

Medical Invoice Spreadsheet using Excel

Complete a spreadsheet using the attached medical invoices. The spreadsheet must include:

1. Header with case name¹, office file number, document title;
2. Footer with legal notices/disclaimers and author's name;
3. Page numbering;
4. Titled sheet tab;
5. Gridlines;
6. Horizontally centered sheet;
7. Portrait orientation;
8. Columns/rows with:
 - a. The plaintiff's name;
 - b. The healthcare providers;
 - c. The amount for each visit/procedure²;
 - d. The total for each healthcare provider;
 - e. The grand total for all treatment;
9. Worksheet layout that is clear, well organized and easy to navigate; and

Header should read case name(**Jane Doe vs. XYZ Insurance Company**, Office File # is **999**, Document title should read **Medical Invoice Spreadsheet**.)

Footer should read: **Private and Confidential** and Author: **Unknown**

NOTES TO KEEP IN MIND WHEN WORKING ON SPREADSHEET!

847.0, 923.0, 722.52, V68.9, 840.6. are diagnostic billing codes (you need to ignore) and not the fees charged by the doctors offices. Move across to the right of the billing codes and you will find the amounts charged for treatment provided. Use the dates of visits/procedures to list each amount and total per healthcare providers.

When entering the amounts charged by Jefferson Orthopedic Clinic don't get confused by all the different numbers on the invoice. The charges for the visits/procedures are on the right under *Closed*.

For Advanced Medical Center only use the date range(02-14-09 thru 07/29/09 and the total(\$5588.00 from page 3.)

Once you've totaled all doctors invoices, give the grand total for all treatment

TaxID#: 72-0898076

[REDACTED] ()
[REDACTED]
[REDACTED]

Date.... Code.... Description... DrFcl.. Dx.... Original Batch.... Ref....
1C1.1* [REDACTED] [REDACTED] [REDACTED] *Closed*
1 04/08/09 99205 OFFIC/OUTPT VI 3.4 847.0 230.00 040809SDB 1C1.1
12 05/27/09 4.2 PYMT-WORKMANS 3.4 -183.20 052709SAM 7578.1*
13 05/27/09 4.3 ADJUSTMENT-WOR 3.4 -46.80 052709SAM 7578.2*
Balance: 0.00

Primary: -183.20 Secondary: 0.00 Personal: 0.00 Adjustments: -46.80
04/09/09 insur TRAVELER 193285

1C1.2* [REDACTED] [REDACTED] [REDACTED] *Closed*
2 04/08/09 99080 [99199] UNLIST 3.4 847.0 85.00 040809SDB 1C1.2
14 05/27/09 4.2 PYMT-WORKMANS 3.4 -68.00 052709SAM 7578.3*
15 05/27/09 4.3 ADJUSTMENT-WOR 3.4 -17.00 052709SAM 7578.4*
Balance: 0.00

Primary: -68.00 Secondary: 0.00 Personal: 0.00 Adjustments: -17.00
04/09/09 insur TRAVELER 193285

1C1.3* [REDACTED] [REDACTED] [REDACTED] *Closed*
3 04/08/09 73030-RT RAD EXAM SHOUL 3.4 923.00 90.00 040809SDB 1C1.3
16 05/27/09 4.2 PYMT-WORKMANS 3.4 -33.26 052709SAM 7578.5*
17 05/27/09 4.3 ADJUSTMENT-WOR 3.4 -56.74 052709SAM 7578.6*
Balance: 0.00

Primary: -33.26 Secondary: 0.00 Personal: 0.00 Adjustments: -56.74
04/09/09 insur TRAVELER 193285

1C1.4* [REDACTED] [REDACTED] [REDACTED] *Closed*
4 04/08/09 72040 RAD EXAM SPINE 3.4 847.0 102.00 040809SDB 1C1.4
18 05/27/09 4.2 PYMT-WORKMANS 3.4 -36.44 052709SAM 7578.7*
19 05/27/09 4.3 ADJUSTMENT-WOR 3.4 -65.56 052709SAM 7578.8*
Balance: 0.00

