

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [1]Dr.Doctor Smiley

**Fictitious Data**

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
2.00	Insurance Check Payment	***	12	13	92.31	1794.10	***	1870.60	***	95.91	***	***
3.00	Check Payment	***	13	15	86.67	1546.40	***	1795.40	***	86.13	***	***
12.00	Visa Card Payment	***	4	4	100.00	976.70	***	976.70	***	100.00	***	***
40.90	PER VISIT CHARGE	***	1	1	100.00	5.00	***	5.00	***	100.00	***	***
49.00	Starting Debit Balance	***	1	1	100.00	23.00	***	23.00	***	100.00	***	***
50.90	Participating Insurance Ad	***	6	6	100.00	308.00	***	308.00	***	100.00	***	***
58.90	Patient Budget Credit Code	***	1	1	100.00	1850.00	***	1850.00	***	100.00	***	***
120.00	Periodic oral evaluation -	36.00	8	10	80.00	253.00	241.00	320.00	299.00	79.06	94.00	96.00
130.00	Emergency Oral Exam	0.00	1	4	25.00	49.00	49.00	196.00	196.00	25.00	98.00	98.00
140.00	Limited Oral Evaluation -	48.00	1	1	100.00	38.00	38.00	38.00	38.00	100.00	114.00	114.00
150.00	Comprehensive Oral Eval -	69.00	14	16	87.50	647.00	686.00	751.00	790.00	86.15	117.00	118.00
210.00	Intraoral - Complete Serie	241.00	1	1	100.00	80.00	97.00	80.00	97.00	100.00	240.00	240.00
220.00	Intraoral - Periapical - F	20.00	2	2	100.00	32.00	32.00	32.00	32.00	100.00	***	***
230.00	Intraoral - Periapical - E	12.00	1	1	100.00	12.00	23.00	12.00	23.00	100.00	***	***
270.00	Bitewing - Single Film	16.00	1	1	100.00	16.00	16.00	16.00	16.00	100.00	***	***
272.00	Bitewings - Two Films	35.00	13	13	100.00	522.00	524.00	522.00	524.00	100.00	240.00	240.00
274.00	Bitewings - Four Films	65.00	1	2	50.00	52.00	52.00	92.00	104.00	56.52	312.00	276.00
330.00	Panoramic Film	100.00	1	2	50.00	70.00	90.00	160.00	180.00	43.75	***	***
1110.00	Prophylaxis - Adult	85.00	6	16	37.50	319.00	406.00	954.00	1070.00	33.44	79.00	133.00
1120.00	Prophylaxis - Child	79.00	3	8	37.50	143.00	189.00	435.00	504.00	32.87	143.00	200.00
1203.00	Fluoride (not incl. Prophy	25.00	2	2	100.00	48.00	40.00	48.00	40.00	100.00	48.00	48.00
1204.00	Fluoride (not incl. Prophy	39.00	1	2	50.00	24.00	31.00	45.00	62.00	53.33	48.00	45.00
1351.00	Sealant - Per Tooth	54.00	6	6	100.00	258.00	258.00	258.00	258.00	100.00	129.00	129.00
2140.00	Amalgam - 1 Surface, prima	88.00	3	3	100.00	288.00	288.00	288.00	288.00	100.00	288.00	288.00
2150.00	Amalgam - 2 Surfaces, prim	133.00	1	1	100.00	106.00	106.00	106.00	106.00	100.00	318.00	318.00
2160.00	Amalgam - 3 Surfaces, prim	156.00	1	1	100.00	125.00	125.00	125.00	125.00	100.00	375.00	375.00
2330.00	Resin Composite - 1 Surfac	129.00	2	2	100.00	206.00	206.00	206.00	206.00	100.00	154.00	154.00
2331.00	Resin Composite - 2 Surfac	129.00	1	1	100.00	103.00	103.00	103.00	103.00	100.00	206.00	206.00
2386.00	Composite 2 Sur Post	0.00	3	3	100.00	438.00	438.00	438.00	438.00	100.00	219.00	219.00
2391.00	Resin Composite - 1 Surfac	189.00	5	5	100.00	571.00	755.00	571.00	755.00	100.00	***	***
2392.00	Resin Composite - 2 Surfac	129.00	3	3	100.00	285.00	291.00	285.00	291.00	100.00	***	***
2393.00	Resin Composite - 3 Surfac	138.00	2	3	66.67	263.00	220.00	373.00	330.00	70.51	***	***
2722.00	Crown - Porcelain Fused to	850.00	12	13	92.31	8160.00	8160.00	8840.00	8840.00	92.31	510.00	510.00

Continued on next page...

