

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 - Report Filter

CLEAR FILTER

From: 06/29/2020
To: 11/30/2020

Facilities

Test Facility

Date Filter

Study Date
 Schedule Date

Filter Fields

From Date/To Date *

06/29/2020
11/30/2020

Facility *

All Facilities

Select facilities

Modality

DX
 CR
 BD

Modality Rooms

Select modality rooms

Study Status

Select study status

Schedule Status

Select schedule status

Cancel Reasons

3 Attempts Made—Physician Notified
 Adverse Reaction

Search Report

Report Types

Daily Schedules
 Patient Form
 Patient Daily Schedule Form
 By Appointment Type
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 By Modality
 By Doctor
 By Status
 By Transportation
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Patients

Search Patient

Referring Physician

Last Name	First Name
From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>

Reading Physician

Last Name	First Name
From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>

Ordering Facility

Search Ordering Facility

Insurance Providers

Search Insurance provider

Procedure Codes

Search CPT

Diagnostic Codes

Search ICD

Marketing Rep.

Search Marketing Rep.

DICOM Studies

Return Only DICOM studies

Deleted Studies

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, To Beadded	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	Dexa-Test	BONE DENSITY (SCREENING) -

Study Date : 10/26/2020

Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	Referring Physician	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
05:01 PM	Test, Cody /	2838767 / 12/04/1991		Olejniczaktest, Steven	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

EXA Report - - Patient Form

Patient ID: 2838767

Patient : Test, Cody Age : 28 Gender : F SSN :	MRN : 2838767 DOB : 12/04/1991 Address 1 : Text address Address 2 : Text suite City : PHOENIX State : AZ ZIP : 85001
REFERRING PROVIDER Ref. Name : Test, Physician NP Phone # : Fax : 16021302-5982	Address 1 : 483 N Semoran Blvd suite 202 Address 2 : City : Winter Park State : FL ZIP : 32792
INSURANCE Primary : AETNA Relationship : Self	Policy # : 11111111 Address 1 : PO BOX 981106 Address 2 : City : EL PASO State : TX ZIP : 79998
Secondary : Relationship :	Policy # : Address 1 : Address 2 : City : State : ZIP :
Tertiary : Relationship :	Policy # : Address 1 : Address 2 : City : State : ZIP :

Accession #	DOS	CPT	Study	Status
17402817	11/10/2020	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Approved
17278141	10/26/2020	77061,77065	DIAGNOSTIC MAMMO DIGITAL UNI (LEFT)	Done Awaiting Addendum
17277924	10/26/2020	74019	ABDOMEN 2 VIEWS	Approved

Date	ICD Code	ICD Desc.	Status
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Patient Daily Schedule form

EXA Report -		Patient Daily Schedule Form			
Patient ID: 2838767 Patient: Test, Cody Age: 38 Gender: F SSN:		MRN: 2838767 DOB: 12/04/1997 Address 1: Test address Address 2: Test suite City: PHOENIX State: AZ ZIP: 85001			
REFERRING PROVIDER Ref. Name: Objektivaktest, Stevenant Phone #: Fax:		Address 1: 123 Super Test Street Address 2: Suite Test City: 85257 State: AZ ZIP:			
INSURANCE Primary: AETNA Relationship: Self		Policy #: 11111111 Address 1: PO BOX 989100 Address 2: City: EL PASO State: TX ZIP: 79938			
Secondary: Relationship:		Policy #: Address 1: Address 2: City: State: ZIP:			
Tertiary: Relationship:		Policy #: Address 1: Address 2: City: State: ZIP:			
STUDIES					
Study Date: 10/26/2020					
Accession #	DOS	CPT	Study	Status	Number of Images
17278141	10/26/2020	77061,77065	DIAGNOSTIC MAMMO DIGITAL (L/R) (L/RT)	Done Awaiting Accession	
17277924	10/26/2020	74019	ABDOMEN 2 VIEWS	Approved	
Study Date: 11/10/2020					
Accession #	DOS	CPT	Study	Status	Number of Images
12832817	11/10/2020	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Approved	
ICD CODES					
Date	ICD Code	ICD Desc	Status		

By Appointment Type

EXA Report - 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
Bimbaum, Gary	CLAVICLE (RIGHT)	1
Bimbaum, 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	ABDOMEN 2 VIEWS	1
Test, Referring	ABDOMEN 2 VIEWS	2

Modality: CT

Referring Physician	Study Description Type	Count
Bimbaum, Gary	ABDOMEN WITH AND WITHOUT CONTRAST	1
Bimbaum, Gary	inactive	1
M.D. Johnston, Janice G	SCANOGRAM	1
MD Michael Bisco	ABDOMEN & PELVIS WITH CONTRAST	1
NP Test, Physician	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	1
Test, Referring	ABDOMEN & PELVIS WITHOUT CONTRAST	2
Test, Referring	ABDOMEN WITHOUT CONTRAST	1

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
Bimbaum, 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 Report - Detailed Appointment Type

Modality: BD

Referring Physician	Study Description Type	Count	DOS	Account #	Patient Name	DOB	Gender	Primary Insurance
Cox, Kimberli	BONE DENSITY (SCREENING)	1	10/20/2020	4397306	Test, Test	01/01/1996	M	Test

