

# **Exa® PACS/RIS**

# **Workflow Guide**

## **Reports Dictionary**

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## Schedule & Exports

### Daily Schedules Reports

Use the Reports Filter page to define the information to appear in the report.

REPORTS - Report Filter
⊕

**CLEAR FILTER**

From: 06/29/2020  
To: 11/30/2020

**Facilities**

Test Facility ✕

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**Date Filter**

Study Date

Schedule Date

**Filter Fields**

**From Date/To Date \***

06/29/2020

11/30/2020

**Facility \***

All Facilities

Select facilities

**Modality**

DX

CR

BD

**Modality Rooms**

Select modality rooms

**Study Status**

Select study status

**Schedule Status**

Select schedule status

**Cancel Reasons**

3 Attempts Made—Physician Notified

Adverse Reaction

**Search Report**

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**Report Types**

Daily Schedules

Patient Form

Patient Daily Schedule Form

By Appointment Type

Detailed Appointment Type

By Modality

By Doctor

By Status

By Transportation

Completed Schedules

Incomplete Schedules

Walkin

Studies by CPT

Referring Physician Format 1

Referring Physician Format 2

Referring Physician Format 3

Referring Physician Format 4

Top Referring Doctor

Study List - Ordering Facility

Study List - Technologist

Cancellation Reason

Study By Radiologist

**Patients**

Search Patient

**Referring Physician**

Last Name First Name

From To From To

**Reading Physician**

Last Name First Name

From To From To

**Ordering Facility**

Search Ordering Facility

**Insurance Providers**

Search Insurance provider

**Procedure Codes**

Search CPT

**Diagnostic Codes**

Search ICD

**Marketing Rep.**

Search Marketing Rep

**DICOM Studies**

Return Only DICOM studies

**Deleted Studies**

Included Deleted Studies

### Daily Schedules

**Study Date : 10/08/2020**

Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	Referring Physician	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
11:15 AM	Test 1, Test /	4361038 / 01/09/1972		To Be Added, To Beaded	1234	Self Pay-AZ LLC Cash	MR	MR-Test	THORACIC SPINE WITHOUT CONTRAST -

**Study Date : 10/20/2020**

Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	Referring Physician	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
02:05 AM	test, eastern /	6203625 / 07/09/1996		Monroy, Eduardo	caor	Company Account Over Read	CR	X-ray-Test	CHEST 1 VIEW -
06:20 AM	Test, Jennifer Km /	6511306 / 03/25/1988		Michael Bisco MD	1234567	KELAHER LAW OFFICE	CR	X-ray-Test	ABDOMEN 2 VIEWS -
09:30 AM	Test, Test /	4397306 / 01/01/1996		Cox, Kimberli	198845	Test	BD	Dexa-Test	BONE DENSITY (SCREENING) -

**Study Date : 10/26/2020**

Time	Patient Name / Telephone#(s)	Patient# / Date Of Birth	Radiologist	Referring Physician	Subscriber ID	Insurance	Modality	Modality Room	Appt or Activity
05:01 PM	Test, Cody /	2838767 / 12/04/1991		Olejniczaktest, Steventest	11111111	AETNA	CR		ABDOMEN 2 VIEWS -
06:24 PM	Test, Cody /	2838767 / 12/04/1991		Van Dam, Lindsay K N.P.	1111121312	AETNA	MG		DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT) -

### Patient Form

**EXA Report - - Patient Form**

Patient ID: 2838767

<b>Patient :</b> Test, Cody <b>Age :</b> 28 <b>Gender :</b> F <b>SSN :</b>	<b>MRN :</b> 2838767 <b>DOB :</b> 12/04/1991 <b>Address 1 :</b> Test address <b>Address 2 :</b> Test suite <b>City :</b> PHOENIX <b>State :</b> AZ <b>ZIP :</b> 85001
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**REFERRING PROVIDER**

<b>Ref. Name :</b> Test, Physician NP <b>Phone # :</b> <b>Fax :</b> (602)302-5982	<b>Address 1 :</b> 483 N Semoran Blvd suite 202 <b>Address 2 :</b> <b>City :</b> Winter Park <b>State :</b> FL <b>ZIP :</b> 32792
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**INSURANCE**

<b>Primary :</b> AETNA <b>Relationship :</b> Self	<b>Policy # :</b> 11111111 <b>Address 1 :</b> PO BOX 981106 <b>Address 2 :</b> <b>City :</b> EL PASO <b>State :</b> TX <b>ZIP :</b> 79998
<b>Secondary :</b> <b>Relationship :</b>	<b>Policy # :</b> <b>Address 1 :</b> <b>Address 2 :</b> <b>City :</b> <b>State :</b> <b>ZIP :</b>
<b>Tertiary :</b> <b>Relationship :</b>	<b>Policy # :</b> <b>Address 1 :</b> <b>Address 2 :</b> <b>City :</b> <b>State :</b> <b>ZIP :</b>

**STUDIES**

Accession #	DOS	CPT	Study	Status
17402817	11/10/2020	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Approved
17278141	10/26/2020	77061,77065	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	Done Awaiting Addendum
17277924	10/26/2020	74019	ABDOMEN 2 VIEWS	Approved

**ICD CODES**

Date	ICD Code	ICD Desc	Status
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### Patient Daily Schedule form

Patient ID: 2838767		EXA Report -	Patient Daily Schedule Form		
<p><b>Patient:</b> Test, Cody  <b>Age:</b> 28  <b>Gender:</b> F  <b>SSN:</b></p>	<p><b>MRN:</b> 2838767  <b>DOB:</b> 12/04/1991  <b>Address 1:</b> Test address  <b>Address 2:</b> Test suite  <b>City:</b> PHOENIX  <b>State:</b> AZ  <b>ZIP:</b> 85001</p>				
<b>REFERRING PROVIDER</b>					
<p><b>Ref. Name:</b> Olejniczaktest, Steven  <b>Phone #:</b>  <b>Fax:</b></p>	<p><b>Address 1:</b> 123 Super Test Street  <b>Address 2:</b> Suite Test  <b>City:</b> 85251  <b>State:</b> AZ  <b>ZIP:</b></p>				
<b>INSURANCE</b>					
<p><b>Primary:</b> ACTNA  <b>Relationship:</b> Self</p>	<p><b>Policy #:</b> 11111111  <b>Address 1:</b> PO BOX 988106  <b>Address 2:</b>  <b>City:</b> EL PASO  <b>State:</b> TX  <b>ZIP:</b> 79998</p>				
<p><b>Secondary:</b>  <b>Relationship:</b></p>	<p><b>Policy #:</b>  <b>Address 1:</b>  <b>Address 2:</b>  <b>City:</b>  <b>State:</b>  <b>ZIP:</b></p>				
<p><b>Tertiary:</b>  <b>Relationship:</b></p>	<p><b>Policy #:</b>  <b>Address 1:</b>  <b>Address 2:</b>  <b>City:</b>  <b>State:</b>  <b>ZIP:</b></p>				
<b>STUDIES</b>					
<b>Study Date: 10/26/2020</b>					
<b>Accession #</b>	<b>DOS</b>	<b>CPT</b>	<b>Study</b>	<b>Status</b>	<b>Number of Images</b>
17278141	10/26/2020	77061,77065	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	Done Awaiting Addendum	
17277924	10/26/2020	74019	ABDOMEN 2 VIEWS	Approved	
<b>Study Date: 11/10/2020</b>					
<b>Accession #</b>	<b>DOS</b>	<b>CPT</b>	<b>Study</b>	<b>Status</b>	<b>Number of Images</b>
17432817	11/10/2020	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Approved	
<b>ICD CODES</b>					
<b>Date</b>	<b>ICD Code</b>	<b>ICD Desc</b>		<b>Status</b>	

## By Appointment Type

EXA Report - Appointment Type

**Modality: BD**

Referring Physician	Study Description Type	Count
Cox, Kimberli	BONE DENSITY (SCREENING)	1

**Modality: CR**

Referring Physician	Study Description Type	Count
Ahmar, Wasim	CHEST 2 VIEWS	1
Birbaum, Gary	CLAVICLE (RIGHT)	1
Birbaum, Gary	FACIAL BONES 1-2 VIEWS	1
Daniel H	ABD 3 VIEWS-DECUB AND /OR ERECT VIEWS	1
Ferguson, Carl E	CHEST 2 VIEWS	1
MD Michael Bisco	ABDOMEN 2 VIEWS	2
MD Test, Cody	BONE LENGTH STUDY	1
Monroy, Eduardo	CHEST 1 VIEW	1
Olejniczaktest, Steventest	ABDOMEN 2 VIEWS	1
Test, Referring	ABDOMEN 2 VIEWS	2

**Modality: CT**

Referring Physician	Study Description Type	Count
Birbaum, Gary	ABDOMEN WITH AND WITHOUT CONTRAST	1
Birbaum, Gary	inactive	1
M.D. Johnston, Janice G	SCANOGRAM	1
MD Michael Bisco	ABDOMEN & PELVIS WITH CONTRAST	1
NP Test, Physician	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	1
Test, Referring	ABDOMEN & PELVIS WITHOUT CONTRAST	2
Test, Referring	ABDOMEN WITHOUT CONTRAST	1