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

created by: <BLANK>

Sample

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [1]Dr.Doctor Smiley

**Fictitious Data**

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
7110.00	Extraction-single Uncompli	96.00	5	5	100.00	480.00	480.00	480.00	480.00	100.00	144.00	144.00
7120.00	Additional Uncomplicated E	91.00	3	3	100.00	273.00	273.00	273.00	273.00	100.00	273.00	273.00
7140.00	Ext. Erupted Tooth Or Expo	0.00	2	2	100.00	350.00	350.00	350.00	350.00	100.00	***	***
8080.00	Complete Ortho Case	3000.00	1	1	100.00	3000.00	3000.00	3000.00	3000.00	100.00	***	***
Totals			84	106	79.25	21119.00	21158.00	23055.00	23117.00	91.60		
Provider Goal's		\$ 0.00										

Sample Sample

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [2]Ms.Nancy Benfer

**Fictitious Data**

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
2.00	Insurance Payment	***	0	12	0.00	0.00	***	1794.10	***	0.00	***	***
3.00	Check Payment	***	0	17	0.00	0.00	***	2732.70	***	0.00	***	***
12.00	Visa/Mastercard Payment	***	0	4	0.00	0.00	***	976.70	***	0.00	***	***
40.90	Code Not Found	***	0	1	0.00	0.00	***	5.00	***	0.00	***	***
48.90	MONTHLY ORTHO CHARGE	***	0	1	0.00	0.00	***	154.17	***	0.00	***	***
49.00	Starting Debit Balance	***	0	1	0.00	0.00	***	23.00	***	0.00	***	***
50.90	Participating Insurance Ad	***	0	7	0.00	0.00	***	348.00	***	0.00	***	***
58.90	Patient Budget Plan Adjust	***	0	1	0.00	0.00	***	1850.00	***	0.00	***	***
120.00	Periodic Oral Evaluation	38.00	0	1	0.00	0.00	0.00	38.00	38.00	0.00	***	114.00
130.00	Emergency Oral Examination	49.00	0	4	0.00	0.00	0.00	196.00	196.00	0.00	***	98.00
140.00	Limited Oral Evaluation -	38.00	0	1	0.00	0.00	0.00	38.00	38.00	0.00	***	114.00
150.00	Comp Oral Eval-New Or Esta	49.00	0	16	0.00	0.00	0.00	745.00	784.00	0.00	***	120.00
272.00	Bitewing Films, 2 Films	44.00	0	11	0.00	0.00	0.00	484.00	484.00	0.00	***	264.00
274.00	Bitewing Films, 4 Films	52.00	0	1	0.00	0.00	0.00	52.00	52.00	0.00	***	312.00
1110.00	Prophylaxis - Adult	66.00	4	10	40.00	264.00	264.00	660.00	660.00	40.00	396.00	247.00
1120.00	Prophylaxis Children Under	33.00	3	6	50.00	189.00	189.00	355.00	378.00	53.24	283.00	236.00
1351.00	Sealant-per Tooth	43.00	0	6	0.00	0.00	0.00	258.00	258.00	0.00	***	129.00
2140.00	Amalgam - 1 Surface	96.00	0	3	0.00	0.00	0.00	288.00	288.00	0.00	***	288.00
2150.00	Amalgam - 2 Surfaces	106.00	0	1	0.00	0.00	0.00	106.00	106.00	0.00	***	318.00
2160.00	Amalgam - 3 Surfaces	125.00	0	1	0.00	0.00	0.00	125.00	125.00	0.00	***	375.00
2330.00	Anterior Resin Restoration	103.00	0	2	0.00	0.00	0.00	206.00	206.00	0.00	***	154.00
2331.00	Anterior Resin 2 Surface	103.00	0	1	0.00	0.00	0.00	103.00	103.00	0.00	***	206.00
2385.00	Posterior Resin One Surfac	108.00	0	1	0.00	0.00	0.00	108.00	108.00	0.00	***	162.00
2386.00	Posterior Resin Two Surfac	146.00	0	3	0.00	0.00	0.00	438.00	438.00	0.00	***	219.00
2392.00	Resin Composite-2 Surfaces	85.00	0	1	0.00	0.00	0.00	85.00	85.00	0.00	***	***
2752.00	Crown Porcelain Semi Preci	680.00	0	15	0.00	0.00	0.00	10200.00	10200.00	0.00	***	510.00
2752.50	Crown Seated	0.00	0	2	0.00	0.00	0.00	0.00	0.00	0.00	***	***
2940.00	Sedative Filling	34.00	0	1	0.00	0.00	0.00	34.00	34.00	0.00	***	68.00
3320.00	Root Canal Two Canals	497.00	0	1	0.00	0.00	0.00	497.00	497.00	0.00	***	497.00
3330.00	Root Canal Three Canals	605.00	0	3	0.00	0.00	0.00	1815.00	1815.00	0.00	***	403.00
5520.00	Replace Missing Tooth Comp	81.00	0	1	0.00	0.00	0.00	81.00	81.00	0.00	***	***
6210.00	Crown Pontic High Noble Met	680.00	0	1	0.00	0.00	0.00	680.00	680.00	0.00	***	4080.00
6752.00	Porcelain Crown Noble Meta	680.00	0	2	0.00	0.00	0.00	1360.00	1360.00	0.00	***	680.00

