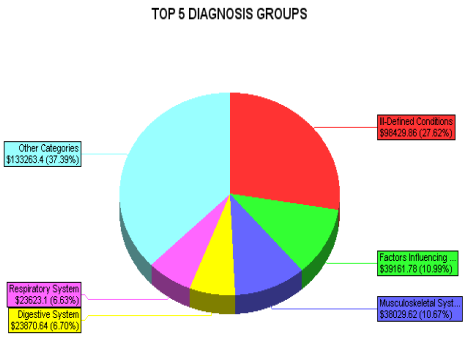
HealthSCOPE BENEFITS

DATA ANALYSIS & REPORTING

SAMPLE REPORTS CATALOG

Integrated Charts and Graphing



Drill-Down to Individual Transaction/EOB

Provider	# of Services	Total Amount	Payment Amount	
ASSOCIATED ASSOC	1	$146.00	$87.00	More Details
ASSOCIATED MEDICAL GROUP	1	$169.00	$0.00	More Details
CREATIVE ASSOC	1	$95.00	$0.00	More Details
CREATIVE HOSP	1	$283.00	$87.00	More Details
ENDOCR MEDICAL GROUP	1	$180.00	$131.00	More Details
FACILITY PARTNERS	2	$250.00	$0.00	More Details
PHYSICIANS ASSOC	2	$272.00	$87.00	More Details
Total Procedures:	9	$1,395.00	$392.00	

Benchmark Plan Performance

Group	Norm	% Difference	Norm Category
1.930			
$136.62			
$334.28	$649.85	-48.56%	National, Overall*
$334.28	$652.97	-48.81%	200 or More EEs*
$334.28	$655.48	-49.00%	Midwest Region*
$334.28	$603.47	-44.61%	Agriculture/Mining/Construction*

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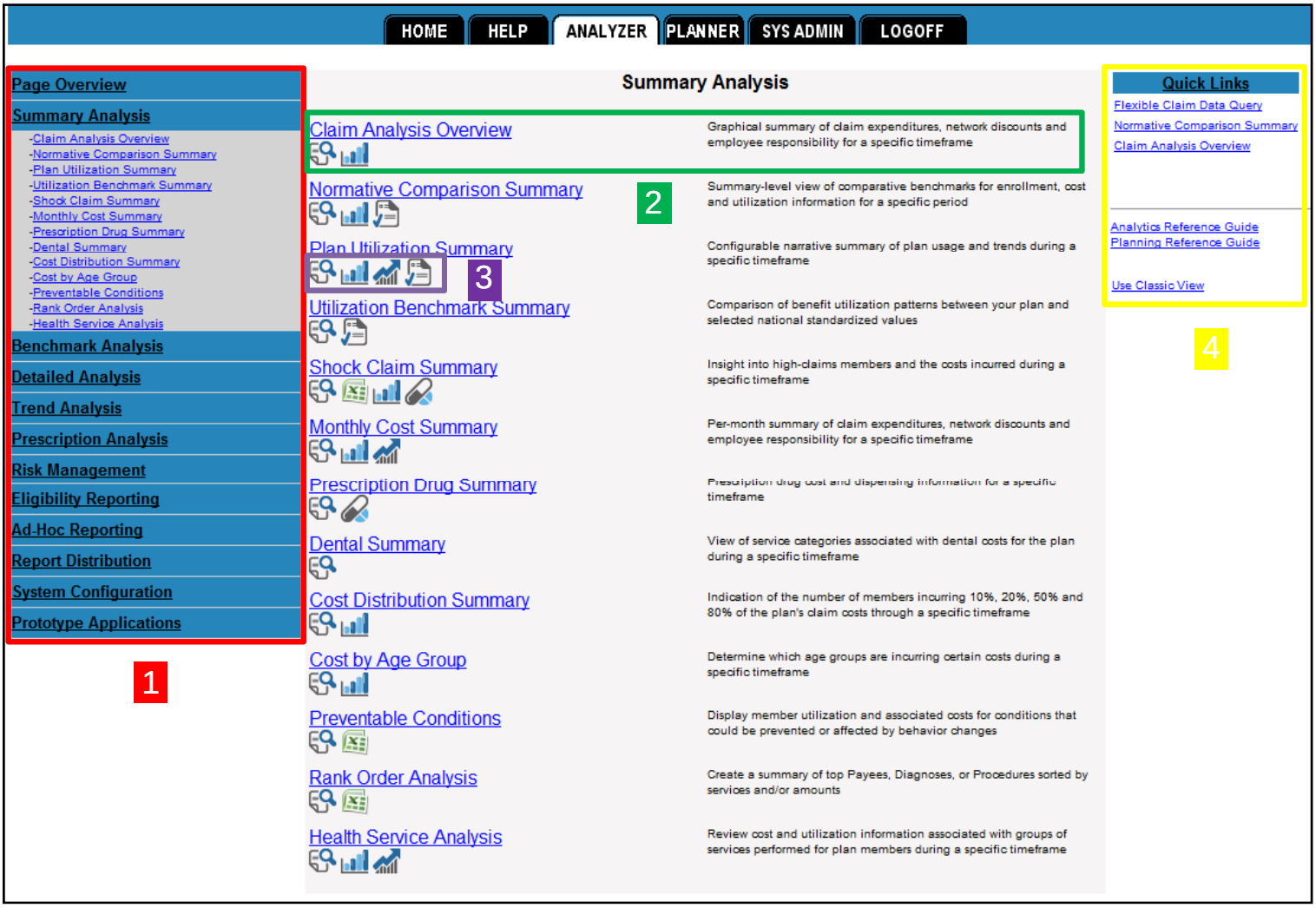
Data Analysis and Reporting - Homepage

1 **Routine Menu** - Analysis and reporting routines are now located in a drop-down menu at the left of the screen. By clicking on each section, the similar routines within the section appear below and in the center section of the screen.

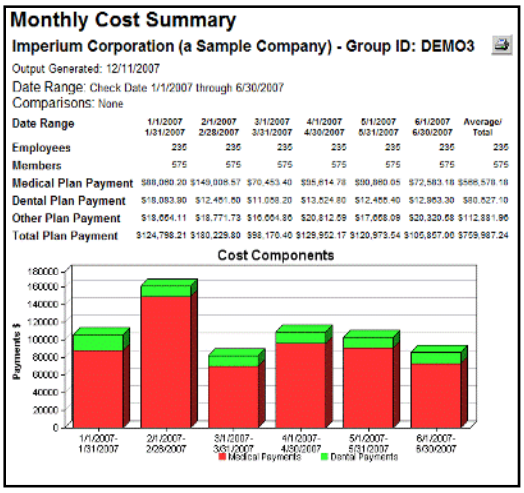
2 **Routine Name and Description**- A link to the analysis or reporting routine appears in the center of the screen with a description of the function at the right.

3 **Function Icons –** Icons located below the routine name and link indicate various aspects the routine offers. For instance, if the report features trending, PBM detail or is downloadable to Microsoft Excel.

4 **Quick Links –** The most recent routines run by the user are listed under Quick Links. Below this section are the reference guides for analytics and planning functions.

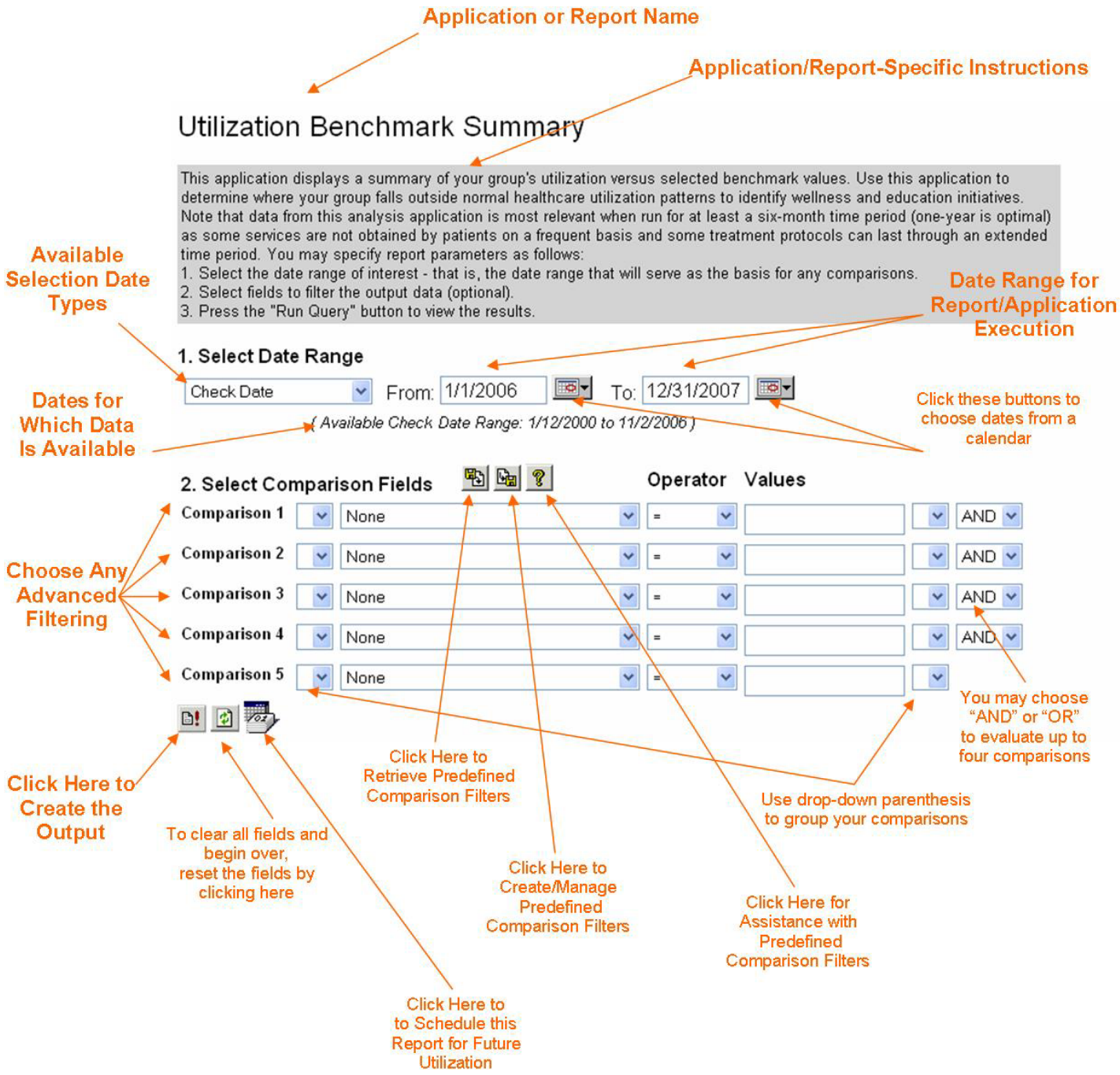


Sample Report Icon – By rolling the cursor over this icon - a sample of the report's output will appear in a box beside the routine's name/link.



Standard Input Page

Most Data Analysis and Reporting applications have very similar data input page layouts. Important components of the data input page are:



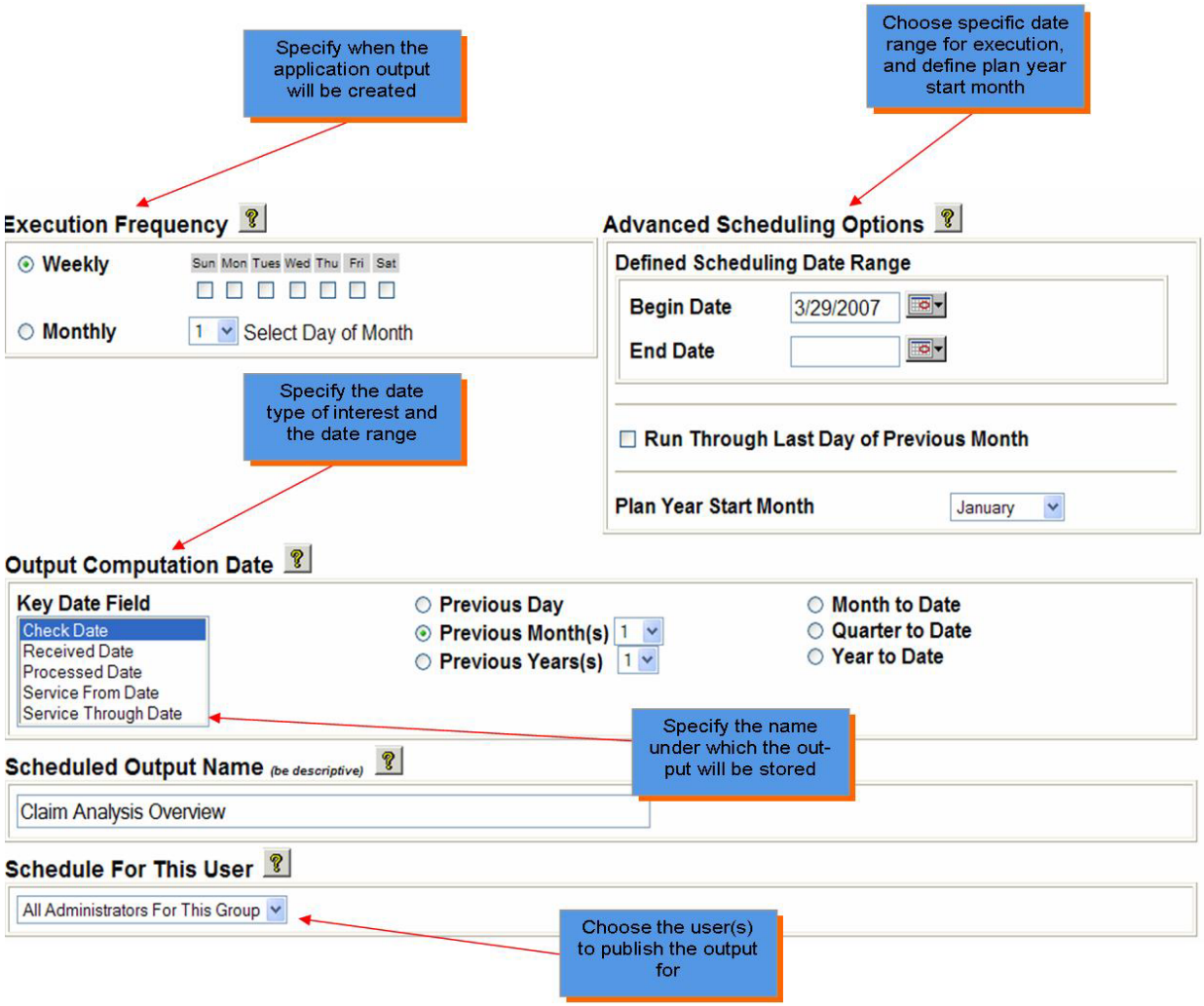
Report Scheduling

Many Data Analysis and Reporting applications can be schedule to run automatically and the output of the report can be electronically distributed to clients and broker/consultants. Below is a screen capture of report scheduling function:

This application provides scheduling options for selected reporting and analysis applications. Scheduled output will be created automatically at the intervals you specify velow and will be available through the ***Scheduled Report Output*** application. Scheduled reports are processed based on the time and trigger constraints you specify, and are typically generated during the evening and early morning hours.

You may specify scheduling parameters as follows:

1. Verify the information in the 'Execution Parameters' section.
2. Select the desired scheduling frequency. This determines how often the output is produced.
3. Specify any desired advanced scheduling options (optional).
4. Select the desired date range. This determines what data is selected when the report runs.
5. Specify a name for the output - be descriptive to more easily manage your output.
6. Specify whether the output will be available to a specific user or to all administrators with access to your group.



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Data Analysis and Reporting Functions

1. Claim Analysis Overview
   Graphical summary of claim expenditures, network discounts and employee responsibility

2. Normative Comparison Summary
   Summary-level view of enrollment, cost and utilization information

3. Utilization Benchmark Summary
   Comparison of utilization patterns between plan and selected national normative values

4. Shock Claim Summary
   Review high-claims members and the costs incurred

5. Monthly Cost Summary
   Per-month summary of claim expenditures, network discounts and employee responsibility

6. Prescription Drug Summary
   Prescription costs and dispensing information

7. Dental Summary
   View service categories associated with your dental costs

8. Cost Distribution Summary
   Number of members incurring 10%, 20%, 50% and 80% of the plan's claims

9. Cost by Age Group
   Review which age groups are incurring costs

10. Plan Experience Summary
    Eligibility and plan cost summary on a per-month basis

11. Preventable Conditions
    Displays conditions that might be prevented by behavior changes, and the group's cost associated with those conditions

12. Rank Order Analysis
    Create a summary of top Payees, Diagnoses, or Procedures sorted by services and/or amounts

13. Health Service Analysis
    View frequency and cost information associated with groups of services performed for membe

14. Provider Cost Comparison
    Compare charges and payments for specified procedures and/or providers

15. Payee Analysis
    Retrieve summary and drill-down to specific claim information based on healthcare providers used by members of the plan

16. Diagnosis Analysis
    View summary and drill-down to specific claim information based on diagnoses of conditions experienced by members

17. Procedure Analysis
    Summary and drill-down to specific claim information based on procedures performed for members

18. Prescription Analysis
    Summary information and drill-down to specific claim information related to prescription drug costs

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Data Analysis and Reporting Functions

19. Payment Analysis
    Retrieve a claim payment list through a specific time period and drill-down to individual claim payment details

20. Lag Matrix Generator
    Create a paid versus incurred lag matrix for specific time periods

21. Key Utilization Indicators
    Summary-level trend analysis of employee census and benefits utilization

22. Large Claim Trend Analysis
    Trend analysis of large claimants comparing two timeframes

23. Medical Cost Dist (Category)
    Trend analysis of benefits utilization across major diagnostic categories

24. Medical Cost Dist (Diagnosis)
    Trend analysis of benefits utilization across individual diagnoses

25. Shock Claim Detail
    Detailed cost and procedure information for high-claims members and the costs incurred

26. Stop Loss Trigger Report
    Provide diagnosis and procedure information for select key diagnoses

27. Cost Summary by Employee
    Per-employee/member breakdown of claim costs

28. Employee Cost Summary
    Per-employee/member breakdown of claim costs with subtotals at the family, location, and group level

29. Eligibility Analysis
    Eligibility details and claim cost with drill-down

30. Eligibility By Tier
    Eligibility counts based on enrollment tier

31. Eligibility Data Query
    Create ad-hoc and specialized reports detailing eligibility and information related to coverage dates. Create and save data filters and specify a timeframe for the report period. Filters can be saved

32. Flexible Claim Data Query
    Review plan's healthcare experience database for information related to costs or utilization. Specify a time period along with other data filtering criteria when using the query

Claim Analysis Overview

A-1 Manufacturing - Group ID: DEMO3

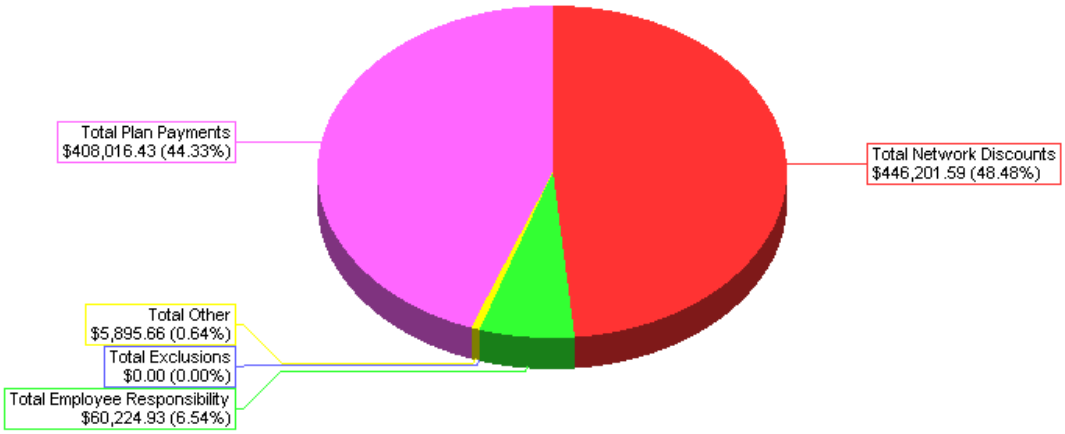
Output Generated: 11/12/2008

Date Range: Check Date 4/1/2008 through 6/30/2008

Comparisons: None

	Total	% of Face Value	Employee	% Employee	% of Face Value	Dependent	% Dependent	% of Face Value
Total Number of Claims Processed	1,716		688			1,028		
Total Number of Services	3,631		1,529			2,102		
Total Face Value of Claims	$920,338.61		$468,416.78	50.90%		$451,921.83	49.10%	
Total Network Discounts	$446,201.59	48.48%	$230,053.49	51.56%	49.11%	$216,148.10	48.44%	47.83%
Total Employee Responsibility	$60,224.93	6.54%	$25,271.15	41.96%	5.40%	$34,953.78	58.04%	7.73%
Total Exclusions	$0.00	0.00%	$0.00	N/A	0.00%	$0.00	N/A	0.00%
Total Other Insurance	$5,895.66	0.64%	$622.50	10.56%	0.13%	$5,273.16	89.44%	1.17%
Total Plan Payment	$408,016.43	44.33%	$212,469.64	52.07%	45.36%	$195,546.79	47.93%	43.27%

Cost Distribution



This report provides an overview of claim expenditures, network discounts and employee responsibility. These costs are broken out by employee and dependent for further analysis.