**Modality: MG**

Referring Physician	Study Description Type	Count
- duplicate - 114539 Test, Cody	DIAGNOSTIC MAMMO, BIL W/3D TOMOSYNTHESIS	1
- duplicate - 114539 Test, Cody	SCREENING MAMMO W/3D TOMOSYNTHESIS	1
Amparan, Keli	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	1
Daniel H	DIAGNOSTIC MAMMO DIGITAL, BIL	1
N.P. Van Dam, Lindsay K	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	1

**Modality: MR**

Referring Physician	Study Description Type	Count
Ahmar, Wasim	ABDOMEN WITH CONTRAST	1
Birbaum, Gary	ABDOMEN WITH CONTRAST	1
Birbaum, Gary	BRACHIAL PLEXUS/CHEST WITH CONTRAST	1
Test, Hli	INACTIVE	1
To Be Added, To Beadded	THORACIC SPINE WITHOUT CONTRAST	1

## Detailed Appointment Type

EXA Report - - Detailed Appointment Type

**Modality: BD**

Referring Physician	Study Description Type	Count	DOS	Account #	Patient Name	DOB	Gender	Primary Insurance
Cox, Kimberli	BONE DENSITY (SCREENING)	1	10/20/2020	4397306	Test, Test	01/01/1996	M	Test

**Modality: CR**

Referring Physician	Study Description Type	Count	DOS	Account #	Patient Name	DOB	Gender	Primary Insurance
Ahmar, Wasim	CHEST 2 VIEWS	1	07/31/2020	4622415	Smed2, Test	04/15/1965	F	HUMANA
Birnbaum, Gary	CLAVICLE (RIGHT)	1	07/31/2020	4621887	Mrttest, Jamie	07/31/1990	M	
Birnbaum, Gary	FACIAL BONES 1-2 VIEWS	1	07/22/2020	4488879	Jamiec, Test	09/13/1972	M	Evicore
Daniel H	ABD 3 VIEWS-DECUB AND /OR ERECT VIEWS	1	09/04/2020	6506436	Nuckols, Thomas test	08/18/1988	M	
Ferguson, Carl E	CHEST 2 VIEWS	1	11/10/2020	ECW38948	Test, Test	01/01/1930	F	
Michael Bisco MD	ABDOMEN 2 VIEWS	1	10/20/2020	6511306	Test, Jennifer Km	03/25/1988	F	KELAHER LAW OFFICE
Michael Bisco MD	ABDOMEN 2 VIEWS	1	11/23/2020	6511306	Test, Jennifer Km	03/25/1988	F	
Monroy, Eduardo	CHEST 1 VIEW	1	10/20/2020	6203625	test, eastern	07/09/1996	F	Company Account Over Read
Olejniczaktest, Steventest	ABDOMEN 2 VIEWS	1	10/26/2020	2838767	Test, Cody	12/04/1991	F	AETNA
Test, Cody MD	BONE LENGTH STUDY	1	08/05/2020	4361038	Test 1, Test	01/09/1972	M	Self Pay-AZ LLC Cash
Test, Referring	ABDOMEN 2 VIEWS	1	11/18/2020	6511306	Test, Jennifer Km	03/25/1988	F	AETNA MCARE OPEN PLAN
Test, Referring	ABDOMEN 2 VIEWS	1	11/18/2020	6511306	Test, Jennifer Km	03/25/1988	F	

## By Modality

EXA Report - - By Modality

Modality wise display the count based on the filters.

Filters:

Company:  From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:

Insurance Provider Names:  Marketing Rep Names:  Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:

View Dicom Only:

Modality	Total
BD	3
CR	13
CT	9
MG	5
MR	5
	35

## By Doctor (Ordering Physician)

**EXA Report - Schedules By Referring Doctor**  
 Report shows in schedules By Doctor for a user selected date range.

Filters:  
 Company: [ ] From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:   
 Insurance Provider Names:  Marketing Rep Names:  Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:   
 View Dicom Only:

**Schedule Date: 11/18/2020 Referring Physician: Test, Referring Room:**

Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
Test, Jennifer Km	6511306	ABDOMEN 2 VIEWS	17475350	74019			
Test, Test	ECW114533	ABDOMEN & PELVIS WITHOUT CONTRAST	17469147	74176			
Test, Jennifer Km	6511306	ABDOMEN 2 VIEWS	17465790	74019			
Test, Germaine	6506505	ABDOMEN WITHOUT CONTRAST	17465728	74150			
Test, Jennifer Km	6511306	ABDOMEN & PELVIS WITHOUT CONTRAST	17465725	74176			

Studies : 5

**Schedule Date: 11/18/2020 Referring Physician: Michael Bisco MD Room: CT-Test**

Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
Test, Jennifer	2892460	ABDOMEN & PELVIS WITH CONTRAST	17468738	74177			

Studies : 1

**Schedule Date: 11/23/2020 Referring Physician: Michael Bisco MD Room: X-ray-Test**

Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
Test, Jennifer Km	6511306	ABDOMEN 2 VIEWS	17451450	74019			

Studies : 1

## By Status

exa Reports » Konica Minolta Healthcare Americas » Schedules By Status  
 Report shows in schedules by status for a user selected date range.

Filters:  
 Company: Konica Minolta Healthcare Americas From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:  Insurance Provider Names:  Marketing Rep Names:   
 Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:  View Dicom Only:

**Status: Approved Room: H-CT**

Schedule Date Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
04/05/2022 Test, Jenn TESJ175		CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS	505	74178	A00.9		
07/15/2021 Test, Dorothy TesD67		CT SOFT TISS NCK C-/C+	241_1	70492	A02.0		
07/15/2021 Test, Dorothy TesD67		CT SOFT TISS NCK C-/C+	241	70492	A05.5		
03/31/2021 Test, Jenn TesJ1001		CT ABD & PELVIS W/CONTRAST	156	74177	W53.11XA		

Studies : 4

**Status: Approved Room: US ROOM 1**

Schedule Date Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
02/01/2022 Fred, Test fret1048		OPH ULTRASONIC FB LOCLZJ447	76529	G89.0			Rad, Cheryl

Studies : 1

**Status: Approved Room: Cat Scan**

Schedule Date Name	Account #	Exam	Accession #	CPT	ICD	Comments	Reading Physician
02/11/2022 Lobsta, Larry LobL1016		CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS	418	74178	K91.0		

Studies : 1

## By Transportation

This report is named "Schedules by Walkin" in the My Reports area.

### EXA Report - Konica Minolta Healthcare Americas - Schedules By Walkin

Report shows schedules by transportation details for a user selected date range.

Filters:

Company:  From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:  Insurance Provider Names:  Marketing Rep Names:  Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:  View Dicom Only:

#### Transport: Medical Transport

Patient	Contact Number	Study Date	Facility
Doe, John 123456 test testtown - RI - 68046	Home : Mobile :	07/29/2020 11:00 am	KMMI
Test, Test - -	Home : Mobile : Work :	07/29/2020 10:45 am	KMMI
Test, Danielle 123 Main St Gulfport - MS - 39503	Home : (123)456-789 Mobile : (123)467-8966 Work :	07/29/2020 09:10 am	KMMI
Sam, Yosemite G 123 Varmint Lane LAKELAND - FL - 33812	Home : (212)821-2222 Mobile : Work :	06/24/2020 04:40 pm	Looney Tunes Medical Center
Nuckols, Thomas 123 Main Street WASHOUGAL - WA - 98671	Home : (555)555-5555 Mobile : Work :	05/04/2020 04:00 pm	KMMI
Test, Colton - AL -	Home : Mobile : Work :	06/16/2020 12:20 am	KMMI

Studies : 6

#### Transport: Personal Vehicle

Patient	Contact Number	Study Date	Facility
11111, 11111 - -	Home : Mobile : Work :	04/27/2020 09:00 am	KMMI

Studies : 1



## Completed Schedules

**EXA Report - : - Completed Schedules**

Report shows studies for a user selected date range.

Filters:

Company:  From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:

Insurance Provider Names:  Marketing Rep Names:  Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:

**Schedule Date: 11/20/2020**

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
CT	CT-Test	TEST, TEST / ECW205453	01/01/2009 -	M	SCANOGRAM	M.D. Johnston, Janice G	P: S:	17431083	Approved	

Studies : 1

**Schedule Date: 11/10/2020**

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
CR		Test, Test / ECW38948	01/01/1930 -	F	CHEST 2 VIEWS	Ferguson, Carl E	P: S:	17408831	Approved	
CT	CT-Test	Test, Cody / 2838767	12/04/1991 - (623)219-7261	F	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	NP Test, Physician	P: TEST S:	17402817	Approved	

Studies : 2

## Incomplete Schedules

**EXA Report - In Completed Schedules**

Report shows in completed schedules for a user selected date range.

