

For the Period of April, 2004

Executive Summary

of

Claim Management Services

Provided to

Care Medical Group



medi-syn, inc
Information Management Services

MEDI-NET

Proprietary Client Support Software

Transaction Summary Reports

This series of reports present a highly summarized view of all transactions that occurred during the month.

The Enterprise Level report consolidates financial data from each entity within your organization, enabling you to determine for each financial class:

- Production Levels
- Changes in A/R Balances
- Over-The-Counter Revenues
- Revenue, Adjustment, and Write-Off Levels and Ratios
- Balance Transfers Between Financial Classes

This report also gives you a birds-eye view on the overall effectiveness of the Billing and Claim Management services being provided by MSI.

Subsequent reports in the series summarize the month for each facility, provider, or payor.

Transaction Summary

Care Medical Group

By Contract

For the Period of April, 2004

| Responsibilities | Previous | Charges | Payments | OTC | Contractual | Write-Off | Trans In | Trans Out | New Balance |
|------------------------|---------------------|---------------------|-------------------|-----------------|---------------------|------------------|-------------------|--------------------|---------------------|
| | Balance | | | Payments | Adjust | | | | |
| Capitated - CHDP | 455.86 | 20,045.83 | 31.64 | 0.00 | 18,188.43 | 199.91 | 376.78 | -80.46 | 2,378.03 |
| Capitated - Commercial | 0.00 | 74,493.00 | 195.08 | 0.00 | 66,863.00 | -191.87 | 3,037.00 | -6,207.79 | 4,456.00 |
| Capitated - Medi-Cal | 180.92 | 203,038.52 | 812.06 | 0.00 | 50,815.70 | -582.75 | 5,515.44 | -147,872.95 | 9,816.92 |
| Capitated - Medicare | 136.00 | 1,131.00 | 0.00 | 0.00 | 1,227.00 | 0.00 | 0.00 | -40.00 | 0.00 |
| Commercial | 106,928.05 | 24,899.80 | 4,380.42 | 0.00 | 6,433.39 | 328.42 | 3,962.20 | -5,425.27 | 119,222.55 |
| FQHC Managed Medi-Cal | 144,073.77 | 0.00 | 56,648.35 | 0.00 | 112,067.45 | -971.54 | 215,835.64 | -57,556.83 | 134,608.32 |
| Guarantor | 176,694.70 | 105,008.25 | 3,452.24 | 5,737.50 | 2,039.20 | 44,622.23 | 6,911.13 | -37,437.80 | 195,325.11 |
| Managed CHDP | 42,777.51 | 12,234.79 | 2,787.63 | 0.00 | 110.56 | 871.09 | 903.87 | -691.28 | 51,455.61 |
| Managed Commercial | 118,806.10 | 18,340.00 | 3,654.96 | 0.00 | 6,539.96 | -3,346.13 | 7,225.79 | -5,063.00 | 132,460.10 |
| Managed Medi-Cal | 874,643.80 | 289,960.40 | 35,504.91 | 0.00 | 79,375.86 | 19,171.21 | 61,642.39 | -71,283.75 | 1,020,910.86 |
| Managed Medicare | 3,494.00 | 2,176.00 | 94.50 | 0.00 | 53.03 | -84.53 | 0.00 | -30.00 | 5,577.00 |
| Medi-Cal | 623,345.02 | 798,399.56 | 205,186.48 | 0.00 | 499,767.68 | 3,814.00 | 32,892.20 | -9,349.32 | 736,519.30 |
| Medi-Cal - CHDP | 19,128.48 | 22,282.56 | 6,525.87 | 0.00 | 5,076.35 | -286.22 | 338.08 | -348.89 | 30,084.23 |
| Medi-Cal - CPSP | 29,284.00 | 74,199.43 | 22,949.61 | 0.00 | 30,575.03 | -3,624.81 | 169.00 | -203.00 | 53,549.60 |
| Medi-Cal - PE | 63,060.40 | 142,447.53 | 29,664.36 | 0.00 | 102,378.08 | -1,749.91 | 1,406.00 | -4,633.20 | 71,988.20 |
| Medi-Cal - SOFP | 108,125.47 | 152,782.90 | 32,234.33 | 0.00 | 86,804.20 | 4,170.82 | 1,288.00 | -1,293.00 | 137,694.02 |
| Medicare | 230,394.03 | 24,428.00 | 0.00 | 0.00 | 1,186.00 | 1,431.00 | 316.60 | 0.00 | 252,521.63 |
| No Responsibility | -36,363.83 | 0.00 | 2.76 | 0.00 | 0.00 | -603.76 | 5,665.42 | -601.00 | -30,698.41 |
| PPP | 366,735.73 | 94,062.91 | 0.00 | 0.00 | 461,529.64 | -235.00 | 496.00 | 0.00 | 0.00 |
| Workers Comp | 8,401.00 | 9,720.00 | 927.45 | 0.00 | 1,472.75 | -362.20 | 136.00 | 0.00 | 16,219.00 |
| Totals | 2,880,301.01 | 2,069,650.48 | 405,052.65 | 5,737.50 | 1,532,503.31 | 62,569.96 | 348,117.54 | -348,117.54 | 2,944,088.07 |

FILTERS:



Transaction Summary

Care Medical Group

5th Avenue Clinic

By Contract By Facility

For the Period of April, 2004

| Responsibility | Previous Balance | Charges | Payments | OTC Payments | Contractual Adjust | Write-Off | Trans In | Trans Out | New Balance |
|------------------------|------------------|------------------|-----------------|--------------|--------------------|---------------|-----------------|------------------|------------------|
| Capitated - CHDP | 0.00 | 35.86 | 0.00 | 0.00 | 86.86 | 0.00 | 51.00 | 0.00 | 0.00 |
| Capitated - Commercial | 0.00 | 1,361.00 | 0.00 | 0.00 | 1,351.00 | 0.00 | 0.00 | -10.00 | 0.00 |
| Capitated - Medi-Cal | 0.00 | 1,451.00 | 34.30 | 0.00 | 1,544.00 | -34.30 | 93.00 | 0.00 | 0.00 |
| Commercial | 695.00 | 955.00 | 0.00 | 0.00 | 0.00 | 0.00 | 136.00 | -60.00 | 1,726.00 |
| Guarantor | 1,474.00 | 439.00 | 0.00 | 90.00 | 0.00 | 278.00 | 0.00 | -343.00 | 1,202.00 |
| Managed CHDP | 117.00 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 117.00 |
| Managed Medi-Cal | 963.00 | 0.00 | 0.01 | 0.00 | 59.99 | 0.00 | 0.00 | -136.00 | 767.00 |
| Medi-Cal | 322.00 | 1,477.00 | 290.46 | 0.00 | 416.54 | 0.00 | 0.00 | -93.00 | 999.00 |
| Medi-Cal - CHDP | 72.47 | 645.16 | 0.00 | 0.00 | 0.00 | 552.55 | 0.00 | 0.00 | 165.08 |
| Medi-Cal - SOFP | 4,421.00 | 2,224.60 | 982.78 | 0.00 | 3,080.22 | -190.40 | 224.00 | -448.00 | 2,549.00 |
| Medicare | 7,243.00 | 365.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,608.00 |
| No Responsibility | -120.82 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 90.00 | 0.00 | -30.82 |
| PPP | 53,445.00 | 19,878.11 | 0.00 | 0.00 | 73,819.11 | 0.00 | 496.00 | 0.00 | 0.00 |
| Totals | 68,631.65 | 28,840.73 | 1,316.55 | 90.00 | 80,357.72 | 605.85 | 1,090.00 | -1,090.00 | 15,102.26 |



Transaction Summary

Care Medical Group
Care Medical Center - Los Angeles

By Contract By Facility

For the Period of April, 2004

| Responsibility | Previous Balance | Charges | Payments | OTC Payments | Contractual Adjust | Write-Off | Trans In | Trans Out | New Balance |
|--------------------|------------------|------------------|------------------|--------------|--------------------|---------------|---------------|----------------|------------------|
| Commercial | 696.00 | 0.00 | 65.72 | 0.00 | 166.28 | 0.00 | 0.00 | 0.00 | 464.00 |
| Guarantor | 4,434.00 | 1,515.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,949.00 |
| Managed Commercial | 1,174.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,174.00 |
| Managed Medi-Cal | 8,053.00 | 3,347.00 | 954.45 | 0.00 | 3,917.55 | 0.00 | 232.00 | -232.00 | 6,528.00 |
| Medi-Cal | 54,001.00 | 19,347.00 | 24,495.46 | 0.00 | 35,203.18 | -70.64 | 0.00 | 0.00 | 13,720.00 |
| Totals | 68,358.00 | 24,209.00 | 25,515.63 | 0.00 | 39,287.01 | -70.64 | 232.00 | -232.00 | 27,835.00 |



Transaction Summary

Care Medical Group

Albert Parks, M.D.

By Contract By Provider

For the Period of April, 2004

| Responsibility | Previous | Charges | Payments | OTC | Contractual | Write-Off | Trans In | Trans Out | New Balance |
|--------------------|------------------|------------------|-----------------|-------------|------------------|-----------------|-------------|-------------|-------------------|
| | Balance | | | Payments | Adjust | | | | |
| Commercial | 2,531.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,531.00 |
| Guarantor | 5,163.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,163.00 |
| Managed Commercial | 7,464.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7,464.00 |
| Managed Medi-Cal | 41,635.80 | 7,836.80 | 1,640.67 | 0.00 | 3,263.44 | -552.11 | 0.00 | 0.00 | 45,120.60 |
| Medi-Cal | 32,447.00 | 45,419.80 | 7,050.90 | 0.00 | 24,966.38 | 2,119.72 | 0.00 | 0.00 | 43,729.80 |
| Totals | 89,240.80 | 53,256.60 | 8,691.57 | 0.00 | 28,229.82 | 1,567.61 | 0.00 | 0.00 | 104,008.40 |



Transaction Summary

Care Medical Group

Carlos Aliabadi, M.D.

By Contract By Provider

For the Period of April, 2004

| Responsibility | Previous | Charges | Payments | OTC | Contractual | Write-Off | Trans In | Trans Out | New Balance |
|-----------------------|-------------------|------------------|------------------|-------------|------------------|-----------------|-----------------|------------------|-------------------|
| | Balance | | | Payments | Adjust | | | | |
| Commercial | 3,563.20 | 1,368.40 | 371.80 | 0.00 | 343.20 | 0.00 | 0.00 | 0.00 | 4,216.60 |
| FQHC Managed Medi-Cal | 1,735.00 | 0.00 | 158.79 | 0.00 | 600.07 | 0.00 | 753.00 | -545.14 | 1,184.00 |
| Guarantor | 23,661.67 | 9,359.40 | 0.00 | 0.00 | 0.00 | 5,069.00 | 0.00 | -180.60 | 27,771.47 |
| Managed Commercial | 5,078.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,078.00 |
| Managed Medi-Cal | 150,417.36 | 23,766.60 | 5,426.17 | 0.00 | 16,184.83 | 22.87 | 4,694.14 | -753.00 | 156,491.23 |
| Medi-Cal | 58,271.85 | 56,931.00 | 8,243.87 | 0.00 | 32,564.33 | 1,332.00 | 240.00 | -4,389.00 | 68,913.65 |
| Medi-Cal - CPSP | 410.00 | 0.00 | 387.28 | 0.00 | 0.00 | -211.28 | 0.00 | 0.00 | 234.00 |
| Medi-Cal - PE | 954.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 954.00 |
| Medi-Cal - SOFP | 2,499.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,499.40 |
| Medicare | 1,094.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 180.60 | 0.00 | 1,274.60 |
| PPP | 136.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Totals | 247,820.48 | 91,425.40 | 14,587.91 | 0.00 | 49,828.43 | 6,212.59 | 5,867.74 | -5,867.74 | 268,616.95 |



Transaction Summary

Care Medical Group

By Contract By Payor
For the Period of April, 2004

| Payor | Previous Balance | Charges | Payments | OTC Payments | Contractual Adjust | Write-Off | Trans In | Trans Out | New Balance |
|--|------------------|-----------|----------|--------------|--------------------|-----------|----------|-----------|-------------|
| Access Ipa / Monterey Park-880 | 278.00 | 93.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -93.00 | 278.00 |
| Accountable Health | 7,775.14 | 118.00 | 0.00 | 0.00 | 25.00 | 0.00 | 0.00 | -93.00 | 7,775.14 |
| Administrative Concepts / Wayne-997 | 147.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 147.00 |
| Advantage Health Network / Alhambra | 2,176.00 | 607.00 | 544.28 | 0.00 | 1,631.72 | 0.00 | 0.00 | 0.00 | 607.00 |
| Aetna Inc. / Lexington-14586 | 1,811.00 | 539.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -15.00 | 2,335.00 |
| Aetna Life / El Paso-981106 | 8,982.00 | 0.00 | 415.00 | 0.00 | 46.00 | 0.00 | 126.00 | -27.00 | 8,620.00 |
| Aetna Life / Fresno-24019 | 35.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 35.00 |
| Aetna Life / Jacksonville-44128 | 247.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 247.00 |
| Aetna Life / Lexington-14586 | 0.00 | 136.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 136.00 |
| Aetna Life / Ppo & Epo / Lexington-140 | 3,882.00 | 1,217.00 | 181.81 | 0.00 | 224.45 | 0.00 | 0.00 | -256.74 | 4,436.00 |
| Aetna Life / Us Access & Pos / Fresno | 341.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 341.00 |
| AKM Medical Group / Encino-16030 | 278.00 | 47.87 | 0.00 | 0.00 | 38.87 | 0.00 | 0.00 | 0.00 | 287.00 |
| Allcare Med Group / Huntington Park-2 | 172.00 | 2,831.40 | 0.00 | 0.00 | 2,664.00 | -2,664.00 | 0.00 | 0.00 | 3,003.40 |
| Allied Physicians / El Monte-5370 | 365.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 365.00 |
| Allstate / Jacksonville-1776 | 0.00 | 294.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -5.00 | 289.00 |
| Altamed Health Services / Los Angeles | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Ameican Insurance Administrators / C | 48.35 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 48.35 |
| American Ins Admin-EMSF / Orange- | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | 136.00 |
| American Insurance Admin-ppp / Los A | 366,735.73 | 94,062.91 | 0.00 | 0.00 | 461,529.64 | -235.00 | 496.00 | 0.00 | 0.00 |
| Angeles IPA / Los Angeles-711 | 1,585.47 | 0.00 | 376.95 | 0.00 | 472.76 | 478.83 | 488.07 | 0.00 | 745.00 |
| Associated Hispanic Physicians / MP-8 | 1,558.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -136.00 | 1,422.00 |
| Axminster Medical Group / Hawthorne- | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Beech Street / Irvine-16547 | 132.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 132.00 |
| Bella Vista / Tarzana-572066 | 756.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 756.00 |
| Benefit Concepts / King-60608 | 446.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 446.00 |
| Benefit Planners / San Antonio-690450 | 182.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 182.00 |
| Benesight / Pueblo-370 | 439.00 | 272.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -20.00 | 691.00 |
| Blue Cross / Blue Card-4153 | 21,641.40 | 7,816.40 | 536.82 | 0.00 | 860.93 | 299.42 | 0.00 | -1,376.33 | 26,384.30 |
| Blue Cross / Blue Card-4242 | 425.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 425.00 |
| Blue Cross / Oxnard-4444 | 3,979.00 | 670.00 | 28.05 | 0.00 | 294.07 | 0.00 | 0.00 | -81.88 | 4,245.00 |
| Blue Cross / Oxnard-5555 | 0.00 | 184.00 | 0.00 | 0.00 | 91.00 | 0.00 | 0.00 | -93.00 | 0.00 |
| Blue Cross / Oxnard-9042 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Blue Cross / Oxnard-9044 | 0.00 | 342.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -342.00 | 0.00 |
| Blue Cross / Oxnard-9051 | 1,129.00 | 136.00 | 60.27 | 0.00 | 258.37 | 0.00 | 0.00 | -56.36 | 890.00 |
| Blue Cross / Oxnard-9054 | 92,118.63 | 15,344.61 | 358.52 | 0.00 | 1,020.13 | 906.48 | 2,218.98 | -2,798.21 | 104,598.88 |
| Blue Cross / Oxnard-9062 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,176.00 | 0.00 | 2,176.00 |
| Blue Cross / Oxnard-9071 | 797.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 797.00 |
| Blue Cross / Van Nuys | 2,039.45 | 2,967.40 | 95.37 | 0.00 | 447.63 | 0.00 | 0.00 | 0.00 | 4,463.85 |
| Blue Cross / Van Nuys-9271 | 0.00 | 715.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 715.00 |
| Blue Cross / Woodland Hills-4054 | 694.20 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 694.20 |
| Blue Cross / Woodland Hills-4089 | 2,437.28 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,437.28 |
| Blue Cross / Woodland Hills-4109 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Blue Cross / Woodland Hills-4126 | 126.00 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 404.00 |
| Blue Cross / Woodland Hills-4178 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Blue Cross / Woodland Hills-4239 | 3,828.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,828.00 |
| Blue Cross / Woodland Hills-4386 | 0.00 | 546.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 546.00 |



Transaction Summary

Care Medical Group

By Contract By Payor

For the Period of April, 2004

| Payor | Previous | Charges | Payments | OTC | Contractual | Write-Off | Trans In | Trans Out | New Balance |
|---------------------------------------|---------------------|---------------------|-------------------|-----------------|---------------------|------------------|-------------------|--------------------|---------------------|
| | Balance | | | Payments | Adjust | | | | |
| United Healthcare / LB-20268 | 557.00 | 136.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -15.00 | 678.00 |
| United Healthcare / Salt Lake-30550 | 70.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 70.00 |
| United Healthcare / Salt Lake-30555 | 2,150.00 | 702.00 | 500.45 | 0.00 | 419.78 | 0.00 | 0.00 | -245.77 | 1,686.00 |
| UNITED HEALTHCARE INSURANC | 109.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 109.00 |
| United Medical Rsrc / Cinc-145804 | 327.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 327.00 |
| Universal Care / Long Beach-16420 | 3,417.27 | 634.00 | 0.00 | 0.00 | 0.00 | 0.00 | 296.00 | 0.00 | 4,347.27 |
| Utu-mta Trust Fund / Irwindale-15999 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Verdugo Hills Med Grp / Alhambra-168 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 |
| Vernbro Medical Group / Los Angeles- | 59,268.40 | 342.00 | 4,034.11 | 0.00 | 11,833.59 | -52.70 | 0.00 | 0.00 | 43,795.40 |
| Wal Mart / Woodland Hills-4347 | 93.00 | 93.00 | 25.86 | 0.00 | 60.67 | 0.00 | 0.00 | -6.47 | 93.00 |
| Watts Health Center / Woodland Hills- | 1,271.00 | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,549.00 |
| Totals | 2,880,301.01 | 2,069,650.48 | 405,052.65 | 5,737.50 | 1,532,503.31 | 62,569.96 | 348,117.54 | -348,117.54 | 2,944,088.07 |

FILTERS:



Account Receivable Ageing

Care Medical Group

by Responsibility

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|------------------------|---------------------|---------------------|-------------------|-------------------|------------------|------------------|-----------------|-------------------|---------------------|
| Capitated - CHDP | 16,727.33 | | | | | | | | 16,727.33 |
| Capitated - Commercial | 41,612.90 | | | | | | | | 41,612.90 |
| Capitated - Medi-Cal | 194,830.80 | | | | | | | | 194,830.80 |
| Commercial | 48,621.95 | 49,551.00 | 11,912.20 | 6,995.40 | | | 715.00 | | 117,795.55 |
| FQHC Managed Medi-Cal | 46,544.00 | 46,221.80 | 2,186.00 | 136.00 | 1,312.00 | 57.35 | | | 96,457.15 |
| Guarantor | 40,601.38 | 105,239.99 | 35,857.38 | 3,664.65 | 729.50 | 2,128.78 | 3,517.66 | 3,585.77 | 195,325.11 |
| Managed CHDP | 2,084.07 | 6,804.92 | 1,194.73 | 1,228.34 | 1,271.75 | 3,391.05 | 6,399.16 | 3,114.82 | 25,488.84 |
| Managed Commercial | 36,527.60 | 41,570.60 | 7,424.00 | 5,820.00 | 541.00 | | 724.00 | 754.00 | 93,361.20 |
| Managed Medi-Cal | 297,567.00 | 376,305.40 | 86,359.91 | 81,817.47 | 1,304.00 | 2,766.00 | 1,528.00 | 888.00 | 848,535.78 |
| Managed Medicare | 172.00 | 2,449.00 | 502.00 | | | | 278.00 | | 3,401.00 |
| Medi-Cal | 279,461.16 | 232,786.28 | 14,499.00 | 11,837.80 | 5,769.86 | 4,442.00 | | | 548,796.10 |
| Medi-Cal - CHDP | 11,790.93 | 18,210.16 | 964.12 | 1,090.58 | 885.77 | 467.45 | | | 33,409.01 |
| Medi-Cal - CPSP | 3,452.00 | 1,028.00 | | | | | | | 4,480.00 |
| Medi-Cal - PE | 162,899.40 | 149,343.90 | 1,501.00 | 1,569.00 | 331.00 | 1,061.00 | | | 316,705.30 |
| Medi-Cal - SOFP | 107,733.45 | 55,884.64 | 4,213.20 | 1,401.00 | 1,306.00 | 414.00 | | | 170,952.29 |
| Medicare | 135,200.03 | 89,107.00 | 13,044.60 | 6,668.00 | 3,546.00 | 4,172.00 | | | 251,737.63 |
| No Responsibility | -4.50 | | -55.02 | 48.05 | 616.00 | -142.09 | -8,348.94 | -22,811.91 | -30,698.41 |
| Workers Comp | | 14,100.00 | 2,119.00 | | | | | | 16,219.00 |
| Grand Total | 1,425,821.50 | 1,188,602.69 | 181,722.12 | 122,276.29 | 17,612.88 | 18,757.54 | 4,812.88 | -14,469.32 | 2,945,136.58 |