Normative Comparison Summary

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 7/1/2007 through 6/30/2008

Comparisons: None

Enrollments, Payments & Savings	
Health Plan Enrollment Contracts	236
Total Health Plan Members	576
Members per Contract	2.44
Average Member Age	37.74
Average Employee Age	49.72

Plan Payment by Claim Type	
Inpatient Facility	$194,597.91
Outpatient Facility	$391,393.79
Inpatient Professional	$33,581.41
Outpatient Professional	$595,807.16
Dental	$154,610.56
Total Plan Payment	$1,369,990.83

Total Charges	$3,131,186.92
Total Plan Payment	$1,369,990.83
Employee Responsibility	$206,538.23
Other Insurance COB	$21,864.48
Overall N/W Savings Amount	$1,532,793.38
Overall N/W Savings Percent	48.95%

Utilization Statistics

Claim Type	Statistics	Group	Norm	% Difference	Norm Category
All Medical Claims	Services/1000 Members	24,142			
	Plan Payment/Member	$2,110.04			
	Plan Payment/Contract	$5,149.92	$8,163.45	-36.91%	National, Overall*
	Plan Payment/Contract	$5,149.92	$8,202.47	-37.22%	200 or More EEs*
	Plan Payment/Contract	$5,149.92	$8,234.22	-37.46%	Midwest Region*
	Plan Payment/Contract	$5,149.92	$7,580.50	-32.06%	Agriculture/Mining/Construction*
Inpatient Facility	Services/1000 Members	1,694			
	Plan Payment/Member	$337.84			
	Plan Payment/Contract	$824.57			
	Admissions/1000 Members	0			
	Average Length of Stay (Days)	N/A			
	Days/1000 Members	0			
Outpatient Facility	Services/1000 Members	6,646			
	Plan Payment/Member	$679.50			
	Plan Payment/Contract	$1,658.45			
Inpatient Professional	Services/1000 Members	155			
	Plan Payment/Member	$58.30			
	Plan Payment/Contract	$142.29			
Outpatient Professional	Services/1000 Members	10,458			
	Plan Payment/Member	$1,034.39			
	Plan Payment/Contract	$2,524.61			

** Derived from:* ***Employer Health Benefits 2007 Annual Survey (#7672)****,*
The Henry J. Kaiser Family Foundation and HRET, September 2007

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Per-Network Savings				
PPO	Charges	Exclusions	Discount Amount	% Savings
ABCPPO	$2,262,119.87	$0.00	$1,299,946.32	57.47%
DEFPPO	$40,811.76	$0.00	$4,171.62	10.22%
Other	$828,255.29	$0.00	$228,675.44	27.61%
Total	$3,131,186.92	$0.00	$1,532,793.38	48.95%

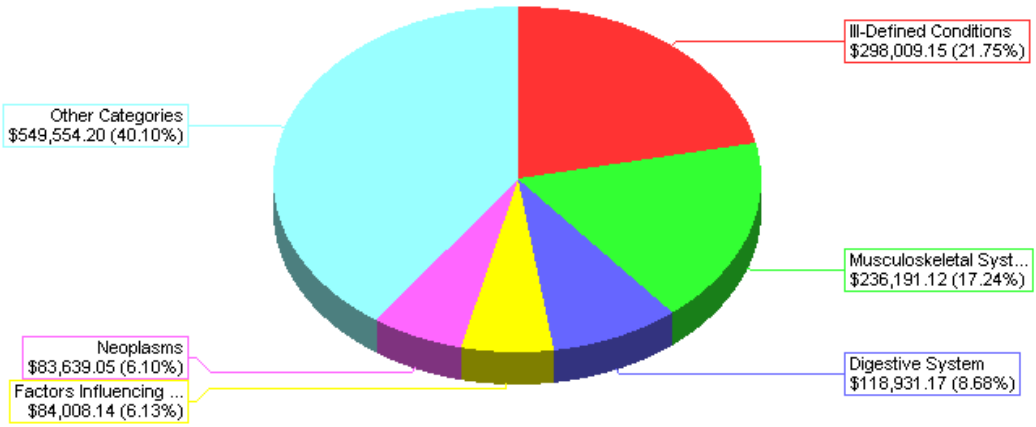
In-Network Statistics		
Number of Services	9748	(89.57%)
Plan Payment	$871,039.22	(84.42%)
Claim Type	% Services	% Plan Payment
Inpatient Facility	9.24%	21.17%
Outpatient Facility	36.12%	36.33%
Inpatient Professional	0.87%	3.74%
Outpatient Professional	53.70%	38.53%

Top Five Payees by Plan Payment

Total Payments: $1,369,990.83

Payee	% of Payments	Payments
ASSOCIATED ASSOC	27.80%	$380,923.25
ASSISTANCE INC	13.76%	$188,510.38
ASSOCIATED HOSPITAL	6.15%	$84,209.02
ASSISTANCE MEDICAL CENTER	3.33%	$45,659.54
ENDOCR ASSOC	2.95%	$40,357.46
All Other Payees	46.01%	$630,331.18

TOP 5 DIAGNOSIS GROUPS



Utilization Benchmark Summary

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 1/1/2008 through 6/30/2008

Comparisons: None

Benchmark Type	Value For Group	National Benchmark Value	Percent Difference
Office & ER Services			
% persons having at least one office visit, home visit or ER visit	56.4236%	38.9929%	45%
% persons under 18 who had at least one ER visit	5.7692%	8.6762%	-34%
% persons under 6 who had at least one ER visit	20.0000%	10.8203%	85%
% persons between 6 and 17 who had at least one ER visit	4.2553%	7.7288%	-45%
% persons between 18 and 64 who had at least one ER visit	3.8031%	8.6263%	-56%
% persons 65 and older who had at least one ER visit	4.0000%	11.8175%	-66%
Dental Services			
% persons under 18 who had at least one dental visit	97.1154%	37.9956%	156%
% persons between 18 and 64 who had at least one dental visit	55.0336%	31.6630%	74%
Mammography Services			
% women age 40 and over who received a mammogram	23.1343%	16.6542%	39%
% women age 40 to 49 who received a mammogram	27.6596%	15.8315%	75%
% women age 50 to 64 who received a mammogram	17.9487%	17.9008%	0%
% women age 64 and over who received a mammogram	36.3636%	15.9063%	129%
Infectious Diseases			
% persons presenting Hepatitis cases	0.0000%	0.0017%	-100%
% persons presenting Tuberculosis cases	0.1736%	0.0024%	7,154%
% persons presenting STD cases (Syphilis, Chlamydia, Gonorrhea)	0.0000%	0.2291%	-100%
% persons presenting Symptomatic HIV cases	0.0000%	0.0069%	-100%
Cancers			
% persons presenting Cancer cases (All Types)	1.0417%	0.2227%	368%
% persons presenting Lung Cancer cases	0.0000%	0.0277%	-100%
% persons presenting Colon and Rectum Cancer cases	0.0000%	0.0238%	-100%
% persons presenting Prostate Cancer cases	0.1736%	0.0794%	119%
% persons presenting Breast Cancer cases	0.5208%	0.0603%	763%
% persons presenting Leukemia cases	0.1736%	0.0061%	2,766%
Diabetes			
% persons having services associated with physician-diagnosed, non-pregnancy diabetes	3.2986%	3.6400%	-9%

This application displays a summary of your group's utilization versus selected benchmark values. The benchmark values were derived from information supplied through the United States Department of Health and Human Services, Centers for Disease Control and Prevention. Note that if a particular service is not available through your plan, this application will show little or no utilization for that service category.

Shock Claim Summary

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 1/1/2008 through 6/30/2008

Comparisons: None

Excluded Prescription Details from PBM
Included Prescription Payments from Adjudication System

Shock Claim Threshold: $20,000.00

# of members with claims above threshold:	**4**
Total Plan Payment in claims above threshold:	**$17,260.59**
Total Plan Payment for claimants with claims above threshold:	**$97,260.59**
Total Plan Payment in claims:	**$731,163.39**

Member #	Total Plan Payment	Most Expensive Primary Diagnosis	Total Charge	Plan Payment	Provider
1	$26,124.77	558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	$24,504.78	$11,923.53	ASSISTANCE MEDICAL CENTER
		555 - REGIONAL ENTERITIS	$4,603.57	$3,848.08	ASSOCIATED ASSOC
		558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	$4,489.75	$3,421.00	PARTNERS SPECIALIST
2	$25,912.63	72210 - LUMBAR DISC DISPLACEMENT	$11,823.22	$10,050.59	ASSOCIATED MEDICAL CENTER
		722 - INTERVERTEBRAL DISC DISORDERS	$10,886.00	$9,047.28	ASSOCIATED ASSOC
		72210 - LUMBAR DISC DISPLACEMENT	$5,988.16	$2,246.74	ASSOCIATED ASSOC
3	$23,173.19	72764 - RUPT FLEXOR TENDON HAND	$9,428.40	$4,947.78	ASSOCIATED ASSOC
		78909 - ABDMNAL PAIN OTH SPCF ST	$7,221.00	$4,838.03	ASSOCIATED MEDICAL CENTER
		75310 - CYSTIC KIDNEY DISEAS NOS	$5,928.50	$3,972.08	ASSOCIATED ASSOC
4	$22,050.00	7260 - ADHESIVE CAPSULIT SHLDER	$20,093.00	$18,065.00	ASSOCIATED ASSOC
		727 - OTHER DISORDERS OF SYNOVIUM, TENDON, AND BURSA	$6,993.00	$2,596.00	ASSOCIATED BONE & JOINT
		726 - PERIPHERAL ENTHESOPATHIES AND ALLIED SYNDROMES	$1,116.00	$718.00	ASSOCIATED BONE & JOINT

This report lists those claimants whose total paid claims during the period specified were greater than or equal to the amount shown. Entries are shown in descending order of total dollars paid. Amounts shown may not reflect adjustments or reversals made outside the specified time period shown on this report.

Monthly Cost Summary

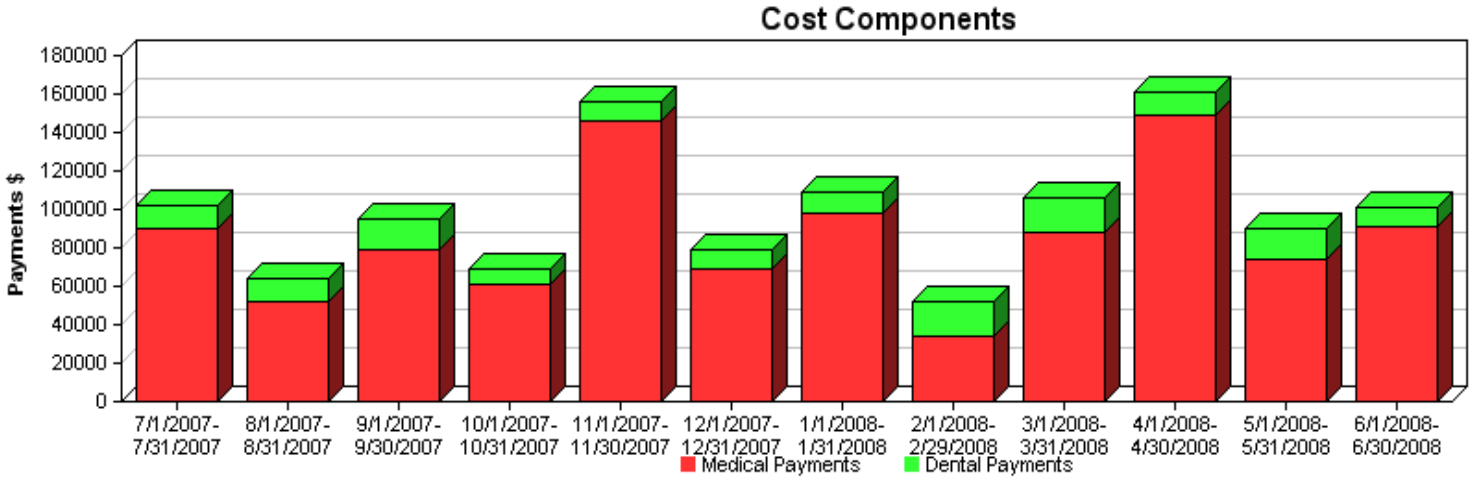
A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 7/1/2007 through 6/30/2008

Comparisons: None

Date Range	7/1/2007 7/31/2007	8/1/2007 8/31/2007	9/1/2007 9/30/2007	10/1/2007 10/31/2007	11/1/2007 11/30/2007	12/1/2007 12/31/2007	1/1/2008 1/31/2008	2/1/2008 2/29/2008	3/1/2008 3/31/2008	4/1/2008 4/30/2008	5/1/2008 5/31/2008	6/1/2008 6/30/2008	Average/ Total
Employees	236	236	236	236	236	236	236	236	236	236	236	236	236
Members	576	576	576	576	576	576	576	576	576	576	576	576	576
Medical Plan Payment	$89,889.01	$52,442.86	$78,839.48	$61,285.60	$145,630.65	$68,928.73	$97,589.07	$34,159.34	$88,060.20	$149,006.57	$74,491.73	$91,464.45	$1,031,787.69
Dental Plan Payment	$12,028.00	$11,393.60	$15,772.84	$7,626.10	$10,579.70	$9,909.02	$11,081.90	$17,766.20	$18,083.90	$12,451.50	$15,273.70	$9,079.30	$151,045.76
Other Plan Payment	$6,653.54	$12,410.44	$14,131.28	$13,955.84	$20,689.74	$6,661.01	$22,854.26	$14,897.98	$18,654.11	$18,771.73	$18,489.09	$18,988.36	$187,157.38
Total Plan Payment	$108,570.55	$76,246.90	$108,743.60	$82,867.54	$176,900.09	$85,498.76	$131,525.23	$66,823.52	$124,798.21	$180,229.80	$108,254.52	$119,532.11	$1,369,990.83



This report provides a monthly overview of claim expenditures.

Prescription Drug Summary

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 1/1/2008 through 6/30/2008

Comparisons: None

NETWORK SAVINGS

	# of ALL RX	Total Charges	(Discount Amount)	= Eligible Charges	Patient Responsibility	Plan Payment	Discount Percent *
GENERIC	1075	$35,762.20	$5,922.43	$29,839.77	$11,049.14	$18,790.63	16.56%
BRAND	1356	$157,368.61	$29,444.00	$127,924.61	$42,792.10	$85,132.51	18.71%
BRAND - DAW 1 (DR. REQUEST)	48	$4,381.12	$422.32	$3,958.80	$1,416.89	$2,541.91	9.64%
UNCLASSIFIABLE	6	$251.07	($2.34)	$253.41	$136.46	$116.95	-0.93%
TOTAL	2485	$197,763.00	$35,786.41	$161,976.59	$55,394.59	$106,582.00	18.10%

SOURCE ANALYSIS

	% of ALL RX	% of Total Charges	% of Eligible Charges	% of Plan Payment
GENERIC	43.26%	18.08%	18.42%	17.63%
BRAND	54.57%	79.57%	78.98%	79.88%
BRAND - DAW 1 (DR. REQUEST)	1.93%	2.22%	2.44%	2.38%
UNCLASSIFIABLE	0.24%	0.13%	0.16%	0.11%
TOTAL	100.00%	100.00%	100.00%	100.00%

TOTAL CHARGES, AVERAGE PER PRESCRIPTION

	# of ALL RX	Total Charges	AVG Charge/RX	Eligible Charges	AVG Eligible/RX	AVG Plan Payment/RX	AVG Patient Pmt/RX
GENERIC	1075	$35,762.20	$33.27	$29,839.77	$27.76	$17.48	$10.28
BRAND	1356	$157,368.61	$116.05	$127,924.61	$94.34	$62.78	$31.56
BRAND - DAW 1 (DR. REQUEST)	48	$4,381.12	$91.27	$3,958.80	$82.48	$52.96	$29.52
UNCLASSIFIABLE	6	$251.07	$41.85	$253.41	$42.24	$19.49	$22.74
TOTAL	2485	$197,763.00	$79.58	$161,976.59	$65.18	$42.89	$22.29

*** Discount % equals Discount Amount divided by Total Charges**
**** Prescriptions labeled as Unclassifiable include drugs whose dispensing details were not available from the provider. These often include drugs administered in a clinical setting.**

This report answers the following questions:
(1) What percent off of Total Charges are pharmacy networks saving my health benefit plan?
(2) What is the distribution of generic and brand name prescriptions (both by number and cost) in my benefit plan?
(3) How often are employees getting a brand name prescription when a generic is available?

(4) How often are employees getting a brand name prescription due to it being prescribed "dispense as written"?

Dental Service Summary

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 1/1/2008 through 6/30/2008

Comparisons: None

	# of Services	Total Charges	(Discount Amount)	Eligible Charges	Patient Responsibility	Plan Payment	Other	Discount Amount
Diagnostic Services	616	$23,192.00	$33.00	$23,159.00	$905.40	$18,373.90	$3,879.70	0.17%
Preventive Dental Services	491	$25,545.00	$14.00	$25,531.00	$0.00	$22,078.30	$3,452.70	0.06%
Restorative Dental Services	226	$51,677.00	$232.00	$51,445.00	$16,719.45	$23,819.80	$10,905.75	0.57%
Endodontics	14	$8,081.00	$0.00	$8,081.00	$1,508.98	$5,335.90	$1,236.12	0.00%
Periodontics	56	$8,738.00	$0.00	$8,738.00	$2,104.90	$5,527.60	$1,105.50	0.00%
Removable Prosthodontics	9	$5,075.00	$0.00	$5,075.00	$2,110.00	$2,051.00	$914.00	0.00%
Fixed Prosthodontics	23	$15,070.00	$0.00	$15,070.00	$3,138.00	$3,007.00	$8,925.00	0.00%
Oral and Maxillofacial Surgery	66	$13,499.00	$238.00	$13,261.00	$3,477.60	$5,281.40	$4,502.00	2.65%
Other Dental Procedures	57	$9,954.23	$56.50	$9,897.73	$1,898.13	$1,253.60	$6,746.00	1.76%
Total	**1558**	**$160,831.23**	**$573.50**	**$160,257.73**	**$31,862.46**	**$86,728.50**	**$41,666.77**	**0.48%**

This report indicates the types of services your dental dollars have provided.

Cost Distribution Summary

A-1 Manufacturing - Group ID: DEMO3

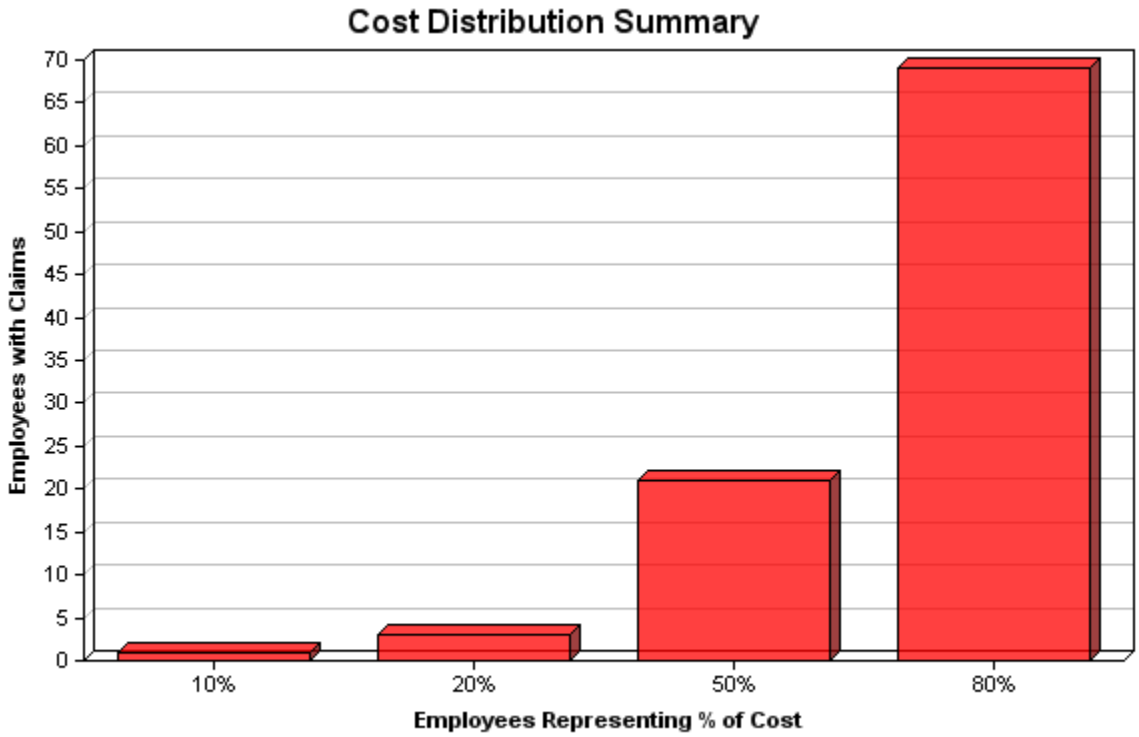
Output Generated: 11/12/2008

Date Range: Check Date 7/1/2007 through 6/30/2008

Comparisons: None

	# of Employees	% of Employees With Claims
Employees Representing 10% of Cost	1	0.38%
Employees Representing 20% of Cost	3	1.14%
Employees Representing 50% of Cost	21	7.98%
Employees Representing 80% of Cost	69	26.24%

Total Plan Payment: $1,369,990.83
Total Employees with Claims: 263



Cost by Age Group

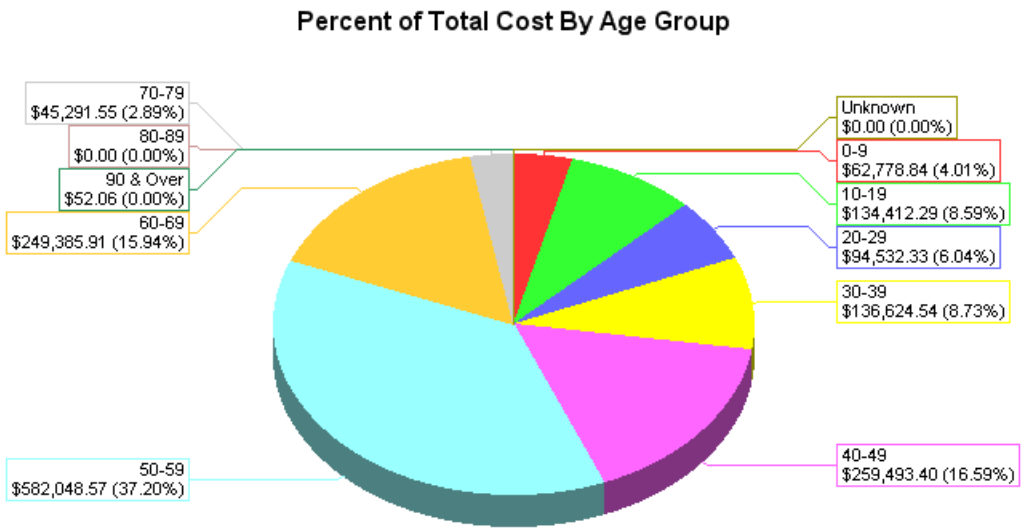
A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 7/1/2007 through 6/30/2008

Comparisons: None

Age Group	# of Clmnts	# of Empl Clmnts	# of Dep Clmnts	# of Svcs	Claim Amount	Network Discount	Network Discount % of Charges	Employee Resp	Employee Resp % of Charges	Plan Payment	Plan Payment % of Charges
0-9	92	0	92	1,131	$118,637.96	$41,057.24	34.61%	$14,801.88	12.48%	$62,778.84	52.92%
10-19	182	9	173	2,443	$292,016.68	$129,191.35	44.24%	$28,251.44	9.67%	$134,412.29	46.03%
20-29	95	17	78	1,228	$218,870.68	$102,392.41	46.78%	$21,724.14	9.93%	$94,532.33	43.19%
30-39	79	52	27	1,891	$320,570.47	$147,396.58	45.98%	$32,927.51	10.27%	$136,624.54	42.62%
40-49	134	76	58	3,695	$612,755.16	$287,285.48	46.88%	$60,562.28	9.88%	$259,493.40	42.35%
50-59	140	90	50	4,839	$1,114,114.22	$437,964.32	39.31%	$82,499.59	7.40%	$582,048.57	52.24%
60-69	54	37	17	2,555	$706,473.23	$407,312.40	57.65%	$49,442.72	7.00%	$249,385.91	35.30%
70-79	7	2	5	470	$96,562.28	$38,921.16	40.31%	$11,838.27	12.26%	$45,291.55	46.90%
80-89	0	0	0	0	$0.00	$0.00	N/A	$0.00	N/A	$0.00	N/A
90 & Over	1	0	1	2	$122.88	$10.82	8.81%	$60.00	48.83%	$52.06	42.37%
Total	**784**	**283**	**501**	**18,254**	**$3,480,123.56**	**$1,591,531.76**	**45.73%**	**$302,107.83**	**8.68%**	**$1,564,619.49**	**44.96%**
65 & Over	26	12	14	1,031	$171,797.25	$71,543.04	41.64%	$22,602.72	13.16%	$76,985.99	44.81%



This report can be used to monitor claim amounts and network discounts by age bands for your plan.