Filter:

Company:  From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:

Insurance Provider Names:  Marketing Rep Names:  Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:

**Schedule Date: 11/18/2020**

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
CR		Test, Jennifer Km / 6511306	03/25/1988 - (123)343-3344	F	ABDOMEN 2 VIEWS	Test, Referring	P: S:	17475350	Canceled	
CT	CT-Test	Test, Test / ECW114533	01/01/1960 -	F	ABDOMEN & PELVIS WITHOUT CONTRAST	Test, Referring	P: S:	17469147	Canceled	
CT	CT-Test	Test, Jennifer / 2892460	11/08/1982 -	F	ABDOMEN & PELVIS WITH CONTRAST	MD Michael Bisco	P: S:	17468738	Canceled	
CR	X-ray-Test	Test, Jennifer Km / 6511306	03/25/1988 - (123)343-3344	F	ABDOMEN 2 VIEWS	Test, Referring	P: AETNA MCARE OPEN PLAN S:	17465790	Canceled	
CT	CT-Test	Test, Germaine / 6506505	07/04/1981 - (215)290-7218	F	ABDOMEN WITHOUT CONTRAST	Test, Referring	P: S:	17465728	Canceled	
CT	CT-Test	Test, Jennifer Km / 6511306	03/25/1988 - (123)343-3344	F	ABDOMEN & PELVIS WITHOUT CONTRAST	Test, Referring	P: S:	17465725	Canceled	

Studies : 6

**Schedule Date: 11/23/2020**

Modality	Modality Room	Name / ID	DOB / Phone #	Gender	Study Description	Referring Physician	Insurance	Accession #	Study Status	Reason
CR	X-ray-Test	Test, Jennifer Km / 6511306	03/25/1988 - (123)343-3344	F	ABDOMEN 2 VIEWS	MD Michael Bisco	P: S:	17451450	Canceled	

Studies : 1

## Walkin

**EXA Report - Schedules By Walkin**

Report shows inschedules by walkin for a user selected date range.

Filter:

Company:  From Date:  To Date:  Patient Name:  Cancel Reason:  Diagnosis Codes:  Facilities:  Study Status:

Insurance Provider Names:  Marketing Rep Names:  Modalities:  Modality Rooms:  Ord. Facility Name:  Procedure Codes:  Include Delete Studies:

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**Schedule Date: 11/18/2020 Modality: CR**

Study Date	DOB	Patient Name	Patient Phone	Gender	CPT Description	ICD Codes	Referring Physician	Insurance	Accession #	Notes
11/18/2020 03:18 pm	03/25/1988	Test, Jennifer Km	(123)343-3344	F	ABDOMEN 2 VIEWS		Test, Referring	P : S :	17475350	

Studies : 1

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**Schedule Date: 11/10/2020 Modality: CR**

Study Date	DOB	Patient Name	Patient Phone	Gender	CPT Description	ICD Codes	Referring Physician	Insurance	Accession #	Notes
11/10/2020 04:54 pm	01/01/1930	Test, Test		F	CHEST 2 VIEWS	ABDOM AORTIC ANEURYSM, Peripheral vascular disease, unspecified, Peripheral vascular disease, unspecified, Unstable angina	Ferguson, Carl E	P : S :	17408831	

Studies : 1

## Studies by CPT

**CPT: 74019 Description: RADIOLOGIC EXAM ABDOMEN 2 VIEWS**

Patient ID	Patient Name	Date Of Service	Study Name	Primary Insurance	Referring Doctor
6511306	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS		Test, Referring
6511306	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	AETNA MCARE OPEN PLAN	Test, Referring
6511306	Test, Jennifer Km	11/23/2020	ABDOMEN 2 VIEWS		MD Michael Bisco
2838767	Test, Cody	10/26/2020	ABDOMEN 2 VIEWS	AETNA	Olejniczaktest, Steventest
6511306	Test, Jennifer Km	10/20/2020	ABDOMEN 2 VIEWS	KELAHER LAW OFFICE	MD Michael Bisco
6506436	Nuckols, Thomas test	09/11/2020	ABDOMEN 2 VIEWS	Test	
6506436	Nuckols, Thomas test	09/04/2020	ABD 3 VIEWS-DECUB AND /OR ERECT VIEWS		Daniel H

**CPT: 74150 Description: CT ABDOMEN W/O CONTRAST MATERIAL**

Patient ID	Patient Name	Date Of Service	Study Name	Primary Insurance	Referring Doctor
6506505	Test, Germaine	11/18/2020	ABDOMEN WITHOUT CONTRAST		Test, Referring

**CPT: 74170 Description: CT ABDOMEN W/O & W/CONTRAST MATERIAL**

Patient ID	Patient Name	Date Of Service	Study Name	Primary Insurance	Referring Doctor
4621887	Mrttest, Jamie	07/31/2020	ABDOMEN WITH AND WITHOUT CONTRAST		Birnbaum, Gary

### Referring Physician Format 1

Referring Physician Name	Address	City	State	ZIP	Phone	Office Phone	Total No Of Exams Referred
Test, Referring	TEST REFERRING NEW CONTACT	-	-	-	-	-	5
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800	-	3
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000	-	1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	-	1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792	-	-	1

### Referring Physician Format 2

Referring Physician Name	Address	City	State	ZIP	Phone	Office Phone	Total No Of Exams Referred	Studies Count By Modality
Test, Referring	TEST REFERRING NEW CONTACT	-	-	-	-	-	5	CR,1,CT,1
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800	-	3	CT,1,CR,1
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000	-	1	CT,1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	-	1	CR,1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792	-	-	1	CT,1

### Referring Physician Format 3

**Referring Name: Test, Referring**  
**TEST REFERRING NEW CONTACT**

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**Phone#: - Fax#:**

**Total Referring Count : 5**

Modality	Patient Name	DOS	Study Name	Primary Insurance
CR	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	
CT	Test, Test	11/18/2020	ABDOMEN & PELVIS WITHOUT CONTRAST	
CR	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	AETNA MCARE OPEN PLAN
CT	Test, Germaine	11/18/2020	ABDOMEN WITHOUT CONTRAST	
CT	Test, Jennifer Km	11/18/2020	ABDOMEN & PELVIS WITHOUT CONTRAST	

**Referring Name: MD Michael Bisco**  
**Retired - 201 West Guadalupe Ste 209**  
**Gilbert - AZ - 85233**

**Phone#: - Fax#:**

**Total Referring Count : 3**

Modality	Patient Name	DOS	Study Name	Primary Insurance
CT	Test, Jennifer	11/18/2020	ABDOMEN & PELVIS WITH CONTRAST	
CR	Test, Jennifer Km	11/23/2020	ABDOMEN 2 VIEWS	
CR	Test, Jennifer Km	10/20/2020	ABDOMEN 2 VIEWS	KELAHER LAW OFFICE

### Referring Physician Format 4

Referring Physician Name	Referring Physician Address	City	State	ZIP	Phone #	Facility	No. Of Patients	No. Of Studies	Modality	Incomplete	Complete	Schedules
Test, Referring	TEST REFERRING NEW CONTACT					Test Facility	3	5	CR	2	0	0
									CT	3	0	0
									Total	5	0	0
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800	Test Facility	2	3	CT	1	0	0
									CR	2	0	0
									Total	3	0	0
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000	Test Facility	1	1	CT	0	1	0
									Total	0	1	0
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	Test Facility	1	1	CR	0	1	0
									Total	0	1	0
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792		Test Facility	1	1	CT	0	1	0
									Total	0	1	0

### Top Referring Doctor

<b>Referring Physician Name: Test, Referring</b>	<b>Referring Physician Fax #: (123)343-4343</b>
--	---

Patient Name	Accession #	Schedule Date	Phone #
Test, Jennifer Km	17475350	11/18/2020	(123)343-3344
Test, Test	17469147	11/18/2020	
Test, Jennifer Km	17465790	11/18/2020	(123)343-3344
Test, Germaine	17465728	11/18/2020	(215)290-7218
Test, Jennifer Km	17465725	11/18/2020	(123)343-3344

Total : 5

<b>Referring Physician Name: Michael Bisco MD</b>	<b>Referring Physician Fax #: 4808923258</b>
---	--

Patient Name	Accession #	Schedule Date	Phone #
Test, Jennifer	17468738	11/18/2020	
Test, Jennifer Km	17451450	11/23/2020	(123)343-3344
Test, Jennifer Km	17096838	10/20/2020	(123)343-3344

Total : 3

### Study List - Ordering Facility

<b>Test, Test - ECW205453</b>	<b>DOB: 01/01/2009</b>	<b>SSN:</b>
-------------------------------	------------------------	-------------

Ordering Facility	Study Date	CPT Code	Study Description	Priority
	11/20/2020 10:20 am	77073	SCANOGRAM	
	11/10/2020 04:54 pm	71046	CHEST 2 VIEWS	