Modality: CR

Referring Physician	Study Description Type	Count	DOS	Account #	Patient Name	DOB	Gender	Primary Insurance
Ahmar, Wasim	CHEST 2 VIEWS	1	07/31/2020	4622415	Smed2, Test	04/15/1965	F	HUMANA
Birnbaum, Gary	CLAVICLE (RIGHT)	1	07/31/2020	4621887	Mrttest, Jamie	07/31/1990	M	
Birnbaum, Gary	FACIAL BONES 1-2 VIEWS	1	07/22/2020	4488879	Jamiec, Test	09/13/1972	M	Evicore
Daniel H	ABD 3 VIEWS-DECLUB AND /OR ERECT VIEWS	1	09/04/2020	6506436	Nuckols, Thomas test	08/18/1988	M	
Ferguson, Carl E	CHEST 2 VIEWS	1	11/10/2020	ECW38948	Test, Test	01/01/1930	F	
Michael Bisco MD	ABDOMEN 2 VIEWS	1	10/20/2020	6511306	Test, Jennifer Km	03/25/1988	F	KELAHER LAW OFFICE
Michael Bisco MD	ABDOMEN 2 VIEWS	1	11/23/2020	6511306	Test, Jennifer Km	03/25/1988	F	
Monroy, Eduardo	CHEST 1 VIEW	1	10/20/2020	6203625	test, eastern	07/09/1996	F	Company Account Over Read
Olejniczaktest, Steventest	ABDOMEN 2 VIEWS	1	10/26/2020	2838767	Test, Cody	12/04/1991	F	AETNA
Test, Cody MD	BONE LENGTH STUDY	1	08/05/2020	4361038	Test 1, Test	01/09/1972	M	Self Pay-AZ LLC Cash
Test, Referring	ABDOMEN 2 VIEWS	1	11/18/2020	6511306	Test, Jennifer Km	03/25/1988	F	AETNA MCARE OPEN PLAN
Test, Referring	ABDOMEN 2 VIEWS	1	11/18/2020	6511306	Test, Jennifer Km	03/25/1988	F	

By Modality

Modality wise display the count based on the filters.

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
CT	35
DX	38
MG	80
MR	106
NM	2
OT	3
RF	8
SC	2
US	138
	459

By Doctor (Ordering Physician)

EXA Report - Schedules By Referring Doctor
 Report shows in schedules By Doctor for a user selected date range.

Filters:
 Company: From Date: To Date: Patient Name: Cancel Reason: Diagnosis Codes: Facilities: Study Status:
 Insurance Provider Names: Marketing Rep Names: Modalities: Modality Rooms: Ord. Facility Name: Procedure Codes: Include Delete Studies:

Schedule Date: 11/18/2020 Referring Physician: Test, Referring Room:

Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
Test, Jennifer Km	6511306	ABDOMEN 2 VIEWS	17475350	74019			
Test, Test	ECW114533	ABDOMEN & PELVIS WITHOUT CONTRAST	17469147	74176			
Test, Jennifer Km	6511306	ABDOMEN 2 VIEWS	17465790	74019			
Test, Germaine	6506505	ABDOMEN WITHOUT CONTRAST	17465728	74150			
Test, Jennifer Km	6511306	ABDOMEN & PELVIS WITHOUT CONTRAST	17465725	74176			

Studies : 5

Schedule Date: 11/18/2020 Referring Physician: Michael Bisco MD Room: CT-Test

Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
Test, Jennifer	2892460	ABDOMEN & PELVIS WITH CONTRAST	17468738	74177			

Studies : 1

Schedule Date: 11/23/2020 Referring Physician: Michael Bisco MD Room: X-ray-Test

Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
Test, Jennifer Km	6511306	ABDOMEN 2 VIEWS	17451450	74019			

Studies : 1

By Status

exa Reports » Konica Minolta Healthcare Americas » Schedules By Status
 Report shows in schedules by status for a user selected date range.

Filters:
 Company: Konica Minolta Healthcare Americas From Date: 04/12/2020 To Date: 04/12/2022 Patient Name: All Cancel Reason: All Diagnosis Codes: All Facilities: All Study Status: Approved 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

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 REGNS	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	ICD	Comments	Reading Physician
02/01/2022 Fred, Test fret1048		OPH ULTRASONIC FB LOCLZJ447	76529	G89.0			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 REGNS	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.

Filter:

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

Transport: Medical Transport

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

Studies : 6

Transport: Personal Vehicle

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

Studies : 1

Completed Schedules

EXA Report - - Completed Schedules
 Report shows studies for a user selected date range.

Filters:

Company: From Date: 11/20/2020 To Date: 11/20/2020 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:
 View Dicom Only

Schedule Date: 11/20/2020

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

Studies : 1

Schedule Date: 11/10/2020

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
CR		Test, Test / ECW38948	01/01/1930 -	F	CHEST 2 VIEWS	Ferguson, Carl E	P: S:	17408831	Approved	
CT	CT-Test	Test, Cody / 2838767	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 Date: 09/21/2023

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	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	Cancelled	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	Cancelled	PAIN

Studies : 2

Schedule Date: 09/12/2023

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
BD	NRR DEXA	Test, Leah TESL2	04/05/1989 - (914)240-9138	F	DEXA BONE DENSITY	MD Shivdasani, Shyam	P: AFFINITY MEDICARE ADVANTAGE S:	2874745	Cancelled	osteopenia
US	NRR US 4	Test, Leah TESL2	04/05/1989 - (914)240-9138	F	US ABDOMEN AND RETROPERITONEAL COMP	Navigere	P: ONE CALL MEDICAL S:	2745415	Cancelled	SFSSF
MR	NRR MRI	Test, Leah TESL2	04/05/1989 - (914)240-9138	F	MR LUMBAR SPINE WO	Spreemo	P: AFFINITY MEDICARE ADVANTAGE S:	2025980	Cancelled	PAIN

Studies : 3

Walkin

EXA Report - Schedules By Walkin

Report shows inschedules by walkin for a user selected date range.

Filter:

Company: From Date: To Date: Patient Name: Cancel Reason: Diagnosis Codes: Facility: Study Status:

Insurance Provider Name: Marketing Rep Name: Modality: Modality Rooms: Ord. Facility Name: Procedure Codes: Include Deleted Studies:

Schedule Date: 11/18/2020		Modality: CR								
Study Date	DOB	Patient Name	Patient Phone	Gender	CPT Description	ICD Codes	Referring Physician	Insurance	Accession #	Notes
11/18/2020 03:18 pm	03/25/1988	Test, Jennifer Km	(123)343-3344	F	ABDOMEN 2 VIEWS		Test, Referring	P : S :	17475350	

Studies : 1

Schedule Date: 11/10/2020		Modality: CR								
Study Date	DOB	Patient Name	Patient Phone	Gender	CPT Description	ICD Codes	Referring Physician	Insurance	Accession #	Notes
11/10/2020 04:54 pm	01/01/1930	Test, Test		F	CHEST 2 VIEWS	ABDOM AORTIC ANEURYSM, Peripheral vascular disease, unspecified, Peripheral vascular disease, unspecified, Unstable angina	Ferguson, Carl E	P : S :	17408831	

