CONTRACTUAL PLAN ANALYSIS

PRACTICE

ID	Plan Name	Insurance Company	
4	Baltimore City Police	Aetna	
		Payment	
Date ID	Name D [®] Dr Code Prod Ch	arges Prod Adj <u>Cash Check Credit</u>	<u>Pay. Adj</u>
	FICTIO.	000 000 000 0.00 0.00	0.00
	CONTRACTUAL PLAN ANALY	SIS SUMMARY	

Production (insured and not insured >= 100.00)	\$ 0.00
Charges (61.00-89.89)	\$ 0.00
Adjustments to production (40.00-59.89) excludes copays, 48.00 and 48.90 (budget plan reserved codes)	\$ 0.00
Production total if charged at Fee schedule 0	\$ 0.00
Per visit charges	\$ 0.00
Insurable production	\$ 0.00
Uninsured production	\$ 0.00
COLLECTIONS	
Personal payments (1.00-20.89) excludes codes 2.00-2.89, 12.94, 11.93, 13.93 and 14.93	\$ 0.00
Insurance payments (2.00-2.89) includes codes 12.94, 11.93, 13.93 and 14.93	\$ 0.00

PLAN PROFITABILITY INDEX

All Production Posted/All Production at Fee 0 excludes all adjustments and copay per visit charges	0.00%
Insurance Payments/Insured Transactions at Fee 0	0.00%
excludes all adjustments This ratio represents the percentage collected from the plan compared to the insurable	
production if charged at the usual and customary fee (fee schedule 0).	
All Payments / All Production at Fee 0	0.00%
includes all adjustments	
This ratio corresponds the norecenters collected from the plan and noticents commerced to	

This ratio represents the percentage collected from the plan and patients compared to The insured and uninsured production if charged at the usual and customary fee (fee schedule 0).

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TOTAL INCOME GENERATED

\$

0.00

CONTRACTUAL PLAN ANALYSIS ID Plan Name **Insurance** Company 9 Baxter Refinishing General American |----- Payment ---Date D Name D\$ Dr Code Prod Charges Prod. Adj Cash Check Credit Pay. Adj 02/26/15 301 Baxter, Robert 1.00 1.00 1 02/26/15 301 Baxter, Robert 1 3.00 2.00tious Data 1.00 02/26/15 301 Baxter, Robert 1.91 1.00 02/26/15 301 Baxter, Rober Baxter, Robert 1.00 02/26/15 301 02/26/15 301 Baxter, Robert 12.94 1.00 13.93 02/26/15301 Baxter, Robert 1.00 1 02/26/15 301 Baxter, Robert 13.93 1.00 1 Baxter, Robert 14.93 02/26/15 301 1 1.00 0.00 0.00 0.00 1.00 3.00 6.00 0.00

* - Marks insured transactions

CONTRACTUAL PLAN ANALYSIS

CONTRACTUAL PLAN ANALYSIS SUMMARY

PRODUCTION	
Production (insured and not insured >= 100.00)	\$ 0.00
Charges (61.00-89.89)	\$ 0.00
Adjustments to production (40.00-59.89) excludes copays, 48.00 and 48.90 (budget plan reserved codes)	\$ 0.00
Production total if charged at Fee schedule at	
Per visit charges	
Insurable production	\$ 0.00
Uninsured production	\$ 0.00
COLLECTIONS Personal payments (1.00-20.89) excludes codes 2.00-2.89, 12.94, 11.93, 13.93 and 14.93 Insurance payments (2.00-2.89) includes codes 12.94, 11.93, 13.93 and 14.93 TOTAL INCOME GENERATED	\$ 4.00 \$ 6.00 \$ 10.00
	Ψ IOOO

PLAN PROFITABILITY INDEX

All Production Posted/All Production at Fee 0 excludes all adjustments and copay per visit charges	0.00%
Insurance Payments/Insured Transactions at Fee 0 excludes all adjustments This ratio represents the percentage collected from the plan compared to the insurable production if charged at the usual and customary fee (fee schedule 0).	0.00%
All Payments / All Production at Fee 0 includes all adjustments This ratio represents the percentage collected from the plan and patients compared to The insured and uninsured production if charged at the usual and customary fee (fee	0.00%

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schedule 0).