Primary: -36.44 Secondary: 0.00 Personal: 0.00 Adjustments: -65.56
04/09/09 insur TRAVELER 193285

1C2.1* [REDACTED] [REDACTED] [REDACTED] *Closed*
6 04/17/09 99214 OFFIC/OUTPT VI 3.4 847.0 125.00 042009SDB 1C2.1
20 05/27/09 4.2 PYMT-WORKMANS 3.4 -84.00 052709SAM 7578.9*
21 05/27/09 4.3 ADJUSTMENT-WOR 3.4 -41.00 052709SAM 7578.10
Balance: 0.00

W31110 504 [REDACTED] [REDACTED] L [REDACTED] [REDACTED]
 IC# INS NAME SUBSCRIBER BA SCT EMP#
 0004-WORKERS' C [REDACTED] [REDACTED] L Y I
 9000-INFO FOR W [REDACTED] [REDACTED] D I
 P-[REDACTED] F-[REDACTED]

W31110 ADAMS STACEY L F 07/31/67 DR# RDR PAT RELATIONS MISC VARS ALPHA VARS
 2 0 50660
 RLS ENTERPRISE LLC

0 - 30	31 - 60	61 - 90	91 - 120	121-150	OVER 150	POSTED	UNPOSTED	TOTAL BAL	PENDING	PAT BAL	LAST AGING
0.00	0.00	0.00	0.00	308.00	0.00	308.00	0.00	308.00	308.00	0.00	12/09/10

1114 T # 111526 U [REDACTED] [REDACTED] Total: 308.00
 07/26/10 ADATTO MD ADATTO OOA
 061710 99203 - -OFFICE/OUTPATIE 840.6 -SUPRASPINATUS (01 175.00
 061710 73030 - 1-X-RAY EXAM, SHO 840.6 -SUPRASPINATUS (01 133.00
 080210- -WORKERS' COMP - LOUI-1115261-Y-N-F pending
 308.00 / .00 / .00 / .00 / .00

1115 T # 111650 U [REDACTED] [REDACTED] Total: 90.00
 08/20/10 ADATTO MD ADATTO OOA
 071510 99213 - -OFFICE/OUTPATIE 840.6 -SUPRASPINATUS (01 90.00
 082610- -WORKERS' COMP - LOUI-1116501-Y-N-P cleared
 90.00 / 64.60 / .00 / .00 / 25.40

1114 T # 112494 U [REDACTED] [REDACTED] Total: 90.00
 09/30/10 ADATTO MD ADATTO OOA
 091610 99213 - -OFFICE/OUTPATIE 840.6 -SUPRASPINATUS (01 90.00
 100510- -WORKERS' COMP - LOUI-1124941-Y-N-P cleared
 90.00 / 64.60 / .00 / .00 / 25.40

09/13/10 0004-PMT WORKERS' COMP - LOUISIAc# 1116501 r# 271429U9991114 64.60-
 0002 64.60- 111650
 09/13/10 0004-W/O WORKERS' COMP c# 1116501 r# 271430U9991114 25.40-
 0002 25.40- 111650
 10/25/10 0004-PMT WORKERS' COMP - LOUISIAc# 1124941 r# 275734U999 126 64.60-
 0002 64.60- 112494
 10/25/10 0004-W/O WORKERS' COMP c# 1124941 r# 275735U999 126 25.40-
 0002 25.40- 112494

Total Charges: [REDACTED]
 Total Receipts: [REDACTED]

Print Order : Patient #
 Patient #: Start Stop Include All
 W31110 W31110 N
 Posting Date: 01/01/1979 12/31/2078 Y

