

PROVIDER FORECAST BY ADA CODE

01/05/10 TO 10/31/11

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
120.00	Periodic oral evaluation -	36.00	3	4	75.00	108.00	108.00	144.00	144.00	75.00	***	***
130.00	Emergency Oral Exam	0.00	0	1	0.00	0.00	0.00	61.00	0.00	0.00	***	***
210.00	Intraoral - Complete Serie	121.00	1	2	50.00	121.00	121.00	242.00	242.00	50.00	***	***
272.00	Bitewings - Two Films	35.00	3	4	75.00	105.00	105.00	140.00	140.00	75.00	***	***
330.00	Panoramic Film	100.00	1	2	50.00	100.00	100.00	200.00	200.00	50.00	***	***
1120.00	Prophylaxis - Child	79.00	3	4	75.00	237.00	237.00	316.00	316.00	75.00	***	***
2110.00	One Surface Amalgam - Prim	0.00	1	1	100.00	81.00	0.00	81.00	0.00	100.00	***	***
2330.00	Resin Composite - 1 Surfac	129.00	1	1	100.00	129.00	129.00	129.00	129.00	100.00	***	***
2331.00	Resin Composite - 2 Surfac	129.00	0	1	0.00	0.00	0.00	129.00	129.00	0.00	***	***
2391.00	Resin Composite - 1 Surfac	189.00	1	1	100.00	189.00	189.00	189.00	189.00	100.00	***	***
2740.00	Crown - Porcelain/Ceramic	850.00	1	1	100.00	850.00	850.00	850.00	850.00	100.00	***	***
2752.00	Crown - Porcelain Fused to	850.00	2	4	50.00	1700.00	1700.00	3400.00	3400.00	50.00	***	***
2752.50	Code Not Found	0.00	1	1	100.00	0.00	79.00	0.00	79.00	0.00	***	***
3320.00	Root Canal Therapy - Bicus	621.00	1	1	100.00	621.00	621.00	621.00	621.00	100.00	***	***
3330.00	Root Canal Therapy - Molar	756.00	3	3	100.00	1966.00	2268.00	1966.00	2268.00	100.00	***	***
4341.00	Perio Scaling & Root Plani	198.00	2	2	100.00	396.00	396.00	396.00	396.00	100.00	***	***
	Totals		24	33	72.73	6433.00	6903.00	8694.00	9103.00	73.99		
	Provider Goal's	\$ 0.00										

Sample Sample

PROVIDER FORECAST BY ADA CODE

01/05/10 TO 10/31/11

PROVIDER [4]Rachel Cook

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
120.00	Periodic Oral Evaluation	46.00	0	1	0.00	0.00	0.00	46.00	46.00	0.00	***	***
272.00	Bitewing Films, 2 Films	67.00	0	1	0.00	0.00	0.00	67.00	67.00	0.00	***	***
1110.00	Prophylaxis - Adult	76.00	1	3	33.33	76.00	76.00	200.00	228.00	38.00	***	***
1120.00	Prophylaxis Children Under	97.00	0	1	0.00	0.00	0.00	97.00	97.00	0.00	***	***
Totals			1	6	16.67	76.00	76.00	410.00	438.00	18.54		
Provider Goal's		\$ 0.00										
Total group		\$ 86153.76										

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

Sample Sample