Studies : 1

Studies by CPT

CPT: 74019 Description: RADIOLOGIC 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	Mttest, 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	Gilbert	AZ	85233	4808922800	-	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	-	1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792	-	-	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	-	-	-	-	-	5	CR,1,CT,1
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800	-	3	CT,1,CR,1
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000	-	1	CT,1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	-	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

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

Referring physician based fetch the records with detail informations

Filters: Company: Kavita Minolta HCT 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

Referring Physician Name	Referring Physician Address	City	State	ZIP	Phone #	Facility	No. Of Patients	No. Of Studies	Modality	Incomplete	Complete	Schedules
Balthazar, Emd	2323 test street	garner	NC	27529		Garner	13	27	MR	2	1	7
									CT	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	CT	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
Total : 5			

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:
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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	

Studies : 2

Test, Cody - 2838767	DOB: 12/04/1991	SSN:
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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 - ECW205453	DOB: 01/01/2009	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	Technologist	Place of 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	X-ray-Test	Cancelled	TEST STUDY	Test, Jennifer Km 6511306 11/23/2020 12:20 AM Select	03/25/1988 / 32	F	ABDOMEN 2 VIEWS	MD Michael Bisco	11/29/2020 04:48 PM

Studies : 1

Schedule Date: 10/20/2020

Modality	Modality Room	Status	Cancel Reason	Name / ID	DOB / Age	Gender	Proc / Dia	Referring Doctor	Cancelled Date
BD	Dexa-Test	Cancelled	Scheduling Conflict	Test, Test 4397306 10/20/2020 09:30 AM Select	01/01/1996 / 24	M	BONE DENSITY (SCREENING)	Cox, Kimberli	10/20/2020 02:45 AM
CR	X-ray-Test	Cancelled	TEST STUDY	Test, Jennifer Km 6511306 10/20/2020 06:20 AM Select	03/25/1988 / 32	F	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	F	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	CT	1
	MG	1
	MR	2
	Total	4

Export Completed Studies

Date Type * Schedule Date Approved Date Approved/Coded Date

04/01/2020 11/30/2020

Ordering Facility

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 address	Guarantor Relationship	Guarantor phone number	Insured	Insured Gender	Insured Mobile
Insured email	Insured Address	Insured Relationship	Insured Phone Number	Primary Insurance Group Name	Primary Insurance Group Number
Primary Insurance Policy Number	Primary Insurance Employment Status	Primary Insurance Name	Primary Insurance Code	Primary Insurance Fax #	Primary Insurance State
Primary Insurance phone number	Primary Insurance Address	Referring Provider Name	Referring Provider Code	Referring Provider Address	Referring Provider email
Referring Provider Fax	Referring Provider Phone Number	Ordering Facility	Critical findings	Addendum Approved Date	Approved/Coded time
ICD Codes	Study Status	Patient full Name	Addendum Report Count	Orientation	Insurance Provider Type

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

Marketing Rep. Activities

Marketing Rep. Report Type

Level From/To

Report Type

[GENERATE PDF](#) [EXPORT TO EXCEL](#)

reportPdfWeb 1 / 116

Marketing Rep Activities (Overview)

From 12/03/2019 To 11/30/2020
Company Name:

Marketing Rep Name	Account Level	Account Name	Notes Count	Followup Count	Pending Followup Count	Last Note Date	Last Followup Date
[Table content obscured]							

Unsigned Orders

REPORTS - Unsigned Orders

Facility From/To

Ordering Facility Referring Provider

Filter Fields [GENERATEHTML](#) [GENERATEPDFREPORT](#) [GENERATEXLSX](#) [GENERATECSV](#) [GENERATEXML](#)

Patient Name	DOB	Gender	Account #	Study Date	Accession #	Study Description	Ordering Facility	Referring Provider
Konica, Test	08/09/1989	M	4390408	01/28/2020 06:09 pm	28522684	ABDOMEN WITH AND WITHOUT CONTRAST		Test, Physician
Test, Test	03/10/1988	M	4544321	05/29/2020 10:35 am	29277115	INACTIVE		Test, Test
Smed1, Test	07/01/1970	M	4622390	07/31/2020 09:40 am	29679216	ABDOMEN WITH CONTRAST		AHMAR, WASIM

Operations

Study Details

REPORTS - Study Details

Study Date Range * Study Statuses * Payer Type

Facilities * (10) (1) (to include) Referring Physician

Ordering Facilities Modalities (21) Provider Group

Show Marketing Representative All Modalities Approving

Show Provider Group Show Inactive Physician Show Summary Show Detail

Show Ordering Facility Show Provider Group Marketing Representative

VIEW

exa Reports » Konica Minolta Healthcare Americas » Study Details

Report lists study details based on selected study statuses and given date range.

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Date From: 08/01/2022 Date To: 08/07/2023 Included Study Statuses: Approved Payer Type: All Modalities: All Referring Physicians: All Provider Groups: All Approving Physicians: All Ordering Facilities: All

Modality	Study Count
BD	1
DX	2
MR	4
US	3

Status	Study Count
Approved	10

Cancellation Reason

REPORTS - Cancellation Reason

Schedule Date Range * Payer Type Referring Physician

Facilities * Insurance Provider Group

Modalities Level Status

Show Summary Show Detail

VIEW

Company: Konica Minolta Healthcare Americas Schedule Date From: 04/12/2020 Schedule Date To: 04/12/2022 Facility: All Statuses: Canceled, Cancelled, No Shows Modalities: All Provider Groups: All Referring Physicians: All Payer Type: All Insurance: All Level: Primary