CONTRACTUAL PLAN ANALYSIS ID Plan Name **Insurance** Company 10 Central Christian Assembly Preferred Health Network |----- Payment ---Date D Name D\$ Dr Code Prod Charges Prod. Adj Cash Check Credit Pay. Adj 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Marks insured transactions AR YSIS SUMM PRODUCTION Production (insured and not insured >= 100.00) \$ 0.00 Charges (61.00-89.89) \$ 0.00 Adjustments to production (40.00-59.89) \$ 0.00 excludes copays, 48.00 and 48.90 (budget plan reserved codes) Production total if charged at Fee schedule 0 \$ 0.00 Per visit charges \$ 0.00 **Insurable production** \$ 0.00 **Uninsured production** S 0.00 **COLLECTIONS** Personal payments (1.00-20.89) 0.00 \$ excludes codes 2.00-2.89, 12.94, 11.93, 13.93 and 14.93 Insurance payments (2.00-2.89) 0.00 \$ includes codes 12.94, 11.93, 13.93 and 14.93

TOTAL INCOME GENERATED	\$	0.00
IOTAL INCOME GENERALED	Ð	0.00

PLAN PROFITABILITY INDEX

All Production Posted/All Production at Fee 0 excludes all adjustments and copay per visit charges	0.00%
Insurance Payments/Insured Transactions at Fee 0 excludes all adjustments This ratio represents the percentage collected from the plan compared to the insurable production if charged at the usual and customary fee (fee schedule 0).	0.00%
All Payments / All Production at Fee 0 includes all adjustments	0.00%

This ratio represents the percentage collected from the plan and patients compared to The insured and uninsured production if charged at the usual and customary fee (fee schedule 0).

CONTRACTUAL PLAN ANALYSIS ID Plan Name **Insurance Company** 23 Dept. Of Public Welfare Department Of Public Welfare |----- Payment -----Date D Name D\$ Dr Code Prod Charges Prod. Adj Cash Check Credit Pay. Adj 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Marks insured transactions AR YSIS SUMM PRODUCTION Production (insured and not insured >= 100.00) \$ 0.00 Charges (61.00-89.89) \$ 0.00 Adjustments to production (40.00-59.89) \$ 0.00 excludes copays, 48.00 and 48.90 (budget plan reserved codes) Production total if charged at Fee schedule 0 \$ 0.00 Per visit charges \$ 0.00 **Insurable production** \$ 0.00 **Uninsured production** S 0.00 **COLLECTIONS** Personal payments (1.00-20.89) 0.00 \$ excludes codes 2.00-2.89, 12.94, 11.93, 13.93 and 14.93 0.00 Insurance payments (2.00-2.89) \$

includes codes 12.94, 11.93, 13.93 and 14.93	
TOTAL INCOME GENERATED	\$ 0.00

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PLAN PROFITABILITY INDEX

All Production Posted/All Production at Fee 0 excludes all adjustments and copay per visit charges	0.00%
Insurance Payments/Insured Transactions at Fee 0 excludes all adjustments This ratio represents the percentage collected from the plan compared to the insurable	0.00%
production if charged at the usual and customary fee (fee schedule 0).	
All Payments / All Production at Fee 0	0.00%
includes all adjustments	

This ratio represents the percentage collected from the plan and patients compared to The insured and uninsured production if charged at the usual and customary fee (fee schedule 0).

CONTRACTUAL PLAN ANALYSIS ID Plan Name **Insurance** Company 24 **Cigna Capitation Plan** Cigna ---- Payment ----Date D Name D\$ Dr Code Prod Charges Prod. Adj Cash Check Credit Pay. Adj 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Marks insured transactions AR YSIS SUMM **PRODUCTION** Production (insured and not insured >= 100.00) \$ 0.00 \$ Charges (61.00-89.89) 0.00 Adjustments to production (40.00-59.89) \$ 0.00 excludes copays, 48.00 and 48.90 (budget plan reserved codes) Production total if charged at Fee schedule 0 \$ 0.00 Per visit charges \$ 0.00 **Insurable production** \$ 0.00 **Uninsured production** \$ 0.00

COLLECTIONS	
Personal payments (1.00-20.89)	\$ 0.00
excludes codes 2.00-2.89, 12.94, 11.93, 13.93 and 14.93	
Insurance payments (2.00-2.89)	\$ 0.00
includes codes 12.94, 11.93, 13.93 and 14.93	
TOTAL INCOME GENERATED	\$ 0.00

PLAN PROFITABILITY INDEX

0%
0%

This ratio represents the percentage collected from the plan and patients compared to The insured and uninsured production if charged at the usual and customary fee (fee schedule 0).