG DX MG MR	All Flags?	AUTH APPROVED AUTH DENIED AUTH EXPIRED AUTH PENDING INITIATION AUTH REQUIRED
						DRAFT-ADDEN TRANSCRIBED APPROVED-AD	ADDENDUM				Show Detail
VIEW C	ී 🗋 PDF	EXCEL	≧ CSV	@ XML						Snow Summary	
Test Facility	PDF	EXCEL	l∎ CSV	₫ XML		Study Count				Snow Summary	
Test Facility CT-Test	2 🕒 PDF	EXCEL	₽ CSV	ه XML		Study Count				Snow summary	
Test Facility CT-Test Dexa-Test	2 B PDF	EXCEL	∄ CSV	ه XML		Study Count 4 3				Snow Summary	
Test Facility CT-Test Dexa-Test MR-Test	2 DDF	EXCEL	≧ CSV	ه XML		Study Count 4 3 3				Show Summary	
Test Facility CT-Test Dexa-Test MR-Test Mammo-Test	5 BPDF	EXCEL	a csv	M XML		Study Count 4 3 2 1				Show Summary	
Test Facility CT-Test Dexa-Test MR-Test Mammo-Test NirmillaMG	5 🕒 PDF	EXCEL	CSV	∂ XML		Study Count 4 3 2 1 2				Show Summary	
_	් 🖻 PDF	Excel	₽ csv	∂ XML		Study Count 4 3 2 1 2 10				Show Summary	
Test Facility CT-Test Dexa-Test MR-Test Mammo-Test NirmillaMG Test Mammo X-ray-Test	f Depor	Excel	CSV	ه XML		4 3 2 1 2				Show Summary	
Test Facility CT-Test Dexa-Test MR-Test Mammo-Test NirmillaMG Test Mammo K-ray-Test A-ray-Test	8 PDF	2 EXCEL	CSV	ه XML		4 3 2 1 2 10				Show Summary	Crivit Detail
Test Facility CT-Test Dexa-Test MR-Test Mammo-Test NirmillaMG Test Mammo K-ray-Test Facility Total Grand Total	1 PDF		CSV		MRN	4 3 2 1 2 10 59	Study Description			Snow Summary Referring Physician	
Test Facility CT-Test Dexa-Test MR-Test Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total	ity Room Modality F			iy Status	MRN rverr4	4 3 2 1 2 10 59 59		W/O CONTRAST W/ORAL CO	NTRAST		