Account Receivable Ageing

Care Medical Group

by Carrier / Payor

For the Period of April, 2004

| Payor | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|-----------|-----------|----------|-----------|---------|----------|----------|-------|------------|
| Access Ipa | | 278.00 | | | | | | | 278.00 |
| Accountable Health | 7,775.14 | | | | | | | | 7,775.14 |
| Administrative Concepts | | | | 147.00 | | | | | 147.00 |
| Advantage Health Network | | 607.00 | | | | | | | 607.00 |
| Aetna Inc. / Lexington-14586 | 538.00 | 524.00 | 1,273.00 | | | | | | 2,335.00 |
| Aetna Life | 5,349.00 | 3,220.00 | 298.00 | 136.00 | | | 35.00 | | 9,038.00 |
| Aetna Life / Ppo & Epo | 1,163.00 | 2,648.00 | 260.00 | 365.00 | | | | | 4,436.00 |
| Aetna Life / Us Access & Pos | 235.00 | 106.00 | | | | | | | 341.00 |
| AKM Medical Group | 9.00 | | | 278.00 | | | | | 287.00 |
| Allcare Med Group | | 3,003.40 | | | | | | | 3,003.40 |
| Allied Physicians | 330.00 | 35.00 | | | | | | | 365.00 |
| Allstate | | 289.00 | | | | | | | 289.00 |
| Altamed Health Services | | 278.00 | | | | | | | 278.00 |
| Ameican Insurance Administrators | 48.35 | | | | | | | | 48.35 |
| American Ins Admin-EMSF | | | 136.00 | | | | | | 136.00 |
| Angeles IPA | 745.00 | | | | | | | | 745.00 |
| Associated Hispanic Physicians | 866.00 | | 556.00 | | | | | | 1,422.00 |
| Axminster Medical Group | | | 278.00 | | | | | | 278.00 |
| Beech Street | 132.00 | | | | | | | | 132.00 |
| Bella Vista | 478.00 | 278.00 | | | | | | | 756.00 |
| Benefit Concepts | | 446.00 | | | | | | | 446.00 |
| Benefit Planners | 182.00 | | | | | | | | 182.00 |
| Benesight | 691.00 | | | | | | | | 691.00 |
| Blue Cross | 89,738.12 | 41,084.35 | 5,541.35 | 10,858.61 | 357.07 | 2,910.00 | 1,223.87 | 54.00 | 151,767.37 |
| Blue Cross Medi-Cal | 454.65 | | | | | | | | 454.65 |
| Blue Cross Of California / Los Angeles-60007 | | 1,523.00 | | | | | | | 1,523.00 |
| Blue Shield | 3,048.00 | 4,356.00 | 641.60 | 556.00 | | | 278.00 | | 8,879.60 |
| Cal Care Medical Group | 57.07 | | | | | | | | 57.07 |

Account Receivable Ageing

Care Medical Group

by Carrier / Payor

For the Period of April, 2004

| Payor | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|-----------------------------|---------------------|---------------------|-------------------|-------------------|------------------|------------------|-----------------|-------------------|---------------------|
| United Healthcare | 5,247.00 | 824.00 | | | | | | | 6,071.00 |
| UNITED HEALTHCARE INSURANCE | | 109.00 | | | | | | | 109.00 |
| United Medical Rsrc | 257.00 | 70.00 | | | | | | | 327.00 |
| Universal Care | 1,666.20 | 912.00 | 1,213.07 | 556.00 | | | | | 4,347.27 |
| Utu-mta Trust Fund | | | | 278.00 | | | | | 278.00 |
| Verdugo Hills Med Grp | 278.00 | | | | | | | | 278.00 |
| Vernbro Medical Group | 23,627.65 | 17,198.55 | 2,055.60 | 240.00 | | | | 400.00 | 43,521.80 |
| Wal Mart | | 93.00 | | | | | | | 93.00 |
| Watts Health Center | 278.00 | 278.00 | 715.00 | | 278.00 | | | | 1,549.00 |
| Grand Total | 1,425,821.50 | 1,188,602.69 | 181,722.12 | 122,276.29 | 17,612.88 | 18,757.54 | 4,812.88 | -14,469.32 | 2,945,136.58 |

Account Receivable Aged Status

Care Medical Group

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|---------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------|------|---------------------|
| Complete | -30,887.92 | 405.38 | -444.11 | | | | | | -30,926.65 |
| Denied | 53,139.90 | 19,991.20 | 3,039.60 | | | | | | 76,170.70 |
| Entered | 94,155.25 | | | | | | | | 94,155.25 |
| In review / process | 108,300.95 | 32,083.85 | 15,229.83 | 617.33 | 4,574.69 | 453.33 | | | 161,259.98 |
| Pending accident details | | 121.00 | | | | | | | 121.00 |
| Pending claim form | 88.00 | | | 81.01 | | | | | 169.01 |
| Pending EOB | 18.00 | 6,402.60 | | 196.07 | 5,463.18 | | | | 12,079.85 |
| Pending full time student proof | | | | | 330.00 | | | | 330.00 |
| Pending Medical Record | 37,069.28 | 52,491.88 | 9,960.14 | 19,079.14 | 17,831.00 | 3,248.00 | | | 139,679.44 |
| Pending other / updated insurance info | 27,489.22 | 32,019.80 | 10,565.00 | 15,738.94 | 12,500.04 | 3,814.53 | | | 102,127.53 |
| Resubmitted | 201,229.08 | 96,829.15 | 32,349.79 | 5,017.07 | 4,443.74 | 298.00 | | | 340,166.83 |
| Sent claim form | | | | 217.47 | | | | | 217.47 |
| Sent Dunning level 1 | 68,182.07 | | | 29,688.46 | | | | | 97,870.53 |
| Sent Dunning level 2 | 40,492.90 | | | 14,683.29 | | | | | 55,176.19 |
| Sent Dunning level 3 | 28,424.73 | | | 13,294.45 | | | | | 41,719.18 |
| Sent Medical Records | 278.00 | | | | | | | | 278.00 |
| Sent other / updated insurance info | 295.00 | | | | | | | | 295.00 |
| Submitted | 1,038,155.22 | 487,936.85 | 174,317.97 | 122,705.89 | 4,971.98 | 1,887.21 | | | 1,829,975.12 |
| To be resubmitted | 5,406.37 | | | | | | | | 5,406.37 |
| To be resubmitted on paper | 2,664.00 | | | | | | | | 2,664.00 |
| To be submitted | 15,126.20 | | | | | | | | 15,126.20 |
| Transfer | | | | 27.07 | | | | | 27.07 |
| Grand Total | 1,689,626.25 | 728,281.71 | 245,018.22 | 221,346.19 | 50,114.63 | 9,701.07 | | | 2,944,088.07 |

Account Receivable Aged Status

Care Medical Group

by Responsibility by Status

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|-------------------|------------------|------------------|-----------------|-----------------|---------------|---------|------|-------------------|
| Capitated - CHDP | | | | | | | | | |
| Entered | 2,378.03 | | | | | | | | 2,378.03 |
| | 2,378.03 | | | | | | | | 2,378.03 |
| Capitated - Commercial | | | | | | | | | |
| Entered | 4,456.00 | | | | | | | | 4,456.00 |
| | 4,456.00 | | | | | | | | 4,456.00 |
| Capitated - Medi-Cal | | | | | | | | | |
| Entered | 9,816.92 | | | | | | | | 9,816.92 |
| | 9,816.92 | | | | | | | | 9,816.92 |
| Commercial | | | | | | | | | |
| Entered | 1,072.50 | | | | | | | | 1,072.50 |
| In review / process | 2,731.50 | 8,545.00 | 5,393.00 | | 745.00 | | | | 17,414.50 |
| Pending accident details | | 121.00 | | | | | | | 121.00 |
| Pending Medical Record | | 355.00 | | | | | | | 355.00 |
| Pending other / updated insurance info | | 1,580.00 | 1,065.00 | 2,543.00 | | | | | 5,188.00 |
| Resubmitted | 4,913.00 | 5,318.00 | 419.00 | 359.00 | 603.00 | | | | 11,612.00 |
| Submitted | 39,563.00 | 28,695.40 | 13,063.20 | 1,630.95 | 507.00 | | | | 83,459.55 |
| | 48,280.00 | 44,614.40 | 19,940.20 | 4,532.95 | 1,855.00 | | | | 119,222.55 |
| FQHC Managed Medi-Cal | | | | | | | | | |
| Denied | 965.00 | 643.00 | | | | | | | 1,608.00 |
| In review / process | 1,608.00 | 88.00 | | | | | | | 1,696.00 |
| Pending Medical Record | 722.00 | | | | | | | | 722.00 |
| Pending other / updated insurance info | 1,412.00 | 6,115.00 | 2,355.00 | 1,832.86 | 1,767.00 | 534.00 | | | 14,015.86 |
| Resubmitted | 113,079.46 | 602.00 | | 2,682.00 | | | | | 116,363.46 |
| Submitted | | | | 136.00 | | | | | 136.00 |
| To be submitted | 67.00 | | | | | | | | 67.00 |
| | 117,853.46 | 7,448.00 | 2,355.00 | 4,650.86 | 1,767.00 | 534.00 | | | 134,608.32 |
| Guarantor | | | | | | | | | |

Account Receivable Aged Status

Care Medical Group

by Responsibility by Status

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|-------------------|------------------|------------------|------------------|-----------------|--------------|---------|------|-------------------|
| Entered | -5.00 | | | | | | | | -5.00 |
| Pending other / updated insurance info | | | | 84.00 | 480.21 | | | | 564.21 |
| Sent Dunning level 1 | 68,182.07 | | | 29,688.46 | | | | | 97,870.53 |
| Sent Dunning level 2 | 40,492.90 | | | 14,683.29 | | | | | 55,176.19 |
| Sent Dunning level 3 | 28,424.73 | | | 13,294.45 | | | | | 41,719.18 |
| | 137,094.70 | | | 57,750.20 | 480.21 | | | | 195,325.11 |
| Managed CHDP | | | | | | | | | |
| Entered | 2,712.27 | | | | | | | | 2,712.27 |
| In review / process | 390.28 | 889.83 | 160.28 | 54.06 | 104.00 | | | | 1,598.45 |
| Pending claim form | | | | 81.01 | | | | | 81.01 |
| Pending EOB | 18.00 | | | 9.00 | | | | | 27.00 |
| Pending other / updated insurance info | 262.00 | 18.00 | | | 72.00 | | | | 352.00 |
| Resubmitted | 2,479.66 | 1,801.95 | 170.04 | 54.00 | 72.00 | | | | 4,577.65 |
| Sent claim form | | | | 217.47 | | | | | 217.47 |
| Submitted | 22,287.61 | 8,680.00 | 2,788.35 | 5,732.84 | 241.91 | 27.00 | | | 39,757.71 |
| To be resubmitted | 1,859.45 | | | | | | | | 1,859.45 |
| To be submitted | 272.60 | | | | | | | | 272.60 |
| | 30,281.87 | 11,389.78 | 3,118.67 | 6,148.38 | 489.91 | 27.00 | | | 51,455.61 |
| Managed Commercial | | | | | | | | | |
| Entered | 707.00 | | | | | | | | 707.00 |
| In review / process | 1,164.00 | 4,764.00 | 1,628.00 | | 80.00 | | | | 7,636.00 |
| Pending Medical Record | 278.00 | 689.00 | 411.00 | | 66.00 | | | | 1,444.00 |
| Pending other / updated insurance info | | 2,453.60 | | | | | | | 2,453.60 |
| Resubmitted | 2,447.00 | 21,699.50 | 2,753.40 | | | | | | 26,899.90 |
| Submitted | 32,782.00 | 42,272.60 | 13,612.00 | 3,235.00 | 1,418.00 | | | | 93,319.60 |
| | 37,378.00 | 71,878.70 | 18,404.40 | 3,235.00 | 1,564.00 | | | | 132,460.10 |
| Managed Medi-Cal | | | | | | | | | |
| Entered | 32,912.01 | | | | | | | | 32,912.01 |

Account Receivable Aged Status

Care Medical Group

by Responsibility by Status

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|-------------------|-------------------|-------------------|------------------|------------------|-----------------|---------|------|---------------------|
| In review / process | 9,962.15 | 15,413.44 | 7,243.55 | 45.19 | 3,611.64 | 453.33 | | | 36,729.30 |
| Pending EOB | | 6,402.60 | | 187.07 | 5,327.18 | | | | 11,916.85 |
| Pending full time student proof | | | | | 330.00 | | | | 330.00 |
| Pending Medical Record | 5,173.68 | 13,387.28 | 839.14 | 8,310.14 | 2,523.00 | 3,248.00 | | | 33,481.24 |
| Pending other / updated insurance info | 3,759.62 | 1,976.60 | | 4,879.08 | 3,228.43 | 109.53 | | | 13,953.26 |
| Resubmitted | 37,960.91 | 65,676.69 | 21,437.35 | 1,922.07 | 3,768.74 | 26.00 | | | 130,791.76 |
| Sent Medical Records | 278.00 | | | | | | | | 278.00 |
| Submitted | 309,179.41 | 297,508.76 | 123,757.42 | 28,612.50 | 827.07 | 606.21 | | | 760,491.37 |
| Transfer | | | | 27.07 | | | | | 27.07 |
| | 399,225.78 | 400,365.37 | 153,277.46 | 43,983.12 | 19,616.06 | 4,443.07 | | | 1,020,910.86 |
| Managed Medicare | | | | | | | | | |
| Submitted | 4,524.00 | 551.00 | 502.00 | | | | | | 5,577.00 |
| | 4,524.00 | 551.00 | 502.00 | | | | | | 5,577.00 |
| Medi-Cal | | | | | | | | | |
| Denied | 38,716.60 | 18,217.20 | 2,346.60 | | | | | | 59,280.40 |
| Entered | 5,609.59 | | | | | | | | 5,609.59 |
| In review / process | 23,729.05 | | | 169.00 | | | | | 23,898.05 |
| Pending Medical Record | 28,648.40 | 38,060.60 | 8,710.00 | 10,769.00 | 15,242.00 | | | | 101,430.00 |
| Pending other / updated insurance info | 15,674.60 | 17,879.60 | 6,503.00 | 4,819.00 | 6,723.40 | 2,806.00 | | | 54,405.60 |
| Resubmitted | 26,611.70 | | | | | | | | 26,611.70 |
| Submitted | 406,851.15 | 53.86 | | 53,811.60 | | | | | 460,716.61 |
| To be resubmitted | 57.35 | | | | | | | | 57.35 |
| To be resubmitted on paper | 2,664.00 | | | | | | | | 2,664.00 |
| To be submitted | 1,846.00 | | | | | | | | 1,846.00 |
| | 550,408.44 | 74,211.26 | 17,559.60 | 69,568.60 | 21,965.40 | 2,806.00 | | | 736,519.30 |
| Medi-Cal - CHDP | | | | | | | | | |
| Entered | 4,146.13 | | | | | | | | 4,146.13 |
| In review / process | 14,040.66 | 2,204.46 | | 246.56 | | | | | 16,491.68 |

Account Receivable Aged Status

Care Medical Group

by Responsibility by Status

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|------------------|-----------------|---------------|---------------|---------|---------|---------|------|------------------|
| Resubmitted | 89.86 | 1,230.01 | | | | | | | 1,319.87 |
| Submitted | 5,202.50 | 2,677.23 | | 9.00 | | | | | 7,888.73 |
| To be resubmitted | 237.82 | | | | | | | | 237.82 |
| | 23,716.97 | 6,111.70 | | 255.56 | | | | | 30,084.23 |
| Medi-Cal - CPSP | | | | | | | | | |
| Denied | 154.00 | | | | | | | | 154.00 |
| Entered | 504.00 | | | | | | | | 504.00 |
| In review / process | 476.00 | | | | | | | | 476.00 |
| Pending claim form | 88.00 | | | | | | | | 88.00 |
| Pending other / updated insurance info | 803.00 | 965.00 | 67.00 | 44.00 | | | | | 1,879.00 |
| Resubmitted | 271.00 | | | | | | | | 271.00 |
| Submitted | 49,745.60 | | | 344.00 | | | | | 50,089.60 |
| To be resubmitted | 88.00 | | | | | | | | 88.00 |
| | 52,129.60 | 965.00 | 67.00 | 388.00 | | | | | 53,549.60 |
| Medi-Cal - PE | | | | | | | | | |
| Denied | 1,236.00 | 495.00 | 453.00 | | | | | | 2,184.00 |
| Entered | 2,520.00 | | | | | | | | 2,520.00 |
| In review / process | 9,494.60 | | | | | | | | 9,494.60 |
| Pending Medical Record | 954.00 | | | | | | | | 954.00 |
| Resubmitted | 34.00 | | | | | | | | 34.00 |
| Submitted | 56,801.60 | | | | | | | | 56,801.60 |
| | 71,040.20 | 495.00 | 453.00 | | | | | | 71,988.20 |
| Medi-Cal - SOFP | | | | | | | | | |
| Denied | 11,844.30 | 636.00 | 240.00 | | | | | | 12,720.30 |
| Entered | 6,309.80 | | | | | | | | 6,309.80 |
| In review / process | 26,369.20 | 143.12 | | | | 34.05 | | | 26,546.37 |
| Pending Medical Record | 1,293.20 | | | | | | | | 1,293.20 |
| Pending other / updated insurance info | 5,578.00 | 1,032.00 | 575.00 | 1,537.00 | 229.00 | 365.00 | | | 9,316.00 |

Account Receivable Aged Status

Care Medical Group

by Responsibility by Status

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|-------------------------------------|---------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------|------|---------------------|
| Resubmitted | 1,932.00 | | | | | | | | 1,932.00 |
| Submitted | 68,683.35 | | | 10,893.00 | | | | | 79,576.35 |
| | 122,009.85 | 1,811.12 | 815.00 | 12,430.00 | 263.05 | 365.00 | | | 137,694.02 |
| Medicare | | | | | | | | | |
| Denied | 224.00 | | | | | | | | 224.00 |
| Entered | 21,016.00 | | | | | | | | 21,016.00 |
| In review / process | 18,317.51 | | 805.00 | 102.52 | | | | | 19,225.03 |
| Pending EOB | | | | | 136.00 | | | | 136.00 |
| Resubmitted | 11,286.00 | 501.00 | 7,570.00 | | | 272.00 | | | 19,629.00 |
| Sent other / updated insurance info | 295.00 | | | | | | | | 295.00 |
| Submitted | 32,407.00 | 103,526.00 | 18,476.00 | 18,301.00 | 1,978.00 | 1,254.00 | | | 175,942.00 |
| To be resubmitted | 3,114.00 | | | | | | | | 3,114.00 |
| To be submitted | 12,940.60 | | | | | | | | 12,940.60 |
| | 99,600.11 | 104,027.00 | 26,851.00 | 18,403.52 | 2,114.00 | 1,526.00 | | | 252,521.63 |
| None | | | | | | | | | |
| Complete | -30,887.92 | 405.38 | -444.11 | | | | | | -30,926.65 |
| In review / process | 18.00 | 36.00 | | | | | | | 54.00 |
| Resubmitted | 124.49 | | | | | | | | 124.49 |
| To be resubmitted | 49.75 | | | | | | | | 49.75 |
| | -30,695.68 | 441.38 | -444.11 | | | | | | -30,698.41 |
| Workers Comp | | | | | | | | | |
| Submitted | 10,128.00 | 3,972.00 | 2,119.00 | | | | | | 16,219.00 |
| | 10,128.00 | 3,972.00 | 2,119.00 | | | | | | 16,219.00 |
| Grand Total | 1,689,626.25 | 728,281.71 | 245,018.22 | 221,346.19 | 50,114.63 | 9,701.07 | | | 2,944,088.07 |

Account Receivable Aged Status

Care Medical Group

by Status by Responsibility

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|------------------------|-------------------|------------------|-----------------|--------|---------|---------|---------|------|-------------------|
| Complete | | | | | | | | | |
| None | -30,887.92 | 405.38 | -444.11 | | | | | | -30,926.65 |
| | -30,887.92 | 405.38 | -444.11 | | | | | | -30,926.65 |
| Denied | | | | | | | | | |
| FQHC Managed Medi-Cal | 965.00 | 643.00 | | | | | | | 1,608.00 |
| Medi-Cal | 38,716.60 | 18,217.20 | 2,346.60 | | | | | | 59,280.40 |
| Medi-Cal - CPSP | 154.00 | | | | | | | | 154.00 |
| Medi-Cal - PE | 1,236.00 | 495.00 | 453.00 | | | | | | 2,184.00 |
| Medi-Cal - SOFP | 11,844.30 | 636.00 | 240.00 | | | | | | 12,720.30 |
| Medicare | 224.00 | | | | | | | | 224.00 |
| | 53,139.90 | 19,991.20 | 3,039.60 | | | | | | 76,170.70 |
| Entered | | | | | | | | | |
| Capitated - CHDP | 2,378.03 | | | | | | | | 2,378.03 |
| Capitated - Commercial | 4,456.00 | | | | | | | | 4,456.00 |
| Capitated - Medi-Cal | 9,816.92 | | | | | | | | 9,816.92 |
| Commercial | 1,072.50 | | | | | | | | 1,072.50 |
| Guarantor | -5.00 | | | | | | | | -5.00 |
| Managed CHDP | 2,712.27 | | | | | | | | 2,712.27 |
| Managed Commercial | 707.00 | | | | | | | | 707.00 |
| Managed Medi-Cal | 32,912.01 | | | | | | | | 32,912.01 |
| Medi-Cal | 5,609.59 | | | | | | | | 5,609.59 |
| Medi-Cal - CHDP | 4,146.13 | | | | | | | | 4,146.13 |
| Medi-Cal - CPSP | 504.00 | | | | | | | | 504.00 |
| Medi-Cal - PE | 2,520.00 | | | | | | | | 2,520.00 |
| Medi-Cal - SOFP | 6,309.80 | | | | | | | | 6,309.80 |
| Medicare | 21,016.00 | | | | | | | | 21,016.00 |
| | 94,155.25 | | | | | | | | 94,155.25 |

