



SAMPLE
Employer Claim History

Agency Name: **Martin, William J**

Plan Year: **January 2015 through December 2015**

Claim Activity by Service Category

Plan Year To Date	Office Visits	Emergency Room	Outpatient Physician Services	Lab and Diagnostic	Outpatient Hospital	Inpatient Hospital	Prescription Drugs	Other Services	Totals
Claim Count:	89	0	5	1	9	0	86	1	191
Amount Billed:	9,968.13	0.00	11,112.00	5.14	22,550.97	0.00	11,737.13	30.00	55,403.37
Discounts:	3,595.00	0.00	8,236.38	0.00	13,929.31	0.00	5,853.57	0.00	31,614.26
Discount %:	36.1%	0.0%	74.1%	0.0%	61.8%	0.0%	49.9%	0.0%	57.1%
Amounts Not Covered:	55.21	0.00	0.00	0.00	0.00	0.00	55.51	0.00	110.72
Not Covered %:	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.2%
Member Paid Amount:	1,634.22	0.00	725.10	0.00	5,807.42	0.00	760.00	0.00	8,926.74
Member Paid %:	16.4%	0.0%	6.5%	0.0%	25.8%	0.0%	6.5%	0.0%	16.1%
Plan Paid Amount:	4,683.70	0.00	2,150.52	5.14	2,814.24	0.00	5,068.05	30.00	14,751.65
Plan Paid %:	47.0%	0.0%	19.4%	100.0%	12.5%	0.0%	43.2%	0.0%	26.6%
Average Claim Payment \$:	52.63	0.00	430.10	5.14	312.69	0.00	58.93	0.00	77.23
Percent of Total Billed Dollars:	18.0%	0.0%	20.1%	0.0%	40.7%	0.0%	21.2%	0.1%	100.0%
Percent of Total Paid Dollars:	31.8%	0.0%	14.6%	0.0%	19.1%	0.0%	34.4%	0.2%	100.0%
Last Three Months	Office Visits	Emergency Room	Outpatient Physician Services	Lab and Diagnostic	Outpatient Hospital	Inpatient Hospital	Prescription Drugs	Other Services	Totals
Claim Count:	32	0	1	0	3	0	22	1	59
Amount Billed:	3,436.26	0.00	4,301.00	0.00	6,054.25	0.00	3,091.96	30.00	16,913.47
Discounts:	1,433.70	0.00	3,617.80	0.00	3,329.85	0.00	1,843.30	0.00	10,224.65
Discount %:	41.7%	0.0%	84.1%	0.0%	55.0%	0.0%	59.6%	0.0%	60.5%
Amounts Not Covered:	30.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.34
Not Covered %:	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Member Paid Amount:	350.34	0.00	0.00	0.00	1,191.15	0.00	170.00	0.00	1,711.49
Member Paid %:	10.2%	0.0%	0.0%	0.0%	19.7%	0.0%	5.5%	0.0%	10.1%
Plan Paid Amount:	1,621.88	0.00	683.20	0.00	1,533.25	0.00	1,078.66	30.00	4,946.99
Plan Paid %:	47.2%	0.0%	15.9%	0.0%	25.3%	0.0%	34.9%	0.0%	29.2%
Average Claim Payment \$:	50.68	0.00	683.20	0.00	511.08	0.00	49.03	0.00	83.85
Percent of Total Billed Dollars:	20.3%	0.0%	25.4%	0.0%	35.8%	0.0%	18.3%	0.2%	100.0%
Percent of Total Paid Dollars:	32.8%	0.0%	13.8%	0.0%	31.0%	0.0%	21.8%	0.6%	100.0%