Studies : 2

<b>Test, Cody - 2838767</b>	<b>DOB: 12/04/1991</b>	<b>SSN:</b>
-----------------------------	------------------------	-------------

Ordering Facility	Study Date	CPT Code	Study Description	Priority
	11/10/2020 02:30 pm	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	
	10/26/2020 06:24 pm	77061, 77065	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	
	10/26/2020 05:01 pm	74019	ABDOMEN 2 VIEWS	

Studies : 3

### Study List – Technologist

<b>Test, Test - ECW205453</b>		<b>DOB: 01/01/2009</b>		<b>SSN:</b>		
Study Date	Facility Name	Ordering Facility	Patient Name	CPT Description	Technologist	Place of Service
11/20/2020 10:20 am	Test Facility		Test, Test	SCANOGRAM		
11/10/2020 04:54 pm	Test Facility		Test, Test	CHEST 2 VIEWS		
<b>Studies : 2</b>						

<b>Test, Cody - 2838767</b>		<b>DOB: 12/04/1991</b>		<b>SSN:</b>		
Study Date	Facility Name	Ordering Facility	Patient Name	CPT Description	Technologist	Place of Service
11/10/2020 02:30 pm	Test Facility		Test, Cody	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST		
10/26/2020 06:24 pm	Test Facility		Test, Cody	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)		
10/26/2020 05:01 pm	Test Facility		Test, Cody	ABDOMEN 2 VIEWS		
<b>Studies : 3</b>						

### Cancellation Reason

Schedule Date: 11/23/2020

Modality	Modality Room	Status	Cancel Reason	Name / ID	DOB / Age	Gender	Proc / Dia	Referring Doctor	Cancelled Date
CR	X-ray-Test	Cancelled	TEST STUDY	Test, Jennifer Km 6511306 11/23/2020 12:20 AM Select	03/25/1988 / 32	F	ABDOMEN 2 VIEWS	MD Michael Bisco	11/29/2020 04:48 PM
<b>Studies : 1</b>									

Schedule Date: 10/20/2020

Modality	Modality Room	Status	Cancel Reason	Name / ID	DOB / Age	Gender	Proc / Dia	Referring Doctor	Cancelled Date
BD	Dexa-Test	Cancelled	Scheduling Conflict	Test, Test 4397306 10/20/2020 09:30 AM Select	01/01/1996 / 24	M	BONE DENSITY (SCREENING)	Cox, Kimberli	10/20/2020 02:45 AM
CR	X-ray-Test	Cancelled	TEST STUDY	Test, Jennifer Km 6511306 10/20/2020 06:20 AM Select	03/25/1988 / 32	F	ABDOMEN 2 VIEWS	MD Michael Bisco	10/23/2020 12:10 PM
CR	X-ray-Test	Cancelled	TEST STUDY	test, eastern 6203625 10/20/2020 02:05 AM Select	07/09/1996 / 24	F	CHEST 1 VIEW	Monroy, Eduardo	11/01/2020 06:43 PM
<b>Studies : 3</b>									

### Study by Radiologist

Approving Physician Name	Modality	Studies Count By Modality
Test, Radiologist	CR	4
	CT	4
	MG	1
	MR	3
	Total	12

## Export Completed Studies

Date Type \*  Schedule Date  Approved Date  Approved/Coded Date Ordering Facility

04/01/2020  11/30/2020  All

Facility \*

Options  Filter Completed Studies  Filter Approved Studies  
 Filter Approved/Coded

The exported report includes the following columns.

Facility	Authorization	CPT codes	SSN	Home phone	Technologist
Accession #	Schedule time	Modalities	Provider Name	Marital status	Reason for study
Report count	Study Unread Date & Time	DOB	Communication Pref.	Height	Units
Flag	Account #,	Age	Address	Weight	BMI
Scheduled date	First name	Gender	Email	Department	Blood pressure
Ordering Provider	Middle Name	Approving Provider	Body Part	Station	Heart Rate
Study description	Last Name	Approved Date & Time	Institution	STAT	Respiratory rate
Reading Physician	Modality room	DICOM Patient ID	Study UID	Study Received Date & Time	Body temp
Priority	# of series	Guarantor	Guarantor Gender	Guarantor Mobile	Guarantor email
Guarantor address	Guarantor Relationship	Guarantor phone number	Insured	Insured Gender	Insured Mobile
Insured email	Insured Address	Insured Relationship	Insured Phone Number	Primary Insurance Group Name	Primary Insurance Group Number
Primary Insurance Policy Number	Primary Insurance Employment Status	Primary Insurance Name	Primary Insurance Code	Primary Insurance Fax #	Primary Insurance State
Primary Insurance phone number	Primary Insurance Address	Referring Provider Name	Referring Provider Code	Referring Provider Address	Referring Provider email
Referring Provider Fax	Referring Provider Phone Number	Ordering Facility	Critical findings	Addendum Approved Date	Approved/Coded time
ICD Codes	Study Status	Patient full Name	Addendum Report Count	Orientation	Insurance Provider Type

Also includes **Secondary and Tertiary Insurance Information** columns, and **CC Referring Provider Information** columns.

## Marketing Rep. Activities

Marketing Rep.  Report Type

Level  From/To

Report Type

[GENERATE PDF](#) [EXPORT TO EXCEL](#)

reportPdfWeb 1 / 116

### Marketing Rep Activities (Overview)

From 12/03/2019 To 11/30/2020  
Company Name:

Marketing Rep Name	Account Level	Account Name	Notes Count	Followup Count	Pending Followup Count	Last Note Date	Last Followup Date
[Table content obscured]							

## Unsigned Orders

**REPORTS - Unsigned Orders**

Facility  From/To

Ordering Facility  Referring Provider

Filter Fields [GENERATEHTML](#) [GENERATEPDFREPORT](#) [GENERATEXLSX](#) [GENERATECSV](#) [GENERATEXML](#)

Patient Name	DOB	Gender	Account #	Study Date	Accession #	Study Description	Ordering Facility	Referring Provider
Konica, Test	08/09/1989	M	4390408	01/28/2020 06:09 pm	28522684	ABDOMEN WITH AND WITHOUT CONTRAST		Test, Physician
Test, Test	03/10/1988	M	4544321	05/29/2020 10:35 am	29277115	INACTIVE		Test, Test
Smed1, Test	07/01/1970	M	4622390	07/31/2020 09:40 am	29679216	ABDOMEN WITH CONTRAST		AHMAR, WASIM



# Operations

## Cancellation Reason

**REPORTS - Cancellation Reason**

Schedule Date Range \*  Payer Type  Referring Physician

Facilities \*  Insurance  Provider Group

Modalities  Level  Status

Show Summary  Show Detail

**VIEW**

Company: Karisa Medical HealthCare America | Schedule Date From: 04/12/2020 | Schedule Date To: 04/12/2022 | Facilities: All | Statuses: Canceled, Cancelled, No Shows | Modalities: All | Provider Groups: All | Referring Physicians: All | Payer Type: All | Insurance: All | Levels: Primary

Status		Study Count
Canceled/Cancelled		8
No Shows		14
<b>Total</b>		<b>22</b>

Scheduled Date	Scheduled Time	Status	Cancellation Reason	Accession No.	Study Description	Modality	Patient Name	MRN	DOB	Age	Home Phone	Cell Phone	Gender	Modality Room	Facility	Referring Physician	Provider Group	Primary Insurance Payer Type	Primary Insurance Name	Cancelled Date/Time
01/19/2022	12:35:00 pm	Cancelled	Illness	427	DOP ECHO FTL SPECTRAL DISPLAY COMPL	US	Testington, Barry	Test81030	10/10/2010	11	(123)444-5656	(888)768-7687	Male	H- US	Hodonville	Doctor, Tested	Other	AETNA HEALTH PLAN		01/19/2022 05:15:21 pm
<b>Total Cancelled</b>		<b>1</b>																		
<b>Total No Shows</b>		<b>0</b>																		
02/01/2022	02:50:00 pm	Cancelled	Error	439	ABDOMEN X-RAY	CR	Fred, Test	fret1048	03/17/1982	40		(438)341-7551	Male	CR ROOM 1	Fred's clinic	Fred, Ref Test	My Provider Group1			02/01/2022 02:49:29 pm
02/01/2022	03:10:00 pm	Cancelled	Error	438	Chest X-Ray	CR	Fred, Test	fret1048	03/17/1982	40		(438)341-7551	Male	CR ROOM 1	Fred's clinic	Fred, Ref Test	My Provider Group1			02/01/2022 02:49:29 pm
<b>Total Cancelled</b>		<b>2</b>																		
<b>Total No Shows</b>		<b>0</b>																		

## Scheduler Activity

Orders Date

Display By \*  Time

Range \*\*

Modality

Facilities (1) \*\*

Study Statuses

ALL SELECTED (4) -

TEST FACILITY -

VIEW PDF EXCEL CSV XML

exa Reports » SimonMed » Scheduler Activity

Report displays number of orders (based on the current order status) by Modality that a user ordered, scheduled, rescheduled, or cancelled, for selected facilities and given date range.