Status	Study Count
Canceled/Cancelled	8
No Shows	14
Total	22

Scheduled Date	Scheduled Time	Status	Cancellation Reason	Accession No.	Study Description	Modality	Patient Name	MRN	DOB	Age	Home Phone	Cell Phone	Gender	Modality Room	Facility	Referring Physician	Provider Group	Primary Insurance Payer Type	Primary Insurance Name	Cancelled Date/Time	
01/19/2022	12:35:00 pm	Cancelled	Illness	427	DOP ECHO FTL SPECTRAL DISPLAY COMPL	US	Tastington, Barry	Tes61030	10/10/2010	11	(123)444-5656	(888)768-7887	Male	H- US	Hodonville	Doctor, Tested		Other	AETNA HEALTH PLAN	01/19/2022 09:15:21 pm	
Total Cancelled		1																			
Total No Shows		0																			
02/01/2022	02:50:00 pm	Cancelled	Error	439	ABDOMEN X-RAY	CR	Fred, Test	fred1048	03/17/1982	40		(438)341-7551	Male	CR ROOM 1	Fred's clinic	Fred, Ref Test	My Provider Group1			02/01/2022 02:49:29 pm	
02/01/2022	03:10:00 pm	Cancelled	Error	438	Chest X-Ray	CR	Fred, Test	fred1048	03/17/1982	40		(438)341-7551	Male	CR ROOM 1	Fred's clinic	Fred, Ref Test	My Provider Group1			02/01/2022 02:49:29 pm	
Total Cancelled		2																			
Total No Shows		0																			

Scheduler Activity

Orders Date:
 Display By: Time Modality

Range: **

Facilities (1): **
 Study Statuses: **ALL SELECTED (4) -**

TEST FACILITY -

VIEW
PDF
EXCEL
CSV
XML

exa Reports » SimonMed » Scheduler Activity

Report displays number of orders (based on the current order status) by Modality that a user ordered, scheduled, rescheduled, or cancelled, for selected facilities and given date range.

Filters: Company: SimonMed | Facilities: 1st klmby | Date From: 01/01/2020 | Date To: 12/31/2021 | Display By: Modality | Order Statuses: All

Summary

Modality	BD	CR	CT	MG	MR	OT	US	Totals
CAN		6	5	3		2		16
ORD	1	1			1	1		4
RSCH	2	3	2					7
SCH	2	12	3	4			1	29
Totals	5	22	13	7	1	3	1	54

Detail

User	Status	Modality	BD	CR	CT	MG	MR	OT	US	Totals
Viztek, Pacs (viztek)				1						1
hodor, jenn (jhodor)				3						3
schtest, jh (jhsch1)				1	3					3
Totals			5	22	13	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 My Reg

Study Date Range *

Facilities * (1) TEST FACILITY +

Show Provider Group

Show Provider Group Marketing Representative

Study Statuses * (1) (to exclude)

- Infrisk Initiated
- NMSI
- Need Corrections
- No Shows
- Ordered

Modalities (17)

All Modalities

Show Inactive

Payer Type:

Referring Physician:

Provider Group:

Show Address: Show Summary Show Detail

VIEW
PDF EXCEL CSV XML

exa Reports » Unfinished Studies

Report lists studies currently "not having" selected study statuses, for selected facilities and given date range.

Filter: Company: Facilities: Test Facility Date From: 01/01/2020 Date To: 12/31/2020 Excluded Study/Statuses: Approved Payer Type: Modalities: all Referring Physicians: all Provider Groups: all

Ferguson, Carl E
 140 South Power Rd
 MESA, AZ 85206
 Phone: (480)945-4343 Fax: (480)945-4330

#	Study Date	Study Time	Accession #	Status	CPT Codes	Description	Modality	Patient	MRN	Facility	Referring Physician	Marketing Representative	Payer Type	Primary Insurance Name
12	11/10/2020	04:54 pm	17408831	Approved	71046	CHEST 2 VIEWS	CR	Test, Test	ECW38948	Test Facility	Ferguson, Carl E			

Test, Physician
 1234567
 Scottsdale, AZ 85251

#	Study Date	Study Time	Accession #	Status	CPT Codes	Description	Modality	Patient	MRN	Facility	Referring Physician	Marketing Representative	Payer Type	Primary Insurance Name
2	11/30/2020	04:00 pm	17354193	Unread	93308	ECHOCARDIOGRAM	US	Test1, Tony	000000000	Test Facility	Test, Physician		Other	Test
51	02/11/2020	10:48 am	28881956	Approved	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST & IVP	CT	Testadult, Maria	Scriptsender	Test Facility	Test, Physician		Individual Policy	Noridian Healthcare Solutions (Medicare)
53	02/27/2020	09:15 am	28667743	Cancelled	73221	SHOULDER WITHOUT CONTRAST (RIGHT)	MR	Test, Alicia	2826030	Test Facility	Test, Physician			
59	01/28/2020	06:09 pm	28522684	Approved	74170	ABDOMEN WITH AND WITHOUT CONTRAST	CT	Konica, Test	4390408	Test Facility	Test, Physician		Other	TEST

REPORTS - Unfinished Studies

Study Date Range *

Facilities * (1) TEST FACILITY +

Show Provider Group

Show Provider Group Marketing Representative

Study Statuses * (1) (to exclude)

- ARRIVED
- AUTH- PENDING I
- Aborted
- Approved
- Awaiting Auth

Modalities (17)

All Modalities

Show Inactive

Payer Type:

Referring Physician:

Provider Group:

Show Address: Show Summary Show Detail

VIEW
PDF EXCEL CSV XML

exa Reports » SimonMed » Unfinished Studies

Report lists studies currently "not having" selected study statuses, for selected facilities and given date range.

Filter: Company: SimonMed Facilities: Test Facility Date From: 01/01/2020 Date To: 12/31/2020 Excluded Study/Statuses: Approved Payer Type: Modalities: all Referring Physicians: all Provider Groups: all

Modality	Study Count
BD	3
BR	3
CR	10
CT	5
MG	6
MR	4
US	1
Status	Study Count
ARRIVED	1
Cancelled,Cancelled	19
Check-In	1
Done Awaiting Addendum	1
Rescheduled	3
Scheduled	3
Unread	1

500-000626B

19

Referrals Variance

REPORTS - Referrals Variance

End Month: 12/01/2020

Facilities: (1) TEST FACILITY -

Modalities (17): All Modalities Show Inactive

Referring Physician: ALL

VIEW PDF EXCEL CSV XML

exa Reports » Referrals Variance

Report shows 13 month study count variance by referring physicians.