Plan Experience Summary

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/11/2008

Date Range: Check Date 1/1/2008 through 6/30/2008

Comparisons: None

Claim Summary

Date Range	1/1/2008 1/31/2008	2/1/2008 2/29/2008	3/1/2008 3/31/2008	4/1/2008 4/30/2008	5/1/2008 5/31/2008	6/1/2008 6/30/2008	Average/ Total
Total Charges	$279,501.72	$145,307.41	$368,449.20	$437,616.25	$200,034.66	$282,687.70	$1,713,596.94
N/W Discounts	$120,197.74	$67,687.63	$212,234.17	$231,541.61	$74,309.52	$140,350.46	$846,321.13
Employee Resp	$27,551.95	$5,994.78	$31,225.11	$25,221.98	$17,202.42	$17,800.53	$124,996.77
Exclusions	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Ins	$226.80	$4,801.48	$191.71	$622.86	$268.20	$5,004.60	$11,115.65
Plan Payment	$131,525.23	$66,823.52	$124,798.21	$180,229.80	$108,254.52	$119,532.11	$731,163.39
% of Charges	47.06%	45.99%	33.87%	41.18%	54.12%	42.28%	
Stop Loss Reimb	$0.00	$17,626.50	$0.00	$31,149.24	$0.00	$0.00	$48,775.74
Claims Cost - Total	$131,525.23	$49,197.02	$124,798.21	$149,080.56	$108,254.52	$119,532.11	$682,387.65
Employee	$75,373.22	$37,574.40	$62,831.60	$88,935.25	$71,144.46	$65,028.64	$66,814.60
Spouse	$30,278.08	$20,680.68	$26,190.95	$22,547.93	$13,903.62	$24,487.79	$23,014.84
Dependent	$25,873.93	$8,568.44	$35,775.66	$68,746.62	$23,206.44	$30,015.68	$32,031.13
Total Employees	237	237	237	237	237	237	237
Employee Only	94	94	94	94	94	94	94
Employee Plus Children	12	12	12	12	12	12	12
Employee Plus Spouse	41	41	41	41	41	41	41
Family	90	90	90	90	90	90	90
Cost Per Employee	$554.96	$281.96	$526.57	$760.46	$456.77	$504.35	$514.18
Claims Processed	616	293	888	594	463	659	3,513
Average Claim Cost	$266.28	$337.84	$176.99	$358.36	$304.40	$229.86	$278.95
Services Processed	1433	741	1975	1163	1034	1434	7,780
Average Service Cost	$114.47	$133.59	$79.58	$183.03	$136.30	$105.63	$125.43

Total Cost Summary

Date Range	1/1/2008 1/31/2008	2/1/2008 2/29/2008	3/1/2008 3/31/2008	4/1/2008 4/30/2008	5/1/2008 5/31/2008	6/1/2008 6/30/2008	Average/ Total
Plan Payment	$131,525.23	$66,823.52	$124,798.21	$180,229.80	$108,254.52	$119,532.11	$731,163.39
Other Expenses	$32,505.97	$32,163.92	$32,364.47	$32,633.32	$32,682.72	$31,946.57	$194,296.96
Stop Loss Premiums	$25,964.50	$25,740.00	$25,850.00	$25,960.00	$25,960.00	$26,210.00	$155,684.50
PPO Fees	$822.50	$819.00	$822.50	$822.50	$826.00	$0.00	$4,112.50
UM Fees	$352.50	$351.00	$352.50	$352.50	$354.00	$362.00	$2,124.50
Broker Fees	$1,275.72	$1,193.42	$1,275.72	$1,234.57	$1,275.72	$1,234.57	$7,489.71
Administration Fees	$3,327.00	$3,300.00	$3,300.00	$3,500.00	$3,500.00	$3,450.00	$20,377.00
Other Fees	$763.75	$760.50	$763.75	$763.75	$767.00	$690.00	$4,508.75
Total Plan Cost	$164,031.20	$98,987.44	$157,162.68	$212,863.12	$140,937.24	$151,478.68	$925,460.35
Total Cost Per Employee	$692.11	$417.67	$663.13	$898.16	$594.67	$639.15	$650.82

This report provides a monthly overview of claim expenditures.

Preventable Conditions

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 1/1/2008 through 6/30/2008

Comparisons: None

This table displays your group's experience with certain illnesses that may be modifiable using disease prevention and health promotion initiatives. Diseases and injuries are categorized as preventable when there is a modifiable factor that influences the development or severity of the condition. For example, hypertension, dietary fat, cholesterol, tobacco use, inadequate exercise and obesity are all modifiable factors that influence the risk of heart disease and stroke. Genetic predisposition and age also influence the risk of heart disease and stroke, but these factors cannot be modified.

Diagnosis Category	# of Admissions	Avg Length of Stay	Avg Plan Payment per day	# of Services	# of Patients	Avg Plan Payment per patient	Total Charges	Total Plan Payment	Diagnosis Prefixes Considered
Cerebrovascular Disease									
- Cerebral Hemorrhage	0.00	0.00	0.00	1.00	1.00	$0.00	$15,835.70	$0.00	430 - 432
- Occlusion Cerebral Artery	0.00	0.00	0.00	1.00	1.00	$26.00	$49.00	$26.00	433 - 434
- Trans-ischemic Attack	0.00	0.00	0.00	3.00	1.00	$920.25	$1,710.00	$920.25	435
- Stroke	0.00	0.00	0.00	18.00	1.00	$1,052.00	$2,032.00	$1,052.00	436
- Other Cerebrovascular Disease	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	437 - 438
Heart Disease									
- Heart Attack	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	410 & 412 - 413
- Other Acute Heart Disease	0.00	0.00	0.00	60.00	10.00	$454.93	$13,854.40	$4,549.30	411 & 420 - 427 & 429
- Chronic Heart Disease	0.00	0.00	0.00	27.00	4.00	$584.35	$3,520.00	$2,337.40	414
- Congestive Heart Failure	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	428
Manageable									
- Diabetes & Related	2.00	0.00	0.00	161.00	21.00	$617.60	$25,432.69	$12,969.55	250 & 357.2 & 362.00 & 366.41 & 648.0
- Asthma	0.00	0.00	0.00	44.00	12.00	$179.73	$3,868.53	$2,156.78	493
Vascular Disease									
- Arteriosclerosis	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	440
- Aneurysm	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	441 - 442
- Peripheral Vascular Disease	0.00	0.00	0.00	1.00	1.00	$115.00	$250.00	$115.00	443
Weight-Related Disease									
- Obesity/Hyperalimentation	0.00	0.00	0.00	1.00	1.00	$4.50	$10.00	$4.50	278
- Phlebitis	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	451
- Varicose Veins	0.00	0.00	0.00	0.00	0.00	$0.00	$0.00	$0.00	454
Totals:	2.00	0.00	0.00	317.00	53.00	$455.30	$66,562.32	$24,130.78	

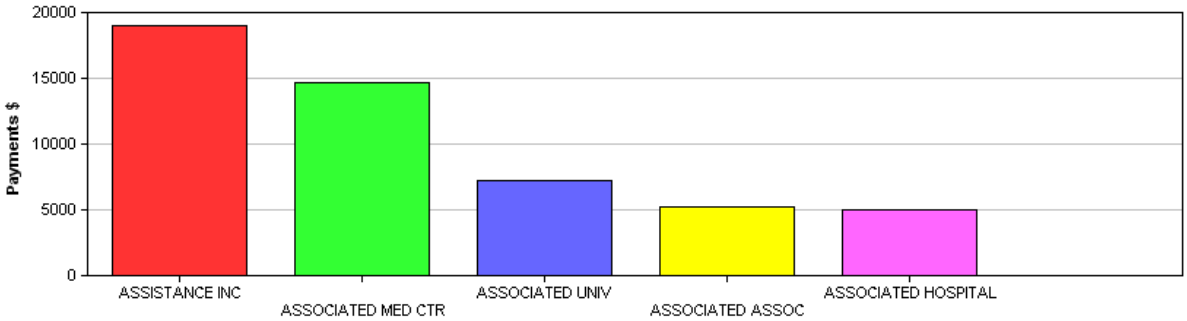
Top 10 Payee Names by Plan Payment Amount

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/1/2008 through 6/30/2008

Comparisons: None



Payee Name	Number of Services	Total Charge Amount	Discount Amount	Employee Responsibility Amount	Other Amount	Plan Payment Amount
ASSISTANCE INC	3	$18,988.36	$0.00	$0.00	$0.00	$18,988.36
ASSOCIATED MED CTR	43	$27,908.77	$9,708.80	$1,292.88	$2,249.03	$14,658.06
ASSOCIATED UNIV	8	$11,218.74	$3,765.92	$284.77	$0.00	$7,168.05
ASSOCIATED ASSOC	34	$7,828.00	$1,907.00	$77.00	$630.00	$5,214.00
ASSOCIATED HOSPITAL	45	$10,485.35	$1,980.97	$1,855.48	$1,684.10	$4,964.80
ASSOCIATED MEDICAL CENTER	9	$6,781.61	$1,898.23	$645.04	$30.00	$4,208.34
ASSOCIATED MEDICAL	44	$12,936.40	$8,292.60	$405.91	$898.00	$3,339.89
ASSOCIATED CENTER	27	$4,962.75	$1,134.57	$662.09	$1,149.75	$2,016.34
ASSOCIATED ANESTHESIA	9	$4,393.33	$983.50	$130.23	$1,423.33	$1,856.27
ENDOCR GREEN HOSP	2	$1,990.00	$199.00	$0.00	$15.00	$1,776.00
Total in Top 10	224	$107,493.31	$29,870.59	$5,353.40	$8,079.21	$64,190.11
All Other	1,210	$175,194.39	$29,673.81	$12,447.13	$77,731.45	$55,342.00
Grand Total	1,434	$282,687.70	$59,544.40	$17,800.53	$85,810.66	$119,532.11

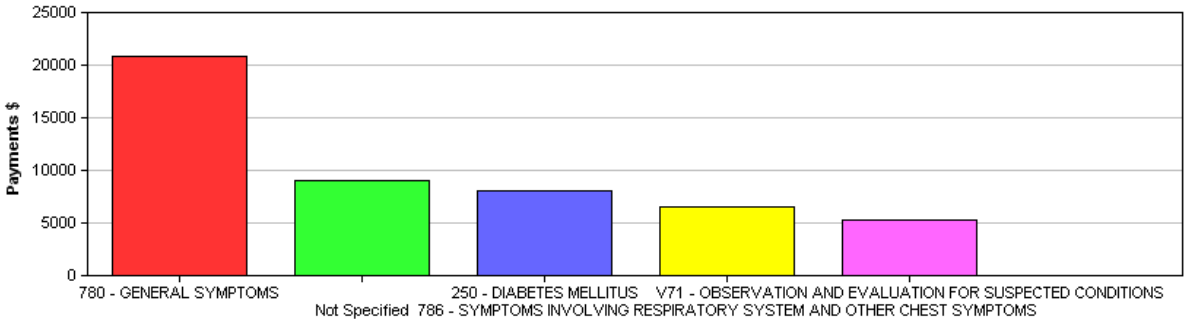
Top 10 Primary Diagnosis by Plan Payment Amount

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/1/2008 through 6/30/2008

Comparisons: None



Primary Diagnosis	Number of Services	Total Charge Amount	Discount Amount	Employee Responsibility Amount	Other Amount	Plan Payment Amount
780 - GENERAL SYMPTOMS	25	$21,164.72	$362.53	$4.30	$15.00	$20,782.89
Not Specified	189	$21,187.00	$185.00	$2,631.70	$9,291.00	$9,079.30
250 - DIABETES MELLITUS	30	$12,215.80	$3,275.13	$544.01	$280.40	$8,116.26
786 - SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	16	$11,283.70	$3,402.90	$953.93	$349.50	$6,577.37
V71 - OBSERVATION AND EVALUATION FOR SUSPECTED CONDITIONS	1	$8,019.74	$2,405.92	$276.07	$0.00	$5,337.75
75310 - CYSTIC KIDNEY DISEAS NOS	4	$5,928.50	$1,956.42	$0.00	$0.00	$3,972.08
727 - OTHER DISORDERS OF SYNOVIUM, TENDON, AND BURSA	3	$2,503.00	$62.10	$0.00	$15.00	$2,425.90
78605 - SHORTNESS OF BREATH	12	$3,561.00	$1,054.20	$371.70	$0.00	$2,135.10
664 - TRAUMA TO PERINEUM AND VULVA DURING DELIVERY	2	$6,192.26	$3,952.26	$224.00	$0.00	$2,016.00
650 - NORMAL DELIVERY	3	$3,152.00	$1,020.50	$229.53	$0.00	$1,901.97
Total in Top 10	285	$95,207.72	$17,676.96	$5,235.24	$9,950.90	$62,344.62
All Other	1,149	$187,479.98	$41,867.44	$12,565.29	$75,859.76	$57,187.49
Grand Total	1,434	$282,687.70	$59,544.40	$17,800.53	$85,810.66	$119,532.11

Service Type Analysis

Service Type: All Procedures

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/1/2008 through 6/30/2008
Comparisons: None

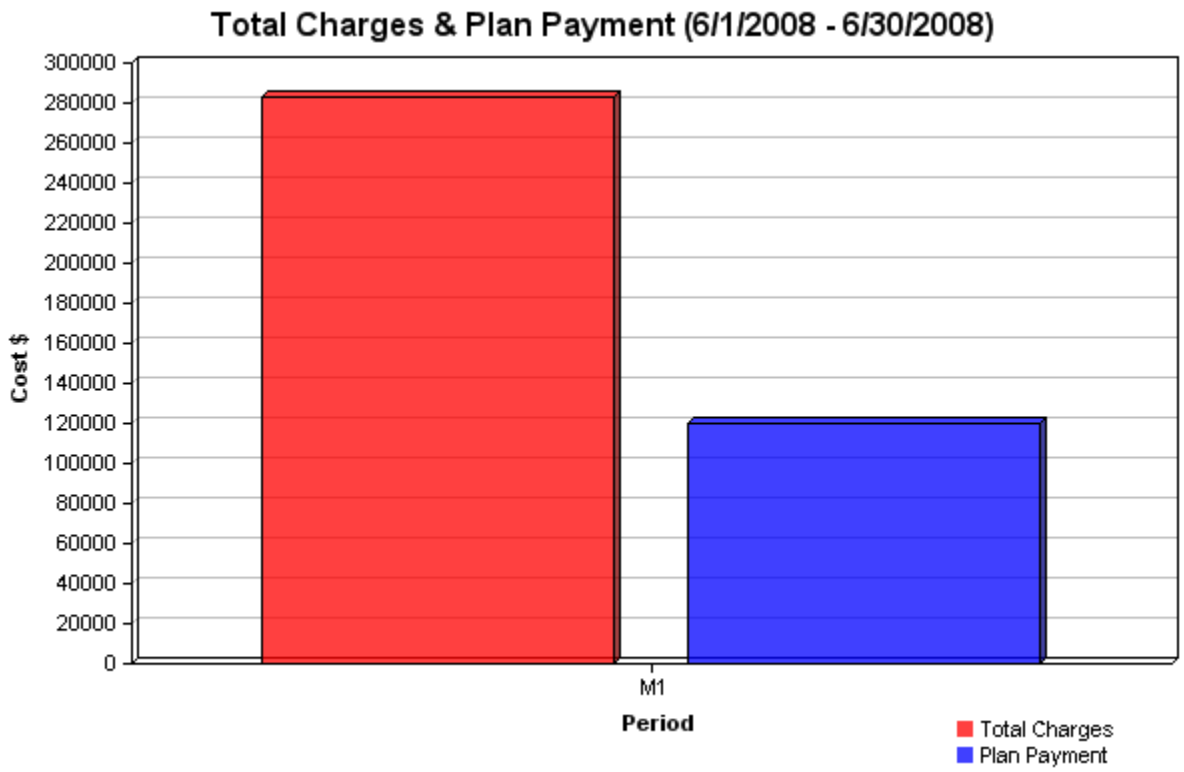
Per-Procedure Overview

Procedure	# of Services	Total Amount	Payment Amount
Unspecified	189	$109,127.80	$56,231.75
00300 - ANESTH, HEAD/NECK/PTRUNK	1	$1,248.00	$1,010.88
00400 - ANESTH, SKIN, EXT/PER/ATRUNK	1	$650.00	$585.00
00810 - ANESTH, LOW INTESTINE SCOPE	1	$989.50	$791.60
00918 - ANESTH, STONE REMOVAL	1	$630.00	$450.00
01402 - ANESTH, KNEE ARTHROPLASTY	1	$1,296.00	$129.60
01810 - ANESTH, LOWER ARM SURGERY	1	$2,212.00	$2,212.00
01967 - ANESTH/ANALG, VAG DELIVERY	1	$1,265.00	$1,008.27
11040 - DEBRIDE SKIN, PARTIAL	1	$83.00	$47.00
11055 - TRIM SKIN LESION	1	$59.22	$0.00
11100 - BIOPSY, SKIN LESION	2	$261.00	$167.00
11300 - SHAVE SKIN LESION	1	$300.00	$144.20
11900 - INJECTION INTO SKIN LESIONS	1	$60.00	$0.00
17000 - DESTRUCT PREMALG LESION	2	$255.00	$168.00
17003 - DESTRUCT PREMALG LES, 2-14	1	$75.00	$30.00
17110 - DESTRUCT B9 LESION, 1-14	1	$140.00	$66.00
20610 - DRAIN/INJECT, JOINT/BURSA	2	$660.00	$495.00
29881 - KNEE ARTHROSCOPY/SURGERY	1	$858.33	$0.00
36415 - ROUTINE VENIPUNCTURE	42	$712.05	$316.44
36416 - CAPILLARY BLOOD DRAW	1	$23.00	$7.20
41899 - DENTAL SURGERY PROCEDURE	5	$4,910.00	$2,220.50
42410 - EXCISE PAROTID GLAND/LESION	1	$4,375.00	$521.10
43239 - UPPER GI ENDOSCOPY, BIOPSY	3	$2,309.00	$944.10
43249 - ESOPH ENDOSCOPY, DILATION	1	$1,084.00	$0.00
43251 - OPERATIVE UPPER GI ENDOSCOPY	1	$930.00	$277.20
44389 - COLONOSCOPY WITH BIOPSY	1	$574.00	$574.00
45378 - DIAGNOSTIC COLONOSCOPY	1	$980.00	$284.40
55700 - BIOPSY OF PROSTATE	1	$441.00	$155.00
58100 - BIOPSY OF UTERUS LINING	1	$585.00	$91.00
59020 - FETAL CONTRACT STRESS TEST	1	$155.00	$79.00
59025 - FETAL NON-STRESS TEST	3	$494.00	$147.40
59409 - OBSTETRICAL CARE	2	$1,887.00	$893.70
59426 - ANTEPARTUM CARE ONLY	1	$72.00	$72.00
62310 - INJECT SPINE C/T	1	$900.00	$227.00
63030 - LOW BACK DISK SURGERY	4	$27,500.00	$0.00
64450 - N BLOCK, OTHER PERIPHERAL	1	$199.00	$0.00
69210 - REMOVE IMPACTED EAR WAX	2	$181.00	$141.00
70030 - X-RAY EYE FOR FOREIGN BODY	1	$65.00	$52.00
70553 - MRI BRAIN W/O & W/DYE	1	$381.00	$0.00
71010 - CHEST X-RAY	1	$50.00	$27.00
71020 - CHEST X-RAY	7	$510.00	$219.19
71100 - X-RAY EXAM OF RIBS	1	$77.00	$0.00
71275 - CT ANGIOGRAPHY, CHEST	1	$376.00	$338.40