Account Receivable Aged Status

Care Medical Group

by Status by Responsibility

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|-------------------|------------------|------------------|---------------|-----------------|---------------|---------|------|-------------------|
| In review / process | | | | | | | | | |
| Commercial | 2,731.50 | 8,545.00 | 5,393.00 | | 745.00 | | | | 17,414.50 |
| FQHC Managed Medi-Cal | 1,608.00 | 88.00 | | | | | | | 1,696.00 |
| Managed CHDP | 390.28 | 889.83 | 160.28 | 54.06 | 104.00 | | | | 1,598.45 |
| Managed Commercial | 1,164.00 | 4,764.00 | 1,628.00 | | 80.00 | | | | 7,636.00 |
| Managed Medi-Cal | 9,962.15 | 15,413.44 | 7,243.55 | 45.19 | 3,611.64 | 453.33 | | | 36,729.30 |
| Medi-Cal | 23,729.05 | | | 169.00 | | | | | 23,898.05 |
| Medi-Cal - CHDP | 14,040.66 | 2,204.46 | | 246.56 | | | | | 16,491.68 |
| Medi-Cal - CPSP | 476.00 | | | | | | | | 476.00 |
| Medi-Cal - PE | 9,494.60 | | | | | | | | 9,494.60 |
| Medi-Cal - SOFP | 26,369.20 | 143.12 | | | 34.05 | | | | 26,546.37 |
| Medicare | 18,317.51 | | 805.00 | 102.52 | | | | | 19,225.03 |
| None | 18.00 | 36.00 | | | | | | | 54.00 |
| | 108,300.95 | 32,083.85 | 15,229.83 | 617.33 | 4,574.69 | 453.33 | | | 161,259.98 |
| Pending accident details | | | | | | | | | |
| Commercial | | 121.00 | | | | | | | 121.00 |
| | | 121.00 | | | | | | | 121.00 |
| Pending claim form | | | | | | | | | |
| Managed CHDP | | | | 81.01 | | | | | 81.01 |
| Medi-Cal - CPSP | 88.00 | | | | | | | | 88.00 |
| | 88.00 | | | 81.01 | | | | | 169.01 |
| Pending EOB | | | | | | | | | |
| Managed CHDP | 18.00 | | | 9.00 | | | | | 27.00 |
| Managed Medi-Cal | | 6,402.60 | | 187.07 | 5,327.18 | | | | 11,916.85 |
| Medicare | | | | | 136.00 | | | | 136.00 |
| | 18.00 | 6,402.60 | | 196.07 | 5,463.18 | | | | 12,079.85 |
| Pending full time student proof | | | | | | | | | |
| Managed Medi-Cal | | | | | 330.00 | | | | 330.00 |

Account Receivable Aged Status

Care Medical Group

by Status by Responsibility

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|---|------------------|------------------|------------------|------------------|------------------|-----------------|---------|------|-------------------|
| | | | | | 330.00 | | | | 330.00 |
| Pending Medical Record | | | | | | | | | |
| Commercial | | 355.00 | | | | | | | 355.00 |
| FQHC Managed Medi-Cal | 722.00 | | | | | | | | 722.00 |
| Managed Commercial | 278.00 | 689.00 | 411.00 | | 66.00 | | | | 1,444.00 |
| Managed Medi-Cal | 5,173.68 | 13,387.28 | 839.14 | 8,310.14 | 2,523.00 | 3,248.00 | | | 33,481.24 |
| Medi-Cal | 28,648.40 | 38,060.60 | 8,710.00 | 10,769.00 | 15,242.00 | | | | 101,430.00 |
| Medi-Cal - PE | 954.00 | | | | | | | | 954.00 |
| Medi-Cal - SOFP | 1,293.20 | | | | | | | | 1,293.20 |
| | 37,069.28 | 52,491.88 | 9,960.14 | 19,079.14 | 17,831.00 | 3,248.00 | | | 139,679.44 |
| Pending other / updated insurance info | | | | | | | | | |
| Commercial | | 1,580.00 | 1,065.00 | 2,543.00 | | | | | 5,188.00 |
| FQHC Managed Medi-Cal | 1,412.00 | 6,115.00 | 2,355.00 | 1,832.86 | 1,767.00 | 534.00 | | | 14,015.86 |
| Guarantor | | | | 84.00 | 480.21 | | | | 564.21 |
| Managed CHDP | 262.00 | 18.00 | | | 72.00 | | | | 352.00 |
| Managed Commercial | | 2,453.60 | | | | | | | 2,453.60 |
| Managed Medi-Cal | 3,759.62 | 1,976.60 | | 4,879.08 | 3,228.43 | 109.53 | | | 13,953.26 |
| Medi-Cal | 15,674.60 | 17,879.60 | 6,503.00 | 4,819.00 | 6,723.40 | 2,806.00 | | | 54,405.60 |
| Medi-Cal - CPSP | 803.00 | 965.00 | 67.00 | 44.00 | | | | | 1,879.00 |
| Medi-Cal - SOFP | 5,578.00 | 1,032.00 | 575.00 | 1,537.00 | 229.00 | 365.00 | | | 9,316.00 |
| | 27,489.22 | 32,019.80 | 10,565.00 | 15,738.94 | 12,500.04 | 3,814.53 | | | 102,127.53 |
| Resubmitted | | | | | | | | | |
| Commercial | 4,913.00 | 5,318.00 | 419.00 | 359.00 | 603.00 | | | | 11,612.00 |
| FQHC Managed Medi-Cal | 113,079.46 | 602.00 | | 2,682.00 | | | | | 116,363.46 |
| Managed CHDP | 2,479.66 | 1,801.95 | 170.04 | 54.00 | 72.00 | | | | 4,577.65 |
| Managed Commercial | 2,447.00 | 21,699.50 | 2,753.40 | | | | | | 26,899.90 |
| Managed Medi-Cal | 37,960.91 | 65,676.69 | 21,437.35 | 1,922.07 | 3,768.74 | 26.00 | | | 130,791.76 |

Account Receivable Aged Status

Care Medical Group

by Status by Responsibility

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--|-------------------|------------------|------------------|------------------|-----------------|---------------|---------|------|-------------------|
| Medi-Cal | 26,611.70 | | | | | | | | 26,611.70 |
| Medi-Cal - CHDP | 89.86 | 1,230.01 | | | | | | | 1,319.87 |
| Medi-Cal - CPSP | 271.00 | | | | | | | | 271.00 |
| Medi-Cal - PE | 34.00 | | | | | | | | 34.00 |
| Medi-Cal - SOFP | 1,932.00 | | | | | | | | 1,932.00 |
| Medicare | 11,286.00 | 501.00 | 7,570.00 | | | 272.00 | | | 19,629.00 |
| None | 124.49 | | | | | | | | 124.49 |
| | 201,229.08 | 96,829.15 | 32,349.79 | 5,017.07 | 4,443.74 | 298.00 | | | 340,166.83 |
| Sent claim form | | | | | | | | | |
| Managed CHDP | | | | 217.47 | | | | | 217.47 |
| | | | | 217.47 | | | | | 217.47 |
| Sent Dunning level 1 | | | | | | | | | |
| Guarantor | 68,182.07 | | | 29,688.46 | | | | | 97,870.53 |
| | 68,182.07 | | | 29,688.46 | | | | | 97,870.53 |
| Sent Dunning level 2 | | | | | | | | | |
| Guarantor | 40,492.90 | | | 14,683.29 | | | | | 55,176.19 |
| | 40,492.90 | | | 14,683.29 | | | | | 55,176.19 |
| Sent Dunning level 3 | | | | | | | | | |
| Guarantor | 28,424.73 | | | 13,294.45 | | | | | 41,719.18 |
| | 28,424.73 | | | 13,294.45 | | | | | 41,719.18 |
| Sent Medical Records | | | | | | | | | |
| Managed Medi-Cal | 278.00 | | | | | | | | 278.00 |
| | 278.00 | | | | | | | | 278.00 |
| Sent other / updated insurance info | | | | | | | | | |
| Medicare | 295.00 | | | | | | | | 295.00 |
| | 295.00 | | | | | | | | 295.00 |
| Submitted | | | | | | | | | |
| Commercial | 39,563.00 | 28,695.40 | 13,063.20 | 1,630.95 | 507.00 | | | | 83,459.55 |

Account Receivable Aged Status

Care Medical Group

by Status by Responsibility

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|-----------------------------------|---------------------|-------------------|-------------------|-------------------|-----------------|-----------------|---------|------|---------------------|
| FQHC Managed Medi-Cal | | | | 136.00 | | | | | 136.00 |
| Managed CHDP | 22,287.61 | 8,680.00 | 2,788.35 | 5,732.84 | 241.91 | 27.00 | | | 39,757.71 |
| Managed Commercial | 32,782.00 | 42,272.60 | 13,612.00 | 3,235.00 | 1,418.00 | | | | 93,319.60 |
| Managed Medi-Cal | 309,179.41 | 297,508.76 | 123,757.42 | 28,612.50 | 827.07 | 606.21 | | | 760,491.37 |
| Managed Medicare | 4,524.00 | 551.00 | 502.00 | | | | | | 5,577.00 |
| Medi-Cal | 406,851.15 | 53.86 | | 53,811.60 | | | | | 460,716.61 |
| Medi-Cal - CHDP | 5,202.50 | 2,677.23 | | 9.00 | | | | | 7,888.73 |
| Medi-Cal - CPSP | 49,745.60 | | | 344.00 | | | | | 50,089.60 |
| Medi-Cal - PE | 56,801.60 | | | | | | | | 56,801.60 |
| Medi-Cal - SOFP | 68,683.35 | | | 10,893.00 | | | | | 79,576.35 |
| Medicare | 32,407.00 | 103,526.00 | 18,476.00 | 18,301.00 | 1,978.00 | 1,254.00 | | | 175,942.00 |
| Workers Comp | 10,128.00 | 3,972.00 | 2,119.00 | | | | | | 16,219.00 |
| | 1,038,155.22 | 487,936.85 | 174,317.97 | 122,705.89 | 4,971.98 | 1,887.21 | | | 1,829,975.12 |
| To be resubmitted | | | | | | | | | |
| Managed CHDP | 1,859.45 | | | | | | | | 1,859.45 |
| Medi-Cal | 57.35 | | | | | | | | 57.35 |
| Medi-Cal - CHDP | 237.82 | | | | | | | | 237.82 |
| Medi-Cal - CPSP | 88.00 | | | | | | | | 88.00 |
| Medicare | 3,114.00 | | | | | | | | 3,114.00 |
| None | 49.75 | | | | | | | | 49.75 |
| | 5,406.37 | | | | | | | | 5,406.37 |
| To be resubmitted on paper | | | | | | | | | |
| Medi-Cal | 2,664.00 | | | | | | | | 2,664.00 |
| | 2,664.00 | | | | | | | | 2,664.00 |
| To be submitted | | | | | | | | | |
| FQHC Managed Medi-Cal | 67.00 | | | | | | | | 67.00 |
| Managed CHDP | 272.60 | | | | | | | | 272.60 |

Account Receivable Aged Status

Care Medical Group

by Status by Responsibility

For the Period of April, 2004

| Status | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|--------------------|---------------------|-------------------|-------------------|-------------------|------------------|-----------------|---------|------|---------------------|
| Medi-Cal | 1,846.00 | | | | | | | | 1,846.00 |
| Medicare | 12,940.60 | | | | | | | | 12,940.60 |
| | 15,126.20 | | | | | | | | 15,126.20 |
| Transfer | | | | | | | | | |
| Managed Medi-Cal | | | | 27.07 | | | | | 27.07 |
| | | | | 27.07 | | | | | 27.07 |
| Grand Total | 1,689,626.25 | 728,281.71 | 245,018.22 | 221,346.19 | 50,114.63 | 9,701.07 | | | 2,944,088.07 |

Care Medical Group

Billing Summary

By Responsibility

For the Period of April, 2004

| Responsibility | Encounters | Charges |
|--------------------------------------|-------------------|---------------------|
| Capitated - CHDP | 239 | 20,045.83 |
| Capitated - Commercial | 327 | 74,493.00 |
| Capitated - Medi-Cal | 1,116 | 203,038.52 |
| Capitated - Medicare | 5 | 1,131.00 |
| Commercial | 71 | 24,899.80 |
| Guarantor | 261 | 105,008.25 |
| Managed CHDP | 295 | 12,234.79 |
| Managed Commercial | 43 | 18,340.00 |
| Managed Medi-Cal | 504 | 289,960.40 |
| Managed Medicare | 1 | 2,176.00 |
| Medi-Cal | 1,769 | 798,399.56 |
| Medi-Cal - CHDP | 411 | 22,282.56 |
| Medi-Cal - CPSP | 373 | 74,199.43 |
| Medi-Cal - PE | 345 | 142,447.53 |
| Medi-Cal - SOFP | 649 | 152,782.90 |
| Medicare | 123 | 24,428.00 |
| PPP | 622 | 94,062.91 |
| Workers Comp | 50 | 9,720.00 |
| Total for: Care Medical Group | 7,204 | 2,069,650.48 |

FILTERS:



Care Medical Group

Billing Summary

By Facility By Category By Code

For the Period of April, 2004

| Facility | Category | Code | Description | Frequency | Charges |
|--------------------------|----------|----------------------------------|--|-----------|---------------|
| 5th Avenue Clinic | | | | | |
| Diagnostic Lab | | | | | |
| | | 81002 | Urinalysis nonauto w/o scope | 6 | 66.00 |
| | | 81002-ZS | Urinalysis nonauto w/o scope | 13 | 143.00 |
| | | 81025-ZS | Urine pregnancy test | 4 | 100.00 |
| | | 82947 | Assay quantitative, glucose | 4 | 80.00 |
| | | 82948 | Reagent strip/blood glucose | 2 | 32.00 |
| | | 82948-ZS | Reagent strip/blood glucose | 1 | 16.00 |
| | | 82962-ZS | Glucose blood test | 10 | 160.00 |
| | | 86580 | TB intradermal test | 2 | 38.00 |
| | | 86580-ZS | TB intradermal test | 3 | 114.00 |
| | | Total for: Diagnostic Lab | | 45 | 749.00 |
| Medical Care | | | | | |
| | | 99201 | Office/outpatient visit, new | 2 | 182.00 |
| | | 99202 | Office/outpatient visit, new | 24 | 4,196.00 |
| | | 99203 | Office/outpatient visit, new | 21 | 5,838.00 |
| | | 99204 | Office/outpatient visit, new | 2 | 822.00 |
| | | 99211 | Office/outpatient visit, est | 1 | 35.00 |
| | | 99212 | Office/outpatient visit, est | 75 | 6,975.00 |
| | | 99213 | Office/outpatient visit, est | 56 | 7,425.60 |
| | | 99214 | Office/outpatient visit, est | 2 | 448.00 |
| | | 99215 | Office/outpatient visit, est | 2 | 724.00 |
| | | 99382 | Preventive visit,new,age 1-4 | 1 | 281.00 |
| | | 99391 | Preventive visit, est,infant | 1 | 35.86 |
| | | 99800 | CHDP New / Extended H&P Exam - Age 12 to 20 | 1 | 62.39 |
| | | 99801 | CHDP New / Extended H&P Exam - Age 5 to 11 | 3 | 163.77 |
| | | 99802 | CHDP New / Extended H&P Exam - Age 1 to 4 | 1 | 51.46 |
| | | 99805 | CHDP H&P Exam - Age 12 to 20 | 2 | 99.80 |
| | | 99806 | CHDP H&P Exam - Age 5 to 11 | 1 | 42.10 |
| | | 99808 | CHDP H&P Exam - Birth to 11 months | 2 | 71.72 |
| | | 99821 | CHDP Vision Test - Age 7 and older | 5 | 12.70 |
| | | 99822 | CHDP Vision Test - Age 3 to 6 | 1 | 5.04 |
| | | 99823 | CHDP Audiometry - Pure Tone | 5 | 58.00 |
| | | 99830 | CHDP Hemoglobin | 7 | 21.07 |
| | | 99831 | CHDP Urine - Dipstick | 6 | 17.22 |
| | | 99855 | CHDP Administer Hib CV Immunization | 1 | 9.00 |
| | | 99856 | CHDP Administer Polio - IPV Immunization | 2 | 18.00 |
| | | 99857 | CHDP Administer Hepatitis B Immunization | 2 | 18.00 |
| | | 99862 | CHDP Administer Dtap Immunization | 1 | 9.00 |
| | | 99863 | CHDP Administer Varicella Immunization | 1 | 9.00 |
| | | 99865 | CHDP Administer Hepatitis A Immunization | 3 | 27.00 |
| | | 99868 | CHDP Administer Prevnar Age 6 Weeks to 2 Years | 2 | 18.00 |
| | | CHDPX | CHDP UNKNOWN | 10 | 0.00 |



Care Medical Group

Billing Summary

By Facility By Category By Code

For the Period of April, 2004

| Facility | Category | Code | Description | Frequency | Charges |
|-------------------------------------|----------------------|---------------------------------|--|------------|------------------|
| 5th Avenue Clinic | | | | | |
| | | Z5218 | COLLECTION & HANDLING OF BLOOD SPEC ONLY SERVICE | 1 | 14.00 |
| | | Total for: Medical Care | | 244 | 27,689.73 |
| | Other Medical | | | | |
| | | 90669 | Pneumococcal conjugate vaccine | 1 | 9.00 |
| | | 90700 | DTaP immunization | 1 | 32.00 |
| | | 90707 | MMR virus immunization | 1 | 70.00 |
| | | 90713 | Poliomyelitis immunization | 1 | 60.00 |
| | | 90746 | Hepatitis B vaccine, over 20 | 1 | 92.00 |
| | | X5304 | Diphtheria Tetanus Toxoid 5.0ml (Adult) | 1 | 9.00 |
| | | Total for: Other Medical | | 6 | 272.00 |
| | Surgery | | | | |
| | | 69210-ZK | Remove impacted ear wax | 1 | 130.00 |
| | | Total for: Surgery | | 1 | 130.00 |
| Total for: 5th Avenue Clinic | | | | 296 | 28,840.73 |



Care Medical Group

Billing Summary

By Provider By Category By Code

For the Period of April, 2004

| Provider | Category | Code | Description | Frequency | Charges |
|----------------------------------|----------|------------------------------------|--|------------|------------------|
| Catherine Magallanes, CNM | | | | | |
| Diagnostic Lab | | | | | |
| | | 81025-ZS | Urine pregnancy test | 23 | 575.00 |
| | | 86580-ZS | TB intradermal test | 1 | 38.00 |
| | | Total for: Diagnostic Lab | | 24 | 613.00 |
| Diagnostic X-Ray | | | | | |
| | | 76805-ZS | Echo exam of pregnant uterus >= 14 weeks | 1 | 504.00 |
| | | Total for: Diagnostic X-Ray | | 1 | 504.00 |
| Medical Care | | | | | |
| | | 99201 | Office/outpatient visit, new | 1 | 91.00 |
| | | 99202 | Office/outpatient visit, new | 14 | 2,548.00 |
| | | 99211 | Office/outpatient visit, est | 1 | 35.00 |
| | | 99212 | Office/outpatient visit, est | 12 | 1,116.00 |
| | | 99213 | Office/outpatient visit, est | 15 | 2,040.00 |
| | | 99214 | Office/outpatient visit, est | 1 | 224.00 |
| | | X1522 | PARAGUARD IUD | 2 | 650.00 |
| | | X6051 | DEPO-PROVERA 150MG INJ | 1 | 85.00 |
| | | Z1032 | INIT COMP PREGNANCY RELATED O.V. | 14 | 7,042.00 |
| | | Z1032-ZL | INIT COMP PREGNANCY RELATED O.V. | 20 | 17,112.00 |
| | | Z1034 | ANTEPARTUM VISIT - EST PATIENT | 76 | 18,082.00 |
| | | Z1036 | ANTEPARTUM FINAL VISIT | 9 | 4,059.00 |
| | | Z1038 | POSTPARTUM VISIT - EST PATIENT | 10 | 2,400.00 |
| | | Z6200 | INIT L NUTRITION ASSESSMENT - 30 MI | 3 | 201.00 |
| | | Z6202 | NUTRITION ASSESSMENT EACH SUBSEQ 15 | 1 | 34.00 |
| | | Z6204 | F/U ANTEPARTUM NUTRITION ASSESSMENT | 2 | 68.00 |
| | | Z6210 | PRENATAL VITAMIN-MINERAL SUPPLEMENT | 16 | 2,544.00 |
| | | Z6300 | INIT L PSYCHOSOCIAL ASSESSMENT,FIRS | 2 | 134.00 |
| | | Z6304 | FOLLOW UP ANTEPARTUM PSYCHOSOCIAL A | 1 | 68.00 |
| | | Z6400 | CLIENT ORIENTATION (HEALTH EDUCAT) | 31 | 1,054.00 |
| | | Z6402 | INIT L HEALTH EDUCATION ASSESSMENT, | 12 | 804.00 |
| | | Z6404 | INIT L HEALTH EDUCATION ASSESSMENT, | 19 | 612.00 |
| | | Z6406 | F/U ANTEPARTUM HEALTH EDUCATION,IND | 78 | 2,856.00 |
| | | Z6408 | F/U ANTEPARTUM HEALTH EDUCATION,GRO | 4 | 33.00 |
| | | Z6410 | PERINATAL EDUCATION,INDIV EACH 15 M | 81 | 2,958.00 |
| | | Z6412 | PERINATAL EDUCATION,GROUP PER PT,EA | 28 | 605.00 |
| | | Z6414 | POSTPARTUM HEALTH EDUCATION ASSESSM | 9 | 306.00 |
| | | Z9752 | FAMILY PLANNING COUNSELING / 15 MIN | 1 | 25.00 |
| | | Total for: Medical Care | | 464 | 67,786.00 |
| Other Medical | | | | | |
| | | 99199 | Special service or report | 2 | 0.00 |
| | | Total for: Other Medical | | 2 | 0.00 |



Care Medical Group

Billing Summary

By Provider By Category By Code

For the Period of April, 2004

| Provider | Category | Code | Description | Frequency | Charges |
|---|----------------|---------------------------|-----------------------------------|------------|------------------|
| Catherine Magallanes, CNM | | | | | |
| | Surgery | | | | |
| | | 11976-ZK | Removal of contraceptive capsules | 3 | 1,146.00 |
| | | 11976-ZM | Removal of contraceptive capsules | 2 | 114.60 |
| | | 50390-ZK | Drainage of kidney lesion | 1 | 395.00 |
| | | 58300-ZK | Insert intrauterine device | 2 | 458.00 |
| | | 58300-ZM | Insert intrauterine device | 1 | 34.35 |
| | | 59425 | Antepartum care only | 1 | 398.00 |
| | | 59430 | Care after delivery | 1 | 550.00 |
| | | Total for: Surgery | | 11 | 3,095.95 |
| Total for: Catherine Magallanes, CNM | | | | 502 | 71,998.95 |



