

Program ID: REDESIGN
 Paid Dates: 8/1/2007 To 12/1/2022
 Report Run Date: 11/30/2022
 Provider FYE: 9/30/2022
 Provider Number: 471306 Springfield Hospital

Provider Summary Report
 Consolidated Summary of All Report Types

Page: 1
 Report #: OD44203
 Report Type: 1000

SERVICES APPLIED FOR THE PERIODS: 10/01/2021 - 09/30/2022

REPORT TYPE		CHARGES GROSS	GROSS REIMBURSEMENT	DEDUCTIBLES	COINSURANCE	MSP	SEQUESTRATION	REBILLING ADJUSTMENT	ESRD RDCTN/NTWK PYMTS	MSP OTHER	OTHER ADJUSTMENTS	NET REIMBURSEMENT
INPATIENT REPORTS	110	\$ 7,221,893.10	\$ 4,370,840.99	\$ 405,384.00	\$ 8,947.00	\$ 8,373.79	\$ 23,195.98	\$ -	\$ -	\$ -	\$ -	\$ 3,924,940.22
TOTAL		\$ 7,221,893.10	\$ 4,370,840.99	\$ 405,384.00	\$ 8,947.00	\$ 8,373.79	\$ 23,195.98	\$ -	\$ -	\$ -	\$ -	\$ 3,924,940.22
PSYCH INPATIENT	11U	\$ 1,654,663.59	\$ 987,053.48	\$ 64,632.00	\$ 56,683.00	\$ -	\$ 5,401.97	\$ -	\$ -	\$ -	\$ -	\$ 860,336.51
		\$ 1,654,663.59	\$ 987,053.48	\$ 64,632.00	\$ 56,683.00	\$ -	\$ 5,401.97	\$ -	\$ -	\$ -	\$ -	\$ 860,336.51
OUTPATIENT REPORTS (excluding MSP-LCC)												
	140	\$ 4,458.60	\$ 1,550.05	\$ -	\$ -	\$ -	\$ 8.11	\$ -	\$ -	\$ -	\$ -	\$ 1,541.94
	145	\$ 832,557.80	\$ 145,483.40	\$ -	\$ -	\$ 326.15	\$ 796.26	\$ -	\$ -	\$ -	\$ -	\$ 144,360.99
	850	\$ 27,871,005.27	\$ 10,967,907.26	\$ 160,994.05	\$ 4,797,434.02	\$ 691.06	\$ 54,319.77	\$ -	\$ -	\$ -	\$ -	\$ 5,954,468.36
	852	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	855	\$ 2,414,269.00	\$ 669,614.70	\$ 29,801.29	\$ 98,924.68	\$ 108.87	\$ 4,163.37	\$ -	\$ -	\$ -	\$ -	\$ 536,616.49
TOTAL		\$ 31,122,290.67	\$ 11,784,555.41	\$ 190,795.34	\$ 4,896,358.70	\$ 1,126.08	\$ 59,287.51	\$ -	\$ -	\$ -	\$ -	\$ 6,636,987.78
SERVICE PERIOD TOTAL		\$ 39,998,847.36	\$ 17,142,449.88	\$ 660,811.34	\$ 4,961,988.70	\$ 9,499.87	\$ 87,885.46	\$ -	\$ -	\$ -	\$ -	\$ 11,422,264.51

AMOUNT GENERALLY BILLED:

GROSS CHARGES \$ 39,998,847.36
 GROSS REIMBURSEMENT \$ 17,142,449.88
 AMOUNT GENERALLY BILLED % 42.86%