Continued on next page...

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

Created by: <BLANK>

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [2]Ms.Nancy Benfer

**Fictitious Data**

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
7110.00	Extraction-single Uncompli	96.00	0	5	0.00	0.00	0.00	480.00	480.00	0.00	***	144.00
7120.00	Additional Uncomplicated E	91.00	0	3	0.00	0.00	0.00	273.00	273.00	0.00	***	273.00
7140.00	Ext. Erupted Tooth Or Expo	0.00	0	2	0.00	0.00	0.00	350.00	350.00	0.00	***	***
8080.00	Complete Ortho Case	3000.00	0	1	0.00	0.00	0.00	3000.00	3000.00	0.00	***	***
Totals			7	106	6.60	453.00	453.00	23055.00	23117.00	1.96		
Provider Goal's		\$ 0.00										

Sample Sample

PRODUCTION/TRANSACTIONS BY CODE

07/07/07 TO 01/04/10

PROVIDER [3]Ms.Monica Baxter

Fictitious Data

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
2.00	Insurance Payment	***	0	12	0.00	0.00	***	1794.10	***	0.00	***	***
3.00	Check Payment	***	0	17	0.00	0.00	***	2732.70	***	0.00	***	***
12.00	Visa/Mastercard Payment	***	0	4	0.00	0.00	***	976.70	***	0.00	***	***
40.90	Code Not Found	***	0	1	0.00	0.00	***	5.00	***	0.00	***	***
48.90	MONTHLY ORTHO CHARGE	***	0	1	0.00	0.00	***	154.17	***	0.00	***	***
49.00	Starting Debit Balance	***	0	1	0.00	0.00	***	23.00	***	0.00	***	***
50.90	Participating Insurance Ad	***	0	7	0.00	0.00	***	348.00	***	0.00	***	***
58.90	Patient Budget Plan Adjust	***	0	1	0.00	0.00	***	1850.00	***	0.00	***	***
120.00	Periodic Oral Evaluation	38.00	0	1	0.00	0.00	0.00	38.00	38.00	0.00	***	114.00
130.00	Emergency Oral Examination	49.00	0	4	0.00	0.00	0.00	196.00	196.00	0.00	***	98.00
140.00	Limited Oral Evaluation -	38.00	0	1	0.00	0.00	0.00	38.00	38.00	0.00	***	114.00
150.00	Comp Oral Eval-New Or Esta	49.00	0	16	0.00	0.00	0.00	745.00	784.00	0.00	***	120.00
272.00	Bitewing Films, 2 Films	44.00	0	11	0.00	0.00	0.00	484.00	484.00	0.00	***	264.00
274.00	Bitewing Films, 4 Films	52.00	0	1	0.00	0.00	0.00	52.00	52.00	0.00	***	312.00
1110.00	Prophylaxis - Adult	66.00	5	10	50.00	330.00	330.00	660.00	660.00	50.00	247.00	247.00
1120.00	Prophylaxis Children Under	63.00	2	6	33.33	103.00	126.00	355.00	378.00	29.01	206.00	236.00