	2	$1,050.00	$0.00
D8660 - PREORTHODONTIC TX VISIT	1	$44.00	$0.00
D8670 - PERIODIC ORTHODONTC TX VISIT	1	$127.00	$0.00
D9220 - GENERAL ANESTHESIA	2	$805.00	$0.00
D9230 - ANALGESIA	3	$134.00	$0.00
D9310 - DENTAL CONSULTATION	1	$75.00	$0.00
D9630 - OTHER DRUGS/MEDICAMENTS	4	$180.00	$0.00
D9920 - BEHAVIOR MANAGEMENT	1	$47.00	$0.00
E0935 - CONT PAS MOTION EXERCISE DEV	1	$120.00	$0.00
G0001 - DRAWING BLOOD FOR SPECIMEN	2	$22.00	$20.50
G0107 - CA SCREEN; FECAL BLOOD TEST	1	$6.00	$5.40
J0704 - BETAMETHASONE SOD PHOSP/4 MG	1	$64.00	$0.00
J1020 - METHYLPREDNISOLONE 20 MG INJ	1	$30.00	$27.00
J1040 - METHYLPREDNISOLONE 80 MG INJ	1	$60.00	$54.00
J1100 - DEXAMETHASONE SODIUM PHOS	4	$152.00	$132.30
J3487 - ZOLEDRONIC ACID	1	$1,515.00	$1,350.00
J7619 - ALBUTEROL INH SOL U D	1	$21.00	$5.40
L1845 - KO W/ ADJ FLEX/EXT ROTAT CUS	1	$1,016.00	$457.60
L1930 - AFO PLASTIC	2	$382.00	$171.90
L2435 - KNEE JOINT POLYCENTRIC JOINT	1	$464.00	$230.40
L2810 - KNEE CONTROL CONDYLAR PAD	1	$198.00	$108.80
L2820 - SOFT INTERFACE BELOW KNEE SE	1	$99.00	$60.80
L2830 - SOFT INTERFACE ABOVE KNEE SE	1	$107.00	$64.80
L3000 - FT INSERT UCB BERKELEY SHELL	2	$600.00	$0.00
L4210 - ORTH DEV REPAIR/REPL MINOR P	1	$75.00	$0.00
Q0091 - OBTAINING SCREEN PAP SMEAR	2	$90.00	$67.50
S9999 - SALES TAX	1	$139.00	$0.00
Total Procedures: 350	1434	$282,687.70	$119,532.11

Tabulation Frequency: Monthly

Interval Date	# of Services	Total Amount	Payment Amount
6/1/2008 - 6/30/2008	1434	$282,687.70	$119,532.11
Totals	1434	$282,687.70	$119,532.11



Provider Cost Comparison

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/1/2008 through 6/30/2008
Comparisons: None

Provider 1: ASSOCIATED ASSOC
Provider 2: ASSISTANCE ASSOC
Procedures Searched: 99058,99201-99205,99211-99215,99241-99245,99354-99355,D9430,D9440

Procedure	Expected Nat/Reg/St Cost	ASSOCIATED ASSOC Number Of Services	ASSOCIATED ASSOC Average Total Charge	ASSOCIATED ASSOC Average Provider Payment	ASSISTANCE ASSOC Number Of Services	ASSISTANCE ASSOC Average Total Charge	ASSISTANCE ASSOC Average Provider Payment
99202 - OFFICE/OUTPATIENT VISIT NEW	$57.03 / $57.44 / $53.85	1	$105.00	$60.00	0	$0.00	$0.00
99203 - OFFICE/OUTPATIENT VISIT NEW	$87.72 / $88.61 / $82.54	1	$152.00	$113.00	0	$0.00	$0.00
99205 - OFFICE/OUTPATIENT VISIT NEW	$188.51 / $189.67 / $178.69	1	$271.20	$245.00	0	$0.00	$0.00
99212 - OFFICE/OUTPATIENT VISIT EST	$29.24 / $29.53 / $27.50	9	$65.00	$22.22	2	$80.00	$26.00
99213 - OFFICE/OUTPATIENT VISIT EST	$55.12 / $55.24 / $52.72	29	$76.10	$40.83	1	$61.00	$41.00
99214 - OFFICE/OUTPATIENT VISIT EST	$86.89 / $87.09 / $82.90	7	$107.71	$61.00	0	$0.00	$0.00
99215 - OFFICE/OUTPATIENT VISIT EST	$125.10 / $125.48 / $119.00	1	$217.00	$115.00	0	$0.00	$0.00
99242 - OFFICE CONSULTATION	$88.18 / $89.26 / $82.75	1	$132.00	$83.00	1	$194.00	$103.00
99243 - OFFICE CONSULTATION	$121.90 / $123.25 / $114.63	2	$225.00	$121.50	0	$0.00	$0.00
99244 - OFFICE CONSULTATION	$190.96 / $192.28 / $180.78	1	$285.00	$243.00	0	$0.00	$0.00
99245 - OFFICE CONSULTATION	$241.52 / $243.28 / $228.27	1	$288.00	$0.00	0	$0.00	$0.00

Payee Analysis

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 4/1/2008 through 6/30/2008
Comparisons: None

Payee	Tax ID	# of Services	Total Amount	Discount Amount	Employee Responsibility	Other	Payment Amount
ASSISTANCE INC	994487728	12	$56,249.18	$0.00	$0.00	$0.00	$56,249.18
ASSOCIATED SURGERY	998721183	6	$18,493.00	$0.00	$1,759.00	$0.00	$16,734.00
ASSOCIATED MEDICAL CENTER	994723725	39	$25,796.14	$0.00	$514.44	$12,252.39	$13,029.31
ASSOCIATED MEDICAL	994236882	64	$34,342.30	$12,265.79	$1,271.60	$9,105.70	$11,699.21
CREATIVE MEDICAL CENTER	996555362	10	$11,823.22	$528.98	$0.00	$1,243.65	$10,050.59
TEXAS M GREEN ASSOCIATED LAB	995342388	10	$10,886.00	$0.00	$1,133.72	$705.00	$9,047.28
ASSOCIATED INC	992687584	7	$8,934.00	$0.00	$0.00	$0.00	$8,934.00
ASSOCIATED MED CTR	995376135	20	$15,541.40	$5,067.84	$1,369.20	$184.50	$8,919.86
CREATIVE MEDICAL GROUP	998643547	26	$85,425.00	$49,272.40	$0.00	$28,164.00	$7,988.60
ASSOCIATED HOSP	996771164	5	$11,286.18	$2,821.54	$0.00	$500.00	$7,964.64
ASSOCIATED MED CTR	997762651	3	$9,555.90	$2,357.48	$483.25	$126.00	$6,589.17
ASSOCIATED UNIV	993582364	6	$20,084.52	$3,012.68	$631.96	$10,042.26	$6,397.62
ASSOCIATED HEALTHCARE	997525766	6	$8,752.96	$1,400.48	$1,168.26	$0.00	$6,184.22
CREATIVE HOSPITAL	997557721	25	$10,257.80	$2,341.77	$521.18	$1,281.00	$6,113.85
PARTNERS HOSPITAL	996453136	4	$45,777.53	$38,890.64	$1,076.98	$0.00	$5,809.91
THERAPUTIC MED CTR	998151625	4	$18,540.00	$3,670.00	$0.00	$9,270.00	$5,600.00
TREATMENT MEDICAL CENTER	992541454	24	$7,221.00	$2,382.97	$0.00	$0.00	$4,838.03
ASSOCIATED HOSPITAL	998357334	17	$6,686.00	$1,261.40	$608.12	$367.70	$4,448.78
THERAPUTIC HOSPITAL	996413761	1	$5,844.99	$1,169.00	$467.60	$0.00	$4,208.39
ASSOCIATED MEDICAL CENTER	993573428	7	$7,422.10	$2,138.02	$924.96	$295.40	$4,063.72
ASSOCIATED HOSP	993611571	3	$3,766.00	$0.00	$0.00	$0.00	$3,766.00
SPECIALISTS LAB MT	996383136	7	$4,597.75	$0.00	$21.60	$1,104.75	$3,471.40
ASSOCIATED CENTER	995122763	12	$5,518.88	$233.03	$1,113.76	$858.75	$3,313.34
ASSOCIATED HOSP	997276685	9	$4,225.00	$0.00	$964.33	$0.00	$3,260.67
SURGERY ANESTHESIA	991551754	2	$3,135.00	$0.00	$0.00	$0.00	$3,135.00
LAB TEXAS GREEN	998378117	8	$4,495.00	$1,203.00	$213.10	$30.00	$3,048.90
ASSISTANCE MED CTR	995122763	9	$7,531.91	$223.70	$1,221.66	$3,105.58	$2,980.97
ASSOCIATED MED CTR	993385745	11	$8,518.24	$4,996.85	$577.13	$0.00	$2,944.26
ASSISTANCE BONE & JOINT	998617124	31	$8,633.00	$4,605.00	$240.00	$852.00	$2,936.00
ENDOCR ENDOCR	992726848	28	$3,416.00	$0.00	$656.60	$7.00	$2,752.40
PARTNERS SMITH HOSP LAB	992428158	8	$3,286.32	$0.00	$0.00	$770.00	$2,516.32
ASSOCIATED HOSPITAL	991434446	26	$4,624.00	$566.89	$1,413.78	$135.00	$2,508.33
ASSOCIATED UNIV	993188586	16	$7,039.00	$1,439.00	$77.50	$3,094.00	$2,428.50
ASSOCIATED ASSOC	995868384	1	$2,212.00	$0.00	$0.00	$0.00	$2,212.00
ASSOCIATED CLINIC	998775482	55	$3,736.00	$715.00	$0.00	$929.00	$2,092.00
ASSOCIATED ANESTHESIOLOGISTS	995841628	3	$2,208.00	$220.80	$112.32	$0.00	$1,874.88
SURGERY ENDOCR	991862622	35	$2,281.00	$318.00	($95.00)	$240.00	$1,818.00
CARDIOLOGY GROUP	997621745	5	$2,975.00	$563.00	$611.40	$0.00	$1,800.60
GREEN CENTER	991347412	12	$11,665.00	$7,619.50	$346.80	$1,900.00	$1,798.70
SURGERY MED GROUP	995588586	28	$2,596.00	$281.40	$0.00	$522.37	$1,792.23
ENDOCR GREEN HOSP	994153131	2	$1,990.00	$199.00	$0.00	$15.00	$1,776.00
ASSOCIATED HOSP	994551547	4	$7,000.00	$4,380.00	$896.00	$0.00	$1,724.00
ASSOCIATED HOSPITAL	993287266	1	$2,483.00	$372.45	$436.06	$0.00	$1,674.49
ASSOCIATED ASSOC	996371735	1	$1,635.00	$0.00	$0.00	$0.00	$1,635.00
ENDOCR NUCLEAR	996145782	2	$1,732.00	$266.00	$0.00	$0.00	$1,466.00

PHYSICIANS MEDICAL	996314567	1	$248.08	$0.00	$0.00	$248.08	$0.00
REHAB R TEXAS LAB	998252174	3	$334.00	$0.00	$0.00	$334.00	$0.00
RX ENDOCR LAB	994512511	1	$75.00	$0.00	$0.00	$75.00	$0.00
SPECIALISTS MAXIL	995418127	1	$80.00	$0.00	$80.00	$0.00	$0.00
SURGERY GENTLE	997353648	1	$90.00	$0.00	$0.00	$90.00	$0.00
SURGERY HEALTHCARE	996561167	1	$1,000.00	$0.00	$0.00	$1,000.00	$0.00
SURGERY HOSP	995824411	2	$244.00	$0.00	$0.00	$244.00	$0.00
THERAPUTIC D D S	992278354	3	$113.00	$0.00	$0.00	$113.00	$0.00
THERAPUTIC SERVICES	993331144	2	$308.00	$0.00	$0.00	$308.00	$0.00
X DEF SPECIALISTS	996275758	1	$29.00	$0.00	$0.00	$29.00	$0.00
ASSOCIATED RADIOLOGY	994742477	3	($217.00)	$0.00	$2.50	$38.00	($257.50)
ASSOCIATED ASSOC	997416465	4	$0.00	($200.00)	$0.00	$560.00	($360.00)
Total Payees: 665		**3631**	**$920,338.61**	**$227,648.14**	**$60,224.93**	**$224,449.11**	**$408,016.43**

Diagnosis Analysis

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 4/1/2008 through 6/30/2008
Comparisons: None

Diagnosis Code	# of Services	Total Amount	Discount Amount	Employee Responsibility	Other	Payment Amount
780 - GENERAL SYMPTOMS	46	$59,316.92	$690.01	$4.30	$324.90	$58,297.71
Unknown	699	$64,425.55	$159.00	$10,679.98	$16,243.25	$37,343.32
722 - INTERVERTEBRAL DISC DISORDERS	38	$97,817.00	$48,760.40	$1,506.72	$29,832.00	$17,717.88
7260 - ADHESIVE CAPSULIT SHLDER	6	$18,493.00	$0.00	$1,759.00	$0.00	$16,734.00
558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	36	$29,284.53	$0.00	$328.86	$13,611.14	$15,344.53
72210 - LUMBAR DISC DISPLACEMENT	14	$17,811.38	$678.68	$597.64	$4,237.73	$12,297.33
786 - SYMPTOMS INVOLVING RESPIRATORY SYSTEM AND OTHER CHEST SYMPTOMS	32	$19,133.10	$3,661.10	$1,009.01	$3,689.90	$10,773.09
562 - DIVERTICULA OF INTESTINE	5	$48,552.83	$38,800.71	$825.00	$0.00	$8,927.12
250 - DIABETES MELLITUS	53	$13,512.54	$3,842.26	$544.01	$355.40	$8,770.87
29680 - BIPOLAR DISORDER NOS	8	$11,781.18	$3,039.54	$83.10	$500.00	$8,158.54
47410 - HYPERTROPHY T AND A	15	$9,415.80	$2,410.25	$376.83	$15.00	$6,613.72
723 - OTHER DISORDERS OF CERVICAL REGION	30	$23,588.00	$5,068.60	$1,578.00	$10,353.00	$6,588.40
7172 - DERANG POST MED MENISCUS	30	$18,211.40	$2,717.14	$492.34	$9,105.70	$5,896.22
V71 - OBSERVATION AND EVALUATION FOR SUSPECTED CONDITIONS	2	$16,039.48	$2,405.92	$276.07	$8,019.74	$5,337.75
650 - NORMAL DELIVERY	6	$11,708.15	$5,436.65	$1,057.53	$0.00	$5,213.97
72764 - RUPT FLEXOR TENDON HAND	15	$9,428.40	$3,111.42	$1,369.20	$0.00	$4,947.78
78909 - ABDMNAL PAIN OTH SPCF ST	24	$7,221.00	$2,382.97	$0.00	$0.00	$4,838.03
727 - OTHER DISORDERS OF SYNOVIUM TENDON AND BURSA	18	$14,734.00	$7,901.60	$346.80	$1,930.00	$4,555.60
71742 - DERANGE ANT LAT MENISCUS	1	$5,722.16	$915.55	$452.00	$0.00	$4,354.61
474 - CHRONIC DISEASE OF TONSILS AND ADENOIDS	1	$5,844.99	$1,169.00	$467.60	$0.00	$4,208.39
238 - NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES	12	$5,305.00	$0.00	$1,126.93	$94.00	$4,084.07
2111 - BENIGN NEOPLASM STOMACH	14	$6,984.50	$2,454.05	$453.05	$0.00	$4,077.40
198 - SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	7	$5,143.00	$851.00	$243.10	$30.00	$4,018.90
555 - REGIONAL ENTERITIS	39	$6,176.04	$479.29	$295.38	$1,386.34	$4,015.03
75310 - CYSTIC KIDNEY DISEAS NOS	4	$5,928.50	$1,956.42	$0.00	$0.00	$3,972.08
721 - SPONDYLOSIS AND ALLIED DISORDERS	2	$4,427.00	$856.60	$0.00	$0.00	$3,570.40
4738 - CHRONIC SINUSITIS NEC	2	$3,130.00	$0.00	$0.00	$0.00	$3,130.00
5303 - ESOPHAGEAL STRICTURE	10	$6,080.13	$1,049.76	$1,309.27	$1,084.00	$2,637.10
V202 - ROUTIN CHILD HEALTH EXAM	59	$4,813.58	$844.50	$555.00	$804.58	$2,609.50
724 - OTHER AND UNSPECIFIED DISORDERS OF BACK	83	$6,074.46	$139.80	$780.20	$2,626.66	$2,527.80
719 - OTHER AND UNSPECIFIED DISORDER OF JOINT	76	$6,961.90	$1,282.15	$269.68	$2,905.15	$2,504.92
4730 - CHR MAXILLARY SINUSITIS	2	$2,460.00	$0.00	$0.00	$0.00	$2,460.00
V72 - SPECIAL INVESTIGATIONS AND EXAMINATIONS	69	$5,334.41	$1,152.04	$156.60	$1,688.99	$2,336.78
575 - OTHER DISORDERS OF GALLBLADDER	3	$5,086.43	$2,786.43	$0.00	$0.00	$2,300.00
29689 - BIPOLAR DISORDER NEC	2	$2,746.32	$0.00	$0.00	$500.00	$2,246.32
4780 - HYPERTRPH NASAL TURBINAT	2	$2,236.00	$0.00	$0.00	$0.00	$2,236.00
717 - INTERNAL DERANGEMENT OF KNEE	16	$4,894.80	$2,105.73	$0.00	$631.00	$2,158.07
V76 - SPECIAL SCREENING FOR MALIGNANT NEOPLASMS	45	$3,335.05	$525.72	($50.00)	$720.40	$2,138.93

7271 - BUNION	7	$1,056.00	$0.00	$0.00	$1,056.00	$0.00
782 - SYMPTOMS INVOLVING SKIN AND OTHER INTEGUMENTARY TISSUE	1	$858.75	$0.00	$0.00	$858.75	$0.00
783 - SYMPTOMS CONCERNING NUTRITION METABOLISM AND DEVELOPMENT	3	$273.50	$0.00	$0.00	$273.50	$0.00
7866 - CHEST SWELLING/MASS/LUMP	3	$253.00	$0.00	$0.00	$253.00	$0.00
7890 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	1	$12.00	$0.00	$0.00	$12.00	$0.00
794 - NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDIES	1	$430.00	$295.00	$135.00	$0.00	$0.00
8020 - NASAL BONE FX-CLOSED	5	$1,297.61	$0.00	$0.00	$1,297.61	$0.00
815 - FRACTURE OF METACARPAL BONE(S)	8	$217.55	$0.00	$0.00	$217.55	$0.00
83804 - DISLOC METATARSAL NOS-CL	2	$244.00	$0.00	$0.00	$244.00	$0.00
84200 - SPRAIN OF WRIST NOS	3	$158.00	$0.00	$0.00	$158.00	$0.00
8472 - SPRAIN LUMBAR REGION	20	$1,814.24	$0.00	$0.00	$1,814.24	$0.00
892 - OPEN WOUND OF FOOT EXCEPT TOE(S) ALONE	2	$130.00	$0.00	$30.00	$100.00	$0.00
9100 - ABRASION HEAD	1	$49.00	$0.00	$0.00	$49.00	$0.00
920 - CONTUSION FACE/SCALP/NCK	1	$387.00	$0.00	$0.00	$387.00	$0.00
931 - FOREIGN BODY IN EAR	2	$292.00	$0.00	$0.00	$292.00	$0.00
938 - FOREIGN BODY GI NOS	2	$178.00	$120.00	$58.00	$0.00	$0.00
9593 - ELB/FOREARM/WRST INJ NOS	1	$158.00	$0.00	$0.00	$158.00	$0.00
9597 - LOWER LEG INJURY NOS	1	$70.00	$0.00	$0.00	$70.00	$0.00
995 - CERTAIN ADVERSE EFFECTS NOT ELSEWHERE CLASSIFIED	4	$687.50	$0.00	$686.00	$1.50	$0.00
9953 - ALLERGY UNSPECIFIED	3	$297.10	$98.71	$198.39	$0.00	$0.00
V26 - PROCREATIVE MANAGEMENT	1	$110.00	$36.00	$74.00	$0.00	$0.00
V54 - OTHER ORTHOPEDIC AFTERCARE	1	$141.00	$0.00	$0.00	$141.00	$0.00
V720 - EYE & VISION EXAMINATION	1	$35.00	$0.00	$0.00	$35.00	$0.00
V7285 - OTH SPECIFIED EXAM	1	$50.00	$4.88	$45.12	$0.00	$0.00
04111 - STAPHYLOCOCCUS AUREUS	2	$0.00	($120.00)	$0.00	$250.00	($130.00)
6826 - CELLULITIS OF LEG	2	$0.00	($80.00)	$0.00	$310.00	($230.00)
Total Diagnosis Codes: 455	**3631**	**$920,338.61**	**$227,648.14**	**$60,224.93**	**$224,449.11**	**$408,016.43**

Procedure Analysis

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 4/1/2008 through 6/30/2008
Comparisons: None