viou	ality	Bre	eakdo	wn									
Date * Date Type * Facilities *	(1)	udy Date	0 - 12/31/2020 Approved ST FACILITY -		мі	Study Statuses * (33)	POST PONE AWAITI Pre-Approved Precheckin Read Ready To Confirm Rescheduled Scheduled Tech End Tech Confi	NG AUTH	Modalities * (17) All Modalities Show Inactive	BD A BR CR CT DG DX MG MR	Study Flags All Flags?	AUTH APPROVED AUTH DENIED AUTH DEVIDING INITIATION AUTH PENDING INITIATION AUTH REQUIRED AUTH APPROVED AUTH APPROV	•
Test Facility							Study Count						-
CT-Test							4						
Dexa-Test													
							3						
MR-Test							3						
MR-Test Mammo-Test							3						
							3 3 2 1						
Mammo-Test							3 2 1 2						
Mammo-Test NirmillaMG							3 3 2 1 2 10						
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total							10						
Mammo-Test NirmillaMG Test Mammo X-ray-Test							10						
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total	Modality Room	Modality	Flag	Study Date	Study Status	MRN	10	Study Description			Referring Physi	ician Marketing Representative	
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total	Modality Room CT-Test	Modality CT	Flag	Study Date 10/02/2020	Study Status Rescheduled	MRN rwerr4	10 59 59		O CONTRAST W/ORAL CONTR	IST	Referring Physi Michael Bisco M		
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total Facility			Flag		-		10 59 Patient	ABDOMEN CTA W & W/	10 CONTRAST W/ORAL CONTRA TH AND WITHOUT CONTRAST	NST		ID	
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total Facility Test Facility	CT-Test	ст	Flag	10/02/2020	Rescheduled	rwerr4	10 59 59 Patient Sanity 2, Test	ABDOMEN CTA W & W/ ABDOMEN & PELVIS WI			Michael Bisco M	ID	
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total Facility Test Facility Test Facility	CT-Test CT-Test	ст ст ст ст	Flag	10/02/2020	Rescheduled Scheduled	rwerr4 tess6102797	10 59 59 Patient Sanity 2, Test Test1, Sample1	ABDOMEN CTA W & W/ ABDOMEN & PELVIS WI ABDOMEN & PELVIS WI	TH AND WITHOUT CONTRAST		Michael Bisco M Ahmartest, Wasi	ID	
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total Facility Test Facility Test Facility Test Facility	CT-Test CT-Test CT-Test CT-Test Dexa-Test	ст ст ст	Flag	10/02/2020 10/02/2020 03/11/2020	Rescheduled Scheduled Approved	rwerr4 tess6102797 Scriptsender	Patient Sanity 2, Test Test 1, Sample 1 Testadult, Maria	ABDOMEN CTA W & W/ ABDOMEN & PELVIS WI ABDOMEN & PELVIS WI	TH AND WITHOUT CONTRAST TH AND WITHOUT CONTRAST TH AND WITHOUT CONTRAST		Michael Bisco M Ahmartest, Wasi Test, Physician	ID	
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total Facility Test Facility Test Facility Test Facility Test Facility	CT-Test CT-Test CT-Test CT-Test	CT CT CT CT BD BD	Flag	10/02/2020 10/02/2020 03/11/2020 10/02/2020 08/31/2020 10/01/2020	Rescheduled Scheduled Approved Scheduled	rwerr4 tess6102797 Scriptsender rwerr4 6506436 rwerr4	Patient Sanity 2, Test TestSample1 TestAdult, Maria Sanity 2, Test Nuckols, Thomas test Sanity 2, Test	ABDOMEN CTA W & W/ ABDOMEN & PELVIS WI ABDOMEN & PELVIS WI ABDOMEN & PELVIS WI	TH AND WITHOUT CONTRAST TH AND WITHOUT CONTRAST TH AND WITHOUT CONTRAST DSTIC)		Michael Bisco M Ahmartest, Wasi Test, Physician	ID imtest	
Mammo-Test NirmillaMG Test Mammo X-ray-Test Facility Total Grand Total Facility Test Facility Test Facility Test Facility Test Facility Test Facility	CT-Test CT-Test CT-Test CT-Test Dexa-Test	CT CT CT CT BD	Flag	10/02/2020 10/02/2020 03/11/2020 10/02/2020 08/31/2020	Rescheduled Scheduled Approved Scheduled Rescheduled	rwerr4 tess6102797 Scriptsender rwerr4 6506436	Patient Sanity 2, Test Test 3, Sample 1 Testadult, Maria Sanity 2, Test Nuckols, Thomas test	ABDOMEN CTA W & W/ ABDOMEN & PELVIS WI ABDOMEN & PELVIS WI ABDOMEN & PELVIS WI BONE DENSITY (DIAGNO	TH AND WITHOUT CONTRAST TH AND WITHOUT CONTRAST TH AND WITHOUT CONTRAST DSTIC) IING) IING)		Michael Bisco M Ahmartest, Wasi Test, Physician Daniel H	ID imtest	

Technologist Productivity

Date Range *	01/01/20	20 - 12/31/2020			Show	w Patient Detail (Excel, CSV, or XML Only)
Fechnologists	All 🗸				Facilities TEST FACILITY +	Modalities ALL SELECTED (17) +
🖹 VIEW 🛛 🗗	🖾 PDF	EXCEL	CSV	💩 XML		
Found 65 results						
Technologist						Study Count
Aguilera, Angelica						523
Alessi, Nicole						13
Anderson, Arron						3
Baker, Christopher						13

IMPORTANT

Adding patient detail and exporting to Excel will show Tech start time, Tech end time, and Total

time.