Company: exa Inc. Facility: Test Facility End Month: 12/01/2020 Modalities: all Referring Physicians: all

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	
Ahmed, Wasim		Test Facility	CR	0	0	0	0	0	0	0	1	0	0	0	0	1	0.06	0	
			MR	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0.06	0
			Total	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0.17	0
Amperan, Kell		Test Facility	MIS	0	0	0	0	0	0	0	0	0	1	0	0	1	0.06	0	
			Total	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0.06	0
Birnbaum, Gary		Test Facility	BD	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0.06	0
			CR	0	0	0	0	0	0	2	0	2	0	0	0	0	4	0.33	0
			CT	0	0	0	0	0	0	2	0	2	0	0	0	0	4	0.33	0
			MR	0	0	0	0	0	0	1	0	2	0	0	0	0	3	0.25	0
Total				0	0	0	0	0	2	1	0	0	0	0	12	1	0		

Studies Breakdown

Study Date Range * Study Statuses *
 Facilities * (1)
 Modalities (17) All Modalities Show Inactive
 Incomplete
 Draft
 Done Awaiting Addendum
 Dictated
 Approved
 DRAFT-ADDENDUM
 TRANSCRIBED-ADDENDUM
 APPROVED-ADDENDUM

exa Reports » SimonMed » Studies Breakdown

Report shows studies breakdown by facility, modality, study date, and study status.

Facility	Modality	Study Date	Patient & Study Description	Study Status				Totals
				Approved	Approved-Addendum	Done Awaiting Addendum	Unread	
Test Facility				28	0	1	1	30
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				1
		11/10/2020		1				1
CT				9				9
		01/28/2020		1				1
		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				33	1	1	1	36

Studies by Modality

Date * Facilities Study Statuses

Date Type * Study Date Approved Date Modalties Study Flags

Facility	Modality	Study Date	Study Status	Study Flag	Study Count	MRN	Patient	Study Description	Referring Physician	Marketing Representative
Test Facility					5					
	MG				2					
		11/06/2020			1					
			Scheduled		1					
				N/A	1					
						6581198	Test1, Colleen	DIAGNOSTIC MAMMO DIGITAL_BIL	Test, Physician	
		11/10/2020			1					
			Scheduled		1					
				N/A	1					
						6581198	Test1, Colleen	SCREENING MAMMO DIGITAL_BIL	Test, Physician	

Studies by Modality Room

REPORTS Studies By Modality Room ⌂

Date * Study Statuses * Modalities * (17) Study Flags All Flags?

Date Type * Study Date Approved Date Show Inactive All Modalities Show Summary Show Detail

Facilities * (1)

Test Facility	Study Count
CT-Test	4
Dexa-Test	3
MR-Test	3
Mammo-Test	2
NirmilaMG	1
Test Mammo	2
X-ray-Test	10
Facility Total	59
Grand Total	59

Facility	Modality Room	Modality Flag	Study Date	Study Status	MRN	Patient	Study Description	Referring Physician	Marketing Representative
Test Facility	CT-Test	CT	10/02/2020	Rescheduled	rwerr4	Sanity 2, Test	ABDOMEN CTA W & W/O CONTRAST W/ORAL CONTRAST	Michael Bisco MD	
Test Facility	CT-Test	CT	10/02/2020	Scheduled	tes6102797	Test1, Sample1	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Ahmartest, Wasimtest	

Modality Breakdown

Date * 01/01/2020 - 12/31/2020

Date Type * Study Date Approved Date

Facilities * (1) **TEST FACILITY**

Study Statuses * (33) POST PONE AWAITING AUTH, Pre-Approved, Prechecked, Read, Ready To Confirm, Rescheduled, Scheduled, Tech End, Tech Start

Modalities * (17) All Modalities Show Inactive

Study Flags All Flags? AUTH APPROVED, AUTH DENIED, AUTH EXPIRED, AUTH PENDING INITIATION, AUTH REQUIRED, AUTH REVIEW, AUTH REVIEW REQUIRED

Show Summary Show Detail

Modality	Study Count
CT-Test	4
Dexa-Test	3
MR-Test	3
Mammogram-Test	2
NirmilMG	1
Test Mammogram	2
X-ray-Test	10
Facility Total	59
Grand Total	59

Facility	Modality Room	Modality	Flag	Study Date	Study Status	MRN	Patient	Study Description	Referring Physician	Marketing Representative
Test Facility	CT-Test	CT		10/02/2020	Scheduled	nrer4	Sanity 2, Test	ABDOMEN CTA W/ W/O CONTRAST W/ORAL CONTRAST	Michael Bisco MD	
Test Facility	CT-Test	CT		10/02/2020	Scheduled	tesw6102797	Test 1, Sample1	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Almatest, Wasintest	
Test Facility	CT-Test	CT		03/11/2020	Approved	Scriptender	Tetradit, Mana	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST & IVP	Test, Physician	
Test Facility	CT-Test	CT		10/02/2020	Scheduled	nrer4	Sanity 2, Test	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Daniel H	
Test Facility	Dexa-Test	BD		08/31/2020	Rescheduled	6506436	Nuckols, Thomas test	BONE DENSITY (DIAGNOSTIC)		
Test Facility	Dexa-Test	BD		10/01/2020	Scheduled	nrer4	Sanity 2, Test	BONE DENSITY (SCREENING)	Michael Bisco MD	
Test Facility	Dexa-Test	BD		08/31/2020	Rescheduled	6506436	Nuckols, Thomas test	BONE DENSITY (SCREENING)		
Test Facility	MR-Test	MR		09/05/2020	Cancelled	6506427	Test, Daniele	CERVICAL SPINE WITHOUT CONTRAST	Physician, Test	

Technologist Productivity

Date Range * 01/01/2020 - 12/31/2020 Show Patient Detail (Excel, CSV, or XML Only)

Technologists All

Facilities **TEST FACILITY**

Modalities ALL SELECTED (17)

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**.

