

SAMPLE AUDIT FEES @ 10% OF BILLED

TPA 	Audit Completion Date:
Group	
Claim #	Total Amount Billed: \$ 118,143.43
Provider	
Patient	Reduction: \$ 93,806.67
Pt Act #	
DOS	Allowable Claim Limit Total \$ 24,336.76
NPI #: AUDIT - fees	\$ 11,814.34
	Total Outlay \$ 36,151.10
	PPO Allowable \$ 76,793.23
	Net Savings \$ 40,642.13
	% savings 112%

DRG:	Hospital Specific DRG allowable	\$ 20,280.63
Adjustment Code M Calculation	Medicare +20%	\$ 24,336.76

Audit Preview - NEW Language

Revenue Code	Item Description	CPT/N DC	QT Y	Total Charge	Cost Each	C-C/R Adjusted Allowance	Adj. Code	Cost Ratio
121			5	\$6,090.00	\$1,218.00	\$4,274.60	H	0.6267
121			1	\$1,218.00	\$1,218.00	\$854.92	H	0.6267
206			1	\$1,773.00	\$1,773.00	\$954.75	H	0.4808
250			84	\$12,563.43	\$149.56	\$1,128.50	H	0.0802
250			7	\$78.00	\$11.14	\$7.01	H	0.0802
255			2	\$1,408.00	\$704.00	\$126.47	H	0.0802
258			15	\$3,080.00	\$205.33	\$276.66	H	0.0802
270			12	\$778.00	\$64.83	\$142.12	H	0.1631
271			1	\$159.00	\$159.00	\$29.04	H	0.1631
272			73	\$17,124.00	\$234.58	\$3,128.08	H	0.1631
272			5	\$731.00	\$146.20	\$133.53	H	0.1631
272			2	\$114.00	\$57.00	\$20.82	H	0.1631
301			16	\$6,436.00	\$402.25	\$321.49	H	0.0446
302			8	\$1,468.00	\$183.50	\$73.33	H	0.0446
305			9	\$2,378.00	\$264.22	\$118.79	H	0.0446
306			2	\$634.00	\$317.00	\$31.67	H	0.0446
307			1	\$153.00	\$153.00	\$7.64	H	0.0446
310			2	\$1,169.00	\$584.50	\$58.39	H	0.0446
320			2	\$938.00	\$469.00	\$53.79	H	0.0512
324			1	\$465.00	\$465.00	\$26.66	H	0.0512
352			4	\$15,718.00	\$3,929.50	\$901.33	H	0.0512
360			8	\$23,469.00	\$2,933.63	\$4,741.86	H	0.1804
370			8	\$7,835.00	\$979.38	\$193.05	H	0.0220
390			2	\$1,230.00	\$615.00	\$61.44	H	0.0446
450			2	\$2,298.00	\$1,149.00	\$383.23	H	0.1489
636			21	\$3,066.00	\$146.00	\$275.40	H	0.0802
636			13	\$1,716.00	\$132.00	\$154.14	H	0.0802
636			13	\$809.00	\$62.23	\$72.67	H	0.0802
710			4	\$3,245.00	\$811.25	\$306.74	H	0.0844
	TOTAL			\$118,143.43		\$18,858.14		

