

Sample Healthcare Practice
Sample Custom Report

8/9/2007

Custom Report

CODE	DESCRIPTION	CHRG/UNIT	COUNT	TOTAL
07648	DECOMPRESSION CARPAL TUNNEL	\$1,076.48	6	\$2,152.96
101	FIRST OFFICE VISIT	\$75.00	8	\$622.00
102	SUBSEQUENT OFFICE VISIT	\$45.00	11	\$495.00
27145	PES ANSERINUS TRANS FASCIAL / TENDON GRAFT	\$3,664.64	2	\$7,329.28
27370	INJECTION FOR KNEE ARTHROGRAPHY	\$91.61	4	\$366.44
27372	REMOVAL FOREIGN BODY DEEP	\$641.31	1	\$641.31
27373	ARTHROSCOPY KNEE W OR W/O BIOPSY	\$916.16	5	\$2,564.65
27418	ANTERIOR TIBIAL TUBERCLE PLASTY CHONDROMALACIA PATELA	\$4,786.95	1	\$4,786.95
47420	HAUSER PROCEDURE	\$2,290.04	1	\$22.90
90010	INITIAL LIMITED HISTORY & EXAMINATION	\$64.18	4	\$1,050.00
90015	INITIAL INTERMEDIATE EXAMINATION	\$94.92	4	\$319.92
90020	INITIAL COMPREHENSIVE EXAMINATION	\$158.20	3	\$175.00
90040	BRIEF EXAMINATION	\$31.64	3	\$575.00
90050	LIMITED EXAMINATION	\$47.01	4	\$585.00
90060	INTERMEDIATE EXAMINATION	\$58.76	2	\$325.00
90099	POST OPERATIVE SURGERY	\$0.00	1	\$0.00
90600	LIMITED CONSULTAION	\$89.50	1	\$88.66
GRAND TOTAL			61	\$22,100.07
Count = 18				