Procedure Description	# of Services	Total Amount	Discount Amount	Employee Responsibility	Other	Payment Amount
Unknown	486	$396,006.14	$96,167.61	$19,806.73	$63,827.32	$216,204.48
99213 - OFFICE/OUTPATIENT VISIT EST	237	$20,274.57	$3,215.83	$1,640.67	$6,037.35	$9,380.72
D1110 - DENTAL PROPHYLAXIS ADULT	116	$7,917.00	$14.00	$0.00	$715.90	$7,187.10
63030 - LOW BACK DISK SURGERY	6	$82,500.00	$48,606.40	$0.00	$27,500.00	$6,393.60
63056 - DECOMPRESS SPINAL CORD	2	$7,280.00	$0.00	$979.72	$0.00	$6,300.28
88305 - TISSUE EXAM BY PATHOLOGIST	22	$7,626.55	$756.90	$216.80	$1,654.65	$4,998.20
99214 - OFFICE/OUTPATIENT VISIT EST	71	$9,966.00	$1,506.00	$1,182.50	$2,970.00	$4,307.50
D0120 - PERIODIC ORAL EVALUATION	138	$4,642.00	$10.00	$0.00	$583.10	$4,048.90
J3487 - ZOLEDRONIC ACID	3	$4,545.00	$450.00	$180.00	$0.00	$3,915.00
00840 - ANESTH SURG LOWER ABDOMEN	1	$3,135.00	$0.00	$0.00	$0.00	$3,135.00
31255 - REMOVAL OF ETHMOID SINUS	2	$3,130.00	$0.00	$0.00	$0.00	$3,130.00
D3330 - ROOT CANAL THERAPY 3 CANALS	4	$3,322.00	$0.00	$666.38	$90.12	$2,565.50
99215 - OFFICE/OUTPATIENT VISIT EST	22	$4,342.00	$1,204.00	$60.00	$565.00	$2,513.00
31267 - ENDOSCOPY MAXILLARY SINUS	2	$2,460.00	$0.00	$0.00	$0.00	$2,460.00
30140 - RESECT INFERIOR TURBINATE	2	$2,236.00	$0.00	$0.00	$0.00	$2,236.00
41899 - DENTAL SURGERY PROCEDURE	5	$4,910.00	$199.00	$540.50	$1,950.00	$2,220.50
01810 - ANESTH LOWER ARM SURGERY	1	$2,212.00	$0.00	$0.00	$0.00	$2,212.00
D1120 - DENTAL PROPHYLAXIS CHILD	40	$1,929.00	$0.00	$0.00	$108.00	$1,821.00
29881 - KNEE ARTHROSCOPY/SURGERY	5	$13,169.33	$5,898.00	$164.05	$5,387.33	$1,719.95
72148 - MRI LUMBAR SPINE W/O DYE	4	$4,445.00	$0.00	$1,534.60	$1,200.00	$1,710.40
99203 - OFFICE/OUTPATIENT VISIT NEW	24	$3,419.56	$562.78	$90.00	$1,071.78	$1,695.00
00810 - ANESTH LOW INTESTINE SCOPE	4	$2,649.50	$0.00	$197.90	$780.00	$1,671.60
99396 - PREV VISIT EST AGE 40-64	17	$3,021.00	$521.90	$120.00	$727.00	$1,652.10
59400 - OBSTETRICAL CARE	1	$2,300.00	$240.00	$412.00	$0.00	$1,648.00
00630 - ANESTH SPINE CORD SURGERY	1	$1,635.00	$0.00	$0.00	$0.00	$1,635.00
D0274 - DENTAL BITEWINGS FOUR FILMS	40	$1,682.00	$0.00	$0.00	$80.00	$1,602.00
97110 - THERAPEUTIC EXERCISES	66	$5,990.96	$992.00	$129.00	$3,314.96	$1,555.00
D4341 - PERIODONTAL SCALING & ROOT	14	$2,350.00	$0.00	$488.00	$310.00	$1,552.00
42820 - REMOVE TONSILS AND ADENOIDS	2	$2,076.00	$496.00	$47.20	$0.00	$1,532.80
63057 - DECOMPRESS SPINE CORD ADD-ON	2	$1,417.00	$0.00	$0.00	$0.00	$1,417.00
D2391 - POST 1 SRFC RESINBASED CMPST	20	$2,327.00	$0.00	$922.20	$8.00	$1,396.80
00790 - ANESTH SURG UPPER ABDOMEN	1	$1,540.00	$154.00	$0.00	$0.00	$1,386.00
99243 - OFFICE CONSULTATION	15	$3,503.00	$786.00	$75.00	$1,283.00	$1,359.00
99244 - OFFICE CONSULTATION	11	$2,796.09	$352.03	$15.00	$1,080.06	$1,349.00
90806 - PSYTX OFF 45-50 MIN	31	$4,524.00	$1,032.00	$1,732.00	$430.00	$1,330.00
99285 - EMERGENCY DEPT VISIT	3	$1,417.00	$86.50	$33.75	$0.00	$1,296.75
D2331 - RESIN TWO SURFACES-ANTERIOR	11	$2,046.00	$73.00	$450.40	$233.00	$1,289.60
93510 - LEFT HEART CATHETERIZATION	2	$2,488.00	$0.00	$0.00	$1,244.00	$1,244.00
99212 - OFFICE/OUTPATIENT VISIT EST	59	$3,867.00	$591.00	$487.80	$1,584.00	$1,204.20
99395 - PREV VISIT EST AGE 18-39	12	$1,924.00	$380.00	$120.00	$299.00	$1,125.00

L3000 - FT INSERT UCB BERKELEY SHELL	2	$600.00	$0.00	$0.00	$600.00	$0.00
L3030 - FOOT ARCH SUPPORT REMOV PREM	2	$510.00	$0.00	$30.00	$480.00	$0.00
L3982 - UPPER EXT FX ORTHOSIS RAD/UL	1	$11.00	$0.00	$0.00	$11.00	$0.00
L4210 - ORTH DEV REPAIR/REPL MINOR P	1	$75.00	$0.00	$0.00	$75.00	$0.00
S9999 - SALES TAX	1	$139.00	$0.00	$137.50	$1.50	$0.00
V2020 - VISION SVCS FRAMES PURCHASES	1	$145.00	$0.00	$0.00	$145.00	$0.00
V2520 - CONTACT LENS HYDROPHILIC	1	$60.00	$0.00	$0.00	$60.00	$0.00
V2750 - ANTI-REFLECTIVE COATING	1	$75.00	$0.00	$0.00	$75.00	$0.00
V2799 - MISCELLANEOUS VISION SERVICE	1	$25.00	$0.00	$0.00	$25.00	$0.00
99232 - SUBSEQUENT HOSPITAL CARE	6	$354.00	($128.00)	$0.00	$495.00	($13.00)
99374 - HOME HEALTH CARE SUPERVISION	1	$0.00	($20.00)	$0.00	$185.00	($165.00)
72141 - MRI NECK SPINE W/O DYE	1	($280.00)	$0.00	$0.00	$0.00	($280.00)
Total Procedures: 574	**3631**	**$920,338.61**	**$227,648.14**	**$60,224.93**	**$224,449.11**	**$408,016.43**

Top 25 Prescription Drug Utilization by Drug

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 4/1/2008 through 6/30/2008
Comparisons: None

Rank	Drug Name(s)	Drug Class	# of Rx	Total Charges	Paid Amount	% of Total Paid Amount	Average Paid Per Rx	
1	AVONEX ADMIN PACK 30MCG S	UNSPECIFIED	1	4886.44	3102.81	5.5	3102.81	Details
2	NEXIUM CAPSULES DELAYED RELEASED	UNSPECIFIED	23	4310.81	2940.58	5.2	127.85	Details
3	LIPITOR TABLETS	HYPERLIPIDEMIA	26	4616.44	2918.88	5.2	112.26	Details
4	LIPITOR TABLETS	BLOOD GLUCOSE REGULATORS	24	2873.79	1512.13	2.7	63.01	Details
5	ACIPHEX TABLETS	DISORDERS ACID/PEPTIC	7	1597.52	1210.92	2.2	172.99	Details
6	RYTHMOL SR 425MG CAPSULE	UNSPECIFIED	2	1443.67	1204.47	2.1	602.24	Details
7	PREVACID CAPSULES DELAYED RELEASE	GASTROINTESTINAL MISCELLANEOUS	8	1461.45	960.7	1.7	120.09	Details
8	ZYRTEC TABLETS	ANTIHISTAMINES	23	2169.43	952.81	1.7	41.43	Details
9	BEXTRA TABLETS	NSAID	9	1372.23	873.19	1.6	97.02	Details
10	HUMALOG INJECTION	BLOOD GLUCOSE REGULATORS	12	1328.63	746.51	1.3	62.21	Details
11	ABILIFY 5MG TABLET	UNSPECIFIED	3	1097.97	736.56	1.3	245.52	Details
12	ZOLOFT TABLETS	ANTIDEPRESSANTS	18	1506.12	727.56	1.3	40.42	Details
13	OMEPRAZOLE DELAYED RELEASE CAPSULES	DISORDERS ACID/PEPTIC	2	753.26	693.09	1.2	346.55	Details
14	PRAVACHOL TABLETS	HYPERLIPIDEMIA	6	1076.81	684.61	1.2	114.1	Details
15	ALLEGRA TABLETS	UNSPECIFIED	15	1492.44	679.99	1.2	45.33	Details
16	CELEBREX CAPSULES	NSAID	10	1066.74	660.03	1.2	66	Details
17	SPORANOX CAPSULES	ANTIFUNGALS	3	845.41	632.28	1.1	210.76	Details
18	IMITREX INJECTION STATDOSE KIT	ANTIMIGRAINE/OTHER HEADACHES	1	736.86	625.8	1.1	625.8	Details
19	CONCERTA METHYLPHENIDATE HCL EXTENDED RELEASE TABL	ANOREXIANTS/CNS STIMULANTS	10	1285.4	615.2	1.1	61.52	Details
20	ZOCOR TABLETS	HYPERLIPIDEMIA	6	827.71	508.52	0.9	84.75	Details
21	PENTASA CAPSULES CONTROLLED RELEASE	UNSPECIFIED	4	1306.76	502.66	0.9	125.67	Details
22	GEODON CAPSULES	ANTIPSYCHOTICS/ANTIMANICS	2	591.98	474.94	0.8	237.47	Details
23	NORVASC TABLETS	ANTIHYPERTENSIVES	11	982.89	464.44	0.8	42.22	Details
24	CLARINEX TABLETS	ANTIHISTAMINES	9	1140.79	447.69	0.8	49.74	Details
25	NEURONTIN CAPSULES	ANTICONVULSANTS	3	656.68	439.43	0.8	146.48	Details

DISTRIBUTION OF PAID AMOUNT

	# of Prescriptions	Total Charges	Paid Amount	% of Total Rx Plan Spending	Average Paid Per Prescription
TOP 25 DRUGS	238	$41,428.23	$25,315.80	45.18%	$106.37
OTHER DRUGS	1039	$63,601.95	$30,712.62	54.82%	$29.56
TOTAL PLAN SHARE	1277	$105,030.18	$56,028.42	100.00%	$43.88

Payment Analysis

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/23/2008 through 6/30/2008
Comparisons: None

Check Date	Check #	Svc From	Svc Through	Claim Number	Provider Name	Total Amt	Discount Amt	Employee Resp	Other	Plan Payment
6/25/2008	1021	6/9/2008	6/9/2008	995568243	ASSOCIATED DENTAL	$310.00	$310.00	$0.00	$0.00	$0.00
6/26/2008	1021	8/11/2005	8/11/2005	991724334	ASSOCIATED ASSOC	$192.00	$192.00	$0.00	$0.00	$0.00
6/26/2008	1021	2/20/2008	2/20/2008	992487255	ASSOCIATED MEDICAL GROUP	$286.00	$271.00	$15.00	$0.00	$0.00
6/26/2008	1021	3/3/2008	3/3/2008	993413751	ASSOCIATED LAB	$270.00	$270.00	$0.00	$0.00	$0.00
6/26/2008	1021	5/31/2008	5/31/2008	997885368	CREATIVE SURGERY	$75.00	$75.00	$0.00	$0.00	$0.00
6/26/2008	1021	10/20/2007	10/20/2007	998267527	ASSOCIATED ASSOC	$63.55	$63.55	$0.00	$0.00	$0.00
6/28/2008	19272	6/13/2008	6/13/2008	991112511	ENDOCR PARTNERS	$145.00	$65.00	$15.00	$0.00	$65.00
6/28/2008	19301	5/31/2008	5/31/2008	991236186	ASSOCIATED ASSOC	$96.00	$13.00	$24.90	$0.00	$58.10
6/28/2008	1021	6/5/2008	6/5/2008	991312578	ASSOCIATED CHIROPRACTIC	$85.00	$85.00	$0.00	$0.00	$0.00
6/28/2008	19263	5/13/2008	5/13/2008	991333863	ASSOCIATED RADIOLOGY	$25.00	$0.00	$2.50	$0.00	$22.50
6/28/2008	19283	3/30/2008	3/30/2008	991345516	ASSOCIATED ASSOC	$105.00	$70.00	$0.00	$0.00	$35.00
6/28/2008	19268	6/13/2008	6/13/2008	991382643	ASSOCIATED PEDIATRICS	$119.00	$15.00	$15.00	$0.00	$89.00
6/28/2008	19267	5/21/2008	5/21/2008	991478845	ENDOCR CARDIOLOGY	$25.00	$0.00	$0.00	$0.00	$25.00
6/28/2008	19306	6/13/2008	6/13/2008	991488788	ASSOCIATED DENTAL	$199.00	$0.00	$0.00	$0.00	$199.00
6/28/2008	19296	6/6/2008	6/6/2008	991522814	ASSOCIATED MEDICINE	$227.00	$119.00	$0.00	$0.00	$108.00
6/28/2008	1021	6/14/2008	6/14/2008	991535315	SURGERY	$90.00	$90.00	$0.00	$0.00	$0.00
6/28/2008	19303	6/8/2008	6/8/2008	991564215	ENDOCR ENDOCR	$25.00	$4.00	$15.00	$0.00	$6.00
6/28/2008	19288	6/12/2008	6/12/2008	991664687	PARTNERS BRUNS	$295.00	$114.00	$76.20	$0.00	$104.80
6/28/2008	19265	5/17/2008	5/17/2008	991684133	ASSOCIATED RADIOLOGY	$94.00	$9.40	$0.00	$0.00	$84.60
6/28/2008	19261	5/31/2008	5/31/2008	991772823	ASSISTANCE ASSOC	$189.00	$111.00	$0.00	$0.00	$78.00
6/28/2008	19284	6/14/2008	6/14/2008	991856146	ASSOCIATED ASSOC	$925.00	$0.00	$437.50	$0.00	$487.50
6/28/2008	1021	1/27/2008	1/27/2008	991878443	ASSISTANCE ASSOC	$503.00	$503.00	$0.00	$0.00	$0.00
6/28/2008	19279	6/2/2008	6/2/2008	991888266	ASSOCIATED SURGERY	$20.00	$2.00	$0.00	$0.00	$18.00
6/28/2008	19293	6/20/2008	6/20/2008	991888765	ASSOCIATED DENTAL	$126.00	$0.00	$0.00	$0.00	$126.00
6/28/2008	19260	5/30/2008	5/30/2008	992132225	ASSOCIATED ASSOC	$207.00	$163.00	$0.00	$0.00	$44.00
6/28/2008	19258	6/13/2008	6/13/2008	992133152	GREEN SURGERY	$94.00	$37.00	$15.00	$0.00	$42.00
6/28/2008	19292	6/13/2008	6/13/2008	992135147	GREEN SURGERY	$745.00	$0.00	$397.50	$0.00	$347.50
6/28/2008	19279	6/2/2008	6/2/2008	992157641	ASSOCIATED SURGERY	$104.00	$10.40	$0.00	$0.00	$93.60
6/28/2008	1021	6/13/2008	6/13/2008	992218817	ASSOCIATED PHYSICIANS	$58.00	$58.00	$0.00	$0.00	$0.00
6/28/2008	19298	6/11/2008	6/11/2008	992314734	ASSOCIATED ASSOC	$293.88	$222.88	$0.00	$0.00	$71.00
6/28/2008	19304	6/21/2008	6/21/2008	992463568	ASSOCIATED HEART	$92.00	$0.00	$18.40	$0.00	$73.60
6/28/2008	19275	6/7/2008	6/7/2008	992515755	GREEN HOSP	$155.00	$70.00	$0.00	$0.00	$85.00
6/28/2008	19289	6/16/2008	6/16/2008	992626525	ENDOCR GREEN	$127.00	$0.00	$0.00	$0.00	$127.00
6/28/2008	19309	5/22/2008	5/22/2008	992714356	ASSOCIATED RADIOLOGY	$376.00	$0.00	$37.60	$0.00	$338.40
6/28/2008	19311	6/20/2008	6/20/2008	992758236	PARTNERS CARDIOLOGY	$115.00	$29.00	$0.00	$0.00	$86.00

6/28/2008	19282	5/25/2008	5/25/2008	993124527	ASSOCIATED PATHOLOGY	$40.20	$8.20	$0.00	$0.00	$32.00
6/28/2008	19299	6/13/2008	6/13/2008	993126224	CARE SURGERY	$600.00	$0.00	$120.00	$0.00	$480.00
6/28/2008	19266	5/17/2008	5/17/2008	993351426	SURGERY RADIOLOGICAL	$508.00	$0.00	$50.80	$0.00	$457.20
6/28/2008	19300	6/13/2008	6/13/2008	993385635	ASSOCIATED ASSOC	$67.00	$26.00	$0.00	$0.00	$41.00
6/28/2008	1021	6/6/2008	6/6/2008	993485713	ASSOCIATED LAB	$35.00	$35.00	$0.00	$0.00	$0.00
6/28/2008	19282	5/25/2008	5/25/2008	993557278	ASSOCIATED PATHOLOGY	$42.20	$13.20	$0.00	$0.00	$29.00
6/28/2008	19291	6/15/2008	6/15/2008	993583447	ASSOCIATED ASSOC	$580.00	$0.00	$156.00	$0.00	$424.00
6/28/2008	19308	6/5/2008	6/5/2008	993746835	SURGERY	$110.00	$30.00	$24.00	$0.00	$56.00
6/28/2008	19281	6/6/2008	6/6/2008	993747435	ASSOCIATED CLINIC	$254.00	$0.00	$0.00	$0.00	$254.00
6/28/2008	19269	6/12/2008	6/12/2008	993767845	ASSOCIATED ASSOC	$549.00	$211.20	$135.00	$0.00	$202.80
6/28/2008	19294	1/13/2008	1/13/2008	993783517	GREEN SURGERY	$45.00	$15.00	$0.00	$0.00	$30.00
6/28/2008	19262	6/13/2008	6/13/2008	993786738	ENDOCR ASSOC	$186.00	$73.00	$0.00	$0.00	$113.00
6/28/2008	19285	6/19/2008	6/19/2008	994115881	CREATIVE D.D.	$132.00	$20.00	$0.00	$0.00	$112.00
6/28/2008	19302	6/15/2008	6/15/2008	994122161	ASSOCIATED ASSOC	$334.00	$37.90	$105.00	$0.00	$191.10
6/28/2008	19290	6/21/2008	6/21/2008	994334211	ENDOCR D H M ENDOCR	$95.00	$0.00	$0.00	$0.00	$95.00
6/28/2008	19311	6/20/2008	6/20/2008	994368462	PARTNERS CARDIOLOGY	$147.00	$29.00	$0.00	$0.00	$118.00
6/28/2008	19274	6/11/2008	6/11/2008	994382371	ASSOCIATED ASSOC	$102.00	$30.00	$0.00	$0.00	$72.00
6/28/2008	19273	6/1/2008	6/1/2008	994465328	ASSOCIATED ASSOC	$87.00	$22.00	$0.00	$0.00	$65.00
6/28/2008	19267	2/14/2008	2/14/2008	994527222	ENDOCR CARDIOLOGY	$28.00	$0.00	$0.00	$0.00	$28.00
6/28/2008	19276	6/14/2008	6/14/2008	994651275	LAB HOSP	$320.00	$90.00	$0.00	$0.00	$230.00
6/28/2008	19267	5/21/2008	5/21/2008	995221386	ENDOCR CARDIOLOGY	$118.00	$8.00	$0.00	$0.00	$110.00
6/28/2008	19305	8/4/2007	8/4/2007	995328275	ASSOCIATED SURGERY	$179.00	$95.00	$16.80	$0.00	$67.20
6/28/2008	19313	6/14/2008	6/14/2008	995361131	ASSOCIATED HEART	$110.00	$52.00	$0.00	$0.00	$58.00
6/28/2008	19286	6/15/2008	6/15/2008	995366386	GREEN ENDOCR	$122.00	$0.00	$0.00	$0.00	$122.00
6/28/2008	19271	5/29/2008	5/29/2008	995633564	ENDOCR MEDICAL GROUP	$63.00	$6.00	$0.00	$0.00	$57.00
6/28/2008	19264	6/5/2008	6/5/2008	995718135	ASSISTANCE ASSOC	$1,265.00	$126.50	$130.23	$0.00	$1,008.27
6/28/2008	19310	5/31/2008	5/31/2008	995825816	CARDIOLOGY MED CTR	$53.00	$15.90	$3.71	$0.00	$33.39
6/28/2008	19287	3/6/2008	3/6/2008	995855881	ASSOCIATED ASSOC	$86.00	$28.00	$0.00	$0.00	$58.00
6/28/2008	19297	5/7/2008	5/7/2008	996183368	SURGERY	$110.00	$41.00	$0.00	$0.00	$69.00
6/28/2008	19277	12/9/2007	12/9/2007	996245413	PARTNERS PARTNERS	$125.00	$51.00	$15.00	$0.00	$59.00
6/28/2008	19277	1/2/2008	1/2/2008	996261462	PARTNERS PARTNERS	$330.00	$181.00	$30.00	$0.00	$119.00
6/28/2008	1021	6/1/2008	6/1/2008	996325874	GREEN SURGERY	$122.00	$122.00	$0.00	$0.00	$0.00
6/28/2008	19270	6/12/2008	6/12/2008	996434558	ASSOCIATED ASSOC	$221.00	$60.30	$0.00	$0.00	$160.70
6/28/2008	1021	3/26/2008	3/26/2008	996448324	ASSOCIATED MEDICINE	$498.72	$498.72	$0.00	$0.00	$0.00
6/28/2008	19311	6/20/2008	6/20/2008	996537414	PARTNERS CARDIOLOGY	$106.00	$0.00	$0.00	$0.00	$106.00
6/28/2008	19298	6/11/2008	6/11/2008	996555871	ASSOCIATED ASSOC	$293.52	$214.72	$0.00	$0.00	$78.80
6/28/2008	1021	9/20/2007	9/20/2007	996655373	ENDOCR GREEN	$44.00	$44.00	$0.00	$0.00	$0.00
6/28/2008	19282	5/25/2008	5/25/2008	997163644	ASSOCIATED PATHOLOGY	$9.60	$5.60	$0.00	$0.00	$4.00
6/28/2008	19286	6/15/2008	6/15/2008	997342141	GREEN ENDOCR	$122.00	$0.00	$0.00	$0.00	$122.00
6/28/2008	19310	5/28/2008	5/28/2008	997477438	CARDIOLOGY MED CTR	$779.00	$233.70	$54.53	$0.00	$490.77
6/28/2008	19290	6/22/2008	6/22/2008	997823276	ENDOCR D H M ENDOCR	$95.00	$0.00	$0.00	$0.00	$95.00
6/28/2008	19312	5/25/2008	5/25/2008	998171425	ASSOCIATED ASSOC	$154.00	$0.00	$28.00	$0.00	$126.00
6/28/2008	19294	5/25/2008	5/25/2008	998274466	GREEN SURGERY	$45.00	$15.00	$0.00	$0.00	$30.00
6/28/2008	19278	6/8/2008	6/8/2008	998274777	ASSOCIATED CLINIC	$150.00	$112.00	$11.40	$0.00	$26.60