Care Medical Group

Billing Summary

By Provider By Category By Code

For the Period of April, 2004

| Provider | Category | Code | Description | Frequency | Charges |
|--|----------|------------------------------------|----------------------------------|------------|------------------|
| Coralyn Splawn, M.D. | | | | | |
| Diagnostic X-Ray | | | | | |
| | | 73130-26 | X-ray exam of hand | 1 | 33.30 |
| | | 73620-26 | X-ray exam of foot | 1 | 31.20 |
| | | Total for: Diagnostic X-Ray | | 2 | 64.50 |
| Medical Care | | | | | |
| | | 99203 | Office/outpatient visit, new | 123 | 33,940.00 |
| | | 99204 | Office/outpatient visit, new | 3 | 1,233.00 |
| | | 99212 | Office/outpatient visit, est | 1 | 93.00 |
| | | 99213 | Office/outpatient visit, est | 14 | 1,904.00 |
| | | 99214 | Office/outpatient visit, est | 1 | 224.00 |
| | | J0696 | Ceftriaxone sodium injection | 1 | 35.00 |
| | | J1670 | Tetanus immune globulin inj | 1 | 32.00 |
| | | X5608 | ANTIB INJ ANCEF - 1GM/10 ML VIAL | 1 | 32.00 |
| | | X5764 | ANTIB INJ BICILLIN C-R 900/300 | 1 | 32.00 |
| | | X5860 | INJECT ROCEPHIN 1 GRAM IM | 5 | 390.00 |
| | | Total for: Medical Care | | 151 | 37,915.00 |
| Other Medical | | | | | |
| | | 90703 | Tetanus immunization | 3 | 48.00 |
| | | 90718 | Td immunization | 1 | 16.00 |
| | | 90788 | Injection of antibiotic | 1 | 17.00 |
| | | 99070 | Special supplies | 5 | 220.00 |
| | | Total for: Other Medical | | 10 | 301.00 |
| Surgery | | | | | |
| | | 10060-ZK | Drainage of skin abscess | 1 | 282.00 |
| | | 11730-ZK | Removal of nail plate | 1 | 243.00 |
| | | 12001 | Repair superficial wound(s) | 1 | 329.00 |
| | | 12001-ZK | Repair superficial wound(s) | 6 | 1,974.00 |
| | | 12002-ZK | Repair superficial wound(s) | 9 | 3,861.00 |
| | | 13101-ZK | Repair of wound or lesion | 1 | 946.00 |
| | | Total for: Surgery | | 19 | 7,635.00 |
| Total for: Coralyn Splawn, M.D. | | | | 182 | 45,915.50 |



Care Medical Group

Billing Summary

By Provider By Category By Code

For the Period of April, 2004

| Provider | Category | Code | Description | Frequency | Charges |
|--|---------------------|--------------------------------|---|---------------|---------------------|
| Wilbert Williams, M.D. | | | | | |
| | Medical Care | | | | |
| | | 99220 | Observation care | 2 | 1,204.00 |
| | | Total for: Medical Care | | 2 | 1,204.00 |
| | Surgery | | | | |
| | | 51045-ZK | Cystotomy, with insertion of ureteral catheter or stent | 1 | 1,919.00 |
| | | 58150-80 | Total hysterectomy | 1 | 972.60 |
| | | 58600-ZK | Division of fallopian tube | 4 | 10,656.00 |
| | | 59409-ZK | Vaginal delivery only | 32 | 69,632.00 |
| | | 59514 | Cesarean delivery only | 1 | 2,178.00 |
| | | 59514-80 | Cesarean delivery only | 2 | 1,306.80 |
| | | 59514-ZK | Cesarean delivery only | 11 | 23,958.00 |
| | | 59514-ZS | Cesarean delivery only | 1 | 2,178.00 |
| | | 59840-ZK | Abortion | 1 | 715.00 |
| | | Total for: Surgery | | 54 | 113,515.40 |
| Total for: Wilbert Williams, M.D. | | | | 56 | 114,719.40 |
| Total for: Care Medical Group | | | | 11,808 | 2,069,650.48 |

FILTERS:



Care Medical Group

Billing Summary

By Facility By Responsibility

For the Period of April, 2004

| Facility | Responsibility | Encounters | Charges |
|---|------------------------|------------|-------------------|
| 5th Avenue Clinic | | | |
| | Capitated - CHDP | 1 | 35.86 |
| | Capitated - Commercial | 7 | 1,361.00 |
| | Capitated - Medi-Cal | 12 | 1,451.00 |
| | Commercial | 3 | 955.00 |
| | Guarantor | 4 | 439.00 |
| | Managed CHDP | 1 | 9.00 |
| | Medi-Cal | 7 | 1,477.00 |
| | Medi-Cal - CHDP | 10 | 645.16 |
| | Medi-Cal - SOFP | 15 | 2,224.60 |
| | Medicare | 3 | 365.00 |
| | PPP | 136 | 19,878.11 |
| Total for: 5th Avenue Clinic | | 199 | 28,840.73 |
| Care Medical Center - Los Angeles | | | |
| | Guarantor | 7 | 1,515.00 |
| | Managed Medi-Cal | 14 | 3,347.00 |
| | Medi-Cal | 83 | 19,347.00 |
| Total for: Care Medical Center - Los Angeles | | 104 | 24,209.00 |
| Care Medical Center - OB Services | | | |
| | Capitated - Commercial | 1 | 2,176.00 |
| | Commercial | 6 | 7,092.80 |
| | Guarantor | 37 | 59,500.40 |
| | Managed Commercial | 2 | 2,778.00 |
| | Managed Medi-Cal | 86 | 144,342.00 |
| | Managed Medicare | 1 | 2,176.00 |
| | Medi-Cal | 176 | 311,872.00 |
| | Medi-Cal - PE | 2 | 1,317.00 |
| | Medi-Cal - SOFP | 16 | 42,624.00 |
| Total for: Care Medical Center - OB Services | | 327 | 573,878.20 |



Care Medical Group

Billing Summary

By Facility By Responsibility

For the Period of April, 2004

| Facility | Responsibility | Encounters | Charges |
|--------------------------------------|----------------|--------------|---------------------|
| Total for: Care Medical Group | | 7,204 | 2,069,650.48 |

FILTERS:



Care Medical Group

Billing Summary

By Provider By Responsibility

For the Period of April, 2004

| Provider | Responsibility | Encounters | Charges |
|---|----------------------|------------|------------------|
| Albert Parks, M.D. | Managed Medi-Cal | 5 | 7,836.80 |
| | Medi-Cal | 23 | 45,419.80 |
| Total for: Albert Parks, M.D. | | 28 | 53,256.60 |
| Carline Dantzler, M.D. | Guarantor | 1 | 2,176.00 |
| | Managed Medi-Cal | 1 | 2,176.00 |
| | Medi-Cal | 4 | 856.00 |
| Total for: Carline Dantzler, M.D. | | 6 | 5,208.00 |
| Carlos Aliabadi, M.D. | Commercial | 2 | 1,368.40 |
| | Guarantor | 5 | 9,359.40 |
| | Managed Medi-Cal | 17 | 23,766.60 |
| | Medi-Cal | 28 | 56,931.00 |
| Total for: Carlos Aliabadi, M.D. | | 52 | 91,425.40 |
| Catherine Magallanes, CNM | Capitated - Medi-Cal | 1 | 240.00 |
| | Guarantor | 9 | 3,662.00 |
| | Managed Commercial | 2 | 948.00 |
| | Managed Medi-Cal | 14 | 5,209.00 |
| | Medi-Cal | 96 | 38,631.40 |
| | Medi-Cal - CPSP | 1 | 990.60 |
| | Medi-Cal - PE | 28 | 16,361.00 |
| | Medi-Cal - SOFP | 31 | 5,956.95 |
| Total for: Catherine Magallanes, CNM | | 182 | 71,998.95 |
| Coralyn Splawn, M.D. | Capitated - Medi-Cal | 2 | 556.00 |
| | Commercial | 8 | 2,818.00 |
| | Guarantor | 19 | 6,343.50 |
| | Managed Commercial | 11 | 4,968.00 |
| | Managed Medi-Cal | 78 | 24,697.00 |
| | Medi-Cal | 24 | 6,533.00 |
| Total for: Coralyn Splawn, M.D. | | 142 | 45,915.50 |



Care Medical Group

Billing Summary

By Provider By Responsibility

For the Period of April, 2004

| Provider | Responsibility | Encounters | Charges |
|---|------------------------|------------|------------------|
| Elizabeth Jacobs, CNM | | | |
| | Capitated - Medi-Cal | 1 | 2,176.00 |
| | Commercial | 1 | 902.00 |
| | Guarantor | 2 | 2,416.00 |
| | Managed Commercial | 1 | 436.00 |
| | Managed Medi-Cal | 6 | 3,795.00 |
| | Medi-Cal | 72 | 24,579.20 |
| | Medi-Cal - PE | 23 | 8,018.20 |
| | Medi-Cal - SOFP | 21 | 4,009.35 |
| Total for: Elizabeth Jacobs, CNM | | 127 | 46,331.75 |
| Elma Ng, CNM | | | |
| | Medi-Cal | 5 | 2,297.00 |
| | Medi-Cal - PE | 1 | 274.00 |
| | Medi-Cal - SOFP | 5 | 1,678.35 |
| Total for: Elma Ng, CNM | | 11 | 4,249.35 |
| Gerald Johnson, M.D. | | | |
| | Capitated - CHDP | 7 | 275.44 |
| | Capitated - Commercial | 15 | 2,634.00 |
| | Capitated - Medi-Cal | 80 | 9,389.00 |
| | Commercial | 1 | 398.00 |
| | Guarantor | 4 | 621.00 |
| | Managed CHDP | 7 | 246.00 |
| | Managed Medi-Cal | 1 | 9.00 |
| | Medi-Cal | 33 | 4,925.35 |
| | Medi-Cal - CHDP | 18 | 946.57 |
| | Medi-Cal - SOFP | 5 | 821.00 |
| | Medicare | 2 | 249.00 |
| | PPP | 14 | 1,387.00 |
| Total for: Gerald Johnson, M.D. | | 187 | 21,901.36 |
| Gregory Mayer, M.D. | | | |
| | Guarantor | 8 | 12,369.40 |
| | Managed Commercial | 1 | 602.00 |
| | Managed Medi-Cal | 9 | 8,897.40 |
| | Medi-Cal | 18 | 23,892.60 |
| | Medi-Cal - SOFP | 2 | 5,328.00 |
| Total for: Gregory Mayer, M.D. | | 38 | 51,089.40 |



Care Medical Group

Billing Summary

By Provider By Responsibility

For the Period of April, 2004

| Provider | Responsibility | Encounters | Charges |
|--|------------------------|--------------|---------------------|
| Teresa Paja, M.D. | Capitated - CHDP | 36 | 2,360.29 |
| | Capitated - Commercial | 47 | 8,346.00 |
| | Capitated - Medi-Cal | 167 | 28,011.00 |
| | Capitated - Medicare | 1 | 224.00 |
| | Commercial | 7 | 1,250.00 |
| | Guarantor | 43 | 7,287.35 |
| | Managed CHDP | 86 | 4,923.55 |
| | Managed Commercial | 5 | 1,302.00 |
| | Managed Medi-Cal | 42 | 12,377.60 |
| | Medi-Cal | 109 | 24,722.00 |
| | Medi-Cal - CHDP | 48 | 2,756.78 |
| | Medi-Cal - CPSP | 4 | 2,339.83 |
| | Medi-Cal - PE | 16 | 7,253.80 |
| | Medi-Cal - SOFP | 58 | 10,704.00 |
| | Medicare | 106 | 20,762.00 |
| | PPP | 81 | 12,557.00 |
| | Workers Comp | 1 | 136.00 |
| Total for: Teresa Paja, M.D. | | 857 | 147,313.20 |
| Theresa Kennedy, CNM | Managed Medi-Cal | 3 | 2,690.00 |
| | Medi-Cal | 19 | 6,871.00 |
| | Medi-Cal - PE | 3 | 869.00 |
| | Medi-Cal - SOFP | 9 | 983.00 |
| Total for: Theresa Kennedy, CNM | | 34 | 11,413.00 |
| Wilbert Williams, M.D. | Commercial | 1 | 2,178.00 |
| | Guarantor | 9 | 19,588.00 |
| | Managed Medi-Cal | 13 | 26,058.00 |
| | Managed Medicare | 1 | 2,176.00 |
| | Medi-Cal | 28 | 56,012.40 |
| | Medi-Cal - PE | 1 | 715.00 |
| | Medi-Cal - SOFP | 3 | 7,992.00 |
| Total for: Wilbert Williams, M.D. | | 56 | 114,719.40 |
| Total for: Care Medical Group | | 7,204 | 2,069,650.48 |

FILTERS:



Revenue by Claim Age

Care Medical Group

by Responsibility

For the Period of April, 2004

| Responsibility | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|------------------------|-------------------|------------------|------------------|-----------------|-----------------|-----------------|------------------|-----------------|-------------------|
| Capitated - CHDP | | 31.64 | | | | | | | 31.64 |
| Capitated - Commercial | | 10.93 | | 184.15 | | | | | 195.08 |
| Capitated - Medi-Cal | | 478.66 | 55.00 | 225.70 | 52.70 | | | | 812.06 |
| Commercial | | 2,105.81 | 884.34 | 219.02 | 76.50 | | 1,026.15 | 68.60 | 4,380.42 |
| FQHC Managed Medi-Cal | 56,105.80 | 264.65 | 105.86 | | | | 172.04 | | 56,648.35 |
| Guarantor | 6,603.50 | 830.80 | 1,014.23 | 505.84 | 14.37 | 123.00 | 48.00 | 50.00 | 9,189.74 |
| Managed CHDP | 90.00 | 2,018.40 | 634.23 | 18.00 | | | 27.00 | | 2,787.63 |
| Managed Commercial | | 903.27 | 313.35 | | | | 1,752.21 | 686.13 | 3,654.96 |
| Managed Medi-Cal | 3,146.76 | 15,554.42 | 7,276.03 | 3,582.69 | 1,612.89 | | 3,991.51 | 340.61 | 35,504.91 |
| Managed Medicare | | | 74.53 | | | 19.97 | | | 94.50 |
| Medi-Cal | 191,014.50 | 4,409.36 | 4,971.73 | 3,219.80 | | 1,188.33 | 359.10 | 23.66 | 205,186.48 |
| Medi-Cal - CHDP | 129.21 | 209.81 | | 7.91 | 873.92 | 471.97 | 4,266.67 | 566.38 | 6,525.87 |
| Medi-Cal - CPSP | 22,949.61 | | | | | | | | 22,949.61 |
| Medi-Cal - PE | 29,277.68 | 193.64 | | | 96.82 | | 96.22 | | 29,664.36 |
| Medi-Cal - SOFP | 29,597.07 | 323.25 | 445.29 | 163.67 | 109.64 | 501.26 | 1,088.69 | 5.46 | 32,234.33 |
| No Responsibility | | 2.76 | | | | | | | 2.76 |
| Workers Comp | | 489.65 | 437.80 | | | | | | 927.45 |
| Grand Total | 338,914.13 | 27,827.05 | 16,212.39 | 8,126.78 | 2,836.84 | 2,304.53 | 12,827.59 | 1,740.84 | 410,790.15 |

Care Medical Group

Revenue Summary

by Responsibility

For the Period of April, 2004

| Responsibility | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--------------------------------------|------------------|-----------------|-------------------|---------------------|------------------|
| Capitated - CHDP | -42.01 | 0.00 | 31.64 | 18,188.43 | 157.90 |
| Capitated - Commercial | -93.00 | 0.00 | 195.08 | 66,863.00 | -284.87 |
| Capitated - Medi-Cal | -178.90 | 0.00 | 812.06 | 50,815.70 | -761.65 |
| Capitated - Medicare | 0.00 | 0.00 | 0.00 | 1,227.00 | 0.00 |
| Commercial | 0.00 | 0.00 | 4,380.42 | 6,433.39 | 328.42 |
| FQHC Managed Medi-Cal | 720.29 | 0.00 | 56,648.35 | 112,067.45 | -251.25 |
| Guarantor | -586.60 | 5,737.50 | 3,452.24 | 2,039.20 | 44,035.63 |
| Managed CHDP | -879.03 | 0.00 | 2,787.63 | 110.56 | -7.94 |
| Managed Commercial | 33.00 | 0.00 | 3,654.96 | 6,539.96 | -3,313.13 |
| Managed Medi-Cal | -519.00 | 0.00 | 35,504.91 | 79,375.86 | 18,652.21 |
| Managed Medicare | 0.00 | 0.00 | 94.50 | 53.03 | -84.53 |
| Medi-Cal | -4,807.64 | 0.00 | 205,186.48 | 499,767.68 | -993.64 |
| Medi-Cal - CHDP | -211.00 | 0.00 | 6,525.87 | 5,076.35 | -497.22 |
| Medi-Cal - CPSP | 3,738.64 | 0.00 | 22,949.61 | 30,575.03 | 113.83 |
| Medi-Cal - PE | 1,749.91 | 0.00 | 29,664.36 | 102,378.08 | 0.00 |
| Medi-Cal - SOFP | -4,267.60 | 0.00 | 32,234.33 | 86,804.20 | -96.78 |
| Medicare | -1,431.00 | 0.00 | 0.00 | 1,186.00 | 0.00 |
| No Responsibility | 601.00 | 0.00 | 2.76 | 0.00 | -2.76 |
| PPP | -43.00 | 0.00 | 0.00 | 461,529.64 | -278.00 |
| Workers Comp | 0.00 | 0.00 | 927.45 | 1,472.75 | -362.20 |
| Total for Care Medical Group: | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



Care Medical Group

Revenue Summary

by Facility By Category By Code

For the Period of April, 2004

| Facility | Category | Code | Description | Frequency | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--------------------------|----------|----------------------------------|---------------------------------|------------|---------------|----------------|-----------------|--------------------|---------------|
| 5th Avenue Clinic | | | | | | | | | |
| Diagnostic Lab | | | | | | | | | |
| | | 81000 | Urinalysis, nonauto, w/scope | 1 | 0.00 | 0.00 | 0.00 | 17.00 | 0.00 |
| | | 81002 | Urinalysis nonauto w/o scope | 16 | 0.00 | 0.00 | 0.00 | 176.00 | 0.00 |
| | | 81002-ZS | Urinalysis nonauto w/o scope | 34 | 0.00 | 0.00 | 0.00 | 374.00 | 0.00 |
| | | 81025-ZS | Urine pregnancy test | 3 | 0.00 | 0.00 | 4.34 | 70.66 | 0.00 |
| | | 82947 | Assay quantitative, glucose | 8 | 0.00 | 0.00 | 0.00 | 160.00 | 0.00 |
| | | 82948 | Reagent strip/blood glucose | 7 | 0.00 | 0.00 | 0.00 | 112.00 | 0.00 |
| | | 82948-ZS | Reagent strip/blood glucose | 9 | 0.00 | 0.00 | 0.00 | 144.00 | 0.00 |
| | | 82962 | Glucose blood test | 1 | 0.00 | 0.00 | 0.00 | 16.00 | 0.00 |
| | | 82962-ZS | Glucose blood test | 19 | 0.00 | 0.00 | 0.00 | 304.00 | 0.00 |
| | | 86580-ZS | TB intradermal test | 3 | 0.00 | 0.00 | 0.00 | 114.00 | 0.00 |
| | | Total for Diagnostic Lab: | | 101 | 0.00 | 0.00 | 4.34 | 1,487.66 | 0.00 |
| Medical Care | | | | | | | | | |
| | | 99201 | Office/outpatient visit, new | 3 | 0.00 | 10.00 | 0.00 | 182.00 | 0.00 |
| | | 99202 | Office/outpatient visit, new | 92 | 0.00 | 10.00 | 300.96 | 16,209.34 | -34.30 |
| | | 99203 | Office/outpatient visit, new | 69 | 0.00 | 10.00 | 290.16 | 18,603.84 | 278.00 |
| | | 99204 | Office/outpatient visit, new | 6 | 0.00 | 30.00 | 255.33 | 1,799.67 | 0.00 |
| | | 99205 | Office/outpatient visit, new | 1 | 0.00 | 0.00 | 0.00 | 546.00 | 0.00 |
| | | 99211 | Office/outpatient visit, est | 6 | 0.00 | 0.00 | 0.00 | 210.00 | 0.00 |
| | | 99212 | Office/outpatient visit, est | 215 | 0.00 | 0.00 | 69.42 | 20,018.58 | 0.00 |
| | | 99213 | Office/outpatient visit, est | 127 | 190.40 | 30.00 | 96.82 | 16,767.18 | 0.00 |
| | | 99214 | Office/outpatient visit, est | 14 | 0.00 | 0.00 | 92.86 | 3,043.14 | 0.00 |
| | | 99215 | Office/outpatient visit, est | 2 | 0.00 | 0.00 | 96.82 | 627.18 | 0.00 |
| | | 99382 | Preventive visit,new,age 1-4 | 1 | 0.00 | 0.00 | 0.00 | 281.00 | 0.00 |
| | | 99391 | Preventive visit, est,infant | 1 | 0.00 | 0.00 | 0.00 | 35.86 | 0.00 |
| | | 99800 | CHDP New / Extended H&P Exam . | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 62.39 |
| | | 99801 | CHDP New / Extended H&P Exam . | 2 | 0.00 | 0.00 | 0.00 | 54.59 | 54.59 |
| | | 99802 | CHDP New / Extended H&P Exam . | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 51.46 |
| | | 99805 | CHDP H&P Exam - Age 12 to 20 | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 99.80 |
| | | 99806 | CHDP H&P Exam - Age 5 to 11 | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 42.10 |
| | | 99808 | CHDP H&P Exam - Birth to 11 mo | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 71.72 |
| | | 99821 | CHDP Vision Test - Age 7 and ol | 4 | 0.00 | 0.00 | 0.00 | 0.00 | 10.16 |
| | | 99822 | CHDP Vision Test - Age 3 to 6 | 1 | 0.00 | 0.00 | 0.00 | 5.04 | 0.00 |
| | | 99823 | CHDP Audiometry - Pure Tone | 4 | 0.00 | 0.00 | 0.00 | 11.60 | 34.80 |
| | | 99830 | CHDP Hemoglobin | 6 | 0.00 | 0.00 | 0.00 | 3.01 | 15.05 |
| | | 99831 | CHDP Urine - Dipstick | 5 | 0.00 | 0.00 | 0.00 | 2.87 | 11.48 |
| | | 99855 | CHDP Administer Hib CV Immun | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 9.00 |
| | | 99856 | CHDP Administer Polio - IPV Imm | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 18.00 |
| | | 99857 | CHDP Administer Hepatitis B Imm | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 9.00 |
| | | 99862 | CHDP Administer Dtap Immuniz | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 9.00 |
| | | 99863 | CHDP Administer Varicella Immun | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 9.00 |
| | | 99865 | CHDP Administer Hepatitis A Im | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 18.00 |
| | | 99868 | CHDP Administer Prevnar Age 6 W | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 18.00 |
| | | X1514 | PROGESTASERT IUD | 1 | 0.00 | 0.00 | 88.11 | 36.89 | 0.00 |
| | | Z5218 | COLLECTION & HANDLING OF | 2 | 0.00 | 0.00 | 0.00 | 28.00 | 0.00 |
| | | Z9751 | INIT'L FAMILY PLANNING MET | 1 | 0.00 | 0.00 | 12.72 | 4.28 | 0.00 |
| | | Total for Medical Care: | | 580 | 190.40 | 90.00 | 1,303.20 | 78,470.07 | 787.25 |



