



Sample Health System Loss Run Report

Contract: Sample Contract
07/01/2010 to 07/01/2012

10/24/2011

Location: Sample Clinic																		
Department: Sample Clinic																		
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date
13		GE Medical		X-Ray Unit Mobile				AMX4		346711				1		08/12/10		
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
8		08/31/10			PM	OC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00
Equipment Totals:							\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00
Sample Clinic: Department Totals												\$0.00					\$0.00	\$0.00
Sample Clinic: Location Totals												\$0.00					\$0.00	\$0.00
Location: Sample Hospital																		
Department: CT																		
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date
1		GE Medical		CT Scanner				LightSpeedVCT		12345CT023		85525		3		10/01/10		
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
16	340698760	12/15/10	2093750	PM Completed	PM	AP	\$1,200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,200.00		\$0.00		\$0.00	\$0.00	\$1,200.00
20	235697	12/29/10	3496270	Replaced ct tube	CM	AP	\$1,400.00	\$0.00	\$40,000.00	\$0.00	\$0.00	\$41,400.00		\$0.00		\$0.00	\$0.00	\$41,400.00
23	345869	01/18/11	345670	Found a worn cable in back of gantry. Repaired cable. System is fully operational.	CM	AP	\$700.00	\$400.00	\$163.00	\$0.00	\$0.00	\$1,263.00		\$0.00		\$0.00	\$0.00	\$1,263.00
Equipment Totals:							\$3,300.00	\$400.00	\$40,163.00	\$0.00	\$0.00	\$43,863.00					\$0.00	\$43,863.00
Equip ID		Mfg		Description				Model		Serial		Asset		# of PMs		Start Date		Delete Date
2		Philips Medical		CT Scanner				BrillianceBigBore		9023578		85593		4		07/01/10		
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
1	3065476	07/17/10	30457	Replaced the fan	CM	AP	\$900.00	\$675.00	\$430.11	\$0.00	\$0.00	\$2,005.11		\$0.00		\$0.00	\$0.00	\$2,005.11



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2	34654	07/30/10	345687	PM Completed	PM	AP	\$1,575.00	\$675.00	\$0.00	\$0.00	\$0.00	\$2,250.00		\$0.00		\$0.00	\$0.00	\$2,250.00
6	9869	08/16/10		Fixed table skirt, cleaned sensors and readjusted	CM	AP	\$2,000.00	\$600.00	\$0.00	\$0.00	\$0.00	\$2,600.00		\$0.00		\$0.00	\$0.00	\$2,600.00
17	34074	12/02/10	23086	PM Completed	PM	AP	\$1,470.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,470.00		\$0.00		\$0.00	\$0.00	\$1,470.00
18	9087635	03/06/11	93465	PM Completed	PM	AP	\$1,680.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,680.00		\$0.00		\$0.00	\$0.00	\$1,680.00
22	23449568	02/27/11	24506	Images would not reconstruct after sacn. Replaced Backprojector board.	CM	AP	\$2,200.00	\$800.00	\$29,000.00	\$0.00	\$0.00	\$32,000.00		\$0.00		\$0.00	\$0.00	\$32,000.00
Equipment Totals:							\$9,825.00	\$2,750.00	\$29,430.11	\$0.00	\$0.00	\$42,005.11				\$0.00	\$42,005.11	
CT: Department Totals												\$85,868.11			\$0.00	\$85,868.11		

Department: Emergency

Equip ID	Mfg	Description	Model	Serial	Asset	# of PMs	Start Date	Delete Date										
3	GE Medical	X-Ray Unit Mobile	AMX4Plus	3467245	87151	2	07/01/10											
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
3	457456	07/30/10	09867	PM Completed	PM	AP	\$200.00	\$50.00	\$0.00	\$0.00	\$0.00	\$250.00	CR	\$50.00		\$0.00	\$50.00	\$200.00
													Cosmetic repair not covered					
10					PM	CN	\$0.00	\$0.00				\$0.00					\$0.00	\$0.00
Equipment Totals:							\$200.00	\$50.00	\$0.00	\$0.00	\$0.00	\$250.00				\$50.00	\$200.00	
Emergency: Department Totals												\$250.00			\$50.00	\$200.00		

Department: Laboratory

Equip ID	Mfg	Description	Model	Serial	Asset	# of PMs	Start Date	Delete Date										
7	Beckman Coulter	Analyzer Hematology Automated	MAXM	2305HS03	83742	1	07/01/10											
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
5	9697	08/06/10	098760	Replaced the diff motor assembly and adjusted aspiration volume. Verified system operation.	CM	AP	\$600.00	\$300.00	\$1,624.00	\$0.00	\$0.00	\$2,524.00		\$0.00		\$0.00	\$0.00	\$2,524.00