6/28/2008	19290	6/21/2008	6/21/2008	998433641	ENDOCR D H M ENDOCR	$80.00	$0.00	$0.00	$0.00	$80.00
6/28/2008	19286	6/15/2008	6/15/2008	998512757	GREEN ENDOCR	$82.00	$0.00	$0.00	$0.00	$82.00
6/28/2008	19267	5/15/2008	5/15/2008	998571553	ENDOCR CARDIOLOGY	$21.00	$21.00	$0.00	$0.00	$0.00
6/28/2008	19259	6/11/2008	6/11/2008	998586665	ASSOCIATED ASSOC	$1,061.00	$5.00	$0.00	$0.00	$1,056.00
6/28/2008	19273	3/3/2008	3/3/2008	998644871	ASSOCIATED ASSOC	$87.00	$87.00	$0.00	$0.00	$0.00
6/28/2008	19279	5/4/2008	5/4/2008	998831618	ASSOCIATED SURGERY	$97.00	$16.00	$0.00	$0.00	$81.00
6/28/2008	19280	5/28/2008	5/28/2008	998834276	ASSISTANCE THERAPY	$162.38	$19.64	$0.00	$0.00	$142.74
6/28/2008	19303	6/8/2008	6/8/2008	998854323	ENDOCR ENDOCR	$340.00	$118.00	$0.00	$0.00	$222.00
6/28/2008	1021	6/20/2008	6/20/2008	998886173	ASSOCIATED LAB	$1,950.00	$1,950.00	$0.00	$0.00	$0.00
6/29/2008	1021	6/5/2008	6/5/2008	991546332	ASSOCIATED CHIROPRACTIC	$85.00	$85.00	$0.00	$0.00	$0.00
6/29/2008	1021	2/20/2008	2/20/2008	998774755	ENDOCR ASSOC	$110.00	$110.00	$0.00	$0.00	$0.00
Total Claims:	90					**$20,394.05**	**$7,934.81**	**$1,950.07**	**$0.00**	**$10,509.17**

Lag Matrix

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008
Vertical Date: Service Through Date 1/1/2008 through 6/30/2008
Horizontal Date: Check Date 1/1/2008 through 6/30/2008
Comparisons: None

	Service Through Date							
Check Date		**1/2008**	**2/2008**	**3/2008**	**4/2008**	**5/2008**	**6/2008**	**Totals**
	1/2008	$26,428.10	$37,194.65	$23,301.76	$20,741.08	$980.20	$1,878.98	$110,524.77
	2/2008	$0.00	$10,371.57	$62,351.75	$47,426.98	$1,907.52	$1,702.21	$123,760.03
	3/2008	$0.00	$0.00	$19,946.37	$64,127.82	$35,570.47	$12,263.45	$131,908.11
	4/2008	$0.00	$0.00	$0.00	$27,892.13	$44,321.52	$19,121.01	$91,334.66
	5/2008	$0.00	$0.00	$0.00	$0.00	$21,247.78	$54,676.63	$75,924.41
	6/2008	$0.00	$0.00	$0.00	$0.00	$0.00	$25,828.82	$25,828.82
	Totals	$26,428.10	$47,566.22	$105,599.88	$160,188.01	$104,027.49	$115,471.10	$559,280.80

This report provides a matrix display of when your benefit costs were incurred versus when they were paid. Payment lag is a function of both provider billing and administrator payment processing.

Key Utilization Indicators

A-1 Manufacturing - Group ID: DEMO3

Date Range 1: Check Date 1/1/2007 through 6/30/2007 (181 days)
Date Range 2: Check Date 1/1/2008 through 6/30/2008 (182 days)
Comparisons: None

	Check Date 1/1/2007 - 6/30/2007	Check Date 1/1/2008 - 6/30/2008	% Difference
Enrollment			
Average Member Age	37.24	38.24	2.69%
Average Employee Age	49.22	50.22	2.03%
Number of Enrollment Contracts	236.00	236.00	0.00%
Total Members	576.00	576.00	0.00%
Members per Contracts	2.44	2.44	0.00%
Payments			
Inpatient Facility	$51,018.98	$107,058.35	109.84%
Outpatient Facility	$194,636.88	$229,798.56	18.07%
Inpatient Professional	$27,835.13	$92.62	-99.67%
Outpatient Professional	$364,923.36	$307,485.36	-15.74%
Dental	$88,092.97	$86,728.50	-1.55%
Total Payments	$726,507.32	$731,163.39	0.64%
Payment per Enrollment Contract	$3,078.42	$3,098.15	0.64%
Payment per Member	$1,261.30	$1,269.38	0.64%
Inpatient Facility			
Admissions/1000 Members	0.00	0.00	N/A
Average Length of Stay(Days)	0.00	0.00	N/A
Days/1000 Members	0.00	0.00	N/A
Services/1000 Members	190.97	1,112.85	482.73%
Payment/Service	$463.81	$167.02	-63.99%
Payment/Member	$88.57	$185.87	109.84%
Payment/Contract	$216.18	$453.64	109.84%
Outpatient Facility			
Services/1000 Members	1,621.53	4,123.26	154.28%
Payment/Service	$208.39	$96.76	-53.57%
Payment/Member	$337.91	$398.96	18.07%
Payment/Contract	$824.73	$973.72	18.07%
Inpatient Professional			
Services/1000 Members	107.64	3.47	-96.77%
Payment/Service	$448.95	$46.31	-89.68%
Payment/Member	$48.32	$0.16	-99.67%
Payment/Contract	$117.95	$0.39	-99.67%
Outpatient Professional			
Services/1000 Members	7,006.94	5,562.50	-20.61%
Payment/Service	$90.42	$95.97	6.14%
Payment/Member	$633.55	$533.83	-15.74%
Payment/Contract	$1,546.29	$1,302.90	-15.74%

Large Claim Trend

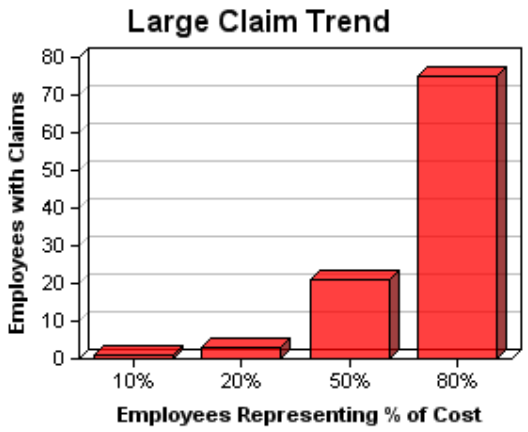
A-1 Manufacturing - Group ID: DEMO3

Date Range 1: Check Date 1/1/2007 through 6/30/2008
Threshold 1: $25,000.00
Date Range 2: Check Date 1/1/2008 through 6/30/2008
Threshold 2: $25,000.00
Comparisons: None

Date Range 1

	# of Employees	% of Employees With Claims
Employees Representing 10% of Cost	1	0.36%
Employees Representing 20% of Cost	3	1.09%
Employees Representing 50% of Cost	21	7.64%
Employees Representing 80% of Cost	75	27.27%

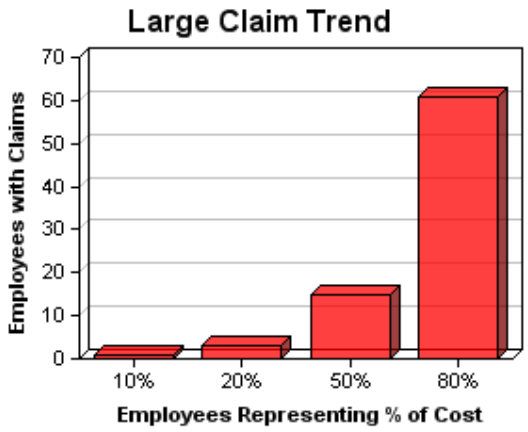
Total Plan Payment: $2,096,498.15
Total Employees with Claims: 275



Date Range 2

	# of Employees	% of Employees With Claims
Employees Representing 10% of Cost	1	0.40%
Employees Representing 20% of Cost	3	1.21%
Employees Representing 50% of Cost	15	6.05%
Employees Representing 80% of Cost	61	24.60%

Total Plan Payment: $731,163.39
Total Employees with Claims: 248



Large Claimants

Claimant	Date Range 1 Cost	Date Range 1 Diagnoses	Date Range 2 Cost	Date Range 2 Diagnoses
1	$99,708.52	1978 - SEC MAL NEO GI NEC 99659 - MALFUNC OTH DEVICE/GRAFT	$0.00	**Not over Threshold**
2	$54,347.03	715 - OSTEOARTHROSIS AND ALLIED DISORDERS 575 - OTHER DISORDERS OF GALLBLADDER	$5,316.60	**Not over Threshold** V57 - CARE INVOLVING USE OF REHABILITATION PROCEDURES 724 - OTHER AND UNSPECIFIED

				DISORDERS OF BACK 78650 - CHEST PAIN NOS
3	$54,058.15	7513 - HIRSCHSPRUNGS DISEASE 569 - OTHER DISORDERS OF INTESTINE 558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	$5,023.83	**Not over Threshold** 558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS 787 - SYMPTOMS INVOLVING DIGESTIVE SYSTEM
4	$48,137.49	99654 - BREAST PROSTH MALFUNC 1748 - MALIGN NEOPL BREAST NEC 72764 - RUPT FLEXOR TENDON HAND	$23,173.19	**Not over Threshold** 72764 - RUPT FLEXOR TENDON HAND 78909 - ABDMNAL PAIN OTH SPCF ST 75310 - CYSTIC KIDNEY DISEAS NOS
5	$47,440.95	6826 - CELLULITIS OF LEG 73026 - OSTEOMYELITIS NOS-L/LEG 682 - OTHER CELLULITIS AND ABSCESS	$3,322.58	**Not over Threshold** 682 - OTHER CELLULITIS AND ABSCESS 686 - OTHER LOCAL INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE Not Specified
6	$38,915.57	414 - OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE 41401 - CRNRY ATHRSCL NATVE VSSL 3530 - BRACHIAL PLEXUS LESIONS	$461.00	**Not over Threshold** V43 - ORGAN OR TISSUE REPLACED BY OTHER MEANS 611 - OTHER DISORDERS OF BREAST V72 - SPECIAL INVESTIGATIONS AND EXAMINATIONS
7	$38,629.88	238 - NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES 185 - MALIGN NEOPL PROSTATE	$14,463.71	**Not over Threshold** 238 - NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND TISSUES 198 - SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
8	$36,333.49	558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS	$26,124.77	558 - OTHER NONINFECTIVE GASTROENTERITIS AND COLITIS
9	$33,906.32	614 - INFLAMMATORY DISEASE OF OVARY, FALLOPIAN TUBE, PELVIC CELLULAR TISSUE, AND PERITONEUM 578 - GASTROINTESTINAL HEMORRHAGE ?	$1,856.10	**Not over Threshold** 4279 - CARDIAC DYSRHYTHMIA NOS
10	$31,274.60	7260 - ADHESIVE CAPSULIT SHLDER 53510 - ATRPH GASTRTIS W/O HMRHG 5718 - CHRONIC LIVER DIS NEC	$22,050.00	**Not over Threshold** 7260 - ADHESIVE CAPSULIT SHLDER 727 - OTHER DISORDERS OF SYNOVIUM, TENDON, AND BURSA
11	$26,575.13	72210 - LUMBAR DISC DISPLACEMENT 722 - INTERVERTEBRAL DISC	$25,912.63	72210 - LUMBAR DISC DISPLACEMENT 722 - INTERVERTEBRAL DISC

		DISORDERS		DISORDERS
12	$26,510.65	628 - INFERTILITY, FEMALE	$587.88	**Not over Threshold** V76 - SPECIAL SCREENING FOR MALIGNANT NEOPLASMS 726 - PERIPHERAL ENTHESOPATHIES AND ALLIED SYNDROMES 72632 - LATERAL EPICONDYLITIS

Large Claim Trend

This application provides a comparison of your employees with large-claim through a two specified timeframes. You may specify report parameters as follows:
1. Select the first date range of interest.
2. Select the Threshold for first date range of interest.
3. Select the second date range of interest.
4. Select the Threshold for second date range of interest.
5. Select fields to filter the output data (optional).
6. Press the "Run Query" button to view the results.

1. Select Date Range 1

Check Date From: 1/1/2005 To: 6/30/2005

(Available Check Date Range: 9/30/2004 to 7/20/2006)

2. Select Claim Threshold 1

$25,000.00

3. Select Date Range 2

Check Date From: 1/1/2006 To: 6/30/2006

(Available Check Date Range: 9/30/2004 to 7/20/2006)

4. Select Claim Threshold 2

$25,000.00

5. Select Comparison Fields

		Operator	Values		
Comparison 1	None	=			AND
Comparison 2	None	=			AND
Comparison 3	None	=			AND
Comparison 4	None	=			AND
Comparison 5	None	=			

My Analysis Output Schedules

No items were found.

My Stored Analysis Output

No My Stored Analysis Output were found.

Large Claim Trend

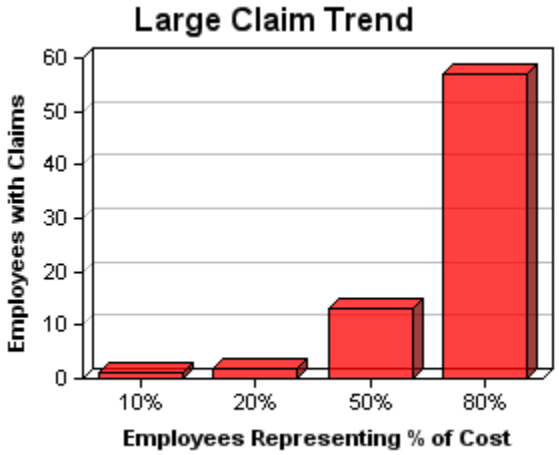
Imperium Corporation (a Sample Company) - Group ID: DEMO3

Date Range 1: Check Date 1/1/2005 through 6/30/2005
Threshold 1: $25,000.00
Date Range 2: Check Date 1/1/2006 through 6/30/2006
Threshold 2: $25,000.00
Comparisons: None

Date Range 1

	# of Employees	% of Employees With Claims
Employees Representing 10% of Cost	1	0.43%
Employees Representing 20% of Cost	2	0.85%
Employees Representing 50% of Cost	13	5.56%
Employees Representing 80% of Cost	57	24.36%

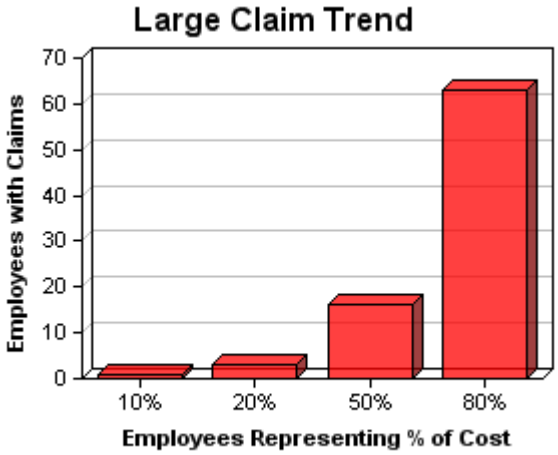
Total Payments: $610,696.93
Total Employees with Claims: 234



Date Range 2

	# of Employees	% of Employees With Claims
Employees Representing 10% of Cost	1	0.41%
Employees Representing 20% of Cost	3	1.23%
Employees Representing 50% of Cost	16	6.58%
Employees Representing 80% of Cost	63	25.93%

Total Payments: $785,696.20
Total Employees with Claims: 243



Large Claimants

Claimant	Date Range 1 Cost	Date Range 1 Diagnoses	Date Range 2 Cost	Date Range 2 Diagnoses
MAGGIE DANDAM (996627671)	$54,165.91	99659 - MECHANICAL COMPLICATION OF OTHER IMPLANT AND INTER V707 - EXAMINATION OF PARTICIPANT IN CLINICAL TRIAL 576 - Other disorders of biliary tract		Not over Threshold
GRACE QEXBCEB (992437348)	$35,690.37	414 - Other forms of chronic ischemic heart disease 41401 - CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY		Not over Threshold

	3530 - BRACHIAL PLEXUS LESIONS		
WILLIAM FOWPAQIQ (991143626)	Not over Threshold	$30,478.97	72210 - DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT 722 - Intervertebral disc disorders V7651 - SPECIAL SCREENING FOR MALIGNANT NEOPLASMS COLON
ROB JPQGEGCACTKA (997682358)	Not over Threshold	$26,475.42	185 - MALIGNANT NEOPLASM OF PROSTATE 238 - Neoplasm of uncertain behavior of other and unspecified sites and tissues
KAYTIE GEGXQCOAR (998311426)	Not over Threshold	$26,319.71	558 - Other noninfective gastroenteritis and colitis

Medical Benefits Category Distribution

A-1 Manufacturing - Group ID: DEMO3

Date Range 1: Check Date 1/1/2008 through 3/31/2008
Date Range 2: Check Date 4/1/2008 through 6/30/2008
Number of Days in Date Range 1: 91
Number of Days in Date Range 2: 91
Grouping Type: Standard AMA Grouping
Comparisons: None

	Date Range 1 (Check Date 1/1/2008 through 3/31/2008)					Date Range 2 (Check Date 4/1/2008 through 6/30/2008)					% Changes		
Diagnosis Category	**# of Services (1)**	**Total Charges (1)**	**Payment Amount (1)**	**# of Admissions (1)**	**Avg Length of Stay (1)**	**# of Services (2)**	**Total Charges (2)**	**Payment Amount (2)**	**# of Admissions (2)**	**Avg Length of Stay (2)**	**# of Services**	**Total Charges**	**Payment Amount**
Infectious, Parasitic	43	$2,979.00	$1,017.92	0	0.00	40	$3,297.72	$1,671.61	0	0.00	-6.98	10.70	64.22
Neoplasms	62	$19,791.38	$9,695.52	0	0.00	120	$42,224.34	$18,495.97	0	0.00	93.55	113.35	90.77
Endocrine, Nutritional/Metabolic/Immunity	197	$12,155.96	$4,638.77	0	0.00	292	$32,036.31	$15,381.82	2	0.00	48.22	163.54	231.59
Blood, Blood-Forming Organs	6	$567.75	$243.60	0	0.00	16	$1,005.50	$266.91	0	0.00	166.67	77.10	9.57
Mental	97	$20,998.25	$5,311.92	1	0.00	120	$26,405.75	$14,018.99	1	0.00	23.71	25.75	163.92
Nervous System, Sense Organs	121	$32,281.35	$10,256.53	0	0.00	114	$15,982.42	$6,337.88	0	0.00	-5.79	-50.49	-38.21
Circulatory System	173	$27,520.50	$10,849.72	0	0.00	108	$24,555.02	$3,507.20	0	0.00	-37.57	-10.78	-67.67
Respiratory System	242	$48,999.61	$9,314.37	0	0.00	215	$38,472.82	$26,438.78	0	0.00	-11.16	-21.48	183.85
Digestive System	213	$73,126.52	$29,193.16	1	0.00	145	$114,473.59	$41,233.27	0	0.00	-31.92	56.54	41.24
Genitourinary System	132	$27,695.43	$18,611.19	0	0.00	50	$5,194.45	$2,685.27	0	0.00	-62.12	-81.24	-85.57
Pregnancy, Childbirth, Puerperium	35	$29,578.83	$12,810.73	0	0.00	34	$23,255.80	$9,078.84	1	0.00	-2.86	-21.38	-29.13
Skin, Subcutaneous Tissue	126	$28,689.91	$3,056.07	0	0.00	74	$7,242.05	$3,388.58	0	0.00	-41.27	-74.76	10.88
Musculoskeletal System, Connective Tissue	698	$162,173.08	$42,134.00	0	0.00	611	$286,828.13	$97,858.36	2	0.00	-12.46	76.87	132.26
Congenital Anomalies	2	$158.00	$40.00	0	0.00	9	$6,381.50	$4,288.28	0	0.00	350.00	3,938.92	10,620.70
Certain Conditions Originating in the Perinatal Period	3	$46.00	$30.40	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
Ill-Defined Conditions	390	$129,212.49	$88,533.26	0	0.00	289	$126,363.79	$91,047.13	0	0.00	-25.90	-2.20	2.84
Injury, Poisoning	242	$42,925.43	$9,844.96	0	0.00	219	$39,228.80	$8,029.27	0	0.00	-9.50	-8.61	-18.44
External Causes of Injury, Poisoning	0	$0.00	$0.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
Factors Influencing Health Status, Contact with Health Services	484	$47,327.34	$17,494.27	1	0.00	476	$62,965.07	$26,944.95	2	0.00	-1.65	33.04	54.02
Other Categories	883	$87,031.50	$50,070.57	0	0.00	699	$64,425.55	$37,343.32	0	0.00	-20.84	-25.97	-25.42
Total Diagnoses: 5,386	**4,149**	**$793,258.33**	**$323,146.96**	**3**	**0.00**	**3,631**	**$920,338.61**	**$408,016.43**	**8**	**0.00**			

This table displays data by diagnosis category for the selected reporting periods. Because pharmacy drug claims are submitted without a diagnosis, they will fall into the `Other` category unless they are excluded from this report using comparison fields. Information on high cost diagnostic categories can be used to assess benefits plan design and to promote employee awareness. It is useful to review changes in medically diagnosed illnesses or injuries (diagnostic categories) to understand shifts in the mix of services and length of stay for your group.

