

**Practice Name:** \_\_\_\_\_

**Producer's Name:** \_\_\_\_\_

**Month and Year:** \_\_\_\_\_

## Total Accounts Receivable

Current

> 30 Days

> 60 Days

> 90 Days

Monthly Deposit Total

# of New Patients

# of NP Emergency

# of Existing Pt.

Emergency

Patient Attrition (Exits)

## Salary Costs

Hygiene Wages

Non-Hygiene Wages

Associate Wages

Numbers      Dollars

Pre-Determination Sent

Cases Presented

Cases Accepted

Pre-Scheduling Success (%)

Numbers	Dollars

## Notes

Holidays, Weather, 3 Pay Period Month, ect.

Anything that may have affected production, non-productive time or wages out of the ordinary.

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