Bradley J Bartholomew MD APMC

Account Information Report

Include:All

Show: Unexpanded Details

Page: 2
Date: 01/04/2011
Time: 10:24:28 AM

Posting Date	Service Date	User	Description	Amount	Balance
11/23/2010		TD	Contractual Adjustment [62.00] Travelers 61124 Batch: 3181 11/23/10 pmt	(\$62.00)	
11/23/2010		TD	Insurance Payment [68.00] Travelers 61124; Check Batch: 3181 11/23/10 pmt	(\$68.00)	
10/08/2010	10/08/2010	TD	99213 [130.00 x 1] Billable: Bartholomew, Bradley J. MD; Rendering: Bartholomew, Bradley J. MD Practice Location: Metairie Office; Service Location: Metairie Office [722.10 724.2 722.0 723.1] CoPay: \$0.00; Visit Type: Office Visit; Visit ID: 13090; Stmt Recipient: [REDACTED] OV Estab. Pt. Mod. Batch: 3128 10/8/10	\$130.00	\$0.00
05/28/2010		TD	Contractual Adjustment [144.00] Travelers 61124 Batch: 2975 5/28/10 pmt	(\$144.00)	
05/28/2010		TD	Insurance Payment [166.00] Travelers 61124; Check Batch: 2975 5/28/10 pmt	(\$166.00)	
04/22/2010	04/22/2010	TD	99215 [310.00 x 1] Billable: Bartholomew, Bradley J. MD; Rendering: Bartholomew, Bradley J. MD Practice Location: Metairie Office; Service Location: Metairie Office [724.2 723.1] CoPay: \$0.00; Visit Type: Office Visit; Visit ID: 12063; Stmt Recipient: [REDACTED] OV Estab. Pt. HIGH / COMPLEX Batch: 2937 4/22/10	\$310.00	\$0.00
01/04/2010		TD	Contractual Adjustment [144.00] Travelers 61124 Batch: 2800 1/4/10 #10	(\$144.00)	
01/04/2010		TD	Insurance Payment [166.00] Travelers 61124; Check Batch: 2800 1/4/10 #10	(\$166.00)	
11/17/2009	11/17/2009	TD	99215 [310.00 x 1] Billable: Bartholomew, Bradley J. MD; Rendering: Bartholomew, Bradley J. MD Practice Location: Metairie Office; Service Location: Metairie Office [724.2 723.1] CoPay: \$0.00; Visit Type: Office Visit; Visit ID: 11206; Stmt Recipient: [REDACTED] OV Estab. Pt. HIGH / COMPLEX Batch: 2763 11/17/09	\$310.00	\$0.00
10/19/2009		TD	Insurance Payment [341.00] Travelers 61124; Check Batch: 2724 10/19/09 pmt	(\$341.00)	
10/19/2009		TD	Contractual Adjustment [275.00] Travelers 61124 Batch: 2724 10/19/09 pmt	(\$275.00)	
09/01/2009	09/01/2009	TD	99245 [616.00 x 1] Billable: Bartholomew, Bradley J. MD; Rendering: Bartholomew, Bradley J. MD Practice Location: Metairie Office; Service Location: Metairie Office [724.2 723.1] CoPay: \$0.00; Visit Type: Office Visit; Visit ID: 10739; Stmt Recipient: [REDACTED] Consult, high / complex Batch: 2671 9/1/09	\$616.00	\$0.00

Bradley J Bartholomew MD APMC
 Account Information Report
 Patient Summary

Page: 1
 Date: 01/04/2011
 Time: 10:24:28 AM

Account Balance		Account Information			Last	Date	Amount
		Credits	Claims				
Patient	\$0.00	Patient	\$0.00	Submitted	\$	Statement	N/A \$0.00
Insurance	\$0.00	Insurance	\$0.00	Suspended	\$0.00	Payment	11/23/2010 \$68.00
Credit	\$0.00	Undetermined	\$0.00	Suspended from AR		Charge	10/08/2010 \$130.00
Total Account	\$0.00	Pre-Pay	\$0.00	Suspended AR	\$0.00		
Collections							
Collections Balance	\$0.00	Total	\$0.00				