	А	В	С	D	E	F	G	н	I.
1	Technologist 🗾 💌	Facility 💌	Study Date 💌	Modality 💌	Description 🗾	Tech Start	Tech End	Total Time to Complete	Study Count
2	Perron Tech, Frederick	Fred's clinic	12/13/2021	CR	Chest X-Ray	12/13/2021 11:35:03 am	12/13/2021 11:35:15 am	0d 0h 0m 12s	1
3	Tech, Jenn	Pineapple Under The S	6 04/16/2021	MG	COMPUTER-AIDED DETE	08/05/2021 02:08:56 pm	08/05/2021 02:09:57 pm	0d 0h 1m 1s	1
4	Tech, Jenn	Eric's Best Practice	07/09/2021	CR	ABDOMEN X-RAY	08/05/2021 02:12:58 pm	08/05/2021 02:13:29 pm	0d 0h 0m 31s	1
5	Tech, Patty	Hodorville	07/15/2021	СТ	CT SOFT TISS NCK C-/C+		07/27/2021 03:44:44 pm		2
6	Tech, Jenn	Hodorville	07/21/2021	CR	ABDOMEN X-RAY	08/05/2021 02:13:04 pm	08/05/2021 02:13:20 pm	0d 0h 0m 16s	1
7	Tech, David	Konica Minolta Health	c 07/21/2021	СТ	CT BRAIN (HEAD) WITH	07/14/2021 11:25:05 am	08/05/2021 03:13:16 pm	22d 3h 48m 10s	1
8	Tech, Cheryl	Hodorville	08/09/2021	CR	ABDOMEN X-RAY				1
9	Tech, Cheryl	Pineapple Under The S	5 11/04/2021	CR	ABDOMEN X-RAY	11/15/2021 01:17:53 pm	11/15/2021 01:18:00 pm	0d 0h 0m 6s	1
10	Tech123, Test	NUCKOLS	12/10/2021	CR	ABDOMEN X-RAY	12/15/2021 06:01:26 am	01/13/2022 07:33:46 am	29d 1h 32m 19s	1
11	Test, Technologist	Hodorville	08/09/2021	CR	ABDOMEN X-RAY	01/10/2022 02:38:12 pm			1
12	Test, Technologist	Hodorville	08/09/2021	CR	ABDOMEN X-RAY	01/10/2022 02:39:28 pm	01/10/2022 02:39:34 pm	0d 0h 0m 5s	1
12									