Care Medical Group

Revenue Summary

by Facility By Category By Code

For the Period of April, 2004

| Facility | Category | Code | Description | Frequency | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|---|----------|---------------------------------|--------------------------------------|------------|-------------------|----------------|------------------|--------------------|------------------|
| Other Medical | | | | | | | | | |
| | | 90633 | Hepatitis A vaccine, pediatric / ado | 2 | 0.00 | 0.00 | 9.01 | 59.99 | 0.00 |
| | | 90658 | Influenza Split Virus 3 years and ol | 3 | 0.00 | 0.00 | 0.00 | 48.00 | 0.00 |
| | | 90700 | DTaP immunization | 1 | 0.00 | 0.00 | 0.00 | 32.00 | 0.00 |
| | | 90707 | MMR virus immunization | 1 | 0.00 | 0.00 | 0.00 | 70.00 | 0.00 |
| | | 90713 | Poliomyelitis immunization | 1 | 0.00 | 0.00 | 0.00 | 60.00 | 0.00 |
| | | X5304 | Diphtheria Tetanus Toxoid 5.0ml (A | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 9.00 |
| | | Total for Other Medical: | | 9 | 0.00 | 0.00 | 9.01 | 269.99 | 9.00 |
| Surgery | | | | | | | | | |
| | | 69210-ZK | Remove impacted ear wax | 1 | 0.00 | 0.00 | 0.00 | 130.00 | 0.00 |
| | | Total for Surgery: | | 1 | 0.00 | 0.00 | 0.00 | 130.00 | 0.00 |
| Total for 5th Avenue Clinic: | | | | 691 | 190.40 | 90.00 | 1,316.55 | 80,357.72 | 796.25 |
| Care Medical Center - Los Angeles | | | | | | | | | |
| Medical Care | | | | | | | | | |
| | | 99222 | Initial hospital care | 10 | 0.00 | 0.00 | 968.20 | 3,361.80 | 0.00 |
| | | 99223 | Initial hospital care | 2 | 0.00 | 0.00 | 193.64 | 1,014.36 | 0.00 |
| | | 99231 | Subsequent hospital care | 5 | 0.00 | 0.00 | 484.10 | 165.90 | 0.00 |
| | | 99232 | Subsequent hospital care | 2 | 0.00 | 0.00 | 193.64 | 234.36 | 0.00 |
| | | 99238 | Hospital discharge day | 3 | 0.00 | 0.00 | 290.46 | 504.54 | 0.00 |
| | | 99431 | Initial care, normal newborn | 237 | 0.00 | 0.00 | 21,546.01 | 33,437.99 | 0.00 |
| | | 99433 | Normal newborn care,hospital | 19 | 70.64 | 0.00 | 1,839.58 | 568.06 | 0.00 |
| | | Total for Medical Care: | | 278 | 70.64 | 0.00 | 25,515.63 | 39,287.01 | 0.00 |
| Total for Care Medical Center - Los Angeles: | | | | 278 | 70.64 | 0.00 | 25,515.63 | 39,287.01 | 0.00 |
| Care Medical Center - OB Services | | | | | | | | | |
| Medical Care | | | | | | | | | |
| | | 99220 | Observation care | 7 | -602.00 | 0.00 | 628.40 | 2,983.60 | 0.00 |
| | | 99220-80 | Observation care | 1 | -180.60 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | Total for Medical Care: | | 8 | -782.60 | 0.00 | 628.40 | 2,983.60 | 0.00 |
| Surgery | | | | | | | | | |
| | | 57460-ZK | Cervix excision | 2 | -623.00 | 0.00 | 187.58 | 435.42 | 0.00 |
| | | 58150-ZK | Total hysterectomy | 1 | 0.00 | 0.00 | 810.72 | 2,431.28 | 0.00 |
| | | 58180-ZK | Partial hysterectomy | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 3,242.00 |
| | | 58600-51 | Division of fallopian tube | 3 | -3,996.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 58600-ZK | Division of fallopian tube | 9 | -2,664.00 | 0.00 | 5,619.84 | 15,692.16 | 0.00 |
| | | 58611-51 | Ligate oviduct(s) | 1 | 0.00 | 0.00 | 49.61 | 49.39 | 0.00 |
| | | 58925-51 | Removal of ovarian cyst(s) | 1 | 0.00 | 0.00 | 319.32 | 896.18 | 0.00 |
| | | 59409-ZK | Vaginal delivery only | 82 | -2,176.00 | 0.00 | 42,345.64 | 129,558.36 | 4,352.00 |
| | | 59514-80 | Cesarean delivery only | 26 | 0.00 | 0.00 | 1,925.47 | 13,793.46 | 653.40 |
| | | 59514-ZK | Cesarean delivery only | 29 | 0.00 | 0.00 | 15,881.90 | 45,102.10 | 2,178.00 |
| | | 59612-ZK | Vbac delivery only | 1 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 |
| | | 59840-ZK | Abortion | 8 | 0.00 | 0.00 | 940.45 | 3,349.55 | 1,430.00 |
| | | Total for Surgery: | | 164 | -9,459.00 | 0.00 | 68,624.81 | 212,939.62 | 11,855.40 |
| Total for Care Medical Center - OB Services: | | | | 172 | -10,241.60 | 0.00 | 69,253.21 | 215,923.22 | 11,855.40 |



Care Medical Group

Revenue Summary

by Facility By Category By Code

For the Period of April, 2004

| Facility Category | Code | Description | Frequency | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--------------------------------------|----------------------------------|------------------------------|---------------|------------------|-----------------|-------------------|---------------------|------------------|
| Urgent Care Clinic | | | | | | | | |
| Diagnostic Lab | | | | | | | | |
| | 81000 | Urinalysis, nonauto, w/scope | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 3.40 |
| | Total for Diagnostic Lab: | | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 3.40 |
| Medical Care | | | | | | | | |
| | 99201 | Office/outpatient visit, new | 1 | 0.00 | 0.00 | 91.00 | 0.00 | 0.00 |
| | 99202 | Office/outpatient visit, new | 4 | 0.00 | 0.00 | 123.60 | 456.70 | -34.30 |
| | 99203 | Office/outpatient visit, new | 70 | 0.00 | 24.00 | 3,117.74 | 8,544.09 | 5,793.77 |
| | 99204 | Office/outpatient visit, new | 4 | 0.00 | 0.00 | 203.64 | 1,029.36 | 411.00 |
| | 99205 | Office/outpatient visit, new | 1 | 0.00 | 0.00 | 0.00 | 546.00 | 0.00 |
| | 99212 | Office/outpatient visit, est | 1 | 0.00 | 0.00 | 18.10 | 0.00 | -18.10 |
| | 99213 | Office/outpatient visit, est | 12 | 0.00 | 0.00 | 263.42 | 1,096.58 | 272.00 |
| | J0696 | Ceftriaxone sodium injection | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 35.00 |
| | J1670 | Tetanus immune globulin inj | 2 | 0.00 | 0.00 | 0.00 | 32.00 | 32.00 |
| | J3250 | Trimethobenzamide hcl inj | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 32.00 |
| | X5864 | THER INJ / ROCEPHIN 250MG I | 1 | 13.00 | 0.00 | 20.12 | 27.88 | -35.00 |
| | Total for Medical Care: | | 98 | 13.00 | 24.00 | 3,837.62 | 11,732.61 | 6,488.37 |
| Other Medical | | | | | | | | |
| | 94060 | Evaluation of wheezing | 1 | 0.00 | 0.00 | 46.69 | 204.31 | 0.00 |
| | 94664 | Aerosol or vapor inhalations | 2 | 0.00 | 0.00 | 17.20 | 144.80 | 0.00 |
| | 99070 | Special supplies | 2 | 0.00 | 0.00 | 0.00 | 0.00 | 88.00 |
| | Total for Other Medical: | | 5 | 0.00 | 0.00 | 63.89 | 349.11 | 88.00 |
| Surgery | | | | | | | | |
| | 12002-ZK | Repair superficial wound(s) | 2 | 0.00 | 0.00 | 507.20 | 350.80 | 0.00 |
| | 12011-ZK | Repair superficial wound(s) | 1 | 0.00 | 0.00 | 72.97 | 267.03 | 0.00 |
| | 12032 | Layer closure of wound(s) | 1 | 0.00 | 0.00 | 91.59 | 484.41 | 0.00 |
| | Total for Surgery: | | 4 | 0.00 | 0.00 | 671.76 | 1,102.24 | 0.00 |
| Total for Urgent Care Clinic: | | | 108 | 13.00 | 24.00 | 4,573.27 | 13,183.96 | 6,579.77 |
| Total for Care Medical Group: | | | 12,912 | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



Care Medical Group

Revenue Summary

by Provider By Category By Code

For the Period of April, 2004

| Provider | Category | Code | Description | Frequency | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--------------------------------------|----------|---------------------------|----------------------------|-----------|------------------|----------------|-----------------|--------------------|------------------|
| Albert Parks, M.D. | | | | | | | | | |
| Surgery | | | | | | | | | |
| | | 58600-51 | Division of fallopian tube | 2 | -2,664.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | 58600-ZK | Division of fallopian tube | 2 | 0.00 | 0.00 | 0.00 | 5,328.00 | 0.00 |
| | | 59025-26 | Fetal non-stress test | 1 | 0.00 | 0.00 | 0.00 | 27.00 | 0.00 |
| | | 59409 | Vaginal delivery only | 1 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 |
| | | 59409-ZK | Vaginal delivery only | 12 | 0.00 | 0.00 | 6,430.99 | 16,425.40 | -1,096.39 |
| | | 59514-ZK | Cesarean delivery only | 3 | 0.00 | 0.00 | 1,716.30 | 4,817.70 | 0.00 |
| | | Total for Surgery: | | 21 | -2,664.00 | 0.00 | 8,691.57 | 28,229.82 | -1,096.39 |
| Total for Albert Parks, M.D.: | | | | 21 | -2,664.00 | 0.00 | 8,691.57 | 28,229.82 | -1,096.39 |



Care Medical Group

Revenue Summary

by Provider By Category By Code

For the Period of April, 2004

| Provider Category | Code | Description | Frequency | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|------------------------------------|----------|-------------------------------------|------------|-----------------|-------------|------------------|------------------|-----------------|
| Carline Dantzler, M.D. | | | | | | | | |
| Consultation | | | | | | | | |
| | 99243 | Office consultation | 15 | 0.00 | 0.00 | 769.78 | 4,140.06 | 124.16 |
| Total for Consultation: | | | 15 | 0.00 | 0.00 | 769.78 | 4,140.06 | 124.16 |
| Diagnostic Lab | | | | | | | | |
| | 81025-ZS | Urine pregnancy test | 19 | 0.00 | 0.00 | 82.46 | 392.54 | 0.00 |
| | 86580-ZS | TB intradermal test | 1 | 0.00 | 0.00 | 0.00 | 38.00 | 0.00 |
| Total for Diagnostic Lab: | | | 20 | 0.00 | 0.00 | 82.46 | 430.54 | 0.00 |
| Diagnostic X-Ray | | | | | | | | |
| | 76705-ZS | Echo exam of abdomen | 1 | 0.00 | 0.00 | 0.00 | 326.00 | 0.00 |
| | 76801 | Echo exam of pregnant uterus < 14 w | 1 | 0.00 | 0.00 | 0.00 | 0.00 | 380.00 |
| | 76805 | Echo exam of pregnant uterus >= 1 | 1 | 0.00 | 0.00 | 0.00 | 504.00 | 0.00 |
| | 76805-ZS | Echo exam of pregnant uterus >= 1 | 6 | 0.00 | 0.00 | 429.12 | 2,594.88 | 0.00 |
| Total for Diagnostic X-Ray: | | | 9 | 0.00 | 0.00 | 429.12 | 3,424.88 | 380.00 |
| Medical Care | | | | | | | | |
| | 99201 | Office/outpatient visit, new | 1 | 0.00 | 0.00 | 11.29 | 0.00 | 0.00 |
| | 99202 | Office/outpatient visit, new | 1 | 0.00 | 0.00 | 29.71 | 152.29 | 0.00 |
| | 99203 | Office/outpatient visit, new | 11 | 0.00 | 0.00 | 566.95 | 1,487.00 | 404.98 |
| | 99204 | Office/outpatient visit, new | 8 | 0.00 | 0.00 | 462.74 | 2,825.26 | 0.00 |
| | 99211 | Office/outpatient visit, est | 4 | 0.00 | 0.00 | 76.72 | 40.28 | -47.00 |
| | 99212 | Office/outpatient visit, est | 61 | 7.64 | 0.00 | 1,522.89 | 3,993.38 | -18.10 |
| | 99213 | Office/outpatient visit, est | 35 | 0.00 | 0.00 | 1,316.20 | 3,170.73 | 11.07 |
| | 99214 | Office/outpatient visit, est | 9 | 0.00 | 0.00 | 293.10 | 1,722.90 | 0.00 |
| | X2992 | BREAST PUMP RENTAL | 4 | 0.00 | 0.00 | 0.00 | 253.00 | 990.00 |
| | X2992-Y1 | BREAST PUMP RENTAL | 6 | 0.00 | 0.00 | 0.00 | 0.00 | 1,683.00 |
| | X6051 | DEPO-PROVERA 150MG INJ | 45 | 0.00 | 0.00 | 2,541.44 | 1,256.32 | -57.76 |
| | Z1032-ZL | INIT COMP PREGNANCY RELAT | 1 | 0.00 | 0.00 | 96.82 | 758.78 | 0.00 |
| | Z1034 | ANTEPARTUM VISIT - EST PAT | 104 | 0.00 | 0.00 | 8,846.24 | 11,763.50 | 1,265.90 |
| | Z6200 | INIT'L NUTRITION ASSESSMEN | 28 | 447.30 | 0.00 | 1,910.20 | 129.56 | -22.35 |
| | Z6202 | NUTRITION ASSESSMENT EAC | 5 | 251.28 | 0.00 | 393.85 | 0.00 | 0.00 |
| | Z6204 | F/U ANTEPARTUM NUTRITION | 6 | 226.32 | 0.00 | 408.33 | 21.99 | 0.00 |
| | Z6210 | PRENATAL VITAMIN-MINERA | 4 | 0.00 | 0.00 | 77.99 | 411.03 | 0.00 |
| | Z6300 | INIT'L PSYCHOSOCIAL ASSESS | 28 | 328.02 | 0.00 | 1,752.40 | 261.08 | 0.00 |
| | Z6302 | PSYCHOSOCIAL ASSESSMENT | 12 | 125.64 | 0.00 | 468.03 | 101.24 | 0.00 |
| | Z6304 | FOLLOW UP ANTEPARTUM PS | 8 | 120.46 | 0.00 | 694.56 | 88.72 | -1.75 |
| | Z6306 | F/U ANTEPARTUM PSYCHOSOC | 5 | 70.46 | 0.00 | 290.46 | 0.00 | 0.00 |
| | Z6308 | POSTPARTUM PSYCHOSOCIAL | 2 | 164.82 | 0.00 | 193.64 | 39.18 | 0.00 |
| | Z6406 | F/U ANTEPARTUM HEALTH ED | 1 | 14.41 | 0.00 | 48.41 | 0.00 | 0.00 |
| | Z6410 | PERINATAL EDUCATION,INDI | 4 | 14.41 | 0.00 | 294.98 | 350.36 | 0.00 |
| | Z6412 | PERINATAL EDUCATION,GROU | 124 | 1,795.20 | 0.00 | 11,200.45 | 168.91 | 178.70 |
| | Z6414 | POSTPARTUM HEALTH EDUCA | 11 | 217.28 | 0.00 | 1,065.02 | 274.26 | 0.00 |
| | Z6500 | INIT'L COMPREHENSIVE NUTR | 71 | 0.00 | 0.00 | 6,720.44 | 26,335.37 | 2,654.44 |
| | Z6500-Y1 | INIT'L COMPREHENSIVE NUTR | 1 | 0.00 | 0.00 | 135.83 | 0.00 | 352.24 |
| Total for Medical Care: | | | 600 | 3,783.24 | 0.00 | 41,418.69 | 55,605.14 | 7,393.37 |
| Other Medical | | | | | | | | |
| | 90804 | Individual Psychotherapy - 20 to 30 | 3 | 0.00 | 0.00 | 0.00 | 177.00 | 0.00 |
| | 90806 | Individual Psychotherapy 45 - 50 mi | 4 | 0.00 | 0.00 | 0.00 | 364.00 | 0.00 |



Care Medical Group

Revenue Summary

by Provider By Category By Code

For the Period of April, 2004

| Provider Category | Code | Description | Frequency | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--|----------|------------------------------|---------------|------------------|-----------------|-------------------|---------------------|------------------|
| Theresa Kennedy, CNM | | | | | | | | |
| Diagnostic Lab | | | | | | | | |
| | 81025-ZS | Urine pregnancy test | 4 | 0.00 | 0.00 | 13.82 | 66.32 | -5.14 |
| Total for Diagnostic Lab: | | | 4 | 0.00 | 0.00 | 13.82 | 66.32 | -5.14 |
| Medical Care | | | | | | | | |
| | 99201 | Office/outpatient visit, new | 4 | 17.46 | 0.00 | 366.29 | 38.07 | -22.90 |
| | 99202 | Office/outpatient visit, new | 2 | 0.00 | 0.00 | 42.46 | 321.54 | 0.00 |
| | 99211 | Office/outpatient visit, est | 7 | 0.00 | 0.00 | 89.16 | 120.84 | 35.00 |
| | 99212 | Office/outpatient visit, est | 3 | 0.00 | 0.00 | 67.23 | 211.77 | 0.00 |
| | 99213 | Office/outpatient visit, est | 1 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 |
| | X6051 | DEPO-PROVERA 150MG INJ | 1 | 0.00 | 0.00 | 57.76 | 27.24 | 0.00 |
| | Z1032 | INIT COMP PREGNANCY RELAT | 4 | 0.00 | 0.00 | 375.75 | 1,636.25 | 0.00 |
| | Z1032-ZL | INIT COMP PREGNANCY RELAT | 4 | 0.00 | 0.00 | 376.45 | 3,045.95 | 0.00 |
| | Z1034 | ANTEPARTUM VISIT - EST PAT | 22 | 0.00 | 0.00 | 1,940.32 | 2,495.88 | 451.58 |
| | Z1038 | POSTPARTUM VISIT - EST PAT | 4 | 0.00 | 0.00 | 375.27 | 584.73 | 0.00 |
| | Z6200 | INIT'L NUTRITION ASSESSMEN | 1 | 0.00 | 0.00 | 21.13 | 45.87 | 0.00 |
| | Z6300 | INIT'L PSYCHOSOCIAL ASSESS | 1 | 0.00 | 0.00 | 19.02 | 47.98 | 0.00 |
| | Z6302 | PSYCHOSOCIAL ASSESSMENT | 1 | 0.00 | 0.00 | 9.66 | 24.34 | 0.00 |
| | Z6406 | F/U ANTEPARTUM HEALTH ED | 2 | 0.00 | 0.00 | 15.54 | 60.87 | 19.02 |
| | Z6410 | PERINATAL EDUCATION,INDI | 3 | 0.00 | 0.00 | 27.24 | 108.76 | 0.00 |
| | Z6414 | POSTPARTUM HEALTH EDUCA | 1 | 0.00 | 0.00 | 12.01 | 21.99 | 0.00 |
| | Z9751 | INIT'L FAMILY PLANNING MET | 4 | 0.00 | 0.00 | 50.88 | 17.12 | 0.00 |
| Total for Medical Care: | | | 65 | 17.46 | 0.00 | 3,846.17 | 8,945.20 | 482.70 |
| Surgery | | | | | | | | |
| | 59425 | Antepartum care only | 1 | 0.00 | 0.00 | 331.00 | 0.00 | 62.00 |
| Total for Surgery: | | | 1 | 0.00 | 0.00 | 331.00 | 0.00 | 62.00 |
| Total for Theresa Kennedy, CNM: | | | 70 | 17.46 | 0.00 | 4,190.99 | 9,011.52 | 539.56 |
| Wilbert Williams, M.D. | | | | | | | | |
| Medical Care | | | | | | | | |
| | 99220 | Observation care | 2 | 0.00 | 0.00 | 216.40 | 987.60 | 0.00 |
| Total for Medical Care: | | | 2 | 0.00 | 0.00 | 216.40 | 987.60 | 0.00 |
| Surgery | | | | | | | | |
| | 58150-ZK | Total hysterectomy | 1 | 0.00 | 0.00 | 810.72 | 2,431.28 | 0.00 |
| | 58262-51 | Vaginal hysterectomy | 1 | -1,615.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 58925-51 | Removal of ovarian cyst(s) | 1 | 0.00 | 0.00 | 319.32 | 896.18 | 0.00 |
| | 59409-ZK | Vaginal delivery only | 29 | 0.00 | 0.00 | 15,784.12 | 47,319.88 | 0.00 |
| | 59514-80 | Cesarean delivery only | 2 | 0.00 | 0.00 | 295.44 | 1,011.36 | 0.00 |
| | 59514-ZK | Cesarean delivery only | 11 | 0.00 | 0.00 | 6,293.10 | 17,664.90 | 0.00 |
| | 59612-ZK | Vbac delivery only | 1 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 |
| Total for Surgery: | | | 46 | -1,615.00 | 0.00 | 24,046.98 | 70,955.32 | 0.00 |
| Total for Wilbert Williams, M.D.: | | | 48 | -1,615.00 | 0.00 | 24,263.38 | 71,942.92 | 0.00 |
| Total for Care Medical Group: | | | 12,912 | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