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Equipment Totals:	\$600.00	\$300.00	\$1,624.00	\$0.00	\$0.00	\$2,524.00		\$0.00	\$2,524.00
Laboratory: Department Totals						\$2,524.00		\$0.00	\$2,524.00

Department: Radiology

Equip ID	Mfg	Description	Model	Serial	Asset	# of PMs	Start Date	Delete Date										
10	Agfa-Gevaert	Printer Diagnostic Imaging	Drystar5500	349687		1	08/01/10											
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
7	789346	08/11/10	0749536	Replaced thermal head; found worn flat belt on drum drive; replaced belt; calibrated and tested.	CM	AP	\$939.00	\$299.00	\$5,800.00	\$75.00	\$0.00	\$7,113.00	CS	\$95.00		\$0.00	\$95.00	\$7,018.00
													Belts are not covered					
Equipment Totals:							\$939.00	\$299.00	\$5,800.00	\$75.00	\$0.00	\$7,113.00					\$95.00	\$7,018.00

Equip ID	Mfg	Description	Model	Serial	Asset	# of PMs	Start Date	Delete Date										
5	GE Medical	R/F Radiology System Digital	DefiniumXRd	234675RF15	85502	2	07/01/10											
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
4	3046893	08/03/10	793456	Found a defective ASCBus interface unit; replaced board	CM	AP	\$1,000.00	\$200.00	\$3,215.17	\$50.00	\$0.00	\$4,465.17		\$0.00		\$0.00	\$0.00	\$4,465.17
19	2340698	09/15/10	9048357689 6	PM Completed	PM	AP	\$630.00	\$0.00	\$0.00	\$0.00	\$0.00	\$630.00		\$0.00		\$0.00	\$0.00	\$630.00
21		12/02/10		lines in image generated by digital image processor. replaced image processor, loaded software, configured.	CM	AP	\$1,425.00	\$600.00	\$28,000.00	\$0.00	\$0.00	\$30,025.00		\$0.00		\$0.00	\$0.00	\$30,025.00
Equipment Totals:							\$3,055.00	\$800.00	\$31,215.17	\$50.00	\$0.00	\$35,120.17					\$0.00	\$35,120.17



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Radiology: Department Totals												\$42,233.17		\$95.00	\$42,138.17			
Sample Hospital: Location Totals												\$130,875.28		\$145.00	\$130,730.28			
Location: Sample Imaging Center																		
Department: MRI																		
Equip ID		Mfg		Description						Model		Serial		Asset	# of PMs	Start Date	Delete Date	
4		Siemens		Magnetic Resonance Imaging (MRI)						MagnetomSymphony		3457MR928		81166	3	09/01/10		
Claim ID	FSR #	FSR Date	Invoice #	Claim Description	Claim Type	Claim Code	Labor Cost	Travel Cost	Parts Cost	Freight	Tax	Amount Claimed	1st Adjust Code	1st Adjust Amount	2nd Adjust Code	2nd Adjust Amount	Total Adjust Amount	Approved Amount
13		02/23/11		rep faulty flow tep sensor replaced faulty coldhead compressor	CM	AP	\$4,900.00	\$800.00	\$32,250.00	\$150.00	\$0.00	\$38,100.00		\$0.00		\$0.00	\$0.00	\$38,100.00
Equipment Totals:							\$4,900.00	\$800.00	\$32,250.00	\$150.00	\$0.00	\$38,100.00					\$0.00	\$38,100.00
MRI: Department Totals												\$38,100.00		\$0.00	\$38,100.00			
Sample Imaging Center: Location Totals												\$38,100.00		\$0.00	\$38,100.00			
CONTRACT Totals												\$168,975.28		\$145.00	\$168,830.28			

Claim Code Descriptions

ADJ Adjusted Claim
 AP Approved Claim
 CN Cancelled Claim
 EPM Exceeded PM Frequency
 FSR/NS Service Report Never Submitted
 IN/NS Invoice Never Submitted
 LS Late Submission
 NOS Equipment Not on Schedule
 NU Not Used
 OC Outside Coverage Period

Adjust Code Descriptions

BSP Bench Stock Parts
 CM Credit Memo
 CR Cosmetic Repair
 CS Consumable
 LL Limit of Liability Exceeded
 NC Not Covered, Exclusions
 SW Software
 UP Upgrade
 WT Warranty Repair