

Aged Analysis Report

Order: Last Name
Range: All Names Selected
Doctor: All - All doctors selected
FC: All - All Financial Classes Selected
Carrier: All Carriers Selected
Aging Date: 04/11/2006
Breakdown: By Months
Options: None
of Patients: 489

Patient Home / Work / Doctor	Month of Apr 2006	Month of Mar 2006	Month of Feb 2006	Month of Jan 2006	Month of Dec 2005	Month of Nov 2005	Month of Oct 2005	Month of Sep 2005	Month of Aug 2005	Month of Jul 2005	Month of Jun 2005	Prior to Jun 2005	Total
016950 - Adams, Yuliya A. 614 555-2762 614 555-3698 JEM	0.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134.00
UnitedHealthCare-Metrahealth	0.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134.00
010418 - Akers, Antoinette 614 555-5923 Empty JEM	0.00	248.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	248.00
Anthem Blue Cross & Blue Shiel	0.00	248.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	248.00
011069 - Alston, Chelsi 614 555-0676 614 555-4439 JEM	-10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-10.00
Patient Portion	-10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-10.00
015504 - Amedmariam, Rick 614 555-9686 Empty JEM	0.00	113.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	113.00
UHC-United Health Care (1871)	0.00	113.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	113.00
012151 - Anderson, Hallie 614 555-5957 Empty JEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
012766 - Anderson, Jodi M. 614 555-0607 614 555-5000 JEM	0.00	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.00
UHC-United Health Care (1871)	0.00	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.00
011493 - Andrews, Debra 614 555-6413 614 555-6541 JEM	0.00	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.00
UHC-United Health Care (1871)	0.00	68.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	68.00
016770 - Andrews, Veronica A. 614 555-9053 614 555-2645 JEM	0.00	115.00	0.00	0.00	0.00	0.00	67.21	0.00	0.00	0.00	0.00	0.00	182.21
Patient Portion	0.00	15.00	0.00	0.00	0.00	0.00	67.21	0.00	0.00	0.00	0.00	0.00	82.21
Medical Mutual-Ohio Med PPO	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
011689 - Anker, Doris 614 555-7854 Empty JEM	0.00	58.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58.00
Medigold Mount Carmel Health Plan	0.00	58.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58.00
010716 - Araki, Brandie 614 555-3217 614 555-0000 JEM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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012135 - Arnold, Gwendolyn L.	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
614 555-9269 614 555-0183	JEM												
UHC-United Health Care (1871)	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
015837 - Asante, Russel J.	0.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84.00	0.00	0.00	218.00
614 555-1561 614 555-4836 Ext	JEM												
Patient Portion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	84.00	0.00	0.00	84.00
Big Lots Associate Benefit Plan	0.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134.00
015693 - Atwood, Robin J.	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
614 555-1295 614 555-1295 Ext	JEM												
UHC (010172)	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
010943 - Austin, Carolyn LOCKED	-5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5.00
614 555-0972 614 555-0848	JEM												
Patient Portion	-5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5.00
014634 - Baity, Mistie E.	0.00	0.00	69.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69.23
614 555-5241 614 555-9380	JEM												
Patient Portion	0.00	0.00	69.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69.23
010110 - Baker, Alida J.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
614 555-5728 614 555-2591	JEM												
014794 - Baker, Nancy T.	0.00	110.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00
614 555-4682 Empty	JEM												
United Health Care -PPO (010018)	0.00	110.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	110.00
013017 - Baker Jr, Jake E.	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
614 555-9631 614 555-2522	JEM												
UnitedHealthCare-Metrahealth	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
015940 - Baldwin, Shavhonda	-86.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-86.51
614 555-2626 Empty	JEM												
Patient Portion	-86.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-86.51
014116 - Baltz, Marian J.	-10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-10.00
614 555-9339 Empty	JEM												
Patient Portion	-10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-10.00
010098 - Banbury, Alice LOCKED R.	0.00	0.00	0.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00
614 555-0059 614 555-6822	JEM												
Patient Portion	0.00	0.00	0.00	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00
011996 - Banks, Florida F.	0.00	9.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.72
614 555-0411 Empty	JEM												
Patient Portion	0.00	9.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.72
013781 - Banta, Lisa M.	0.00	76.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76.27
614 555-2943 Empty	JEM												
Palmetto GBA- Medicare (1770)	0.00	76.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	76.27