Care Medical Group

Revenue Summary

by Facility by Responsibility

For the Period of April, 2004

| Facility | Responsibility | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--|--|-------------------|----------------|------------------|--------------------|------------------|
| 5th Avenue Clinic | | | | | | |
| | Capitated - CHDP | 0.00 | 0.00 | 0.00 | 86.86 | 0.00 |
| | Capitated - Commercial | 0.00 | 0.00 | 0.00 | 1,351.00 | 0.00 |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 34.30 | 1,544.00 | -34.30 |
| | Guarantor | 0.00 | 90.00 | 0.00 | 0.00 | 278.00 |
| | Managed CHDP | 0.00 | 0.00 | 9.00 | 0.00 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 0.01 | 59.99 | 0.00 |
| | Medi-Cal | 0.00 | 0.00 | 290.46 | 416.54 | 0.00 |
| | Medi-Cal - CHDP | 0.00 | 0.00 | 0.00 | 0.00 | 552.55 |
| | Medi-Cal - SOFP | 190.40 | 0.00 | 982.78 | 3,080.22 | 0.00 |
| | PPP | 0.00 | 0.00 | 0.00 | 73,819.11 | 0.00 |
| | Total for 5th Avenue Clinic | 190.40 | 90.00 | 1,316.55 | 80,357.72 | 796.25 |
| Care Medical Center - Los Angeles | | | | | | |
| | Commercial | 0.00 | 0.00 | 65.72 | 166.28 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 954.45 | 3,917.55 | 0.00 |
| | Medi-Cal | 70.64 | 0.00 | 24,495.46 | 35,203.18 | 0.00 |
| | Total for Care Medical Center - Los Angeles | 70.64 | 0.00 | 25,515.63 | 39,287.01 | 0.00 |
| Care Medical Center - OB Services | | | | | | |
| | Guarantor | -180.60 | 0.00 | 0.00 | 0.00 | 11,855.40 |
| | Managed Commercial | 0.00 | 0.00 | 108.94 | 544.46 | 0.00 |
| | Managed Medi-Cal | -623.00 | 0.00 | 15,894.98 | 47,038.75 | 0.00 |
| | Medi-Cal | -6,774.00 | 0.00 | 48,331.93 | 154,609.37 | 0.00 |
| | Medi-Cal - SOFP | -2,664.00 | 0.00 | 4,917.36 | 13,730.64 | 0.00 |
| | Total for Care Medical Center - OB Services | -10,241.60 | 0.00 | 69,253.21 | 215,923.22 | 11,855.40 |
| Corner Clinic | | | | | | |
| | Capitated - CHDP | 0.00 | 0.00 | 0.00 | 1,545.55 | 270.00 |
| | Capitated - Commercial | 0.00 | 0.00 | 78.60 | 5,442.00 | -78.60 |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 0.00 | 25,055.00 | 0.00 |
| | Commercial | 0.00 | 0.00 | 674.82 | 1,129.27 | 29.00 |
| | Guarantor | 0.00 | 185.00 | 578.00 | 954.00 | 1,130.00 |
| | Managed CHDP | 57.97 | 0.00 | 138.56 | 0.00 | 0.00 |
| | Managed Commercial | 0.00 | 0.00 | 136.75 | 810.85 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 262.79 | 865.21 | 0.00 |
| | Medi-Cal | 0.00 | 0.00 | 1,293.03 | 4,544.61 | -3.64 |
| | Medi-Cal - CHDP | 0.00 | 0.00 | 749.23 | 1,815.11 | -303.28 |
| | Medi-Cal - CPSP | 0.00 | 0.00 | 0.00 | 0.00 | 113.83 |
| | Medi-Cal - PE | 0.00 | 0.00 | 383.44 | 1,145.56 | 0.00 |
| | Medi-Cal - SOFP | -223.00 | 0.00 | 1,247.08 | 5,437.92 | 0.00 |



Care Medical Group

Revenue Summary

by Facility by Responsibility

For the Period of April, 2004

| Facility | Responsibility | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|-------------------------------------|--------------------------------------|------------------|-----------------|-------------------|---------------------|------------------|
| | Capitated - Medi-Cal | 0.00 | 0.00 | 0.00 | 2,176.00 | 0.00 |
| | Medi-Cal | -229.50 | 0.00 | 7,136.05 | 21,381.45 | 0.00 |
| | Total for Physicians Hospital | -229.50 | 0.00 | 7,136.05 | 23,557.45 | 0.00 |
| Premier Medical | | | | | | |
| | Capitated - Commercial | 0.00 | 0.00 | 0.00 | 254.00 | 0.00 |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 0.00 | 828.00 | 0.00 |
| | Commercial | 0.00 | 0.00 | 74.61 | 304.42 | 0.00 |
| | Guarantor | 0.00 | 10.00 | 0.00 | 0.00 | 502.00 |
| | Managed Commercial | 0.00 | 0.00 | 53.40 | 186.60 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 368.23 | 1,447.37 | 0.00 |
| | Medi-Cal | 147.00 | 0.00 | 1,732.82 | 5,399.66 | -25.48 |
| | Medi-Cal - CPSP | 0.00 | 0.00 | 584.19 | 1,743.81 | 0.00 |
| | Medi-Cal - PE | 0.00 | 0.00 | 1,614.60 | 5,771.80 | 0.00 |
| | Medi-Cal - SOFP | -528.00 | 0.00 | 1,987.11 | 6,641.17 | -7.28 |
| | No Responsibility | 503.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | PPP | 0.00 | 0.00 | 0.00 | 2,638.00 | 0.00 |
| | Total for Premier Medical | 122.00 | 10.00 | 6,414.96 | 25,214.83 | 469.24 |
| Urgent Care Clinic | | | | | | |
| | Capitated - Commercial | 0.00 | 0.00 | 0.00 | 556.00 | 0.00 |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 274.50 | 970.00 | -274.50 |
| | Commercial | 0.00 | 0.00 | 143.98 | 376.02 | 0.00 |
| | Guarantor | 0.00 | 24.00 | 1,539.80 | 370.20 | 6,929.00 |
| | Managed Commercial | 0.00 | 0.00 | 129.59 | 718.41 | 136.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 1,160.74 | 4,658.26 | 180.00 |
| | Medi-Cal | 13.00 | 0.00 | 1,324.66 | 3,941.07 | -390.73 |
| | PPP | 0.00 | 0.00 | 0.00 | 1,594.00 | 0.00 |
| | Total for Urgent Care Clinic | 13.00 | 24.00 | 4,573.27 | 13,183.96 | 6,579.77 |
| Total for Care Medical Group | | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



Care Medical Group

Revenue Summary

by Provider by Responsibility

For the Period of April, 2004

| Provider | Responsibility | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|----------------------------------|--|------------------|----------------|------------------|--------------------|------------------|
| Albert Parks, M.D. | | | | | | |
| | Managed Medi-Cal | 0.00 | 0.00 | 1,640.67 | 3,263.44 | -552.11 |
| | Medi-Cal | -2,664.00 | 0.00 | 7,050.90 | 24,966.38 | -544.28 |
| | Total for Albert Parks, M.D. | -2,664.00 | 0.00 | 8,691.57 | 28,229.82 | -1,096.39 |
| Carline Dantzer, M.D. | | | | | | |
| | Capitated - Commercial | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 195.36 | 728.07 | -89.04 |
| | Commercial | 0.00 | 0.00 | 137.83 | 289.70 | 0.00 |
| | FQHC Managed Medi-Cal | 37.86 | 0.00 | 3,493.38 | 4,517.20 | -182.36 |
| | Guarantor | 0.00 | 0.00 | 20.00 | 0.00 | 11,016.40 |
| | Managed Commercial | 0.00 | 0.00 | 481.53 | 491.47 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 4,309.38 | 8,080.02 | 3,900.65 |
| | Medi-Cal | 1,640.58 | 0.00 | 16,165.93 | 21,350.25 | 0.00 |
| | Medi-Cal - CPSP | 1,690.86 | 0.00 | 11,134.30 | 14,002.56 | 0.00 |
| | Medi-Cal - PE | 413.94 | 0.00 | 5,712.38 | 10,915.16 | 0.00 |
| | Medi-Cal - SOFP | 0.00 | 0.00 | 4,365.35 | 7,654.05 | 0.00 |
| | No Responsibility | 0.00 | 0.00 | 2.76 | 0.00 | -2.76 |
| | PPP | 0.00 | 0.00 | 0.00 | 6,653.00 | 0.00 |
| | Total for Carline Dantzer, M.D. | 3,783.24 | 0.00 | 46,018.20 | 74,817.48 | 14,642.89 |
| Carlos Aliabadi, M.D. | | | | | | |
| | Commercial | 0.00 | 0.00 | 371.80 | 343.20 | 0.00 |
| | FQHC Managed Medi-Cal | 0.00 | 0.00 | 158.79 | 600.07 | 0.00 |
| | Guarantor | 0.00 | 0.00 | 0.00 | 0.00 | 5,069.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 5,426.17 | 16,184.83 | 22.87 |
| | Medi-Cal | -1,332.00 | 0.00 | 8,243.87 | 32,564.33 | 0.00 |
| | Medi-Cal - CPSP | 211.28 | 0.00 | 387.28 | 0.00 | 0.00 |
| | PPP | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 |
| | Total for Carlos Aliabadi, M.D. | -1,120.72 | 0.00 | 14,587.91 | 49,828.43 | 5,091.87 |
| Catherine Magallanes, CNM | | | | | | |
| | Commercial | 0.00 | 0.00 | 383.00 | 0.00 | 0.00 |
| | FQHC Managed Medi-Cal | 0.00 | 0.00 | 1,058.60 | 226.56 | 0.00 |
| | Guarantor | 0.00 | 92.00 | 193.00 | 144.00 | 992.00 |
| | Managed Commercial | 0.00 | 0.00 | 60.48 | 179.52 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 793.75 | 30.09 | 1,996.93 |
| | Medi-Cal | 100.64 | 0.00 | 9,294.72 | 23,782.72 | 0.00 |
| | Medi-Cal - CPSP | 0.00 | 0.00 | 0.00 | 34.00 | 0.00 |
| | Medi-Cal - PE | 3.82 | 0.00 | 2,226.86 | 8,623.76 | 0.00 |
| | Medi-Cal - SOFP | 0.00 | 0.00 | 893.38 | 3,175.22 | 0.00 |



Care Medical Group

Revenue Summary

by Provider by Responsibility

For the Period of April, 2004

| Provider | Responsibility | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|---------------------------------|---|------------------|---------------|------------------|-------------------|-----------------|
| | Managed Commercial | 0.00 | 0.00 | 190.15 | 997.45 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 2,096.67 | 7,829.61 | -60.48 |
| | Managed Medicare | 0.00 | 0.00 | 19.97 | 53.03 | 0.00 |
| | Medi-Cal | 217.64 | 0.00 | 14,056.66 | 26,333.10 | -29.12 |
| | Medi-Cal - CHDP | 0.00 | 0.00 | 904.82 | 2,061.83 | -429.00 |
| | Medi-Cal - CPSP | 0.00 | 0.00 | 584.19 | 1,743.81 | 113.83 |
| | Medi-Cal - PE | 0.00 | 0.00 | 1,682.02 | 5,943.38 | 0.00 |
| | Medi-Cal - SOFP | -844.00 | 0.00 | 3,091.45 | 11,472.53 | -7.28 |
| | Medicare | -403.00 | 0.00 | 0.00 | 1,186.00 | 0.00 |
| | No Responsibility | 503.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | PPP | 0.00 | 0.00 | 0.00 | 101,318.24 | 0.00 |
| | Total for Teresa Paja, M.D. | -528.40 | 389.00 | 24,546.93 | 199,955.37 | 1,126.83 |
| Thais Gilberg Lenz, M.D. | | | | | | |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 0.00 | -433.00 | 0.00 |
| | FQHC Managed Medi-Cal | 0.00 | 0.00 | 79.41 | 499.53 | 0.00 |
| | Guarantor | 0.00 | 0.00 | 0.00 | 0.00 | 5,731.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 357.88 | 0.00 | 819.40 |
| | Medi-Cal | 193.64 | 0.00 | 290.46 | 367.18 | 0.00 |
| | Medi-Cal - PE | 72.62 | 0.00 | 72.62 | 0.00 | 0.00 |
| | Medi-Cal - SOFP | 0.00 | 0.00 | 209.54 | 613.04 | -42.58 |
| | PPP | 0.00 | 0.00 | 0.00 | 466.00 | 0.00 |
| | Total for Thais Gilberg Lenz, M.D. | 266.26 | 0.00 | 1,009.91 | 1,512.75 | 6,507.82 |
| Theresa Kennedy, CNM | | | | | | |
| | Capitated - Medi-Cal | 0.00 | 0.00 | 28.04 | 0.00 | -28.04 |
| | FQHC Managed Medi-Cal | 0.00 | 0.00 | 105.86 | 38.07 | 0.00 |
| | Guarantor | 0.00 | 0.00 | 5.00 | 0.00 | 30.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 637.68 | 0.00 | 537.60 |
| | Medi-Cal | 5.82 | 0.00 | 2,517.32 | 5,971.70 | 0.00 |
| | Medi-Cal - PE | 11.64 | 0.00 | 580.92 | 2,125.92 | 0.00 |
| | Medi-Cal - SOFP | 0.00 | 0.00 | 316.17 | 557.83 | 0.00 |
| | PPP | 0.00 | 0.00 | 0.00 | 318.00 | 0.00 |
| | Total for Theresa Kennedy, CNM | 17.46 | 0.00 | 4,190.99 | 9,011.52 | 539.56 |
| Wilbert Williams, M.D. | | | | | | |
| | Managed Commercial | 0.00 | 0.00 | 108.94 | 544.46 | 0.00 |
| | Managed Medi-Cal | 0.00 | 0.00 | 4,807.18 | 14,320.22 | 0.00 |
| | Medi-Cal | -1,615.00 | 0.00 | 19,347.26 | 57,078.24 | 0.00 |
| | Total for Wilbert Williams, M.D. | -1,615.00 | 0.00 | 24,263.38 | 71,942.92 | 0.00 |



Care Medical Group

Revenue Summary

by Provider by Responsibility

For the Period of April, 2004

| Provider | Responsibility | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|-------------------------------------|-----------------------|-------------------|------------------------|-------------------|----------------------------|------------------|
| Total for Care Medical Group | | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



Care Medical Group

Revenue Summary

by Facility by Payor
For the Period of April, 2004

| Facility | Payor | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|--|--|-------------------|--------------|------------------|-------------------|------------------|
| 5th Avenue Clinic | | | | | | |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 0.00 | 86.86 | 0.00 |
| | St Vincent Ipa-capitated - Oceanside-4999 | 0.00 | 0.00 | 0.00 | 1,351.00 | 0.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 34.30 | 1,544.00 | -34.30 |
| | Guarantor | 0.00 | 90.00 | 0.00 | 0.00 | 278.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 9.00 | 0.00 | 0.00 |
| | Blue Cross - Oxnard-9054 | 0.00 | 0.00 | 0.01 | 59.99 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 290.46 | 416.54 | 0.00 |
| | Eds - Chdp | 0.00 | 0.00 | 0.00 | 0.00 | 552.55 |
| | EDS - Medi-Cal Standard | 190.40 | 0.00 | 982.78 | 3,080.22 | 0.00 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 73,819.11 | 0.00 |
| | Total for 5th Avenue Clinic | 190.40 | 90.00 | 1,316.55 | 80,357.72 | 796.25 |
| Care Medical Center - Los Angeles | | | | | | |
| | BLUE SHIELD - CHICO-272550 | 0.00 | 0.00 | 65.72 | 166.28 | 0.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 954.45 | 3,917.55 | 0.00 |
| | EDS - Medi-Cal Standard | 70.64 | 0.00 | 24,495.46 | 35,203.18 | 0.00 |
| | Total for Care Medical Center - Los Angeles | 70.64 | 0.00 | 25,515.63 | 39,287.01 | 0.00 |
| Care Medical Center - OB Services | | | | | | |
| | Guarantor | -180.60 | 0.00 | 0.00 | 0.00 | 11,855.40 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 108.94 | 544.46 | 0.00 |
| | Vernbro Medical Group - Los Angeles-231 | -623.00 | 0.00 | 15,894.98 | 47,038.75 | 0.00 |
| | EDS - Medi-Cal Standard | -6,774.00 | 0.00 | 48,331.93 | 154,609.37 | 0.00 |
| | EDS - Medi-Cal Standard | -2,664.00 | 0.00 | 4,917.36 | 13,730.64 | 0.00 |
| | Total for Care Medical Center - OB Services | -10,241.60 | 0.00 | 69,253.21 | 215,923.22 | 11,855.40 |
| Corner Clinic | | | | | | |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 0.00 | 1,545.55 | 270.00 |
| | Regal Medical Group - Reseda-18107 | 0.00 | 0.00 | 78.60 | 5,442.00 | -78.60 |
| | Preferred IPA - Chatsworth-4449 | 0.00 | 0.00 | 0.00 | 25,055.00 | 0.00 |
| | Blue Shield - Blue Card | 0.00 | 0.00 | 674.82 | 1,129.27 | 29.00 |
| | Guarantor | 0.00 | 185.00 | 578.00 | 954.00 | 1,130.00 |
| | Molina Medical Group - Fee For Service - L | 57.97 | 0.00 | 138.56 | 0.00 | 0.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 136.75 | 810.85 | 0.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 262.79 | 865.21 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 1,293.03 | 4,544.61 | -3.64 |
| | Eds - Chdp | 0.00 | 0.00 | 749.23 | 1,815.11 | -303.28 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 0.00 | 0.00 | 113.83 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 383.44 | 1,145.56 | 0.00 |
| | EDS - Medi-Cal Standard | -223.00 | 0.00 | 1,247.08 | 5,437.92 | 0.00 |



Care Medical Group

Revenue Summary

by Facility by Payor
For the Period of April, 2004

| Facility | Payor | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|-------------------------------------|---|------------------|-----------------|-------------------|---------------------|------------------|
| | La Vida IPA - Lawndale-4161 | 0.00 | 0.00 | 0.00 | 2,176.00 | 0.00 |
| | EDS - Medi-Cal Standard | -229.50 | 0.00 | 7,136.05 | 21,381.45 | 0.00 |
| | Total for Physicians Hospital | -229.50 | 0.00 | 7,136.05 | 23,557.45 | 0.00 |
| Premier Medical | | | | | | |
| | St Vincent Ipa-capitated - Oceanside-4999 | 0.00 | 0.00 | 0.00 | 254.00 | 0.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 0.00 | 828.00 | 0.00 |
| | Blue Cross - Blue Card-4153 | 0.00 | 0.00 | 74.61 | 304.42 | 0.00 |
| | Guarantor | 0.00 | 10.00 | 0.00 | 0.00 | 502.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 53.40 | 186.60 | 0.00 |
| | Preferred IPA - Chatsworth-4449 | 0.00 | 0.00 | 368.23 | 1,447.37 | 0.00 |
| | EDS - Medi-Cal Standard | 147.00 | 0.00 | 1,732.82 | 5,399.66 | -25.48 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 584.19 | 1,743.81 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 1,614.60 | 5,771.80 | 0.00 |
| | EDS - Medi-Cal Standard | -528.00 | 0.00 | 1,987.11 | 6,641.17 | -7.28 |
| | | 503.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 2,638.00 | 0.00 |
| | Total for Premier Medical | 122.00 | 10.00 | 6,414.96 | 25,214.83 | 469.24 |
| Urgent Care Clinic | | | | | | |
| | St Vincent Ipa-capitated - Oceanside-4999 | 0.00 | 0.00 | 0.00 | 556.00 | 0.00 |
| | Vernbro Medical Group - Los Angeles-231 | 0.00 | 0.00 | 274.50 | 970.00 | -274.50 |
| | Blue Shield - Blue Card | 0.00 | 0.00 | 143.98 | 376.02 | 0.00 |
| | Guarantor | 0.00 | 24.00 | 1,539.80 | 370.20 | 6,929.00 |
| | Global Care Med Grp - Tarzana-571420 | 0.00 | 0.00 | 129.59 | 718.41 | 136.00 |
| | Global Care Med Grp - Tarzana-571420 | 0.00 | 0.00 | 1,160.74 | 4,658.26 | 180.00 |
| | EDS - Medi-Cal Standard | 13.00 | 0.00 | 1,324.66 | 3,941.07 | -390.73 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 1,594.00 | 0.00 |
| | Total for Urgent Care Clinic | 13.00 | 24.00 | 4,573.27 | 13,183.96 | 6,579.77 |
| Total for Care Medical Group | | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



Care Medical Group

Revenue Summary

by Provider by Payor
For the Period of April, 2004

| Provider | Payor | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|----------------------------------|---|------------------|-------------|------------------|------------------|------------------|
| Albert Parks, M.D. | | | | | | |
| | Vernbro Medical Group - Los Angeles-231 | 0.00 | 0.00 | 1,640.67 | 3,263.44 | -552.11 |
| | EDS - Medi-Cal Standard | -2,664.00 | 0.00 | 7,050.90 | 24,966.38 | -544.28 |
| | Total for Albert Parks, M.D. | -2,664.00 | 0.00 | 8,691.57 | 28,229.82 | -1,096.39 |
| Carline Dantzer, M.D. | | | | | | |
| | St Vincent Ipa-capitated - Oceanside-4999 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 |
| | Preferred IPA - Chatsworth-4449 | 0.00 | 0.00 | 195.36 | 728.07 | -89.04 |
| | Wal Mart - Woodland Hills-4347 | 0.00 | 0.00 | 137.83 | 289.70 | 0.00 |
| | EDS - Medi-Cal Standard | 37.86 | 0.00 | 3,493.38 | 4,517.20 | -182.36 |
| | Guarantor | 0.00 | 0.00 | 20.00 | 0.00 | 11,016.40 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 481.53 | 491.47 | 0.00 |
| | Vernbro Medical Group - Los Angeles-231 | 0.00 | 0.00 | 4,309.38 | 8,080.02 | 3,900.65 |
| | EDS - Medi-Cal Standard | 1,640.58 | 0.00 | 16,165.93 | 21,350.25 | 0.00 |
| | EDS - Medi-Cal Standard | 1,690.86 | 0.00 | 11,134.30 | 14,002.56 | 0.00 |
| | EDS - Medi-Cal Standard | 413.94 | 0.00 | 5,712.38 | 10,915.16 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 4,365.35 | 7,654.05 | 0.00 |
| | | 0.00 | 0.00 | 2.76 | 0.00 | -2.76 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 6,653.00 | 0.00 |
| | Total for Carline Dantzer, M.D. | 3,783.24 | 0.00 | 46,018.20 | 74,817.48 | 14,642.89 |
| Carlos Aliabadi, M.D. | | | | | | |
| | United Food & Commercial Workers - Cypr | 0.00 | 0.00 | 371.80 | 343.20 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 158.79 | 600.07 | 0.00 |
| | Guarantor | 0.00 | 0.00 | 0.00 | 0.00 | 5,069.00 |
| | Vernbro Medical Group - Los Angeles-231 | 0.00 | 0.00 | 5,426.17 | 16,184.83 | 22.87 |
| | EDS - Medi-Cal Standard | -1,332.00 | 0.00 | 8,243.87 | 32,564.33 | 0.00 |
| | EDS - Medi-Cal Standard | 211.28 | 0.00 | 387.28 | 0.00 | 0.00 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 |
| | Total for Carlos Aliabadi, M.D. | -1,120.72 | 0.00 | 14,587.91 | 49,828.43 | 5,091.87 |
| Catherine Magallanes, CNM | | | | | | |
| | United Healthcare - Salt Lake-30555 | 0.00 | 0.00 | 383.00 | 0.00 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 1,058.60 | 226.56 | 0.00 |
| | Guarantor | 0.00 | 92.00 | 193.00 | 144.00 | 992.00 |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 60.48 | 179.52 | 0.00 |
| | Preferred IPA - Chatsworth-4449 | 0.00 | 0.00 | 793.75 | 30.09 | 1,996.93 |
| | EDS - Medi-Cal Standard | 100.64 | 0.00 | 9,294.72 | 23,782.72 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 0.00 | 34.00 | 0.00 |
| | EDS - Medi-Cal Standard | 3.82 | 0.00 | 2,226.86 | 8,623.76 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 893.38 | 3,175.22 | 0.00 |