1351.00	Sealant-per Tooth	43.00	0	6	0.00	0.00	0.00	258.00	258.00	0.00	***	129.00
2140.00	Amalgam - 1 Surface	96.00	0	3	0.00	0.00	0.00	288.00	288.00	0.00	***	288.00
2150.00	Amalgam - 2 Surfaces	106.00	0	1	0.00	0.00	0.00	106.00	106.00	0.00	***	318.00
2160.00	Amalgam - 3 Surfaces	125.00	0	1	0.00	0.00	0.00	125.00	125.00	0.00	***	375.00
2330.00	Anterior Resin Restoration	103.00	0	2	0.00	0.00	0.00	206.00	206.00	0.00	***	154.00
2331.00	Anterior Resin 2 Surface	103.00	0	1	0.00	0.00	0.00	103.00	103.00	0.00	***	206.00
2385.00	Posterior Resin One Surf	108.00	0	1	0.00	0.00	0.00	108.00	108.00	0.00	***	162.00
2386.00	Posterior Resin Two Surf	146.00	0	3	0.00	0.00	0.00	438.00	438.00	0.00	***	219.00
2392.00	Resin Composite-2 Surfaces	85.00	0	1	0.00	0.00	0.00	85.00	85.00	0.00	***	***
2752.00	Crown Porcelain Semi Presi	680.00	0	15	0.00	0.00	0.00	10200.00	10200.00	0.00	***	510.00
2752.50	Crown Seated	0.00	0	2	0.00	0.00	0.00	0.00	0.00	0.00	***	***
2940.00	Sedative Filling	34.00	0	1	0.00	0.00	0.00	34.00	34.00	0.00	***	68.00
3320.00	Root Canal Two Canals	497.00	0	1	0.00	0.00	0.00	497.00	497.00	0.00	***	497.00
3330.00	Root Canal Three Canals	605.00	0	3	0.00	0.00	0.00	1815.00	1815.00	0.00	***	403.00
5520.00	Replace Missing Tooth Comp	81.00	0	1	0.00	0.00	0.00	81.00	81.00	0.00	***	***
6210.00	Cast Pontic Ing Noble Met	680.00	0	1	0.00	0.00	0.00	680.00	680.00	0.00	***	4080.00
6752.00	Porcelain Crown Noble Meta	680.00	0	2	0.00	0.00	0.00	1360.00	1360.00	0.00	***	680.00

Continued on next page...

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [3]Ms.Monica Baxter

**Fictitious Data**

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
7110.00	Extraction-single Uncompli	96.00	0	5	0.00	0.00	0.00	480.00	480.00	0.00	***	144.00
7120.00	Additional Uncomplicated E	91.00	0	3	0.00	0.00	0.00	273.00	273.00	0.00	***	273.00
7140.00	Ext. Erupted Tooth Or Expo	0.00	0	2	0.00	0.00	0.00	350.00	350.00	0.00	***	***
8080.00	Complete Ortho Case	3000.00	0	1	0.00	0.00	0.00	3000.00	3000.00	0.00	***	***
Totals			7	106	6.60	433.00	456.00	23055.00	23117.00	1.88		
Provider Goal's		\$ 0.00										