	A	B	C	D	E	F	G	H	I
	Technologist	Facility	Study Date	Modality	Description	Tech Start	Tech End	Total Time to Complete	Study Count
1	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
2	Tech, Jenn	Pineapple Under The S	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
3	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
4	Tech, Patty	Hodorville	07/15/2021	CT	CT SOFT TISS NCK C-/C+		07/27/2021 03:44:44 pm		2
5	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
6	Tech, David	Konica Minolta Healthc	07/21/2021	CT	CT BRAIN (HEAD) WITH	07/14/2021 11:25:05 am	08/05/2021 03:13:16 pm	22d 3h 48m 10s	1
7	Tech, Cheryl	Hodorville	08/09/2021	CR	ABDOMEN X-RAY				1
8	Tech, Cheryl	Pineapple Under The S	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
9	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
10	Test, Technologist	Hodorville	08/09/2021	CR	ABDOMEN X-RAY	01/10/2022 02:38:12 pm			1
11	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

Fees by Facility and Modality

Date Range * Modalities * (20) Report By Report Count

Date Type * Study Date All Modalities Report By Exam Count

Approved Date Show Inactive

Facilities * (5)

BD
BR
CR
CT
DG
DX
ECG
EMG
...

exa Reports » Konica Minolta HCIT » Fees by Facility and Modality

Report shows aggregate study count by facility and modality and associated fees.

Filters: Company: Konica Minolta HCIT Facilities: All Date Type: Approved Date Date From: 11/01/2020 Date To: 11/30/2021 Modalities: All

Summary: 4 results

Facility	Modality	Fees	Report Count
Garner			17.0
	CR	\$1,100.00	11.0
	DX	\$600.00	6.0
TOTALS		\$1,700.00	17.0

Found 17 results

Facility	Modality	Patient	Account No.	Birth Date	Study Description	Study Date	Approved Date	Referring Provider	Fee	Total	Report Count
Garner	CR	Eastern, Cottonwood N	KM3790029	12/10/1968	XR Chest, 1 View	11/07/2020	11/27/2020	Dr. Sam Smith	\$100.00	\$100.00	1.0
Garner	CR	Silver, Maple N	KM2968595	01/31/2000	XR Chest, 1 View	11/06/2020	11/27/2020	Dr. Alfred Johnson	\$100.00	\$100.00	1.0
Garner	CR	Pine, Red N	KM2968425	12/31/1995	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. Doctor Doctor	\$100.00	\$100.00	1.0
Garner	CR	Scarlet, Oak	KM2785690	04/06/1945	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. Sally Ride	\$100.00	\$100.00	1.0
Garner	CR	Tulip, Tree	KM2945698	03/15/1948	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. Kevin Smith	\$100.00	\$100.00	1.0
Garner	CR	White, Spruce	KM2945781	12/12/1970	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. C. Everett Koop	\$100.00	\$100.00	1.0

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 * Provider +

Date Type * Study Date Approved Date Selected Providers

Facilities * (10)

Modalities (21) All Modalities Show Inactive

ACA
BD
BR
CR
CT
DG
DX
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)

VIEW PDF EXCEL CSV XML

exa Reports » Konica Minolta Healthcare Americas » Fees by Radiologist and Modality

Report shows aggregate study count by radiologist and modality and associated fees.

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Radiologists: Radiologist, Danielle Rad, Jenn Date Type: Approved Date Date From: 07/01/2020 Date To: 07/31/2023 Modalities: All

Summary: 7 results

Facility	Radiologist	Modality	Fees	Report Count
Garner NC HCIT				15.0
	Radiologist, 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

Found 14 results

Facility	Radiologist	Modality	Appointment Type	Patient	Account No.	Birth Date	Study Description	Study Date	Approved Date	Referring Provider	Fee	Total	Report Count
Garner NC HCIT	Radiologist, Danielle	DX	74020	Ryan, Megan	RyaM123	04/20/1991	XR Abdomen (Flat)	07/01/2020	02/09/2021	Reicher, Joshua M.D.	\$10.00	\$10.00	1.0
Garner NC HCIT	Radiologist, Danielle	CT	75635	Petrillo, Sophia	PetS123	08/12/1948	CTA Abdominal Aorta with and without Contrast	06/29/2020	10/01/2021		\$55.00	\$55.00	1.0

Turnaround Time (TAT) – Calculated

REPORTS Turnaround Time (TAT) - Calculated

Date * 04/11/2020 - 04/11/2022 Type Referring Provider Referring Physician Search (Referring Physician) +

Date Type * Study Date Approved Date Show Marketing Representative

Facilities * ALL SELECTED (16) -

Show STAT Only

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exa Reports » Konica Minolta Healthcare Americas » Turnaround Time (TAT) - Calculated

Report shows Turnaround Time (TAT) calculated based on selected date type and study's approved date based on selected date range, facilities and/or referring providers.

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Date Type: Approved Date Accounting Date From: 04/11/2020 Accounting Date To: 04/11/2022 Referring Provider: All Show STAT Only: No Type: Referring Provider Show Marketing Representative: No

Found 163 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 TAT (Previous)	Stat Level	Patient	Study Facility	Referring Provider	Marketing Representative	Max TAT	Report Delivery Quoted On	Report Delivery Method
504	04/05/2022 03:30:00 pm	04/05/2022 12:10:49 pm	04/05/2022 12:08:46 pm	09 0h 2m			04/05/2022 12:11:21 pm	09 0h 0m	04/05/2022 12:08:46 pm	09 0h 2m	04/05/2022 03:30:00 pm	09 -3h -19m	0	Test, toto	Hodenville	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	Hodenville	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	Hodenville	Test, Referring	N/A		04/05/2022 02:01:43 pm	FX

Relative Value Units

REPORTS - Relative Value Units EA Activated

Approved Date * Facilities * Group By

Report by Report Count (Linked studies may only count as a single report)
 Report by Exam Count (Including individual exam counts for linked studies)

Physician Type * Radiologist
 Referring Physician

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exa Reports » Konica Minolta Healthcare Americas » Relative Value Units
 Report shows the CPT and RVU totals for the reports signed off during the specified date range.