Filters: Company: SimonMed Facilities: Test Facility Date From: 01/01/2020 Date To: 12/31/2020 Display By: Modality Order Statuses: All

### Summary

Status	Modality	BD	CR	CT	MG	MR	OT	US	Totals
CAN			6	5	3		2		16
ORD		1	1			1	1		4
RSCH		2	3	2					7
SCH		2	12	8	4			1	27
Totals		5	22	15	7	1	3	1	54

### Detail

User	Status	Modality	BD	CR	CT	MG	MR	OT	US	Totals
Viztek, Pacs (viztek)				1						1
hodor, jenn (jhodor)				5						5
schtest, jh (jhsch1)				1	4					5
Totals			5	22	15	7	1	3	1	54

## Unfinished Studies

This report lists studies currently *not* in the selected study statuses for the selected facilities and date range.

**REPORTS - Unfinished Studies** ✔ A report is ready to view in My Rep

Study Date Range \*  Study Statuses \*  Payer Type

Facilities \* (1)  Referring Physician  Provider Group

Show Provider Group Show Address   Show Summary  Show Detail

Show Provider Group Marketing Representative Modalities (17)  All Modalities  Show Inactive

**VIEW** PDF EXCEL CSV XML

exa Reports » Unfinished Studies

Report lists studies currently "not having" selected study statuses, for selected facilities and given date range.

Filters: Company: Test Facility Date From: 01/01/2020 Date To: 12/31/2020 Excluded Study Statuses: None Payer Type: Modalities: All Referring Physicians: All Provider Groups: All

Ferguson, Carl E  
140 South Power Rd  
MESA, AZ 85206  
Phone: (480)945-4343 Fax: (480)945-4350

#	Study Date	Study Time	Accession #	Status	CPT Codes	Description	Modality	Patient	MRN	Facility	Referring Physician	Marketing Representative	Payer Type	Primary Insurance Name
12	11/10/2020	04:54 pm	17408831	Approved	71046	CHEST 2 VIEWS	CR	Test, Test	ECW38948	Test Facility	Ferguson, Carl E			

Test, Physician  
1234567  
Scottsdale, AZ 85251

#	Study Date	Study Time	Accession #	Status	CPT Codes	Description	Modality	Patient	MRN	Facility	Referring Physician	Marketing Representative	Payer Type	Primary Insurance Name
2	11/30/2020	04:00 pm	17554193	Unread	93306	ECHOCARDIOGRAM	US	Test1, Tony	0000000000	Test Facility	Test, Physician		Other	Test
51	03/11/2020	10:48 am	28881956	Approved	74178	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST & IVP	CT	Testadult, Mania	Scriptsender	Test Facility	Test, Physician		Individual Policy	Nonidian Healthcare Solutions (Medicare)
53	02/27/2020	09:15 am	28667743	Cancelled	73221	SHOULDER WITHOUT CONTRAST (RIGHT)	MR	Test, Alicia	2926030	Test Facility	Test, Physician			
55	01/28/2020	06:09 pm	28522684	Approved	74170	ABDOMEN WITH AND WITHOUT CONTRAST	CT	Konica, Test	4390408	Test Facility	Test, Physician		Other	TEST

**REPORTS - Unfinished Studies**

Study Date Range \*  Study Statuses \*  Payer Type

Facilities \* (1)  Referring Physician  Provider Group

Show Provider Group Show Address   Show Summary  Show Detail

Show Provider Group Marketing Representative Modalities (17)  All Modalities  Show Inactive

**VIEW** PDF EXCEL CSV XML

exa Reports » SimonMed » Unfinished Studies

Report lists studies currently "not having" selected study statuses, for selected facilities and given date range.

Filters: Company: SimonMed Date From: 01/01/2020 Date To: 12/31/2020 Excluded Study Statuses: Approved Payer Type: Modalities: All Referring Physicians: All Provider Groups: All

Modality	Study Count
BD	3
CR	10
CT	5
MG	6
MR	4
US	1

Status	Study Count
ARRIVED	1
Cancelled,Cancelled	19
Check-In	1
Done Awaiting Addendum	1
Rescheduled	3
Scheduled	3
Unread	1

## Referrals Variance

REPORTS - Referrals Variance

End Month \*

Facilities \* (1)

Modalities (17)  All Modalities  Show inactive

Referring Physician

BD  
BR  
CR  
CT  
DG  
DX  
MG  
MR

VIEW PDF EXCEL CSV XML

exa Reports » Referrals Variance

Report shows 13 month study count variance by referring physicians.

Filters: Company: SirenasMed Facilities: Test Facility End Month: 12/01/2020 Modalities: All Referring Physician: All

Item	Distinct Count
Providers	24
Facilities	1
Modalities	6

Provider	Marketing Representative	Facility	Modality	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Total	Average	Dec 2020	
Ahmar, Wasim		Test Facility	CR	0	0	0	0	0	0	0	1	0	0	0	0	1	0.08	0	
			MR	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0.08	0
			Total	0	0	0	0	0	0	0	0	2	0	0	0	0	2	0.17	0
Ambaran, Keli		Test Facility	MG	0	0	0	0	0	0	0	0	0	1	0	0	1	0.08	0	
			Total	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0.08	0
Bimbaum, Gary		Test Facility	BD	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0.08	0
			CR	0	0	0	0	0	2	0	2	0	0	0	0	0	4	0.33	0
			CT	0	0	0	0	0	2	0	2	0	0	0	0	0	4	0.33	0
			MR	0	0	0	0	0	1	0	2	0	0	0	0	0	3	0.25	0
Total	0	0	0	0	0	5	1	6	0	0	0	0	0	12	1	0			

## Studies Breakdown

Study Date Range \*

Study Statuses \* 

- Incomplete
- Draft
- Done Awaiting Addendum
- Dictated
- Approved
- DRAFT-ADDENDUM
- TRANSCRIBED-ADDENDUM
- APPROVED-ADDENDUM

Facilities \* (1) TEST FACILITY -

Modalities (17) 

- All Modalities
- Show Inactive

- BD
- BR
- CR
- CT
- DG
- DX
- MG
- MR
- ...

VIEW EXCEL CSV XML

exa Reports » SimonMed » Studies Breakdown

Report shows studies breakdown by facility, modality, study date, and study status.

Company: SimonMed Facilities: Test Facility Date From: 01/01/2020 Date To: 12/31/2020 Study Statuses: UNR TRAN TS TP TRON TE KE PRAP RMG INC DRFT APCD DIC APP DRFT-ADDENDUM TRAN-ADDENDUM APP-ADDENDUM Modalities: All

Facility	Modality	Study Date	Patient & Study Description	Study Status	Approved	Approved-Addendum	Done Awaiting Addendum	Unread	Totals
<b>Test Facility</b>					25	1	1	1	28
<b>BD</b>					1				1
		06/02/2020			1				1
<b>CR</b>					8				8
		05/18/2020			2				2
		06/17/2020			1				1
		06/25/2020			1				1
		07/22/2020			1				1
		07/31/2020			1				1
		10/26/2020			1				1
		11/10/2020			1				1
<b>CT</b>					9				9
		01/28/2020			1				1
		03/11/2020			1				1
		05/18/2020			2				2
		07/16/2020			1				1
		07/22/2020			1				1
		07/31/2020			1				1
		11/10/2020			1				1
		11/20/2020			1				1
<b>MG</b>					2	1	1		4
		06/01/2020			2	1			3
		10/26/2020					1		1
<b>MR</b>					5				5
		02/14/2020			1				1
		05/18/2020			1				1
		07/01/2020			1				1
		07/30/2020			1				1
		07/31/2020			1				1
<b>US</b>								1	1
		11/30/2020						1	1
<b>Totals</b>					25	1	1	1	28

## Studies by Modality

Date \*  Facilities  Study Statuses

Date Type \*  Study Date  Approved Date Modalties  Study Flags

Facility	Modality	Study Date	Study Status	Study Flag	Study Count	MRN	Patient	Study Description	Referring Physician	Marketing Representative
Test Facility					5					
	MG				2					
		11/06/2020			1					
			Scheduled		1					
				N/A	1					
						6581198	Test1, Colleen	DIAGNOSTIC MAMMO DIGITAL, BIL	Test, Physician	
		11/10/2020			1					
			Scheduled		1					
				N/A	1					
						6581198	Test1, Colleen	SCREENING MAMMO DIGITAL, BIL	Test, Physician	

## Studies by Modality Room

**REPORTS - Studies By Modality Room**

Date \*  Study Statuses \*  Modalities \* (17)  All Modalities  Show Inactive

Date Type \*  Study Date  Approved Date

Facilities \* (1)

Study Flags  All Flags?