Account Aging

	0 to 30	31 to 60	61 to 90	91 to 120	121 +
Patient:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Insurance:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Attorney Itemized Statement (Continued)

Visit Date	CPT Code	Description	Activity Amount
08/25/2008	97012	Mechanical Tract	30.00
06/30/2009	97012	Mechanical Tract	30.00
06/30/2009	97140	Manual Therapy	59.00
07/02/2009	97012	Mechanical Tract	30.00
07/02/2009	97140	Manual Therapy	59.00
07/09/2009	97140	Manual Therapy	59.00
07/09/2009	97012	Mechanical Tract	30.00
07/14/2009	99212	Office Brief	50.00
07/14/2009	97140	Manual Therapy	59.00
07/14/2009	97012	Mechanical Tract	30.00
07/16/2009	97140	Manual Therapy	59.00
07/16/2009	97012	Mechanical Tract	30.00
07/23/2009	97140	Manual Therapy	59.00
07/23/2009	97012	Mechanical Tract	30.00
07/28/2009	97140	Manual Therapy	59.00
07/28/2009	97012	Mechanical Tract	30.00
07/29/2009	97012	Mechanical Tract	30.00
07/29/2009	97140	Manual Therapy	59.00
Totals For This Statement			5,568.00

Federal I.D. Num : 47-0853688

METAIRIE CLERK OFFICE
RECEIVED
AUG 05 2009

Injury/Private Account History
 Oklahoma CBO
 Data Current as of 8:35 AM 11/11/2010

Account: [REDACTED]
 Patient: [REDACTED]
 DOI: 07/01/2009
 Address: [REDACTED]
 [REDACTED]

Employer: [REDACTED]
 Address: [REDACTED]
 Phone: [REDACTED]

Report Criteria
 DOS Range: 01/01/2000 - 11/11/2010
 Account #: [REDACTED]
 Include/Exclude Notes: N

SSN: [REDACTED]
 DOB: [REDACTED]
 Agency:

Payor: Travelers
 Address:

Phone:

Account Summary By DOS

	DOS	Check	Chg Total	Pmt Amt	Adj Amt
Ibuprofen 800mg #20 NDC: 60760-0135-20	07/08/2009		23.10	0.00	0.00
Carrier/Insurance - Payment		75077113	0.00	(22.64)	0.00
First Health - Credit Adjustment			0.00	0.00	(0.46)
Cyclobenzaprine 10mg #15 NDC: 60760-0418-15	07/08/2009		39.38	0.00	0.00
Carrier/Insurance - Payment		75077113	0.00	(39.94)	0.00
Tax			0.00	0.00	1.38
First Health - Credit Adjustment			0.00	0.00	(0.82)
Level 4 Est. Patient	07/08/2009		105.00	0.00	0.00
Carrier/Insurance - Payment		75077113	0.00	(102.90)	0.00
First Health - Credit Adjustment			0.00	0.00	(2.10)
Ibuprofen 800mg #20 NDC: 60760-0135-20	07/14/2009		23.10	0.00	0.00
Carrier/Insurance - Payment		Zero EOBs	0.00	0.00	0.00
Carrier/Insurance - Payment		75077113	0.00	(22.64)	0.00
First Health - Credit Adjustment			0.00	0.00	(0.46)
Level 4 Est. Patient	07/14/2009		105.00	0.00	0.00
Carrier/Insurance - Payment		Zero EOBs	0.00	0.00	0.00
Carrier/Insurance - Payment		75077113	0.00	(102.90)	0.00
First Health - Credit Adjustment			0.00	0.00	(2.10)
Electrical Stim Unattended - State	07/17/2009		32.00	0.00	0.00
Carrier/Insurance - Payment		75037784	0.00	(31.36)	0.00