Care Medical Group

Revenue Summary

by Provider by Payor
For the Period of April, 2004

| Provider | Payor | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|---------------------------------|---|------------------|---------------|------------------|-------------------|-----------------|
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 190.15 | 997.45 | 0.00 |
| | Vernbro Medical Group - Los Angeles-231 | 0.00 | 0.00 | 2,096.67 | 7,829.61 | -60.48 |
| | Healthcare Partners - Torrance-19191 | 0.00 | 0.00 | 19.97 | 53.03 | 0.00 |
| | EDS - Medi-Cal Standard | 217.64 | 0.00 | 14,056.66 | 26,333.10 | -29.12 |
| | Eds - Chdp | 0.00 | 0.00 | 904.82 | 2,061.83 | -429.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 584.19 | 1,743.81 | 113.83 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 1,682.02 | 5,943.38 | 0.00 |
| | EDS - Medi-Cal Standard | -844.00 | 0.00 | 3,091.45 | 11,472.53 | -7.28 |
| | NHIC Southern - Medicare | -403.00 | 0.00 | 0.00 | 1,186.00 | 0.00 |
| | | 503.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 101,318.24 | 0.00 |
| | Total for Teresa Paja, M.D. | -528.40 | 389.00 | 24,546.93 | 199,955.37 | 1,126.83 |
| Thais Gilberg Lenz, M.D. | | | | | | |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 0.00 | -433.00 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 79.41 | 499.53 | 0.00 |
| | Guarantor | 0.00 | 0.00 | 0.00 | 0.00 | 5,731.00 |
| | La Vida IPA - Lawndale-4161 | 0.00 | 0.00 | 357.88 | 0.00 | 819.40 |
| | EDS - Medi-Cal Standard | 193.64 | 0.00 | 290.46 | 367.18 | 0.00 |
| | EDS - Medi-Cal Standard | 72.62 | 0.00 | 72.62 | 0.00 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 209.54 | 613.04 | -42.58 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 466.00 | 0.00 |
| | Total for Thais Gilberg Lenz, M.D. | 266.26 | 0.00 | 1,009.91 | 1,512.75 | 6,507.82 |
| Theresa Kennedy, CNM | | | | | | |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 28.04 | 0.00 | -28.04 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 105.86 | 38.07 | 0.00 |
| | Guarantor | 0.00 | 0.00 | 5.00 | 0.00 | 30.00 |
| | Preferred IPA - Chatsworth-4449 | 0.00 | 0.00 | 637.68 | 0.00 | 537.60 |
| | EDS - Medi-Cal Standard | 5.82 | 0.00 | 2,517.32 | 5,971.70 | 0.00 |
| | EDS - Medi-Cal Standard | 11.64 | 0.00 | 580.92 | 2,125.92 | 0.00 |
| | EDS - Medi-Cal Standard | 0.00 | 0.00 | 316.17 | 557.83 | 0.00 |
| | American Insurance Admin-ppp - Los Ange | 0.00 | 0.00 | 0.00 | 318.00 | 0.00 |
| | Total for Theresa Kennedy, CNM | 17.46 | 0.00 | 4,190.99 | 9,011.52 | 539.56 |
| Wilbert Williams, M.D. | | | | | | |
| | Healthcare LA IPA - Tarzana-570590 | 0.00 | 0.00 | 108.94 | 544.46 | 0.00 |
| | Preferred IPA - Chatsworth-4449 | 0.00 | 0.00 | 4,807.18 | 14,320.22 | 0.00 |
| | EDS - Medi-Cal Standard | -1,615.00 | 0.00 | 19,347.26 | 57,078.24 | 0.00 |
| | Total for Wilbert Williams, M.D. | -1,615.00 | 0.00 | 24,263.38 | 71,942.92 | 0.00 |



Care Medical Group

Revenue Summary

by Provider by Payor
For the Period of April, 2004

| Provider | Payor | Correction | OTC Payment | Payment | Contract Adjust | W/O |
|-------------------------------------|-------|------------|----------------|------------|--------------------|-----------|
| Total for Care Medical Group | | -6,215.94 | 5,737.50 | 405,052.65 | 1,532,503.31 | 56,354.02 |

FILTERS:



For the Period of April, 2004

Management Details

of

Claim Management Services

Provided to

Care Medical Group



medi-syn, inc
Information Management Services

MEDI-NET

Proprietary Client Support Software

Billing Detail

Care Medical Group

By Facility by Patient by Claim

5th Avenue Clinic

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | DOS | Description | Diagnosis | Charge | Responsibility | Carrier |
|--------------------------------------|---------------------------|-------------------|-------------------|------------|------------------------------|---------------------------|---------------|----------------------|--------------------------------|
| Abrajan, Gelsey | 665394 | PPP | 11/29/1996 | | | | | | |
| | 2147770 | | | 04/06/2004 | Office/outpatient visit, est | RESPIRATORY INFECTION | 136.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2147770 | | | | | | 136.00 | | |
| Total for: Abrajan, Gelsey | | | | | | | 136.00 | | |
| Acabal, Angelica | 786895 | PPP | 6/6/1959 | | | | | | |
| | 2150895 | | | 03/09/2004 | Office/outpatient visit, est | MIGRAINE NOS / W | 93.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2150895 | | | | | | 93.00 | | |
| | 2159431 | | | 04/20/2004 | Office/outpatient visit, est | HEADACHE | 136.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2159431 | | | | | | 136.00 | | |
| Total for: Acabal, Angelica | | | | | | | 229.00 | | |
| Aguilar, Cecilia | 808656 | 28256794Y1 | 9/9/1982 | | | | | | |
| | 2165870 | | | 04/23/2004 | Office/outpatient visit, new | BARRIERS AND SPERMICIDE - | 182.00 | Medi-Cal - SOFP | EDS / Medi-Cal Standard |
| | Total for: 2165870 | | | | | | 182.00 | | |
| Total for: Aguilar, Cecilia | | | | | | | 182.00 | | |
| Aguilar, Inocencia | 828622 | PPP | 7/22/1974 | | | | | | |
| | 2155582 | | | 04/15/2004 | Office/outpatient visit, est | THYROTOX NOS NO CRISIS | 136.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2155582 | | | | | | 136.00 | | |
| | 2168269 | | | 04/26/2004 | Office/outpatient visit, est | THYROTOX NOS NO CRISIS | 93.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2168269 | | | | | | 93.00 | | |
| Total for: Aguilar, Inocencia | | | | | | | 229.00 | | |
| Aguilar, Jesus | 799584 | PPP | 8/21/1969 | | | | | | |
| | 2168243 | | | 04/26/2004 | Office/outpatient visit, est | ASTHMA W/O STATUS ASTHM | 93.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2168243 | | | | | | 93.00 | | |
| Total for: Aguilar, Jesus | | | | | | | 93.00 | | |
| Aguirre, Jose | 824802 | 113080665 | 4/20/1998 | | | | | | |
| | 2168234 | | | 04/26/2004 | TB intradermal test | SCREENING-PULMONARY TB | 38.00 | Capitated - Medi-Cal | Healthcare LA IPA / |
| | | | | 04/26/2004 | Office/outpatient visit, est | SCREENING-PULMONARY TB | 93.00 | Capitated - Medi-Cal | Healthcare LA IPA / |
| | Total for: 2168234 | | | | | | 131.00 | | |
| Total for: Aguirre, Jose | | | | | | | 131.00 | | |
| Alvarez, Elvira | 658412 | PPP | 8/25/1940 | | | | | | |
| | 2153121 | | | 04/12/2004 | Office/outpatient visit, est | HYPERTENSION NOS | 93.00 | PPP | American Insurance Admin-ppp / |
| | Total for: 2153121 | | | | | | 93.00 | | |
| Total for: Alvarez, Elvira | | | | | | | 93.00 | | |
| Araiza, Aracely | 443033 | 352130636 | 6/30/1958 | | | | | | |



Billing Detail

Care Medical Group

5th Avenue Clinic

By Facility by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | DOS | Description | Diagnosis | Charge | Responsibility | Carrier |
|--|---------------|-------------------|-------------------|------------|------------------------------|---------------------------|---------------|------------------------|--------------------------------|
| 2149383 | | | | | | | | | |
| | | | | 04/08/2004 | Office/outpatient visit, est | PAIN - LEG/KNEE | 136.00 | Capitated - Commercial | Healthcare LA IPA / |
| Total for: 2149383 | | | | | | | 136.00 | | |
| Total for: Araiza, Aracely | | | | | | | 136.00 | | |
| Auceda, Josefina | 426175 | 7496525134 | 3/19/1944 | | | | | | |
| 2159527 | | | | | | | | | |
| | | | | 04/19/2004 | Office/outpatient visit, est | DMII UNSPF UNCNRDL | 136.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2159527 | | | | | | | 136.00 | | |
| Total for: Auceda, Josefina | | | | | | | 136.00 | | |
| Azucena, Rosy | 818155 | 28056794Y3 | 9/20/1977 | | | | | | |
| 2162920 | | | | | | | | | |
| | | | | 02/18/2004 | Office/outpatient visit, est | BARRIERS AND SPERMICIDE - | 40.80 | Medi-Cal - SOFP | EDS / Medi-Cal Standard |
| Total for: 2162920 | | | | | | | 40.80 | | |
| Total for: Azucena, Rosy | | | | | | | 40.80 | | |
| Baez, Alicia | 592393 | PPP | 4/20/1962 | | | | | | |
| 2161624 | | | | | | | | | |
| | | | | 04/21/2004 | Office/outpatient visit, new | GENERALIZED ANXIETY DIS | 278.00 | PPP | American Insurance Admin-ppp / |
| Total for: 2161624 | | | | | | | 278.00 | | |
| Total for: Baez, Alicia | | | | | | | 278.00 | | |
| Bahena, Juny | 846909 | PPP | 10/25/1982 | | | | | | |
| 2149125 | | | | | | | | | |
| | | | | 04/07/2004 | Office/outpatient visit, new | ACUTE GASTRTIS W/O HMRHG | 278.00 | PPP | American Insurance Admin-ppp / |
| Total for: 2149125 | | | | | | | 278.00 | | |
| Total for: Bahena, Juny | | | | | | | 278.00 | | |
| Banuelos, Edith | 436060 | PPP | 5/26/1972 | | | | | | |
| 2147794 | | | | | | | | | |
| | | | | 04/05/2004 | Office/outpatient visit, est | GENERALIZED ANXIETY DIS | 136.00 | PPP | American Insurance Admin-ppp / |
| Total for: 2147794 | | | | | | | 136.00 | | |
| 2159512 | | | | | | | | | |
| | | | | 04/19/2004 | Office/outpatient visit, est | GENERALIZED ANXIETY DIS | 93.00 | PPP | American Insurance Admin-ppp / |
| Total for: 2159512 | | | | | | | 93.00 | | |
| Total for: Banuelos, Edith | | | | | | | 229.00 | | |
| Barrera, Christopher | 851047 | PPP | 9/30/1992 | | | | | | |
| 2159510 | | | | | | | | | |
| | | | | 04/19/2004 | Office/outpatient visit, est | ABDMNAL PAIN UNSPCF SITE | 136.00 | PPP | American Insurance Admin-ppp / |
| Total for: 2159510 | | | | | | | 136.00 | | |
| Total for: Barrera, Christopher | | | | | | | 136.00 | | |
| Beavers, Hermisenda | 477340 | PPP | 4/3/1955 | | | | | | |
| 2151480 | | | | | | | | | |
| | | | | 04/09/2004 | Office/outpatient visit, est | DMII WO CMP NT ST UNCNR | 93.00 | PPP | American Insurance Admin-ppp / |
| Total for: 2151480 | | | | | | | 93.00 | | |
| Total for: Beavers, Hermisenda | | | | | | | 93.00 | | |



Billing Detail

Care Medical Group

Urgent Care Clinic

By Facility by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | DOS | Description | Diagnosis | Charge | Responsibility | Carrier |
|--------------------------------------|---------------|------------------|------------------|------------|------------------------------|--------------------------|---------------------|------------------|-------------------------|
| 2150668 | | | | | | | | | |
| | | | | 04/05/2004 | Injection of antibiotic | HEMANGIOMA SKIN | 17.00 | Guarantor | Guarantor |
| | | | | 04/05/2004 | Office/outpatient visit, new | HEMANGIOMA SKIN | 278.00 | Guarantor | Guarantor |
| Total for: 2150668 | | | | | | | 295.00 | | |
| Total for: Vasquez, Raul | | | | | | | 295.00 | | |
| Villalobos, Ashley | 847365 | 85608796D | 3/26/2001 | | | | | | |
| 2144775 | | | | | | | | | |
| | | | | 04/04/2004 | Repair superficial wound(s) | OPN WOUND EXTERN EAR NOS | 429.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | | | | 04/04/2004 | Office/outpatient visit, new | OPN WOUND EXTERN EAR NOS | 278.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2144775 | | | | | | | 707.00 | | |
| Total for: Villalobos, Ashley | | | | | | | 707.00 | | |
| Williams, Janetta | 509602 | 577703515 | 8/20/1960 | | | | | | |
| 2150707 | | | | | | | | | |
| | | | | 04/05/2004 | Office/outpatient visit, new | URI (ACUTE) | 411.00 | Managed Medi-Cal | Healthcare LA IPA / |
| Total for: 2150707 | | | | | | | 411.00 | | |
| Total for: Williams, Janetta | | | | | | | 411.00 | | |
| Total for: Urgent Care Clinic | | | | | | | 45,915.50 | | |
| Total for: Care Medical Group | | | | | | | 2,036,320.19 | | |

FILTERS:



Billing Detail

Care Medical Group

Albert Parks, M.D.

By Provider by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | DOS | Description | Diagnosis | Charge | Responsibility | Carrier |
|--|---------------|-------------------|-------------------|------------|----------------------------|-------------------------|-----------------|------------------|--------------------------------|
| Banuelos, Alma | 847634 | 243DM6X117 | 11/28/1971 | | | | | | |
| 2160846 | | | | 04/18/2004 | Cesarean delivery only | CESAREAN DELIV NOS-UNSP | 2,178.00 | Managed Medi-Cal | Allcare Med Group / Huntington |
| Total for: 2160846 | | | | | | | 2,178.00 | | |
| Total for: Banuelos, Alma | | | | | | | 2,178.00 | | |
| Boyland, Sandra | 686250 | 55261195D6 | 04/21/1974 | | | | | | |
| 2145976 | | | | 04/04/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2145976 | | | | | | | 2,176.00 | | |
| Total for: Boyland, Sandra | | | | | | | 2,176.00 | | |
| Breveard, Starkeisha | 498179 | 997595510 | 01/03/1978 | | | | | | |
| 2145962 | | | | 04/03/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Managed Medi-Cal | La Vida IPA / Lawndale-4161 |
| Total for: 2145962 | | | | | | | 2,176.00 | | |
| Total for: Breveard, Starkeisha | | | | | | | 2,176.00 | | |
| Carranza, Silvia | 799357 | 22017792D0 | 01/01/1979 | | | | | | |
| 2150933 | | | | 12/09/2003 | Ligate oviduct(s) | DESIRES STERILIZATION | 99.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2150933 | | | | | | | 99.00 | | |
| Total for: Carranza, Silvia | | | | | | | 99.00 | | |
| Davis, Verenice | 487428 | 73536299D0 | 08/10/1981 | | | | | | |
| 2166702 | | | | 04/25/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2166702 | | | | | | | 2,176.00 | | |
| Total for: Davis, Verenice | | | | | | | 2,176.00 | | |
| Espinoza, Miriam | 520288 | 73688494D9 | 01/17/1976 | | | | | | |
| 2166680 | | | | 04/24/2004 | Cesarean delivery only | CESAREAN DELIV NOS-UNSP | 653.40 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2166680 | | | | | | | 653.40 | | |
| Total for: Espinoza, Miriam | | | | | | | 653.40 | | |
| Estrada, Griselda | 640360 | 50025490E3 | 06/29/1975 | | | | | | |
| 2146584 | | | | 11/28/2003 | Division of fallopian tube | DESIRES STERILIZATION | 2,664.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2146584 | | | | | | | 2,664.00 | | |
| Total for: Estrada, Griselda | | | | | | | 2,664.00 | | |
| Gramajo, Janet | 780760 | 11552997D9 | 12/02/1989 | | | | | | |
| 2171016 | | | | 05/02/2004 | Cesarean delivery only | CESAREAN DELIV NOS-UNSP | 653.40 | Managed Medi-Cal | Healthcare LA IPA / |
| Total for: 2171016 | | | | | | | 653.40 | | |
| Total for: Gramajo, Janet | | | | | | | 653.40 | | |
| Gray, Mirna | 854458 | 02900195C6 | 03/19/1976 | | | | | | |
| 2166701 | | | | 04/24/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2166701 | | | | | | | 2,176.00 | | |
| Total for: Gray, Mirna | | | | | | | 2,176.00 | | |



Billing Detail

Care Medical Group

Albert Parks, M.D.

By Provider by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | DOS | Description | Diagnosis | Charge | Responsibility | Carrier |
|-------------------------------------|---------------------------|-------------------|-------------------|------------|------------------------|-------------------------|-----------------|----------------|-------------------------|
| Gutierrez, Amelia | 837445 | 84017094E5 | 12/28/1974 | | | | | | |
| | 2160661 | | | 04/18/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2160661 | | | | | | 2,176.00 | | |
| Total for: Gutierrez, Amelia | | | | | | | 2,176.00 | | |
| Harris, Petrona | 842280 | 45039193E8 | 02/08/1980 | | | | | | |
| | 2166719 | | | 04/25/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2166719 | | | | | | 2,176.00 | | |
| Total for: Harris, Petrona | | | | | | | 2,176.00 | | |
| Hernandez, Monica | 850893 | 77961599C9 | 12/23/1973 | | | | | | |
| | 2160666 | | | 04/18/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2160666 | | | | | | 2,176.00 | | |
| Total for: Hernandez, Monica | | | | | | | 2,176.00 | | |
| Lopez, Guadalupe | 837170 | 27049099E | 11/22/1972 | | | | | | |
| | 2145957 | | | 04/03/2004 | Cesarean delivery only | CESAREAN DELIV NOS-UNSP | 2,178.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2145957 | | | | | | 2,178.00 | | |
| Total for: Lopez, Guadalupe | | | | | | | 2,178.00 | | |
| Lopez, Marlen | 594843 | 05948698D1 | 02/04/1982 | | | | | | |
| | 2145965 | | | 04/03/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2145965 | | | | | | 2,176.00 | | |
| Total for: Lopez, Marlen | | | | | | | 2,176.00 | | |
| Moody, Estela | 445593 | 85912791D2 | 04/10/1985 | | | | | | |
| | 2166669 | | | 04/24/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2166669 | | | | | | 2,176.00 | | |
| Total for: Moody, Estela | | | | | | | 2,176.00 | | |
| Pablo, Alejandra | 854733 | 91969398C0 | 04/02/1975 | | | | | | |
| | 2166755 | | | 04/26/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2166755 | | | | | | 2,176.00 | | |
| Total for: Pablo, Alejandra | | | | | | | 2,176.00 | | |
| Patino, Charlene | 638225 | 99976792D4 | 02/20/1961 | | | | | | |
| | 2166747 | | | 04/25/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2166747 | | | | | | 2,176.00 | | |
| Total for: Patino, Charlene | | | | | | | 2,176.00 | | |
| Plancarte, Brenda | 849211 | 26019899E | 12/30/1982 | | | | | | |
| | 2158124 | | | 04/10/2004 | Vaginal delivery only | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| | Total for: 2158124 | | | | | | 2,176.00 | | |
| Total for: Plancarte, Brenda | | | | | | | 2,176.00 | | |



Billing Detail

Care Medical Group

Wilbert Williams, M.D.