Filters: Company: Konica Minolta Healthcare Americas Facilities: GARNER NC HCIT Approved Date From: 08/07/2020 Approved Date To: 08/07/2023 Group By: CPT with Physician Physician Type: Radiologist

CPT	Description	Facility	Radiologist	Count	RVU	Total	Report Count
77055	MAMMOGRAPHY UNILATERAL	GARNER NC HCIT	N/A	1	0.00	0.00	1.0
			CPT Total	1	0.00	0.00	1.0
77056	MAMMOGRAPHY BILATERAL	GARNER NC HCIT	Demo, Referring	1	0.00	0.00	1.0
			Test, Ziv MD	1	0.00	0.00	1.0
			CPT Total	2	0.00	0.00	2.0

Referring Physician Study Count

Study Start Month/Year * Provider Group Insurance

Study End Month/Year * Referring Physician Level

Facilities Marketing Attorney

Modalities Representative

Group By

Show Charge and Payment

Study Status

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exa Reports » SimonMed » Referring Physician Study Count
 Report shows aggregate study count by insurance or attorney, provider group, referring physician, marketing representative and modality for selected facilities and given date range. Report includes filter that will display the Top Referring Physicians for a given date range.

Filters: Company: SIMONMED Facilities: TEST FACILITY Modalities: ALL Study Month From: 09/2020 Study Month To: 12/2020 Provider Group: ALL Referring Physicians: ALL Marketing Reps: ALL Insurance: ALL Group By: Referring Physician Level: PRIMARY Attorney: ALL Show Charge and Payment: NO Study Status: APPROVED

Referring Physician	Marketing Representative	Provider Group	Modality	Total Count	Count Sep 2020	Count Oct 2020	Count Nov 2020	Count Dec 2020
Beck, Test	N/A	N/A	MR	3	0	3	0	0
			Marketing Representative Total	3	0	3	0	0
			Referring Physician Total	3	0	3	0	0
Human, Brad	N/A	N/A	MR	2	0	0	2	0
			Marketing Representative Total	2	0	0	2	0
			Referring Physician Total	2	0	0	2	0
Taylor, Michael Earl	N/A	N/A	MR	1	0	0	1	0
			Marketing Representative Total	1	0	0	1	0
			Referring Physician Total	1	0	0	1	0
Test, Referring	N/A	N/A	CR	1	1	0	0	0
			Marketing Representative Total	1	1	0	0	0
			Referring Physician Total	1	1	0	0	0

Completed Schedules

Date Range * Modalities * (20)

Date Type * Study Date Approved Date All Modalities Show Inactive

BD
 BR
 CR
 CT
 DG
 DX
 ECG
 EMG
 *

VIEW **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » Completed Schedules

Report shows studies in approved status for a user selected date range.

Filters: Company: Konica Minolta HCIT Modalities: All Date Type: Approved Date Date From: 01/01/2020 Date To: 12/31/2020

Found 59 results

Study Date	Approved Date	Modality	Modality Room	Patient Name	Account#	DOB	Phone#	Gender	Accession No	Study Description	Study Status	Approving Physician	Referring Physician Name	Primary Insurance	Secondary Insurance	Ordering Facility
04/23/2019	01/16/2020	CT		Matthews, Cory	ZURM552459	12/05/1956		Female	441207	CT ABDOMEN W/O CONTRAST	Approved		Brown, Lee Ann Do			
01/29/2020	01/29/2020	CR	Xray Room 1, Garner	Cordano, Germaine R	NC241	07/04/1981		Female	4056	XR AC Joint, Left	Approved	Dr. Smith, John	Smith, Joey	LAW OFFICES OF JOHN DOE,FLAT FEE CUSTOMER,United Healthcare		KMHA Garner
02/14/2020	02/14/2020	CR	Xray Room 2, Garner	Cordano, Germaine R	NC241	07/04/1981		Female	4096	XR ABDOMEN - 2 VIEWS	Approved	Radiologist, Takayuki	Demo, Referring	LAW OFFICES OF JOHN DOE,FLAT FEE CUSTOMER,United Healthcare		Nursing Home 1

Monthly/Daily Study Goals

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

Goal Period (Month/Year) *

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exa Reports » Konica Minolta HCIT » Monthly Daily Study Goals

The report will show a study count broken down by modality that includes all of today's scheduled and approved studies, all of yesterday's performed studies and in addition, the report will display today's counts broken down by each individual facility

Filters: Company: Konica Minolta HCIT Goal Period: February 2020

Modality	Monthly Goal	Daily Goal	Today	Yesterday	Garner	Monthly Total
MR	300	12	5	1	5	0
Grand Total	300	12	5	1	5	

STAT Tracking

Date * Study Statuses * (72) Modalities * (20)

Facilities * (5)

All Modalities Show Inactive

Stat Level * (4)

Unread
 Validation Needed
 Verify Orders
 Viewed
 Waiting for Priors
 waiting on genetics results
 DRAFT-ADDENDUM
 TRANSCRIBED-ADDENDUM
 APPROVED-ADDENDUM

Stat Off
 Stat 1 - Oupatient
 Stat 2 - Pediatric
 STAT READ AND CALL
 Suspicious

exa Reports » Konica Minolta HCIT » STAT Tracking

Total count of studies that were marked as STAT

Summary: 5 results

Item	Distinct Count
Total Studies Marked as STAT	4
Total STAT Level 1 Studies	2
Total STAT Level 4 Studies	2
Total studies marked as STAT in CR	1
STAT Level 4 studies in CR	1
Total studies marked as STAT in CT	1
STAT Level 4 studies in CT	1
Total studies marked as STAT in MR	2
STAT Level 1 studies in MR	2

Found 4 results

Study Date	Accession No.	Patient	Study Description	Modality	Facility	Referring Physician	STAT Level
06/10/2019	1658090	Moore, Angela	XR Ankle 3 views	CR	Garner	Smith, Joey	4
02/07/2020	R1312428	Smith, Suzie	CT Knee without Contrast (Right)	CT	Garner	Reicher, Joshua M.D.	4
09/24/2018	305202735	Tanner, Stephanie	MRI BRAIN W/O AND W/ CONTRAST	MR	Garner		1
07/17/2019	A0000083064HMH	Moore, Angela	MRI Knee without Contrast (Right)	MR	Test	Calder, James	1

Transcription Study Count

Study Date Range * Facilities Modalities Transcriptionist

Report Format * Numbers Chart

exa Reports » RADIOLOGY ASSOCIATES OF BROOKLYN » Transcription Study Count

Report shows aggregate study count of reports by transcriptionist, facility, modality, and study date.