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Grand Totals

	Month of Apr 2006	Month of Mar 2006	Month of Feb 2006	Month of Jan 2006	Month of Dec 2005	Month of Nov 2005	Month of Oct 2005	Month of Sep 2005	Month of Aug 2005	Month of Jul 2005	Month of Jun 2005	Prior to Jun 2005	Total
Patient Portion	-2,607.25	697.94	947.41	1,162.83	585.05	605.05	1,150.32	918.46	629.60	733.99	248.25	1,977.75	7,049.40
Not Billed	262.00	683.00	35.00	1,103.63	43.25	555.32	68.58	195.25	0.00	0.00	0.00	160.00	3,106.03
Not Covered	122.00	492.00	165.00	163.00	327.00	45.00	220.00	0.00	0.00	0.00	0.00	388.00	1,922.00
	-2,223.25	1,872.94	1,147.41	2,429.46	955.30	1,205.37	1,438.90	1,113.71	629.60	733.99	248.25	2,525.75	12,077.43
	-18.41 %	15.51 %	9.50 %	20.12 %	7.91 %	9.98 %	11.91 %	9.22 %	5.21 %	6.08 %	2.06 %	20.91 %	

Insurance Carriers

Aetna (010039)	0.00	778.00	140.00	0.00	0.00	30.00	0.00	0.00	0.00	0.00	0.00	0.00	948.00
Aetna (010320)	0.00	0.00	0.00	0.00	0.00	0.00	240.00	0.00	0.00	0.00	0.00	0.00	240.00
Aetna (AETNA)	0.00	63.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.00
Aetna EPO (010230)	0.00	140.00	230.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	370.00
Aetna MC (010235)	0.00	175.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
Aetna MC (010236)	0.00	1,132.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,132.00
Aetna PERS (0033)	0.00	100.00	0.00	0.00	0.00	15.25	0.00	0.00	0.00	0.00	0.00	0.00	115.25
Aetna PPO (010157)	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Aetna PPO (010198)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.00	0.00	0.00	0.00	0.00	95.00
Aetna PPO - Honda (010287)	0.00	63.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.00
Aetna PPO Health Care (010006)	0.00	335.00	0.00	0.00	0.00	105.00	0.00	0.00	0.00	0.00	0.00	0.00	440.00
Aetna PPO Health Care (010162)	0.00	58.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58.00
Aetna Select Choice HMO (010003)	0.00	63.00	170.00	100.00	0.00	0.00	0.00	0.00	0.00	105.00	0.00	0.00	438.00
American Family Insurance Group	0.00	0.00	0.00	165.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	165.00
Anthem Blue Cross & Blue Shiel	0.00	3,472.00	1,231.00	195.00	254.00	259.00	0.00	0.00	58.00	0.00	0.00	708.35	6,177.35
Anthem Senior Advantage (010025)	0.00	350.00	0.00	117.00	213.00	132.00	0.00	0.00	0.00	0.00	0.00	0.00	812.00
Avalon Benefit Services-OHC	0.00	100.00	0.00	0.00	0.00	58.00	0.00	0.00	0.00	0.00	0.00	0.00	158.00
Big Lots Associate Benefit Plan	0.00	134.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	134.00
Business Administrators & Cons	0.00	180.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	180.00
CIGNA (010210)	0.00	0.00	0.00	0.00	0.00	0.00	109.00	0.00	0.00	0.00	0.00	0.00	109.00
Central Benefits Mutual Insura	0.00	0.00	137.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	137.00
Cigna (010293)	0.00	155.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	155.00
Cigna (010310)	0.00	0.00	58.00	0.00	0.00	0.00	0.00	58.00	0.00	0.00	134.00	0.00	250.00
Cigna HMO (1598)	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.70	140.70
Cigna PPO (010164)	0.00	0.00	0.00	0.00	0.00	0.00	90.00	0.00	0.00	0.00	0.00	0.00	90.00
Cigna PPO (010170)	0.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00
CoreSource (010252)	0.00	0.00	0.00	170.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	170.00
Coresource, Inc (0400)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.00	0.00	0.00	0.00	63.00
DCA - Direct Care America (010135)	0.00	349.00	96.34	105.00	0.00	330.00	0.00	664.00	150.00	155.00	0.00	170.00	2,019.34
EV Benefits SSCP (010289)	0.00	0.00	140.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	140.00
First Health Network (010046)	0.00	0.00	0.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
GE Group Administrators (010258)	0.00	63.00	0.00	100.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	203.00
Great-west Life & Annuity Ins. Co.	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
Medicaid - ODJFS (010065)	0.00	115.00	0.00	0.00	129.00	0.00	73.00	0.00	115.00	0.00	205.00	0.00	637.00
Medical Mutual (010233)	0.00	190.00	0.00	0.00	108.00	0.00	0.00	155.00	0.00	0.00	0.00	0.00	453.00
Medical Mutual Of Ohio (0967)	0.00	1,101.00	474.00	0.00	564.00	130.00	420.00	150.00	0.00	0.00	150.00	0.00	2,989.00
Medical Mutual of Ohio (010241)	0.00	58.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	58.00
Medical Mutual of Ohio-Polaris	0.00	295.00	0.00	133.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	428.00
Medical Mutual-Ohio Med PPO	0.00	1,709.98	218.00	25.30	155.00	283.00	0.00	0.00	0.00	10.00	0.00	141.00	2,542.28
Medigold Mount Carmel Health Plan	0.00	158.00	208.00	115.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	581.00
MetraHealth (010009)	0.00	95.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.00
NGS American (010153)	0.00	250.00	130.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	380.00

