



**HOSPITAL**  
Contract Compliance Analysis

Payor ID: 1234  
 Payor Name: XYZ HMO  
 Contract reimbursement method: OP Fee Schedule

Demographic Information:

Patient Account: 517  
 Policy Number: AB123

Service Information:

Admit Date: 05/28/01  
 Discharge Date: 05/28/01  
 Type of Service: OP  
 DRG Assigned:  
 DRG Description:

Contract Analysis:

Contract terms state Outpatient Fee Schedule services are paid at 190% of the fee schedule rate. Non-fee schedule services are paid at 90% of hospital charges. Only 1 CPT code for the Cardiac Cath was reflected on the UB-92. All components were coded in the hospital system, but the CPT codes did not print on the UB.

Account Calculations:

Total Charges: \$6,445.45  
 Amount Due Per Contract: **\$6,936.16**

	Hospital Recovery		AMR Recovery		AMR Inv
1 <sup>st</sup> Payment	\$2,392.72	10/20/01	<b>\$3,372.67</b>	<b>01/20/02</b>	<b>789</b>
2 <sup>nd</sup> Payment	\$0.00				
3 <sup>rd</sup> Payment	\$0.00				
Patient Responsibility	\$1,170.77				
Outstanding Amt Due	\$3,372.67				
<b>AMR has obtained an additional:</b>			<b>\$3,372.67</b>		
<b>AMR continues to pursue</b>			<b>\$0.00</b>		