Medical Benefits Distribution Comparison

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range 1: Check Date 1/1/2008 through 3/31/2008 (91 days)
Date Range 2: Check Date 4/1/2008 through 6/30/2008 (91 days)
Comparisons: None

	Date Range 1 (Check Date 1/1/2008 through 3/31/2008)					Date Range 2 (Check Date 4/1/2008 through 6/30/2008)					% Changes		
Diagnosis Code	# of Services (1)	Total Charges (1)	Payment Amount (1)	# of Admissions (1)	Avg Length of Stay (1)	# of Services (2)	Total Charges (2)	Payment Amount (2)	# of Admissions (2)	Avg Length of Stay (2)	% Change in Services	% Change in Charges	% Change in Payments
Other	883	$87,031.50	$50,070.57	0	0.00	699	$64,425.55	$37,343.32	0	0.00	-20.84	-25.97	-25.42
011 - PULMONARY TUBERCULOSIS	1	$75.00	$26.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
034 - STREPTOCOCCAL SORE THROAT AND SCARLET FEVER	13	$851.00	$207.18	0	0.00	3	$135.00	$68.00	0	0.00	-76.92	-84.14	-67.18
0340 - STREP SORE THROAT	5	$290.00	$103.00	0	0.00	2	$161.00	$72.00	0	0.00	-60.00	-44.48	-30.10
04111 - STAPHYLOCOCCUS AUREUS	4	$500.00	$260.00	0	0.00	2	$0.00	($130.00)	0	0.00	-50.00	0.00	-150.00
0579 - VIRAL EXANTHEMATA NOS	0	$0.00	$0.00	0	0.00	1	$85.00	$34.00	0	0.00	0.00	0.00	0.00
0740 - HERPANGINA	0	$0.00	$0.00	0	0.00	3	$205.00	$88.00	0	0.00	0.00	0.00	0.00
078 - OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAE	2	$186.00	$62.00	0	0.00	5	$570.00	$291.00	0	0.00	150.00	206.45	369.35
07810 - VIRAL WARTS NOS	1	$100.00	$0.00	0	0.00	3	$362.22	$216.00	0	0.00	200.00	262.22	0.00
07811 - CONDYLOMA ACUMINATUM	2	$170.00	$0.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
07819 - OTH SPECFD VIRAL WARTS	0	$0.00	$0.00	0	0.00	13	$1,087.00	$576.00	0	0.00	0.00	0.00	0.00
079 - VIRAL INFECTION IN CONDITIONS CLASSIFIED ELSEWHERE AND OF UNSPECIFIED SITE	2	$74.00	$26.64	0	0.00	2	$167.00	$144.00	0	0.00	0.00	125.68	440.54
07999 - VIRAL INFECTION NOS	0	$0.00	$0.00	0	0.00	1	$95.00	$42.00	0	0.00	0.00	0.00	0.00
110 - DERMATOPHYTOSIS	0	$0.00	$0.00	0	0.00	4	$363.50	$229.61	0	0.00	0.00	0.00	0.00
1101 - DERMATOPHYTOSIS OF NAIL	6	$356.00	$245.10	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
111 - DERMATOMYCOSIS OTHER AND UNSPECIFIED	1	$70.00	$40.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
112 - CANDIDIASIS	6	$307.00	$48.00	0	0.00	1	$67.00	$41.00	0	0.00	-83.33	-78.18	-14.58
174 - MALIGNANT NEOPLASM OF FEMALE BREAST	2	$199.00	$89.00	0	0.00	3	$200.00	$58.00	0	0.00	50.00	0.50	-34.83
1744 - MAL NEO BREAST UP-OUTER	0	$0.00	$0.00	0	0.00	6	$490.62	$129.90	0	0.00	0.00	0.00	0.00
1749 - MALIGN NEOPL BREAST NOS	2	$95.00	$44.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
185 - MALIGN NEOPL PROSTATE	14	$1,024.28	$608.15	0	0.00	24	$2,086.00	$891.95	0	0.00	71.43	103.66	46.67
188 - MALIGNANT NEOPLASM OF BLADDER	1	$2,000.00	$347.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
1882 - MAL NEO BLADDER-LATERAL	14	$2,576.00	$1,617.58	0	0.00	2	$415.00	$170.40	0	0.00	-85.71	-83.89	-89.47
198 - SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	9	$5,415.00	$3,684.79	0	0.00	7	$5,143.00	$4,018.90	0	0.00	-22.22	-5.02	9.07
20500 - ACT MYL LEUK W/O RMSION	0	$0.00	$0.00	0	0.00	1	$90.00	$54.30	0	0.00	0.00	0.00	0.00
210 - BENIGN NEOPLASM OF LIP ORAL CAVITY AND PHARYNX	2	$90.00	$30.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
2102 - BEN NEO MAJOR SALIVARY	0	$0.00	$0.00	0	0.00	14	$7,785.40	$801.89	0	0.00	0.00	0.00	0.00

INVESTIGATIONS AND EXAMINATIONS	0	$0.00	$0.00	0	0.00	3	$793.00	$191.00	0	0.00	0.00	0.00	0.00
V726 - LABORATORY EXAMINATION	1	$9.00	$8.10	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
V7281 - PREOP CARDIOVSCLR EXAM	1	$30.00	$16.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
V7283 - OTH SPCF PREOP EXAM	3	$165.00	$11.00	0	0.00	2	$90.00	$36.00	0	0.00	-33.33	-45.45	227.27
V7284 - PREOP EXAM UNSPCF	2	$115.25	$0.00	0	0.00	2	$148.00	$118.00	0	0.00	0.00	28.42	0.00
V7285 - OTH SPECIFIED EXAM	0	$0.00	$0.00	0	0.00	1	$50.00	$0.00	0	0.00	0.00	0.00	0.00
V74 - SPECIAL SCREENING EXAMINATION FOR BACTERIAL AND SPIROCHETAL DISEASES	2	$65.00	$30.00	0	0.00	3	$288.75	$78.00	0	0.00	50.00	344.23	160.00
V741 - SCREENING-PULMONARY TB	1	$27.00	$8.00	0	0.00	3	$94.00	$56.10	0	0.00	200.00	248.15	601.25
V76 - SPECIAL SCREENING FOR MALIGNANT NEOPLASMS	49	$3,120.00	$1,869.35	0	0.00	45	$3,335.05	$2,138.93	0	0.00	-8.16	6.89	14.42
V7612 - SCREEN MAMMOGRAM NEC	10	$661.01	$459.99	0	0.00	16	$1,566.00	$1,344.19	0	0.00	60.00	136.91	192.22
V762 - SCREEN MAL NEOP-CERVIX	0	$0.00	$0.00	0	0.00	1	$63.00	$56.70	0	0.00	0.00	0.00	0.00
V7641 - SCREEN MAL NEOP-RECTUM	1	$250.00	$0.00	0	0.00	2	$33.00	$6.00	0	0.00	100.00	-86.80	0.00
V7644 - SCRN MALIG NEOP-PROSTATE	4	$341.00	$175.24	0	0.00	3	$312.00	$75.00	0	0.00	-25.00	-8.50	-57.20
V7651 - SCREEN MALIG NEOP-COLON	0	$0.00	$0.00	0	0.00	1	$6.00	$5.40	0	0.00	0.00	0.00	0.00
V77 - SPECIAL SCREENING FOR ENDOCRINE NUTRITIONAL METABOLIC AND IMMUNITY DISORDERS	7	$642.20	$127.00	0	0.00	5	$77.00	$45.60	0	0.00	-28.57	-88.01	-64.09
V770 - SCREEN-THYROID DISORDER	0	$0.00	$0.00	0	0.00	3	$228.00	$84.00	0	0.00	0.00	0.00	0.00
V771 - SCREEN-DIABETES MELLITUS	0	$0.00	$0.00	0	0.00	1	$23.00	$8.00	0	0.00	0.00	0.00	0.00
V7791 - SCREEN LIPOID DISORDERS	0	$0.00	$0.00	0	0.00	5	$345.00	$229.08	0	0.00	0.00	0.00	0.00
V78 - SPECIAL SCREENING FOR DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS	2	$79.00	$22.00	0	0.00	2	$70.00	$20.10	0	0.00	0.00	-11.39	-8.64
V780 - SCREEN-IRON DEFIC ANEMIA	0	$0.00	$0.00	0	0.00	1	$79.00	$11.00	0	0.00	0.00	0.00	0.00
V781 - SCREEN-DEFIC ANEMIA NEC	0	$0.00	$0.00	0	0.00	2	$102.00	$3.00	0	0.00	0.00	0.00	0.00
V802 - SCREENING-EYE COND NEC	0	$0.00	$0.00	0	0.00	1	$58.00	$58.00	0	0.00	0.00	0.00	0.00
V810 - SCRN-ISCHEMIC HEART DIS	0	$0.00	$0.00	0	0.00	2	$83.00	$37.00	0	0.00	0.00	0.00	0.00
V815 - SCREEN FOR NEPHROPATHY	0	$0.00	$0.00	0	0.00	2	$102.00	$4.00	0	0.00	0.00	0.00	0.00
V816 - SCREEN FOR GU COND NEC	2	$62.00	$4.00	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
V82 - SPECIAL SCREENING FOR OTHER CONDITIONS	8	$1,121.00	$685.96	0	0.00	0	$0.00	$0.00	0	0.00	0.00	0.00	0.00
Total Diagnoses: 625	**4,149**	**$793,258.33**	**$323,146.96**	**14**	**0.00**	**3,631**	**$920,338.61**	**$408,016.43**	**11**	**8.64**			

Stop Loss Trigger Diagnoses Report

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/24/2008 through 6/30/2008

Comparisons: None

Employer Identifier	Patient Last Name	Patient First Name	Patient Middle Name	Patient Age	Social Security Number	Diagnosis	Procedure	Payee Name	Provider Name	Provider Fed Tax ID	From Date	Through Date	Claim Serial Number	Claim Sequence Number	Check Date	Check Number	Total Charge Amount	Discount Amount	Co Am
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	83735 - ASSAY OF MAGNESIUM	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	995221386		6/28/2008	19267	14	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	84100 - ASSAY OF PHOSPHORUS	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	991478845		6/28/2008	19267	11	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	85027 - COMPLETE CBC AUTOMATED	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	991478845		6/28/2008	19267	14	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	82565 - ASSAY OF CREATININE	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	995221386		6/28/2008	19267	12	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	82378 - CARCINOEMBRYONIC ANTIGEN	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	995221386		6/28/2008	19267	29	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	80051 - ELECTROLYTE PANEL	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	995221386		6/28/2008	19267	20	8	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	84153 - ASSAY OF PSA TOTAL	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	995221386		6/28/2008	19267	28	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	82310 - ASSAY OF CALCIUM	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	5/21/2008	5/21/2008	995221386		6/28/2008	19267	15	0	
DEMO3	*****	*****	*	**	*********	185 - MALIGN NEOPL PROSTATE	84153 - ASSAY OF PSA TOTAL	CARDIOLOGY ASSOC	ENDOCR CARDIOLOGY	994655212	2/14/2008	2/14/2008	994527222		6/28/2008	19267	28	0	
DEMO3	*****	*****	*	**	*********	250 - DIABETES MELLITUS	83036 - GLYCOSYLATED HEMOGLOBIN TEST	KOOP HOSP	GREEN HOSP	998182531	6/7/2008	6/7/2008	992515755		6/28/2008	19275	55	42	
DEMO3	*****	*****	*	**	*********	250 - DIABETES MELLITUS	99214 - OFFICE/OUTPATIENT VISIT EST	KOOP HOSP	GREEN HOSP	998182531	6/7/2008	6/7/2008	992515755		6/28/2008	19275	100	28	
DEMO3	*****	*****	*	**	*********	300 - NEUROTIC DISORDERS	99213 - OFFICE/OUTPATIENT VISIT EST	ENDOCR HOSP	GREEN SURGERY	993845433	5/25/2008	5/25/2008	998274466		6/28/2008	19294	45	15	
DEMO3	*****	*****	*	**	*********	300 - NEUROTIC DISORDERS	99213 - OFFICE/OUTPATIENT VISIT EST	ENDOCR HOSP	GREEN SURGERY	993845433	1/13/2008	1/13/2008	993783517		6/28/2008	19294	45	15	
DEMO3	*****	*****	*	**	*********	300 - NEUROTIC DISORDERS	99372 - PHYSICIAN PHONE CONSULTATION	ENDOCR H CREATIVE LAB	ASSOCIATED LAB	996765724	6/6/2008	6/6/2008	993485713		6/28/2008	1021	35	35	
DEMO3	*****	*****	*	**	*********	30928 - ADJUST DIS W ANXIETY/DEP	90847 - FAMILY PSYTX W/PATIENT	ASSOCIATED INC	ASSOCIATED ASSOC	991665671	5/31/2008	5/31/2008	991236186		6/28/2008	19301	96	13	
DEMO3	*****	*****	*	**	*********	4019 - HYPERTENSION NOS	80061 - LIPID PANEL	MT HOSP	LAB HOSP	997325736	6/14/2008	6/14/2008	994651275		6/28/2008	19276	35	9	
DEMO3	*****	*****	*	**	*********	4019 - HYPERTENSION NOS	80053 - COMPREHEN METABOLIC PANEL	MT HOSP	LAB HOSP	997325736	6/14/2008	6/14/2008	994651275		6/28/2008	19276	40	19	
DEMO3	*****	*****	*	**	*********	4019 - HYPERTENSION NOS	84443 - ASSAY THYROID STIM HORMONE	MT HOSP	LAB HOSP	997325736	6/14/2008	6/14/2008	994651275		6/28/2008	19276	60	27	
DEMO3	*****	*****	*	**	*********	4019 - HYPERTENSION NOS	99204 - OFFICE/OUTPATIENT VISIT NEW	MT HOSP	LAB HOSP	997325736	6/14/2008	6/14/2008	994651275		6/28/2008	19276	150	15	
DEMO3	*****	*****	*	**	*********	4019 - HYPERTENSION NOS	85025 - COMPLETE CBC W/AUTO DIFF WBC	MT HOSP	LAB HOSP	997325736	6/14/2008	6/14/2008	994651275		6/28/2008	19276	35	20	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	82728 - ASSAY OF FERRITIN	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	99655871		6/28/2008	19298	78.12	59.12	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	82390 - ASSAY OF CERULOPLASMIN	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	992314734		6/28/2008	19298	61.6	46.6	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	82145 - ASSAY OF AMPHETAMINES	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	992314734		6/28/2008	19298	89.12	68.12	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	83516 - IMMUNOASSAY NONANTIBODY	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	992314734		6/28/2008	19298	66.16	50.16	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	82103 - ALPHA-1-ANTITRYPSIN TOTAL	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	992314734		6/28/2008	19298	77	58	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	86038 - ANTINUCLEAR ANTIBODIES	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	99655871		6/28/2008	19298	69.28	52.28	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	36415 - ROUTINE VENIPUNCTURE	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	99655871		6/28/2008	19298	12	1.2	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	83540 - ASSAY OF IRON	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	99655871		6/28/2008	19298	37.16	28.16	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	80076 - HEPATIC FUNCTION PANEL	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	99655871		6/28/2008	19298	46.84	35.84	
DEMO3	*****	*****	*	**	*********	57140 - CHRONIC HEPATITIS NOS	83550 - IRON BINDING TEST	ASSOCIATED LAB	ASSOCIATED ASSOC	996117483	6/11/2008	6/11/2008	99655871		6/28/2008	19298	50.12	38.12	
DEMO3	*****	*****	*	**	*********	83804 - DISLOC METATARSAL NOS-CL	99203 - OFFICE/OUTPATIENT VISIT NEW	SURGERY HOSP	GREEN SURGERY	995824411	6/1/2008	6/1/2008	996325874		6/28/2008	1021	122	122	

Benefit Cost Summary By Employee

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/1/2008 through 6/30/2008
Comparisons: None

Excluded Prescription Details from PBM
Included Prescription Payments from Adjudication System

Index	Total Charge Amount	Plan Payment Amount	Network Savings Amount	Coinsurance Amount	Copay Amount	Deductible Amount	Ineligible Amount	Other/COB Amount
1	184	162.88	21.12	0	0	0	0	0
2	103.47	0	103.47	0	0	0	0	0
3	315.7	233.25	82.45	0	0	0	0	0
4	130	39	91	0	0	0	0	0
5	171	85	1	0	0	0	0	85
6	1040	648	180	162	0	50	0	0
7	61.7	0	61.7	0	0	0	0	0
8	85	42	28	0	15	0	0	0
9	346	176	76	44	0	50	0	0
10	2476	111.6	2364.4	0	0	0	0	0
11	127	92	35	0	0	0	0	0
12	80	46	19	0	15	0	0	0
13	199	199	0	0	0	0	0	0
14	175	127	33	0	15	0	0	0
15	260	149	96	15	0	0	0	0
16	11682.9	7611.92	3215.98	575	30	250	0	0
17	124.4	0	124.4	0	0	0	0	0
18	340	198	55	37	0	50	0	0
19	402	257.8	77.2	17	0	50	0	0
20	156	102	54	0	0	0	0	0
21	458	133	280	0	45	0	0	0
22	129	39	90	0	0	0	0	0
23	456	335	121	0	0	0	0	0
24	105	65	25	0	15	0	0	0
25	202	10.44	40.4	1.16	0	150	0	0
26	1117	0	1117	0	0	0	0	0
27	350	187	148	0	15	0	0	0
28	297.1	0	98.71	0	0	198.39	0	0
29	29140	1078	27500	462	0	100	0	0
30	115	86	29	0	0	0	0	0
31	389.55	218	123.55	48	0	0	0	0
32	147	118	29	0	0	0	0	0
33	288	53	235	0	0	0	0	0
34	708.5	208.41	425.09	0	0	75	0	0
35	195	142	23	0	30	0	0	0
36	320	230	90	0	0	0	0	0
37	584	424.6	159.4	0	0	0	0	0
38	479	216	263	0	0	0	0	0
39	105	60	45	0	0	0	0	0
40	279.34	0	279.34	0	0	0	0	0

	175	59	116	0	0	0	0	0
266	1550	637	913	0	0	0	0	0
267	243	112.2	70.8	0	60	0	0	0
268	378.15	0	378.15	0	0	0	0	0
269	1023	1023	0	0	0	0	0	0
Total Claimants: 269	**$282,687.70**	**$119,532.11**	**$140,350.46**	**$7,149.38**	**$2,790.80**	**$7,860.35**	**$0.00**	**$5,004.60**

This report provides a per-patient indication of employee-responsibility and other claim costs during time timeframes specified.

Back to Startup Screen

Employee Cost Summary

A-1 Manufacturing - Group ID: DEMO3

Date Range: Check Date 6/1/2008 through 6/30/2008
Comparisons: None

Group Identifier	Location Identifier	Member ID	Employee Name	Claim Dependent Identifier	Dependent Name	Total Paid	Medical Paid	Rx Paid	Dental Paid	Vision Paid	STD Paid
	LocID2	991683816	FRANK CNOFQNCOCXI	0	FRANK CNOFQNCOCXI	152.24	0	0	0	0	0
			FRANK CNOFQNCOCXI		Family Total	152.24	0	0	0	0	0
	LocID2	998626487	LESLIE COFAH	0	LESLIE COFAH	88.38	0	0	0	0	0
			LESLIE COFAH		Family Total	88.38	0	0	0	0	0
	LocID2	998468182	WILLIE GOVOFS	0	KAYTIE GOVOFS	173.04	0	0	0	0	0
	LocID2	998468182	WILLIE GOVOFS	0	WILLIE GOVOFS	42.72	0	0	0	0	0
			WILLIE GOVOFS		Family Total	215.76	0	0	0	0	0
	LocID2	993452353	MANDY HAFWPISJ	0	THOMAS HAFWPISJ	170.03	0	0	0	0	0
	LocID2	993452353	MANDY HAFWPISJ	1	TIA HAFWPISJ	24.27	0	0	0	0	0
			MANDY HAFWPISJ		Family Total	194.3	0	0	0	0	0
	LocID2	994181546	ED HIEJLAWV	0	ED HIEJLAWV	562.75	0	0	0	0	0
			ED HIEJLAWV		Family Total	562.75	0	0	0	0	0
	LocID2	995566754	DON HWEWD	1	KELLI HWEWD	0	0	0	0	0	0
			DON HWEWD		Family Total	0	0	0	0	0	0
	LocID2	994615747	DON IHETQAD	1	KRISTI IHETQAD	110.63	0	0	0	0	0
			DON IHETQAD		Family Total	110.63	0	0	0	0	0
	LocID2	995564638	GRACE JNAIMH	0	DON JNAIMH	34.78	0	0	0	0	0
	LocID2	995564638	GRACE JNAIMH	1	GRACE JNAIMH	30.22	0	0	0	0	0
			GRACE JNAIMH		Family Total	65	0	0	0	0	0
	LocID2	992672287	FRED LOGIR	0	FRED LOGIR	4.27	0	0	0	0	0
			FRED LOGIR		Family Total	4.27	0	0	0	0	0
	LocID2	998372341	JODY NIOGGD	0	KELLI NIOGGD	156.32	0	0	0	0	0
			JODY NIOGGD		Family Total	156.32	0	0	0	0	0
	LocID2	992517666	DAVID NRIFE	1	AL NRIFE	50.61	0	0	0	0	0
			DAVID NRIFE		Family Total	50.61	0	0	0	0	0
	LocID2	997822358	JOE PADJOQXE	0	AMANDA PADJOQXE	22.41	0	0	0	0	0
	LocID2	997822358	JOE PADJOQXE	0	WILLIAM PADJOQXE	245.52	0	0	0	0	0
	LocID2	997822358	JOE PADJOQXE	27	MOLLY PADJOQXE	273.54	0	0	0	0	0
			JOE PADJOQXE		Family Total	541.47	0	0	0	0	0
	LocID2	995432172	AL QESCOB	0	AL QESCOB	287.37	0	0	0	0	0
			AL QESCOB		Family Total	287.37	0	0	0	0	0
	LocID2	996443666	BRIAN QOVANRVE	0	AMANDA QOVANRVE	0	0	0	0	0	0
	LocID2	996443666	BRIAN QOVANRVE	0	BRIAN QOVANRVE	0	0	0	0	0	0
			BRIAN QOVANRVE		Family Total	0	0	0	0	0	0
	LocID2	997381646	MARY SMITD	0	WILLIAM SMITD	190.21	0	0	0	0	0

			WEDAWGMEXT		WEDAWGMEXT						
			GRACE WEDAWGMEXT		Family Total	1869.4	1869.4	0	0	0	0
	LocID9	993583641	PAT WEQERAD	12	DON WEQERAD	0	0	0	0	0	0
	LocID9	993583641	PAT WEQERAD	12	JODY WEQERAD	0	0	0	0	0	0
			PAT WEQERAD		Family Total	0	0	0	0	0	0
	LocID9	998456618	WILLIAM WGAJWEC	0	DAWN WGAJWEC	1594.6	1594.6	0	0	0	0
			WILLIAM WGAJWEC		Family Total	1594.6	1594.6	0	0	0	0
	LocID9	996284527	EDDY WOQILBOL	0	BRIAN WOQILBOL	365.68	270.68	0	95	0	0
	LocID9	996284527	EDDY WOQILBOL	1	EDDY WOQILBOL	95	0	0	95	0	0
	LocID9	996284527	EDDY WOQILBOL	12	JOE WOQILBOL	80	0	0	80	0	0
			EDDY WOQILBOL		Family Total	540.68	270.68	0	270	0	0
	LocID9	995876656	LESLIE WXOJFET	0	LESLIE WXOJFET	130	130	0	0	0	0
			LESLIE WXOJFET		Family Total	130	130	0	0	0	0
	LocID9	992887212	ELIZABETH XIEST	0	ELIZABETH XIEST	65	65	0	0	0	0
			ELIZABETH XIEST		Family Total	65	65	0	0	0	0
	LocID9	991728618	AMANDA XIHV	1	AMANDA XIHV	59	59	0	0	0	0
			AMANDA XIHV		Family Total	59	59	0	0	0	0
	LocID9	992373771	EDDY XQEMG	1	EDDY XQEMG	1023	1023	0	0	0	0
			EDDY XQEMG		Family Total	1023	1023	0	0	0	0
					Location Total	72868.33	65926.13	0	6942.2	0	0
					Group Total	138950.94	91464.45	0	28067.66	0	0

This table displays employee cost summary data by claim category for the selected reporting periods.