Show Summary  Show Detail

Test Facility	Study Count
CT-Test	4
Dexa-Test	3
MR-Test	3
Mammo-Test	2
NirmillaMG	1
Test Mammo	2
X-ray-Test	10
Facility Total	59
<b>Grand Total</b>	<b>59</b>

Facility	Modality Room	Modality Flag	Study Date	Study Status	MRN	Patient	Study Description	Referring Physician	Marketing Representative
Test Facility	CT-Test	CT	10/02/2020	Rescheduled	rvwrr4	Sanity 2, Test	ABDOMEN CTA W & W/O CONTRAST W/ORAL CONTRAST	Michael Bisco MD	
Test Facility	CT-Test	CT	10/02/2020	Scheduled	tess6102797	Test1, Sample1	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Ahmartest, Wasimtest	

## Modality Breakdown

Date \* 01/01/2020 - 12/31/2020

Date Type \*  Study Date  Approved Date

Facilities \* (1) **TEST FACILITY**

Study Statuses \* (33) POST PONE AWAITING AUTH, Pre-Approved, Precheckin, Read, Ready To Confirm, Rescheduled, Scheduled, Tech End, Tech Pk...

Modalities \* (17)  All Modalities  Show Inactive

Study Flags  All Flags? AUTH APPROVED, AUTH DENIED, AUTH EXPIRED, AUTH PENDING INITIATION, AUTH REQUIRED, AUTH SCHEDULED

Show Summary  Show Detail

VIEW PDF EXCEL CSV XML

Test Facility	Study Count
CT-Test	4
Dexa-Test	3
MR-Test	3
Mammo-Test	2
NirmilaMG	1
Test Mammo	2
X-ray-Test	10
Facility Total	59
Grand Total	59

Facility	Modality	Room	Modality	Flag	Study Date	Study Status	MRN	Patient	Study Description	Referring Physician	Marketing Representative
Test Facility	CT-Test	CT	CT		10/02/2020	Scheduled	rwer4	Sanity 2, Test	ABDOMEN CTA W & W/O CONTRAST W/ORAL CONTRAST	Michael Bisco MD	
Test Facility	CT-Test	CT	CT		10/02/2020	Scheduled	tesu6102797	Test1, Sample1	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Ahmartest, Waimtest	
Test Facility	CT-Test	CT	CT		03/11/2020	Approved	Scriptender	Testadul, Mania	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST & IVP	Test, Physician	
Test Facility	CT-Test	CT	CT		10/02/2020	Scheduled	rwer4	Sanity 2, Test	ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST	Daniel H	
Test Facility	Dexa-Test	BD	BD		08/31/2020	Rescheduled	6506436	Nuckols, Thomas test	BONE DENSITY (DIAGNOSTIC)		
Test Facility	Dexa-Test	BD	BD		10/01/2020	Scheduled	rwer4	Sanity 2, Test	BONE DENSITY (SCREENING)	Michael Bisco MD	
Test Facility	Dexa-Test	BD	BD		08/31/2020	Rescheduled	6506436	Nuckols, Thomas test	BONE DENSITY (SCREENING)		
Test Facility	MR-Test	MR	MR		09/05/2020	Canceled	6506427	Test, Daniele	CERVICAL SPINE WITHOUT CONTRAST	Physician, Test	

## Technologist Productivity

Date Range \* 01/01/2020 - 12/31/2020  Show Patient Detail (Excel, CSV, or XML Only)

Technologists All

Facilities **TEST FACILITY**

Modalities ALL SELECTED (17)

VIEW PDF EXCEL CSV XML

Found 65 results

Technologist	Study Count
Aguilera, Angelica	523
Alessi, Nicole	13
Anderson, Arron	3
Baker, Christopher	13

## IMPORTANT

Adding patient detail and exporting to Excel will show **Tech start time**, **Tech end time**, and **Total time**.

	A	B	C	D	E	F	G	H	I
	Technologist	Facility	Study Date	Modality	Description	Tech Start	Tech End	Total Time to Complete	Study Count
1	Perron Tech, Frederick	Fred's clinic	12/13/2021	CR	Chest X-Ray	12/13/2021 11:35:03 am	12/13/2021 11:35:15 am	0d 0h 0m 12s	1
2	Tech, Jenn	Pineapple Under The S	04/16/2021	MG	COMPUTER-AIDED DET	08/05/2021 02:08:56 pm	08/05/2021 02:09:57 pm	0d 0h 1m 1s	1
3	Tech, Jenn	Eric's Best Practice	07/09/2021	CR	ABDOMEN X-RAY	08/05/2021 02:12:58 pm	08/05/2021 02:13:29 pm	0d 0h 0m 31s	1
4	Tech, Patty	Hodorville	07/15/2021	CT	CT SOFT TISS NCK C-/C+		07/27/2021 03:44:44 pm		2
5	Tech, Jenn	Hodorville	07/21/2021	CR	ABDOMEN X-RAY	08/05/2021 02:13:04 pm	08/05/2021 02:13:20 pm	0d 0h 0m 16s	1
6	Tech, David	Konica Minolta Healthc	07/21/2021	CT	CT BRAIN (HEAD) WITH	07/14/2021 11:25:05 am	08/05/2021 03:13:16 pm	22d 3h 48m 10s	1
7	Tech, Cheryl	Hodorville	08/09/2021	CR	ABDOMEN X-RAY				1
8	Tech, Cheryl	Pineapple Under The S	11/04/2021	CR	ABDOMEN X-RAY	11/15/2021 01:17:53 pm	11/15/2021 01:18:00 pm	0d 0h 0m 6s	1
9	Tech123, Test	NUCKOLS	12/10/2021	CR	ABDOMEN X-RAY	12/15/2021 06:01:26 am	01/13/2022 07:33:46 am	29d 1h 32m 19s	1
10	Test, Technologist	Hodorville	08/09/2021	CR	ABDOMEN X-RAY	01/10/2022 02:38:12 pm			1
11	Test, Technologist	Hodorville	08/09/2021	CR	ABDOMEN X-RAY	01/10/2022 02:39:28 pm	01/10/2022 02:39:34 pm	0d 0h 0m 5s	1

## Fees by Facility and Modality

Date Range \*  Modalities \* (20)  Report By Report Count  Report By Exam Count

Date Type \*  Study Date  All Modalities  Show Inactive

Facilities \* (5) 

BD  
BR  
CR  
CT  
DG  
DX  
ECG  
EMG

**exa** Reports » Konica Minolta HCIT » Fees by Facility and Modality

Report shows aggregate study count by facility and modality and associated fees.

Filters: Company: Konica Minolta HCIT Facilities: All Date Type: Approved Date Date From: 11/01/2020 Date To: 11/30/2020 Modalities: All

Summary: 4 results

Facility	Modality	Fees	Report Count
Garner			17.0
	CR	\$1,100.00	11.0
	DX	\$600.00	6.0
<b>TOTALS</b>		<b>\$1,700.00</b>	<b>17.0</b>

Found 17 results

Facility	Modality	Patient	Account No.	Birth Date	Study Description	Study Date	Approved Date	Referring Provider	Fee	Total	Report Count
Garner	CR	Eastern, Cottonwood N	KM3790029	12/10/1968	XR Chest, 1 View	11/07/2020	11/27/2020	Dr. Sam Smith	\$100.00	\$100.00	1.0
Garner	CR	Silver, Maple N	KM2968595	01/31/2000	XR Chest, 1 View	11/06/2020	11/27/2020	Dr. Alfred Johnson	\$100.00	\$100.00	1.0
Garner	CR	Pine, Red N	KM2968425	12/31/1995	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. Doctor Doctor	\$100.00	\$100.00	1.0
Garner	CR	Scarlet, Oak	KM2785690	04/06/1945	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. Sally Ride	\$100.00	\$100.00	1.0
Garner	CR	Tulip, Tree	KM2945698	03/15/1948	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. Kevin Smith	\$100.00	\$100.00	1.0
Garner	CR	White, Spruce	KM2945781	12/12/1970	XR Chest, 1 View	11/05/2020	11/27/2020	Dr. C. Everett Koop	\$100.00	\$100.00	1.0

## Fees by Radiologist and Modality

Radiologist fee schedules must be set up under **Setup > Resources > Provider Pay Schedule**.

Date Range \*  Provider

Date Type \*  Study Date  Approved Date Selected Providers

Facilities \* (5) 

BD  
BR  
CR  
CT  
DG  
DX  
ECG  
EMG

**exa** Reports » Konica Minolta HCIT » Fees by Radiologist and Modality

Report shows aggregate study count by radiologist and modality and associated fees.