					(20)		-				
Date Ra	nge *	11/01/2020 - 11/3	30/202	Modalities *	(20)		Report By Count	Report			
Date Typ Facilitie		 Study Date Approved Date 		All Modi Show in			Report By	Exam Count			
		ALL SELECTE	D (5) -		CT DG DX ECG EMG						
VIEW	v C	🔁 PDF 🔀 EXCE	EL 🔒 CSV	🛃 XML							
2)	Re	ports » Konica Minolta H	ICIT » Fees by Fa	acility and Modali	ty						
leport shi	ows aggregate	study count by facility and moda	lity and associated fee	s.							
	ows aggregate	study count by facility and moda	lity and associated fee	s.							
fibers		study count by facility and moda			litics: All						
fibers					litics: An						
filters: Company					lities: AB						
Company): Konka Minolta HCM : 4 results			Date To: 11/36/2626 Modal	lities: AN Report Count						
Company ummary:): Konka Minolta HCM : 4 results	Facilities: AB Date Type: Approved Date	Date From: 11/01/2020	Date To: 11/36/2626 Modal							
Libers: Company ummary: Facility	y: Konka Minoka HCM : 4 results N	Facilities: AB Date Type: Approved Date	Date From: 11/01/2020	Date To: 11/28/2828 Modal	Report Count						
Libers: Company ummary: Facility	y: Konica Minatta HCM : 4 results N	Facilities: AB Date Type: Approved Dee Andality	Date From: 11/01/2020 Fee	Date To: +yzeyzeze Modal es	Report Count 17.0						
Filters: Company Gummary: Facility Gamer	y: Konica Minatta HCM : 4 results N	Facilities: All Date Type: Approved by Andality R	Date From: +yer/seas Fee \$1,100.0	Date To: styseysese Modal es 10	Report Count 17.0 11.0						
Filten: Company Summary: Facility Gamer	y: Kooka Minaka Hen : 4 results C C	Facilities: All Date Type: Approved by Andality R	 Date From: +1y81/2000 Fee \$1,100.0 \$600.0 	Date To: styseysese Modal es 10	Report Count 17.0 11.0 6.0						
ribes: Company iummary: Facility Gamer	y: Kooka Minaka Hen : 4 results C C	Facilities: All Date Type: Approved by Andality R	 Date From: +1y81/2000 Fee \$1,100.0 \$600.0 	Date To: styseysese Modal es 10	Report Count 17.0 11.0 6.0						
Fibers: Company ummary: Facility Samer TOTALS ound 17	y: Kooka Minaka Hen : 4 results C C	Facilities: All Date Type: Approved by Andality R	 Date From: +1y81/2000 Fee \$1,100.0 \$600.0 	Date To: styseysese Modal es 10	Report Count 17.0 11.0 6.0	Study Date	Approved Date	Referring Provider	Fee	Total	Report Cou
Fibers: Company ummary: Facility Samer TOTALS ound 17 Facility	results	Reditter: An Date Type: Approved bar Acclainty R	Date From: +1/91/2639 Fee \$1,100.0 \$10.700.0	Date To: +yregeee Modal es 10 10	Report Count 17.0 11.0 6.0 17.0	Study Date 11/07/2020	Approved Date 11/27/2020	Referring Provider Dr. Sam Smith	Fee \$100.00	Total \$100.00	
Totals Company Company Facility Gamer TOTALS Ound 17 Facility Gamer	results Modality	Pacifitie: All Date Type: Approved bar Acidality R X Patient	Date From: +1yer/2009 Fee \$1,100.0 \$600.0 \$1,700.0 Account No.	Date To: vyseyeee Modal es 00 00 Birth Date	Report Count 17.0 11.0 6.0 17.0 Study Description			-			
Totaus: Company ummary: Facility TOTALS ound 17 Facility Gamer Gamer	: 4 results A results	Facilitie:: All: Date Type:: Approved bar Acidality IR X Patient Eastern, Cottonwood N	 Date From: +1yer/assa Fee \$1,100.0 \$600.0 \$1,700.0 \$1,700.0 KM3790029 	Date To: +yseyeee Modal es	Report Count 17.0 11.0 6.0 17.0 Study Description XR Chest. 1 View	11/07/2020	11/27/2020	Dr. Sam Smith	\$100.00	\$100.00	
Fiber: Company Summary: Facility Gamer	4 results C C C C C C C C C C C C C C C C C C C	Facilities: AM Date Type: Approved and Addality R R X Patient Eastern, Cottonwood N Silver, Maple N	 Date From: +ver,geas Fee \$1,100.0 \$600.0 \$1,700.0 \$1,700.0 KM3790029 KM2968595 	Date To: +vencese Mindal es 50 50 50 50 50 50 50 50 50 5	Report Count 17.0 11.0 6.0 17.0 Study Description XR Chest. 1 View XR Chest. 1 View	11/07/2020 11/06/2020	11/27/2020 11/27/2020	Dr. Sam Smith Dr. Alfred Johnson	\$100.00 \$100.00	\$100.00 \$100.00	1
Filters: Company Summary: Facility Garner TOTALS Found 17 Facility Garner Garner Garner	results Modality CR CR CR	Facilities: As Date Type: Approved by Aodality R X Patient Eastern, Cottonwood N Silver, Maple N Pine, Red N	 Date From: +1/41/2020 Fee \$1,100.0 \$600.0 \$1,700.0 \$1,	Baitte Ta: Human es 00 00 00 00 10 00 12/10/1968 01/31/2000 12/31/1995	Report Count 17.0 11.0 6.0 17.0 Study Description XR Chest. 1 View XR Chest. 1 View XR Chest. 1 View	11/07/2020 11/06/2020 11/05/2020	11/27/2020 11/27/2020 11/27/2020	Dr. Sam Smith Dr. Alfred Johnson Dr. Doctor Doctor	\$100.00 \$100.00 \$100.00	\$100.00 \$100.00 \$100.00	1
Filters: Company Summary: Facility Garner TOTALS Found 17 Facility Garner Garner Garner Garner	results Modality CR CR CR	R R Patient Eastern, Cottonwood N Silver, Maple N Pine, Red N Scarlet, Oak	 Date From: +1,94,9888 Feed \$1,100,0 \$500,0 \$1,700,0 \$1,700,0 <	Bath Ta: +1/98/2008 Madal es 10 10 10 10 12/10/1968 01/31/2000 12/31/1995 04/06/1945	Report Count 17.0 11.0 6.0 17.0 XR Chest 1 View XR Chest 1 View XR Chest 1 View XR Chest 1 View	11/07/2020 11/06/2020 11/05/2020 11/05/2020	11/27/2020 11/27/2020 11/27/2020 11/27/2020	Dr. Sam Smith Dr. Alfred Johnson Dr. Doctor Doctor Dr. Sally Ride	\$100.00 \$100.00 \$100.00 \$100.00	\$100.00 \$100.00 \$100.00 \$100.00	Report Cour 1 1 1 1 1 1