Company: RADIOLOGY ASSOCIATES OF BROOKLYN Facilities: All Modalities: All Study Date From: 11/01/2020 Study Date To: 11/30/2020 Transcriptionists: All Report Format: Numbers

User	Facility	Modality	Study Date	Study Count
Vtrans, Vtrane				2
	Williamsburg Medical Imaging			2
		MG		1
			11/17/2020	1
		US		1
			11/19/2020	1

Insurance vs. LOP

Study Date * Facilities **ALL SELECTED (5) -** Modalities **ALL SELECTED (20) -** Study Statuses **APPROVED -**

VIEW **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » Insurance Vs. LOP

Tracks the number of studies tied to Insurance VS LOP (Letter of Protection)

Filters: Company: Konica Minolta HCIT Date From: 01/01/2020 Date To: 12/31/2020 Facilities: All Modalities: All Study Statuses: Approved

Modality	Date	Insurance	LOP	Other	Not Assigned	Total
MG	04/29/2020	0	0	0	1	1
	Modality Totals	0	0	0	1	1
MR	11/25/2020	1	0	0	0	1
	Modality Totals	1	0	0	0	1
	Grand Totals	19	0	1	12	32

Marketing Report Export

Study Date *

VIEW **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » Marketing Report Export

Report contains study information, bill fee and allowed amounts for referring physicians and marketing rep

Filters: Company: Konica Minolta HCIT Date From: 01/01/2020 Date To: 12/31/2020

Study Date	Study Description	Accession #	Account #	Patient Name	Referring Physician	Provider NPI	Reading Physician	Marketing Rep	Modalities	Facility Name	Insurance Name	Display Code	Bill Fee	Allowed Amount	Location ID	Provider Contact Code	Address 1	Address 2	City	State	ZIP
03/27/2020	CT LEFT SHOULDER	R1306373	SS123	Smith, Suzie	Smith, Joey	1487046397		Rep. Marketing	CT	Garner				30	test		238 Ainsley Ct.	address line 2	CLAYTON	NC	27527
07/22/2020	XR Foot, Left	4052	SS123	Smith, Suzie	Smith, Joey	1487046397		Rep. Marketing	CR	Garner				30	test		238 Ainsley Ct.	address line 2	CLAYTON	NC	27527
01/29/2020	XR AC Joint, Left	4056	NC241	Cordano, Germaine	Smith, Joey	1487046397		Rep. Marketing	CR	Garner	United Healthcare	73050	\$300.00	\$300.00	37	MYOF	2217 US Highway 70 East		GARNER	NC	27529

Audit Trail

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

Log Date * Facilities **ALL SELECTED (5) -**

Provider Group Referring Physician Select Users

VIEW **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » Audit Trail Report

Break the glass Audit Trail report

Filters: Company: Konica Minolta HCIT Facilities: All Date From: 01/01/2020 Date To: 12/31/2020 Provider Groups: All Referring Physicians: All Users: All

Found 18 results

Accession #	Date/Time of Access	User Name	Linked Provider Name	Patient Name	Patient DOB	Account Number	Study Description	Operations	Study Status	Referring Physician	Activity	Provider Group
	11/16/2020 11:26 AM	jsmith	Smith, Joey	Niewind, Danielle	03/04/1992	NC1577		Success(Access Reason: Direct Patient Care)			Phy. Login-Break the glass	
	11/16/2020 11:26 AM	jsmith	Smith, Joey					Opening Break the Glass			Phy. Login-Break the glass	

Patients

Worksheet

Date * Modalities (20) All Modalities Show Inactive

Date Type * Study Date Approved Date

Facilities * (5)

BD BR CR CT DG DX ECG EMG

Patients

Show as Form Payment Sheet

exa Reports > Konica Minolta HCIT > Patients Form

Report shows patients/study facesheet in form.

Found 6 results

Patient

Name	Street	City/State/Zip	Phone#	Race	SSN	DOB	Gender	Marital Status	Guarantors	Allergies	Diagnostics	Notes
Anderson, Margaret	2177 US 70 East address	Garner, NC 27527	(256)503-0923			04/17/1991	Female					

Coverage Information

Level	Insurance Carrier	Phone #	Address	Subscriber Name	DOB	Group #	Patient Policy #
Primary Plan	Aetna		2222 sweet Annie way Wake Forest, NC 27587	Anderson, Margaret	04/17/1991	32321321	
Primary Plan	United Healthcare		2177 US 70 East address Garner, NC 27527	Anderson, Margaret	04/17/1991		
Secondary Plan	Aetna	(123)456-7876	2177 US 70 East address Garner, NC 27527	Anderson, Margaret	04/17/1991	64684864	

Studies

Accession #	Study Date	Approved Date	Description	Reason	Referring Physician	Technologist Name
4692	12/02/2020		MG Screening Bilateral		Reicher, Joshua M.D.	
4693	12/02/2020		US Breast Limited (Left)		Reicher, Joshua M.D.	

<input type="checkbox"/> Insurance	Co-Pay	Deductible	Co-Insurance	Lab/Sedation	Past Due Bal	Total Payment:
<input type="checkbox"/> Self Pay						
<input type="checkbox"/> LOP						
Total Due:						Credit Card Cash Check

Agreement



I authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to: Schuyler Medical Imaging. Furthermore, I understand that I am fully responsible for all charges not paid by my insurance & for co-pays, legal & collection fees if applicable. I have read and received the notice of Privacy Practices in regard to HIPAA.

Referral/Quarantine Signature: _____
 Date: 12/02/2020 5:18 PM, 06:00

My reports

You can view, open, and download reports that you previously saved. Reports Delete after 5 days.

1. On the burger menu, click the arrow next to **REPORTS**, and then click **MY REPORTS**.
2. Select a report in the list, and then:

- Click  to download
- Click  to open