

Product/Procedure Report: Video

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A [video](#) walkthrough of the Product/Procedure Report.

Product/Procedure

Summary

Details

Controls

Date

05/01/2024 - 04/11/2025

Date Type

Date of Service

Billing Code

All

Office Name

All

Provider Name

All

Primary Insurer

All

Secondary Insurer

All

Data Freshness

Billing Code with Description	Total Units	Total	Charge per item	Total Ins. Payments	Ins. Payment per item	Total Patient Payment	Pt. paid per item	Total Adjustments	Adj. per item
Totals	310	\$27,576.25	\$88.96	\$8,291.27	\$26.75	\$15.00	\$0.05	\$5,276.73	\$17.02
00000:	1	\$94.45	\$94.45	\$45.56	\$45.56	\$0.00	\$0.00	\$31.60	\$31.60
36415: COLL VENOUS BLD ...	5	\$67.77	\$13.55	\$14.24	\$2.85	\$0.00	\$0.00	\$0.00	\$0.00
76881: US COMPL JOINT R-T W/IMG	2	\$516.35	\$258.18	\$278.33	\$139.17	\$0.00	\$0.00	\$198.70	\$99.35
80050: GENERAL HEALTH PANEL	1	\$92.50	\$92.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80053: COMPREHEN METABOLIC PANEL	5	\$674.84	\$134.97	\$371.55	\$74.31	\$0.00	\$0.00	\$212.64	\$42.53
80076: HEPATIC FUNCTION PANEL	1	\$142.88	\$142.88	\$58.82	\$58.82	\$0.00	\$0.00	\$63.29	\$63.29
81003: URINALYSIS AUTO W/O SCOPE	1	\$30.21	\$30.21	\$15.13	\$15.13	\$0.00	\$0.00	\$15.08	\$15.08
85027: COMPLETE CBC AUTOMATED	2	\$250.07	\$125.04	\$134.57	\$67.29	\$0.00	\$0.00	\$111.80	\$55.90
86480: TB TEST CELL IMMUN MEASURE	1	\$125.91	\$125.91	\$74.88	\$74.88	\$0.00	\$0.00	\$51.03	\$51.03
8APPOINTMENTPACK:	2	\$3,200.00	\$1,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
96365: THER/PROPH/DIAG IV INF INIT	3	\$454.01	\$151.34	\$245.57	\$81.86	\$0.00	\$0.00	\$123.17	\$41.06
96413: CHEMO IV INFUSION 1 HR	2	\$505.95	\$252.98	\$251.99	\$126.00	\$0.00	\$0.00	\$239.97	\$119.99