Fees by Facility and Modality

Fees by Radiologist and Modality

Radiologist fee schedules must be set up under **Setup** > **Resources** > **Provider Pay Schedule**.

■ REPORTS -	Fees by Radiologist and Modality			
Date Range * Date Type * Facilities * (10)	Image: 07/01/2020 - 07/31/2023 Image: 07/01/	Provider Rad, Jenn × • + Selected Providers Radiologist, Danielle × Rad, Jenn ×	Modalities (21) All Modalities Show Inactive	ACA BD BR CR CT DG DX
racinues (15)				MG Report by Report Count (Linked studies may only count as a single report) Report by Exam Count (Including individual exam counts for linked studies)

Fee Total \$10.00 \$10.00

\$55.00 \$55.00

Report Count

1.0

1.0

A VIEW	67	TA DDE	La cev	

	_		EXCEL						
ex	Reports »	Konica Mi	inolta Healthc	are America	s » Fees by F	Radiologist	and Modality		
Report show	vs aggregate study c	ount by radio	ologist and mod	dality and asso	ciated fees.				
Filters: Company:	Konica Minolta Healthcare Amer	ricas Facilities:	All Radiologists:	Radiologist, Danielle	Rad, Jenn Date Typ	DE: Approved Date	Date From: 07/01/2020	Date To: 07/31/2023	Modalities: All
Summary: 7	results								
Facility		Radiolog	jist		Modality		Fees		Report Count
Garner NC H	ICIT								15.0
		Radiologi	ist, Danielle						
					CT		\$495.00		9.0
					DX		\$20.00		2.0
					MG		\$10.00		1.0
					MR		\$20.00		2.0
					US		\$40.00		1.0
ind 14 results									
cility	Radiologist	Modality App	pointment Type	Patient	Account No.	Birth Date	Study Description		Study
amer NC HCIT	Radiologist, Danielle	DX 740	20	Ryan, Megan	RyaM123	04/20/1991	XR Abdomen (Flat)		07/01/2
amer NC HCIT	Radiologist, Danielle	CT 756	35	Petrillo, Sophia	PetS123	08/12/1948	CTA Abdominal Aorta v	vith and without Contrast	06/29/

Turnaround Time (TAT) - Calculated

	- Turnar	ound Time	e (TAT) - C	alculated																
Date *	*	04/11/2020 - 0	04/11/2022				Туре	Referrin	g Provider		~	Referr	ing Physician	Search Refe	rring Physician		+			
Date Type *	O Stu	ly Date	Approv	ed Date			🗹 Show Ma	rketing Repres	entative											
Facilities *		ALL SEL	ECTED (16) -																	
												🗆 Sh	ow STAT Only							
Diew C	5 🖉 P	DF 🛃 E	XCEL) csv	ه XML															
EXO Report shows Turnard					Turnaround			, facilities and/or	referring provid	ers.										
Filters: Company: Kenica Minels	a Healthcare Americae	Facilities: All Date	Type: Approved Date	Accounting Date F	rom: 04/11/2020 Acc	ounting Date To: @	4/11/2022 Referring	Providers: All Shov	STAT Only: No Ty	170: Referring Provider	Show Marketing F	lepresentative: ves								
Found 103 results																				
Study Accession #	Study Date/Time	Study Approved On	Study Created On	Created - Approved TAT	Study Unread On	Unread - Approved TAT	Checked In On	Checked In - Approved TAT	Ordered Date On	Ordered - Approved TAT	Scheduled Date On	Scheduled - Approved TA	Stat Level T (Previous)	Patient	Study Facility	Referring Provider	Marketing Representative		Report Delivery Queued On	Report Delivery Method
504	04/05/2022 03:30:00 pm	04/05/2022 12:10:49 pm	04/05/2022 12:08:48 pm	0d 0h 2m			04/05/2022 12:11:21 pm	0d 0h 0m	04/05/2022 12:08:48 pm	Od Oh 2m	04/05/2022 03:30:00 pm	0d -3h -19m	0	Test, Toto	Hodorville	Genovese, Elizabeth M.D.	N/A	1		
507	04/05/2022 02:45:00 pm	04/05/2022 02:01:42 pm	04/05/2022 01:45:51 pm	0d 0h 15m			04/05/2022 02:01:50 pm	0d 0h 0m	04/05/2022 01:45:51 pm	0d 0h 15m	04/05/2022 02:45:00 pm	0d 0h -43m	0	Testy, Jennifer R	Hodorville	Test, Referring	N/A		04/05/2022 02:01:43 pm	FX
507	04/05/2022 02:45:00 pm	04/05/2022 02:01:42 pm	04/05/2022 01:45:51 pm	0d 0h 15m			04/05/2022 02:01:50 pm	0d 0h 0m	04/05/2022 01:45:51 pm	0d 0h 15m	04/05/2022 02:45:00 pm	0d 0h -43m	0	Testy, Jennifer R	Hodorville	Test, Referring	N/A		04/05/2022 02:01:43 pm	FX