Filters: Company: Konica Minolta HCIT Facilities: All Radiologists: Anderson, Margaret Date Type: Study Date Date From: 01/01/2020 Date To: 12/31/2020 Modalities: All

Summary: 3 results

Facility	Radiologist	Modality	Appointment Type	Fees	Report Count
Garner	Anderson, Margaret				1.0
		CT		\$20.00	1.0

Found 1 results

Facility	Radiologist	Modality	Appointment Type	Study Desc	Patient	Study Date	Fee	Total	Report Count
Garner	Anderson, Margaret	CT		CT LEFT SHOULDER	Smith, Suzie	03/27/2020	\$20.00	\$20.00	1.0



## Turnaround Time (TAT) – Calculated

**REPORTS - Turnaround Time (TAT) - Calculated**

Date \*  Type  Referring Physician  +

Date Type \*  Study Date  Approved Date  Show Marketing Representative

Facilities \*

Show STAT Only

**VIEW** **PDF** **EXCEL** **CSV** **XML**

**exa** Reports » Konica Minolta Healthcare Americas » Turnaround Time (TAT) - Calculated

Report shows Turnaround Time (TAT) calculated based on selected date type and study's approved date based on selected date range, facilities and/or referring providers.

Filters: Company: Konica Minolta Healthcare Americas Facilities: All Date Type: Approved Date Accounting Date From: 04/11/2020 Accounting Date To: 04/11/2022 Referring Provider: All Show STAT Only: No Type: Referring Provider Show Marketing Representative: No

Found 103 results

Study Accession #	Study Date/Time	Study Approved On	Study Created On	Created - Approved TAT	Study Unread On	Unread - Approved TAT	Checked In On	Checked In - Approved TAT	Ordered Date On	Ordered - Approved TAT	Scheduled Date On	Scheduled - Approved TAT	Stat Level (Previous)	Patient	Study Facility	Referring Provider	Marketing Representative	Max TAT	Report Delivery Queued On	Report Delivery Method
504	04/05/2022 03:30:00 pm	04/05/2022 12:10:49 pm	04/05/2022 12:08:48 pm	0d 0h 2m			04/05/2022 12:11:21 pm	0d 0h 0m	04/05/2022 12:08:48 pm	0d 0h 2m	04/05/2022 03:30:00 pm	0d -3h -19m	0	Test, Toto	Hodenville	Genovese, Elizabeth M.D.	N/A	1		
507	04/05/2022 02:45:00 pm	04/05/2022 02:01:42 pm	04/05/2022 01:45:51 pm	0d 0h 15m			04/05/2022 02:01:50 pm	0d 0h 0m	04/05/2022 01:45:51 pm	0d 0h 15m	04/05/2022 02:45:00 pm	0d 0h -43m	0	Testy, Jennifer R	Hodenville	Test, Referring	N/A		04/05/2022 02:01:43 pm	FX
507	04/05/2022 02:45:00 pm	04/05/2022 02:01:42 pm	04/05/2022 01:45:51 pm	0d 0h 15m			04/05/2022 02:01:50 pm	0d 0h 0m	04/05/2022 01:45:51 pm	0d 0h 15m	04/05/2022 02:45:00 pm	0d 0h -43m	0	Testy, Jennifer R	Hodenville	Test, Referring	N/A		04/05/2022 02:01:43 pm	FX

## Relative Value Units

Approved Date \*  Facilities \*

Report By Report Count  Report By Exam Count

Group By

Physician Type \*  Radiologist  Referring Physician

**VIEW** **PDF** **EXCEL** **CSV** **XML**

**exa** Reports » Konica Minolta HCIT » Relative Value Units

Report shows the CPT and RVU totals for the reports signed off during the specified date range.

Filters: Company: Konica Minolta HCIT Facilities: All Approved Date From: 01/01/2020 Approved Date To: 12/31/2021 Group By: Physician Physician Type: Radiologist

Radiologist	Facility	CPT	Description	Count	RVU	Total	Report Count
Dr. Smith, John	Garner	73050	XR LEFT AC JOINT	1	0.00	0.00	1.0
		73200	CT UXTR C-MATRL	1	0.00	0.00	1.0
		73200	XR CT SCAN OF ARM	1	0.00	0.00	1.0
Radiologist Total				3	0.0		
Horton, Rob MD	Garner	71260	XR CT CHEST W/	1	0.00	0.00	1.0
		74177	XR CT ABDOMEN & PELVIS W/	1	0.00	0.00	1.0
Radiologist Total				2	0.0		
Niewind, Danielle	Garner	71010	RADEX CH 1 VIEW FRNT	16	0.00	0.00	1.0
		71010	XR CHEST - 1 VIEW	16	0.00	0.00	1.0
		73040	RADEX SHO ARTHG RS&I	1	0.00	0.00	1.0
		73040	XR RIGHT SHOULDER ARTHROGRAM	1	0.00	0.00	1.0
		73040	XR LEFT SHOULDER ARTHROGRAM	1	0.00	0.00	1.0
Radiologist Total				35	0.0		

## Referring Physician Study Count

Study Start Month/Year \*  Provider Group  Insurance

Study End Month/Year \*  Referring Physician  Level

Facilities  Marketing  Attorney

Modalities  Representative

Group By

Show Charge and Payment

Study Status

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports » SimonMed » Referring Physician Study Count

Report shows aggregate study count by insurance or attorney, provider group, referring physician, marketing representative and modality for selected facilities and given date range. Report includes filter that will display the Top Referring Physicians for a given date range.

Filters: Company: SimonMed Facilities: Test Facility Modalities: All Study Month From: Sep 2020 Study Month To: Dec 2020 Provider Groups: All Referring Physicians: All Marketing Repr: All Insurances: All Group By: Referring Physician Levels: Primary Attorneys: All Show Charge and Payment: No Study Statuses: Approved

Referring Physician	Marketing Representative	Provider Group	Modality	Total Count	Count Sep 2020	Count Oct 2020	Count Nov 2020	Count Dec 2020
Beck, Test	N/A	N/A	MR	3	0	3	0	0
			Marketing Representative Total	3	0	3	0	0
			Referring Physician Total	3	0	3	0	0
Homan, Brad	N/A	N/A	MR	2	0	0	2	0
			Marketing Representative Total	2	0	0	2	0
			Referring Physician Total	2	0	0	2	0
Taylor, Michael Earl	N/A	N/A	MR	1	0	0	1	0
			Marketing Representative Total	1	0	0	1	0
			Referring Physician Total	1	0	0	1	0
Test, Referring	N/A	N/A	CR	1	1	0	0	0
			Marketing Representative Total	1	1	0	0	0
			Referring Physician Total	1	1	0	0	0

## Completed Schedules

Date Range \*  Modalities \* (20)

Date Type \*  Study Date  Approved Date  All Modalities  Show Inactive

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » Completed Schedules

Report shows studies in approved status for a user selected date range.

Filters: Company: Konica Minolta HCIT Modalities: All Date Type: Approved Date Date From: 01/01/2020 Date To: 12/31/2021

Found 59 results

Study Date	Approved Date	Modality	Modality Room	Patient Name	Account#	DOB	Phone#	Gender	Accession No	Study Description	Study Status	Approving Physician	Referring Physician Name	Primary Insurance	Secondary Insurance	Ordering Facility
04/23/2019	01/16/2020	CT		Matthews, Cory	ZURM552459	12/05/1956		Female	441207	CT ABDOMEN W/O CONTRAST	Approved		Brown, Lee Ann Do			
01/29/2020	01/29/2020	CR	Xray Room 1, Garner	Cordano, Germaine R	NC241	07/04/1981		Female	4056	XR AC Joint, Left	Approved	Dr. Smith, John	Smith, Joey	LAW OFFICES OF JOHN DOE,FLAT FEE CUSTOMER,United Healthcare		KMHA Garner
02/14/2020	02/14/2020	CR	Xray Room 2, Garner	Cordano, Germaine R	NC241	07/04/1981		Female	4096	XR ABDOMEN - 2 VIEWS	Approved	Radiologist Takayuki	Demo, Referring	LAW OFFICES OF JOHN DOE,FLAT FEE CUSTOMER,United Healthcare		Nursing Home 1

## Monthly/Daily Study Goals

Goals must be set up under **SETUP > Office > Monthly Goals.**

Goal Period (Month/Year) \*

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » Monthly Daily Study Goals

The report will show a study count broken down by modality that includes all of today's scheduled and approved studies, all of yesterday's performed studies and in addition, the report will display today's counts broken down by each individual facility

Filters:  
Company: Konica Minolta HCIT Goal Period: February 2020

Modality	Monthly Goal	Daily Goal	Today	Yesterday	Garner	Monthly Total
MR	300	12	5	1	5	0
<b>Grand Total</b>	<b>300</b>	<b>12</b>	<b>5</b>	<b>1</b>	<b>5</b>	

## STAT Tracking

Date \*

Facilities \* (5)

Study Statuses \* (72)

Modalities \* (20)  All Modalities  Show Inactive

Stat Level \* (4)

unread  
Validation Needed  
Verify Orders  
Viewed  
Waiting for Priors  
waiting on genetics results  
DRAFT-ADDENDUM  
TRANSCRIBED-ADDENDUM  
APPROVED-ADDENDUM

BD  
BR  
CR  
CT  
DG  
DX  
ECG  
EMG  
XG

Stat Off  
Stat 1 - Oupatient  
Stat 2 - Pediatric  
STAT READ AND CALL  
Suspicious

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports » Konica Minolta HCIT » STAT Tracking