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Nationwide HMO (010031)	0.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	102.32	192.32
Ohio Health Choice (010324)	0.00	53.00	165.00	0.00	0.00	227.00	0.00	0.00	0.00	0.00	0.00	0.00	445.00
One Health/Great West (010102)	0.00	0.00	0.00	0.00	0.00	40.00	0.00	0.00	0.00	0.00	0.00	0.00	40.00
Palmetto GBA- Medicare (1770)	0.00	1,069.60	145.74	0.00	48.00	184.85	0.00	0.00	0.00	0.00	0.00	48.58	1,496.77
Polaris Benefit Administrators	0.00	0.00	129.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	129.00
Principal Life Insurance Company	0.00	100.00	0.00	0.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00	0.00	175.00
Private Healthcare Systems	0.00	0.00	130.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00
TPA-First Health (010271)	0.00	0.00	167.00	0.00	95.00	0.00	0.00	0.00	0.00	53.00	0.00	0.00	315.00
Tricare (010269)	0.00	0.00	0.00	45.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	45.00
Tricare for Life-Champus (010107)	0.00	0.00	0.00	0.00	0.00	3.42	0.00	0.00	0.00	0.00	0.00	0.00	3.42
UHC (010172)	15.00	3,643.34	155.00	190.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,003.34
UHC-MetraHealth (010173)	0.00	303.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	303.00
UHC-United Health Care (1871)	0.00	2,227.00	175.00	0.00	145.00	0.00	0.00	110.00	0.00	0.00	0.00	0.00	2,657.00
Unicare - Schaumburg (010020)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	180.00	180.00
United Health Care -PPO (010018)	0.00	1,500.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	1,600.00
United HealthCare (010305)	0.00	0.00	145.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145.00
United Healthcare (010312)	0.00	63.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.00
United Medical Resources, Inc	0.00	370.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	370.00
UnitedHealthCare-Metrahealth	0.00	1,677.00	250.00	0.00	63.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,990.00
Wausau Benefits Inc (010141)	0.00	339.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	339.00
	15.00	23,521.92	4,694.08	1,460.30	1,814.00	1,912.52	1,032.00	1,332.00	386.00	323.00	489.00	1,390.95	38,370.77

Financial Classes

Blue Cross (BC)	308.75	9,841.25	3,044.35	1,862.63	1,486.30	1,321.33	1,526.07	1,059.30	513.00	157.25	273.25	1,397.20	22,790.68
Capitated HMO (CHMO)	-15.00	992.80	115.00	205.00	0.00	45.00	0.00	50.00	0.00	105.00	0.00	0.00	1,497.80
Fee for Service (FFS)	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	478.70	498.70
Group Insurance (IN)	-257.25	9,507.47	1,608.36	1,186.00	505.84	1,078.77	624.86	728.00	387.35	688.44	20.00	1,296.83	17,374.67
H.M.O. (HMO)	-49.31	1,733.00	603.06	413.00	525.00	160.00	150.00	180.00	0.00	15.00	0.00	5.00	3,734.75
Medicaid (MD)	0.00	215.00	0.00	40.00	129.00	0.00	73.00	0.00	115.00	0.00	205.00	0.00	777.00
Medicare (MC)	-1,397.70	814.20	357.01	15.89	39.25	325.14	33.39	55.47	15.25	18.30	0.00	518.97	795.17
P.P.O. (PPO)	0.00	1,174.00	162.00	0.00	0.00	0.00	0.00	36.84	0.00	0.00	100.00	0.00	1,472.84
Personal Injury (PI)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	115.00	115.00
Unknown (U)	-10.00	621.00	299.27	1.94	15.05	154.23	0.00	206.10	0.00	0.00	104.00	0.00	1,391.59
	-1,420.51	24,898.72	6,209.05	3,724.46	2,700.44	3,084.47	2,407.32	2,315.71	1,030.60	983.99	702.25	3,811.70	50,448.20