Relative Value Units

	ORTS - Relative Value Units									
Approve	d Date * 🗎 08/07/2020 - 08/07/2023	Facilities *			Group By					
			GARNER			CPT	with Phy	sician		
	Report by Report Count (Linked to diagonal and the second seco					Physi				-
	studies may only count as a single report)						with Phys without P	sician Physician		
	Report by Exam Count (Including)				L			,oiloitait		
	individual exam counts for linked				Physician Type *	•	Rad	liologist		
	studies)						O Refe	erring Phys	sician	
-										
	Reports » Konica Minolta Healthcare A		nits							
Report sh		mericas » Relative Value U ring the specified date range.		Yeh Physician Physician Type:	Rediologist					
Report sh Filters: Compan	Reports » Konica Minolta Healthcare A ows the CPT and RVU totals for the reports signed off du	mericas » Relative Value U ring the specified date range.		ин мунит Physician Type: Radiologist		Count	RVU	Total	Report Cour	nt
Report sh Filters: Compan	Reports » Konica Minolta Healthcare A ows the CPT and RVU totals for the reports signed off du y: Kenice Minolta Healthcare Americas Facilities: Genere NC HCIT Approved (mericas » Relative Value U ring the specified date range.	To: өв/өт/zөzз Group By: срт w			Count 1	RVU 0.00	Total 0.00	Report Cour	
Report sh Filters: Compan	Reports » Konica Minolta Healthcare A ows the CPT and RVU totals for the reports signed off du y: Kenice Minolta Healthcare American Facilities: Gamer NC HCIT Approved (Description	mericas » Relative Value U ring the specified date range.	Τα: ακ/07/2023 Group By: CPT W Facility	Radiologist						.0
Report sh Filters: Compan CPT 77055	Reports » Konica Minolta Healthcare A ows the CPT and RVU totals for the reports signed off du y: Kenice Minolta Healthcare American Facilities: Gamer NC HCIT Approved (Description	mericas » Relative Value U ring the specified date range.	Τα: ακ/07/2023 Group By: CPT W Facility	Radiologist N/A		1		0.00	1.	0. 0.
Report sh	Reports » Konica Minolta Healthcare A ows the CPT and RVU totals for the reports signed off du y: Konice Minolta Healthcare Americas Facilities: Gener NC NOT Approved I Description MAMMOGRAPHY UNILATERAL	mericas » Relative Value U ring the specified date range.	To: 04/07/2023 Group By: cPTW Facility Garner NC HCIT	Radiologist N/A CPT Total		1 1	0.00	0.00	1.	.0 .0