Total count of studies that were marked as STAT

Filters:  
Company: Konica Minolta HCIT Facilities: All Date Type: study Date From: 01/01/2018 Date To: 12/31/2021 STAT Level: 1 2 4 10 Study Statuses: Addendum Needed Approve/Coded Approved Approved Addendum Approved/Coded Arrived Assigned Authorization Complete Authorization Needed Sleepy Request  
Small Canceled Check-In Check-Out Check-ECW Checking-In Confirmed Corrections Needed custom done Distorted Draft Draft Addendum Empty Fax Follow-Up History Hold Hold Hold for Priors Hold for Priors Incomplete MISCED Incomplete Arch Empty Left Message on Machine Main Tech manager MARGARET merged post  
Mobile Needs Addendum Needs Arch Needs Verification new jersey No Sheet Not Approved Ordered Pre-Approved Pre-checkin Read Ready to Confirm Ready to Confirm Rescheduled Scheduled Send Back to Physician Tech End Tech Pause Tech Start test test test status vlm Transcribed Transcribed Addendum Ultrasound Unread  
Validation Needed Verify Orders Viewed Waiting for Priors waiting on genetics results Modality: All

Summary: 5 results

Item	Distinct Count
Total Studies Marked as STAT	4
Total STAT Level 1 Studies	2
Total STAT Level 4 Studies	2
Total studies marked as STAT in CR	1
STAT Level 4 studies in CR	1
Total studies marked as STAT in CT	1
STAT Level 4 studies in CT	1
Total studies marked as STAT in MR	2
STAT Level 1 studies in MR	2

Found 4 results

Study Date	Accession No.	Patient	Study Description	Modality	Facility	Referring Physician	STAT Level
06/10/2019	1658090	Moore, Angela	XR Ankle, 3 views	CR	Garner	Smith, Joey	4
02/07/2020	R1312428	Smith, Suzie	CT Knee without Contrast (Right)	CT	Garner	Reicher, Joshua M.D.	4
09/24/2018	305202735	Tanner, Stephanie	MRI BRAIN W/O AND W/ CONTRAST	MR	Garner		1
07/17/2019	A000083064HMH	Moore, Angela	MRI Knee without Contrast (Right)	MR	Test	Calder, James	1

## Transcription Study Count

Study Date Range \*  Facilities **ALL SELECTED (4)** Modalities **ALL SELECTED (17)** Transcriptionist

Report Format \*  Numbers  Chart

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports > RADIOLOGY ASSOCIATES OF BROOKLYN > Transcription Study Count

Report shows aggregate study count of reports by transcriptionist, facility, modality, and study date.

Filters: Company: RADIOLOGY ASSOCIATES OF BROOKLYN Facilities: All Modalities: All Study Date From: 11/01/2020 Study Date To: 11/30/2020 Transcriptionists: All Report Format: Numbers

User	Facility	Modality	Study Date	Study Count
Vtrans, Vtrans				2
	Williamsburg Medical Imaging			2
		MG		1
			11/17/2020	1
		US		1
			11/19/2020	1

## Insurance vs. LOP

Study Date \*  Facilities **ALL SELECTED (5)** Modalities **ALL SELECTED (20)** Study Statuses **APPROVED**

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports > Konica Minolta HCIT > Insurance Vs. LOP

Tracks the number of studies tied to Insurance VS LOP (Letter of Protection)

Filters: Company: Konica Minolta HCIT Date From: 01/01/2020 Date To: 12/31/2020 Facilities: All Modalities: All Study Statuses: Approved

Modality	Date	Insurance	LOP	Other	Not Assigned	Total
MG	04/29/2020	0	0	0	1	1
	Modality Totals	0	0	0	1	1
MR	11/25/2020	1	0	0	0	1
	Modality Totals	1	0	0	0	1
	Grand Totals	19	0	1	12	32

## Marketing Report Export

Study Date \*

**VIEW** **PDF** **EXCEL** **CSV** **XML**

exa Reports > Konica Minolta HCIT > Marketing Report Export

Report contains study information, bill fee and allowed amounts for referring physicians and marketing rep

Filters: Company: Konica Minolta HCIT Date From: 01/01/2020 Date To: 12/31/2020

Study Date	Study Description	Accession #	Account #	Patient Name	Referring Physician	Provider NPI	Reading Physician	Marketing Rep	Modalities	Facility Name	Insurance Name	Display Code	Bill Fee	Allowed Amount	Location ID	Provider Contact Code	Address 1	Address 2	City	State	ZIP
03/27/2020	CT LEFT SHOULDER	R1306373	SS123	Smith, Suzie	Smith, Joey	1487046397		Rep. Marketing	CT	Garner				30	test		238 Ainsley Ct.	address line 2	CLAYTON	NC	27527
07/22/2020	XR Foot, Left	4052	SS123	Smith, Suzie	Smith, Joey	1487046397		Rep. Marketing	CR	Garner				30	test		238 Ainsley Ct.	address line 2	CLAYTON	NC	27527
01/29/2020	XR AC Joint, Left	4056	NC241	Cordano, Germaine	Smith, Joey	1487046397		Rep. Marketing	CR	Garner	United Healthcare	73050	\$300.00	\$300.00	37	MYOF	2217 US Highway 70 East		GARNER	NC	27529

## Audit Trail

This is the audit trail for the Break the Glass function in Provider Portal.

Log Date \*  Facilities

Provider Group  Referring Physician  Select Users

exa Reports » Konica Minolta HCIT » Audit Trail Report

Break the glass Audit Trail report

Filters  
Company: Konica Minolta HCIT Facilities: All Date From: 01/01/2020 Date To: 12/31/2020 Provider Groups: All Referring Physicians: All Users: All

Found 18 results

Accession #	Date/Time of Access	User Name	Linked Provider Name	Patient Name	Patient DOB	Account Number	Study Description	Operations	Study Status	Referring Physician	Activity	Provider Group
	11/16/2020 11:26 AM	jsmith	Smith, Joey	Niewind, Danielle	03/04/1992	NC1577		Success(Access Reason: Direct Patient Care)			Phy. Login-Break the glass	
	11/16/2020 11:26 AM	jsmith	Smith, Joey					Opening Break the Glass			Phy. Login-Break the glass	

# Patients

## Worksheet

Date \*  Modalities (20)   
 Date Type \*  Study Date  Approved Date   
 Facilities \* (5)   
 All Modalities  Show Inactive   
 BD  BR  CR  CT  DG  DX  ECG  EMG  XRAY   
 Patients   
 +   
   
 Show as Form  Payment Sheet

VIEW PDF

exa Reports > Konica Minolta HCIT > Patients Form   
 Report shows patients/study facesheet in form.   
 1 Rows   
 Company: Konica Minolta HCIT Facilities: All Date Type: Study Date Date: 12/02/2020 Modalities: All Show As Form: No Payment Sheet: No   
 Found 6 results   
 Patient   

Name	Street	City/State/Zip	Phone#	Race	SSN	DOB	Gender	Marital Status	Guarantors	Allergies	Diagnostics	Notes
Anderson, Margaret	2177 US 70 East address	Garner, NC 27527	(256)503-0923			04/17/1991	Female					

 Coverage Information   

Level	Insurance Carrier	Phone #	Address	Subscriber Name	DOB	Group #	Patient Policy #
Primary Plan	Aetna		2222 sweet Annie way Wake Forest,NC 27587	Anderson, Margaret	04/17/1991	32321321	
Primary Plan	United Healthcare		2177 US 70 East address Garner,NC 27527	Anderson, Margaret	04/17/1991		
Secondary Plan	Aetna	(123)456-7876	2177 US 70 East address Garner,NC 27527	Anderson, Margaret	04/17/1991	64684864	

 Studies   



Accession #	Study Date	Approved Date	Description	Reason	Referring Physician	Technologist Name
4692	12/02/2020		MG Screening Bilateral		Reicher, Joshua M.D.	
4693	12/02/2020		US Breast Limited (Left)		Reicher, Joshua M.D.	

<input type="checkbox"/> Insurance	Co-Pay	Deductible	Co-insurance	Labs/Sedation	Past Due Bal	Total Payment:
<input type="checkbox"/> Self Pay						
<input type="checkbox"/> LOP						
Total Due:						Credit Card Cash Check

 Agreement   
 I authorize the release of any medical or other information necessary to process this claim. I authorize payment of medical benefits to Schulz&Bill Medical Imaging. Furthermore, I understand that I am fully responsible for all charges not paid by my insurance & for co-pays, legal & collection fees if applicable. I have read and received the notice of Privacy Practices in regards to HIPAA.   
 Patient/Guardian Signature: \_\_\_\_\_   
 Date: 12/02/2020 5:19 PM 09:00

## My reports

You can view, open, and download reports that you previously saved. Reports Delete after 5 days.

1. On the burger menu, click the arrow next to **REPORTS**, and then click **MY REPORTS**.
2. Select a report in the list, and then:
  - Click  to download
  - Click  to open