Eligibility Analysis

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Date Range: Check Date 6/1/2008 through 6/30/2008
Comparisons: None

	Emp SSN	Emp Last	Emp First	Rel	Member Last	Member First	Birth Date	Gender	Med Coverage?	Coverage Start	Coverage End
991114767	FEN	PHIL	E	FEN	PHIL	8/21/1978	M	Y	1/1/2002	-	
991143626	FOWPAQIQ	WILLIAM	E	FOWPAQIQ	WILLIAM	4/10/1943	M	Y	1/1/2002	-	
991222153	PIVXOQ	CHRIS	E	PIVXOQ	CHRIS	4/7/1941	M	Y	1/1/2002	-	
991262445	TQAT	ISABEL	E	TQAT	ISABEL	11/18/1949	F	Y	1/1/2004	-	
991273663	OQVOWGIEJ	ROB	E	OQVOWGIEJ	ROB	9/4/1964	M	Y	1/15/2004	-	
991276584	XIMADGAS	PHIL	S	XIMADGAS	ELISA	3/7/1979	F	Y	-	-	
991335127	DASXORLOD	THOMAS	E	DASXORLOD	THOMAS	10/22/1942	M	Y	12/14/1966	-	
991344368	BIMPAD	BLAIR	E	BIMPAD	BLAIR	2/10/1949	M	Y	1/1/2002	-	
991362876	VONM	JODY	E	VONM	JODY	10/26/1955	F	Y	1/3/2002	-	
991424366	PIDINE	BLAIR	C	PIDINE	TIA	11/29/2002	F	Y	11/29/2002	-	
991424366	PIDINE	BLAIR	S	PIDINE	KRISTI	2/6/1970	F	Y	2/25/2000	-	
991424366	PIDINE	BLAIR	C	PIDINE	ELLEN	11/15/2000	F	Y	11/15/2000	-	
991424366	PIDINE	BLAIR	E	PIDINE	BLAIR	8/30/1968	M	Y	1/1/2003	-	
991463488	MTPWOIFEX	WILLIE	E	MTPWOIFEX	WILLIE	2/19/1953	M	Y	1/1/2002	-	
991463488	MTPWOIFEX	WILLIE	C	MTPWOIFEX	ROB	9/4/1985	M	Y	1/1/2000	-	
991463488	MTPWOIFEX	WILLIE	S	MTPWOIFEX	KELLI	6/28/1955	F	Y	1/1/2000	-	
991463488	MTPWOIFEX	WILLIE	C	MTPWOIFEX	CHRIS	6/29/1988	M	Y	1/1/2000	-	
991515348	GELDOQO	DON	E	GELDOQO	DON	10/6/1948	M	Y	1/1/2003	-	
991532575	GODIQ	KAREN	E	GODIQ	KAREN	12/13/1944	F	Y	1/1/2000	-	
991532575	GODIQ	KAREN	S	GODIQ	CHARLES	11/29/1941	M	Y	10/8/1980	-	
991545274	BIXOGEKPNI	MATTHEW	S	BIXOGEKPNI	WILLIE	6/21/1951	F	Y	6/9/1971	-	
991545274	BIXOGEKPNI	MATTHEW	C	BIXOGEKPNI	SUSAN	4/15/1988	F	Y	4/15/1988	-	
991545274	BIXOGEKPNI	MATTHEW	E	BIXOGEKPNI	MATTHEW	3/9/1950	M	Y	1/1/2002	-	
991545274	BIXOGEKPNI	MATTHEW	C	BIXOGEKPNI	EDDY	12/13/1984	F	Y	12/13/1984	-	
991636313	QOPEHQHI	BRIAN	C	QOPEHQHI	PHIL	8/16/1983	M	Y	-	-	
991636313	QOPEHQHI	BRIAN	C	QOPEHQHI	JAY	7/18/1982	M	Y	-	-	
991636313	QOPEHQHI	BRIAN	E	QOPEHQHI	BRIAN	6/13/1957	M	Y	1/1/2004	-	
991665851	JQWMEQSAOD	BRYAN	E	JQWMEQSAOD	BRYAN	11/25/1943	M	Y	5/1/1970	-	
991668721	MAFIMHEL	EDDY	S	MAFIMHEL	MEGAN	7/2/1966	F	Y	1/1/2004	-	
991668721	MAFIMHEL	EDDY	C	MAFIMHEL	KRISTI	5/31/1992	F	Y	1/1/2004	-	
991668721	MAFIMHEL	EDDY	C	MAFIMHEL	GRACE	3/19/1993	F	Y	1/1/2004	-	
991668721	MAFIMHEL	EDDY	E	MAFIMHEL	EDDY	6/12/1963	M	Y	1/1/2004	-	
991683816	CNOFQNCOCXI	FRANK	C	CNOFQNCOCXI	KRISTI	6/2/1991	F	Y	1/1/2004	-	
991683816	CNOFQNCOCXI	FRANK	C	CNOFQNCOCXI	JODY	5/26/1985	M	Y	1/1/2004	-	
991683816	CNOFQNCOCXI	FRANK	C	CNOFQNCOCXI	JEANNIE	1/30/1987	F	Y	1/1/2004	-	
991683816	CNOFQNCOCXI	FRANK	S	CNOFQNCOCXI	GRACE	7/3/1960	F	Y	1/1/2004	-	
991683816	CNOFQNCOCXI	FRANK	E	CNOFQNCOCXI	FRANK	11/22/1955	M	Y	1/1/2004	-	
991684647	VQMARHAK	BLAIRE	E	VQMARHAK	BLAIRE	9/30/1953	M	Y	1/1/2004	-	
991715668	RIBRIEJIA	TOM	E	RIBRIEJIA	TOM	12/17/1972	M	Y	9/21/2002	-	
991715668	RIBRIEJIA	TOM	S	RIBRIEJIA	KELLI	5/30/1972	F	Y	9/21/2002	-	
991728618	XIHV	JODY	E	XIHV	JODY	8/28/1954	M	Y	1/1/2000	-	
991728618	XIHV	JODY	C	XIHV	CHRIS	1/31/1986	M	Y	1/9/1991	-	
991728618	XIHV	JODY	S	XIHV	AMANDA	7/16/1951	F	Y	1/9/1991	-	
991757362	GIFQ	PHIL	C	GIFQ	TINA	2/6/2001	F	Y	1/1/2004	-	
991757362	GIFQ	PHIL	E	GIFQ	PHIL	8/12/1975	M	Y	1/1/2004	-	
991757362	GIFQ	PHIL	C	GIFQ	KAREN	12/15/1998	F	Y	1/1/2004	-	
991757362	GIFQ	PHIL	S	GIFQ	ELISE	10/10/1973	F	Y	1/1/2004	-	

	VAEG	CHARLES	E	VAEG	CHARLES	10/29/1945	M	Y	1/1/2003	-
998677284	SAQTOBPAB	THOMAS	E	SAQTOBPAB	THOMAS	7/23/1959	M	Y	1/1/2002	-
998714247	FOJVEW	FRED	E	FOJVEW	FRED	9/12/1959	M	Y	1/1/2004	-
998775837	VIWEV	MICHAEL	C	VIWEV	WILLIE	12/5/1994	M	Y	12/5/1994	-
998775837	VIWEV	MICHAEL	E	VIWEV	MICHAEL	8/12/1966	M	Y	7/1/1988	-
998775837	VIWEV	MICHAEL	C	VIWEV	MATTHEW	12/18/2000	M	Y	12/18/2000	-
998775837	VIWEV	MICHAEL	S	VIWEV	KELLY	3/17/1966	F	Y	7/1/1988	-
998775837	VIWEV	MICHAEL	C	VIWEV	JOE	2/7/1997	M	Y	2/7/1997	-
998783343	CEPKER	MICHAEL	E	CEPKER	MICHAEL	4/7/1950	M	Y	9/1/2002	-
998783343	CEPKER	MICHAEL	S	CEPKER	LESLIE	6/11/1953	F	Y	9/1/2002	-
998815116	BEHJEHHAC	BLAIR	E	BEHJEHHAC	BLAIR	8/20/1957	M	Y	7/16/2003	-
998822624	GBIQJ	ED	S	GBIQJ	KAREN	6/3/1952	F	Y	11/9/2001	-
998822624	GBIQJ	ED	E	GBIQJ	ED	1/11/1958	M	Y	1/1/2002	-
998867522	KOGWSIX	KAYTIE	E	KOGWSIX	KAYTIE	5/17/1964	F	Y	1/1/2002	-
998886236	VEXFIPEAKVI	WILLIAM	E	VEXFIPEAKVI	WILLIAM	2/25/1966	M	Y	1/1/2003	-
999999997	KOGVIW	MATTHEW	C	KOGVIW	MATTHEW	10/12/1974	M	Y	-	-
Total Records:	576									

Eligibility By Tier

A-1 Manufacturing - Group ID: DEMO3

Output Generated: 11/12/2008

Eligibility Date Range: 06/01/2008 through 06/30/2008

Comparisons: None

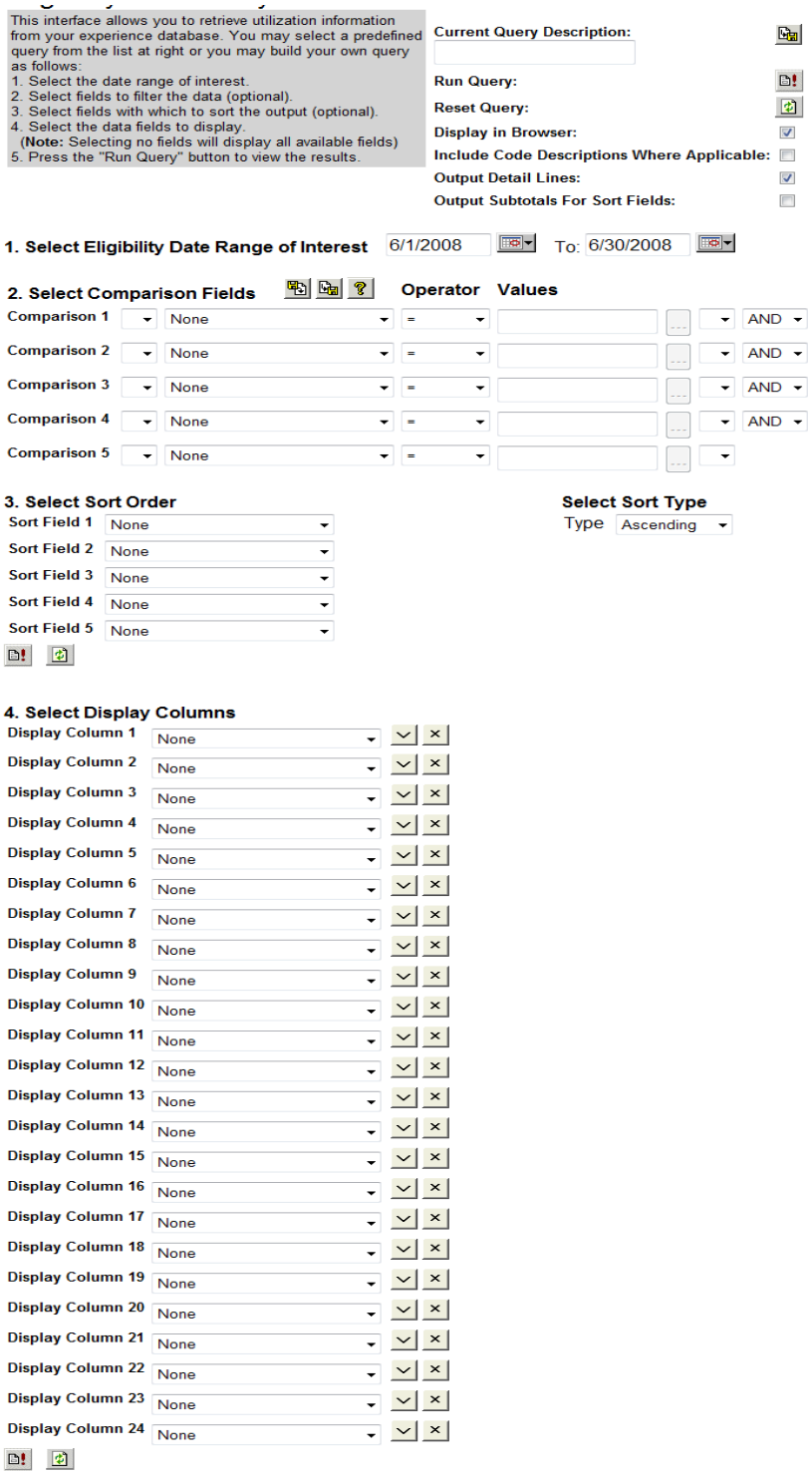
Enrollment Tier: 4-Tier(STD)

Employer	Location	Employee Only	Employee Plus Children	Employee Plus Spouse	Family	Total
Imperium Corporation (a Sample Company) (DEMO3)	1	66	6	27	54	153
Imperium Corporation (a Sample Company) (DEMO3)	2	12	3	4	10	29
Imperium Corporation (a Sample Company) (DEMO3)	3	14	3	9	20	46
Imperium Corporation (a Sample Company) (DEMO3)	4	0	0	0	1	1
Imperium Corporation (a Sample Company) (DEMO3)	5	2	0	1	5	8
Totals:		94	12	41	90	237

Eligibility and Flexible Claim Data Queries

These two applications allows users to build, save and retrieve specialized or ad-hoc analysis and reporting functions. Through the use of dynamic and comprehensive filters, users can create reports that meet very specific needs for clients or broker/consultants. All report output can be exported to Microsoft Excel for futher analysis.

Below is a screen capture of the data input section for these functions:



Claim Data Query

This interface allows you to retrieve utilization information from your experience database. You may select a predefined query from the list at right or you may build your own query as follows:

1. Select the date range of interest.
2. Select fields to filter the data (optional).
3. Select fields with which to sort the output (optional).
4. Select the data fields to display.
   (**Note:** Selecting no fields will display all available fields)
5. Press the "Run Query" button to view the results.

Available Predefined Queries:

Diagnoses & Procedures
Over $1000 Service Summary
Over $500 Service Summary

Current Query Description:

Over $1000 Service Sur

Run Query:

Reset Query:

Display in Browser: ☑

Include Code Descriptions Where Applicable: ☐

Output Detail Lines: ☑

Output Subtotals For Sort Fields: ☐

1. Select Date Range

Check Date From: 6/1/2006 To: 6/30/2006

(Available Check Date Range: 9/30/2004 to 7/20/2006)

2. Select Comparison Fields

		Operator	Values		
Comparison 1	Total Charge Amount	>	1000		AND
Comparison 2	None	=			AND
Comparison 3	None	=			AND
Comparison 4	None	=			AND
Comparison 5	None	=			

3. Select Sort Order

Sort Field 1	Total Charge Amount
Sort Field 2	None
Sort Field 3	None
Sort Field 4	None
Sort Field 5	None

Select Sort Type

Type Ascending

4. Select Display Columns

Display Column 1	Total Charge Amount
Display Column 2	Allowed Charge Amount
Display Column 3	Discount Amount
Display Column 4	Deductible Amount
Display Column 5	Not Covered Amount
Display Column 6	Coinsurance Amount
Display Column 7	Copay Amount
Display Column 8	Payee Name
Display Column 9	Check Date

Claim Data Query - Results

Modify Query

Download to Excel

Imperium Corporation (a Sample Company) - Group ID: DEMO3

Output Generated: 11/21/2006

Date Range: Check Date 6/1/2006 through 6/30/2006

Comparisons: Total Charge Amount > 1000

Total Charge Amount	Allowed Charge Amount	Discount Amount	Deductible Amount	Not Covered Amount	Coinsurance Amount	Copay Amount	Payee Name	Check Date
$1008	$1008	$1008	$0	$0	$0	$0	ASSOCIATED MEDICAL	6/1/2006
$1050	$1050	$105	$0	$0	$0	$0	ASSOCIATED ANESTHESIA	6/29/2006
$1054	$1054	$316.2	$0	$0	$147.56	$0	ASSOCIATED HOSPITAL	6/15/2006
$1073.06	$1073.06	$0	$0	$0	$0	$0	ASSISTANCE INC	6/8/2006
$1081.68	$0	$125.37	$0	$0	$0	$60	SURGERY NUCLEAR PEDS	6/3/2006
$1136	$1136	$227.2	$0	$0	$0	$0	THERAPUTIC HOSPITAL	6/1/2006
$1228	$1228	$360	$0	$0	$0	$0	CREATIVE BONE	6/8/2006
$1235	$1235	$197.6	$0	$0	$103.74	$0	ASSOCIATED HEALTHCARE	6/22/2006
$1250	$1250	$0	$0	$0	$625	$0	SURGERY ENDOCR	6/22/2006
$1250	$0	$0	$0	$1250	$0	$0	SURGERY ENDOCR	6/15/2006
$1250	$0	$0	$0	$1250	$0	$0	ASSOCIATED DENTAL	6/1/2006
$1260	$1134	$340.2	$0	$126	$0	$0	ASSOCIATED INFUSION	6/8/2006
$1306	$1306	$662	$513	$0	$26.2	$0	ASSOCIATED MEDICAL	6/1/2006
$1375	$0	$0	$0	$1375	$0	$0	SURGERY ENDOCR	6/15/2006
$1531.22	$1531.22	$0	$0	$0	$0	$0	ASSISTANCE INC	6/29/2006
$1731	$1731	$1165	$50	$0	$51.6	$0	NUCLEAR PARTNERS	6/1/2006
$1800	$1800	$1134	$0	$0	$133.2	$0	ASSISTANCE GASTRO	6/8/2006
$1860	$1860	$160.6	$250	$0	$144.94	$0	ASSOCIATED HEALTHCARE	6/1/2006
$1912	$1912	$1182	$0	$0	$0	$0	CREATIVE BONE	6/22/2006
$2073	$0	$0	$0	$2073	$0	$0	ASSOCIATED ORTHO	6/1/2006
$2135.57	$2135.57	$341.69	$147	$0	$164.69	$0	ASSOCIATED HEALTHCARE	6/1/2006
$2230.25	$2230.25	$267.63	$250	$0	$171.26	$0	ASSOCIATED HOSPITAL	6/8/2006
$2358	$0	$0	$0	$2358	$0	$0	ASSOCIATED ORTHO	6/1/2006
$2554	$2554	$1745	$0	$0	$80.9	$0	ASSOCIATED HEALTH	6/15/2006
$2888	$2888	$1172	$650	$0	$213.2	$0	ASSOCIATED MED CTR	6/22/2006
$2996.75	$2996.75	$749.19	$0	$0	$224.76	$0	ASSOCIATED HOSPITAL	6/8/2006
$3352	$3352	$0	$0	$0	$232.5	$0	ASSOCIATED HEALTHCARE	6/15/2006
$3712.85	$3712.85	$0	$0	$0	$0	$0	ASSISTANCE INC	6/29/2006
$3885	$3635	$0	$0	$250	$0	$0	HOSP FAMILY	6/29/2006
$3885	$3885	$771.75	$0	$0	$0	$0	HOSP FAMILY	6/15/2006
$4146	$0	$0	$0	$4146	$0	$0	PARTNERS HOSP	6/1/2006
$4716	$0	$0	$0	$4716	$0	$0	PARTNERS HOSP	6/1/2006
$5264.62	$5264.62	$789.69	$350	$0	$824.99	$0	ASSOCIATED P C	6/15/2006
$5324	$5324	$4553	$0	$0	$77.1	$0	ASSOCIATED ORTHO	6/15/2006
$7828.86	$7828.86	$4383.26	$0	$0	$0	$0	ASSOCIATED HEALTHCARE	6/15/2006
$9946.81	$9946.81	$0	$0	$0	$0	$0	ASSISTANCE INC	6/8/2006
$10360	$10110	$518	$0	$250	$871.6	$0	HOSP FAMILY	6/1/2006
$11550	$11550	$0	$0	$0	$0	$0	HOSP FAMILY	6/15/2006
$11550	$11550	$771.75	$0	$0	$0	$0	HOSP FAMILY	6/29/2006
$128,147.67	$109,271.99	$23,046.13	$2,210.00	$17,794.00	$4,093.24	$60.00		

Total Number of Records: 39

Filter Column: All

Filter Operator: None

Filter Value:

Modify Query