

Clinical Practice Management, Inc.

Collection Decision Memo

Practice:	Name of Clinic
Attention:	Reimbursement Manager
Date:	7/21/2009
Patient Name:	Patient Name Here
Account Number:	Account Number Here
Financial Class:	MCARE
Carrier Name:	Medicare
Start Date	5/1/2009
End Date	5/21/2009
Visits	20

Decision Tables

Discount on Open Balance	Patient Payment Required*	PPV
5%	\$ 67.45	\$ 113.12
10%	\$ 63.90	\$ 112.94
15%	\$ 60.35	\$ 112.77
20%	\$ 56.80	\$ 112.59
25%	\$ 53.25	\$ 112.41
30%	\$ 49.70	\$ 112.23
35%	\$ 46.15	\$ 112.06
40%	\$ 42.60	\$ 111.88

	\$	% of Charges
Total Charges	\$ 3,830.00	100%
Insurance Payment	\$ 2,194.97	57%
Insurance Credit	\$ 1,564.03	41%
Patient Payments		0%
Patient Credit	\$ -	0%
Total Payments	\$ 2,194.97	57%
Total Credits	\$ 1,564.03	41%
Actual PPV	\$ 109.75	
Balance Due	\$ 71.00	2%

Target PPV of:	Patient Payment Required*	Discount on Open Balance
\$ 100.00	\$ (194.97)	375%
\$ 95.00	\$ (294.97)	515%
\$ 90.00	\$ (394.97)	656%
\$ 85.00	\$ (494.97)	797%
\$ 80.00	\$ (594.97)	938%
\$ 75.00	\$ (694.97)	1079%
\$ 70.00	\$ (794.97)	1220%
\$ 65.00	\$ (894.97)	1361%

*May not collect more than balance due

Comments:	DOS 05-01-09 MC originally denied for KX. Claim has been rebilled twice with no additional reimbursement PPV of \$109.75		
Carrier name:	Medicare	Date Last Sent:	
# of statements sent	0	Date Last Call Made:	
# of telephone calls made	0		
Certified letter sent	N/A		
Result	N/A		
Recommended action	(B09)		
Reimbursement Representative	_____	Date:	7/21/2009
	Reimbursement Service Manager		
The following action is approved in the absence of additional recourse			
	<input type="checkbox"/>	Accept Recommended Action	
	<input type="checkbox"/>	Collection Agency	
	<input type="checkbox"/>	Other Action _____	
Reimbursement Service Manager	_____	Date:	_____
Clinical Practice Management			

Clinic Representative	_____	Date:	_____
Facility Name	Name of Clinic		
Please re-open case, additional recourse as follows:			