By Provider by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | | |
|--|------------------------|---------------|-------------------------|---------------------|----------------|-------------------------|
| DOS | Description | | Diagnosis | Charge | Responsibility | Carrier |
| Total for: Velarde, Cynthia | | | | 653.40 | | |
| Villegas, Guillermina | | 774428 | 64848599A7 | 02/26/1966 | | |
| 2150741 | | | | | | |
| 04/05/2004 | Vaginal delivery only | | NORMAL VAGINAL DELIVERY | 2,176.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2150741 | | | | 2,176.00 | | |
| Total for: Villegas, Guillermina | | | | 2,176.00 | | |
| Washington, Yanet | | 507529 | 82798095D0 | 05/09/1971 | | |
| 2160807 | | | | | | |
| 04/21/2004 | Cesarean delivery only | | CESAREAN DELIV NOS-UNSP | 2,178.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for: 2160807 | | | | 2,178.00 | | |
| Total for: Washington, Yanet | | | | 2,178.00 | | |
| Total for: Wilbert Williams, M.D. | | | | 114,719.40 | | |
| Total for: Care Medical Group | | | | 2,036,320.19 | | |

FILTERS:



Revenue Detail

Care Medical Group

5th Avenue Clinic

by Facility by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | Contract | | New | | Carrier |
|------------------------------------|------------------------------|-------------|-----------------|-------------|-------------|---------------|-------------|----------------|--|
| Claim# | Previous Balance | Correction | OTC Payment | Payment | Adjust | W/O | Balance | Responsibility | |
| DOS | Description | | | | | | | | |
| Abarca, Katia | 812854 | PPP | 03/22/74 | | | | | | |
| 2073851 | | | | | | | | | |
| 01/19/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2073851: | | 0.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | |
| Total for Abarca, Katia: | | 0.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | |
| Abrajan, Gelsey | 665394 | PPP | 11/29/96 | | | | | | |
| 1996785 | | | | | | | | | |
| 10/21/03 | Office/outpatient visit, new | 182.00 | 0.00 | 0.00 | 0.00 | 182.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 1996785: | | 0.00 | 0.00 | 0.00 | 0.00 | 182.00 | 0.00 | | |
| Total for Abrajan, Gelsey: | | 0.00 | 0.00 | 0.00 | 0.00 | 318.00 | 0.00 | | |
| Acabal, Angelica | 786895 | PPP | 06/06/59 | | | | | | |
| 1996414 | | | | | | | | | |
| 10/17/03 | Office/outpatient visit, new | 182.00 | 0.00 | 0.00 | 0.00 | 182.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 1996414: | | 0.00 | 0.00 | 0.00 | 0.00 | 182.00 | 0.00 | | |
| 2069354 | | | | | | | | | |
| 01/13/04 | Urinalysis nonauto w/o scope | 11.00 | 0.00 | 0.00 | 0.00 | 11.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| 01/13/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2069354: | | 0.00 | 0.00 | 0.00 | 0.00 | 104.00 | 0.00 | | |
| 2069359 | | | | | | | | | |
| 01/13/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| 01/13/04 | Urinalysis nonauto w/o scope | 11.00 | 0.00 | 0.00 | 0.00 | 11.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2069359: | | 0.00 | 0.00 | 0.00 | 0.00 | 104.00 | 0.00 | | |
| 2150895 | | | | | | | | | |
| 03/09/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2150895: | | 0.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | |
| 2159431 | | | | | | | | | |
| 04/20/04 | Office/outpatient visit, est | 136.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | 0.00 | PPP |
| | | | | | | | | | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2159431: | | 0.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | | |
| Total for Acabal, Angelica: | | 0.00 | 0.00 | 0.00 | 0.00 | 619.00 | 0.00 | | |
| Adams, Angelica | 793777 | PPP | 05/18/76 | | | | | | |



Revenue Detail

Care Medical Group

5th Avenue Clinic

by Facility by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | | | | | | |
|--------------------------------------|--|---------------|-------------------|-----------------|--------------|---------------|-------------|---------|-----------------|--|
| Claim# | Previous | OTC | Contract | New | | | | | | |
| DOS | Description | Balance | Correction | Payment | Payment | Adjust | W/O | Balance | Responsibility | Carrier |
| 2118471 | | | | | | | | | | |
| 03/03/04 | Office/outpatient visit, est | 136.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2118471: | | | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | | | |
| Total for Adams, Angelica: | | | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | | | |
| Aguilar, Cecilia | | 808656 | 28256794Y1 | 09/09/82 | | | | | | |
| 2141836 | | | | | | | | | | |
| 03/26/04 | INIT'L FAMILY PLANNING METHODS COUN | 17.00 | 0.00 | 0.00 | 12.72 | 4.28 | 0.00 | 0.00 | Medi-Cal - SOFP | EDS / Medi-Cal Standard |
| Total for 2141836: | | | 0.00 | 0.00 | 12.72 | 4.28 | 0.00 | | | |
| Total for Aguilar, Cecilia: | | | 0.00 | 0.00 | 12.72 | 4.28 | 0.00 | | | |
| Aguilar, Inocencia | | 828622 | PPP | 07/22/74 | | | | | | |
| 2110165 | | | | | | | | | | |
| 02/24/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2110165: | | | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | | |
| 2124095 | | | | | | | | | | |
| 03/10/04 | Office/outpatient visit, est | 224.00 | 0.00 | 0.00 | 0.00 | 224.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2124095: | | | 0.00 | 0.00 | 0.00 | 224.00 | 0.00 | | | |
| 2155582 | | | | | | | | | | |
| 04/15/04 | Office/outpatient visit, est | 136.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2155582: | | | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | | | |
| 2168269 | | | | | | | | | | |
| 04/26/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2168269: | | | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | | |
| Total for Aguilar, Inocencia: | | | 0.00 | 0.00 | 0.00 | 546.00 | 0.00 | | | |
| Aguilar, Jesus | | 799584 | PPP | 08/21/69 | | | | | | |
| 2066871 | | | | | | | | | | |
| 01/08/04 | Office/outpatient visit, new | 278.00 | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2066871: | | | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | | | |
| 2124567 | | | | | | | | | | |
| 03/11/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2124567: | | | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | | |
| 2168243 | | | | | | | | | | |
| 04/26/04 | Office/outpatient visit, est | 93.00 | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | 0.00 | PPP | American Insurance Admin-ppp / Los Angeles-34759 |
| Total for 2168243: | | | 0.00 | 0.00 | 0.00 | 93.00 | 0.00 | | | |
| Total for Aguilar, Jesus: | | | 0.00 | 0.00 | 0.00 | 464.00 | 0.00 | | | |
| Aguilar, Olvia | | 626721 | PPP | 11/30/72 | | | | | | |



Revenue Detail

Care Medical Group

Urgent Care Clinic

by Facility by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | | | | | | | |
|-------------------------------------|------------------------------|---------------|-------------------|-----------------|-------------------|---------------------|------------------|-------------|------------------------|---|--|
| Claim# | Previous | OTC | Contract | New | | | | | | | |
| DOS | Description | Balance | Correction | Payment | Payment | Adjust | W/O | Balance | Responsibility | Carrier | |
| 2121664 | | | | | | | | | | | |
| 03/01/04 | Office/outpatient visit, new | 278.00 | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | 0.00 | Capitated - Commercial | St Vincent Ipa-capitated / Oceanside-4999 | |
| Total for 2121664: | | | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | 0.00 | | | |
| Total for VANCE, Anthony: | | | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | | | | |
| Varguez, Jose | | | | | | | | | | | |
| | | 565583 | 79844591D9 | 07/18/02 | | | | | | | |
| 2100563 | | | | | | | | | | | |
| 02/14/04 | Office/outpatient visit, est | 136.00 | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | 0.00 | Capitated - Medi-Cal | Healthcare LA IPA / Tarzana-570590 | |
| Total for 2100563: | | | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | | | | |
| Total for Varguez, Jose: | | | 0.00 | 0.00 | 0.00 | 136.00 | 0.00 | | | | |
| Vasquez, Thomas | | | | | | | | | | | |
| | | 424591 | None | 02/12/02 | | | | | | | |
| 2085046 | | | | | | | | | | | |
| 01/26/04 | Office/outpatient visit, new | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | Guarantor | | |
| Total for 2085046: | | | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 | | | | |
| Total for Vasquez, Thomas: | | | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 | | | | |
| Walker, Carmen | | | | | | | | | | | |
| | | 780546 | None | 06/05/74 | | | | | | | |
| 1991049 | | | | | | | | | | | |
| 09/29/03 | Office/outpatient visit, new | 255.60 | 0.00 | 0.00 | 0.00 | 0.00 | 255.60 | 0.00 | Guarantor | | |
| 09/29/03 | Urinalysis, nonauto, w/scope | 3.40 | 0.00 | 0.00 | 0.00 | 0.00 | 3.40 | 0.00 | Guarantor | | |
| Total for 1991049: | | | 0.00 | 0.00 | 0.00 | 0.00 | 259.00 | | | | |
| Total for Walker, Carmen: | | | 0.00 | 0.00 | 0.00 | 0.00 | 259.00 | | | | |
| Wells, Marchaye | | | | | | | | | | | |
| | | 837038 | 787260621 | 12/22/97 | | | | | | | |
| 2121842 | | | | | | | | | | | |
| 03/07/04 | Office/outpatient visit, new | 278.00 | 0.00 | 0.00 | 55.00 | 223.00 | 0.00 | 0.00 | Managed Medi-Cal | La Vida IPA / Lawndale-4161 | |
| Total for 2121842: | | | 0.00 | 0.00 | 55.00 | 223.00 | 0.00 | | | | |
| Total for Wells, Marchaye: | | | 0.00 | 0.00 | 55.00 | 223.00 | 0.00 | | | | |
| Williamson, Joel | | | | | | | | | | | |
| | | 814567 | None | 07/13/77 | | | | | | | |
| 2060376 | | | | | | | | | | | |
| 01/04/04 | Office/outpatient visit, new | 411.00 | 0.00 | 0.00 | 0.00 | 0.00 | 411.00 | 0.00 | Guarantor | | |
| Total for 2060376: | | | 0.00 | 0.00 | 0.00 | 0.00 | 411.00 | | | | |
| Total for Williamson, Joel: | | | 0.00 | 0.00 | 0.00 | 0.00 | 411.00 | | | | |
| Zamudio, Anthony | | | | | | | | | | | |
| | | 487229 | None | 07/15/50 | | | | | | | |
| 2085051 | | | | | | | | | | | |
| 01/26/04 | Office/outpatient visit, new | 278.00 | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 | 0.00 | Guarantor | | |
| Total for 2085051: | | | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 | | | | |
| Total for Zamudio, Anthony: | | | 0.00 | 0.00 | 0.00 | 0.00 | 278.00 | | | | |
| Total by Urgent Care Clinic: | | | 13.00 | 24.00 | 4,573.27 | 13,183.96 | 6,579.77 | | | | |
| Total by Care Medical Group: | | | 6,251.22 | 5,737.50 | 404,374.91 | 1,531,365.77 | 56,354.02 | | | | |

FILTERS:



Revenue Detail

Care Medical Group

Albert Parks, M.D.

by Provider by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | | | | | | |
|-------------------------------------|----------------------------|-------------------|-----------------|-------------|---------------|-----------------|---------------|-------------|------------------|---|
| Claim# | Previous | OTC | Contract | New | | | | | | |
| DOS | Description | Balance | Correction | Payment | Payment | Adjust | W/O | Balance | Responsibility | Carrier |
| Beas, Lorena | 532281 | 76514997D4 | 04/28/80 | | | | | | | |
| 2132287 | | | | | | | | | | |
| 03/21/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2132287: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Total for Beas, Lorena: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Beshears, Mekell | 772498 | 397549535 | 12/03/86 | | | | | | | |
| 2132265 | | | | | | | | | | |
| 03/19/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2132265: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Total for Beshears, Mekell: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Boyland, Sandra | 686250 | 55261195D6 | 04/21/74 | | | | | | | |
| 2145976 | | | | | | | | | | |
| 04/04/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2145976: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Total for Boyland, Sandra: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Cante, Maria | 799280 | 56050796E4 | 07/09/71 | | | | | | | |
| 2132289 | | | | | | | | | | |
| 03/21/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2132289: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Total for Cante, Maria: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Cortez, Morrocco | 579102 | 918001313 | 09/30/66 | | | | | | | |
| 1868211 | | | | | | | | | | |
| 05/05/03 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Managed Medi-Cal | Vernbro Medical Group / Los Angeles-231 |
| Total for 1868211: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Total for Cortez, Morrocco: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | | |
| Diego, Graciela | 448342 | 46069193D6 | 06/09/76 | | | | | | | |
| 2130743 | | | | | | | | | | |
| 02/29/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 436.08 | 1,739.92 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2130743: | | | 0.00 | 0.00 | 436.08 | 1,739.92 | 0.00 | 0.00 | | |
| Total for Diego, Graciela: | | | 0.00 | 0.00 | 436.08 | 1,739.92 | 0.00 | 0.00 | | |
| Estrada, Griselda | 640360 | 50025490E3 | 06/29/75 | | | | | | | |
| 2146584 | | | | | | | | | | |
| 11/28/03 | Division of fallopian tube | 2,664.00 | -1,332.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,332.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2146584: | | | 1,332.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| Total for Estrada, Griselda: | | | 1,332.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| Gutierrez, Ava | 631204 | 752465598 | 10/09/79 | | | | | | | |
| 1864516 | | | | | | | | | | |
| 04/09/03 | Vaginal delivery only | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | -552.11 | 552.11 | Managed Medi-Cal | La Vida IPA / Lawndale-4161 |
| 04/09/03 | Vaginal delivery only | 552.11 | 0.00 | 0.00 | 552.11 | 0.00 | 0.00 | 0.00 | Managed Medi-Cal | La Vida IPA / Lawndale-4161 |
| Total for 1864516: | | | 0.00 | 0.00 | 552.11 | 0.00 | 552.11 | 0.00 | | |



Revenue Detail

Care Medical Group

Albert Parks, M.D.

by Provider by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | | | | | | | |
|------------------------------------|---------------|----------------------------|-----------------|-------------|---------------|-----------------|---------------|-------------|----------------|----------|-------------------------|
| Claim# | Previous | OTC | Contract | New | | | | | | | |
| DOS | Description | Balance | Correction | Payment | Payment | Adjust | W/O | Balance | Responsibility | Carrier | |
| Total for Gutierrez, Ava: | | | 0.00 | 0.00 | 552.11 | 0.00 | 552.11 | | | | |
| Hernandez, Maria | 427412 | 68226995D9 | 01/20/74 | | | | | | | | |
| 2132290 | 03/21/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2132290: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | | | | |
| Total for Hernandez, Maria: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | | | | |
| Jackson, Lisa | 635226 | 0325545507 | 04/28/67 | | | | | | | | |
| 1864565 | 04/28/03 | Fetal non-stress test | 27.00 | 0.00 | 0.00 | 0.00 | 27.00 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 1864565: | | | 0.00 | 0.00 | 0.00 | 27.00 | 0.00 | | | | |
| Total for Jackson, Lisa: | | | 0.00 | 0.00 | 0.00 | 27.00 | 0.00 | | | | |
| Jackson, Yolanda | 635809 | 48834497C9 | 03/01/67 | | | | | | | | |
| 2058991 | 12/09/03 | Division of fallopian tube | 2,664.00 | -1,332.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,332.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2058991: | | | 1,332.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| Total for Jackson, Yolanda: | | | 1,332.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | | | | |
| Leon, Juana | 792554 | 294162675 | 11/07/78 | | | | | | | | |
| 2010713 | 11/03/03 | Vaginal delivery only | 0.00 | 0.00 | 0.00 | 544.28 | 0.00 | -544.28 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2010713: | | | 0.00 | 0.00 | 544.28 | 0.00 | 544.28 | | | | |
| Total for Leon, Juana: | | | 0.00 | 0.00 | 544.28 | 0.00 | 544.28 | | | | |
| Lopez, Guadalupe | 837170 | 27049099E | 11/22/72 | | | | | | | | |
| 2145957 | 04/03/04 | Cesarean delivery only | 2,178.00 | 0.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2145957: | | | 0.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | | | | |
| Total for Lopez, Guadalupe: | | | 0.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | | | | |
| Lopez, Marlen | 594843 | 05948698D1 | 02/04/82 | | | | | | | | |
| 2145965 | 04/03/04 | Vaginal delivery only | 2,176.00 | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2145965: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | | | | |
| Total for Lopez, Marlen: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | | | | |
| Molina, Sabrina | 654504 | 0674765720 | 09/17/79 | | | | | | | | |
| 2042972 | 12/06/03 | Cesarean delivery only | 2,178.00 | 0.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | 0.00 | Medi-Cal | EDS / Medi-Cal Standard |
| Total for 2042972: | | | 0.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | | | | |
| Total for Molina, Sabrina: | | | 0.00 | 0.00 | 572.10 | 1,605.90 | 0.00 | | | | |



Revenue Detail

Care Medical Group

Wilbert Williams, M.D.

by Provider by Patient by Claim

For the Period of April, 2004

| Patient Name | MRN | Policy # | Birth Date | | | | | | | |
|----------------------------------|-------------|----------|------------|----------|------------|--------------|-----------|---------|----------------|---------|
| Claim# | Previous | OTC | Contract | New | | | | | | |
| DOS | Description | Balance | Correction | Payment | Payment | Adjust | W/O | Balance | Responsibility | Carrier |
| Total for Wilson, Natasha: | | | 0.00 | 0.00 | 544.28 | 1,631.72 | 0.00 | | | |
| Total by Wilbert Williams, M.D.: | | | 1,615.00 | 0.00 | 24,263.38 | 71,942.92 | 0.00 | | | |
| Total by Care Medical Group: | | | 6,251.22 | 5,737.50 | 404,374.91 | 1,531,365.77 | 56,354.02 | | | |

FILTERS:



Account Receivable Ageing

Care Medical Group

By Patient By Responsibility

For the Period of April, 2004

| Patient Name | Account Number | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|-------------------------|----------------|---------------|---------------|---------------|--------------|---------|---------|---------|------|---------------|
| Abadinsky, Rosa | 801545 | | | | | | | | | |
| Medi-Cal - CHDP | | | | | 53.86 | | | | | 53.86 |
| | | | | | 53.86 | | | | | 53.86 |
| Abarca, Claudia | 779689 | | | | | | | | | |
| Managed Medi-Cal | | | | 602.00 | | | | | | 602.00 |
| | | | | 602.00 | | | | | | 602.00 |
| Abarca, Emmanuel | 428906 | | | | | | | | | |
| Capitated - Medi-Cal | | 27.00 | | | | | | | | 27.00 |
| FQHC Managed Medi-Cal | | 136.00 | | | | | | | | 136.00 |
| | | 163.00 | | | | | | | | 163.00 |
| Abarca, Maria | 686271 | | | | | | | | | |
| Medicare | | | 313.00 | | | | | | | 313.00 |
| | | | 313.00 | | | | | | | 313.00 |
| Abarra, Juan | 569425 | | | | | | | | | |
| Medi-Cal | | 62.86 | | | | | | | | 62.86 |
| | | 62.86 | | | | | | | | 62.86 |
| Abbott, Hector | 427561 | | | | | | | | | |
| Medi-Cal | | 272.00 | | | | | | | | 272.00 |
| | | 272.00 | | | | | | | | 272.00 |
| Aboh, Yamil | 443616 | | | | | | | | | |
| Managed Medi-Cal | | | 646.97 | | | | | | | 646.97 |
| | | | 646.97 | | | | | | | 646.97 |
| Abrego, Briseida | 577760 | | | | | | | | | |
| Capitated - Medi-Cal | | 18.00 | | | | | | | | 18.00 |
| | | 18.00 | | | | | | | | 18.00 |
| Abril, Miguel | 437373 | | | | | | | | | |
| Capitated - Medi-Cal | | 147.00 | | | | | | | | 147.00 |

Account Receivable Ageing

Care Medical Group

By Patient By Responsibility

For the Period of April, 2004

| Patient Name | Account Number | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|---------------------------|----------------|---------------|-----------------|-------|--------|---------|-------------|---------|------|-----------------|
| | | 147.00 | | | | | | | | 147.00 |
| Abuelo, Ana | 424778 | | | | | | | | | |
| Medi-Cal | | 342.00 | | | | | | | | 342.00 |
| | | 342.00 | | | | | | | | 342.00 |
| Abundez, Veronica | 469144 | | | | | | | | | |
| Medi-Cal | | | 2,178.00 | | | | | | | 2,178.00 |
| | | | 2,178.00 | | | | | | | 2,178.00 |
| Acevedo, Anabella | 794521 | | | | | | | | | |
| Medi-Cal - CHDP | | | | | | | 9.00 | | | 9.00 |
| | | | | | | | 9.00 | | | 9.00 |
| Acevedo, Anthony | 787059 | | | | | | | | | |
| FQHC Managed Medi-Cal | | 136.00 | | | | | | | | 136.00 |
| Medi-Cal - CHDP | | | 53.86 | | | | | | | 53.86 |
| | | 136.00 | 53.86 | | | | | | | 189.86 |
| Acevedo, Arturo | 823777 | | | | | | | | | |
| Capitated - CHDP | | 18.00 | | | | | | | | 18.00 |
| | | 18.00 | | | | | | | | 18.00 |
| Acevedo, Christine | 663168 | | | | | | | | | |
| Capitated - Medi-Cal | | 36.00 | | | | | | | | 36.00 |
| Medi-Cal - CHDP | | 9.00 | | | | | | | | 9.00 |
| | | 45.00 | | | | | | | | 45.00 |
| Acevedo, Edward | 642737 | | | | | | | | | |
| Capitated - Medi-Cal | | 9.00 | | | | | | | | 9.00 |
| | | 9.00 | | | | | | | | 9.00 |
| Acevedo, Elizabeth | 775277 | | | | | | | | | |
| Medi-Cal - SOFP | | | 778.00 | | | | | | | 778.00 |
| | | | 778.00 | | | | | | | 778.00 |

Account Receivable Ageing

Care Medical Group

By Patient By Responsibility

For the Period of April, 2004

| Patient Name | Account Number | Current | 31-60 | 61-90 | 91-120 | 121-150 | 151-180 | 181- 65 | >365 | Total |
|------------------------|----------------|---------------------|---------------------|-------------------|-------------------|------------------|------------------|-----------------|-------------------|---------------------|
| | | 45.00 | | | | | | | | 45.00 |
| Zuniga, Ela | 831887 | | | | | | | | | |
| Medi-Cal - PE | | | 353.00 | | | | | | | 353.00 |
| | | | 353.00 | | | | | | | 353.00 |
| Zuniga, Johana | 810307 | | | | | | | | | |
| Capitated - Medi-Cal | | 27.00 | | | | | | | | 27.00 |
| | | 27.00 | | | | | | | | 27.00 |
| Zuniga, Karen | 497686 | | | | | | | | | |
| Medi-Cal - SOFP | | | 224.00 | | | | | | | 224.00 |
| | | | 224.00 | | | | | | | 224.00 |
| Zuniga, Manuela | 779858 | | | | | | | | | |
| Guarantor | | 362.00 | | | | | | | | 362.00 |
| Medi-Cal | | | 960.00 | | | | | | | 960.00 |
| | | 362.00 | 960.00 | | | | | | | 1,322.00 |
| Zuniga, Mirella | 432510 | | | | | | | | | |
| Managed CHDP | | | | | | | | 9.00 | | 9.00 |
| Medi-Cal | | 136.00 | | | | | | | | 136.00 |
| | | 136.00 | | | | | | 9.00 | | 145.00 |
| Zuniga, Noe | 772677 | | | | | | | | | |
| Capitated - Medi-Cal | | 211.00 | | | | | | | | 211.00 |
| | | 211.00 | | | | | | | | 211.00 |
| Grand Total | | 1,419,818.10 | 1,186,186.69 | 181,722.12 | 122,276.29 | 17,612.88 | 18,757.54 | 4,812.88 | -14,469.32 | 2,936,717.18 |