

OPERATORY PRODUCTION FORECAST  
01/05/10 TO 10/31/11

OPERATORY 1 Dr. Smiley-1

CODE	DESCRIPTION	FEE	OPER QTY.	GROUP QTY.	% QTY.	OPER AMNT \$	GROUP AMNT \$	% AMNT \$
120.00	Periodic oral evaluation - est. patient	36.00	0	4	0.00	0.00	144.00	0.00
130.00	Emergency Oral Exam	0.00	0	1	0.00	0.00	61.00	0.00
210.00	Intraoral - Complete Series (Incl. BW)	121.00	0	2	0.00	0.00	242.00	0.00
272.00	Bitewings - Two Films	35.00	0	4	0.00	0.00	140.00	0.00
330.00	Panoramic Film	100.00	0	2	0.00	0.00	200.00	0.00
1120.00	Prophylaxis - Child	79.00	0	4	0.00	0.00	316.00	0.00
2110.00	One Surface Amalgam - Primary	0.00	1	1	100.00	81.00	81.00	100.00
2330.00	Resin Composite - 1 Surface, Anterior	129.00	0	1	0.00	0.00	129.00	0.00
2331.00	Resin Composite - 2 Surfaces, Anterior	129.00	0	1	0.00	0.00	129.00	0.00
2391.00	Resin Composite - 1 Surface, Posterior	189.00	0	1	0.00	0.00	189.00	0.00
2740.00	Crown - Porcelain/Ceramic Substrate	850.00	1	1	100.00	680.00	680.00	100.00
2752.00	Crown - Porcelain Fused to Noble Metal	850.00	2	4	50.00	1700.00	3400.00	50.00
2752.50	Code Not Found	0.00	1	1	100.00	0.00	0.00	0.00
3320.00	Root Canal Therapy - Bicuspid	621.00	1	1	100.00	621.00	621.00	100.00
3330.00	Root Canal Therapy - Molar	756.00	3	3	100.00	1966.00	1966.00	100.00
4341.00	Perio Scaling & Root Planing - 4+ Tth	198.00	0	2	0.00	0.00	396.00	0.00
Totals			9	33	27.27	5048.00	8694.00	58.06

Fictitious Data

The Group Quantities figures only reflect totals for the Providers selected.

Sample Sample

OPERATORY PRODUCTION FORECAST

01/05/10 TO 10/31/11

OPERATORY 2 Hygiene-2

CODE	DESCRIPTION	FEE	OPER QTY.	GROUP QTY.	% QTY.	OPER AMNT \$	GROUP AMNT \$	% AMNT \$
120.00	Periodic oral evaluation - est. patient	36.00	3	4	75.00	108.00	144.00	75.00
130.00	Emergency Oral Exam	0.00	0	1	0.00	0.00	61.00	0.00
210.00	Intraoral - Complete Series (Incl. BW)	121.00	2	2	100.00	242.00	242.00	100.00
272.00	Bitewings - Two Films	35.00	3	4	75.00	105.00	140.00	75.00
330.00	Panoramic Film	100.00	1	2	50.00	100.00	200.00	50.00
1120.00	Prophylaxis - Child	79.00	3	4	75.00	237.00	316.00	75.00
2110.00	One Surface Amalgam - Primary	0.00	0	1	0.00	0.00	81.00	0.00
2330.00	Resin Composite - 1 Surface, Anterior	129.00	0	1	0.00	0.00	129.00	0.00
2331.00	Resin Composite - 2 Surfaces, Anterior	129.00	0	1	0.00	0.00	129.00	0.00
2391.00	Resin Composite - 1 Surface, Posterior	189.00	0	1	0.00	0.00	189.00	0.00
2740.00	Crown - Porcelain/Ceramic Substrate	850.00	0	1	0.00	0.00	680.00	0.00
2752.00	Crown - Porcelain Fused to Noble Metal	850.00	0	4	0.00	0.00	3400.00	0.00
2752.50	Code Not Found	0.00	0	1	0.00	0.00	0.00	0.00
3320.00	Root Canal Therapy - Bicuspid	621.00	0	1	0.00	0.00	621.00	0.00
3330.00	Root Canal Therapy - Molar	756.00	0	3	0.00	0.00	1966.00	0.00
4341.00	Perio Scaling & Root Planing - 4+ Tth	198.00	0	2	0.00	0.00	396.00	0.00
Totals			12	33	36.36	792.00	8694.00	9.11

The Group Quantities figures only reflect totals for the Providers selected.