Sample Sample

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [4]Dr.Dennis Holebrook

**Fictitious Data**

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
2.00	Insurance Payment	***	0	12	0.00	0.00	***	1794.10	***	0.00	***	***
3.00	Check Payment	***	2	17	11.76	249.00	***	2732.70	***	9.11	***	***
12.00	Visa/Mastercard Payment	***	0	4	0.00	0.00	***	976.70	***	0.00	***	***
40.90	Code Not Found	***	0	1	0.00	0.00	***	5.00	***	0.00	***	***
48.90	MONTHLY ORTHO CHARGE	***	0	1	0.00	0.00	***	154.17	***	0.00	***	***
49.00	Starting Debit Balance	***	0	1	0.00	0.00	***	23.00	***	0.00	***	***
50.90	Participating Insurance Ad	***	0	7	0.00	0.00	***	348.00	***	0.00	***	***
58.90	Patient Budget Plan Adjust	***	0	1	0.00	0.00	***	1850.00	***	0.00	***	***
120.00	Periodic Oral Evaluation	38.00	0	1	0.00	0.00	0.00	38.00	38.00	0.00	***	114.00
130.00	Emergency Oral Examination	49.00	0	4	75.00	147.00	147.00	196.00	196.00	75.00	98.00	98.00
140.00	Limited Oral Evaluation -	38.00	0	1	0.00	0.00	0.00	38.00	38.00	0.00	***	114.00
150.00	Comp Oral Eval-New Or Esta	49.00	0	16	12.50	98.00	98.00	745.00	784.00	13.15	147.00	120.00
272.00	Bitewing Films, 2 Films	44.00	1	11	9.09	44.00	44.00	484.00	484.00	9.09	264.00	264.00
274.00	Bitewing Films, 4 Films	52.00	0	1	0.00	0.00	0.00	52.00	52.00	0.00	***	312.00
1110.00	Prophylaxis - Adult	66.00	0	10	0.00	0.00	0.00	660.00	660.00	0.00	***	247.00
1120.00	Prophylaxis Children Under	67.50	0	6	0.00	0.00	0.00	355.00	378.00	0.00	***	236.00
1351.00	Sealant-per Tooth	45.00	0	6	0.00	0.00	0.00	258.00	258.00	0.00	***	129.00
2140.00	Amalgam - 1 Surface	96.00	0	3	0.00	0.00	0.00	288.00	288.00	0.00	***	288.00
2150.00	Amalgam - 2 Surfaces	106.00	0	1	0.00	0.00	0.00	106.00	106.00	0.00	***	318.00
2160.00	Amalgam - 3 Surfaces	125.00	0	1	0.00	0.00	0.00	125.00	125.00	0.00	***	375.00
2330.00	Anterior Resin Restoration	103.00	0	2	0.00	0.00	0.00	206.00	206.00	0.00	***	154.00
2331.00	Anterior Resin 2 Surface	103.00	0	1	0.00	0.00	0.00	103.00	103.00	0.00	***	206.00
2385.00	Posterior Resin One Surf	108.00	0	1	0.00	0.00	0.00	108.00	108.00	0.00	***	162.00
2386.00	Posterior Resin Two Surf	146.00	0	3	0.00	0.00	0.00	438.00	438.00	0.00	***	219.00
2392.00	Resin Composite-2 Surfaces	85.00	0	1	0.00	0.00	0.00	85.00	85.00	0.00	***	***
2752.00	Crown Porcelain Ser Preci	680.00	1	15	6.67	680.00	680.00	10200.00	10200.00	6.67	510.00	510.00
2752.50	Crown Seated	0.00	0	2	0.00	0.00	0.00	0.00	0.00	0.00	***	***
2940.00	Sedative Filling	34.00	0	1	0.00	0.00	0.00	34.00	34.00	0.00	***	68.00
3320.00	Root Canal Two Canal	497.00	0	1	0.00	0.00	0.00	497.00	497.00	0.00	***	497.00
3330.00	Root Canal Three Canals	605.00	0	3	0.00	0.00	0.00	1815.00	1815.00	0.00	***	403.00
5520.00	Replace Missing Tooth Comp	81.00	1	1	100.00	81.00	81.00	81.00	81.00	100.00	***	***
6210.00	Cast Post High Noble Met	680.00	0	1	0.00	0.00	0.00	680.00	680.00	0.00	***	4080.00
6752.00	Porcelain Crown Noble Meta	680.00	0	2	0.00	0.00	0.00	1360.00	1360.00	0.00	***	680.00

Continued on next page...

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

**PRODUCTION/TRANSACTIONS BY CODE**

07/07/07 TO 01/04/10

PROVIDER [4]Dr.Dennis Holebrook

# Fictitious Data

CODE	DESCRIPTION	FEE \$	PRVDR QTY.	GROUP QTY.	% QTY.	PRVDR AMNT \$	PRVDR UCR AMNT	GROUP AMNT \$	GROUP UCR AMNT	% AMNT \$	PRVDR Prod Rate \$/hr	GROUP Prod Rate \$/hr
7110.00	Extraction-single Uncompli	96.00	0	5	0.00	0.00	0.00	480.00	480.00	0.00	***	144.00
7120.00	Additional Uncomplicated E	91.00	0	3	0.00	0.00	0.00	273.00	273.00	0.00	***	273.00
7140.00	Ext. Erupted Tooth Or Expo	0.00	0	2	0.00	0.00	0.00	350.00	350.00	0.00	***	***
8080.00	Complete Ortho Case	3000.00	0	1	0.00	0.00	0.00	3000.00	3000.00	0.00	***	***
Totals			8	106	7.55	1050.00	1050.00	23055.00	23117.00	4.55		
Provider Goal's		\$ 0.00										

Sample Sample