Referring Physician Study Count

Study Start Mor													
Study Start Mor	nth/Year *	m 09/203	0		Provider Gr	roup	All 🗸 🗸				Ins	surance	All
Study End Mont	th/Year *	12/20	0		Referring P	hysician	All 🗸				Le	vel	
				_		·					Le	vei	
Facilities		TEST R			Marketing		All 🗸				Att	torney	All
Modalities	A	LL SELECTED (1	7) -		Representa	ative							
Group By	Refe	erring Physician	~									_	
												Show Charg	e and Payr
											Stu	udy Status	
VIEW	C A	PDF 🕅 EX	CEL 🖹 CSV	💩 XML									
			Referring Physician St torney, provider group, refe		ng representative and	I modality for s	elected facilities a	nd given date ranı	ge. Report includes	filter that will displa	y the Top Referring	9 Physicians for a gi	iven date rar
Filters	l egate study cour	nt by insurance or a		erring physician, marketin									
Fitters: Company: SimonMed	egate study cour Facilities: Text Facilities an Marketing R	nt by insurance or at ny Modalities: An Stu Representative Pro	torney, provider group, refe ly Month From: sep zeze Study N vider Group Modality	erring physician, marketin Month To: Dec 2020 Provider Ge	iroups: All Referring Phys	sicians: All Marke	ting Reps: All Insura	ov 2020 Count	Ratarring Physician Levels				
Filters: Company: SimonMed	egate study cour	nt by insurance or al _{By} Modalities: All Stu	vider Group Modality MR	erring physician, marketin Month To: Dec 2020 Provider Gr Total	iroups: All Referring Phys I Count Count Sep 2 3	sicians: All Marice 2020 Count O 0	ting Reps: All Insura ct 2020 Count N 3	ov 2020 Count I	Ratering Physician Levels Dec 2020 O				
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Company: Koska Misolta H			Approved Date Date	te From: e1,41,2830 Da Account#	te To: 12/31/2020 DOB	Phone#	Gender	Accession No	Study Description		Approving Physician	Referring Physician Name	Primary Insurance	Secondary Insurance	
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Completed Schedules

Monthly/Daily Study Goals

Goals must be set up under **SETUP** > **Office** > **Monthly Goals**.

Goal Period (Month/Ye	ear) * 🛗 February	2020				_	
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	orts » Konica Minolta H	ICIT » Monthly Daily	r Study Goals				
The report will show a stud	ly count broken down by moda	lity that includes all of toda	y's scheduled and appro	ved studies, all of yesterday's p	erformed studies and in a	addition, the report will display today	y's counts broken down by each individual facility
Fibers: Company: Konka Minolta HCIT	Goal Period: February 2020						
Modality	Monthly Goal		Daily Goal	Today	Yesterday	Garner	Monthly Total
Modality MR	Monthly Goal 300		Daily Goal	Today 5	Yesterday 1	Garner 5	Monthly Total 0

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11/17/2020

11/19/2020

US

Insurance vs. LOP

Study Date *			Facilities		Modalities			Study Statuses	
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Marketing Report Export

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Company: 1 Study Date 03/27/2020	Study Description	Accession # R1306373	Account # SS123	Patient Name Smith, Suzie	Physician	NPI		Rep, Marketing	ст	Name				ID	Contact Code	238 Ainsley	2 address line 2	·	NC	

Audit Trail

This is the audit trail for the Break the Glass function in Provider Portal.

Log Date	*	01/01/	2020 - 12/31/202]	Facilities			ALL SE	LECTED (5) -				
ovider Gro	up All	~		I	Referring Ph	ysician	All	~		Select Users	All	~	
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Found 18 re	sults												
Accession #	Date/Time of Access	User Name	Linked Provider Name	Patient Name	Patient DOB	Account Number		ption	Operations	Study Status	Referring Physician	Activity	Provide Group
	11/16/2020 11:26 AM	jsmith	Smith, Joey	Niewind, Danielle	03/04/1992	NC1577			Success(Access Reason: Direct P Care)	Patient		Phy. Login-Break the glass	
	11/16/2020 11:26 AM	jsmith	Smith, Joey						Opening Break the Glass			Phy. Login-Break the glass	

Patients

Date *	12/02/2020		Modalities (20)	BR	1	Patient	s h Patient		+		
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overage informat	lion										
	ion Insurance Carrier	Phone #	Address			Subscr	ber Name	DOB	Group #	Patient Pol	icy #
evel		Phone #	Address 2222 sweet Annie way Wake Fi	prest.NC 2758			ber Name on, Margaret	DOB 04/17/1991	Group # 32321321	Patient Pol	icy #
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