Sample Sample

OPERATORY PRODUCTION FORECAST

01/05/10 TO 10/31/11

OPERATORY 3 Hygiene-3

CODE	DESCRIPTION	FEE	OPER QTY.	GROUP QTY.	% QTY.	OPER AMNT \$	GROUP AMNT \$	% AMNT \$
120.00	Periodic oral evaluation - est. patient	36.00	1	4	25.00	36.00	144.00	25.00
130.00	Emergency Oral Exam	0.00	0	1	0.00	0.00	61.00	0.00
210.00	Intraoral - Complete Series (Incl. BW)	121.00	0	2	0.00	0.00	242.00	0.00
272.00	Bitewings - Two Films	35.00	1	4	25.00	35.00	140.00	25.00
330.00	Panoramic Film	100.00	1	2	50.00	100.00	200.00	50.00
1120.00	Prophylaxis - Child	79.00	1	4	25.00	79.00	316.00	25.00
2110.00	One Surface Amalgam - Primary	0.00	0	1	0.00	0.00	81.00	0.00
2330.00	Resin Composite - 1 Surface, Anterior	129.00	0	1	0.00	0.00	129.00	0.00
2331.00	Resin Composite - 2 Surfaces, Anterior	129.00	0	1	0.00	0.00	129.00	0.00
2391.00	Resin Composite - 1 Surface, Posterior	189.00	0	1	0.00	0.00	189.00	0.00
2740.00	Crown - Porcelain/Ceramic Substrate	850.00	0	1	0.00	0.00	680.00	0.00
2752.00	Crown - Porcelain Fused to Noble Metal	850.00	0	4	0.00	0.00	3400.00	0.00
2752.50	Code Not Found	0.00	0	1	0.00	0.00	0.00	0.00
3320.00	Root Canal Therapy - Bicuspid	621.00	0	1	0.00	0.00	621.00	0.00
3330.00	Root Canal Therapy - Molar	756.00	0	3	0.00	0.00	1966.00	0.00
4341.00	Perio Scaling & Root Planing - 4+ Tth	198.00	2	2	100.00	396.00	396.00	100.00
Totals			6	33	18.18	646.00	8694.00	7.43

The Group Quantities figures only reflect totals for the Providers selected.

Sample Sample

OPERATORY PRODUCTION FORECAST

01/05/10 TO 10/31/11

OPERATORY 4 Dr. Holebrook

CODE	DESCRIPTION	FEE	OPER QTY.	GROUP QTY.	% QTY.	OPER AMNT \$	GROUP AMNT \$	% AMNT \$
120.00	Periodic oral evaluation - est. patient	36.00	0	4	0.00	0.00	144.00	0.00
130.00	Emergency Oral Exam	0.00	1	1	100.00	61.00	61.00	100.00
210.00	Intraoral - Complete Series (Incl. BW)	121.00	0	2	0.00	0.00	242.00	0.00
272.00	Bitewings - Two Films	35.00	0	4	0.00	0.00	140.00	0.00
330.00	Panoramic Film	100.00	0	2	0.00	0.00	200.00	0.00
1120.00	Prophylaxis - Child	79.00	0	4	0.00	0.00	316.00	0.00
2110.00	One Surface Amalgam - Primary	0.00	0	1	0.00	0.00	81.00	0.00
2330.00	Resin Composite - 1 Surface, Anterior	129.00	1	1	100.00	129.00	129.00	100.00
2331.00	Resin Composite - 2 Surfaces, Anterior	129.00	1	1	100.00	129.00	129.00	100.00
2391.00	Resin Composite - 1 Surface, Posterior	189.00	1	1	100.00	189.00	189.00	100.00
2740.00	Crown - Porcelain/Ceramic Substrate	850.00	0	1	0.00	0.00	680.00	0.00
2752.00	Crown - Porcelain Fused to Noble Metal	850.00	2	4	50.00	1700.00	3400.00	50.00
2752.50	Code Not Found	0.00	0	1	0.00	0.00	0.00	0.00
3320.00	Root Canal Therapy - Bicuspid	621.00	0	1	0.00	0.00	621.00	0.00
3330.00	Root Canal Therapy - Molar	756.00	0	3	0.00	0.00	1966.00	0.00
4341.00	Perio Scaling & Root Planing - 4+ Tth	198.00	0	2	0.00	0.00	396.00	0.00
Totals			6	33	18.18	2208.00	8694.00	25.40

The Group Quantities figures only reflect totals for the Providers selected.

Sample Sample